**METHODS**

- **Participants:**
  - 28 people with mild AD participated in the study.
  - They were recruited from the Alzheimer’s Disease and Memory Disorders Center at Baylor College of Medicine, Amazing Place Daytime Memory Care Center, Buckner Retirement Community, the Alzheimer’s Association of North Texas, Interfaith Carepartners, and Sid Gerber and Associates.

- **Data Collection:**
  - After giving written consent, participants received a structured interview called the Dimensions of Living with Dementia (DLD). See AAIC poster on the development of this interview.
  - Interviews were conducted in a private office space and took on average 45 minutes to complete.
  - All interviews were transcribed by a trained transcriptionist and later audit checked by a second trained transcriptionist.

- **Analysis:**
  - 3 researchers independently read and coded all interviews.
  - The team selected ATLAS.ti, version 6 (Muhr, 2008) as the platform for qualitative data analysis.
  - Initial codes and definitions served as the basis for applying the constant comparative methods (Glaser & Strauss, 1967; Strauss & Corbin).
  - 12 telephone conversations were conducted to process insights from individual analysis and triangulate the analysis to formulate 20 axial or parent codes.
  - This iterative process of text-to-code and code-to-code revision by researchers increased the trustworthiness of our findings.
  - Additionally, the data from interviews, observations, and field notes were triangulated in order to provide contextual accuracy.

**FINDINGS**

- Most participants in this study self-identified as being both religious and spiritual when queried. However, some were unable to distinguish between these two constructs.
- People with mild AD can actively engage in discussion about how spirituality influences their experience of living with AD though open-ended questions (as in the DLD Interview).
- They remain deeply devoted to a relationship with the transcendent (i.e., God, higher power, spirit).
- Their faith communities continue to be important to them.
- They value and benefit from the sacred aspects of their day-to-day lives.
- Their core spiritual values, beliefs and practices can serve as a resource for helping them adapt to the uncertainty of living with AD.

**IMPLICATIONS**

- Spirituality and faith are important aspects of diversity in people with AD.
- Spirituality and faith can serve as a resource for adjusting to a diagnosis of AD through models for understanding human suffering, comfort and support, hope for a cure and a good death, and courage to continue living life to the fullest.
- There is a need for spiritually integrated assessment in clinical and pastoral settings that serve people with mild AD.
- Integrating spirituality into clinical interventions for people with mild AD may be effective in decreasing some of the emotional and behavioral symptoms of AD, especially when people with AD are experiencing spiritual struggles.
- Once spiritual resources are identified, clinicians can work to reduce barriers to accessing these resources for people with mild AD (i.e., transportation to continue to participate in spiritual or faith-based practices).
- Sensitivity must be taken when discussing issues of spirituality and faith with people who have AD with clinicians emphasizing the world-view of the patient rather than their own world view.
- There is a rich opportunity for research on the spiritual dimensions of living with AD including the role of spirituality across the course of AD (from diagnosis to death), in different types of dementia, and across diverse social, ethnic, and religious cultures.

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