B. Tondu, N. Bardou. A systemic approach applied to the design of a strolling corridor for elderly persons with Alzheimer's-type dementia. Gerontechnology 2008; 7(2):223. Only 10-15% of people with Alzheimer disease (AD) exhibit cognitive and behavioural disorders that form the basis of institutionalization. But, due to population ageing and because AD concerns one 85+ out of every four, it appears increasingly necessary to adapt institutional settings to elderly persons with Alzheimer's-type dementia¹. The effects of dementia on primary caregivers in terms of their physical and mental health are well known², especially in case of family caregivers at home. Faced with excessive behaviours, institutions have often recoursed to physical or chemical restraints. Restraints have serious drawbacks: cries, excitement, calls, risk of harm or injury, loss of abilities as walking apraxia. We think with other gerontologists that strolling, which is a common behaviour for these people, could be an interesting alternative to restraints if it is safe and controlled. This paper aims to propose an original project of a strolling corridor based on a sensory exchange with the elderly patient. The theory of systems and its application to family relationships has given to us the theoretical framework of our approach³. In particular, we propose to apply the main ideas developed by Palo-Alto sixties researchers to the definition of a sagittal-like diagram specifying, for a given elderly patient, its main relationships with familiar persons and familiar places (Figure 1.a). The near classic relationship is based on language (in full line). The originality of this diagram consists of the use of the elderly person's own relationships towards recognizable 'familiar elements' (full line with arrows) or non-recognizable 'familiar elements' (dotted lines with arrows). In this last case, we associate to the relationship a 'vector' with hierarchical sensory modes defined, with the help of the family, as sensory affective modes privileged by the patient before his disease. The strolling corridor general scheme presented in Figure 1.b can be viewed as some achievement of the sagittal diagram: walls support olfactory, auditory or tactile sensation transmitters corresponding to privileged sagittal diagram relationships, associated to familiar images in relation to previous non-visual sensory modes. For an individual elderly person it is expected to appease him but also, even punctually, to help him for re-memorizing personal memories as for limiting the memory decline process. Discussion is finally developed to adapt the use of this strolling corridor to new architectural projects of nursing homes for elderly persons with dementia.

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Figure 1 General structure of the strolling corridor for a sensory stimulation of elderly persons with dementia, (a) Systemic diagram example (see text), (b) Preliminary scheme of the technical project