APEX HARMONY LODGE
Touching Lives Affected By Dementia

A Longitudinal Study of Namaste Care in a Residential Care Facility in Singapore: Benefits for Persons Living with Advanced Dementia

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Introduction

Namaste Care is a therapeutic care program developed by Joyce Simard in 2003. Namaste means to "honor the spirit within". The program seeks to honor persons living with dementia (PWDs) at the moderate to advanced stages for their unique personhood, guided by two basic principles to create a calm environment and provide all interactions with an unhurried loving touch (Simard, 2022). Namaste Care incorporates environmental modification, social contact, and sensory intervention.

Namaste Care was first implemented in Apex Harmony Lodge, a residential care home in Singapore purpose built for PWDs, in 2020. **We were interested in examining longitudinal data on psychosocial outcomes, physical health, and cognition since the implementation.**

Figure 1. Environmental Set Up

Figure 2. PWDs receiving Namaste Care

Methodology

Participants

37 PWDs (21 females & 16 males) living in our residential wards for advanced dementia, who have been participating in Namaste Care for at least 6 months.

Procedure

Participants received Namaste Care once to twice a week with each session lasting between 15 to 30 minutes.

Sessions took place in a calming and sensory stimulating environment.

During sessions, trained care staff would provide one-to-one interaction and engagement in meaningful activities in an unhurried and loving manner.

Examples of meaningful activities include hand and arm massages, gentle brushing of hair, manicure or pedicure, and reminiscence to music. Meaningful activities are selected in a person-centered manner, guided by the enriched model of care (Kitwood, 1997).

Data Collection

The following data were extracted from twice-yearly routine assessments conducted during the period of Namaste Care implementation.

International Resident Assessment Instrument (InterRAI)

1.	Aggressive Behavior Scale (ABS)	0 - 12	Higher scores indicative of greater frequency and diversity of aggressive behavior
2.	Depression Rating Scale (DRS)	0 - 14	Higher scores are stronger clinical indicators of depression
3.	Pain	0 - 3	0 = no pain; 1 = less than daily pain; 2 = daily pain but not severe; 3 = daily severe pain
4.	Revised Index of Social Engagement (RISE)	0 - 6	Higher scores indicative of greater social engagement
5.	Body Mass Index (BMI)		
Bradford Well Being Profile (WBP)		0 - 28	Higher scores indicative of greater well-being
Severe Impairment Rating Scale (SIRS)		0 - 28	Higher scores indicative of greater cognitive functioning

Data Analyses

The following data analyses were conducted on Microsoft Excel Analysis Toolpak.

1. Paired Samples t-test to compare pre and post test scores
2. One Way Analysis of Variance (ANOVA) to identify gender differences in the improvement/ decline in scores

Findings and Discussion

Using paired samples t-test, we found significant changes in DRS, RISE and SIRS scores. While there were improvements in symptoms of depression (DRS) and social engagement (RISE), cognitive function (SIRS) improved at 4 months follow up but eventually declined at 1 year follow up. All other outcome measures remained the same between pre and post test. Table 1 depicts the average scores on all outcome measures at pre and post test.

These findings suggest that Namaste Care may be an effective non-pharmacological intervention for preventing social isolation, disengagement, and depression. Notably, the short term benefits in cognitive function do not seem to deter the long term cognitive deterioration in the prognosis of dementia. Although no significant improvements in well-being was observed, it is a positive sign that well-being was maintained despite long-term cognitive decline.

Using One-Way ANOVA, we observed gender differences in well-being and cognition, whereby female PWDs experienced better outcomes than male PWDs.

This is a noteworthy finding that informs us of the need to explore how the facilitation of Namaste Care could be improved to promote better outcomes for male PWDS. For instance, we could provide a wider range of meaningful activities that is catered to the interests of male PWDs.

Overall, this study has provided some insights into the potential long term benefits of Namaste Care. However, findings should be taken with consideration of the study's limitations such as a small sample size and lack of control group. Further study using a larger sample and more robust research methodology would be helpful.

Table 1. Mean Scores at Pre and Post Test

Mean Scores	Pre	Post
ABS	2.28	1.72
DRS *	1.36	0.75
PAIN	0.17	0.11
RISE *	2.89	3.61
BMI	20.10	20.07
WBP	12.76	12.79

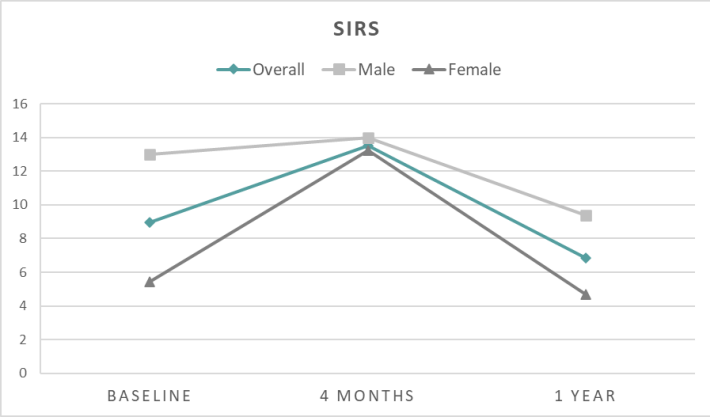
* $p < .05$

Table 2. Mean Changes in Scores by Gender

Mean Scores	Female	Male
ABS	-0.05	-1.19
DRS	-0.24	-1.06
PAIN	+0.05	-0.19
RISE	+1.14	+0.06
BMI	+0.32	-0.42
WBP *	+1.72	-2.73

* $p < .05$

Figure 3. SIRS Scores at Baseline, 4 Months and 1 Year



References

Kitwood, T. (1997). Dementia reconsidered: The person comes first (Reconsidering Ageing). Buckingham, PA: Open University Press.
Simard, J. (2022, January 24). Welcome to Namaste Care. Namaste Care. Retrieved from https://namastecare.com/welcome-to-namaste-care/