

Intervention Category	Specific Techniques or Examples	Target Symptoms or Goals	Environment or Setting	Implementation Method	Evidence or Key Benefits	Source
Music Therapy	Receptive (listening) or participatory (singing/dancing); Music Care© algorithms; iPods; personalized playlists; biography-related music; active involvement (playing an instrument).	Anxiety, agitation, apathy, depression, quality of life, and depressive symptoms.	Home, Nursing Home, Institutional context, Acute Hospital.	Music therapist, trained staff, or caregiver using musical elements; passive listening or active singing/clapping .	Moderate evidence base; positive effects on range of BPSD; optimal for reducing disruptive behaviors and anxiety; musical memory is often preserved longer than other memory types.	1-5
Reminiscence Therapy	Photo albums, memory triggers (household items), life story books, old music, movies, familiar objects from daily life, personal mementos.	Depressive symptoms, mood, communication, social interaction, personal identity, and reducing neuropsychiatric symptoms.	Home, Nursing Home, Day Care.	Individual or group sessions by caregiver, staff, or professional therapist.	Moderate evidence base; positive effects on mood and depression; helps maintain sense of personal identity; superior efficacy in improving neuropsychiatric symptoms compared to massage or individualized nursing.	1-4, 6, 7

Universal Design / Home Modification	Color-coded faucets, step edges marked with tape, automatic bathroom lights, labels on cabinets, glazed/glass-front cabinetry, contrasting colors (e.g., dark toilet seat on light floor), grab rails, non-slip flooring, simple signage with pictures.	Resident safety, fall prevention, independence in home navigation, orientation, and reducing environmental stress.	Home, Care Facility, Hospital.	Physical modification of the living environment; architectural planning.	Prevents injuries (burns, falls); helps maintain independence longer; reduces confusion from mirror images; maximizes cognitive ability; reduces barriers to daily living; fosters autonomy and dignity.	7-10
Aromatherapy	Lavender or lemon balm oil (Melissa oil) via diffusion, patches, skin cream, essential oil diffusers, or infused baths.	Agitation, aggression, autonomic nervous system regulation, mood improvement, acute agitation, and relaxation.	Residential care/Nursing Home, Home.	Certified aromatherapists, caregiver, or usual staff through administration of scented oils or massage.	Mixed results; indicates positive effect on agitation; well accepted by participants; olfactory bulb connects directly to emotion and memory centers.	1, 4, 7, 11

Bright Light Therapy	Light box, light visor, ceiling-mounted fixtures, natural lighting (windows, outdoors), morning exposure to full-length spectrum bright light, 40Hz audiovisual stimulation.	Sleep disturbance, agitation, sundowning, depression, sleep-wake cycles, nighttime awakenings, and slowing cognitive decline.	Nursing home/Residential settings, Home, Clinical Setting.	Environmental modification or direct exposure via special light apparatus or bright windows by usual caregiver.	Mixed results; some positive effects on agitation and sleep; promotes synchronization of circadian rhythms; 40Hz frequency may slow cognitive decline and preserve brain structure in late-onset AD.	1, 3-5, 12
Cognitive Stimulation Therapy (CST)	Themed group activities (word association, current affairs discussion, categorization), puzzles, memory games, word activities, sorting items by color/hobby.	Cognitive functioning (memory, language, executive function), mood, and improving quality of life.	Memory services, Day Care, Nursing Home, Adult Day Programs, Home.	Group sessions or one-on-one structured sessions led by care staff, psychologists, or nurses.	Strong evidence for improving cognition; cost-effective compared to usual care; significantly improves general cognitive function and language skills in mild-to-moderate dementia.	2, 3, 5, 12, 13

Validation Therapy	Empathic communication, eye contact, gentle tone, rephrasing words, nonthreatening language, acknowledging and accepting the person's expressed reality, avoiding correction or arguments.	Agitation, apathy, irritability, nighttime disturbance, emotional connection, and comfort.	Home, Nursing Home, Care Facility.	Integrated into care by usual care providers through communication techniques.	Small evidence base; mixed findings; potential to alleviate negative feelings and enhance positive feelings; reduces distress by validating subjective experience; builds rapport and prevents withdrawal.	1, 3, 7, 14
Multisensory Stimulation (MSS)	Snorezelen room (light effects, bubbles, fiberoptics), themed boxes (tactile/olfactory), twiddle muffs.	Agitation, anxiety, apathy, depression, disorientation.	Residential care/Nursing Home.	Usual caregiver or therapist (occupational, psychologist) in a safe, non-directive environment.	Large evidence base; positive evidence for reducing short-term anxiety, agitation, and apathy.	1, 2
Massage	Tactile/therapeutic touch to back, shoulders, neck, hands, or feet; hand massage.	Agitation, aggression, anxiety, depression, disruptive vocalizations.	Residential care/Nursing Home.	Qualified massage therapist, trained staff, or family members.	Small evidence base indicates positive effects on agitation and stress; induces calm/positive affect.	1
Pet Therapy / Animal Assisted Interventions	Time with live animals (dogs), robotic/stuffed pets (PARO seal robot, JustoCat).	Agitation, apathy, disruptive behavior, loneliness, socialization.	Nursing Home, Home.	Human-animal team, trained volunteer, or robot placement by professional.	Small evidence base; reported reductions in agitation; PARO robot shown to improve well-being and social interaction.	1, 2

Meaningful Activities / Individualized Activities	Cooking, gardening, puzzles, physical exercise, household chores (folding laundry).	Agitation, engagement, social interaction, self-expression, resident independence.	Home, Residential Care.	Usually tailored to individual preferences by regular care providers or family.	Moderate evidence; positive effects on agitation when individually tailored; enhances quality of life.	1, 8, 15
Structured Care Protocols	Bathing Without a Battle (bed baths, preferred music), Mouth Care Without a Battle.	Care-resistant behaviors, agitation, aggression, physical discomfort during personal care.	Nursing Home, Home.	Staff or family caregiver using person-centered communication and technical skills.	Small evidence base; positive results in reducing distress during intimate tasks and minimizing resistive behaviors.	1
Horticultural Therapy	Plant growing, gardening activities, visits to sensory gardens, watering plants.	Apathy, agitation, cognitive maintenance, musculoskeletal maintenance.	Institution (garden/terrace) , Home.	Horticultural therapist, mediator gardener, or care staff.	Significant effectiveness on agitation reduction and expression of positive emotions; slows cognitive decline.	2
Physical Activity	Walking, mobility training, Tai Chi, swimming, strength training with resistance bands.	Maintaining mobility, reducing depression and anxiety, improving balance, preventing falls.	Home, Community, Nursing Home.	Caregiver-led or group programs; tailored to individual abilities.	Slower rate of cognitive decline; may increase hippocampal volume by \$2-4.2\%\$ ; promotes neuroplasticity.	3, 4, 7, 13
Montessori Approach	Sorting laundry, washing dishes together, labeling cupboards, matching games.	Independence, self-esteem, meaningful contribution, reducing boredom.	Home, Nursing Home.	Caregiver-facilitated hands-on tasks that capitalize on procedural memory.	Preserves remaining skills; reduces challenging behaviors through roles and routines.	16, 17

Doll Therapy	Providing therapeutic dolls for interaction.	Reduction in distress, higher levels of engagement, improved dietary intake.	Nursing Home.	Caregiver provides doll for resident to hold or care for.	Promotion of well-being; associated with increased general well-being and engagement with others.	18
Nutrition/Mealtime Adaptation	Finger foods, bright colored plates (red/blue), food fortification (adding cream/butter), small frequent 'mini meals'.	Preventing malnutrition/dehydration, maintaining independence in eating, reducing agitation during meals.	Home, Nursing Home.	Physical assistance (hand-over-hand); dietary modification; environmental cueing.	Finger foods prolong independent eating; contrasting colors increase food visibility for those with visual/spatial deficits.	7, 19, 20