

## 研究業績 英文表記

和文	
表題	園芸療法園の環境下におけるハンドケアによる軽度認知障害から早期認知症への移行予防効果
著者名	小浦誠吾, 押川武志, 仙波梨沙, 伊藤恵美, 西川千穂子, 池田明子
所属	西九州大学 リハビリテーション学部
英文	
Title	The effect of preventing transition from mild cognitive impairment to early dementia by hand care treatment in the environment of horticultural therapy garden
Author	S. Koura , T. Oshikawa, R Semba, E Ito, C Yoshino, C. Nishikawa and Ikeda A.
Affiliation	Faculty of Rehabilitation, University of Nishikyushu
Abstract	<p>Nearly 47.5 million people worldwide have dementia in the world on 2015. In Japan the challenge to families and health and social services is substantial. We believe that some treatments for the elderly should be based on the idea that the activity being performed also stimulates the senses. In this study, we examined whether hand care treatment (HCT) was effective in preventing transition from MCI (Mild Cognitive Impairment) to early dementia. In addition, if the operation environment for hand care treatment was a horticultural garden, we also examined whether there was a difference in the transition prevention effect from MCI to initial dementia. Clients were elderly person using an elderly person facility of social welfare corporation Knaji-kai, an elderly person with MMSE (Mini-Mental state) 24-27 points or Moca-J 25 points or less as MCI in advance evaluation, and an elderly person 70 years or older not applicable as the normal elderly (placebo group). In the pre-evaluation, the pre-evaluation, people with an MMSE score of 24-27 and those with an MMSE score of 28 or more and a Moca-J (The Japanese version of Montreal Cognitive Assessment) score of 25 or less were considered MCI. We conducted hand-care treatment once a week, and evaluated the cognitive ability, the degree of depression of the elderly and the daily living activity 3 months. As a result, In the MMSE assessment 9-month after at the start of HCT, in the indoor HCT subjects and the HT Garden HCT subjects, there was no transition from MCI to dementia, and 3 of 12 MCI on placebo subjects who received usual care transitioned. Changes over time in some evaluations after 9 months were compared with those at the start. The indoor HCT subjects and the HT Garden HCT subjects tended to improve from the maintenance score of MMSE and Moca-J cognitive evaluation. The placebo subjects tended to decline from maintenance. TMIG-Index (Tokyo Metropolitan Institute of Gerontology index) of Competence evaluation, which is IADL evaluation, showed that IADL was maintained or improved in the indoor HCT subjects and HT Garden HCT subjects, but the placebo subjects showed a decrease from maintenance. As for GDS 15 (Geriatric depression scale 15) to evaluate the depressive tendency, the indoor HCT group and the HT Garden HCT subjects reduce the depressive tendency, but the placebo subjects became more depressive or maintenance. Using the environment of horticultural therapy garden to prevent progression of cognitive impairment was effective in creating a trigger for the target person to move with their own intentions, so the utility of promoting stimulation of aerobic exercise and five senses were fully expected. Therefore, it is necessary continue to further study in the future.</p>
keyword	dementia protect, horticultural therapy, sensory stimulation, emotional health

※本データの英文表記は実際の論文上の表記とは異なります。