THERAPEUTIC SPACE WITH SMART SKIRTING BOARD: SARCOPENIA, NUTRITION, PHYSICAL EXERCISE AND RELAXATION

Moutinho, MGM*, Fernandes, VMS** & Maruo, JP

* Centro de Investigação Interdisciplinar Egas Moniz, Instituto Superior de Ciências da Saúde Egas Moniz, Campus Universitário, Quinta da Granja, Monte de Caparica, 2829-511 Caparica, Portugal; **Residência S. Pedro, Malveira, Portugal; Unitranspessoal* Núcleo Epidemiológico em Gerontologia e Psicologia Transversal, Lisboa, Portugal; *Escola Superior de Educação João de Deus, Lisboa, Portugal

Introduction

Active aging, according WHO, is defined as “the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age”. The active aging applies to both individuals and population groups, enabling people to realize their potential for physical, psychological, social and spiritual well-being throughout their life cycle.

The societies in this global world, have increasing larger numbers of octogenarian people who maintain an optimal state of well-being, health and greater independence with dignity.

In the aging process, we observe changes of physiological, psychosocial, economic and dietary habits that interact in a complex manner, modifying the level of nutrient intake and efficiency with which these are used by the organism. Among the most frequent pathologies is sarcopenia and dementia syndromes such as Alzheimer’s.

Sarcopenia (from the Greek sark=flesh and penia=loss) presents as main symptoms: a progressive decline of muscle mass and strength which relates to the natural process of aging.

Multiple studies have shown that in sarcopenia, malnutrition is a common, serious and often undiagnosed situation whose prevalence is a variable depending on geographical areas and socio-cultural environment. Thus, the dietary habits of subjects with sarcopenia are a crucial factor in your health.

Adequate nutrition and nutritional health are important to improve physical activity and quality of life of the elderly with sarcopenia. On the other hand, it has been observed that resistance exercises can prevent, reduce and even reverse the sarcopenia.

Objectives of this work

- Stimulate appetite and physical exercise in an elderly person with a dual diagnosis: dementia and sarcopenia using smart skirting board.
- Test the effectiveness of smart skirting board as a non-invasive alternative therapy to conventional medicine.

Methods

Material: In this study we used the Smart Skirting Board1-3 (figure 1) to stimulate the appetite and the psicomotoricity.

Patient: Man with 79 years old diagnosed with dementia, and sarcopenia that is hosted in the residence ‘São Pedro’ in Malveira, Portugal.

Methods: The sessions, with a duration of 50 minutes/week, were held for 11 months. In these sessions we used relaxation techniques, hypnosis, body wisdom and creative visualizations.

Cognitive stimulation sessions were 'buoyed up' by a battery of neuropsychological tests in order to allow the assessment of cognitive functions and at the same time analyze the results both qualitatively and quantitatively.

Results, Discussion and Conclusion

The sessions conducted in therapeutic space with smart board skirting had stimulated marked deficits, minimizing the progression of dementia, stabilizing its performance in specific areas (such as muscle strength and weight gain) and improving cognitive and psychomotor functions.

Through relaxation techniques, hypnosis, creative visualization (eg. Patient imagine that it’s going up and down stairs effortlessly) and use of a Mediterranean diet (because it has protective effects against neurodegenerative diseases) there was a significant increase in muscle mass and weight gain.

A critical analysis of this case highlights the importance of somatic and neuropsychological rehabilitation programs using therapeutic space with smart skirting board for significantly improving the physical and psychological capabilities and to increase individual and family well-being in dementia and sarcopenia.

Bibliography

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