



Extended Research Article

Promoting activity, independence and stability in early dementia and mild cognitive impairment: the PrAISED research programme including an RCT

Rowan H Harwood,^{1*} Sarah E Goldberg,¹ Veronika van Der Wardt,^{2,3} Andrew Brand,⁴ Vicky Booth,² Claudio Di Lorito,² Zoe Hoare,⁴ Jennie Hancox,⁵ Rupinder Bajwa,² Clare Burgon,² Louise Howe,² Alison Cowley,² Trevor Bramley,⁶ Annabelle Long,² Juliette Lock,² Alessandro Bosco,⁷ Rachael Tucker,¹ Kate Robertson,² Marie Ward,² Andrea Ward,⁸ Lyndsay Beck,⁸ Martyn Harling,⁹ Emma Adams,¹ Rebecca O'Brien,¹ Fiona Kearney,¹⁰ Katarzyna Kowalewska,² Maureen Godfrey,¹¹ Marianne Dunlop,¹¹ Kehinde Junaid,⁸ Simon Thacker,¹² Carol Duff,¹³ Tomas Welsh,¹⁴ Annette Haddon-Silver,¹⁵ John Gladman,² Pip Logan,² Kristian Pollock,¹ Kavita Vedhara,¹⁶ Victoria Hood,⁶ Roshan Das Nair,^{17,2} Helen Smith,⁶ Rhiannon Tudor-Edwards,¹⁸ Ned Hartfiel,¹⁸ Victory Ezeofor,¹⁸ Robert Vickers,² Martin Orrell¹⁹ and Tahir Masud¹⁰

¹School of Health Sciences, University of Nottingham, Queen's Medical Centre, Nottingham, UK

²School of Medicine, University of Nottingham, Queen's Medical Centre, Nottingham, UK

³Abteilung für Allgemeinmedizin, Präventive und Rehabilitative Medizin, Philipps-Universität Marburg, Marburg, Germany

⁴North Wales Organisation for Randomised Trials in Health, Bangor University, Bangor, UK

⁵School of Sport, Exercise and Health Sciences, Loughborough University, Loughborough, UK

⁶Nottinghamshire Healthcare NHS Foundation Trust, South Nottinghamshire Place Based Partnership, Lings Bar Hospital, Nottingham, UK

⁷Department of Public Health and Primary Care, University of Cambridge, Cambridge, UK

⁸Mental Health Services for Older People, Nottinghamshire Healthcare NHS Foundation Trust, Highbury Hospital, Nottingham, UK

⁹College of Health, Psychology and Social Care, University of Derby, Derby, UK

¹⁰Nottingham University Hospitals NHS Trust, Queen's Medical Centre, Nottingham, UK

¹¹Patient and Public Involvement

¹²Centre for Research and Development, Derbyshire Healthcare NHS Foundation Trust, Kingsway Hospital, Derby, UK

¹³Lincolnshire Partnership NHS Foundation Trust, Welton house, Lime Kiln Way, Lincoln, UK

¹⁴The Research Institute for the Care of Older People, Royal United Hospital, Bath, UK

¹⁵Oxford Health NHS Foundation Trust, Research & Development, Warneford Hospital, Oxford, UK

¹⁶Centre for Academic Primary Care, Lifespan and Population Health, University of Nottingham, Nottingham, UK

¹⁷Stiftelsen for Industriell og Teknisk Forskning (SINTEF), Trondheim, Norway

¹⁸Centre for Health Economics & Medicines Evaluation, College of Health and Behavioural Sciences, Bangor University, Bangor, UK

¹⁹Institute for Mental Health, University of Nottingham, University of Nottingham, Nottingham, UK

*Corresponding author rowan.harwood@nottingham.ac.uk

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Plain language summary

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Plain language summary

Dementia causes deterioration in memory and thinking abilities. The Promoting Activity, Independence and Stability in Early Dementia (PrAISED) programme aimed to develop and test a physical exercise and activity intervention to improve the ability to do daily activities among older people in the early stages of dementia.

We developed a therapy programme specifically designed for people with dementia. We paid particular attention to encouraging participation. Therapy was tailored to participants' goals, preferences and abilities. We confirmed that we could deliver the intervention and do the research to test it in a small-scale feasibility study.

We tested PrAISED by recruiting 365 people with dementia and a family member from five English counties. We randomly assigned them to receive PrAISED therapy or to a control group, who were given advice on falls prevention. The PrAISED group received up to 50 therapy sessions, delivered by trained therapists, and were also encouraged to do exercises on their own. At the start and after 12 months, we measured ability to do everyday activities and other aspects of health, including falls, quality of life, activity and National Health Service and social care use. We did interviews and observations to explain the findings.

Those receiving PrAISED therapy did no better on any of our measurements than those in the control group. The therapy programme was popular, and participants described benefits to their lives. Professional supervision and family support were important. However, memory and physical health problems often prevented full participation. The study was disrupted by the COVID-19 pandemic.

An economic study showed that PrAISED was not cost-effective. A method which values social outcomes suggested that PrAISED gave a good return before the pandemic but not during it.

We conclude that it might be more appropriate to help people manage problems associated with the inevitable decline seen in dementia rather than to try to change the course of the disease.

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This article

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