
**Overview:**
- Emphasis on non-pharmacological interventions > psychotropic Rx to treat behavioral and psychological symptoms of dementia (BPSD) - most common, agitation/aggression
- Quality of life issues – for LTC staff
- Increased Rx for antipsychotics and antidepressants – SE, adverse effects, efficacy ?
- Impact of depression on course of dementia
- Non-pharmacological interventions based on relative preservation of emotional and relational experiences targeting, among other symptoms, loneliness
- Limited data Animal-Assisted Therapy (AAT) suggests impact on dementia with anxiety/agitation, social behavior, and elderly people with schizophrenia
- **Hypothesis:** TAU + AAT would experience better outcomes, especially regarding symptoms of agitation/aggression and depression vs. TAU only

**Methods:**
- 75 Participants: 1) MMSE < 25; 2) DSM IV Dementia Criteria; 3) cognitive impairment <6 months; 4) clinically sig cog impairment. All resided in facility at least 4 weeks.
- Presence of agitation/aggression or depression not required. Excluded delirium, schizophrenia, bipolar d/o.
- Matched case-control design with within-participant repeated measures.
- AAT group: 35 (30) residents in 2 NH; TAU group: 40 (35) residents in 6 NH
- **Measures:** MMSE, Cohen Mansfield Agitation Inventory, Dementia Mood Assessment Scale; preparation and duration of psychotropic Rx in chart over 14 days – measured as presence or absence
- **AAT Group with Border Collies and their two, female mid-20s trainers**
  - 1x week up to 45 minutes
  - Entertainment, social interactions, and activations; care to handle fears
  - Standardized interactions mostly verbal, physical if possible
- **Data Analysis**
  - Frequencies, t-tests, repeated measures analysis

**Results**
- At baseline, mean DMAS scores higher in intervention group and more anti-dementia Rx in control group.
- Mean MMSE 7; 72.2% prescribed psychotropic agents with 44.4% on antipsychotic medications.
- TAU/Control group depression and agitation increased, where it remained stable in AAT group.

**Discussion**
- First RCT examining AAT in BPSD
• Previous studies, not RCTs suggest reduction in symptoms with presence of therapy dogs – perhaps related to frequencies and intensities of interactions
• Long-term effects of AAT not evaluated
• Results consistent with previous studies involving therapy dogs on an SCU where agitation decreased; however there was no control group.
• Conclusion: AAT is a promising option, but more research needs to be done.

Limitations
• Power?
• Differences at baseline
• Sufficient frequency of the intervention?
• Intervention in 2 NH, Control across 6 NH
• Does TAU account for the extra human interaction that came along with the dogs?

Future Research
• Promising – cost effectiveness?
• Impact on organizational culture?
• Reduction in medication use?