Family Meetings in Memory Clinics

No registrations found.

Ethical review	Positive opinion
Status	Pending
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON22525

Source
NTR

Brief title
FaMe

Health condition

dementia caregivers, family meetings, psychosocial intervention

mantelzorgers, dementie, familiegesprekken, psycho-sociale interventie

Sponsors and support

Primary sponsor: VU University medical center Amsterdam/
EMGO-Institute
Source(s) of monetary or material Support: Health Research Development Council (ZonMw)

Intervention

Outcome measures

Primary outcome

1. Incidence of major depression and anxiety disorders (i.e. generalised anxiety and panic) as defined according to DSM-IV criteria.
2. Dimension/severity of anxiety and depression symptoms.

Secondary outcome

Caregiver
1. Caregiver Burden.
2. Quality of life

Additional psychological questionnaires are used to explore profiles of caregivers who are best helped by the intervention

Patients
1. Depressive symptoms in patients (NPI)
2. Quality of life

Other:
1. (in)direct costs caregiver and patient
2. time until institutionalization

Study description

Background summary

The growing group of family caregivers of dementia patients has a highly increased risk of developing depressive and anxiety disorders. An American landmark study reported substantial beneficial effects of family meetings on depression in family caregivers as well as on delay of institutionalisation of patients. These effects were not replicated in other countries yet. We perform the first trial comparing only structured family meetings with significant others versus usual care among primary family caregivers of community dwelling demented patients and measure the effectiveness on both depression and anxiety, both on disorder and symptom levels.
Four family meetings will be organized with the primary family caregiver of a community dwelling patient with a clinical diagnosis of dementia, family and close friends. Dyads of patients and their primary caregiver are followed up to two years after baseline assessment. The main outcome measure of the effect evaluation is the incidence of anxiety and depressive disorders assessed with the Mini-International Neuropsychiatric Interview (MINI) added with the time of onset in case of a disorder. The severity of anxiety and depressive symptoms is measured by validated self report instruments: the Centre for Epidemiologic Studies Depression Scale (CES-D) and Geriatric Depression Scale (GDS-5) for depression and the anxiety scales of the Hospital Anxiety and Depression scales (HADS) for anxiety. The economic evaluation is performed from a societal perspective.

Study objective

Affective disorders (i.e. depressive or anxiety disorders) of dementia caregivers are largely preventable.

Intervention

Intervention group:
Primary caregivers of a community dwelling dementia patient and their family and close friends will receive four family meetings during a year. A trained counsellor will run the meetings according to a manual. The aim is to offer psycho-education, increase problem-solving skills and mobilize the naturally existing social network of patient by sharing support tasks of network members.

Usual care group:
Patients and their caregiver will receive the usual care given by the participating memory clinic.

Contacts

Public
VU University medical center Amsterdam
EMGO-Institute
Dept. General Practice
Karlijn Joling
Amsterdam 1081 BT
The Netherlands
+31 (0)20-444 81 99 / (444 17 16 direct)
Scientific
VU University medical center Amsterdam
EMGO-Institute
Dept. General Practice
Karlijn Joling
Amsterdam 1081 BT
The Netherlands
+31 (0)20-444 81 99 / (444 17 16 direct)

Eligibility criteria

Inclusion criteria

1. Family caregiver who takes primary responsibility for the informal care of a community dwelling patient with a clinical diagnosis of dementia and who lives in the same region as the patient. We only include spouses, children (-in-law), brothers and sisters of the patient.
2. In each family, at least one other family member lives in the same region of the patient and caregiver.

3. Both caregiver and patient have sufficient language proficiency in Dutch for adequate participation in meetings, interviews and tests.
4. Written informed consent from both patient and caregiver is obtained. In case of mental incompetence of a patient the family caregiver will sign the consent for the patient.

Exclusion criteria

1. Severe somatic or psychiatric co-morbidity of either caregiver or patient, which will significantly impair cooperation to the program.
2. Either caregiver or patient participates in other intervention studies at inclusion or during the study.
3. Scheduled to move a patient to a nursing home.

Study design

Design

Study type:	Interventional
Intervention model:	Other
Masking:	Single blinded (masking used)
Control:	Active

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-09-2007
Enrollment:	172
Type:	Anticipated

Ethics review

Positive opinion

Date:	27-06-2007
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL978
NTR-old	NTR1007
Other	:
ISRCTN	ISRCTN90163486

Study results