

Apathy and Leisure Activities for Persons Living with Dementia: Preserving Personhood and Dignity



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<https://www.nebraskamed.com/nebraska-medical-center>

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Overview

- 1) Background: apathy overview
- 2) Methods
- 3) Results
- 4) Discussion



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Background: Dementia



- 7.2 million Americans live with Alzheimer's disease in 2025
- Alzheimer's disease: 60-80% of all dementias
- Other dementia types: frontotemporal, vascular, Lewy body disease, mixed, Parkinson's disease
- Up to 13.8 million people living with Alzheimer's disease by 2060



Alzheimer's Association (2025)

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Background: Apathy



- The state of being withdrawn, not engaged in activities, loss of interest and motivation

For the person

Social isolation
 Decreased quality of life
 Further cognitive decline
 Functional decline
 Increased mortality

For the caregiver

Stress
 Burden
 Frustration



Apathy



Agitation

Often co-occur

Volcer et al., (2018); Lansdall et al., (2019); Tierney et al., (2018); Nijsten et al., (2019); Merrilees et al., (2013)

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Background: Apathy



1) **Apathy**: the most common neuropsychiatric symptom of dementia

- Lack of goal-directed behavior
- Decrease in goal-directed thought content
- Blunted emotions, flat affect

3 domains of apathy (Marin et al., 1996)

2) Often overlooked: not disruption

3) Misinterpreted as “normal” aging or to be expected with dementia

4) Does not cause disruption – does not bring attention

5) Common in long-term care facilities



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Background: Apathy



• Frustrating to caregivers

- *“Do you want to work on a puzzle?”*
- *“Do you want to go for a walk?”*
- *“Do you want to listen to music?”*
- *“Do you want to . . .”*

“No”

- **Avolition**: not interested in doing things
- Passivity, listlessness
- Loss of spontaneous curiosity
- Different from depression

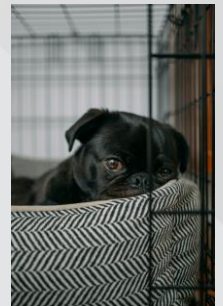


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Background: Apathy

- Common in frontotemporal and vascular dementia

- Atrophy of nerves in the frontal and temporal lobes
- Common in persons with young-onset dementia (60% - ages 45-60)
- Changes in personality, behavior > memory impairment



- Damage to brain blood vessels, tissue injury from ischemia and lack of nutrients
- Co-occurs frequently with Alzheimer's disease
- Slowed thinking, impaired decision-making, apathy (fewer emotions), slow gait, poor balance

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Background: Apathy



- Apathy may be assessed with instruments
- Neuropsychiatric Inventory – Questionnaire (Kaufert et al., 2000)
- Apathy Evaluation Scale (Marin et al., 1991)
- Passivity in Dementia Scale (Colling, 1999)

Apathy/Indifference		Does the patient seem less interested in his/her usual activities or in the activities and plans of others?									
Yes	No	SEVERITY: 1 2 3			DISTRESS: 0 1 2 3 4 5						

Not at All Characteristic 1	Slightly Characteristic 1	Somewhat Characteristic 3	A Lot Characteristic 4
<input type="checkbox"/> 1. S/he is interested in things.			+ C Q
<input type="checkbox"/> 2. S/he gets things done during the day.			+ B Q
<input type="checkbox"/> 3. Getting things started on his/her own is important to her/him.			+ C SE
<input type="checkbox"/> 4. S/he is interested in having new experiences.			+ C Q
<input type="checkbox"/> 5. S/he is interested in learning new things.			+ C Q
<input type="checkbox"/> 6. S/he puts little effort into anything.			- B

<https://www.tbims.org/aes/aesrat.html>

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Methods



- Literature search conducted by the librarian (Dr. Cindy Schmidt)
- 634 articles identified as published in the U.S.
- 18 articles selected as relevant

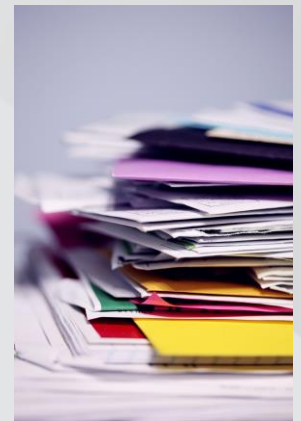


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Select Results



- Activities that match personality, functional level, or both



Improvement in: engagement, affect, mood, agitation, & passivity (Kolanowski et al., 2011)

Personality match

- High in gregariousness – group activity, choir, reminiscence therapy in a group
- High in aesthetics – arts & crafts, music



Functional level match

- Capable of fine motor activity – arts & crafts
- Good upper body range of motion – table tennis, mini-golf

extraversion

openness

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Select Results



Openness

Fantasy	Need expressed	Activity
High	Needs a rich inner world	Painting, creative writing
Low	Needs to stay focused on a task	Cooking, playing an instrument



Extraversion

Assertiveness	Need expressed	Activity
High	Needs to lead	Be in charge of an activity, whack-a-mole
Low	Needs to be in the background	Not be put in spotlight

Much more precise selection of activities than playing bingo daily!

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Kolanowski et al., 2011; Kolanowski & Buetner (2008)

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Results



Need-driven Dementia-compromised Behavior model

- Agitation and passivity: result of unmet needs
- Recognition that activity is one of human needs

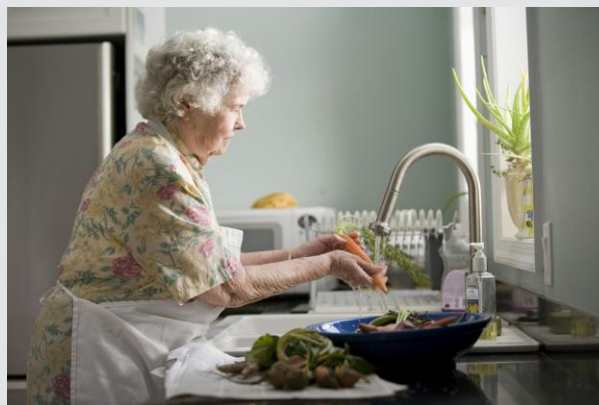


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Select Results



- PRIDE approach for bathing (Mickus et al., 2002)
 - Privacy
 - Reassurance
 - Information
 - Distraction
 - Evaluation

Instruction for nursing assistants



3 fewer people experienced apathy post-PRIDE *(not statistically significant)*

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Select Results



- Pet therapy (Friedmann et al., 2014)
- Equine therapy (Coll & Kemeny, 2022)
- Feeding the dog, brushing the dog's hair, brushing the dog's teeth, dressing the dog in a bandana, throwing dog a ball, talking to the dog, petting the dog, adjusting dog's collar, feeding the dog



No statistically significant changes in apathy for dog therapy, but slight change in the positive direction

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Select Results



- **Therapeutic cooking** (Fitzsimmons & Buettner, 2003)
 - Scheduled after lunch: passive or agitated behavior after lunch
 - 2 weeks, 5 days a week
 - Meal planning, shopping, cooking
 - Least restrictive prompts: at least 2 less intrusive cues before actually doing the task



Statistically significant decrease in passivity in the intervention group



Photo by Calum Lewis on Unsplash

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Select Results



- **Art** (Esker & Ashton, 2013)
 - Watercolor painting with guidance
 - Thematic (e.g., beach, winter, autumn)
 - Give advice to the researcher on what to paint if the person does not wish to paint themselves



Passive behavior reduced by increasing auditory, visual, and tactile stimulation



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Select Results



- Mobile reminiscing therapy app – Memory Matters (Yu et al., 2019)
 - Play games in a “solo mode” or “social/group” mode
 - Images, music, sounds to evoke autobiographical memories
 - Promotion of reflection, recall, reminiscence
 - Create games or slide shows with personal photographs



Not statistically significant improvement in apathy at 12 weeks



Photo by Rahul Chakraborty on Unsplash

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Select Results



- Therapeutic Conversation (counseling) (Tappen & Williams, 2009)
 - Individual treatment 3 times/week x 16 weeks
 - Nursing home residents

Statistically significant decrease in passivity in the intervention group



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Select Results



- Reminiscence (Poullis et al., 2004)
- Cognitive communication stimulation (Chapman et al., 2004)
 - Discussion about important life events
 - Discussion about hobbies, enjoyable activities
 - Education about Alzheimer's disease

3 fewer people experienced apathy post-PRIDE *(not statistically significant)*



Improvement in apathy

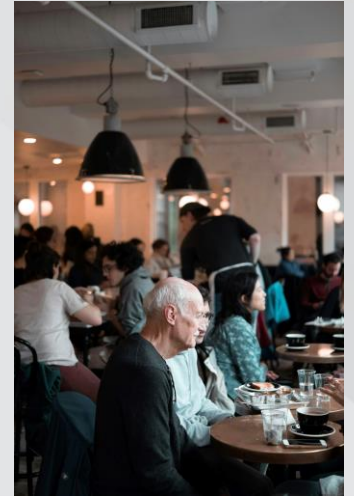


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Select Results



- Respite Care Adult Day Care Service (Wescott, 2011)



Transform apathy into engagement



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Select Results



- Snoezelen – multi-sensory behavior therapy (Staal et al., 2007)
 - 6 sessions



Greater reduction in apathy compared to standard psychiatric inpatient care alone



<https://snoezelen.info/>

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Select Results



- Mentally stimulating activities, brain fitness (Buettnner et al., 2011; Sardina et al., 2019)
- Group setting
- Physical challenges: writing with a non-dominant hand, eye-hand coordination,
- Cognitive tasks: word that describes their personality, starting with the first letter of the first name

Cross the midline for left and right hemisphere connection

Visuospatial skills

Abstraction

Sensorimotor function

Language interpretation

Executive function

Body coordination



Improvement in apathy

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Select Results



- Kansas Bridge Project (Johnson et al., 2012)

- Acute neuropsychiatric symptoms
- Counseling, dementia education
- Crisis prevention planning
- Dementia Crisis Support Coordinators

Collection of specific information about the crisis

Document crisis behaviors using a daily behavior diary

Caregivers reported reduction in apathy and reduction in their distress caused by their person's apathy



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Select Results



Whom the activities help?

- Persons with mild cognitive impairment and early stage Alzheimer's disease (Sardina et al., 2019)
- Nursing home residents
- Assisted living facility residents

What do these interventions achieve?

- Improvement in apathy
- Sometimes no difference with control group
- Frequent improvement in mood and other person-centered outcomes

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Select Results



Proposed Interventions (No Outcomes Yet)

- Combination of music therapy and reminiscence, app (Intiaz et al., 2018)

- Select an important event in the person's life
- Use cues: pictures, music, videos
- Multisensory multimedia presentation



Music that the person enjoys – or select appropriate for the theme



Potential advantages: can be used alone (reminiscence therapy requires a group), may be used in rural settings

Potential limitations: discomfort with using the app

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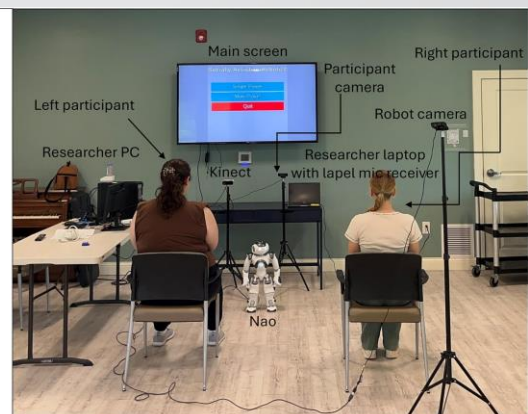
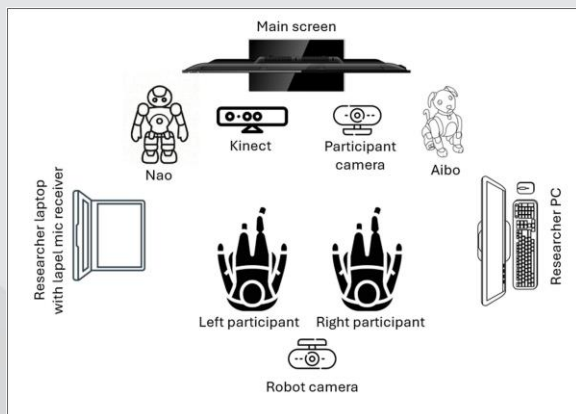
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Select Results



Proposed Interventions (No Outcomes Yet)

- Virtual environments, robotics (Tate et al., 2025)



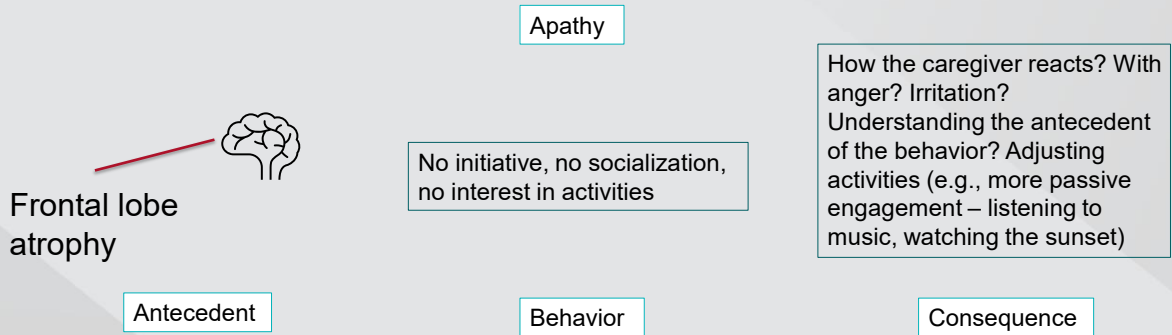
Tate et al. (2025)

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Select Results

Antecedent-Behavior-Consequence (ABC) Model

(A) Antecedent → (B) Behavior → (C) Consequences



Merrilees (2007); Smith & Buckwalter (2005); Volicer & Hurley (2003)

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Discussion



- Interventions are often time- and resource-intensive
- Lack of activity triggers agitation, passivity
- Match activity to personality: Extraversion, Openness
- Practical considerations:
 - Costs
 - Who will offer such variety of activities consistently?
 - Other organizational priorities
 - Staffing
 - Values

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Discussion



- Patient outcomes reported
- No caregiver, healthcare utilization, or economic outcomes reported (*whom does apathy affect beyond the person?*)
- Non-pharmacological interventions produce no adverse effects (Kolanowski et al., 2011)
- Pharmacological interventions – frequent adverse effects, modest results
- Enrichment, stimulating environment despite irreversibly progressing dementia
- Adding non-pharmacologic intervention may help even those receiving anti-dementia medications
- Many studies had small sample sizes



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Helpful Resources



Nursing Home Toolkit

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Nursing Home Toolkit



Apathy/Withdrawn

Description of Behavior

A person who is withdrawn or apathetic is someone who is socially withdrawn and is experiencing a loss of interest and motivation. Behaviors that reflect being withdrawn or apathetic might include sitting alone in one's room, avoiding contact with others and making limited eye contact with others.

Why behavior might occur

Apathy or being withdrawn is caused by the changes that occur to the brain during the progression of dementia.

How to approach the person who is withdrawn or apathetic

- Try to engage the person in creative activities.
- Give instructions slowly and break tasks down into manageable portions for the person.
- Remain positive and calm with the person.
- Encourage the person to do what they can for themselves and provide praise often.
- Avoid excess stimulation such as large crowds or loud noises.

Specific things to try to reduce apathy or withdrawn behaviors

- Sensory stimulation may be helpful and can involve stimulating hearing, sight or touch senses. Some ways to do this might include playing music, looking through visually stimulating things such as pictures from old calendars or holiday cards, and touching or holding a stuffed animal.

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Pharmacologic Treatment



- Few pharmacologic options available
- **Methylphenidate** (stimulant): may reduce apathy (Alzheimer's disease) (Mintzer et al., 2021)
- Cholinesterase inhibitors (e.g., donepezil)
- Atypical antipsychotics
- Dopaminergic agents



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