



KEY POINT SUMMARY

OBJECTIVES

To investigate how the built environment affects patients living with dementia.

Optimal spaces for those living with dementia: Principles and evidence

Barrett, P., Sharma, M., Zeisel, J., C., 2019 | *Building Research & Information*. Volume 47, Issue 6, Pages 734-746

Key Concepts/Context

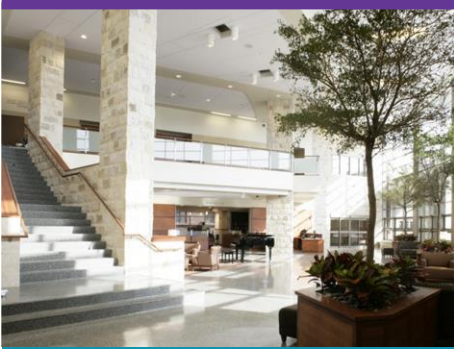
The World Health Organization (WHO) identifies dementia as a major cause of dependency among elderly populations around the world, with roughly 50 million people affected at the time of this writing. Since there is no known cure for dementia, healthcare workers and designers should consider how treatment spaces for patients living with dementia might be optimized to enhance overall quality of life.

Methods

185 papers published between 1981 and 2016, all of which outlined empirical evidence for the impact of specific building designs on dementia patients, were analyzed by the authors. The authors focused on three categories in assessing the physical spaces typically used to treat patients with dementia: scale and familiarity, way finding and circulation, and levels of stimulation. Also assessed were the different rationales behind design choices as they were outlined in their respective studies.

Findings

The authors identified three prevalent design principles that proved effective throughout their literature review: cognitive load (or patient familiarity with a given space), clear sequencing (or an intelligent floor plan), and appropriate levels of stimulation. The authors suggest that these topics can be used as broader research approaches for future publications, or could serve as the starting point for designing healthcare environments that are better suited to the needs of patients living with dementia.



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Limitations

This paper presents a literature review that results in broad themes that may be considered for further development; no new quantitative or qualitative data were gathered in the field or from patient interviews. Given the broad nature of the concepts proposed in this article, not all findings may be applicable to all healthcare environments providing care to patient populations living with dementia.

Design Implications

To enhance patient familiarity with a given space, designers might implement more opportunities for private spaces and patient personalization. The authors suggest designing shared spaces to be within set boundaries and smaller in scale. Overall ward layouts should be intuitive and supplemented with prompts and indicators that provide directions and other information. The nature of each unique patient population might be considered before design decisions are made regarding appropriate ways to support patient stimulation.

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