

Backgrounds

❖ Dementia

decline in memory, cognition, behavior, and the capacity to daily tasks.

❖ Cognitive Rehabilitation (CR)

- strategy to preserve independence as feasible in these patients.

- continuation of CR and adherence are important for effectiveness of CR

❖ Objective

To investigate the factors that determine high adherence in CR on dementia patients.

Methods

❖ Participants

single-center, retrospective, cohort study enrolled patients who were diagnosed with dementia in the ages above 20 who visited Asan Medical center for the CR (2016.01-2023.12)

❖ CR

1~2 /week, One hour per session

Computer based CR and/or training using workbooks

❖ Adherence

a percentage of the total number of treatment prescriptions completed within 3 months after the start of CR

Divide into groups based on 80%

Family meeting

: proposed to the patient and their caregivers after one month of therapy

❖ Measurements

- Baseline characteristics : age, gender, diagnosis, caregivers, Distance to hospital, etc.

- Functional assessments: mini-mental state examination (MMSE), global deterioration scale (GDS), instrumental ADL (I-ADL)

Table 2. Baseline characteristics of patients receiving CR according to adherence

	Adherence >80% (n=49)	Adherence <80% (n=87)	p-value
Age	63.2 ± 15.4	68.0 ± 13.5	0.085
Sex (male/female)	31(63.2%)/18(36.7%)	49 (56.3%)/38(43.7%)	0.131
Compliance	93.7 ± 7.1 %	37.0 ± 29.0 %	<0.001*
Diagnosis			0.578
Alzheimer dementia	13 (26.5%)	26 (29.9%)	
Vascular dementia	26 (53.1%)	40 (46.0%)	
ETC	10 (20.4%)	21 (24.1%)	
Reason for stop			0.001*
Improved (subjective)	11 (22.4 %)	13 (14.9%)	
Prescription expiration	18 (36.7%)	5 (5.7%)	
Poor cooperation	10 (20.4%)	37 (42.5%)	
Aggravation of other	5 (10.2%)	15 (17.2%)	
physical problem			
Distance	1 (2.0%)	7 (8.0%)	
Unknown	4 (8.2%)	8 (9.1%)	
Family meeting (+/-)	22(44.9%) /27 (55.1%)	23(26.4%)/64(73.6%)	0.001*
Over 1year (+/-)	25 (51.0%) /24 (48.9%)	10 (11.5%) /77 (87.5%)	<0.001*
Social economic status			0.495
Better	20 (40.8%)	40 (46.0%)	
Poor	29 (59.2%)	47 (54.0%)	
Caregiver			0.732
Sprouse	19 (38.8%)	37 (42.5%)	
1 <sup>st</sup> degree	14 (28.6%)	31 (35.6%)	
2 <sup>nd</sup> degree	1 (2.0%)	5 (5.7%)	
Unknown	2 (4.0%)	3 (3.4%)	
Distance			0.423
Less than 1 hour	37 (75.5%)	62 (71.2%)	
Over 1 hour	11 (22.4%)	25 (28.7%)	

Table 3. Functional assessments of patients receiving CR according to adherence

	Adherence >80%	Adherence <80%	p-value
Baseline			
GDS	3.9 ± 1.1	3.8 ± 1.1	0.312
MMSE	18.9 ± 6.4	19.9 ± 7.6	0.180
IADL	25.8 ± 9.5	19.8 ± 13.5	0.035*
About 3month f/u			
GDS	4.1± 1.0	3.3± 1.2	0.152
MMSE	20.6± 6.5	22.6± 5.7	0.206
IADL	22.5± 11.1	12.9± 12.3	0.002*

- ❖ High adherence group : prescription expiration most dominant
- ❖ low adherence group : poor cooperation most significant
- ❖ family meetings attendance ↑ → high adherence
- ❖ baseline IADL ↑ → high adherence

Results

Table 1. Baseline characteristics of patients receiving CR

Characteristics	
Age, mean (range)	65.9 ± 15.0 (20–96)
Sex (male/female)	80 (59%) / 56 (41%)
Adherence (range)	57.6 % (0-100)
Diagnosis	
Alzheimer dementia	39 (28%)
Vascular dementia	65 (47%)
ETC	32 (25%)
Caregiver	
Sprouse	61 (44%)
Parents / children	50 (37%)
Relative	6 (4%)
Unknown	19 (15%)
Family meeting (yes/no)	44 (33%)/ 92 (67%)
Distance (less than 1hr/more than 1hr)	98 (72%)/ 38(28%)

Conclusion

❖ CR adherence in dementia was related to the reasons for stop, family meetings attendance, and baseline IADL

❖ To maintain high CR adherence→ increase patient cooperation and maintain CR through encouraging family meetings.