

News / Health / Beyond memory pills: Why daily life training matters in Alzheimer's care

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One critical aspect of Alzheimer's disease care that often goes unnoticed is training in Activities of Daily Living (ADLs). What are they? Find out.

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While medicines may slow the progression or cognitive decline, activities of daily living (ADL) training directly helps preserve a patient's independence. (Photo: Getty Images)

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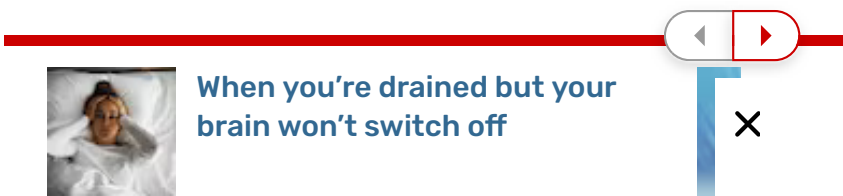
New Delhi, UPDATED: Oct 8, 2025 12:57 IST

When treatment for Alzheimer's disease, one of the most common brain disorders worldwide and in India, is discussed, conversations usually revolve around memory loss and medication.

But according to Dr. Gaurish Kenkre, Senior General Manager and Centre Head, Atharv Ability, Mumbai, one critical aspect often goes unnoticed - training in Activities of Daily Living (ADLs).

“ADL training focusses on essential skills like grooming, dressing, eating, and moving safely. These may look like small tasks, but they form the foundation

of a person’s dignity and independence,” he says.



Neglecting these abilities, he warns, leads to faster functional decline, increased caregiver burden, and greater risks such as falls, malnutrition, or joint stiffness.

While medicines may slow the progression of cognitive decline, ADL training directly helps preserve a patient’s independence. “It’s a practical and powerful form of intervention that deserves much more attention than it currently receives,” Dr. Kenkre highlights.

STARTING EARLY MAKES ALL THE DIFFERENCE

Families often delay ADL training until the disease has advanced, but Dr. Kenkre advises beginning at the earliest stage.

“Early intervention builds routines, strengthens procedural memory, and uses the brain’s capacity for neuroplasticity. Over time, these structured habits help patients stay independent for longer and reduce the stress families feel as the disease progresses,” he explains.

Practical, evidence-based techniques don't necessarily require expensive equipment. Instead, they rely on consistency and creativity. Dr. Kenkre highlights approaches that work well at home: breaking tasks into smaller steps, using cues and prompts, maintaining structured routines, adjusting environments for safety, and encouraging patients through errorless learning.

For example, rather than asking a patient to "get dressed" caregivers can guide them step by step - "pick up your shirt," "put your arm through." Small

but structured prompts make it easier for patients to succeed without feeling overwhelmed.

MAKING ADL TRAINING PART OF ROUTINE DEMENTIA CARE

Dr. Kenkre believes healthcare systems must formally recognise ADL training as an essential part of dementia care. “If we want to improve the quality of life for people living with Alzheimer’s, ADL rehabilitation must be seen as essential, not optional,” he says.

That means integrating physiotherapists, occupational therapists, speech and behavioural specialists into care teams, adding ADL assessments into standard evaluations, and offering structured training programs in rehab centres.

Families, too, need support - through caregiver workshops, manuals, and demonstrations—while technology such as reminder apps, sensors, and even robotic devices can reinforce training.

“Most importantly,” Dr. Kenkre stresses, “policies must formally recognise and reimburse ADL-focused rehabilitation as part of standard dementia care.”

For patients and families, ADL training may not be as high-profile as new drugs, but its impact is profound.

“What truly gives patients and families a sense of control is the ability to manage daily life with dignity,” Dr. Kenkre says.

ADL training is what keeps people eating at their own table, walking in their own garden, and holding onto their sense of self for as long as possible.

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Published By: Daphne Clarance

Published On: Oct 3, 2025



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