

Clinical Trial Protocol

Iranian Registry of Clinical Trials

21 Jun 2026

Effect of Group Reminiscence on the Cognitive Status of Elderly

Protocol summary

Summary

This study was a randomized non-blinded controlled clinical trial. We enrolled 100 elderly people who were under the support of Ilam Welfare Organization, western Iran in 2013. Balanced block randomization method was used to randomize the participants into case and control groups. Inclusion criteria :Age over 60 years; No risk of dementia; ability to communicate visually and verbally and participate in the reminiscence classes. exclusion criteria: Cognitive state assessment scores less than 10. In the case group participated in a group reminiscence program consisted of two one-hour sessions per week for 8 consecutive weeks. Data were collected using Mini Mental State Examination. The questionnaire was completed four times by the participants; before, immediately after, two and three months after the intervention.

General information

Acronym

IRCT registration information

IRCT registration number: **IRCT201405147531N7**

Registration date: **2014-06-19, 1393/03/29**

Registration timing: **retrospective**

Last update:

Update count: **0**

Registration date

2014-06-19, 1393/03/29

Registrant information

Name

Iran Jahanbin

Name of organization / entity

University of Medical Sciences Shiraz

Country

Iran (Islamic Republic of)

Phone

+98 917 313 7399

Email address

jahanbii@sums.ac.ir

Recruitment status

Recruitment complete

Funding source

Shiraz University of Medical Sciences

Expected recruitment start date

2013-10-10, 1392/07/18

Expected recruitment end date

2014-06-06, 1393/03/16

Actual recruitment start date

empty

Actual recruitment end date

empty

Trial completion date

empty

Scientific title

Effect of Group Reminiscence on the Cognitive Status of Elderly

Public title

The Effect of Group Reminiscence on the Cognitive Status of Elderly People Supported by Ilam Welfare Organization in 2013

Purpose

Other

Inclusion/Exclusion criteria

Inclusion criteria :Age over 60 years ;No risk of dementia; ability to communicate visually and verbally and participate in the reminiscence classes. exclusion criteria: Cognitive state assessment scores less than 10.

Age

From **60 years** old to **85 years** old

Gender

Both

Phase

N/A

Groups that have been masked

No information

Sample size

Target sample size: **100**

Randomization (investigator's opinion)

Randomized

Randomization description

Blinding (investigator's opinion)

Not blinded

Blinding description

Placebo

Not used

Assignment

Parallel

Other design features

Secondary Ids

empty

Ethics committees

1

Ethics committee

Name of ethics committee

Ethics Committee of Shiraz University of Medical Sciences

Street address

Shiraz University of Medical Sciences, Zand Street

City

Shiraz

Postal code

Approval date

2013-04-28, 1392/02/08

Ethics committee reference number

92-6922

Health conditions studied

1

Description of health condition studied

Cognitive

ICD-10 code

F06.7

ICD-10 code description

Mild cognitive disorder

Primary outcomes

1

Description

Cognitive

Timepoint

The questionnaire was completed four times by the participants; before, immediately after, two and three months after the intervention.

Method of measurement

Standard questionnaire Mini Mental State Examination

Secondary outcomes

empty

Intervention groups

1

Description

Elderly people in the case group participated in a group reminiscence program consisted of two one-hour sessions per week for 8 consecutive weeks. Data were collected using Mini Mental State Examination . The questionnaire was completed four times by the participants; before, immediately after, two and three months after the intervention.

Category

Other

2

Description

The elderly participants of the control group received no intervention.

Category

Other

Recruitment centers

1

Recruitment center

Name of recruitment center

Ilam Welfare Organization

Full name of responsible person

Fatemh Mohammadnejad

Street address

Beheshti Street , Darreh Shahr ,Ilam Welfare Organization

City

Darreh Shahr

Sponsors / Funding sources

1

Sponsor

Name of organization / entity

Shiraz University of Medical Sciences

Full name of responsible person

Dr.Gholamreza Hatam

Street address

Vice chancellor for research Shiraz University of Medical Sciences, The Seventh floor, Central Building of Shiraz University of Medical Sciences, Zand Street

City

Shiraz

Grant name

Grant code / Reference number

Is the source of funding the same sponsor organization/entity?

Yes

Title of funding source

Shiraz University of Medical Sciences

Proportion provided by this source

100

Public or private sector

empty

Domestic or foreign origin

empty

Category of foreign source of funding

empty

Country of origin**Type of organization providing the funding**

empty

Person responsible for general inquiries**Contact****Name of organization / entity**

College of Nursing and Midwifery, Shiraz

Full name of responsible person

Sara Mohammadnejad

Position

Master of Nursing

Other areas of specialty/work**Street address**

College of Nursing and Midwifery, Namazi

City

Shiraz

Postal code**Phone**

+98 918 948 1635

Fax**Email**

mohamadnezhad@sums.ac.ir

saranursing68@yahoo.com

Web page address**Person responsible for scientific inquiries****Contact****Name of organization / entity**

College of Nursing and Midwifery, Shiraz

Full name of responsible person

IranJahanbin

Position

Master of Nursing

Other areas of specialty/work**Street address**

School of Nursing and Midwifery

City

College of Nursing and Midwifery, Namazi

Postal code**Phone**

+98 71 14254

Fax**Email**

jahanbii@sums.ac.ir

Web page address**Person responsible for updating data****Contact****Name of organization / entity**

College of Nursing and Midwifery, Shiraz

Full name of responsible person

Sara Mohammadnejad

Position

Student Master of Nursing

Other areas of specialty/work**Street address**

Imam Khomeini Street , Darreh Shahr ,Ilam

City

Darreh Shahr

Postal code**Phone****Fax****Email**

Saranursing68@yahoo.com

Web page address**Sharing plan****Deidentified Individual Participant Data Set (IPD)**

empty

Study Protocol

empty

Statistical Analysis Plan

empty

Informed Consent Form

empty

Clinical Study Report

empty

Analytic Code

empty

Data Dictionary

empty