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# Social interactions and dementia : an observational study

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# Introduction

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- Efficient communication is central to the development and the maintenance of social interactions.
- In the context of dementia, social interactions are impaired because of the nature of the disease.

# Introduction

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- Most studies focus on social interactions between people with dementia and the caregivers or on people's activities (MacDonald & al, 1985; Kitwood & Bredin, 1992; Dean & al, 1993; Bowie & Moutain, 1993; Innes & Surr, 2001).

→ Little information about the nature of social interactions between people with dementia.

→ in nursing home?

# Introduction

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## ○ People with dementia :

- still want to have social interactions with others (Ward and al, 2008; Rousseaux and al, 2010).
- develop social ties with others in institutions (Saunders and al, 2011).
- speak and interact about objects and people present in their care units (Saunders and al, 2011).

# Research questions

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○ How do residents with dementia interact with each others ?

● How do residents with moderate dementia communicate, verbally and non-verbally?

→ When they meet for the first time?

⇒ Direct observation is the most appropriate assessment method to analyze social behaviours .

# Method : participants

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- 36 volunteer residents
  - inclusion and exclusion criteria
  - paired according to their age, gender, socio-educational level and severity of the disease.
  - randomly assigned to one of nine groups of six residents.

# Method : sample characteristics

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- Diagnostic hypothesis : 75% of Alzheimer's Disease
- Age : 88.56 years old (SD : 6.01)
- Gender : 88.9% of women
- Length of institutionalisation : 3.58 years (3.10)
- Socio-educational level : 55.6% at primary school level
- Marital status : 72.2% widowed

# Method : sample characteristics

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- Cognitive status (MMSE ; Folstein et al, 1975)
  - mean score = 13.69 (3.75)
- Functional abilities (IADL ; Lawton and Brody, 1969)
  - mean score = 3 (1.85)
- Depression (CSDD ; Alexopoulos and al, 1988)
  - mean score = 3.25 (3.93)
- Behavioural disorders (NPI 10 items; Cummings and al, 1994 )
  - mean score = 5.03 (6.38)

**No difference between any of the groups regarding these variables**



# Method : direct observation

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- Origins

  - ethology

  - developmental psychology

- Interest in dementia study field ?

- Observation tool

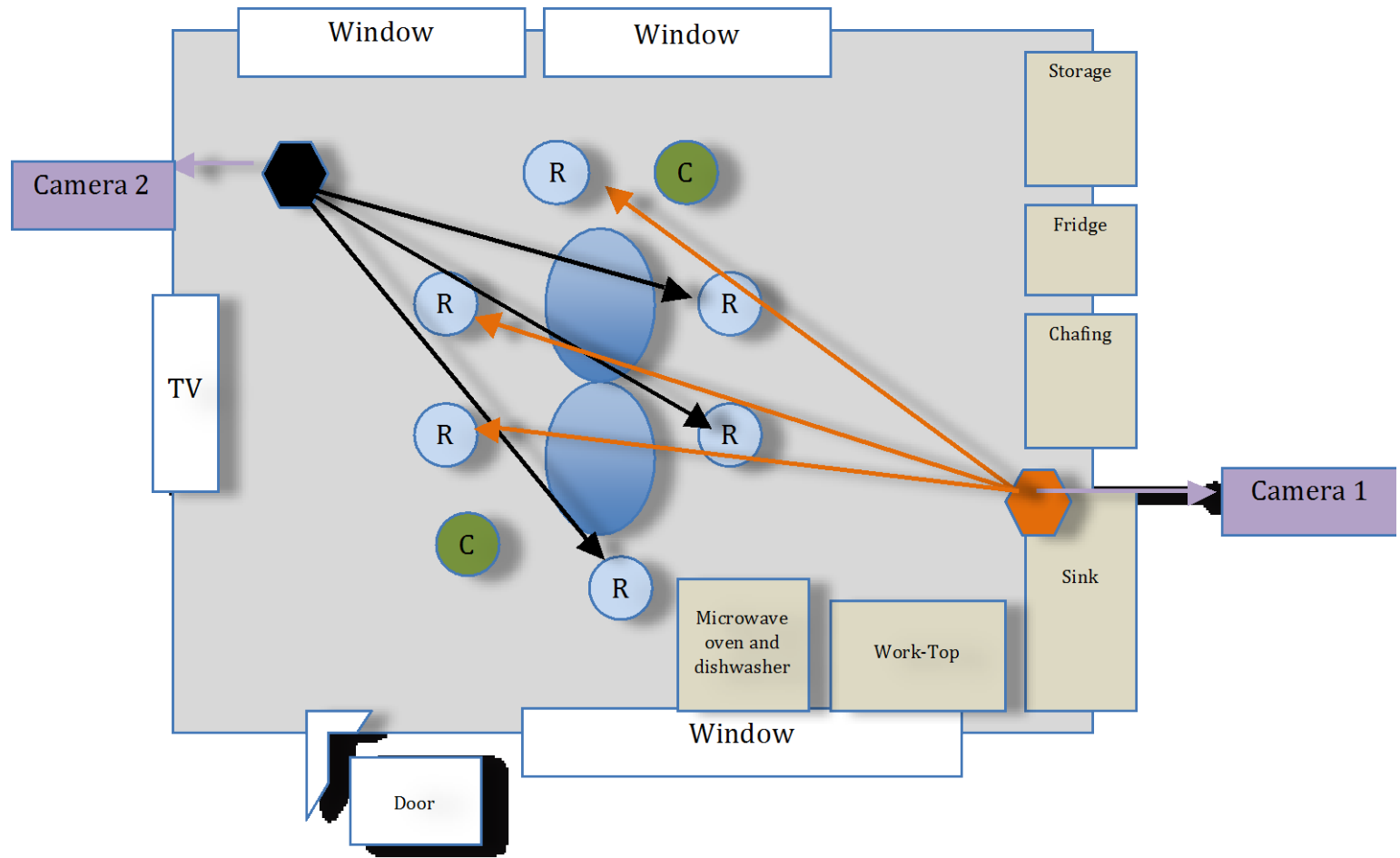
  - ethogram of observation

# Method : direct observation

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- Construction of an ethogram to analyze social behaviours
  - in terms of self-centred behaviours and social interactions of the residents.
  - in terms of frequency of occurrence.
- Behavioural patterns were recorded by two cameras and analyzed by two raters.
- A score of agreement was calculated.
  - mean score of agreement : 78% (SD : 7.5).

# Method : Overview of the meeting place



R = residents and C = caregivers

# Method : direct observation

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- Composition of the observation grid

- 3 groups of behaviours

  - Self-centred behaviours : 9 categories and 47 behaviours

    - ex : Look → at oneself, vacant or outside

  - Social interactions : 5 categories and 39 behaviours

    - ex : Look → look at others or mutual look

    - Verbal interactions → Speak, ask, answer

  - « unclassifiable »

# Method : Overview of the grid

Self-centred behaviours			Social interactions (residents or caregivers)		
Look	At oneself		Look	At others	
	Vacant			Reciprocal/	
	Outside / at an object			Mutual	
Facial expressions	Positive	Smile	Verbal interactions	Positive	Speak to others
		Laugh			Ask for something
		Surprise			Answer someone
	Negative	Make Faces		Negative	Shout at others
		Frown			Insult someone

# Results

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- 2038 behaviours were observed.
- No difference in terms of number of behaviours according to the severity of dementia.
  - 47.65% are self-centred
  - 49.36% are social interactions
    - 34.69% between residents
    - 14.67% between residents and caregivers.
  - 2.99% are « unclassifiable »

# Results

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- Principal Component Analysis (PCA)
- Component 1 : social interactions with caregivers
- Component 2 : social interactions with residents
- Component 3 : refusal to interact with other residents and withdrawal
- Component 4 : not looking to engage in interaction and awareness of others.
- Component 5 : inactivity and waiting

# Results

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- Some behaviour have not been observed
  - Negative understandable and non understandable self-centred verbalizations
  - Some stereotypical behaviours
  - Negative verbal interactions directed to others
  - intimacy behaviours
  - Negative interactive behaviours
  
- ⇒ probably due to the fact that residents do not know each other and that the place of the meeting is unfamiliar.
  
- ⇒ But it also shows some adaptation capacities to a new situation.



# Discussion

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- Residents with dementia spontaneously engage in social interactions with other residents they don't know.
- they also express their refusal to engage in social interaction.
- The majority of these behaviours are both self-centered and social interactions with others residents or caregivers.
- No negative behaviours.

# Limit of the study

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No existing comparisons with residents not suffering from dementia

# Perspectives

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- Development of direct observation in dementia
- Study social interactions of people with dementia at advanced stages of the disease
- Evolution of social interactions of residents with dementia when they interact regularly ?
- Do psychosocial interventions have an impact on social interactions ?

# Conclusion

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- Nursing homes are social environment.
- Maintaining and/or increasing social interactions is a good way of cognitive stimulation and avoid feeling of loneliness (Amieva and al, 2010).
- These data might contribute to the knowledge of social inclusion.

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Thank you for your attention

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