

# Humanitude Care on Patients with Dementia and Delirium in Acute Hospital Improves Outcomes During the Covid-19 Pandemic

Giang T.A.<sup>1</sup>, Tang Q.C.<sup>1</sup>, Chua M.J.<sup>2</sup>, Cheng L.J.<sup>3</sup>, Araújo, J.P.<sup>4</sup>, Yap P.<sup>2</sup>  
<sup>1</sup>Rehabilitation Services, <sup>2</sup>Geriatric Medicine, Khoo Teck Puat Hospital  
<sup>3</sup>National University of Singapore, <sup>4</sup>Institute Gineste Marescotti

## Background

Older patients with dementia or delirium often have challenging behaviours such as refusal of care and aggression. These cause much distress to healthcare staff and patients, increase the burden of care and put older patients at risk of functional decline. The problem is exacerbated during the Covid-19 pandemic when visits by family members and caregivers are limited or even curtailed. Humanitude, a methodology of care developed by Gineste and Marescotti, is a relationship-centred and compassionate care approach that enables patients. There is currently limited evidence of whether the impact of Humanitude translates in improving the well-being, mobility and activities of daily living (ADLs) of the older patients with dementia.

## Research Question

What is the effectiveness of Humanitude on the well-being, mobility and ADL functions of older patients with dementia or delirium in the acute care hospital?

## Methodology

### Study design

- Pilot, quasi-experimental, non-equivalent controlled trial design.

### Setting

- Acute care hospital.

### Participants

- N=20, patients diagnosed with dementia or delirium at Khoo Teck Puat Hospital, Singapore.
  - Humanitude group, n=10
  - Usual care group, n=10

### Outcome Measures

- **Mobility:** Modified Perme ICU Mobility Score
- **ADLs:** Modified Barthel Index
- **Well-being:** Bradford Well-being & Ill-being Profile

### Intervention

Patients in the Humanitude ward received Humanitude techniques by trained healthcare workers during day-to-day care, based on the four pillars of gaze, speech, touch and verticality (maintaining an upright position). Every patient encounter utilising Humanitude techniques follow a structured care sequence that helps draw the patient into the care relationship.



Gaze



Speech



Touch



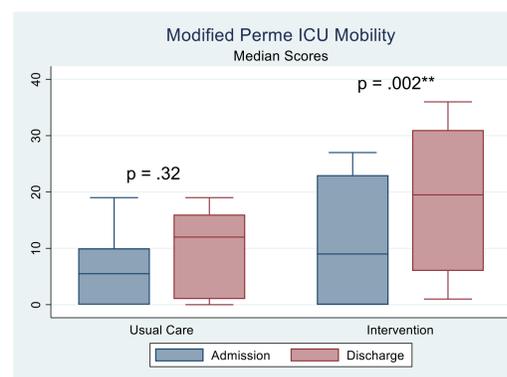
Verticality

## Conclusion

Humanitude care improved mobility, ADL function and well-being of older patients with dementia or delirium in the acute hospital. This could inform for wider adoption of Humanitude in the Singapore healthcare landscape to improve patient, staff and organisational outcomes.

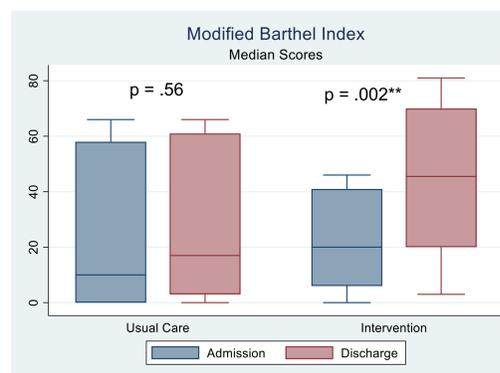
## Results

### 1. Improvement in Mobility Function



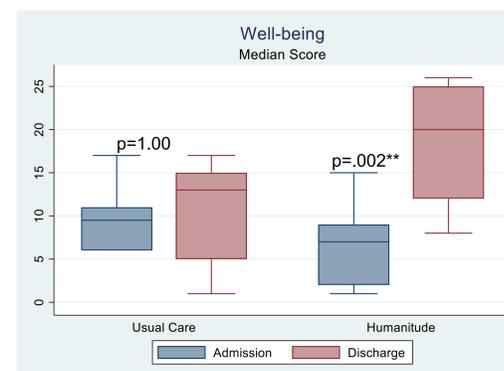
- Significant improvement in mobility median score (admission: 9.0 [0-27] vs discharge 19.5 [1-36], p=.002)
- Significantly higher median change than usual care group (Humanitude: 8 [1-24] vs usual care 0 [-9-16], p= .02)

### 2. Improvement in ADL Function



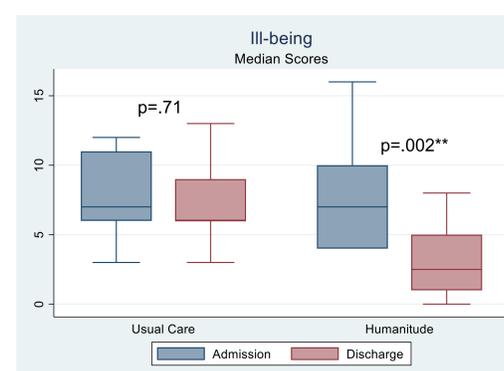
- Significant improvement in MBI median score (admission: 20 [0.0-46] vs discharge: 54.3 [3-81], p = .002)
- Significantly higher median change than usual care group (Humanitude: 17.5 [3-64] vs usual care 0 [-3-17], p= <.001)

### 3. Improvement in Well-being



- Significant improvement in well-being (admission: 7.0 [1 - 15] vs discharge: 20.0 [8 - 26], p=.002)
- Significantly higher median change than usual care group (Humanitude: 11 [6 - 20] vs usual care: 0 [-5 - 4], p= <.001)

### 4. Reduction in Ill-being



- Significant reduction in ill-being (admission: 7.0 [4 - 16] vs discharge: 2.5 [0 - 8], p = .002\*\*)
- Significantly more median reduction than usual care group (Humanitude: -4 [-9 - -2] vs usual care: 0 [-6 - 6], p=.003\*\*)