

# Reality orientation therapy

Reality [orientation](#) therapy can be considered routine [care](#) for the maintenance and improvement of [cognitive functions](#) in [older](#) populations with [dementia](#). Health professionals and caregivers can be further educated and trained to regularly perform [reality orientation therapy](#) to improve the [cognition](#) of older people with [dementia](#) <sup>1)</sup>.

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Reality Orientation (RO) was first described as a technique to improve the quality of life of confused elderly people, although its origins lie in an attempt to rehabilitate severely disturbed war veterans, not in geriatric work. It operates through the presentation of orientation information (eg time, place and person-related) which is thought to provide the person with a greater understanding of their surroundings, possibly resulting in an improved sense of control and self-esteem. There has been criticism of RO in clinical practice, with some fear that it has been applied in a mechanical fashion and has been insensitive to the needs of the individual. There is also a suggestion that constant relearning of material can actually contribute to mood and self-esteem problems. There is often little consistent application of psychological therapies in dementia services, so a systematic review of the available evidence is important in order to identify the effectiveness of the different therapies. Subsequently, guidelines for their use can be made on a sound evidence base.

**OBJECTIVES:** To assess the evidence of effectiveness for the use of Reality Orientation (RO) as a classroom-based therapy on elderly persons with dementia.

**SEARCH STRATEGY:** Computerised databases were searched independently by 2 reviewers entering the terms 'Reality Orientation, dementia, control, trial or study'. Relevant web sites were searched and some hand searching was conducted by the reviewer. Specialists in the field were approached for undocumented material, and all publications found were searched for additional references.

**SELECTION CRITERIA:** All randomised controlled trials (RCTs), and all controlled trials with some degree of concealment, blinding or control for bias (second order evidence) of Reality Orientation as an intervention for dementia were included. The criteria for inclusion/exclusion involved systematic assessment of the quality of study design and the risk of bias, using a standard data extraction form. A measure of cognitive and/or behavioural change was needed.

**DATA COLLECTION AND ANALYSIS:** Data were extracted independently by both reviewers, using a previously tested data extraction form. Authors were contacted for data not provided in the papers. Psychological scales measuring cognitive and behavioural changes were examined.

**MAIN RESULTS:** 6 RCTs were entered in the analysis, with a total of 125 subjects (67 in experimental groups, 58 in control groups). Results were divided into 2 subsections: cognition and behaviour. Change in cognitive and behavioural outcomes showed a significant effect in favour of treatment.

**REVIEWER'S CONCLUSIONS:** There is some evidence that RO has benefits on both cognition and behaviour for dementia sufferers. Further research could examine which features of RO are particularly effective. It is unclear how far the benefits of RO extend after the end of treatment, but and it appears that a continued programme may be needed to sustain potential benefits <sup>2)</sup>.

<sup>1)</sup>

Chiu HY, Chen PY, Chen YT, Huang HC. Reality orientation therapy benefits cognition in older people

with dementia: A meta-analysis. Int J Nurs Stud. 2018 Jun 15;86:20-28. doi: 10.1016/j.ijnurstu.2018.06.008. [Epub ahead of print] PubMed PMID: 29960104.  
2)

Spector A, Orrell M, Davies S, Woods B. Reality orientation for dementia. Cochrane Database Syst Rev. 2000;(4):CD001119. Review. Update in: Cochrane Database Syst Rev. 2000;(3):CD001119. PubMed PMID: 11034699.

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