# UNIVERSITI TEKNOLOGI MARA

# EFFECTS OF INTEGRATED EXERCISE AND REMINISCENCE THERAPY ON PHYSICAL FITNESS, DEPRESSION AND QUALITY OF LIFE AMONG ELDERLY WITH MILD ALZHEIMER'S DISEASE

### ASILAH ANUM BINTI AHMAD RUSTAMI

Thesis submitted in fulfillment of the requirements for the degree of **Master of Health Science** (Physiotherapy)

**Faculty of Health Science** 

August 2022

#### ABSTRACT

Alzheimer's Disease (AD) is a disease that slowly destroys brain cells in a human being, especially in the elderly, which may involve progressive deterioration of intellectual functions and mood disorders. Many elderlies' incapable of performing physical activities beyond moderate intensity because of their frailty and comorbidities. Therefore, this elderly would have to gain the benefits of physical activity from low intensity. By combining both interventions, it will help to improve muscle strength, increase endurance performance, reduce depression symptoms and lead to increase in quality of life. Thus, a swift intervention is needed to minimize and delay the progression of the diseases by adding an exercise program with reminiscence therapy in their daily activities. Current study aimed to determine the effects of integrated exercise and reminiscence therapy on physical fitness, depression, and quality of life among elderly with mild AD. About 51 participants in Rumah Seri Kenangan Cheras who are above 60 years old were divided into three groups (i) Exercise and Reminiscence Therapy, ER (n=18), (ii) Exercise Only, EO (n=16) and (iii) Reminiscence Only, RO (n=17). Participant in ER had received six weeks exercise and reminiscence therapy. While the participants in EO received exercise similar to that in the ER group. Participants in RO received reminiscence therapy only. The exercises consisted of endurance, strength, balance, and flexibility for one hour per session, three times per week for a duration of six weeks. While the reminiscence therapy was conducted for one time per week for six weeks. All those variables were measured at baseline, 3<sup>rd</sup> week and 6<sup>th</sup> week. The variables for physical fitness were strength (5TSTS) and endurance (2MWT), depression (Cornell Scale for Depression in Dementia) and quality of life (EUROHIS-QOL). Results from the 3 x 3 Mixed Model ANOVA reported a significant time main effect for all variables, [F (2, 96) = 18.407, p < .001, partial  $\eta 2 = .28$  for muscle strengths, F (2, 96) = 12.512, p < .001, partial  $\eta 2 = .21$  for endurance, F (2, 96) = 30.382, p < .001, partial  $\eta 2 = .38$  for depression and F (2, 96) =9.038, p < .001, partial  $\eta 2 = .158$  for quality of life] at baseline, 3<sup>rd</sup> and 6<sup>th</sup> weeks. In contrast, results show no significant interaction in between groups and interaction between group and time (p>0.05). However, the minimal mean changes also been noticed between groups which indicates that the benefits gained from the participants can be further highlighted. As a conclusion, the combinations of exercises and reminiscence therapy can help in improving the physical fitness, reduce depression symptoms and improve overall health related quality of life among elderly with AD rather than exercise or reminiscence alone.

## ACKNOWLEDGEMENT

First and foremost, I would like to thank Allah SWT for providing me with the opportunity to undergo on my Master and successfully complete this difficult journey. My heartfelt gratitude and appreciation go to my main supervisor, Dr. Azliyana Azizan, for her unwavering support for my master's research, as well as her dedication, inspiration, passion, and extensive knowledge. Her guidance was immensely valuable throughout the research and writing of this thesis. I couldn't have asked for a better teacher and mentor for my master's programme.

My thanks go to the staff at Rumah Seri Kenangan Cheras for providing the facilities and assistance during the sampling. I'd like to express my gratitude to my colleagues and friends for their assistance with this project.

Finally, I'd like to gratitude to my family: my husband, Mohd Firdaus Zaina Salleh; my child, Afnan Idraki; and both of my parents, Ahmad Rustami Ramley and Rugaiah Hassan Basri for moral and spiritual support throughout my master's journey.

# TABLE OF CONTENTS

Page

CON	FIRMA'	TION BY PANEL OF EXAMINERS	ii
AUT	iii		
ABS'	iv		
ACK	v		
TABLE OF CONTENTS LIST OF TABLES			vi
			ix
LIST	X		
LIST	COF AB	BREVIATIONS	xi
СНА	PTER O	ONE INTRODUCTION	1
1.1	Introd	uction	1
1.2	Backg	ground of the study	1
1.3	Proble	em Statement	3
1.4	Resear	rch Objectives	6
1.5	Resear	rch Hypothesis	6
1.6	Scope	and Delimitations of the Study	7
1.7	Significance of the study		7
1.8	Defini	tion of Terms	8
СНА	PTER T	WO LITERATURE REVIEW	10
2.1	Introd	uction	10
2.2	Framework of Successful Aging		10
	2.2.1	Low-risk Disease and Disability	11
	2.2.2	Engagement with Life	13
	2.2.3	High Mental and Physical Function	14
2.3	Benefits of Exercise on Elderly with AD		15
	2.3.1	Benefits of Exercise on Muscle Strength	16
	2.3.2	Benefits of Exercise on Endurance Performance	18
	2.3.3	Benefits of Exercise on Depression	19

	2.3.4 Benefits of Exercise on Quality of Life	20	
2.4	Benefits of Reminiscence Therapy on Elderly with AD	20	
	2.4.1 Benefits of Reminiscence Therapy on Depression	21	
	2.4.2 Benefits of Reminiscence Therapy on Quality of Life	21	
2.5	Summary of previous studies	22	
CHAF	TER THREE RESEARCH METHODOLOGY	24	
3.1	Introduction	24	
3.2	Study Design 24		
3.3	Study Setting 27		
3.4	Description of the Study Participants	27	
3.5	Types of Sampling3		
3.6	Sample Size Calculation 3		
3.7	Study Variables and Instrumentation	32	
	3.7.1 Instruments for Screening Prior to Intervention	32	
	3.7.2 Instruments for intervention	33	
3.8	The Intervention	36	
3.9	Ethical Consideration 42		
	3.9.1 Ethical Approval from the University and Jabatan Kebajikan Masyara (JKM)	ıkat 43	
	3.9.2 Quality Control of Data Collection	43	
3.10	Data Management and Analysis	43	
CHAP	PTER FOUR RESULTS	46	
4.1	Introduction	46	
4.2	Background of Participants 4		
4.3	Baseline differences for all groups in term of lower limb strength, endurar depression and quality of life	nce, 49	
	4.3.1 Normality of data	51	
4.4	Effects of exercise and reminiscence therapy on lower limb strengths for all groups. 52		
4.5	Effects of exercise and reminiscence therapy on endurance performance for all groups. 56		
4.6	Effects of exercise and reminiscence therapy on depressions level for all groups.	60	
4.7	Effects of exercise and reminiscence therapy on quality of life scores for all groups. 64		