

# Evaluation of a dementia-specific training in patients with mild to moderate-stage dementia

<b>Submission date</b> 27/08/2012	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 04/09/2012	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 12/11/2018	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Patients with dementia suffer from motor as well as cognitive impairment. Motor impairment is a major cause of physical disability and includes muscle weakness and fatigue, impaired sensation and poor balance. Cognitive impairment is when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life. Based on successful previous studies we have developed a specific training programme to improve cognitive and motor defects which are frequent and early markers of dementia (problems with doing two things at once and planning and performing movements). We use supervised group training and a machine-based approach specifically developed for the patients with mild to moderate dementia

### Who can participate?

Patients over 65 with mild to moderate dementia.

### What does the study involve?

Participants will be randomly allocated to one of two training programs: either an established training program for older persons (strength and flexibility training), or a specific training program developed to achieve better cognitive/motor performance. Participants will be encouraged to attend two supervised exercise sessions per week for 3 months.

### What are the possible benefits and risks of participating?

The specific training will hopefully lead to improved cognitive performance. The risks are low - we expect only harmless effects of training (e.g. getting a little out of breath) as the training intensity is individually tailored and supervised by experienced trainers.

### Where is the study run from?

The Bethanien Hospital, Geriatric Center at the University of Heidelberg (Germany).

### When is the study starting and how long is it expected to run for?

The study will start in September 2012 and will proceed until June 2014.

Who is funding the study?  
The Dietmar Hopp Foundation (Germany).

Who is the main contact?  
Prof Klaus Hauer  
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## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
N/A

## Study information

**Scientific Title**  
Evaluation of a dementia-specific training in patients with mild to moderate-stage dementia: a randomised controlled trial

**Study objectives**  
The dementia-specific training approach will increase dual task performances and executive functions and effect a number of secondary study targets in patients with mild to moderate stage dementia.

**Ethics approval required**  
Old ethics approval format

**Ethics approval(s)**  
University of Heidelberg, Faculty of Medicine Ethics Committee, May 2012, ref: S-360/2010

**Study design**  
Blinded randomised placebo-controlled interventional single centered study

## **Primary study design**

Interventional

## **Study type(s)**

Treatment

## **Health condition(s) or problem(s) studied**

Mild to moderate stage, diagnostically confirmed dementia

## **Interventions**

Intervention Group (IG) will receive specific motor-cognitive training (dual tasking/ executive function) including individual machine-based motor-cognitive training. Subjects will be encouraged to attend two supervised exercise sessions per week for 1.5 hours for 3 months.

Control Group (CG) will receive unspecific motor training (calistenics and strength training of upper extremities while seated). Subjects will be encouraged to attend two supervised exercise sessions per week for 1 hours for 3 months.

Both study groups will be treated by patient-centered training approach tailored to the needs and abilities of cognitively impaired patients as developed and described by the working group in previous intervention trials for patients with dementia.

## **Intervention Type**

Behavioural

## **Primary outcome(s)**

Improvement of dual task performance (trained and non-trained tasks as measured by electronic gait (Gait rite) and strength analysis (Diagnos 40) and specified cognitive tests) and executive function as measured by biomechanical analyses (DynaPort Hybrid and Physiomat training device) after intervention.

## **Key secondary outcome(s))**

1. MRI-Assessment:

1.1. Association of training induced cerebral modifications with training effects and baseline predictors

1.2. Dual task during ADL: Effect of specific training on habitual dual task performance /frequency as measured in home environment

2. Physical activity:

Physical activity as measured by valid, subjective questionnaire-based measures and objective technical measures allowing quantitative and semi-quantitative analysis optionally including GPs measures

3. Motor Function:

3.1. Timed up and Go - Test

3.2. Performance Oriented Motor Assessment (POMA)

3.3. Psychological / Cognitive Status: Fear of Falling (FESI)

3.4. Geriatric Depression Scale (GDS)

3.5. Short Form Health Survey (SF-12)

3.6. Consortium to establish a registry for Alzheimer's disease (CERAD)

Trial making test (Zahlenverbindungstest (ZVT), Digit Span test (Zahlennachsprehtest (ZNS), and various other measures.

Validation of assessment tools: Tests for methodological quality of assessment methods including validity, reliability, sensitivity to change.

Optional:

Biomarkers: Association of training effects with biomarkers for neural plasticity

Primary as well as secondary outcome measures will be assessed at baseline (T1), at the end of intervention (T2) and at a 3 months follow up (T3)

**Completion date**

30/06/2014

## Eligibility

### Key inclusion criteria

1. Age >65
2. Mild to moderate stage cognitive impairment (MMSE:17-26)
3. Diagnosis of mild to moderate stage dementia based on established international criteria
4. Written informed consent
5. Consent of legal guardian (if assigned)
6. Ability to walk 10 m without aid
7. Living in the vicinity of the study location (<20 km)

### Participant type(s)

Patient

### Healthy volunteers allowed

No

### Age group

Senior

### Sex

All

### Key exclusion criteria

1. Severe psychical disease (substance abuse, psychosis)
2. Severe somatic disease (e.g. heart failure NYHA >3, uncontrolled Diabetes Mellitus)

### Date of first enrolment

01/09/2012

### Date of final enrolment

30/06/2014

## Locations

### Countries of recruitment

Germany

**Study participating centre**  
**University of Heidelberg**  
Heidelberg  
Germany  
69126

## Sponsor information

**Organisation**  
Dietmar Hopp Foundation (Germany)

**ROR**  
<https://ror.org/02t2ah669>

## Funder(s)

**Funder type**  
Charity

**Funder Name**  
Dietmar Hopp Foundation (Germany)

## Results and Publications

Individual participant data (IPD) sharing plan

**IPD sharing plan summary**  
Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	08/11/2018		Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes