

# Are difficulties in caring for patients with Alzheimer's disease becoming an opportunity to prescribe well-being with the **Gineste-Marescotti®** care methodology?

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**1** Alzheimer's disease is the most common form of dementia with 850,000 patients in France. The psychological and behavioral symptoms of dementia affect 80% of patients. These disorders make care routines such as bathing difficult. They are responsible for a lot of distress among patients, carers and professionals.

The Gineste-Marescotti® Care Methodology is a non-pharmaceutical approach intended for the elderly with cognitive/memory disorders and/or a great loss of autonomy. This methodology was built on 30 years of experience in care. It consists in the application of 150 precise care techniques and concepts. 600 facilities have been trained in France, Quebec, Switzerland, Germany, Portugal, Belgium, and Japan. The book "Humanitude. Comprendre la vieillesse, prendre soin des Hommes vieux" is the N°1 best seller on the Amazon.fr website in the University/Higher Studies section in gerontology and in general psychology. This methodology is not well known by doctors.

Healthcare professionals reported improvement in the behavioral and physical state of elderly ill patients when the methodology was applied. Faced with the absence of measurements, the IPRIM association wished to measure these observations in order to dispose of precise information.

**Primary objective:** to measure the observations of healthcare professionals caring for women with Alzheimer's disease, while undergoing training in the Gineste-Marescotti® Care Methodology.

**Secondary objective:** to identify the relevant criteria for building a rating scale of a person's agitation during a care routine.

**2** This study was a prospective multicenter survey by questionnaire before and after the training of healthcare professionals in the Gineste-Marescotti® Care Methodology in care homes for elderly dependant persons (EHPAD) and long-term care units (USLD) in France.

The training took place over 4 days in each facility. The training consisted in 5 half-days of theory and 3 half days of practical work during the patients' bathing routine. Before the training, the healthcare professionals were asked to choose patients who were difficult during their bathing routine. The healthcare professionals were systematically informed of the possibility they might take part in this study only after they had chosen patients. The training program addressed the "Philosophy of Humanitude®", the pillars of the Gineste-Marescotti® Care Methodology: "look, touch, word, and verticality" and concepts such as "Preliminaries®" and "Sensory capture®."

A patient observation questionnaire was filled in by the healthcare professionals before the beginning of the training (T1) then on the last day of the training (T2). This observational questionnaire evaluated in T1 and T2, the behaviors at the source of the difficulty in carrying out the routine, the ability of the patient to move, to communicate, to participate in the care routine, and the well-being of the healthcare professional and the patient.

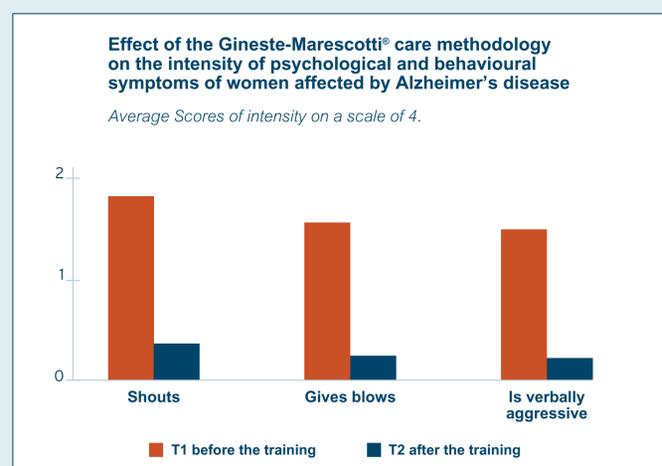
In each care facility, a volunteer healthcare professional of the health-care team collected the questionnaires and sent them autonomously to the secretariat of the study. The data was treated by a body independent of the authors of the Gineste-Marescotti® Care Methodology.

The study lasted 7 months.

**3** 111 women with Alzheimer's disease with an average age of 85 were included.

The GIR (Groupe Iso Ressource) (Index which evaluates dependence) average was of 1.7 which corresponds to a low level of autonomy and a need for help for the basic needs of everyday life, such as hygiene.

52% of care difficulties concerned mobilization, 46% concerned aggressiveness.

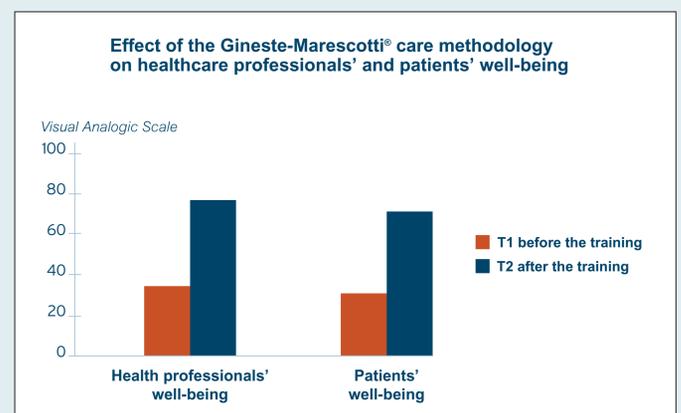


**Chart 1.** Training in the Gineste-Marescotti® Care Methodology reduced the intensity of psychological and behavioral symptoms during the bathing routine of the women with Alzheimer's disease (p=0.0001).

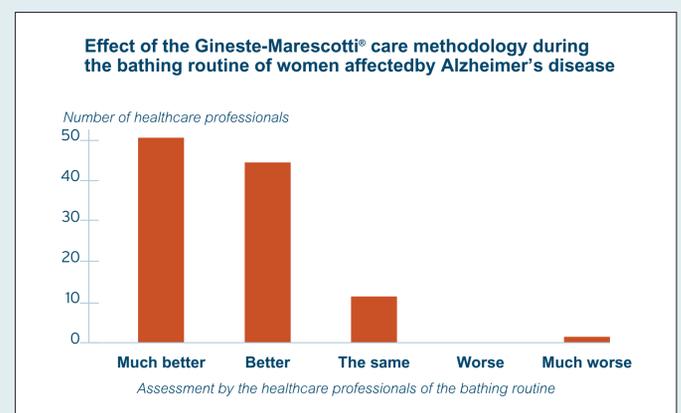
65% of the women with the "gives blows" disorder at a very high intensity (4/4), high (3/4) or medium (2/4) were not giving blows at all after the training course. None of them presented an aggravation of this disorder.

## References:

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**Chart 2.** The sense of well-being from the healthcare professionals evaluated on a visual analogic scale graduated from 0 to 100, evolved very positively following the Gineste-Marescotti® Care Methodology training (p=0.0001).



**Chart 3.** 83% of healthcare professionals considered that the bathing routine of women with Alzheimer's disease went much better or better after the Gineste-Marescotti® Care Methodology training (p=0.0001).

## CONCLUSION

This study on women with Alzheimer's disease showed that 83% of the bathing routines considered difficult by healthcare professionals were improved after the Gineste-Marescotti® Care Methodology training. The training decreased the intensity of psychological and behavioral symptoms like "shouts", "gives blows", and "is verbally aggressive" during the bathing routines.

These original measures allow scientific research teams to be informed about the existence of the Gineste-Marescotti® Care Methodology. It justifies the necessity to carry out international studies of a high scientific level to evaluate the effectiveness of the Gineste-Marescotti® Care Methodology.

We make two hypotheses:

- Disseminating the Gineste-Marescotti® care methodology, a non-pharmaceutical approach intended for the elderly affected by cognitive and memory disorders and/or in loss of autonomy, could improve the quality of life of thousands of patients, care auxiliaries and healthcare professionals across the world.

- Prescribed in synergy with drug treatments, the Gineste-Marescotti® Care Methodology would optimize the efficiency of these treatments for the patients.

