

# Effectiveness of the Psycho-Yogic Intervention to Strengthen Responses: A Study on Patients of Dementia

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## ABSTRACT

*Aim of Study:* The aim of the study was to assess the effectiveness of Psycho-Yogic Interventions on some certain psychological variables such as anxiety, stress, depression, regression, mental fatigue and guilt. A pre and post study design was used. *Sample:* A sample of 100 individuals were taken from the neurological hospitals by using non-probability sampling method. T-test and correlation were calculated to observe the pre and post analysis. *Results:* Results indicate that yoga is safe and feasible in adults with Psycho yogic intervention and dementia, and may have beneficial effects on cognitive functioning, sleep, neuropsychiatric symptoms and mood, and the brain regions and functions most important to dementia.

**Key Words :** Dementia, Depression, Stress, Guilt, Psycho-Yogic Intervention

## INTRODUCTION

Dementia is chronic disease with progressive deterioration of cognition, function, and behavior leading to severe disability and death. The prevalence of AD and dementia is constantly increasing because of the progressive aging of the population. These conditions represent a considerable challenge to patients, their family and caregivers, and the health system, because of the considerable need for resources allocation. There is no disease modifying intervention for AD and dementia, and the symptomatic pharmacological treatments have limited efficacy and considerable side effects. Psycho-yogic intervention, which includes a wide range of approaches and techniques, may play a role in the treatment of dementia. Dementia is an overall term for diseases and conditions characterized by a decline in memory, language, problem-solving and other thinking skills that affect a person's ability to perform everyday activities. Memory loss is an example. Alzheimer's is the most common cause of dementia. Dementia is progressive degenerative brain syndrome and it affects memory, thinking, behavior and

emotion. Dementia knows no social, economic, ethical or geographical boundaries and affects people throughout the world. As dementia progresses affected people need care in all aspects of daily life. Specific medical conditions, including Alzheimer's disease. They also affect behavior, feelings and relationships. Dementia affects 1 in 20 over the age of 65 and 1 in 5 over the age of 80. As 2017 studies reveal the estimated 50 million of people affected by dementia and this number is expected to rise to 152 million by 2050. Where do people with dementia live? For at least last 15 years, the majority of people with dementia worldwide have been living in developing region of the country and they account already for over 58% of all cases; by 2050 will have risen to 68%. Dementia is a disorder which manifests as a set of related symptoms, which usually surfaces when the brain is damaged by injury or disease.

### Objectives of study:

The following objectives of the present study that have been used in carrying out the research:

1. Objective of the present study is to study the

- efficacy of psycho-yogic plan to strengthen responses to dementia and to maintain quality of life.
2. Objective of the present study is to study emotional and psychological consequences of Dementia and their management to maintain quality of life.
  3. Diagnosis of dementia may cause many psychological problems such as Anxiety, Stress, Depression, Regression, Fatigue, Guilt, introversion and Arousal so aim of the present research work is to provide help to people suffering from such problems.
  4. Aim of present research work is also create awareness for dementia so that our younger population will also aware for their upcoming future and follow a healthy life style to save upcoming life. Or prepare themselves for upcoming life challenges.
  5. To provide dementia patients the psycho-yogic intervention, which may decrease the intensity of psychological problems and thus allowing them overall better feeling about themselves.
  6. Therapeutic intervention may help the dementia patients to reduce their emotional and psychological problems associated with dementia diagnosis.

#### Review of literature:

Rabins *et al.* (1982) To determine the impact of dementia on the family, we interviewed the primary care givers of 55 patients suffering from an irreversible dementia. Problems reported included disturbances of patient behavior such as catastrophic reactions, waking at night, suspiciousness, and communication disorders, some of which can be alleviated by physician-initiated intervention. Care givers also reported that they themselves had feelings of anger, depression, and fatigue, which can be treated as well. Geldmacher (1996) Dementia is the clinical syndrome characterized by acquired losses of cognitive and emotional abilities severe enough to interfere with daily functioning and the quality of life. The term does not imply a specific cause or pathologic process. More than 55 illnesses, some non-progressive, can cause dementia. It occurs primarily late in life; the prevalence is about 1 per cent at the age of 60 years and doubles every five years, to reach 30 to 50 per cent by the age of 85. Kitwood (2010) in the light of

recent research it is now possible to gain considerable insight into the subjective world of dementia. The uniqueness of each individual's experience, which is related to personality and defence processes, must always be taken into account. Six 'routes to understanding' are discussed, and the array of evidence is used to build up an overall picture of the domain. Comments are made on the psychological needs of people with dementia. Finally, a speculation is offered about the subjective consequences of those needs being met. Hariprasad *et al.* (2013) Reports that Yoga based-intervention appears beneficial to improve several domains of cognitive function in elderly living in residential care homes. Study findings need to be interpreted after considering methodological limitations like lack of active comparison group. Oyeboode and Parveen (2019) Community findings suggested that appointment of dementia specialists and attention to case management can produce positive outcomes; physical therapies, cognitive training and modified cognitive behaviour therapy also had a range of benefits. There was more limited evidence of positive benefits for people with dementia through interventions with family careers. Umadevi *et al.* (2013) conducted a study to find the effect of yoga in reducing anxiety and depression, as well as improving quality-of-life by using a randomized controlled design, with yoga intervention and waitlisted controls. Following one month intervention of yoga therapy, there was a significant ( $P < 0.001$ ) decrease in anxiety and depression scores, as well as improved quality-of-life among the participants in the yoga group as compared with the control group. Jain and Sharma (2017) made an attempt to study the effect of Yoga on Pranayama on Anxiety and Depression and found that the yoga pranayama had positive effect in the management of Anxiety and Depression as well as in creating positive image about oneself in the experimental group while control group didn't show any significant difference.

## METHODOLOGY

### Research Design:

In the present investigation, Pre and Post experimental research design is used, a research design in which the same assessment measures are given to participants both before and after they have received a treatment or been exposed to a condition, with such measures used to determine if there are any changes that could be attributed to the treatment or condition.

**Variables of Study:****Dependent Variable:**

Dementia

**Independent Measured Variables:**

Psycho-yogic intervention this intervention includes psycho and yogic practices. (The duration of psycho-yogic intervention program will be 90 days and 60 minutes per day.)

**Hypotheses of the study:**

On the basis of prior research following hypotheses are formulated:

1. Psycho-yogic intervention reduces the level of dementia in age group of 40-60 male patients.
2. Psycho-yogic intervention reduces the level of dementia in age group of 60 above male patients.
3. Psycho-yogic intervention reduces the level of dementia in age group of 40-60 female patients.
4. Psycho-yogic intervention reduces the level of dementia in age group of 60 above female patients.
5. Psycho-yogic intervention reduces the emotional-psychological problems among dementia patients (To test this hypothesis following sub hypotheses are formulated.)
6. Psycho-yogic intervention reduces the Anxiety among dementia patients.

**Sample and Population:**

Sample will be taken from Neuropsychological hospitals, sampling frame will be non-probability, and sampling method is quota sampling method will be used for present research work, and sample size will be 100.

**Tools Used in the Study :**

Data will be collected from India, eight states Questionnaire by S.D. Kapoor as a tool will be used for proposed work. We can also construct some test if needed

for dementia diagnosis.

**Statistical Used in the Study:**

The t-test and correlations used to test the hypotheses. Pre -Post Research design will be used for discussed research work.

**Procedure of Data Collection:**

First, permission from the authorities of different institutions for mental patients will be sought for data collection and then a tentative time schedule will be developed for data collection. Data will be collected from the respondents following face-to-face interview method

**RESULTS AND DISCUSSION****Hypothesis 1 :**

Psycho-yogic intervention and Anxiety

**Interpretation:**

The t value is significant at 0.1 level of significance. This shows that Psycho-yogic intervention significantly reduces the level of Anxiety among dementia patients (Table 1).

**Hypothesis 2 :**

Psycho-yogic intervention and Stress

**Interpretation:**

The t value is significant at 0.01 level of significance. This shows that Psycho-yogic intervention significantly reduces the level of Stress among dementia patients (Table 2).

**Hypothesis 3 :**

Psycho-yogic intervention and Depression

**Interpretation:**

The t value is significant at 0.1 level of significance.

Table 1 : Pre-Post Mean, S D and the 't-value'								
Test	N	Mean	SD	r	SED	df	t	Level of Significance
Pre	200	10	0	0	1.92	199	2.16	0.1
Post	200	5.85	0.027					

Table 2 : Pre-Post Mean, S D and the 't-value'								
Test	N	Mean	SD	r	SED	df	t	Level of Significance
Pre	200	9.68	0.038		1.4	199	2.83	0.01
Post	200	5.71	0.047	-0.034				

**Table 3 : Pre-Post Mean, S D and the 't-value'**

Test	N	Mean	SD	r	SED	df	t	Level of Significance
Pre	200	9.32	0.055	0.0118	1.34	199	1.73	0.1
Post	200	6.99	0.024					

**Table 4 : Pre-Post Mean, S D and the 't-value'**

Test	N	Mean	SD	r	SED	df	t	Level of Significance
Pre	200	8.44	0.044	0.12	1.29	199	3.12	0.01
Post	200	4.41	0.043					

**Table 5 : Pre-Post Mean, S D and the 't-value'**

Test	N	Mean	SD	r	SED	df	t	Level of Significance
Pre	200	9.00	0.027	0.17	1.14	199	4.004	0.1
Post	200	4.44	0.038					

**Table 6 : Pre-Post Mean, S D and the 't-value'**

Test	N	Mean	SD	r	SED	df	t	Level of Significance
Pre	200	8.93	0.051	0.055	1.33	199	1.94	0.01
Post	200	6.34	0.033					

This shows that Psycho-yogic intervention significantly reduces the level of Depression among dementia patients (Table 3).

**Hypothesis 4:**

Psycho-yogic intervention & Regression

**Interpretation :**

The t value is significant at 0.01 level of significance. This shows that Psycho-yogic intervention significantly reduces the level of Regression among dementia patients (Table 4).

**Hypothesis 5:**

Psycho-yogic intervention and Fatigue

**Interpretation :**

The t value is significant at 0.1 level of significance. This shows that Psycho-yogic intervention significantly reduces the level of Fatigue among dementia patients (Table 5).

**Hypothesis 6 :**

Psycho-yogic intervention and Guilt

**Interpretation :**

The t value is significant at 0.01 level of significance.

This shows that Psycho-yogic intervention significantly reduces the level of Guilt among dementia patients (Table 6).

**Conclusion:**

The aim of the present study was to explore the relationship between psychological variables and dementia. The interpretation of the results should also be geared up in such a way that it helps the psychologist to understand the emotional and psychological consequences of dementia. Psychological variables have been assessed in the present study through Questionnaire method used for measuring eight important emotional states and moods designed by S.D. Kapoor. The indices are Anxiety, Stress, Depression, Regression, Fatigue, Guilt, Extraversion and Arousal. Overall, the literature on the effects of yoga in cognitively impaired older adults is limited. Studies suggest that yoga is safe and feasible in adults with Psycho-yogic intervention and dementia, and may have beneficial effects on cognitive functioning, sleep, neuropsychiatric symptoms and mood, and the brain regions and functions most important to dementia. Further study is warranted. It should be noted that satisfaction with yoga is high and older adults view it as a credible treatment for improving mood symptoms. Given these considerations and the increasing availability of yoga in community settings, clinicians may consider recommending yoga to persons

with dementia.

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