

Effectiveness of the Tailored Activity Program on Basic Activities of Daily Living Among People living with Dementia and Its Impact on Caregiver Burden

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ABSTRACT

Background: Dementia is a progressive neurodegenerative disorder characterized by declining functional independence and increasing caregiver burden. Although the Tailored Activity Program (TAP) has shown promising benefits in improving daily functioning through individualized, occupation-based interventions, evidence regarding its applicability within the Indian healthcare setting remains limited.

Objective: To evaluate the effectiveness of the Tailored Activity Program in improving basic activities of daily living (BADLs) among people living with mild to moderate dementia and reducing caregiver burden.

Methods: A prospective single-group pre-post interventional study was conducted in the Occupational Therapy Department of a tertiary care hospital in Mumbai, India. Nineteen people living with mild to moderate dementia and their primary caregivers completed a six-week Tailored Activity Program consisting of 12 individualized sessions incorporating meaningful activity prescription, caregiver education, activity simplification, environmental modification, and structured home-based practice. Functional independence, cognitive function, and caregiver burden were assessed before and after the intervention using the Bristol

Activities of Daily Living Scale (BADLS), Montreal Cognitive Assessment (MoCA), and Zarit Burden Interview (ZBI), respectively. Paired *t*-tests and the Wilcoxon signed-rank test were used for statistical analysis, with $p < 0.05$ considered statistically significant.

Results: The mean age of participants was 62.11 ± 7.00 years, and 63.2% were male. Following the intervention, significant improvements were observed in functional independence, with BADLS total scores decreasing from 58.44 ± 9.65 to 53.09 ± 11.56 ($p < 0.001$) and BADLS self-care domain scores decreasing from 8.53 ± 2.25 to 6.47 ± 2.76 ($p < 0.001$). Caregiver burden also decreased significantly, with ZBI scores improving from 41.21 ± 7.43 to 38.42 ± 8.98 ($p < 0.001$). No statistically significant change was observed in cognitive function as measured by the MoCA (median [IQR]: 8 [7–10] vs. 7 [7–10]; $p = 0.157$).

Conclusions: The findings suggest that the Tailored Activity Program may improve functional independence and reduce caregiver burden among people living with mild to moderate dementia without producing measurable changes in global cognitive function over six weeks. Larger controlled studies with longer follow-up are warranted to confirm these preliminary findings and establish the long-term

effectiveness of TAP within the Indian healthcare context.

Keywords: Dementia; Activities of Daily Living; Tailored Activity Program; Occupational Therapy; Caregivers; Caregiver burden; Rehabilitation; Patient-Centered Care.

INTRODUCTION

Dementia, classified as Major Neurocognitive Disorder in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), is characterized by a substantial and progressive decline in one or more cognitive domains, including memory, executive function, language, attention, perceptual-motor abilities, and social cognition. These cognitive impairments represent a decline from the individual's previous level of functioning, significantly compromise the ability to perform activities of daily living, and cannot be attributed solely to delirium.^[1,2] Alzheimer's disease is the most prevalent cause of dementia, accounting for the majority of cases worldwide. Other major subtypes include vascular dementia, dementia with Lewy bodies, and frontotemporal dementia. In addition, mixed dementia, characterized by the coexistence of multiple neuropathological processes, is frequently observed, particularly among older adults.^[3] Dementia is a major public health concern because of its increasing prevalence, disability, mortality, caregiver burden, and associated cost burden.^[4] In India, the prevalence of dementia among adults aged ≥ 60 years is estimated to be 7.4%.^[5] The number of people living with dementia is projected to increase from 5.3 million in 2020 to nearly 14 million by 2050, reflecting the country's rapidly ageing population.^[6] A defining feature of dementia is progressive disability, characterized by the loss of independence in activities of daily living (ADLs).^[7] Instrumental activities of daily living (IADLs) are generally affected in the early stages of dementia, whereas impairment in basic activities of daily living

(BADLs) becomes more prominent as the disease progresses.^[8,9]

This progressive decline in functional independence adversely affects the quality of life of people living with dementia (PLWD) and increases their dependence on caregivers. Greater functional dependence has been associated with increased caregiving time, whereas even modest improvements in functional ability may reduce caregiver burden and improve the quality of life of PLWD.^[10] In most cases, care is provided by family members, including spouses, adult children, and siblings, often over several years.^[11] Caregiver burden is defined as the multidimensional impact of caregiving, reflecting the degree to which caregivers perceive that their caregiving responsibilities adversely affect their emotional, social, financial, physical, and spiritual well-being.^[12] Therefore, dementia interventions should aim not only to improve outcomes for people living with dementia but also to reduce caregiver burden.^[13]

Non-pharmacological interventions are increasingly recognized as an important component of comprehensive dementia care, particularly for managing behavioural and psychological symptoms of dementia (BPSD).^[14] Effective dementia care emphasizes maintaining functional independence through individualized interventions tailored to the individual's abilities, interests, goals, and needs.^[15,16] Furthermore, interventions addressing the needs of both people PLWD and their caregivers are essential for comprehensive dementia care.^[17]

The Tailored Activity Program (TAP) is an evidence-based, community-based occupational therapy intervention designed to support both PLWD and their caregivers.^[18] Grounded in the principles of activity analysis, activity simplification, person-centred care, problem solving, and person-environment-occupation (PEO) fit, TAP tailors meaningful activities to an individual's cognitive and physical abilities while equipping caregivers with strategies

for communication, activity simplification, and environmental modification.^[18,19]

In India, informal family caregivers constitute the primary source of support for PLWD.^[20,21] However, dementia symptoms are often perceived as a normal part of ageing, resulting in delayed recognition, limited awareness regarding dementia care, and inadequate support for both PLWD and their caregivers.^[20] Furthermore, the prolonged demands of caregiving adversely affect caregivers' physical and mental health, productivity, and quality of life.^[20] Together, these challenges highlight the need for structured, accessible, and family-centred interventions to support dementia care in the Indian context.

Although the Tailored Activity Program (TAP) has demonstrated benefits in dementia care by individualizing meaningful activities and supporting caregivers in managing daily challenges,^[18,19] its applicability within the Indian healthcare and caregiving context has not been adequately explored. Given the unique caregiving practices and sociocultural context of dementia care in India, evaluating the effectiveness of TAP in improving basic activities of daily living and reducing caregiver burden is warranted. Therefore, the present study aimed to evaluate the effectiveness of the Tailored Activity Program in improving basic activities of daily living among people living with mild to moderate dementia and reducing caregiver burden.

MATERIALS & METHODS

Ethical Considerations: The study protocol was reviewed and approved by the Institutional Ethics Committee (IEC Approval No. IEC/333/2023). Written informed consent was obtained from all participants and their primary caregivers before enrolment.

Study Design: This was a prospective pre-post interventional study.

Study Setting: The study was conducted at a tertiary care hospital in Mumbai, Maharashtra, India, from October 2023 to July 2025. Participants were recruited from

the Occupational Therapy Outpatient Department (OPD) using purposive sampling.

Participants: A total of 28 people living with dementia (PLWD) were screened using the Quick Dementia Rating System (QDRS). Of these, 23 met the eligibility criteria and were enrolled in the study. Four participants discontinued the intervention, and data from the 19 participants who completed the intervention were included in the final analysis. All participants attended the intervention with their primary caregivers.

Inclusion Criteria

- People living with dementia referred to the Occupational Therapy Department.
- People living with mild to moderate dementia (QDRS score: 6–20).
- Age 45 years or older.
- Both males and females.
- Participants and their primary caregivers willing to provide written informed consent.

Exclusion Criteria

- Presence of severe medical comorbidities (cardiovascular, respiratory, gastrointestinal, genitourinary, or multiple chronic illnesses).
- Major psychiatric illness.
- Significant visual or hearing impairment.
- People living with dementia who lived alone.

Sample Size

The minimum required sample size was calculated to be 19 participants using estimates of the mean and standard deviation obtained from previous literature, assuming 80% power, a 5% level of significance, a true difference of four units, and a pooled standard deviation of 6.225, according to the method described by Chow et al.

Outcome Measures

Quick Dementia Rating System (QDRS)

The QDRS is a brief informant-based screening tool used to determine dementia severity. It consists of ten domains with total

scores ranging from 0 to 30, with higher scores indicating greater cognitive and functional impairment. The QDRS was used only to determine participant eligibility, and people living with mild to moderate dementia (QDRS score: 6–20) were included in the study.

Bristol Activities of Daily Living Scale (BADLS)

The Bristol Activities of Daily Living Scale (BADLS) is a caregiver-rated 20-item questionnaire designed to assess functional independence in people living with dementia. Higher scores indicate greater functional dependence. BADLS was used as the primary functional outcome measure.

Montreal Cognitive Assessment (MoCA)

The Montreal Cognitive Assessment (MoCA) is a 30-point cognitive screening tool that assesses attention, executive function, memory, language, visuospatial abilities, abstraction, delayed recall, and orientation. It was administered before and after the intervention to evaluate cognitive performance.

Zarit Burden Interview (ZBI)

The Zarit Burden Interview (ZBI) is a 22-item caregiver-reported questionnaire used to assess caregiver burden across physical, emotional, social, and financial domains. Scores range from 0 to 88, with higher scores indicating greater caregiver burden. The same primary caregiver completed the questionnaire before and after the intervention.

Intervention

The Tailored Activity Program (TAP) is a structured occupational therapy intervention based on the Person–Environment–Occupation (PEO) model. In the present study, TAP was delivered over six weeks, comprising 12 individual sessions conducted twice weekly, with each session lasting approximately 45–60 minutes.

The initial sessions included baseline assessments, caregiver education regarding

dementia and disease progression, environmental assessment, identification of caregiver concerns, goal setting, and selection of meaningful basic activities of daily living (BADLs). Individualized intervention plans were developed collaboratively with participants and their caregivers based on functional assessment findings.

Subsequent sessions focused on implementing tailored BADL activities using activity analysis, task simplification, graded practice, cueing strategies, effective communication techniques, and environmental modification. Caregivers received structured training in activity setup, supervision, problem-solving, and activity adaptation to facilitate continued practice within the home environment. Activities were reviewed and progressively modified based on participant performance and caregiver feedback. Additional caregiver support was provided through telephonic consultation whenever required.

The final sessions focused on reinforcing caregiver strategies, reviewing progress, and conducting post-intervention assessments using the standardized outcome measures.

Statistical Analysis

Data were analysed using IBM SPSS Statistics version 26. Descriptive statistics were used to summarize participant characteristics. Continuous variables were expressed as mean $\pm$ standard deviation (SD) for normally distributed data and median with interquartile range (IQR) for non-normally distributed continuous variables, while categorical variables were presented as frequencies and percentages. The paired *t*-test was used to compare pre- and post-intervention scores for normally distributed continuous variables, whereas the Wilcoxon signed-rank test was used for non-normally distributed data. A *p*-value of < 0.05 was considered statistically significant.

RESULT

Table 1. Baseline demographic characteristics of the study participants (N = 19)

Variable	Value
Participants, <i>n</i>	19
Age (years), mean $\pm$ SD	62.11 $\pm$ 7.00
Age range (years)	50–76
Male, <i>n</i> (%)	12 (63.16)
Female, <i>n</i> (%)	7 (36.84)

The study included 19 participants. The mean age was 62.11 $\pm$ 7.00 years (range, 50–76 years). Twelve participants (63.16%) were male and seven (36.84%) were female (Table 1).

Table 2. Baseline clinical characteristics of the study participants (N = 19)

Variable	n (%)
Type of dementia	
Alzheimer's dementia	8 (42.1)
Vascular dementia	11 (57.9)
Dementia severity (QDRS)	
Mild	6 (31.6)
Moderate	13 (68.4)

Vascular dementia was the most common type of dementia, affecting 11 participants (57.9%), while 8 participants (42.1%) had Alzheimer's dementia. Based on the Quick Dementia Rating System (QDRS), 6 participants (31.6%) had mild dementia and 13 participants (68.4%) had moderate dementia (Table 2).

Table 3. Comparison of pre- and post-intervention Bristol Activities of Daily Living Scale (BADLS) total scores (N = 19)

Outcome Measure	N	Pre-test (Mean $\pm$ SD)	Post-test (Mean $\pm$ SD)	Mean Difference	<i>p</i> -value
Bristol Activities of Daily Living Scale (BADLS) Total Score	19	58.44 $\pm$ 9.65	53.09 $\pm$ 11.56	5.35	<0.001*

The mean BADLS total score decreased significantly from 58.44 $\pm$ 9.65 at baseline to 53.09 $\pm$ 11.56 following the Tailored Activity Program intervention (mean

difference = 5.35; paired *t*-test, *p* < 0.001), reflecting a significant improvement in functional independence (Table 3).

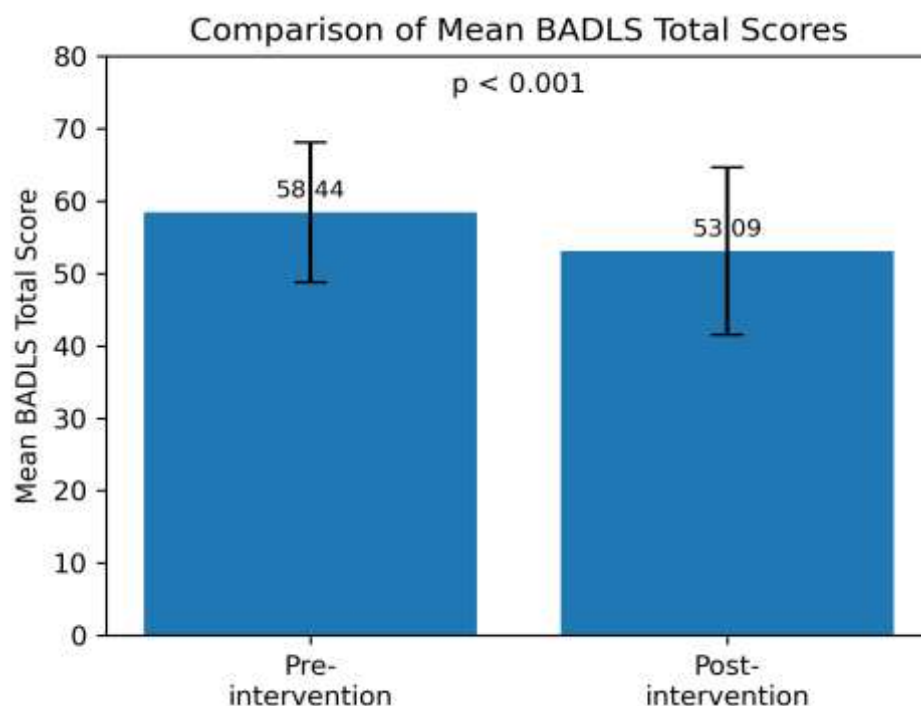


Figure 1. Comparison of mean BADLS total scores before and after the Tailored Activity Program (TAP) intervention (N = 19).

Table 4. Comparison of pre- and post-intervention BADLS self-care domain scores (N = 19)

Outcome Measure	N	Pre-test (Mean $\pm$ SD)	Post-test (Mean $\pm$ SD)	Mean Difference	p-value
Bristol ADL Self-Care Domain	19	8.53 $\pm$ 2.25	6.47 $\pm$ 2.76	2.05	<0.001*

The mean BADLS self-care domain score decreased significantly from 8.53 $\pm$ 2.25 at baseline to 6.47 $\pm$ 2.76 following the intervention (mean difference = 2.05; paired

t-test, $p < 0.001$), reflecting significant improvement in self-care performance (Table 4).

Table 5. Comparison of pre- and post-intervention Zarit Burden Interview (ZBI) total scores (N = 19).

Outcome Measure	N	Pre-test (Mean $\pm$ SD)	Post-test (Mean $\pm$ SD)	Mean Difference	p-value
Zarit Burden Interview (ZBI) Total Score	19	41.21 $\pm$ 7.43	38.42 $\pm$ 8.98	2.79	<0.001*

The mean ZBI total score decreased significantly from 41.21 $\pm$ 7.43 at baseline to 38.42 $\pm$ 8.98 following the intervention

(mean difference = 2.79; paired t-test, $p < 0.001$), reflecting a significant reduction in caregiver burden (Table 5).

Table 6. Comparison of pre- and post-intervention Montreal Cognitive Assessment (MoCA) scores (N = 19).

Outcome Measure	N	Pre-test Median (IQR)	Post-test Median (IQR)	p-value
Montreal Cognitive Assessment (MoCA)	19	8 (7–10)	7 (7–10)	0.157

There was no statistically significant change in MoCA scores following the intervention (pre-intervention median [IQR]: 8 [7–10] vs. post-intervention median [IQR]: 7 [7–10]; Wilcoxon signed-rank test, $p = 0.157$) (Table 6)

DISCUSSION

The present study evaluated the effectiveness of the Tailored Activity Program (TAP) for people living with mild to moderate dementia within an Indian clinical setting. TAP is an individualized, occupation-based intervention that combines meaningful activities with caregiver education and environmental modification.^[18,19] Given the increasing burden of dementia and the central role of family caregivers in India, evaluating the effectiveness of such interventions is clinically relevant.^[4,20,21] The findings of the present study contribute to the growing evidence that occupation-based interventions can improve functional independence while reducing caregiver burden among people living with dementia.

The present study demonstrated a significant improvement in functional independence following the Tailored Activity Program (TAP), as evidenced by reductions in the total Bristol Activities of Daily Living Scale (BADLS) scores and the self-care domain scores (Tables 3 and 4). These findings suggest that TAP can effectively improve independence in basic activities of daily living among people living with mild to moderate dementia.

The improvement in functional independence observed in the present study may be attributed to the structured and individualized framework of the Tailored Activity Program (TAP). Through a comprehensive assessment, occupational therapists identified each participant's preserved cognitive, physical, and functional abilities and tailored meaningful self-care activities according to their interests, routines, and functional capacities. Activities were graded and adapted according to each participant's abilities to facilitate successful

participation in meaningful self-care activities. [10,18,19]

An equally important component of TAP was the active involvement of caregivers throughout the intervention process. Activities were first demonstrated by the occupational therapist, illustrating how people living with dementia could be guided through each task and adapted according to their functional abilities. Caregivers learned through guided observation followed by hands-on practice, enabling them to confidently implement these strategies during routine care. The intervention also incorporated caregiver education regarding dementia, communication techniques, activity simplification, environmental modification, cueing strategies, and problem-solving approaches. To reinforce learning and promote consistency in implementation, caregivers were provided with individualized written Activity Prescriptions that served as practical resources for implementing tailored activities within the home environment and adapting them as functional abilities changed over time. [10,18,22]

The present findings are consistent with previous studies evaluating TAP. A randomized controlled trial conducted among veterans with dementia and their family caregivers demonstrated that TAP significantly improved activities of daily living while reducing behavioural symptoms and caregiver distress. [23] Similarly, another randomized controlled trial reported modest but significant improvements in both basic and instrumental activities of daily living, along with reductions in behavioural symptoms, caregiver burden, and adverse health events following TAP. [10] These findings are consistent with the present study and further support the role of TAP in improving functional independence among people living with dementia.

The improvement in functional independence was accompanied by a reduction in caregiver burden, as reflected by significantly lower Zarit Burden Interview (ZBI) scores following the intervention

(Table 5). This finding suggests that improving the independence of people living with dementia in daily activities may reduce the physical, emotional, and practical demands placed on family caregivers.

The significant reduction in caregiver burden observed in the present study (Table 5) is likely attributable to the multidimensional caregiver-focused components of the Tailored Activity Program (TAP). Beyond improving functional independence among people living with dementia, TAP actively engaged caregivers through structured education, skill development, and practical problem-solving strategies. Caregivers received guidance on effective communication, activity simplification, environmental modification, cueing techniques, and the implementation of individualized activities tailored to the participant's abilities. In addition, caregiver counselling and simple stress-management strategies, including relaxation and deep-breathing exercises, were incorporated to help caregivers better cope with the emotional demands of caregiving. Collectively, these components may have made day-to-day caregiving more structured and manageable, thereby contributing to the observed reduction in caregiver burden. [10,18,22]

The present findings are consistent with previous studies evaluating occupational therapy interventions for people living with dementia and their caregivers. Graff et al. demonstrated that a community-based occupational therapy programme for people living with mild to moderate dementia significantly improved functional independence while reducing caregiver burden. [24] Similarly, the original Tailored Activity Program (TAP) trials reported significant reductions in caregiver burden together with improvements in caregiver competence and confidence in managing everyday care challenges. [10] In another randomized controlled trial, Gitlin et al. found that TAP significantly reduced objective caregiver burden and enhanced caregiver mastery, self-efficacy, and

caregiving skills through structured activity engagement, although improvements in subjective burden and emotional distress were less consistent.^[25] The consistency of these findings with the present study further supports the role of caregiver-inclusive occupational therapy interventions in improving outcomes for both people living with dementia and their family caregivers.

The present findings are also supported by evidence from psychoeducational interventions for dementia caregivers. Such programmes have demonstrated that enhancing caregivers' understanding of dementia and its behavioural manifestations, while simultaneously providing training in coping and stress-management strategies, can significantly reduce caregiver burden. These interventions provide caregivers with knowledge, coping strategies, and problem-solving skills that may help them manage caregiving challenges more effectively, thereby reducing caregiver burden.^[26] The consistency of these findings with the present study further highlights the importance of caregiver-focused interventions as an essential component of comprehensive dementia care.

Although the present study demonstrated significant improvements in functional independence and caregiver burden, no statistically significant change was observed in cognitive function following the Tailored Activity Program (TAP), as measured by the Montreal Cognitive Assessment (MoCA) (Table 6). This finding suggests that improvements in functional independence can occur despite relatively stable global cognitive function.

This finding aligns with existing TAP literature, which highlights the program's focus on functional independence rather than cognitive enhancement. TAP's core philosophy centers on leveraging preserved abilities and personal interests rather than directly improving cognitive impairment. By tailoring meaningful activities to preserved abilities and equipping caregivers with practical strategies, the intervention facilitated improvements in activities of daily

living without directly altering global cognitive function, as reflected by the BADLS and MoCA findings. These results underscore that a person-centered approach, when paired with caregiver support and training, can significantly enhance functional independence despite stable cognitive function.^[22]

Overall, the findings of the present study demonstrate that the Tailored Activity Program (TAP) significantly improved functional independence while reducing caregiver burden among people living with mild to moderate dementia. Although no significant improvement was observed in global cognitive function, participants demonstrated improved functional independence in basic activities of daily living through individualized, occupation-based intervention and structured caregiver training. By equipping caregivers with practical strategies to support meaningful activity engagement, communication, task simplification, and environmental modification, TAP addresses two central challenges in dementia care—maintaining participation in daily activities and reducing caregiver burden. These findings support TAP as a feasible, person-centred, and contextually appropriate occupational therapy intervention for dementia care in resource-limited settings such as India.

The present study has several strengths. It contributes to the limited evidence on the implementation of the Tailored Activity Program (TAP) within the Indian healthcare context, addressing an important gap in dementia rehabilitation research. The intervention adopted a person-centred, occupation-based approach by individualizing meaningful activities based on each participant's preserved abilities while actively involving caregivers throughout the rehabilitation process. In addition to assessing functional outcomes among people living with dementia, the study evaluated caregiver burden, thereby providing a comprehensive understanding of the intervention's impact on both members of the caregiving dyad. The use of standardized and

validated outcome measures, including the Bristol Activities of Daily Living Scale (BADLS), Montreal Cognitive Assessment (MoCA), and Zarit Burden Interview (ZBI), further strengthened the methodological rigor of the study. The structured intervention protocol, grounded in occupational therapy principles, facilitates the replication of the intervention and supports its potential applicability in similar clinical settings.

The present study has several limitations that should be considered when interpreting the findings. First, the use of a single-group pre-post study design without a control group limits the ability to establish a causal relationship between the intervention and the observed improvements. Consequently, the positive changes in functional independence and caregiver burden cannot be attributed exclusively to the Tailored Activity Program (TAP). Second, the study was conducted at a single tertiary care centre with a relatively small sample size, which may restrict the external validity and generalizability of the findings to broader clinical settings and more heterogeneous populations. Furthermore, outcome measures were assessed only at baseline and immediately following the intervention, without extended follow-up, precluding evaluation of the long-term sustainability of the observed benefits.

Future research should focus on conducting adequately powered, multicentre randomized controlled trials to provide more robust evidence regarding the effectiveness of the Tailored Activity Program among people living with dementia. Recruiting participants from rural, semi-urban, and urban settings would improve the generalizability of the findings by encompassing the cultural, linguistic, and socio-economic diversity of dementia caregiving, particularly within the Indian context. Additionally, longitudinal follow-up assessments are needed to determine the durability of improvements in functional independence and reductions in caregiver burden over time, thereby establishing the long-term clinical effectiveness and applicability of the

intervention. Future studies should also explore the effectiveness of TAP across different dementia subtypes and stages of disease progression to better understand its broader clinical applicability.

CONCLUSION

The findings of the present study support the effectiveness of the Tailored Activity Program (TAP) as a person-centred, occupation-based intervention for improving functional independence and reducing caregiver burden among people living with mild to moderate dementia. Although no significant improvement was observed in global cognitive function, significant improvements in functional independence were achieved through individualized activity prescription, environmental modification, and structured caregiver training. These findings highlight the importance of prioritizing functional independence and caregiver support, rather than cognitive restoration alone, in dementia rehabilitation. The present study provides preliminary evidence supporting the feasibility and clinical applicability of TAP within the Indian healthcare context and underscores its potential as an occupational therapy intervention for dementia care.

Declaration by Authors

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