

Group Motivational Interviewing for Older Adults with Dementia:
Two Case Reports

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Naofumi Tanaka¹, Makiko Ueno², Ritsuko Yamaguchi³, Chisato Nakamori³, Ami Nishimura³, Koji Takahashi³, Masashi Kasuya⁴
1 Physical Medicine and Rehabilitation, Saitama Medical University International Medical Center, Hidaka, Japan, 2 Metkids Clinic Tokyo, Tokyo, Japan, 3 Rehabilitation Creators Co., Ltd, Yokohama, Japan, 4 School of Project Design, Miyagi University, Taiwa, Japan.

Implementing Group Motivational Interviewing in day services is a promising option to reduce apathy in older adults with dementia. Adapting the protocol remains a future challenge when facing sudden external stressors like falls.

INTRODUCTION	METHODS	RESULTS	CONCLUSIONS	REFERENCES																																								
Depressive symptoms and apathy in older adults with dementia are major factors reducing their quality of life (QOL). While group-based non-pharmacological interventions have been reported to reduce depressive symptoms in older adults with dementia,¹ their effects on apathy remain unestablished.² Group Motivational Interviewing (GMI) is established as effective in addiction treatment.³ We hypothesized that GMI could improve emotional outcomes in individuals with dementia; however, practical reports remain lacking. This study reports on a GMI trial for older adults with MCI and dementia in daycare services, evaluating emotional changes in two specific dementia cases.	Participants ◆ 5 older daycare service users ◆ Aged 77–80 years ◆ MCI: 3 individuals & Dementia: 2 individuals ◆ Target Dementia Cases: Case A: A female in her 70s Case B: A male in his 70s GMI Protocol ◆ 5 participants & 2 staff members ◆ Theme: Increasing physical activity ◆ Frequency: 20 minutes per session, once a week ◆ Protocol Endpoints: Achievement of the "Moving into Action" phase (attained at the 24th session). ◆ Strategy: Supporting behavior change while accepting ambivalence ◆ Adaptations for cognitive impairment ➢ Advancing to the next phase after confirming goal achievement twice to ensure retention ➢ Beginning directly with a review, without forcing recall of the previous session to reduce cognitive load Assessments ◆ Cognitive Function: Mini-Mental State Examination (MMSE) ◆ Apathy: Apathy Evaluation Scale (AES) — Self-Evaluation ◆ Depression: Geriatric Depression Scale-15 (GDS-15) ◆ QOL: Quality of Life in Alzheimer's Disease (QOL-AD) Timeline: Baseline (GMI start) → 4 M → 5 M (GMI completion)	Clinical Progress: Case A Absent due to two falls Engaging the Group: Validating & praising other participants' comments Exploring Perspectives: "Wanting to go out for a drink" / "Having difficulty walking" Broadening Perspectives: "Wanting to strengthen legs" Moving into Action: Engaging in walking exercise <table><tr><th></th><th>Baseline</th><th>4 months later</th><th>5 months later</th></tr><tr><td>MMSE</td><td>19</td><td>22</td><td>Not Tested</td></tr><tr><td>AES</td><td>51</td><td>36</td><td>46</td></tr><tr><td>GDS-15</td><td>6</td><td>5</td><td>5</td></tr><tr><td>QOL-AD</td><td>42</td><td>32</td><td>20</td></tr></table> Clinical Progress: Case B Engaging the Group: Responding positively to others after 1 month Exploring Perspectives: Desiring to go out / "Feeling fatigued" Broadening Perspectives: "Wanting to strengthen legs" Moving into Action: Ready to walk <table><tr><th></th><th>Baseline</th><th>4 months later</th><th>5 months later</th></tr><tr><td>MMSE</td><td>18</td><td>18</td><td>Not Tested</td></tr><tr><td>AES</td><td>36</td><td>37</td><td>25</td></tr><tr><td>GDS-15</td><td>5</td><td>4</td><td>7</td></tr><tr><td>QOL-AD</td><td>29</td><td>32</td><td>32</td></tr></table>		Baseline	4 months later	5 months later	MMSE	19	22	Not Tested	AES	51	36	46	GDS-15	6	5	5	QOL-AD	42	32	20		Baseline	4 months later	5 months later	MMSE	18	18	Not Tested	AES	36	37	25	GDS-15	5	4	7	QOL-AD	29	32	32	This study demonstrated that a weekly, 20-minute GMI program focused on increasing physical activity successfully led to the achievement of the "Moving into Action" phase at the 24th session for day-care users, including three with MCI and two with dementia. The clinical course of the two cases with dementia suggests that GMI can effectively contribute to the improvement of apathy. The primary factor behind the success of this GMI was the effective implementation of strategies to reduce cognitive burden. Specifically, to avoid forcing the recall of past session contents, each session intentionally began with a structured review, which successfully maintained participant engagement. While GMI showed significant potential for promoting behavior change, a sudden fall experienced by Case A just before the completion of the program may have been a factor in the worsening of apathy. How to proceed with GMI when individual incidents occur during the intervention remains a critical challenge for the future.	1. Watt JA, et al. Comparative efficacy of interventions for reducing symptoms of depression in people with dementia: systematic review and network meta-analysis. <i>BMJ</i>. 2021;372:n532 2. Cho E, et al. Symptom-specific non-pharmacological interventions for behavioural and psychological symptoms of dementia: protocol of an umbrella review of systematic reviews of randomised controlled trials. <i>BMJ Open</i>. 2023;13(2):e070317. 3. Wagner CC, Ingersoll KS. <i>Motivational Interviewing in Groups</i>. 2nd ed. New York: Guilford Press; 2012.
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Naofumi Tanaka, MD, PhD Department of Physical Medicine & Rehabilitation Saitama Medical University International Medical Center ✉ tanaka_n@saitama-med.ac.jp																																												