COMMENTARY

Sonas Programme: A Compassionate and Sustainable Dementia Intervention

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INTRODUCTION

Dementia care presents a dual challenge, increasingly demanding approaches that extend beyond cognitive outcomes to address well-being, dignity, and meaningful human connection.[1] As the condition advances, higher cognitive functions often decline, while sensory and emotional processing pathways may remain relatively preserved.[2] Interventions that draw on these retained capacities are therefore gaining attention as essential complements to person-centred dementia care, particularly in the later stages of the illness when conventional cognitive strategies lose relevance.[1,3]

The Sonas Programme, a structured multisensory intervention originally developed in Ireland, exemplifies this shift in focus. Rather than seeking to remediate cognition, the programme centres on sensory stimulation, emotional presence, and relational engagement. This orientation makes it especially appropriate for individuals with mild to severe dementia, including those with limited verbal communication. It also enhances feasibility in resource-constrained settings, where access to specialised cognitive therapies and sustained pharmacological management may be limited.[4]

The need for such approaches is increasingly evident. Nearly 9 million people currently live with dementia in India,[5] and the global burden is projected to rise sharply in the coming decades, with estimates indicating a substantial increase by 2030 and more than a doubling by 2050.[6] Beyond its impact on mortality and morbidity, dementia progressively erodes social connection and emotional expression, often leaving individuals and caregivers with few effective non-pharmacological options. Multisensory programmes such as Sonas seek to address this gap by engaging preserved sensory and emotional pathways, enabling meaningful interaction even in the absence of higher cognitive or linguistic abilities.[7,8]

The evidence base supporting the Sonas Programme, while modest, consistently points toward statistically significant but context-specific improvements in communication, mood, and engagement. Randomised trials have reported improvements in communication measures ($p < 0.001$), alongside sustained reductions in depressive symptoms.[9] Additional studies have documented increased responsiveness and im-

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proved mood among home-care residents, together with measurable reductions in caregiver burden. Although these findings should be interpreted cautiously, given small sample sizes and heterogeneous methodologies, they collectively suggest that the programme is feasible, acceptable, and associated with meaningful benefits in real-world care settings.[10,11] Importantly, these outcomes align with domains that matter most in advanced dementia care quality of life, emotional well-being, and relational connection.

SALIENT FEATURES OF THE SONAS PROGRAMME

The Sonas Programme is a structured, facilitator-led multisensory intervention designed for individuals across mild to severe stages of dementia. Sessions follow predictable routines and incorporate auditory, tactile, olfactory, and visual stimuli, fostering familiarity, emotional safety, and sustained engagement. Its structured yet flexible design allows adaptation across diverse care environments, including residential facilities, day-care centres, and community-based services.[1]

Facilitator training is intentionally designed to be accessible and easily integrated into routine care practices. Facilitators are guided to create an interactive and supportive environment that encourages participation while remaining responsive to individual abilities, preferences, and moment-to-moment cues. Central to the programme is the principle of "not to teach, but to reach," emphasising presence, relational connection, and acceptance rather than task performance or cognitive achievement.[9]

The programme is typically delivered through twice-weekly sessions lasting approximately 45 minutes. Sessions integrate multisensory activities such as music and singing, hand massage and object exploration, aromatic stimulation, and visual cues. Predictable sequencing and repetition are core components, supporting orientation, comfort, and emotional continuity features that are particularly valuable for individuals with advanced dementia.[1,9]

KEY EVIDENCE AND PRACTICAL IMPLICATIONS

Evidence to date suggests that the Sonas Programme may be especially beneficial for domains such as mood, social engagement, non-verbal communication, and behavioural responsiveness among individuals with mild to severe dementia. These outcomes are particularly salient in advanced stages of the condition, where conventional cognitive stimulation approaches often yield diminishing returns.[11]

Compared with cognitively oriented interventions, Sonas appears well-suited to addressing neuropsychiatric features such as withdrawal, agitation, and reduced social interaction. While such outcomes are not always captured by standard cognitive metrics, they are highly meaningful for caregivers, care staff, and health systems. Reported benefits are context-dependent, highlighting the importance of facilitator training, session consistency, and supportive organisational cultures.[10,11]

From a practical standpoint, the programme's relatively low resource requirements and reliance on staff training rather than specialised equipment enhance its feasibility across routine clinical and residential care settings. Nevertheless, the current evidence does not justify broad claims of efficacy, underscoring the need for further research to clarify optimal delivery models, long-term sustainability, and comparative effectiveness.

CHALLENGES AND FUTURE DIRECTIONS

Implementation of the Sonas Programme is not without challenges. Sustained benefits depend on trained facilitators, consistent delivery, and institutional support. Workforce constraints, limited outcome measurement tools, and competing clinical priorities may affect scalability. [9,10] Future research should prioritise pragmatic trials, culturally adapted outcome measures, and cost-effectiveness analyses to inform responsible expansion across diverse care contexts.

POLICY IMPLICATIONS

Multisensory interventions such as the Sonas Programme are well aligned with contemporary dementia care priorities that emphasise non-pharmacological management, caregiver support, and person-centred care. Rather than an immediate large-scale rollout, pilot integration within selected primary care centres, district hospitals, long-term care facilities, and community-based elder care services may offer a realistic and evidence-informed pathway.

Delivery by trained nurses, occupational therapists, psychologists, and community health workers supports task-sharing approaches, particularly in low- and middle-income settings. In India, integration within existing initiatives such as the National Programme for Health Care of the Elderly could facilitate incremental scale-up while remaining aligned with broader health system priorities.

CONCLUSION

The Sonas Programme represents a compassionate and pragmatic response to the complex realities of advanced dementia care. By building on preserved sensory and emotional capacities, it offers a means of sustaining connection, engagement, and emotional expression even as cognitive and verbal abilities de-

cline. Its structured yet adaptable design and modest resource requirements support scalability across diverse care settings. While the current evidence base warrants cautious interpretation, the programme aligns closely with evolving priorities in dementia care and merits consideration as a complementary, non-pharmacological intervention within contemporary care frameworks.

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