

COGNITIVE • ADAPTATION • BEHAVIOUR

PROJECT DEVELOPED BY GBEK LAB







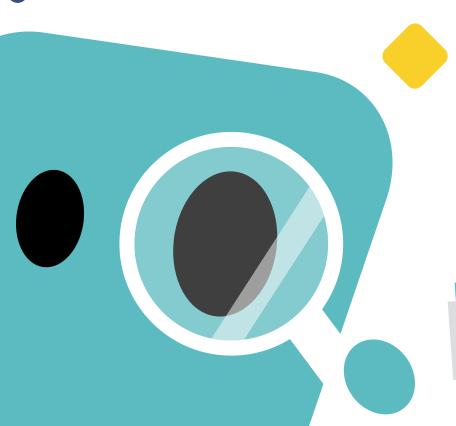


















KEY POINTS

This study suggests that:

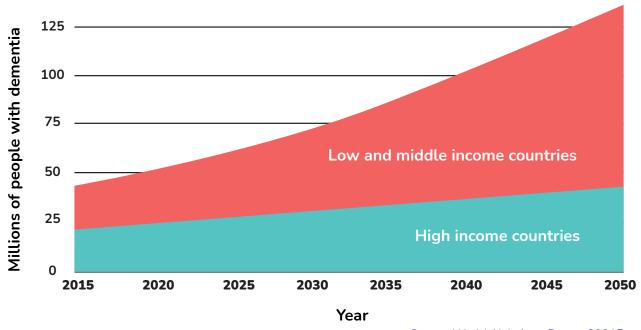
- Board games create enjoyable activity for two or a family to share together.
- Board games may be a valuable tool to promote quality of life when they fit with a player's interests.
- It is essential to offer different games (adaptable in terms of level and / or rules), ergonomically usable by patients and caregivers (visibility, held in the hand).
- Although board games are not a treatment for dementia, it is possible to consider play as cognitive and behavioural stimulation if it is practiced on a regular basis and with periodic guidance from a caregiver outside the family environment.
- The play partner should not be systematically the caregiver.
- The caregiver should be trained beforehand so that playing the game is a fun experience and not aimed at highlighting the patient's diminished capabilities.

WHAT IS DEMENTIA?

Dementia is an umbrella term for a group of brain diseases, characterized by deterioration of cognition, behaviour and functional abilities. Because of the progressive nature of the condition, a person's ability to perform activities of daily living deteriorates over time, leading to dependence on caregivers and high levels of disability and disease burden.

Several etiologies can lead to dementia: Alzheimer's, Vascular and metabolic disease. Environmental factors, stress and quality of life may contribute to the rising of dementia syndrome.

Source: WHO



SYMPTOMS

Cognitive symptoms:

Memory first! Language, attention

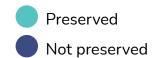
Behavioral symptoms:

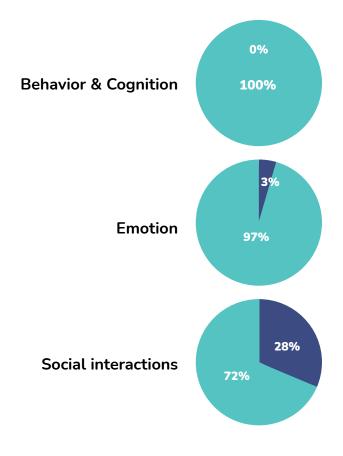
Behavioral symptoms are the most disturbing for patients and caregivers. Apathy is the most frequent.

Apathy is frequently comorbid with other syndromes which may have symptoms of reduced interests/motivation/goal-directed behavior, such as depression and fatigue.



A quantitative reduction of goaldirected activity either in behavioral, cognitive, emotional or social dimensions in comparison to the patient's previous level of functioning in these areas.





TREATMENTS

As of today, there is no curative treatment.

Pharmacological symptomatic treatment is available but with modest efficacy. Non Pharmalogical Treatments (NPT) are the first line options including

- social intervention
- group and individual stimulation & training activities.

NPT are useful to consider as therapies for people presenting with different neurocognitive and psychiatric diseases at all stages, with evidence of apathy across domains. The presence of a therapist and/or a caregiver is important in delivering NPT effectively, but parts of the treatment may be performed by the patient alone.

NPT can be delivered both in clinical settings and at home.

BOARD GAMES FOR BEHAVIOUR AND COGNITION



Cognitive and behavioral disorders are the core clinical features of Alzheimer's disease and related disorders. Currently, a pharmacological disease-modifying treatment is not available, but different non-pharmacological approaches appear to be useful. Behavioral manifestations and motivation disorders are partially influenced by environmental factors. To date, little is known about the impact of board games on behaviour and cognition.

GOALS:

- To assess the impact of board games on the patient-caregiver relationship,
- To assess the relevance of the adaptation of board games for patients with Alzheimer's Disease and related disorders.

METHOD:



Phase 1:

Feasibility tests in a memory workshop at the Nice University Memory Center to validate the usability of adapted games.



Phase 2:

Survey of professionals (nursing home, day care, at-home intervention) to validate the relevance of the use of adapted board games in professional practice.



Phase 3:

Clinical study with patients / caregivers consulting at the Memory Center.

PHASE 1: FEASIBILITY TESTS

Cognitive training group April 24, 2019

(10 outpatients: 6 mild impairment, 4 moderate impairment)















Games





All the patients enjoyed playing and would like to have these games adapted at home to play with their loved ones.

The classic rules of the games could not be used and were adapted to the patients.

Some graphics and cards that were disturbing will require adaptation (colours were too similar, forms/shapes were not clear enough)."

IL PHASE 2: SURVEY

Care structure

At home Care intervention team (ESA): 5

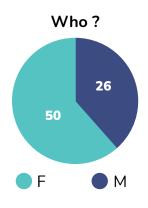
Home services: 1 Day care center: 2 Nursing home: 1

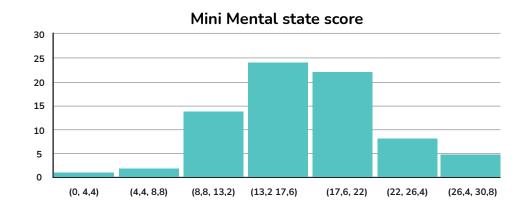
Professional caregivers

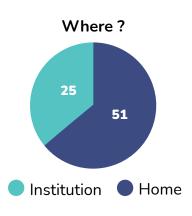
Care assistant in Gerontology: 2 (+)

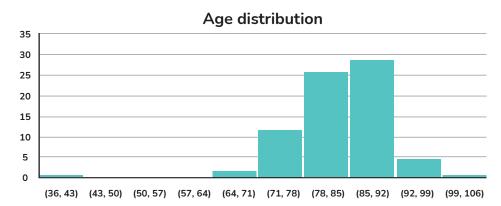
Psychomotrician: 5 Psychologist: 5

76 PATIENTS, 97 % ENJOYED PLAYING









Suggestions for the use of the games in clinical practice

- All professionals have found the games useful in their practice (group or single).
- Games are interesting for:
 - assessment of the patient from one session to another
- « flash instant » animations in order to reduce a patient's excessively high anxiety or agitation.
- Most of the patients would rather play with someone other than their spouse.

Suggestions for adapting board games to a population of elderly subjects with cognitive impairment

- For ergonomic accessibility, address the size and the colour contrast.
- For cognitive accessibility, develop easy to understand rules as well as several levels of difficulty in order to avoid lowering of self-esteem.
- For regular use, create themes adapted to patients' interests (e.g. everyday life, reminiscence). Also ensure professional training is provided to caregivers so that rules are appropriately adapted to maintain the patient's motivation.

Phase 3: Clinical study

Goals:

To assess the effect of board games on behavior of patients with neuro cognitive disorders Caregiver quality of life and assessment of the interaction between players

Inclusion criteria:

> than 65 years old(DSM 5)

Mini Mental Test Examination < 26/30

Method:

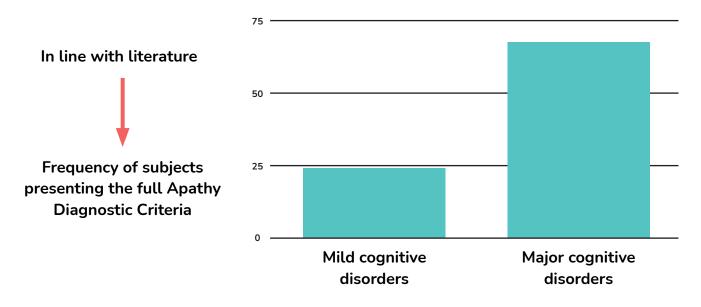
2 months with a clinical interview at base line, month 1 & month 2 clinical interview done by phone with recording of free responses and question naire responses

Results:

20 patients / caregivers have been included End of the clinical interviews, April 2020 The most interesting seem to be the qualitative responses Impact of the COVID-19 crisis

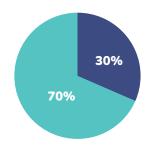
PATIENTS' CHARACTERISTICS

GENDER	10 Female / 10 Male
AVERAGE AGE	84 (75 - 97)
COGNITIVE PERFORMANCE LEVEL USING THE MINI MENTAL SCORE EXAMINATION (AVERAGE SCORE / 30)	17,7 (16 - 26) indicating a moderate cognitive deficit
FREQUENCY OF APATHY DIAGNOSTIC CRITERIA	60 %



Results of the the clinical study



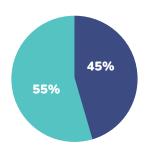


Board games are a stimulating tool because even if the patient has diminished interests, this is not the case for the caregiver.

Personal interest in a game will encourage its use by the caregiver who is the main initiator of game play.

It is important to be able to use games that are closer to the patient's interests. This is a condition for having the best possible engagement.

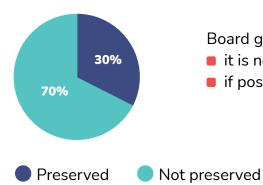
Emotion



The emotional dimension is best preserved.

Games are an instrument of emotional stimulation.

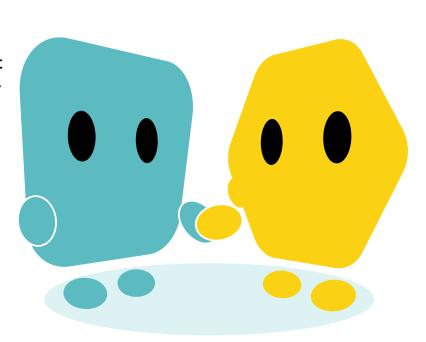
Social interaction



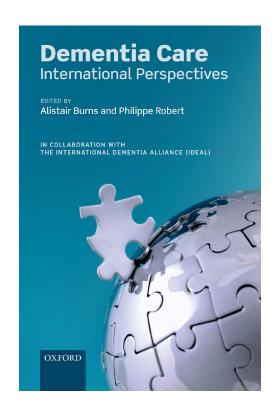
Board games are a tool that promotes interaction. For this:

- it is necessary to have a partner
- if possible that the pleasure of playing is shared by the players.

Study conducted by Julie Brousse, Laure Chantepy & Philippe Robert Philippe.robert@univ-cotedazur.fr



SELECTED REFERENCES



European Psychiatry 54 (2018) 71-76

Contents lists available at ScienceDirect

European Psychiatry

journal homepage: http://www.europsy-journal.com



Original article

Is it time to revise the diagnostic criteria for apathy in brain disorders? The 2018 international consensus group

P. Robert^{a,*,1}, K.L. Lanctôt^{b,1}, L. Agüera-Ortiz^c, P. Aalten^d, F. Bremond^{a,e}, M. Defrancesco^f, C. Hanon^g, R. David^h, B. Duboisⁱ, K. Dujardin^j, M. Husain^k, A. König^e, R. Levy^l, V. Mantua^m, D. Meulienⁿ, D. Miller^o, H.J. Moebius^p, J. Rasmussen^q, G. Robert^r, M. Ruthirakuhan^b, F. Stella^s, J. Yesavage^t, R. Zeghari^a, V. Manera^{a,e}

Journal of Alzheimer's Disease 74 (2020) 669–677 DOI 10.3233/JAD-191282

The "Interest Game": A Ludic Application to Improve Apathy Assessment in Patients with Neurocognitive Disorders

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DOI: 10.1002/gps.5125





Regular Research Article

Recommendations for the Nonpharmacological Treatment of Apathy in Brain Disorders

Valeria Manera, PhD, Sharon Abrahams, DClinPsv, PhD. Luis Agüera-Ortiz, MD, PhD, François Bremond, PhD, Renaud David, MD, PhD, Kaci Fairchild, PhD, Auriane Gros, PhD, Cécile Hanon, MD, Masud Husain, DPbil, FRCP, FMedSci, Alexandra König, PbD, Patricia L. Lockwood, PbD, Maribel Pino, PbD, Ratko Radakovic, CPsychol, PbD, Gabriel Robert, MD, PhD, Andrea Slachevsky, MD, PhD, Florindo Stella, MD, PbD, Anaïs Tribouillard, MSc. Pietro Davide Trimarchi, PhD, Frans Verhey, MD, PhD, Jerome Yesavage, MD, PhD, Radia Zeghari, MSc, Philippe Robert, MD, PhD

Received: 11 December 2018 Accepted: 12 April 2019

RESEARCH ARTICLE



A survey on the prevalence of apathy in elderly people referred to specialized memory centers

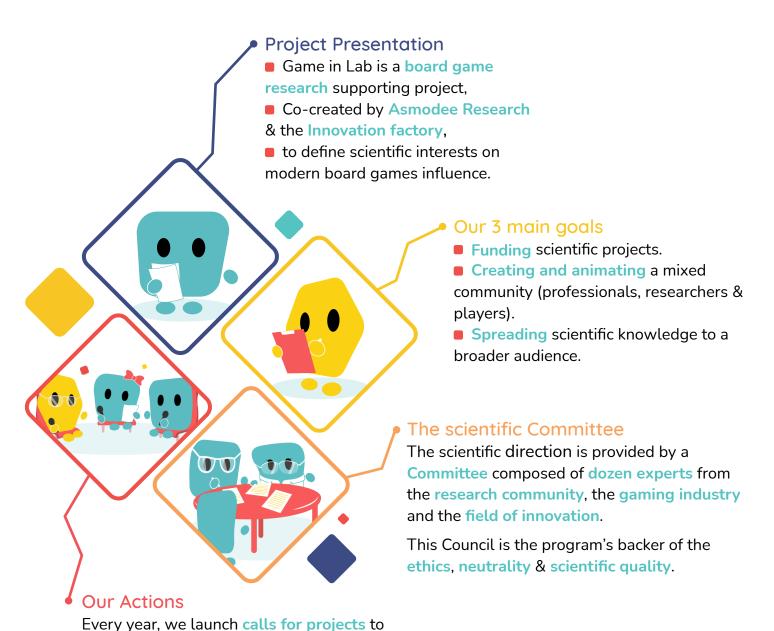
Luis Agüera-Ortiz 4 | Jorge López-Álvarez 4 | Cécile Hanon 5,6 | Nicolas Hoertel 5,6 | Pauline Aalten⁷ | Inez Ramakers⁷ | Radia Zeghari¹ | Philippe Robert¹

KEY WORDS

Dementia - non pharmacological treatment- apathy - stimulation - interest



Game in Lab is the first project undertaken by Asmodee Research, in partnership with the Innovation Factory.



support research projects.

We organize several events and meet ups to share the results of our initiatives.







www.game-in-lab.org/



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