Cognitive Stimulation Therapy for people with dementia: International implementation in Brazil, India and Tanzania (CST-International)

Prof Aimee Spector (PI), Dr Charlotte Stoner (project manager) UCL, London, UK
Dr Catherine Dotchin and Prof Richard Walker
CST International Tanzania/Northumbria, UK
Dr Bharath Umapathy,
CST International, Mysore, India
Dr Daniel Mograbi,
CST International, Rio de Janeiro, Brazil

MRC Medical Research Council

CST-International BRAZIL, INDIA & TANZANIA
What is CST?

- Key aim: to improve cognitive functioning using techniques that exercise different cognitive skills.
- Brief, group programme for people with mild to moderate dementia.
- 14 themed one-hour sessions, twice a week for 7 weeks (food/ current affairs/ music/ money etc)
- 5 – 8 people per group, with two facilitators.
- Each session has a choice of activities that can be tailored for the group.
- People should be in similar stages of dementia so that everyone can take part.
Several clinical trials in the UK and worldwide have concluded that CST significantly improves cognition and quality of life for people with dementia over and above medication effects.

CST is a low cost intervention that should be routinely offered to people with early stage dementia.
3-year research programme, during which time we will implement CST in three diverse parts of the world.

Consists of 4 overlapping phases of work (2018 – 2021)
Overview

Phase 1
- Investigation of barriers and facilitators.

Phase 2
- Developing an implementation strategy

Phase 3
- Testing the implementation strategy

Phase 4
- Pathway to practice.
Stakeholder Attendees and Questions for Phase 1 (October – December 2018)

Groups
Three groups should be run between October and December 2018. There should be a minimum of 5 stakeholders per group but, ideally, there should be 10 stakeholders in each group giving a total of approximately 30 stakeholders.

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>$n = 10$</td>
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</tbody>
</table>

People responsible for decision making at a policy level e.g.
- Community Leaders
- Government employees responsible for policy/finance
- Healthcare managers with decision making responsibilities
- Funding bodies for healthcare related work
- Charities involved with older adults/dementia/healthcare
- Media representatives (local papers/religious leaders)
- Professional bodies of psychiatrists and neurologists

Potential CST Facilitators e.g.
- Occupational therapists
- Healthcare assistants/professionals
- Nurses
- Trainee doctors
- Trainee psychologists
- Psychiatric social workers/trainees
- Psychiatry residents
- General Practitioners at Primary Health Care facilities
- Research assistants
- Community leaders (?)

Recipients of CST/interested parties e.g.
- People with dementia
- Carers
- Community leaders
- Members of the general public.

Brazil –
Group 1 – 15
Group 2 – 20
Group 3 – 7

Tanzania –
Group 1-5
Group 2-33
Group 3-11

India – Ongoing
Brazil (Rio de Janeiro) Stakeholder Meetings
Policy/decision makers, HCPs, PwD and carers (November 2018)

- People will rely on others to travel to groups
- Facilities may not have appropriate space
- Little teaching on non-pharm treatment for HCPS
India (Chennai) Stakeholder Meetings
Policy makers, HCPs, PwD and carers
(May 2019)

- Multiple languages spoken by participants and facilitators
- Women underrepresented in services
- Preference for traditional medicine
Arusha (Tanzania) Stakeholder Meetings

People will travel very far to attend. Sessions should be longer.

Enjoy meeting each other to exchange news and ideas.

Can be hard to find meeting spaces in villages.

Lack of awareness of dementia as a disease.

Some older people do not speak Swahili.

Transportation is a problem, especially in rural areas.

Doctors, Nurses, Psychologists, Counsellors (October 2018)

People with dementia and carers (October 2018)
Dementia Awareness Course

• 3-hour course about dementia delivered for the first time on October 17, 2019 in Rio de Janeiro at a caregivers association (APAZ)

• 13 informal caregivers attended

• Tanzania course to be delivered shortly
Implementation plan

- Based on the stakeholder meetings in each country
  → 41 mechanisms identified in Brazil and Tanzania
- Mechanisms rated as essential and easy/intermediate to implement → ‘essential’
- Mechanisms with lower modes → ‘further consider’

**Relative Advantage**

**Essential**

<table>
<thead>
<tr>
<th>Site: Rio de Janeiro / São José dos Campos Country: Brazil</th>
<th>Action to be undertaken</th>
<th>Team member responsible for</th>
<th>Due by</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 CST-Investigators will explain the evidence-based</td>
<td>Cleusa, Daniel, Jerson</td>
<td>31st July (2020)</td>
<td></td>
</tr>
<tr>
<td>benefits and the cost-effectiveness analysis indicating CST is a cheaper alternative to sites managers when approaching/recruiting sites</td>
<td></td>
<td></td>
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<tr>
<td>3.2 CST-Investigators will explain the benefits of CST to possible CST-facilitators</td>
<td>Elodie &amp; Helen</td>
<td>31st July (2020)</td>
<td></td>
</tr>
</tbody>
</table>

**Table 1.**

<table>
<thead>
<tr>
<th>CFIR Category</th>
<th>Action Point</th>
<th>Due by</th>
<th>Completed on</th>
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</thead>
<tbody>
<tr>
<td>ESSENTIAL</td>
<td>Design quality and packaging</td>
<td>All CST facilitators should be given a local checklist and asked to complete this checklist prior to running their first CST group</td>
<td>31.05.2019</td>
</tr>
<tr>
<td></td>
<td>Knowledge/ beliefs about intervention</td>
<td>Explore opportunities to develop national guidelines on dementia treatment</td>
<td>30.08.2021</td>
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</table>
Phase 3

Study of CST in Brazil, India & Tanzania

**Aim:** To evaluate the efficacy of implementation strategies in each country.

**Methods:** Pre and post study of CST (50 participants per country, \( n = 150 \))

**Measures:** ADAS-Cog, WHOQOL-5, EASI/IDEA-ADL, ZBI + Dementia Caregiver Experience Assessment (DemCareES), CSRI, RUD, at baseline and post-test
Study of CST in Brazil, India & Tanzania

**Agreed Parameters of Success:** Number of people CST trained, number of group run, available pool of CST trainers per country, action plans completed.

**Additional Methods:** Qualitative interviews with people with dementia, carers, CST facilitators, policy makers and more to discuss implementation issues. Economic analysis will be done by LSE.
Thank you
Tanzania update

• 53 patients recruited to take part in CST
• All newly diagnosed with dementia, via screening for cognition for all older people attending Mount Meru hospital out patient clinics
• None previously treated
• All participants completed full course of CST
• Carer education/dementia awareness course developed and ready to deliver in Arusha to all of those who took part in CST
• Analysis of pre and post CST assessments under way
• Qualitative interviews planned for early 2020
• Meeting with Ministry of Health Tanzania August 2019 – successful, keen for the research team to assist with development of mental health guidelines for Tanzania and also to include CST as a treatment for dementia on them
Mixed methods implementation research of Cognitive Stimulation Therapy (CST) for dementia in lower and middle-income countries: Study protocol for Brazil, India and Tanzania (CST-International) – accepted for publication in BMJ Open 2019

Multiple abstracts for ADI conference 2020 submitted


Poster for GACD Bangkok Nov 2019

Best poster prize at 89th International Neuropsychological Society Meeting, Rio 2019
Phase 4

Translation to Clinical Practice

**Aim:** Establish a model of good practice and a scalable plan outlining ongoing and sustainable CST provision
Translation to Clinical Practice

Methods

1. Engagement with policy makers and contributing to national guidelines.
2. Identifying and supporting ongoing recruitment
3. Creating and delivering ‘master trainer’ courses in each country
4. Publishing manuals for each country
5. Supporting ongoing groups
6. Recommend outcome measures to be used
7. Examine the affordability of CST