

Relationship between Cognition, Psychological Well-Being and Life Satisfaction Among Patients with Dementia

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Background: Dementia is a progressive neurodegenerative condition characterized by altering cognitive processes, behavior, and emotional state. It limits the ability to develop daily life activities. **Aim:** This study aimed to assess the relationship between cognition, psychological well-being and life satisfaction among patients with dementia. **Research design:** A descriptive correlational research design was utilized to achieve the aim of the study. **Setting:** The study was conducted at geropsychiatric outpatient clinics at Psychiatric and Mental Health Hospital and Addiction Treatment at Benha city, Qalubia governorate which is affiliated to General Secretariat of mental health. **Subject:** Purposive sample (60) patients with dementia were utilized in this study. **Tools:** Four tools were used for data collection: **Tool (1):** A- structured interviewing questionnaire sheet included socio- demographic data of studied patients and clinical data of studied patients : **Tool (2):-** Mini-Mental state examination scale **Tool (3):-** Psychological well-being scale. **Tool (4):-** The satisfaction with life scale **Results:** The result of the present study revealed more than half of the studied patients had mild cognitive impairment. Also the minority of the studied patients had high level of psychological well-being. Also, the minority of the studied patients had high level of life satisfaction. **Conclusion:** There is a highly statistically significant correlation between total cognitive state, total psychological well-being and total satisfaction with life among patients with dementia **Recommendations:** Developing psycho educational and cognitive interventions programs in all hospitals to improve their cognition, psychological well-being and life satisfaction.

Key words: Cognition, Dementia, , Life Satisfaction, Psychological Well-Being

Introduction:

Dementia is a neurodegenerative disorder which usually progressive in nature and presented by cognitive and functional impairment. It is characterized by generalized psychological dysfunction of higher cortical functions, without impairment of consciousness. Dementia is caused by damage to or loss of nerve cells and their connections in the brain and depending on the area of the brain that's damaged. Moreover, the term dementia is also used to describe a group of symptoms affecting memory, thinking and social

abilities severely enough to interfere with daily life. As the disease progresses, patients with dementia often experience behavioral and psychological symptoms, also known as responsive behaviors, such as depression, agitation, aggression, anxiety, wandering, and delusions (Saragih et al., 2022).

There is no cure for dementia, but available therapeutic options include medication, psychosocial, and lifestyle interventions in order to relieve both cognitive and behavioral symptoms. Intervention methods include cognitive,

behavioral, affective, and psychosocial interventions. Cognitive practices include cognitive training, cognitive stimulation, daily activities, and reality orientation therapy; behavioral practices include multifactorial behavioral interventions; affective practices include massage, therapeutic touch, and music; and psychosocial practices include reminiscence. Reminiscence interventions are a commonly implemented alternative option used in long-term care facilities, especially for patients who have cognitive impairments (Thomas & Sezgin, 2021).

Cognitive function is a collective term for human information-processing abilities, including perception, memory, learning, reasoning, problem-solving, and verbal expression. It is common for cognitive function to decline as the average lifespan increases in older adults and is associated with decreased performance in instrumental activities of daily living. Cognitive functions, such as information processing speed, attention, episodic memory, spatial ability, and executive functions, show a continuous, regular decline with age. It could result in emotional vulnerability, affect daily activities, and lead to stagnation of personal communication. On the other hand, declining cognitive ability would affect their life satisfaction and psychological wellbeing (Shi et al., 2022).

Psychological well-being includes functioning within oneself and in relationships with others. Patients with dementia, who struggle with self-identity, lose friendships, experience higher rates of depression and anxiety and behaviors that may indicate psychological distress are common. Positive functioning encompasses six dimensions of

psychological well-being: self-acceptance, positive relations with others, personal growth, purpose in life, environmental mastery, and autonomy. Each dimension of psychological wellbeing contributes to mental health. Improving the mental health of patients with dementia can improve their overall quality of life and life satisfaction (Zhang et al., 2022).

Life satisfaction is a feeling of being satisfied with one's present life and even earlier life up to the present. The level of satisfaction may be related not only to health but also to the living standards of an individual. Several characteristics, such as social, economic status, marital status, education level, social support, cognitive and mental health, affect life satisfaction. Thus, improving life satisfaction of patients with dementia requires attention not only to their health but to the social and economic conditions in their environment. People should have ego integrity to be satisfied with their lives. So, in the late adult stage, satisfaction leads to integrity, while dissatisfaction creates a sense of despair. The most common method to possess ego integrity is the reminiscence intervention (Gotanda et al., 2023).

The relationships between cognition, psychological well-being, and life satisfaction in dementia patients are interdependent. While cognitive decline can impact psychological well-being and life satisfaction, which includes emotional regulation, social support, and a sense of purpose can buffer some of the negative effects of cognitive impairments. Maintaining psychological well-being and life satisfaction through positive relationships, meaningful activities, and emotional support can help sustain psychological well-being

and life satisfaction in dementia patients, even in the face of cognitive decline. Therefore, care strategies should focus on fostering psychological well-being, alongside efforts to maintain cognitive function, in order to improve life satisfaction for individuals with dementia (**Dewitte et al., 2022**).

Psychiatric and mental health nurses play a pivotal, multifaceted role in bio psychosocial assessment and meeting holistic health care needs of patients with dementia. Nurse should be vigilant in assessing how patients with dementia respond to life events, transitions and challenges to their physical and mental wellbeing in order to initiate appropriate intervention in timely manner. In addition, the nurse should help the patients with dementia about elements of health promotion such as proper nutrition, maintaining mental and physical activities, stress management, proper sleep and addressing risk factors psychological problems, develop individualized care plans, provide clinically training (**Zhu et al., 2022**).

Significance of the study:

Globally, dementia is the fifth most common cause of death. Currently, dementia is estimated to affect over 50 million people across the world, a number that is projected to double every 10 years, reaching 82 million in 2030 and 152 million in 2050. The prevalence of dementia rapidly increases from about 2-3% among those aged 70–75 years to 20–25% among those aged 85 years or more. Women have slightly greater probability to develop dementia than men, mainly due to an age-adjusted increased risk of Alzheimer's disease (**Alzheimer's Disease International, 2021**).

In Egypt, community based surveys on dementia reported prevalence rates that ranged from 1.4% to 21.95%. Dementia rates

in Egypt increases markedly with the older ages. The mean age-adjusted prevalence estimate in Egypt is 4.5 %. Among dementias, Alzheimer's disease (AD) is by far the most common type, accounting for 50% - 60% of cases with vascular, frontotemporal, and Lewy body dementias accounting for another 35% - 40 % (**Salem et al., 2020**).

Dementia impact negatively on cognition in addition to psychological wellbeing and life satisfaction. If dementia severity increases, the cognition, psychological wellbeing and life satisfaction, among patients with dementia will be decreased. Thus, there is a critical need for the researcher to conduct this study to assess the relationship between cognition, psychological well-being and life satisfaction among patients with dementia.

Aim of the study:

The aim of this study was to assess the relationship between cognition, psychological well-being and life satisfaction among patients with dementia.

.Research questions:

- What are the levels of cognition impairment, psychological well-being and life satisfaction among patients with dementia?
- What is the relationship between cognition, psychological well-being and life satisfaction among patients with dementia?

Research design: -

A descriptive correlational research was utilized to achieve the aim of the study.

Research setting: -

This study was conducted at Geropsychiatric outpatient clinics at Psychiatric and Mental Health Hospital and Addiction Treatment at Benha city, Qalubia governorate which is affiliated to General Secretariat of mental health. Geropsychiatric outpatient clinic works on Saturday and Tuesday every week from 9 AM to 2 PM. It provides services for patients suffering from

various types of cognitive disorders as Alzheimer disease, dementia and delirium.

Research subject:-

- Purposive sample (60) patients selected from the above mentioned setting according to the following inclusion and exclusion criteria.

Inclusion criteria

- Regularly attended in the outpatient department.
- Be able to communicate in an appropriate and reasonable manner
- Mild or moderate degree of dementia.
- Aged 55 or above years.
- Willing to participate in the study.

Exclusion criteria:

- Patient with a history of psychiatric disorders.
- Hearing or vision impairment.

Tools of data collection:-

In order to fulfill the aim of the study, the data was collected by using the following tools.

Tool (1): - A Structured Interviewing Questionnaire Sheet:

The questionnaire was developed by the researchers based on scientific review of literature and consists of two parts:

Part (1): Socio-demographic data of the studied patients Such as age, sex, marital status, educational level, occupation, number of children, residence, and family income ..

Part (2): Clinical data of the studied patients Such as the age of onset of disease, degree of illness, duration of disease, medical history, numbers of admitted hospital, health and dietary habits, and activity of daily living.

Tool (2): Mini-Mental State Examination (MMSE) Scale:

The scale was originally developed by *Folstein et al., (1975)* and adapted by the researchers and used to assess the cognitive state of patients with dementia. It consists of 30 items divided into 7 subscales which includes orientation (time & place), registration, attention and calculation, recall, language, copying. *Scoring system of mini-mental state examination scale was categorized as follows:*

- Score from (0 – 10) severe cognitive impairment.
- Score from (10-20) moderate cognitive impairment.
- Score from (21-24) mild cognitive impairment.
- Score from (25-30) no cognitive impairment.

Tool (3): Psychological Well-being Scale:

This scale was developed by *Abbott et al., (2006)*. It was translated into Arabic and validated by *Al- Jammal, (2013)* to assess Psychological wellbeing. The scale contained 42 items divided into 6 subscales (Autonomy subscale which contains 7 items, Environmental Mastery which contains 7 items, Personal Growth which contains 7 items, Purpose in life which contains 7 items, Positive Relations with others which contains 7 items and Self- Acceptance which contains 7 items). The scale using a 3-point scale that ranges from 3 “agree”, 2 “Neutral”, and 1 “disagree”.

Scoring system psychological well-being scale was categorized as follows:

- High psychological well-being if score $\geq 75\%$ (95-126 grades)
- Moderate psychological well-being if score $50 < \text{score} < 75\%$ (64-94 grades).
- Low psychological well-being if score $< 50\%$ (42-63 grades).

Tool (IV): The Satisfaction with Life Scale:

The scale was developed by *El-Desouki, (1998)*. It designed to measure one's life satisfaction, the extent of the individual enthusiasm for life and the true desire to live it. It contains 29 items divided into 6 subscales (Happiness consists of (7 items), Sociality consists of (4 items), Reassurance consist of (6 items), Psychological stability consists of (3 items), Social recognition consists of (6 items) and Conviction consist of (3 items). The scale using a 3-point scale that ranges from 3 “agree”, 2 “Neutral”, and 1 “disagree”.

Scoring system the satisfaction with life scale was categorized as follows;

- High satisfaction with life if score $\geq 75\%$ (66-87 grades).
- Moderate satisfaction with life if score from 50-<75% (44-65 grades).
- Low satisfaction with life if score <50%. (29-43 grades).

Content validity of the tools:

- Arabic translation was done by researcher for mini-mental state examination and and tested for their translation. .
- Content validity of tools was done by jury of 5 experts in Psychiatric & Mental Health Nursing, who were review, the tools for content accuracy and internal validity. They were judge the items for completeness and clarity, they check the relevance, coverage of the content and to ascertain the appropriateness of items for measuring what supposed to measure .all used tools were proved to be valid.

Reliability of the tools:

Reliability of tools: The internal consistency of the tools was checked by Alpha Cronbach reliability analysis.

Tools	Alpha Cronbach	Indicator
Mental State Examination scale	0.763	Strong reliability
Psychological Well-Being Scale	0.932	strong reliability
Satisfaction with life scale	0.970	strong reliability

Ethical considerations:

- An approval from ethical committee from faculty of nursing, Benha University was obtained to conduct the study. The researcher assured voluntary participation for every selected patient involved on the sample and the purpose of the study was

explained. A written consent was obtained from all studied patient after informing about the purpose of the study and they were informed about their right to withdraw from the study at any time without giving any reason. Data confidentiality and patient's privacy were secured throughout of the study.

A pilot study:

- Before starting data collection, a pilot study was conducted to assess the clarity and applicability of the study tools and identify the time needed to fill each tool. It was carried out on 10% of the study subjects, (6 patients with dementia). No modification was done accordingly who were included later from the main study sample to assure stability of the results.
- . After collecting pilot study, it was found that each patients with dementia took 20-30 minutes to fulfill tools of the study.
- **Fieldwork(datacollectionprocedure)**
- Data collection of this study was carried out at in the waiting area of outpatients at psychiatric and mental health hospital at Benha city, Qalyubia Governorate. A comfortable place was chosen for interviewing the studied patient. Each subject was interviewed individually in privacy using all study tools, (Socio-demographic and clinical data, mini-mental state examination scale, psychological well-being scale, and the satisfaction with life scale).
- Researcher began data collection by introducing herself to the studied subjects.
 - The study was done 2 days/week (Saturday & Thursday) at 9 A.M. to 1P.M. through while 5 patients were interviewed per day. Each interview lasted for 30-45 minutes depending on the response of interview. .
- . Data were collected throughout the period from beginning of July 2024 till Augusts, 2024.

Statistical analysis:

The collected data organized, tabulated and statistically analyzed using Statistical Package for Social Science (SPSS) version 25 for windows, running on IBM compatible computer. Descriptive statistics were applied (e.g. frequency, percentages, mean and standard deviation). Test of significance, qualitative variables were compared using Chi square test, quantitative variables were compared using paired t test. Correlation coefficient test (r) was used to test the correlation between studied variables. Reliability of the study tools was done using Cronbach's Alpha.

Significance levels were considered as follows:

- Highly statistically significant $P < 0.001^{**}$
- Statistically significant $P < 0.05^{*}$
- Not significant $P \geq 0.05$

Results:

Table (1): Shows that, (90.0%) of the studied patients their age are 65 years and more, with the Mean \pm SD of age is 68.67 ± 5.22 years. Regarding sex and marital status, (55.0% and 53.3%) of them are male and widowed, respectively. Also, (71.7%) of them have 1 - 4 children. Moreover, (55.0%) of them have secondary education. As well as, (81.7%) of them don't work. Furthermore, (80.0%) of them are living at rural areas. As regard to family income, (88.4%) of the studied patients, their income don't enough.

Table (2): Demonstrates that, (56.7%) of the studied patients are aged 65 years and more at onset of disease. Also, (71.7%) of them have a

disease from less than 5 years. In addition, (26.7%) of the studied patients have history of previous hospital admission, as (68.8%) of them admitted to hospital once. Furthermore, (53.3%) of them have mild dementia. Also, (60.0% and 61.7%) of them don't practice daily activity normally and require continuous help from others, respectively. Moreover, (83.3%) of the studied patients have history of physical diseases other than dementia disease, as (50.0%) of them have hypertension. Furthermore, (25.0%) of the studied patients have family history of dementia disease, as (60.0%) of them the degree of their relation is first degree relative.

Figure (1): Shows that, (53.3%) of the studied patients have mild impairment and (46.7%) of the studied patients have moderate impairment.

Figure (2): Shows that, the (13.3%) of the studied patients have high level of psychological well-being and the (53.4%) of the studied patients have low level of psychological well-being.

Figure (3): Shows that, (10.0%) of the studied patients have high level of satisfaction with life and (66.6%) of the studied patients have high level of satisfaction with life.

Table (3) Shows that, there is highly significant statistical positive correlation between total cognitive state score, total psychological well-being score and total satisfaction with life score among patients with dementia at pre and post implementation of group reminiscence intervention at $p < 0.001$. number of children, occupation and family income at ($P = > 0.05$).

Table (1): Frequency distribution of the studied patients according to their socio-demographic data (**n=60**).

Socio-demographic data of the studied patients	Studied patients (n=60)	
	No	%
Age (years)		
55-<65	6	10.0
≥65	54	90.0
Mean ± SD	68.67±5.22	
Sex		
Male	33	55.0
Female	27	45.0
Marital status		
Married	25	41.7
Divorced	3	5.0
Widowed	32	53.3
Number of children		
1 to4	43	71.7
More than 4	17	28.3
Education level		
Read and write	8	6.7
Basic education	11	18.4
Secondary education " diploma	33	55.0
High education	8	13.3
Postgraduate studies	0	0.0
Occupation		
Don't work	49	81.7
Work	11	18.3
Residence		
Rural	48	80.0
Urban	12	20.0
Family income		
Not enough	53	88.4
Enough	5	8.3
Enough and more	2	3.3

Table (2): Frequency distribution of the studied patients according to their clinical data (n=60).

Clinical data of the studied patients	Studied patients (n=60)	
	No.	%
The age of onset of disease (years)		
<55	5	8.3
55-<65	21	35.0
≥65	34	56.7
Mean ± SD	65.91±3.66	
Duration of disease (years)		
Less than 5 years	43	71.7
From 5 to less than 10 years	10	23.3
From 10 years and more	3	5.0
Mean ± SD	4.65±1.57	
Previous hospital admission		
Yes	16	26.7
No	44	73.3
Number of admission (n=16)		
Once	11	68.8
Twice	3	18.7
Three times and more	2	12.5
Degree of illness (severity of illness)		
Mild	32	53.3
Moderate	28	46.7
Practice daily activity normally		
Yes	24	40.0
No	36	60.0
Require continuous help from others		
Yes	37	61.7
No	23	38.3
History of physical diseases other than dementia disease		
Yes	50	83.3
No	10	16.7
*Type of disease (n=50)		
Kidney disease	2	4.0
Heart disease	4	8.0
Liver disease	1	2.0
Diabetes Mellitus	22	44.0
Hypertension	25	50.0
Family history of dementia disease		
Yes	15	25.0
No	45	75.0
Degree of relation(n=15)		
First degree relative	9	60.0
Second degree relative	6	40.0

(*) Responses not mutually exclusive.

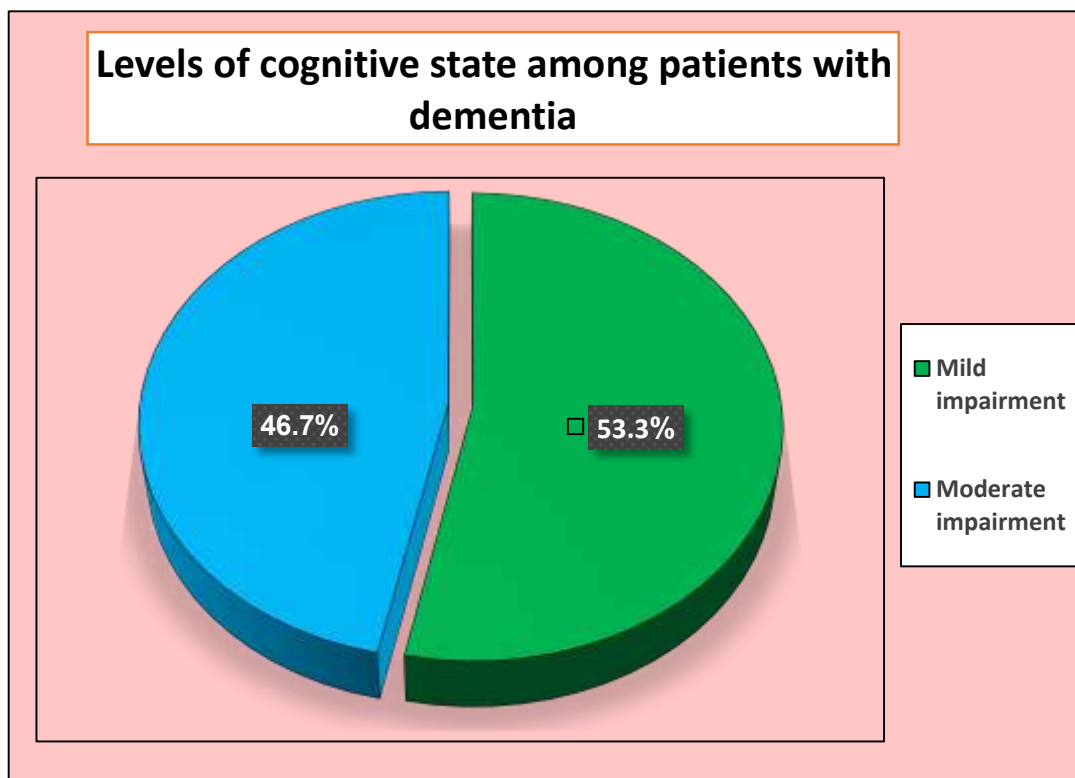


Figure (1): Percentage distribution of total levels of cognitive state among patients with dementia (n=60).

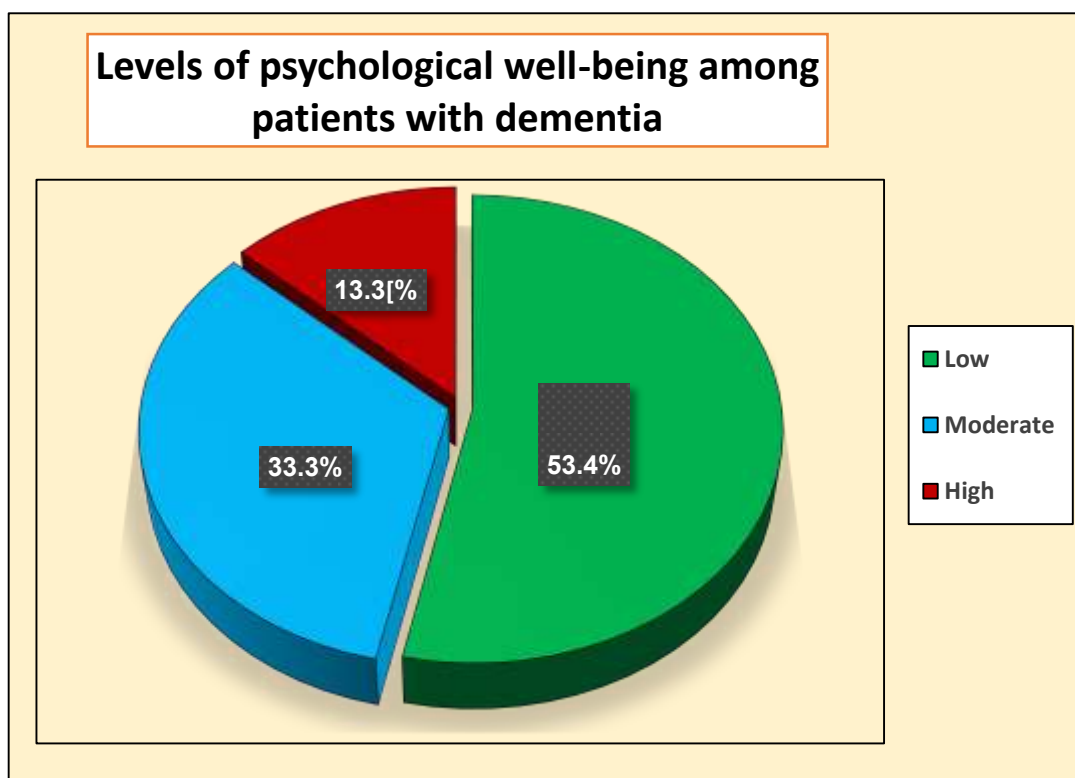


Figure (2): Percentage distribution of total levels of psychological well-being among patients with dementia (n=60).

Levels of satisfaction with life among patients with dementia

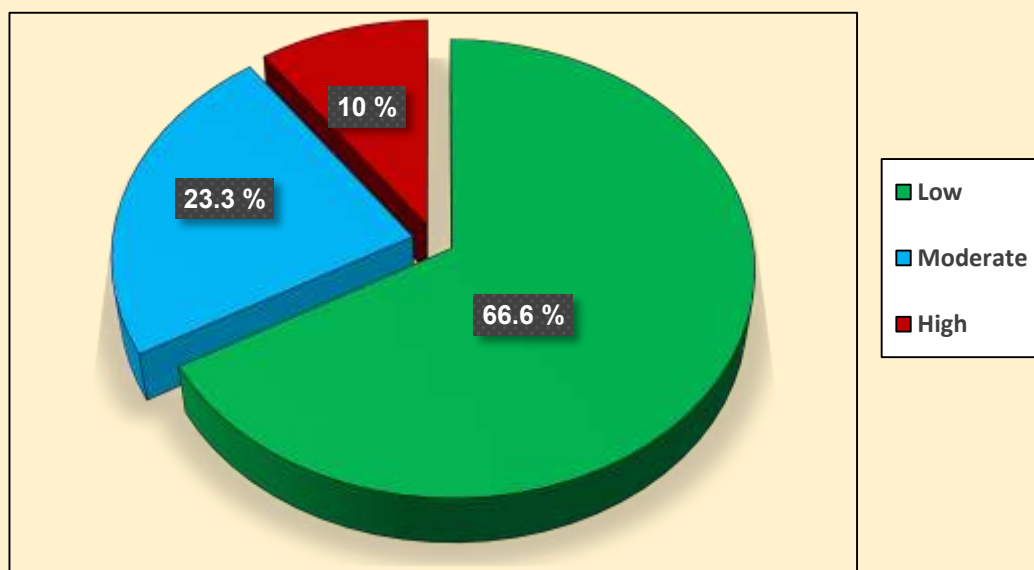


Figure (3): Percentage distribution of total levels of satisfaction with life among patients with dementia (n=60).

Table (3): Correlations between total level of cognitive state score, total level of psychological well-being score and total level of satisfaction with life score among patients with dementia at pre and post implementation of group reminiscence intervention (n=60).

Variables		Total cognitive state score	Total psychological well-being score
Total cognitive state score	r p		0.740 0.000**
Total satisfaction with life score	r p	0.655 0.000**	0.907 0.000**

r= Pearson correlation coefficient test. P= p-value **highly significant at $p < 0.001$.

Discussion:

Dementia, a progressive neurological condition, affects millions of individuals worldwide, profoundly impacts their cognitive abilities, behavior, and emotional well-being. As dementia progresses, individuals often experience not only memory loss but also diminished emotional

stability, increased anxiety, depression, and social isolation. Reminiscence intervention is one of the most common psychosocial interventions which using the recall of past memories and the sharing of life experiences to promote cognitive functions, social participation, positive feelings, self-identity, and QOL. In addition, RT is a low

cost and effective intervention that can be used easily (**Rangkuti,et al.,2024**)

Regarding To socio-demographic characteristics of the studied patients, the result of the present study revealed that, mean age of them was **68.67±5.22**. From the researcher point of view; after age 60, many factors—biological, vascular, and genetic—begin to interact, increasing the likelihood of developing dementia. However, this is not a normal part of aging; rather, it is a consequence of brain diseases whose risk can be reduced with prevention and care. Over time, neurons in the brain begin to die or lose their effectiveness. This deterioration is somewhat normal, but in cases of dementia, it is greater and more rapid than normal

Regarding to their sex and marital status, more than half of them were male and widowed, respectively. From the researchers point of view males are more susceptible to some types of dementia, such as: vascular dementia due to heart and blood vessel problems than women.

On the other hand people who lose a spouse experience increased stress and depression, decreased emotional and social support, negative lifestyle changes such as nutrition, physical activity, and sleep. All of these factors are associated with deteriorating brain function and an increased risk of dementia as well as widowhood is also associated with a phenomenon known as "transient cognitive decline after bereavement," which can progress to permanent dementia.

Regarding to level of education, the result of the present study showed that, more than half of them had secondary education. From the researchers point of view; People with less education often have less knowledge of health risk factors, limited access to medical care, higher rates of chronic diseases such as high blood pressure and diabetes, unhealthy habits such as

smoking or lack of physical activity).All of these increase the risk of developing dementia.

Regarding to occupation the result of the present study found that, the majority of them didn't work. From the researcher point of view; due to a combination of age-related retirement, early cognitive decline. Dementia is most common in people over the age of 65, and by that age, most individuals are retired in addition to people with early cognitive decline or mild dementia often struggle with memory,decision-making,attention,task management. These difficulties can interfere with job performance, forcing early retirement or unemployment.

Regarding to their residence the result of the present study found that, the majority of them live at rural areas. . From the researchers point of view, rural areas do not have adequate health services, they go to urban to receive the necessary treatment.

. Regarding to their family income, the result of the present study found that, the majority of the studied patients, their income weren't enough. From the researcher point of view, dementia increases financial hardship due to care costs, unemployment, and reduced productivity.

Concerning to the age of onset of disease, the results of this study revealed that, more than half of the studied patients are aged ≥ 65 years at onset of disease. From the researcher point of view, the risk of developing dementia, particularly Alzheimer's disease, increases significantly with age due to the cumulative effects of aging on the brain .In addition to chronic conditions such as hypertension, diabetes, stroke, and heart disease, which are more prevalent with age, also increase dementia risk over time.

Regarding to duration of disease, the result of this study found about less than three quarters of them had a disease from < 5years. From the researcher point of view, in recent years, there was more Attention to Early-Stage focus on early diagnosis and intervention which leads to increased detection of newer cases. Regarding to previous hospital admission, the result of this study found about more than one quarter of the studied patients had history of previous hospital admission. From the researcher point of view, dementia patients often had other chronic illnesses like diabetes, hypertension, and stroke were more prone to acute complications e.g., falls, infections, delirium. Which increase the likelihood of hospital admissions, especially around the time of or shortly after diagnosis.

Regarding to duration of disease, the result of this study found about more than two third of them admitted to hospital once. From the researcher point of view, some dementia patients were cared at home or in long-term care facilities, where milder conditions may be managed without hospitalization in addition to some health systems have protocols to minimize hospital admissions for dementia patients to reduce the risks of hospital-associated complications.

Concerning to degree of illness the result of this study revealed that, more than half of them have mild dementia. From the researcher point of view; the study was conducted in outpatient departments it would naturally include more patients with mild or moderate dementia while Patients with severe dementia may be in nursing homes, long-term care, or bedridden at home and thus underrepresented in the study. Dementia is progressive, so most of those within the first few years are likely to still be in the mild stage.

Regarding to practice daily activity normally and require continuous help from others the result of this study revealed that, less than two thirds of them don't practice daily activity normally and require continuous help from others, respectively. From the researcher point of view; As dementia progresses, cognitive impairments affect memory, judgment, attention, and motor coordination, which are essential for activities of daily living (ADLs) such as bathing, dressing, cooking, or managing medications experience at home.

. Regarding to history from physical diseases other than dementia disease, the result of this study reported that, the majority of the studied patients have history from physical diseases other than dementia disease, as half of them have hypertension.. From the researcher point of view; Since dementia primarily affects people aged 65 years and more , it is very likely that they also had age-related physical illnesses especially hypertension which reflects the shared aging process, vascular risk factors, and biological links between cardiovascular health and brain function.

Regarding to family history from dementia disease, the result of this study reported that, one quarter of the studied patients had family history from dementia disease, as less than two thirds of them is first degree relative. From the researcher point of view; this may be due to a possible genetic predisposition or hereditary factor contributing to the development of dementia. The presence of dementia in first-degree relatives (such as parents or siblings) is particularly significant, as it may indicate an increased risk for family members.

Concerning to total cognitive state among studied patients, the result of this study revealed more than half of the studied patients had mild cognitive impairment. From the researcher point of view; may be

indicate that despite the presence of dementia, a significant proportion of patients were still in the early stages of cognitive decline and according to inclusion criteria which the study include only Mild or moderate degree of dementia.

This result was consistent with a study done by *Willroth et al., (2023)* and stated more than half of the studied patients had mild impairment. In addition to a study conducted by *Guo et al., (2025)* and illustrated majority of the studied patients had mild impairment .

Regarding to total psychological well-being level among studied patients, the result of this study clarified that the minority of the studied patients had high level of psychological well-being. From the researcher point of view may be attributed to the emotional and psychological burden associated with dementia, such as loss of independence, cognitive decline, and reduced social interaction. These factors can negatively affect patients' sense of purpose, self-worth, and overall psychological well-being.

This present result was parallel with the study conduct by *Dewitte et al. (2022)*, who reported that patients with dementia often experience diminished psychological well-being, largely due to the emotional and cognitive challenges associated with the disease, such as loss of independence, memory deficits, and depression. These factors contribute significantly to lower levels of psychological well.

Regarding to total satisfaction with life among studied patients, the result of this study displayed that the minority of the studied patients had high level of satisfaction with life. From the researcher point of view, may be linked to the progressive nature of dementia, which often leads to decreased independence, social

withdrawal, emotional distress, and a diminished sense of purpose.

This result was similar to the studies done by *Song& Kim, (2025)* which reflected minority of the studied patients had high level of satisfaction with life. In addition, this current study finding was in the same line with the study done by *Gotanda et al., (2023)* and stated individuals with cognitive decline or dementia often experience lower levels of life satisfaction, largely due to the loss of autonomy, social isolation, and emotional challenges associated with the disease.

Regard to correlation between total cognitive state, total psychological well-being and total satisfaction with life among patients with dementia, these results illustrated that, there is a highly statistically significant correlation between total cognitive state, total psychological well-being and total satisfaction with life among patients with dementia. From the researcher point of view, these variables are closely interconnected. . It indicates that cognitive health may influence how patients perceive their psychological well-being and satisfaction with life.

The result of this present study was in the same line with *Wu et al., (2023)* in a study revealed that the highly statistically significant positive correlations between cognition, psychological well-being, and life satisfaction. As cognitive engagement is stimulated through memory sharing, participants tend to experience linked improvements in their emotional state and overall life satisfaction.

Furthermore, The result of this present study was in the same line with *El-Azzab,et al., (2023)* conduct a study revealed that, there was a highly statistically positive correlation between cognitive and psychological well-being in the elderly with

dementia. In addition to *Elmawla et al., (2024)* in a study reported that there was a statistically significant correlation between psychological well-being and life satisfaction. In addition to *Lök et al., (2019)* conduct a study revealed that, there was a highly statistically positive correlation was detected between total cognitive state, and total satisfaction with life among patients with dementia .Finally, it can be said there is a great relationship between cognitive state, total psychological well-being and total satisfaction with life among patients with dementia

Conclusion:

Based on the results of the present study and research hypothesis:, the following can be concluded :

There is a statistical relationship between cognitive state, total psychological well-being and total satisfaction with life among patients with dementia as more than half of the studied patients had mild impairment. Also the minority of the studied patients had high level of psychological well-being. Also, the minority of the studied patients had high level of satisfaction. Also, there is highly significant statistical positive correlation between total cognitive state, total psychological well-being and total satisfaction with life among patients with dementia.

Recommendations:

Based on the findings and conclusion of this present study, the following recommendations are suggested:

- 1- Conducting of educational programs about dementia and its management toward Patients with Dementia and their care givers in all Geropsychiatric outpatient clinics for better understanding of the disease.
- 2- Implementing cognitive interventions programs in all hospitals to improve cognitive state, psychological well-being

and satisfaction with life among patients with dementia

- 3- Application of the study using a larger sample in different correlational settings to generalize the results.

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