

Recreational and Leisure Activities for Populations with Alzheimer's

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Abstract

The purpose of this literature review is to discuss the importance of caregivers becoming aware of Alzheimer's patient's needs and abilities in order to apply appropriate recreational and leisure activities that will be therapeutically beneficial for the patient's needs.

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### Recreational and Leisure Activities for Populations with Alzheimer's

Alzheimer's disease and other dementias are illnesses that affect the body physically, mentally, and emotionally. According to the Alzheimer's Disease Education and Referral Center (2004), Alzheimer's disease is the most common form of dementia. Furthermore, there has been an estimated 4.5 million Americans who suffer from these illnesses, and the numbers of diagnoses are on the rise (Alzheimer's Association, 2004). As a result of these diseases, one's ability to perform everyday activities becomes greatly hindered (Alzheimer's Disease Education and Referral Center, 2004). However, by incorporating specific recreational or leisure activities into this population's daily curriculum, the possibilities of them living more accomplished lives at this stage can increase. If correctly applied, recreational and leisure activities can counter-affect the symptoms of Alzheimer's disease and/or other related illnesses and render positive effects to those suffering with the diseases.

Alzheimer's disease is a debilitating disease of the mind and the body and creates a number of problems for those living with the disease (Marshall & Hutchinson, 2001). Some symptoms include memory loss, depression, anxiety, frustration, and helplessness. Physical and verbal skills decline, and fear and anxiety often lead to the early stages of wandering (Gunther & Weber-Mack, 2001). Where areas of the brain that control language and thought are negatively affected, symptoms can escalate and become more advanced, including repeating words or phrases, hallucinations, changes in personality, and frequently getting lost in familiar areas (Alzheimer's Disease Education and Referral Center, 2004). There are two main phases of Alzheimer's. The first type is early onset, in which symptoms appear before age 60. The more

common type which occurs in 90-95% of the cases is late onset Alzheimer's disease, which develops in those who are 60 years old and older (Yahoo! Health Encyclopedia, 2004).

The statistics for Alzheimer's disease are startling. According to the Alzheimer's Association (2004), by the year 2050, estimates suggest over 16 million Americans will have the disease. Alzheimer's disease rarely strikes individuals as early as 30 years old. While the average life span of those with the disease at onset is 8 years, some have lived over 20 years. The cost of Alzheimer's disease is also alarming. The average cost over a lifetime of a patient with the disease is \$170,000. As of 2003, the federal government spent approximately \$640 million toward the research for the disease (Alzheimer's Association, 2004).

Currently, there is no prevention for Alzheimer's disease. While tests are currently being offered to those who are aware that there is possibly a problem, these tests help to determine the type of dementia that is present and if any treatable action is necessary. Some tests can determine if some other disease, such as a brain tumor or a vitamin deficiency, is causing this dementia (Yahoo! Health Encyclopedia, 2004). It is estimated that as many as 4 million Americans have Alzheimer's disease, and that the risk of getting the disease increases with age.

Alzheimer's disease is a debilitating illness of both the mind and the body; however, there is hope for those patients to have a normal, happier life. Recreational and leisure activities are a successful way for Alzheimer's patients to feel more like themselves again. According to Marilyn Truscott (2004), who is suffering from the early onset of Alzheimer's disease, recreational activities play a vital role in providing stimulation and allows patients a way to cope with the effects of the illness. These activities are only successful if they help the patient recapture their dignity, experience immediate pleasure, and feel as though the task is meaningful

(Hutchinson & Marshall, 2000). If the activity is too difficult, the patient will become angry or frustrated. If the activity is too simple, however, the patient could be humiliated or degraded (Woolston, 2003).

While activities that are not therapeutic will not help the patient reach their full potential of reestablishing their lives, Kathy Laenhue (2000), gives some guidelines for making each activity purposeful and effective. Activities should no longer be viewed as a way to keep the patients busy but should provide a way to establish meaning in their daily lives. Each activity should accomplish a variety of outcomes and enable the patient to contribute, play, learn, feel safe, and be with others. She also mentions that “assessment is key,” and that a number of things should be considered when planning activities for those with Alzheimer’s disease or other related illnesses. Each caregiver should consider the following factors for each person with dementia: cognitive abilities, mobility, language level and attention span. Taking all of this into consideration, a caregiver has the ability to arrange an effective daily activity plan for any person with Alzheimer’s or dementia.

Music can be a very rewarding activity for Alzheimer’s disease patients. Research has found that by listening to music, patients become more alert and can maintain better memory skills. Dancing with the patient to music is another excellent way to get the patient up and active (Woolston, 2003). A combination of physical activities, such as Yoga, Pilates, Tai Chi, or Xi Gong, set to music has proved to be very stimulating for Alzheimer’s patients (Truscott, 2004) and can increase physical wellness (Hellen, 1998).

Arts and crafts are another way that Alzheimer’s disease patients can become more active. This type of activity is mostly focused on the fine motor skills of the patients instead of

their gross motor skills. If used correctly, crafts and hobbies will stimulate creativity and help the patient to feel a sense of pride and enjoyment (Hellen, 1998). Molding clay, stringing beads, crocheting, or arranging flowers are just some examples of arts and crafts that these patients might enjoy (Woolston, 2003). Painting is another positive activity for Alzheimer's patients to participate. A painting or a piece of art has very little form or structure, so by giving the patient the chance to paint freely, the caregiver is giving the patient freedom to express themselves creatively (Truscott, 2004).

Games bring a certain level of excitement and fun into people's lives. By incorporating games into the daily curriculum of Alzheimer's patients, caregivers and family members can bring some happiness into the lives of those who may be depressed. Board games for children may not be the answer because this may cause the patient to become offended. Even in the earliest stages of Alzheimer's disease, the elderly enjoy simple games such as Bingo, counting items, matching pictures, or trying to catch a balloon filled with air (Woolston, 2003). Games that require physical activity can help the patient to become healthier and happier.

Outdoor activities not only let Alzheimer's patients experience nature, but they also give the patients a feeling of freedom. A simple activity, such as taking a walk, will give the patient a chance for physical exercise. Research has proven that simple physical activities can improve one's strength and balance and help the patient to sleep better (Woolston, 2003). Gardening is another great outdoor activity. This type of activity can present the patient with a feeling pride in the finished product (Hellen, 1998).

Activities in the home keep the patient in a familiar place and help them to have fun at the same time. Daily chores, such as folding clothes and dusting, seem like work to most people,

but to those with Alzheimer's disease, these activities can be very rewarding. By accomplishing similar tasks, people with this disease will feel more self-confident (Woolston, 2003). Baking and cooking are another great way for patients to feel a sense of worth within the home.

Activities related to cooking can stimulate the patient's senses, give them pride for the finished product, and lead them to reminisce on the joy that they used to feel when cooking in earlier years (Hellen, 1998).

Activities outside of the home are also a great way for Alzheimer's disease patients to socialize with their peers and experience events occurring in their community. By taking the patients to places in the area such as a beauty shop or mall, caregivers can provide the patient with the opportunity to feel more confident and reaffirm a sense of pride. Taking the patients to visit a family member or a friend can also be beneficial for the patient. This can give the Alzheimer's patient a sense of belonging and worth. Even taking them to a movie can spark in them the feeling of being entertained, being relaxed, and being challenged to follow the story line of the movie (Hellen, 1998).

Pets can positively affect the attitude of an Alzheimer's disease patient. Even if a pet is borrowed from a neighbor a few times a week, Alzheimer's patients will feel affection and love for the animal (Woolston, 2003). Pet care opens the door for nurturing an animal and reducing stress for the patient. By giving an animal affection and the love that it needs, the Alzheimer's patient has the opportunity to feel needed (Hellen, 1998). Walking pets can be used to refocus the behavior of pacing or wandering by providing a sense of purpose (Hellen, 2000).

Daily activities that relate to all of the senses can be therapeutic and are absolutely necessary in the final stages of Alzheimer's disease. To stimulate their sight, caregivers can

provide magazines, videos, and picture books for their patients. Music, wind chimes, and the radio can be used to stimulate their sense of hearing. By eating their favorite foods or having a lollipop, persons with dementia can enhance their sense of taste. The smell of freshly baked bread, flowers, cinnamon toast, and fresh coffee help to stimulate smell. Lastly, receiving or giving massages, holding soft materials such as silk or velvet, and sorting jewelry all enhance touch for those suffering with dementia (Hellen, 2000).

The role of the provider must be taken into great consideration when dealing with Alzheimer's disease patients. According to Carly R. Hellen (2000, p. 35-6), caregivers must "redefine success from being centered on our standards and expectations into a refocused and supportive definition that places the person with dementia in an arena promoting, facilitating, and enhancing their abilities and their wellness." To do this, she suggests using an anagram for "success", which is Sensitivity, Understanding, Creativity, Connectedness, Enabling, Safety, and Self-satisfaction.

**Table I.**

<b>Anagram for: <u>S U C C E E S S</u></b>	
<b>S = Sensitivity</b>	Sensitivity, compassion, and respect are important in helping the person with dementia to feel pride.
<b>U = Understanding</b>	Understanding involves the caregiver knowing the abilities and disabilities of the patient.
<b>C = Creativity</b>	The caregiver must also have Creativity so that the patient will be successful with his or her activities.
<b>C = Connectedness</b>	Connectedness is required of the caregiver to “connect” and give the patient a sense of belonging.
<b>E = Enabling</b>	Enabling is needed to assist the patient with each activity or movement.
<b>S = Safety</b>	Safety is a huge factor for a caregiver of a person with Alzheimer’s disease because it encompasses a variety of areas, such as cognitive, physical, psychosocial, and environmental factors.
<b>S = Self Satisfaction</b>	Finally, Self-satisfaction helps the patient to feel valued and to uphold their dignity.

Carly R. Hellen (2000)

Activities of daily living (ADL) are a vital component to the mobility of Alzheimer's disease patients. Beck, Zgola, and Shue (2000) talk extensively about ADLs, such as dressing, eating, mobility, toileting, etc. They stress that these important elements of daily living are significant and must be practiced. They mention one particular study that deals with skills training versus a stimulation program for nursing home residents. Those who participated in the skills training program showed a greater improvement in the activities of daily living than those who participated in the program for general stimulation. This skill training program consisted of the nursing home residents practicing their ADLs for a total of 2.5 hours per week for 20 weeks. The stimulation group had the same hours but focused mainly on group activities, such as games, music, and relaxation. With both groups having been carefully graded by specialists and a nurse practitioner, the skill training group achieved higher goals than the general stimulation group (Beck, Zgola, & Shue, 2000).

The primary focus for all of the activities is to allow the Alzheimer's patient to have fun. Floss (2000, p.71) mentions that we need to remember "that process is not quantifiable – process is simply quality in motion." According to Floss, the process of the entire activity should have an end result of being fun which is directly related to feeling good and being therapeutic. Fun activities do not need to be overdramatic productions of entertainment. Sometimes the more serene activities, i.e. sitting outside, have just as much of a positive effect on the patient as a high-energy activity does (Floss 2000).

Alzheimer's disease is an illness that no one expects, but many endure. The symptoms are fierce and frightening, and the expense for care is shocking. Today, Alzheimer's patients do not need to feel helpless and inept. Millions of dollars in research is being done to ensure that

one day a cure will be found. Until then, patients of the disease can still be vital and active.

Simple activities can positively affect the attitudes and mobility of all Alzheimer's patients. The key for success with any recreational and leisure activity for this population is correlated with how the activities are applied. Some important aspects of the application process are included in the following table.

**Table II.**

<b>Applying Recreational and Leisure Activities</b>	
<b>Evaluate</b>	Carefully observe the patient's needs.
<b>Initiate</b>	Plot out how recreational and leisure activities can be therapeutic for the patient according to their observed needs.
<b>Integrate</b>	Apply recreational and leisure activities for the patient.
<b>Reevaluate</b>	Did the activities serve the patient therapeutically?
<b>Modify</b>	Make adjustments to suit the therapeutic needs of the patient continually.

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Everyone who is involved with the patient must become familiar with the individual so they can carefully apply recreational and leisure activities that have a therapeutic goal in reestablishing physical, mental, and emotional losses due to Alzheimer's. If recreational and leisure activities are not carefully planned, the activities can harm the patient physically and emotionally. When planned properly, these effective activities can be a useful tool in helping Alzheimer's disease patients regain some of the energy and cognitive abilities they once had.

## References

- Alzheimer's Association. (2004). About Alzheimer's disease statistics. *Alzheimer's Disease Statistics*. Retrieved November 2, 2004 from the World Wide Web:  
<http://search.alz.org/Resources/FactSheets/FSAzheimerStats.pdf>
- Alzheimer's Disease Education & Referral Center. (2004). General Information. Retrieved November 2, 2004 from the World Wide Web:  
<http://www.alzheimers.org/generalinfo.htm>
- Beck, C., Zgola, J., & Shue, V. (2000). Activities of daily living: An essential component of programming for persons with Alzheimer's disease. *Alzheimer's Care Quarterly*, 1(2), 46-55. Retrieved October 25, 2004 from Academic Search Premier database.
- Floss, S. (2000). A place called fun. *Alzheimer's Care Quarterly*, 1(2), 67-78. Retrieved October 18, 2004 from Academic Search Premier database.
- Gunther, S. & Weber-Mack, K. (2001). The experience of Alzheimer's Disease: The family's perspective. *Alzheimer's Care Quarterly*, 2(3), 1-4. Retrieved October 18, 2004 from Academic Search Premier database.
- Hellen, C. (1998). The therapeutic value of activities. *Alzheimer's Care Quarterly*, 48-49. Retrieved October 18, 2004 from Academic Search Premier database.
- Hellen, C. R. (2000). Being, doing, belonging: Upholding the sense of self with meaningful activities. *Alzheimer's Care Quarterly*, 1(1), 35-49. Retrieved October 18, 2004 from Academic Search Premier database.

- Hutchinson, S. A. & Marshall, M. (2000). Responses of family caregivers and family members with Alzheimer's disease to an activity kit: An ethnographic study. *Journal of Advanced Nursing*, 31(1). Retrieved September 15, 2004 from Academic Search Premier database.
- Laurenhue, K. (2000). Broadening horizons: Activities with people with dementia. *Alzheimer's Care Quarterly*, 1(2), 38-45. Retrieved October 25, 2004 from Academic Search Premier database.
- Marshall, M. J. & Hutchinson, S. A. (2001). A critique of research on the use of activities with person with Alzheimer's disease: a systematic literature review. *Journal of Advanced Nursing*, 35(4), 488-496. Retrieved October 11, 2004 from Academic Search Premier database.
- Truscott, M. (2004). Adapting leisure and creative activities for people with early stage dementias. *Alzheimer's Care Quarterly*, 5(2), 92-102. Retrieved October 11 from Academic Search Premier database.
- Woolston, C. (2003). Alzheimer's and recreation. Retrieved October 27, 2004 from the World Wide Web: <http://www.ahealthyme.com/topic/alzrec>
- Yahoo! Health Encyclopedia. (2004). Alzheimer's disease overview. *A.D.A.M., Inc.* Retrieved November 1, 2004 from the World Wide Web: [http://health.yahoo.com/health/ency/adam/000760/\\_overview](http://health.yahoo.com/health/ency/adam/000760/_overview)