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Using Randomised Controlled Trial to Investigate Reminiscence Therapy in Improvement of Elderly Quality of Life: A Case of Wakiso District

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Abstract

***Introduction:** Reminiscence is the act of recollecting past experiences or events. An example of the typical use of the reminiscence is when a person shares his personal stories with others or allows other people to live vicariously through stories of family, friends, and acquaintances. It involves sharing thoughts and feelings of one's experiences to recall and reflect upon important events within one's life. The ability to recall and reflect helps older adults remember who they used to be in order to help them define their identity in the current moment.*

***Objective:** The aim of the research was to identify and describe how reminiscence could be used to improve the quality of life of the elderly attending a community social support group and compare it with the population norm. Furthermore, the study sought to evaluate the influence of reminiscence on elderly cognitive function, including presence of depressive symptoms.*

***Methods:** A randomized controlled trial (RCT) was conducted to investigate whether reminiscence therapy among the community dwelling elderly of Wakiso is associated with increased levels of quality of life. The sample had 364 elderly participants (n=200 control group) and (n=164 intervention group). A 6-week psychosocial group reminiscence therapy programme was conducted. The intervention moderated by the Community Geriatric Volunteers (CGV) used a life-story telling approach, while the control groups participated in casual discussions. Amidst relaxation and music, the CGV served as an informal, supportive, ego-enhancing leader to guide the discussions, on previously preferred foods, music, pictures, stories and old radio programs, as interventions used to provide stimulation for group interaction and emotional relief. The WHOQOL-BREF and MMSE were used as the outcome measures, to assess at baseline (bi), and after 8 months at an interval of 6 weeks after the intervention (pi).*

***Results:** The results showed significant positive outcomes in the intervention group, and a significant difference between the 2 groups CG (p=0.628) and IG (p=0.01), and was predicted in the Self-Reported QoL among the elderly who participated in the intervention. The univariate logistic regression scores showed that predictors of change in the SRQoL were associated with fewer post intervention anxiety symptoms including lower depression scores.*

***Conclusions:** Group reminiscence is an intervention that can lead to significant improvement in the quality of life of the elderly. There is a need for continuing education to provide all health and social care providers with education on this intervention for elderly.*

Introduction

Reminiscence is the act of recollecting past experiences or events. An example of the typical use of the reminiscence is when a person shares his personal stories with others or allows other people to live vicariously through stories of family, friends, and acquaintances while gaining an authentic meaningful relationship with a person (Koppel & Rubin, *2016).* Grandparents may reminiscence through remembering past events with friends or their grandchildren, and through sharing their individual experience of what the past was like. Reminiscence involves sharing thoughts and feelings of one's experiences to recall and reflect upon important events within one's life. The ability to recall and reflect helps older adults remember who they used to be in order to help them define their identity in the current moment.

Background

Like other developing countries, the population of elderly adults 60 years and above is increasing in Uganda. Improvement of living conditions, health and medical care, increasing longevity and life expectancy has caused aging population (Nooripou, et al., 2014). With the noted increase in age, physical dysfunction becomes more and negative effect on the elderly ability to maintain independence becomes more pronounced which can be effective on reducing of elderly quality of life (Bowling, 2005). This occurs due to several reasons especially lack of physical activity and an effective social support system. Furthermore, poor access to health services and having chronic diseases causes restriction of social activity and mobility among the elderly a situation that may lead to loneliness. One of most important problems which is less considered is loneliness among the elderly which is experienced differently in the various societies (Chiang et al., 2010). Loneliness can further be caused by various reasons such as physical defects and loss of relatives and fading communications (Heravi Karimavi et al.,2007) which affects their Quality of life.

Loneliness has been noted as one of the most common cause of elderly mentally unbalanced states. In the African traditional systems, the family has been the first line of support while community support is the second assuming that Elderly care has always been the duty of biological children, clan members and significant others which is no longer the case. Due to urbanisation, economic migration, death due to disease especially the young adults dying of HIV, the elderly people are left alone in the rural communities with no outright source of social support (URAA, 2008). Worse still, they are left to offer care to grandchildren many of whom are orphaned and sick. Such a lack of a concrete social support system leaves them quite lonely, vulnerable and in misery thus affecting their quality of life. Such unbalanced states include depression and intense despair, which is unpleasant, negative, frustrating, and painful personal experience, caused boredom, hopelessness, depression, and anxiety (Hsu &Wang, 2009). One research findings indicated that loneliness is not synonymous with living alone (Kunz& Soltys2007). Loneliness occurs when an important and meaningful social interaction in terms of quantity or quality is deficient which situation is common among the elderly. Many experts believe that any attempt such as reminiscence therapy, if used to eliminate feelings of loneliness among the elderly can improve their self-esteem (Hao, 2008).

However, insufficient information on how the quality of life can be mediated by reminiscence therapy among elderly adults has been noted. Few studies have documented directly on the effect of reminiscence and its impact on the quality of life among the elderly adults. It has then been further unclear, however, how good reminiscence can improve quality of life if the elderly adults are to satisfactorily stay with their natural degeneration syndromes while in their homes. Quality of life is about needs and the satisfaction of one's needs, values and preferences, which naturally change with the development of a human personality (Čevela et al., 2013). The loss of cognitive function and memory interrupts the independent activities of daily living of the elderly, and it eventually causes role loss, increased dependence, declining self-esteem and diminished quality of life.

Reminiscence

Reminiscence therapy has been used on memory, self-efficacy, and memory practice with significant success noted through the promotion of quality and mental health among elderly and reduce their loneliness is of group reminiscence. Therapy through reminiscence includes interventions used as interventions reminding the elderly of past events, thoughts, and feelings conducted to create and facilitate a sense of fun

and enhance quality of life. Reminiscence therapy has been known to reduce social isolation and loneliness, and to improve cognitive performance, self-esteem, life satisfaction and self-worth levels. The concept further involves sharing memories with others in a bid to attain their integrity (Hsieh & Wang, 2003). It may also be a tool for individual matching with unpleasant past (Burnside, 1995). Furthermore, reminiscence increases elderly attention to themselves and helps them in coping with conflicts and absence of this period, (Jones, 2003), reconstruction of life stories and evaluations of positive and negative experiences (Bryant, Smart & King, 2005).

The therapy is known to further promote self-understanding, preservation of individual and collective memories, overcoming physical and world limitations, creating opportunities for understanding human law and strengthening coping strategies (Knight,2004). It is known as a therapy which can effectively reduce loneliness (Chiang, 2009) and as well to evaluate the positive and negative experiences incurred in the life-span(Bryant et al, 2005). It has been noted as a way that can be utilized to resolve unfinished business in scope and process of transformation of individuals and negative memories related to it (O'Rourke & Chaudhury, 2005). It is thus an easy and accessible solution for improving mental health of the elderly and prevention or reduction of loneliness during this transition.

This study was thus an attempt to understand reminiscence therapy as a contributing factor influencing the quality of life of elderly people in Wakiso District, Uganda. The study further intervened by implementing a mitigation strategy to reduce on the negative impacts brought on by the ageing process among this population group. Furthermore, it was hoped that the intervention would form sustainable systems to inform counselling policy and elderly stakeholders on what can be added on the existing systems to improve the quality of life of elderly people in Uganda. The relationship between the elderly people's overall quality of life and the use of reminiscence therapy as a psychological intervention among the elderly people in Uganda, was established. Wakiso District was taken as the case study to investigate the quality of life of the elderly; 60 years and above in the spheres of use of reminiscence groups with a view to try out appropriate interventions and later inform on strategies needed to improve the quality of life of elderly persons in Uganda.

Methods

This study used a randomized controlled trial with pre and post-test design that was conducted between 2015 to 2017. The study tried out a Mobile Community Outreach Services (MOPS) which used the Community Geriatric Volunteers Model to reach out to the elderly within their groups and homes.

Participants

The Statistical population under study were the elderly people, 65 years and above, residing in the selected sub counties of Wakiso District and who are staying in their homes and not institutions. The sample had 364 elderly participants (n=200 control group) and (n=164 intervention group). A Randomised Controlled Trial (RCT) study design was used to allot the participants to either the control or study group. From the total number of sub-counties in Wakiso district (13 in all), four (4) were randomly selected to be used in the study. Wakiso District comprises of 3 Counties that is Busiro County (8 Sub-Counties), Entebbe Municipality County (2 sub-county Divisions) and Kyadondo County (3 sub-counties). The two sub-counties of Entebbe municipality and those in Kyadondo County are predominantly urban. To avoid urban location bias these did not participate in the study leaving Busiro County which has a mix of both rural and urban communities. In addition, a rural setting was chosen because a large proportion of Ugandans (85%) live in rural settings[..]

A 6-week psychosocial group reminiscence therapy programme was conducted. The intervention moderated by the Community Geriatric Volunteers (CGV) used a life-story telling approach, while the control groups participated in casual discussions. Amidst relaxation and music, the CGV served as an informal, supportive, ego-enhancing leader to guide the discussions, on previously preferred foods, music, pictures, stories and old radio programs, as interventions used to provide stimulation for group interaction and emotional relief. The WHOQOL-BREF and MMSE were used as the outcome measures, to assess at baseline (bi), and after 8 months at an interval of 6 weeks after the intervention (pi). The intervention

group participated in all the sessions of reminiscence. All participants took part in all of activities. There was no attrition. Because only impact of reminiscence could be measured on the intervention group the control groups were made to talk about their everyday concerns during the meetings. After that, they were given post intervention assessments.

The study used both quantitative and qualitative approaches. Quantitative data collection methods employed WHOQOL BREF as a measuring instrument while qualitative approaches used standardized Focus Group Study Guides, In-depth Interview Study Guides, and Key Informant Interviews for the purpose of triangulation. The formula used for sample size calculation for case control or comparative studies was the Douglas Altman Formula to calculate the sample size per arm. The study further employed purposeful sampling technique whereby information rich respondents such as some elderly people in the study, or formal care givers, informal care givers, and social workers from NGOs, villages and homes in Wakiso district were strategically and purposefully selected. Sampling of villages and respondents was dependent on advice from the local community leaders. Sampling of the elderly for the twenty focus group discussions was purposeful and the groups were homogeneously composed.

Inclusion and Exclusion Criteria

The inclusion criteria included the elderly people 60 years and above living within the selected study sub-counties. Understanding of languages spoken in Uganda was a prerequisite and as well those willing and able to comply with scheduled visits and planned activities of the study were included. Similarly, those willing to provide an informed consent will be given priority for inclusion without any coercion. In this case, a multilingual research assistant was recruited. The exclusion criteria included those who were found in hospitals or admitted at health care units and were therefore unable to provide an informed consent. Furthermore, the elderly with profound mental disability were excluded because the intervention to these would was thought to be harmful thus being forecasted that the effect of the intervention would be difficult to interpret. However, the caregivers of those in the exclusion criteria were interviewed and the information collected was used to enrich the interventions in this study.

Instruments

Before and after the intervention, in order to quantify the effect of reminiscence therapy on quality of life, survey by questionnaire was conducted using standardized instruments for measuring quality of life and identification of attitudes towards ageing and old age. Questionnaires were completed with participants in two steps over one day. The evaluation of cognitive function was conducted using the MMSE (Mini Mental State Examination) questionnaire for measuring degree of cognitive impairment. The results of the MMSE questionnaires were categorized according to Topinková (2010, p. 217-218, 224). The MMSE test results of 25-30 points is standard, 24-18 points indicates mild cognitive disorder, 17-9 moderate, 8 points or less severe cognitive impairment. A GDS score range of 0-5 = no depression, 6-10 = mild depression, a score over 10 points = apparent depression. To evaluate quality of life the WHOQOL-BREF questionnaire also containing 24 items grouped into four domains and two individual items - overall quality of life and satisfaction with health. The range of scales for individual questions is 1-5, for domains it is 4 to 20. Higher scores indicate better quality of life.

Procedure

This research project was reviewed and received ethics approval by the Institutional Review Board (IRB) of the International Health Sciences University (IHSU). In line with Nardini (2014) concerning modern ethical conception that stipulates all research to be conducted on human subjects must be pre-emptively accepted by the subject themselves, an informed consent was given. Recruitment was through informed voluntary consent after explaining the study purpose, what participation involved the alternatives to participation if any, and the potential risks and benefits. Potential subjects were hen identified by the researcher team of this study. Consent was obtained from each subject and their families after providing full information regarding purpose of the research, the risks and benefits, anonymity, and freedom of participation.

The reminiscence group was programmed in through the community elderly social groups formed.

Participants met at a designated home of one elderly person once every week. Lots of verbal and non-verbal encouragement was used to help people participate. Participants were assured that all the memories shared during the sessions would be confidential and not to be disclosed outside of the group. The experimental subjects in each session discussed topics were according to their preference. Individuals in first session chose their favorite topics. The experimental group discussed about following topics during every session: Parents, sisters, brothers &Grandparents, Marriage, children, living in urban and rural areas, Holiday, The sweetest and most bitter memory of life, travel, hobbies and games of childhood, Job and employment, economic conditions in past and present time, benevolence and charity, changes of aging period, worship and their favorite and arbitrary topics were discussed too. Participants were encouraged to bring photos, clothes or objects related to their past. At the end of each session, the theme of following session was disclosed. The researchers also brought things as cues for reminiscence. The trained Research Assistants succumbed the groups a post-intervention interview where data was obtained and later analyzed using N-Vivo.

Results

The results of the Chi-square resultant of the reminiscence groups captured the aspect of satisfaction with friends. The table shown below shows, Friends support satisfaction (SS) was associated with Quality of life (X_2, p =0.000) citing a continued difference in the 'Friends support satisfaction' in the various levels of quality of life among these elderly.

Statistic	***Control bi***	***Control pi***	***Interv. bi***	***Interv. pi***	
Spearman's correlation coefficient	0.305	-0.162	0.268	-0.156	**0.255**
p-value	0.000	0.022	0.001	0.047	**0.0173**

Correlation of SS and QOL

There is significant (p=0.0173) positive but weak (r_s=0.255) relationship between Social support and Quality of Life.

Table 1. *Ordinal Regression of QOL by SS with PSY*

	Control bi	***Control pi***	***Interv. bi***	***Interv. bi***	
Model fitting p-value	0.000	0.000	0.000	0.132	**0.033**
R-Square	0.328	0.372	0.439	0.030	**0.2923**

Social Support, together with psychological health as a confounding variable, is significantly (0.033) responsible for 29.23%of Quality of Life. Even with a weak relationship (0.255), there is sufficient evidence (p=0.0173) to accept the null hypothesis that there is a relationship between Social Support and Quality life and that the former significantly explains 29.23% of the later thus the essence why reminiscence groups are important for social support among the elderly.

Table 2. *The domain of health status relationships on the quality of life of the elderly*

Summary of QOL		CGbi		CG pi		I G bi		I G pi	
		Freq.	**%**	**Freq.**	**%**	**Freq.**	**%**	**Freq.**	**%**
Quality of Life	Very Poor	23	11.5	0	0	17	10.4	0	0
	Poor	79	39.5	120	60.0	76	46.3	0	0
	Moderate	73	36.5	80	40.0	66	40.2	23	14.0
	Good	23	11.5	0	0	5	3.0	111	67.7
	Very Good	2	1.0	0	0	0	0	30	18.3

In reference to the above table 18, the majority of respondents reported "good health" at the baseline level with (81%) and (74.5%) in the control and intervention group respectively. However, these percentages changed at the post intervention level having the control group reporting "good health" in 71.3% and 89.4% for the intervention group. Health has been defined by WHO (1948) as "*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*" and this has never changed although it is criticized by many scholars. Reflecting on the above findings and definition, it should be noted that diseases become more prevalent as someone ages and if not cared for, diminishing levels of health status may be observed. Among the many interventions that contributed to the above success is reminiscence therapy.

Evaluation of the influence of reminiscence on the MMSE in the sample

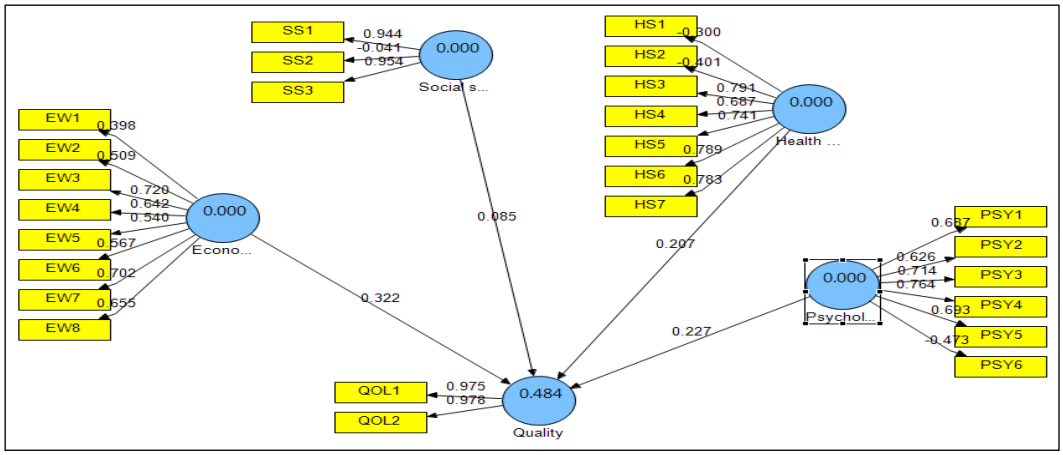
Influence of reminiscence on MMSE			
	Mean	**SD**	**P**
Control group	18.71	4.73	
Intervention Group	24.01	4.42	0.001

SD= Standard Deviation; p= p-value at 5% level of statistical significance

The results obtained by MMSE testing indicate a statistically significant improvement in participants' cognitive function ($p<0.001$) which happened after completing reminiscence therapy sessions.

Intervention Group Outcomes

Based on the results from the assessment, the study reported improvement in the quality of life of the elderly in the intervention by 3.9% contribution by the efforts and work done by the student. Changing for 44.5% to 48.4% with all constructs studied of social support, psychological domain, Heath status, and environmental wellbeing contributing positively to the quality of life of the elderly at both baseline and after project, as detailed in the figures below.



Discussion

The basic starting point for the application of reminiscence in the improvement of elderly QOL within their homes and surroundings is the adoption of the principles of patient-centered care, which care would be based on respect and aimed at promoting human dignity. Reminiscence techniques help to evoke pleasant memories from the past. They also facilitate the development of a proactive approach to life in the elderly and to foster a sense of self value. This technique is particularly suitable for those frail including those with chronic illnesses (Janečková et al., 2008). With life expectancy increasing, it is becoming more prudent for service providers to use reminiscence. It is upon this that a Randomized Controlled Trial study was conducted investigating

how the Quality of life among elderly adults can be improved by perfectioning the use of reminiscence therapy.

The observed influence of reminiscence on quality of life, including its effects on cognitive function and the presence of depressive symptomatology, has produced unexpectedly favourable results which could also have been influenced by variables which were not monitored. These findings are subject to verification and should be a stimulus for further research.

Older adults may experience health decline and start reviewing the significance of their life through reminiscences. The study further highlights how the elderly love to tell stories of life events and need to be encouraged to tell stories but which is no longer available thus the findings. Widowhood is another factor that has been stated to affect more elderly women than men, as women tend to live longer (Gerentologist, 1st November 2010). Adjusting to the loss of someone shared life with, was echoed as a difficult moment by the elderly a state that might have led to the high responses. In line with this, Gibson (2004) stated that many older women who have lived family-oriented lives and have been dependent on their husbands feel completely unsafe when the spouse passes on.

The elderly in reminiscence groups reported life satisfaction. Findings are in line with scholars the defined life satisfaction as the way persons evaluate their lives including how they feel about their directions and options for the future scopes (Ihira et al., 2015). It is further defined as a measure of well-being that can be assessed in terms of mood, satisfaction with relations with others and with achieved goals, self-concepts, and self-perceived ability to cope with daily life. Life satisfaction can mean having a favorable attitude of life as a whole rather than an assessment of an individual's current perceptions and feelings. In relation to the above, the concept can be measured through the assessment of environmental standing, amount of education, experiences, type of residence, as well as social affiliations (Serrano, 2004). However, the level of satisfaction has been reported to decrease with age. According to Brundtland (1999) as cited by Tawiah (2011), the ageing process is a normal part of the human life cycle which represents the universal biological changes that occur with age and which are unaffected by disease and environmental influences. This means that the aging process reduces physiological capacity, which makes the elderly more susceptible to many health threats that impact on their safety in life (Mustakallio, 2015). Bollenius, (2017) further reports that the ageing process differs because of a number of reasons which include health problems, functional abilities, personal resources and the amount of Social Relations. These descriptors can be used to define safety in life among the elderly and the need for the use of reminiscence to rejuvenate elderly Quality of life.

Findings further showed that availability of information was associated with Quality of life ($X2$, p = .000) at baseline level. However, after the intervention, there was no association indicated (p=.018) citing reduction in the risk factors for the elderly as related to this facet within the environmental health domain. This shows that the interventions that included reminiscence group meetings which helped in the sharing of information on elderly illnesses, current affairs and value systems in management of Geriatric syndromes were significant. There was use of reminiscence therapy which was fun and made them reflect on what would make sense to their current situation. Before the intervention in both groups, most of the elderly were moderately satisfied with the information available while less than a half were a little and not satisfied at all with the available information. After the intervention in the control group, more elderly became moderately satisfied and some elderly became more a little satisfied with the available information but the proportion of the elderly who were not satisfied at all with available information increased.

Unlike the findings in the control group after the intervention, the post intervention findings in the intervention group showed that none *of* the elderly were still a little or not satisfied at all with the availability of information while more elderly became mostly and completely satisfied with the information available but still majority were still moderately satisfied with the information available. Changes in the control group could be attributed to increasing frailty as a result of the physical degeneration of tissues where it reaches a time when no news makes sense. During the baseline survey, the control group had an organization that could bring the elderly together but

it was in its completion stages. It is no surprise that a regression was noted in that group.

The improvement in the intervention group could be attributed to their involvement in the groups formed whereby information would be availed and as well learnt during the activities that were set. Furthermore, this is in line with the Activity theory by Havighurst (1961) who often referred to it as the "normal theory of aging" (Ndumea, 2011). This theory emphasized the link between activity with health and well-being and with primary focus on physical activities or activities that create societal value like volunteer work. The intervention group further volunteered to visit the sick and frail elderly and a lot of information was learnt during the visits and as well within the groups through he reminiscence therapy. Likewise, Grossman and Furnao (2002) stated that volunteering cannot be suggested to have a positive effect on one's health status and to help the recipient of services; it often benefits the volunteer themselves. The study further revealed that volunteering can as well be especially pertinent for the elderly population as the volunteer activity can provide needed social connections thus availing the much needed information which was attained in the intervention group.

Findings showed that leisure opportunities was associated with Quality of life ($X2$, p = .000) at baseline level. However, after the intervention, there was no association indicated (p=.022) citing reduction in the risk factors for the elderly as related to this facet within the environmental health domain. This shows that the p-values (p=.000) at the baseline level showed a gap in the need for leisure. After the interventions, the elderly felt that their meetings were offering good leisure time where they could share and have fun. One of the activities in the group was the acknowledgement of important dates within the elderly lifeline. Celebrations of such lifelines through reminiscence may have contributed to the reduction of risk factors for this facet. This study reveals that before the intervention, majority of the elderly were just a little satisfied with leisure opportunities while in the intervention group most of the elderly were moderately satisfied with leisure opportunities even before the intervention. After the intervention in the control group, most of the elderly in the control group became moderately satisfied followed by those who were not satisfied at all but the proportion of those who were a little, mostly and completely satisfied with the leisure activities reduced. Similarly in the intervention group after the intervention, the elderly became increasingly moderately satisfied with the leisure opportunities although none of them was a little or not satisfied at all anymore. Many more elderly became mostly and completely satisfied with the leisure opportunities which mainly involved reminiscence activities.

In line with the above findings, Lardiés-Bosque et.al., (2015) identified five types of leisure activities which include; physical leisure; cultural leisure; social and participative leisure; passive leisure; travel and tourism. The elderly were asked about activities started in recent years. The most interesting activities performed responded to was to reminisce, and the reasons why the elderly practice more or less activities that they would like to was echoed. However, the study used questions instead to ask subjective perspective, in a bid to investigate the level of satisfaction with the activities which could not bring out the fun as previously experienced. Reflecting on the study outcomes, participation in leisure activities is influenced by age which is a major determinant on the type of entertainment, because it is known that as elderly get older they decrease the number of activities performed and the type of leisure becomes more passive (Toepoel, 2013). In interventions such as reminiscence therefore, two main points can be effectively treated. First, the role of human interaction, especially with peers, and secondly, the role of export and evokes of past sweet and bitter memories, reorganization of old memories and blind spots which can be emoted by participating in reminiscence and interaction with peers.

Conclusion

Reminiscence encourages older people to rebuild their past actively and share it with others. It also encourages people to have interaction within their community and with an active social support system. Crary (2014) noted that with time, life degeneration would define disabling and loss of capacity to engage in activities that require physical strength. The only remedy that could replace such activities is reminiscence therapy that does not require much

physical strength. Reminiscence can preserve elderly' social participation and maintain their quality of life by preserving them in symbolic interaction frameworks with the aim of maintenance of self and identity. Reminiscence further works by enhancing elderly people's ability to communicate and exercise in a bid to increase social interactions, sense of belonging and provide context for individual to reduce confusion (Shellman, 2016). Group reminiscence to those isolated elderly who live alone can provide situations to have social interactions and it can be considered as a useful and productive way to fill loneliness of the elderly (Williams, 2004). Therefore, participation of elderly people in group programs and activities was highlighted, especially in those who live alone or have limited communication core, more communication with peers, sharing sweet and bitter memories and sympathy with each other can be helpful in improving general health. In this study, reminiscence reduced loneliness in elderly people.

Practice Recommendations

1. To psychologists, social workers and NGOs, Reminiscence therapy should be integrated in all structured interventions for older persons.
2. Since it has proven to reduce depression and negative feelings hence improving their quality of life, especially those with life threatening and life limiting illnesses, all mental health workers should adopt it.
3. Group reminiscence is a useful and productive way that can be used to provide social interactions for the isolated and lonely elderly.
4. The Government should adopt the MOPS strategy for use while developing programmes tailored towards improvement of elderly QOL.

References

[1] Bölenius, K., Lämås, K., Sandman, P. O., & Edvardsson, D. (2017). Effects and meanings of a person-centred and health-promoting intervention in home care services-a study protocol of a non-randomised controlled trial. *BMC geriatrics*, *17*(1), 57.

[2] Bowling, A. (2005). *Ageing well: Quality of life in old age*. McGraw-Hill Education (UK).

[3] Crary, J. F., Trojanowski, J. Q., Schneider, J. A., Abisambra, J. F., Abner, E. L., Alafuzoff, I., ... & Cairns, N. J. (2014). Primary age-related Tauopathy (PART): a common pathology associated with human aging. *Acta neuropathologica*, *128*(6), 755-766.

[4] Hao, Y. (2008). Productive activities and psychological well-being among older adults. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *63*(2), S64-S72.

[5] Hsu, Y. C., & Wang, J. J. (2009). Physical, affective, and behavioral effects of group reminiscence on depressed institutionalized elders in Taiwan. *Nursing research*, *58*(4), 294-299.

[6] Ihira, H., Furuna, T., Mizumoto, A., Makino, K., Saitoh, S., Ohnishi, H., ... & Makizako, H. (2015). Subjective physical and cognitive age among community-dwelling older people aged 75 years and older: differences with chronological age and its associated factors. *Aging & mental health*, *19*(8), 756-761.

[7] Kashani, F., Babaee, S., Bahrami, M., & Valiani, M. (2012). The effects of relaxation on reducing depression, anxiety and stress in women who underwent mastectomy for breast cancer. *Iranian journal of nursing and midwifery research*, *17*(1), 30.

[8] Koppel, J., & Rubin, D. C. (2016). Recent advances in understanding the reminiscence bump: The importance of cues in guiding recall from autobiographical memory. *Current directions in psychological science*, *25*(2), 135-140.

[9] Lardies-Bosque, R., Fernandez-Mayoralas, G., Rojo-Perez, F., Forjaz, M. J., Martinez-Martin, P., & Rojo-Abuin, J. M. (2015). Leisure activities and quality of life among older adults in Spain. In *A New Research Agenda for Improvements in Quality of Life* (pp. 163-189). Springer, Cham.

[10] Mustakallio, S. (2015). The experience of elderly people to cope with their lives at home: a literature review.

[11] Ndumea Ngoh, R. (2011). An Overview of "Quality of Life" by Elderly Receiving Care in Sweden.

[12] Nooripou, R., Ghasemzadeh, S., Rahnama, F., Ardekani, S. M. Y., & Farnia, V. (2014). The

Effectiveness of Group Reminiscence on Life Quality, General Health and Loneliness in Elderly. *Bulletin. Philadelphia. Pennsylvania Hospital. Ayer Clinical Lab*, *1*, 406-13.

[13] Serrano, J. P., Latorre, J. M., Gatz, M., & Montanes, J. (2004). Life review therapy using autobiographical retrieval practice for older adults with depressive symptomatology. *Psychology and aging*, *19*(2), 272.

[14] Shellman, J. M. (2016). Examining patterns and functions of reminiscence in a sample of Black adults: implications for psychiatric nurses. *Archives of psychiatric nursing*, *30*(3), 387-392.

[15] Tawiah, E. O. (2011). Population ageing in Ghana: a profile and emerging issues. *African Population Studies*, *25*(2).

[16] Toepoel, V. (2013). Ageing, leisure, and social connectedness: how could leisure help reduce social isolation of older people?. *Social indicators research*, *113*(1), 355-372.

[17] Williams, K. (2004). Counselling Older Clients. *Quality in Ageing and Older Adults*, *5*(1), 45.

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