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Effectiveness of creative story therapy for dementia: A Systematic Review and Meta-Analysis

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ADMINISTRATIVE INFORMATION

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Review Stage at time of this submission - Completed but not published.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 10 August 2023 and was last updated on 10 August 2023.

INTRODUCTION

Review question / Objective To conduct a meta-analysis of the effectiveness of creative story therapy versus routine nursing alone for the treatment of dementia.

Condition being studied According to the latest data from the World Health Organization (2023), there are approximately 55 million people with dementia (PWD) worldwide. Recent studies have shown that creative story therapy can help maintain and improve cognitive functions in dementia and mild cognitive impairment patients. [17, 21] A mixed-methods study also found the benefits of creative story therapy for dementia

patients at various stages.[22] However, the effectiveness of creative story therapy has not been systematically evaluated, and thus, this study aims to meta-analyze its effectiveness.

METHODS

Search strategy A combination of MeSH terms and relevant keywords was employed. The search terms for this review were ("dementia" or "Alzheimer's disease" "dementia *" or "Alzheimer's disease *" or "senile dementia") and ("creativity" or "creative expression *" or "creative expression therapy" or "timeslips"). **Participant or population** Dementia, Alzheimer disease patient.

Intervention The intervention focuses on the experimental group receiving creative story therapy, specifically storytelling intervention.

Comparator Control group receives routine nursing intervention.

Study designs to be included Randomized controlled trials (RCTs).

Eligibility criteria The target population consists of individuals aged 60 and above, who were diagnosed with dementia according to the established diagnostic criteria: internationally accepted diagnostic criteriaDSM-IV-R (Diagnostic and Statistical Manual of Mental Disorder,4th edition, Revised) and ICD-10 (International Classification of Diseases, Tenth Revision).

Information sources PubMed, Embase, Cochrane Library, Web of Science, China National Knowledge Infrastructure (CNKI), China VIP Database (VIP), China Biomedical Literature Database (CBM), and Wanfang Data.

Main outcome(s) The primary outcome of interest centers around overall cognitive function, which can be assessed through standardized scales such as the Mini-Mental State Examination (MMSE), the Montreal Cognitive Assessment (MoCA), and the Alzheimer's Disease Assessment Scale Cognitive Subscale (ADAS-cog).

Additional outcome(s) Secondary outcomes encompass depression, which can be evaluated using the Kangnai Depression Scale, and quality of life, which can be assessed using validated and standardized quality-of-life-specific scales for dementia patients, such as the Alzheimer's Disease Quality of Life Scale (QOL-AD). Communication skills can be evaluated through the Functional Assessment of Communication Skills (SFACS).

Data management EndNoteX9.1 software, RevMan 5.4, and Stata software (version14).

Quality assessment / Risk of bias analysis Cochrane Risk Bias Assessment Tool.

Strategy of data synthesis We used two software tools, RevMan 5.4 and Stata software (version 14), to perform comprehensive statistical analysis. we will utilize Cohen's criterion. According to Cohen's criterion, effect sizes between SMD (or

MD)≥ 0.20 and < 0.50 are considered small, SMD (or MD)≥ 0.50 and < 0.8 are considered moderate, and SMD (or MD)≥ 0.8 are considered large, thereby offering a comprehensive understanding of the impact. To detect and quantify any publication bias present, we will employ both funnel plots and Egg's test and funnel plots.

Subgroup analysis We will perform a subgroup analysis based on the intervention period of the included studies and the type of dementia of the intervention subjects and the intervention frequency.

Sensitivity analysis We performed the sensitivity analysis by eliminating the literature and changing the effect models.

Language restriction Trials published in either Chinese orEnglish.

Country(ies) involved China.

Keywords Dementia, Alzheimer's disease, creative story, meta-analysis, clinical trials.

Dissemination plans We intend to publish articles in journals to facilitate knowledge dissemination.

Contributions of each author

Author 1 - Baojian Wei - conceived the study. Email: bjwei@sdfmu.edu.cn

Author 2 - Jinlong Ma - collected the data, conducted the Meta-analysis, and drafted the manuscript.

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Author 3 - Qian Wang - collected the data, conducted the Meta-analysis, and drafted the manuscript.

Author 4 - Lv Shi - revised the manuscript and language.

Author 5 - Yuzhen Xu - conceived the study.