

109 年度失智友善資源整合計畫 8 月份文獻摘譯

文章	<p>Promoting Dementia-friendly Communities to Improve the Well-being of Individuals with and without Dementia</p> <p>推動失智友善社區以改善失智者及他人的安適感</p>
文獻出處	<p>Maki, Y., Takao, M., Hattori, H., & Suzuki, T. (2020). Promoting dementia-friendly communities to improve the well-being of individuals with and without dementia. <i>Geriatrics & Gerontology International</i>.</p>
目標	<p>此篇文章從人與社區互動的觀點來討論失智友善社區的推動。提升社交安適感對老齡族群是個重要議題，而失智症對失智者的生活影響甚多(包含人際關係)，故社交安適感對失智者來說更為重要。伴隨著認知退化，當失智者感受到社交互動的困難時，他們需要失智友善社區提供支持、增進他們社交互動的適應性。個別化的支持和方法可形成社區中的支持網，使失智者維持活力和有意義的生活。藉由提供支持和失智預防活動，增進失智者及他人的安適感對整體社會是很重要的。於此篇文章中，作者由人際關係的觀點來討論失智友善社區：</p> <ul style="list-style-type: none"> ■ 老齡族群及失智者的社交安適感 ■ 失智者在社交互動中面臨的困難 ■ 介入方法及環境安排
前言	<ul style="list-style-type: none"> ● 失智症被視為 21 世紀的一項重要挑戰，而失智友善社區的概念已在多個國家被提出討論。國際失智症協會(Alzheimer's Disease International)將失智友善社區定義為「一個情境或是文化，可支持和賦予失智者和照顧者能力、使他們融入社會、了解他們的權利和潛能」。此定義中的情境並非機構內或物理環境，而是強調尊嚴和人與人的關係。 ● 失智症影響了失智的生活各個面向，包含與朋友、家人的人際關係。目前在全世界，有人主張將對失智症的焦點從症狀和失能部分，轉移至他們的潛能和能力。為了社會和政策的推動，我們應運用正向的觀點來考量如何與失智症共存。同時，為了提升失智者安適感，採用醫學和心理觀點時，我們需要更多元、平衡思考這個議題。 ■ 藉由人際互動的機會以提升社交健康：為了提升失智者的社交參與，我們需要分析認知缺損對他們的影響和他們所需要的支持 ■ 以治療介入的方式提供維持人際關係的協助：失智者在社交互動中可能面臨各種阻礙，或是無法得到真正需要的支持。失智者需要針對他們能力和潛力所給予的支持，而不僅僅是增加社交互動的機會。為了提供適合的支持、提升失智者的自主及獨立性，給予全面性的評估更為重要，例如個案和環境的適應性(person-environment fit)、個別化的目標設定(person-directed goal setting)、跨專業團隊支持(interdisciplinary team support)。
文獻內容	<p>一、老齡族群及失智者的社交安適感</p> <ul style="list-style-type: none"> ● 社交安適感：年長者可從正向的人際關係中受益，而雙向互動的關係更能提升他們的自我價值。當他們面臨能力退化，尤其在被診斷為失智症後，維繫原本的社交網路越來越困難，於是他們減少社交活動。因此，

我們需要提供失智者適當的支持，以確保他們的社交參與。

- 社交健康(social health)的定義：在 Huber 學者的文獻中細分為三個向度，(1)發揮自己潛能和執行義務的能力、(2)可以獨立管理部分的生活、(3)參與社交活動，而以上三個向度與失智者在生活中遇到的困難息息相關。

二、失智者在社交互動中面臨的困難

- 社交參與：與疾病相關的阻礙及困難
 - 社交認知的退化：社交認知包含腦內社交訊息的處理，而這些社會認知技巧對社交溝通及互動非常重要。失智者由於認知退化而產生社交不適應，進而影響獨立性。由於認知的退化，社交上越不適應的失智者，則越需要更多的支持、協助。
 - 在社交溝通中，通常藉由推測他人的想法和感受、預測他們的行為、依情況做回應、觀察自己和他人的行為反應、決定做出什麼行為，而使雙方互相了解。然而，對失智者來說，推測他人的想法相形困難，也使得他們難以了解他人的想法。但是，他們也同時模糊地感受到不對勁，而焦慮不安。當失智者與他人的連結慢慢疏離，通常會伴隨個性的改變、失去興趣，此時大多數人不會察覺並歸因於社交認知的退化。
 - 社交能力儲備(social reserve)：被視為認知儲備(cognitive reserve)的其中一種。認知儲備的概念類似於抵抗能力，若是認知儲備較多，部分失智者在大腦功能缺損後，卻仍能表現出較好的認知能力。然而，每個失智者在社會認知退化的表現皆不同，失智症的嚴重度也不一定能夠清楚解釋臨床表現。

三、介入方法及環境安排

- 社交參與的介入方法：
 - 培養「自助」的態度：重點在於自主、自我管理，包含情緒控制。於早期，失智者保有推斷他人感受、自我覺察和自我控制的能力，而這些能力對未來的社交適應非常重要。失智者需要重新建立與他人的關係，而他們的情況也會因認知退化而一再受到影響。
 - 自我管理介入：自主管理活動鼓勵失智者學習如何掌控自己的狀況、提升自己的安適感。這些活動強調由日常生活中，提升自我調整能力(self-regulation)、自我效能感(self-efficacy)和問題解決能力。
 - 早期自我預防行為精神症狀(behavioral and psychological symptoms of dementia)：行為精神症狀可能造成與家人溝通不良、增加照顧者負荷，因此，此篇文章建議在失智症早期進行情緒控制的訓練，以利維持與他人良好的溝通。
 - 後期的支持：進入失智症後期，失智者難以自省、難以維持改變自己的動機，溝通的困難將帶給家庭或專業照顧者的壓力。於一篇文獻回顧文章顯示，溝通的訓練介入可以提升照顧者的知能和溝通技巧，但是對於照顧負荷沒有顯示效果。

	<ul style="list-style-type: none"> ● 環境安排 <ul style="list-style-type: none"> ■ 提升失智支持者(dementia supporter)和失智之友(dementia friends)的覺察度：社交資本(social capital)意指在社交網絡中可使用的資源(親人、朋友和團體)，報告指出人們若有豐富的社交資本，即使認知退化時，也可以繼續參與社區生活。 ■ 非正式、輕鬆的支持：應以失智者的個人日常生活需求為考量，此類的支持將讓他們盡可能地維持原本生活模式和社區生活。 ■ 讓整體社會一起分擔照顧負荷：以整體社會來說，失智族群也是多樣化社會中的一環。未來應多加討論如何共同分擔社會經濟的負荷，並推動失智友善社區。 ● 失智者之間互相扶持的可能性： <ul style="list-style-type: none"> ■ 同儕支持團體：過去有研究顯示失智者的同儕支持團體，帶給他們心理的助益，如減少憂鬱、增進生活品質和自尊；此研究作者認為失智者可由同儕團體中分享自己的經驗，也鼓勵他們以團體在社會上為自己的權益發聲。 ■ 失智咖啡館(dementia café)：為一合適的社交場域，健康照護/醫療人員可從中擔任協調者，符合失智者的需求及提供支持。 ● 參與社會經濟活動的支持：在適當的協助下，失智者可以上街購物、銀行辦事或搭乘大眾運輸。此類的支持可增進失智者的活動參與、自我價值。 ● 將失智預防活動納入社區活動中：多樣化的生活型態管理(一級預防)已經被推行多時，而在日本社區中也將生活型態改造(lifestyle modification)作為失智預防活動。
<p>限制</p>	<p>此篇文章納入了推動失智友善社區的創新和實務經驗，但是對於成效的研究證據仍是缺乏。建議可樹立失智友善社區的定義、實際運行內容和成效探討。</p>
<p>結論</p>	<p>失智友善社區奠基於社區中人與人之間的關係，它的目的在於永續經營和提升社區安適感，故需要大家支持失智者，與他們合作、改善社區的安適感。</p>

Study	Promoting Dementia-friendly Communities to Improve the Well-being of Individuals with and without Dementia
Author	Maki, Y., Takao, M., Hattori, H., & Suzuki, T. (2020). Promoting dementia-friendly communities to improve the well-being of individuals with and without dementia. <i>Geriatrics & Gerontology International</i> .
Objectives	<p>A community is the totality of human relationships, in which individuals live with and for others. This article discusses promoting dementia-friendly community from the perspective of human relationships within a community. Improving the social well-being of aging people is important; it is especially important for people with dementia, as dementia is a life-changing syndrome that affects all aspects of one's life, including human relationships. Dementia-friendly community requires support from the community in improving the social adaptation of people with dementia, as they experience greater difficulties in social interaction as a result of cognitive decline, especially deterioration of social cognition.</p> <p>They need to be empowered to stay motivated for the opportunity to maintain an active and meaningful life, despite dementia. Flexible provisions of such tailored support can be effective to improve the support network in the community to meet the individual's needs. This is important to enhance the well-being of individuals with and without dementia, as well as the society as a whole, through dementia support and dementia prevention activities. To discuss DFC from the perspective of human relationships:</p> <ul style="list-style-type: none"> ■ The meaning of social well-being of aging people, including people with dementia ■ The difficulties faced by people with dementia in social interactions ■ Interventions and environmental arrangements are explained.
Introduction	<p>Dementia is one of the major healthcare challenges of the 21st century and promoting a dementia-friendly community (DFC) is a common issue in most aging societies. Alzheimer's Disease International defines DFC as "a place or culture in which people with dementia and their caregivers are empowered, supported and included in society, understand their rights and recognize their full potential." This definition places emphasis not on institutional and physical environments, but on dignity and human relationships.</p> <p>Dementia is a life-changing disease that affects independence in all aspects of one's life, including relationships with family and friends. At present, there is a global movement to shift the focus from these symptoms and disabilities toward the capacity and potential of each person with dementia. For social and political promotion, it is important to emphasize a more positive view on living with dementia. However, for medical and psychosocial research and practice with aims to improve the well-being of people living with dementia and their surroundings, it is becoming increasingly important to adopt a balanced perspective.</p> <ul style="list-style-type: none"> ■ Optimizing the social health of people with dementia requires more than

	<p>providing opportunities for social interactions: To promote social participation, the impact of cognitive decline on social interaction, and the support required to participate and contribute to the communities should be analyzed.</p> <ul style="list-style-type: none"> ■ Need for interventions to support people with cognitive disabilities to maintain their social relationships: People with dementia can encounter various barriers when participating in social networks, and experience a mismatch between demand and supply of social support. Optimizing their social health requires more than simply providing opportunities for social interactions; it is desirable to provide support optimizing their potential and capabilities. This can be achieved through comprehensive assessment of person–environment fit, person-directed goal setting and interdisciplinary team support to maintain a sense of autonomy and independence.
<p>Contents</p>	<ul style="list-style-type: none"> ● Social Well-being: Aging adults can directly benefit from positive social interactions, and reciprocal relationships can significantly enhance their sense of self-worth. When they experience a decline in their capacity, maintenance of social networks becomes difficult, and at times they even diminish. This is especially true after a diagnosis of dementia. It is therefore desirable to provide appropriate support for people with dementia to ensure social participation. <ul style="list-style-type: none"> ■ Operational definition of social health according to the Early, Timely and Quality Psychosocial Interventions in Dementia Social Health Taskforce: The definition was based on the three social health dimensions described by Huber et al.: (i) capacity to fulfill one’s potential and obligations; (ii) ability to manage life with some degree of independence; and (iii) participation in social activities. These three dimensions appear relevant to the difficulties that people with dementia encounter in everyday life. ● Disease-related barriers for social participation <ul style="list-style-type: none"> ■ Decline in social cognition: Dementia affects an individual’s independence, owing to cognitive decline that can result in social maladaptation. Given the cognitive decline in people with dementia, the more they require support, the more they tend to become socially maladaptive. Social cognition broadly refers to the processing of social information in the brain, and social cognitive skills are critical for social communication and interaction. ■ In social communication, it is desirable to infer others’ thoughts and feelings, predict their actions, respond accordingly, monitor one’s own behaviors and others’ reactions, and manage one’s behavior for mutual understanding. In dementia, it might become difficult to infer others’ thoughts and feelings as a result of declining theory of mind reasoning. ■ However, they do feel a vague sense of maladaptation, which could

induce anxiety. Therefore, social adaptation of persons with dementia could further be compromised because of increased anxiety. People with dementia often tend to dissociate from others, this is often attributed to changes in personality or loss of motivation, whereas decline in social cognition might be overlooked.

- Social reserve: Social reserve is regarded as one domain of cognitive reserve, which refers to the discrepancy between the degree of brain damage and the severity of cognitive decline. In dementia, cognitive reserve is also referred to as resilience, which is defined as cognitive functioning at a level higher than that expected after a brain injury. The level of social cognition decline differs in individuals, and the severity of dementia does not always explain clinical manifestations.
- Intervention for social participation
 - Empowerment support for self-help attitudes: autonomy and self-management, including emotional control, is emphasized.
 - ◆ The early stages, during which the abilities of inferring others' feelings and thoughts, self-monitoring, and self-control are preserved, are critical to improving social adaptation. Here, it should be noted that although the majority of people with dementia are in favor of open disclosure, receiving a diagnosis of dementia is associated with negative emotions, such as shock, fear and sorrow. People with dementia are required to re-establish human relationships, which continue to be affected by the condition over time.
 - Self-management intervention: Self-management programs, which encourage people with dementia to learn to manage their conditions and optimize their own well-being, have likewise been proposed. These programs aim to enhance self-regulation, a sense of self-efficacy and problem solving skills by focusing on the relevant aspects of daily living.
 - Self-prevention of in the early stages of dementia: Behavioral and psychological symptoms of dementia can lead to miscommunication with family members and increase caregiver burden. Hence, it is recommended that people with dementia develop emotional control strategies in the early stages to maintain good communication with others
 - Support in advanced stages: In advanced stages, a person with dementia might find it difficult to self-reflect and remain motivated to change their behaviors. Communication difficulties for people with dementia can particularly cause relationship stress, even for the family and professional carers. A systematic review evaluated the effectiveness and acceptability of training interventions with communication, and reported

that the interventions were beneficial to improve carer knowledge and communication skills, but not caregiver burden.

- Environmental arrangements
 - Raising awareness: Dementia supporters and dementia friends. In particular, social capital has been defined as the resources available to individuals and groups through membership in social networks. It is reported that people can continue to live in communities with high social capital, even after they experience cognitive decline.
 - Informal support: Informal support is desirable to match individuals' needs in daily living and support; the support to continue community life as it was before the onset of dementia, rather than doing anything special.
 - Sharing the burden of care from the perspective of the society as a whole: From the perspective of society, more discussions on how to share the socioeconomic burden by various stakeholders to promote DFC are required.
- Possibility of peer support among people with dementia
 - Peer support group: A previous review reported that participating in peer support groups might bring about psychological benefits to people with dementia by reducing depression, and improving quality of life and self-esteem. The authors consider that the essence of group meetings among people with dementia is to share the experiences of living with dementia, which can only be shared among those living with dementia. Furthermore, the peer support groups have the purpose of asserting rights in society.
 - Dementia café: Dementia cafés could be a suitable social setting to meet the needs of people with dementia and provide support, wherein healthcare/medical professionals can act as coordinators.
- Support to engage in socioeconomic activities
 - With adequate support, people with dementia might go shopping, do banking and use public transportation. It would provide support for people with dementia to participate in socioeconomic activities to explore new values that meet the needs of a super aging society.
- Promoting community inclusion through dementia prevention
 - Primary prevention of dementia has been promoted through a multi-domain intervention of lifestyle management. In Japan, community-based dementia prevention is being promoted through interventions of lifestyle modification.

Limitation

- Innovative practices promoting DFC are reported, but research evidence on their effectiveness is lacking. Thus, it should be effective to provide consensus-based concepts of DFC

Conclusions	DFC is based on human relationships in the community. Its purpose is to create a sustainable society and improve the well-being of the community as a whole. It is worthwhile to proactively support people with dementia and collaborate with them to improve the well-being of the community.
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