

Bridging the gap in implementing non-pharmacological interventions in dementia during the Covid-19 pandemic: what more can we do to implementing individual Cognitive Stimulation Therapy (iCST) in dementia?

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Dear editor

The Covid-19 pandemic has restricted people living with dementia from participating in cognitive and psychosocial activities and accessing invaluable sources, and support [1]. The prolonged lockdown may cause further decline in people living with dementia's mental well-being and increase feelings of loneliness [2,3]. Therefore, people living with dementia may need extra support from their family carers. Higher caring demands may increase social isolation and depressive symptoms amongst family carers and negatively impact on the quality of caregiving relationship [4]. Therefore, providing mentally stimulating activities and support to people living with dementia and their family carers to maintain mental well-being during this challenging time is urgently needed.

Currently no treatments are available to cure or prevent the progression of dementia, therefore, non-pharmacological interventions are often used as interventions to maintain or improve cognition and quality of life [5]. Individual Cognitive Stimulation Therapy (iCST) is an evidence-based cognitive and psychosocial intervention offering mentally stimulating and enjoyable activities to people living with dementia. The findings of a multicentre randomised controlled trial show that iCST did not statistically improve cognition and quality of life for people living with dementia. However, there was evidence of improvement in the quality of caregiving relationship from people living with dementia's perspectives. Family carers delivering iCST reported a significant improvement in health-related quality of life. Carers who delivered more iCST sessions had fewer depressive symptoms [6]. Further research through a qualitative study shows that iCST provided the opportunity for people living with dementia to engage in mentally stimulating and enjoyable activities that kept their "brain going", "staying alert" and feelings of enjoyment like "doing iCST was brilliant" or "it gave them a feeling of achieving something". They described the quality of their relationship with their family carers as such, "they could get a laugh out of doing iCST and the barriers come down". Carers perceived iCST as a tool to frame conversations [7]. From a clinical perspective, it is important that iCST is not seen as another task for family carers to carry out, but as mutual-sharing meaningful activity which help family carers and people living with dementia to stay involved in each other's lives [8].

While many day centres and activity groups for people living with dementia were closed during the Covid-19 pandemic, home-based iCST became increasingly important for many people living with dementia. There has been an increased number of family carers and health professionals from a variety background in the UK and internationally attending one-day iCST dementia online education training. One and half hour Staying Connected online workshops

have provided a platform for people previously attending the iCST training and currently practising iCST to share their experiences, good practice and build a support network to implementing iCST, particularly during the Covid-19 pandemic.

Some health professionals attending the iCST dementia online education training reported that providing cognitive and psychosocial interventions in person remained important for people living with dementia. They have integrated iCST to their health services and found this particularly beneficial during the Covid-19 situation. Since iCST was designed to be delivered to people living with dementia in person, offering iCST through online digital technology has been challenging for many people. Currently this has not been evaluated through research. Factors hindering people living with dementia to take part in iCST sessions have not been addressed. The attitudes towards technology of people living with dementia might be positive, but lack of experience or access to technical support in adapting online digital technology are likely to be barriers [9]. Some people do not have access to online digital technology or are unable to adapt to new approaches of interaction online. This may cause anxiety and affect concentration [10]. Therefore, adopting digital technology are unlikely to fully compensated as in person contact.

During the Covid-19 pandemic, discovering new ways of implementing iCST by utilising all the available technology to engage the person in the sessions is needed [10]. For example, the digital version of “Making a Difference 3” iCST carer manual provides a very helpful resource to engage the person. The iCST Web-application has been found to be an interesting tool to support mental stimulation for people living dementia [9]. Furthermore, the one-to-one intervention enables the facilitator to plan sessions tailored to the interests of the person. Carers who are computer literate may support people living with dementia to access digital technology during iCST sessions. Therefore, delivering iCST to people living with dementia through online digital technology could be considered as an alternative approach during the Covid-19 pandemic.

Despite a range of challenges in the transition from in person to online digital technology, attending iCST dementia online training has provided the opportunity for family carers and health professionals in the UK and internationally to continue delivering iCST during the Covid-19 pandemic. However, the number of family carers and health professionals attending iCST education training and implementing iCST to people living with dementia is still on a very small scale. Considering that the Covid-19 pandemic is likely to continue for the foreseeable future, the continuity of implementing cognitive and psychosocial interventions and support to people living with dementia through online digital technology is essential. Health service providers

and policy makers should adapt both in person and online digital approaches to implementing iCST to bridge the gap in implementing non-pharmacological interventions. Further research to evaluate the effectiveness of implementing iCST through online digital technology is needed.

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