Cell, Gene and Therapy

Letter Open Access

Memory Tele Rehabilitation program For The Patients with Mild to Moderate Dementia in Iran

S. Aboutalebi
Speech language pathologist, MSc of cognitive rehabilitation

Abstract
The COVID – 19 pandemic has affected all aspects of health care services. To protect health care workers and patients from the risk of disease transmission, policies were changed to enable widespread use of telecommunications technology in lieu of face to face clinical visits. we decided on establishing the telerehabilitation setting based on the scientific methods and an evidence-based protocol. now running this program and we hope that these recent changes in rules and regulation in health delivery services can provide unprecedented research opportunities to study the implementation and outcomes of telerehabilitation. **Cell, Gene and Therapy, Vol.2, Number 4, Winter 1st, 2021; 121**

Key words: Memory-Tele Rehabilitation program- Dementia - Iran

The COVID – 19 pandemic has affected all aspects of health care services. Especially the delivery of rehabilitation for its longlines and repetitive sessions during a week. To protect health care workers and patients from the risk of disease transmission, policies were changed to enable widespread use of telecommunications technology in lieu of face to face clinical visits. Telerehabilitation refers to the clinical rehabilitation services over telecommunication networks and the internet. This service focuses on the evaluation, diagnoses and treatment as well as the in-person clinical visits. It can be provided in a variety of ways, including two-way real time visits with audio, video or both; asynchronous electronic- visits; virtual check-ins and remote evaluations of recorded videos or images and telephone assessment services.

Due to the pandemics and the essential need of AD patients for memory rehabilitation and life style changings; we decided on establishing the telerehabilitation setting based on the scientific methods and an evidence-based protocol.

Soon we held a meeting with Dr Saeed Shahbeigi, neurologist and neuroimmunologist, Dr Ahmad R Khatoon Abadi assistant professor of speech-language pathology from Tehran university of medical science and Mr. Sabbaghi, master of speech-language pathology. We discussed about the platforms, methods of therapy with the use of remote health services and the possible advantages and disadvantages of the implementation of telerehabilitation. We had four meetings for a month every week.

Eventually after one month of study, we decided to use the Skyroom platform for our therapy sessions. This is a user-friendly platform which enables us to hold two-way real time visits with audio and video. In this platform we can share files needed for therapy and make comments if needed.

we choose the evidence-based group/individual program to offer cognitive stimulation therapy (CST) as our guide for the sessions. This protocol was chosen from the book, "Making a difference" written by Aimee Spector, Lene Thorgrimsen, Bob Woods and Martin Orrell. This book is a manual for group/individual leaders who are heading the cognitive stimulation therapy (CSI) sessions for the people with mild to moderate Dementia.

Cognitive stimulation therapy (CST) is a program of themed activities usually carried out over several weeks in small groups or individual sessions. This program is led by a trained leader and aims to improve the mental abilities and memory of people with dementia. CST was designed following extensive evaluation of research evidence, hence is an evidence-based treatment.

We started the therapy program with the evaluation of our client's cognitive abilities. We used the Montreal Cognitive Assessment (MoCA) to maintain a primary cognitive profile from each person. This test is taken in a in person clinical visit. According to the test if they achieve the score which represents that they have mild to moderate dementia then they are included to our therapy program. After ten or twelve online therapy sessions; depends on the client, we recall them to be retested again by MoCA. To understand that if the therapy program is effective or not. If the answer was "Yes" we will continue the program if its "No", they will be excluded. The second MoCA test is going to be done by another examiner to have a real blind recheck.

We are now running this program and we hope that these recent changes in rules and regulation in health delivery services can provide unprecedented research opportunities to study the implementation and outcomes of telerehabilitation. we will report the outcomes in future.

*** Corresponding Author: siminaboutalebi@gmail.com**