Memory Technology Resource Room

ST PATRICK'S COMMUNITY HOSPITAL, CARRICK ON SHANNON

This is a room set up in St Patrick's Hospital for people with memory difficulties, their family and staff to come and look at assistive devices that may aid their daily activities. If it is felt that any of these devices would be useful, information is available for people to contact providers to purchase same.

National Incentive through the HSE Older Peoples Services with collaboration with The National Dementia Office.











What are Assistive Devices and Assistive Technology (AT)?

Any device or system that allows an individual to perform a task that they would otherwise be unable to do, or increases the ease and safety with which the task can be performed.

(Royal Commission on Long Term Care 1999)

Any item, piece of equipment, product or system, whether acquired commercially, off the shelf, modified or customised, that is used to increase, maintain or improve the functional capabilities of individuals.

(Marshall 2000)

Stand alone devices or Telecare

Stand alone devices do not require a monitoring system.

Telecare is support and assistance provided at a distance using information and communication technology. It is the continuous, automatic and remote monitoring of users by means of sensors to enable them to continue living in their own home, while minimising risks such as a fall, gas and flood detection and relate to other real time emergencies and lifestyle changes over time.

(Telecare Services Association.)

What is the evidence base for AT & dementia?

Systematic reviews specific to AT and dementia:

- Information and communication technology (ICT) solutions can compensate for memory problems, enabling increased confidence & wellbeing. Social contact enhanced through simple mobile phones, videophones or (entertainment) robots. GPS technology and monitoring systems are proven to result in enhanced feelings of safety, less fear and anxiety. (Lauriks et al. 2007)
- Longitudinal study with comparator group, evaluated AT to support PWD and their carers. Found that AT contributed towards supporting people with dementia at home, improved risk management & helped reduce carer stress. Demonstrated cost effectiveness against residential care. (Woolham, 2006)

Barbara Dunk, Consultant Occupational Therapist

Evidence base continued

- •Systematic review Studies are limited by small sample sizes, high drop out rates, basic statistical analysis. Evidence is very weak for establishing a positive difference to the lives of people with dementia by the general use of AT. (Fleming & Sum, 2014)
- •Randomised controlled trial evaluating the use of telemedicine for supporting carers of people with dementia, found significant improvement in the QOL of people with dementia & reduction in carer burden & distress. (Torkamani et al. 2014)

Need for more robust evidence:

•To establish if AT can safely extend time that people with dementia can continue living independently in their own homes.

Barbara Dunk, Consultant Occupational Therapist

Orientation









Memory Prompts and Reminders



Communication













Safety







Pressure mat Smoke detector/alarm

Meaningful Activities













How to access the service 071 96 50133



References

- 1. Cavan & Turner Smith, Royal Commission on Long Term Care, 1999.
- 2. Fleming and Sum, R, S, 2014. Empirical studies a the effectiveness of assistive technology in the care of people with dementia: a systematic review.. *Journal of Assistive Technologies*, 8(1), 14-34.
- 3. Lauriks, S, 2007. Review of ICT based services for identified unmet needs in people with dementia. *Epublications*, Oct 6 (3), 223-46.
- 4. Marshall M. (ed) 2000 ASTRID: A Guide to Using Technology Within Dementia Care, London: *Hawker Publications*.
- 5. Torkamani, et al, 2014. A randomized controlled pilot study to evaluate a technology platform for the assisted living of people with dementia and their carers.. *Journal of Alzheimer's disease*, 41(2), 515-23.
- 6. Woolham, J, 2006. Assistive Technology, Telecare, and Dementia: same Implications of Current Policies and Guidance. *Research Policy and Planning*, 24(3), 149-164