

Evaluation of the transition from regular psychogeriatric day treatment in the nursing home to Low-threshold Psychogeriatric Day treatment-plus informal caregiver support in the community.

No registrations found.

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

Summary

ID

NL-OMON25397

Source

Nationaal Trial Register

Brief title

LPD-plus CS; LPD-plus MO

Health condition

Dementia; low-threshold day treatment; carer support; Quality of Life, Behaviour and mood problems, Needs, Feeling of competence informal carer, delay of nursing home admission, cooperation care and welfare.

Dementie; laagdrempelige psychogeriatrische dagbehandeling; mantelzorgondersteuning, kwaliteit van leven, gedrags- en stemmingsproblemen, behoeften, competentiegevoel mantelzorger, samenwerking welzijn en zorg.

Sponsors and support

Primary sponsor: VU medical centre, EMGO+ Institute of Health and Care Research,

Department of nursing home medicine.

Source(s) of monetary or material Support: ZonMw , The Netherlands Organization for Health Research and Development. Nationaal Programma Ouderenzorg (NPO)

Intervention

Outcome measures

Primary outcome

Micro level:

1. Relevant items of the MDS-NPO (Minimale DataSet Nationaal Programma Ouderenzorg);
2. Quality of life person with dementia (QOL-AD);
3. Behaviour and mood problems person with dementia (NPI-Q);
4. Needs of person with dementia (Camberwell Assessment of Need for the Elderly, CANE);
5. Burden of informal carer;
6. Sense of competence of informal carer (SSCQ);
7. Needs of carer (Camberwell Assessment of Need for the Elderly, CANE).

Meso level:

Cooperation between care and welfare organizations in the community.

Macro level:

Cost-effectiveness.

Secondary outcome

Micro level:

1. Use of LPD (duration of use, waiting lists in the region);
2. Time to Nursing home admission;

Study description

Background summary

BACKGROUND:

In the past fifteen years the Meeting Centres for people with dementia and their carers have proven to meet a substantial need. Recently the Amsterdam branch of Alzheimer Nederland concluded that the use of regular psychogeriatric (p.g.) day treatment is decreasing (underutilization), while the waiting lists for the Meeting centres become longer. The low-threshold locations, integrated offer for people with dementia and carers, the social integration, and case management offered by the centres have proved to contribute to many elderly people preferring the Meeting centre to day treatment in a nursing home. Studies have shown that the Meeting centres have a more positive effect on the behaviour and mood of people with dementia, on the informal carers' feeling of competence and delay of nursing home admission than regular day treatment.

STUDY AIM:

1. Insight into the surplus value of extramural low-threshold p.g. day treatment in the community with support for informal carers following the Meeting centres model (LPD-plus CS) as compared to regular day treatment in the nursing home;
2. If proven effective the study aims to stimulate national dissemination of low-threshold p.g. day treatment.

METHOD:

Four p.g. day treatment facilities in nursing homes in Amsterdam will be converted into LPD-plus CS. A pretest-posttest control group design will be applied to investigate whether users of LPD-plus CS as compared to users of regular day treatment and their carers tend to utilize the support offer earlier and experience a better quality of life, and whether people with dementia have fewer behavioural and mood problems, and their carers feel less burdened and continue the care for a longer period of time (delayed nursing home admission). The transformation is examined regarding facilitators and barriers and will result in a scenario for starting up an LPD-plus CS.

Study objective

There will be a surplus value of low-threshold day treatment plus caregiver support in the community (LPD-plus CS) compared to regular psychogeriatric day treatment in the nursing home on micro, meso, and macro level.

At micro level, it is expected that the users of the LPD-plus CS (post-transition), in comparison with the group of regular day treatment users and their informal carers (pre-transition), utilize the care sooner and for a longer period of time, and experience better quality of life, and less unmet needs; that the people with dementia will suffer fewer behaviour and mood problems; and their informal carers (if present) gradually experience less burden and feel better able to cope with the care (for a longer period of time) (delayed nursing home admission).

At meso level, we expect better cooperation between care and welfare organizations in the community.

At macro level, we expect that LPD-plus CS will be cost-effective compared to regular psychogeriatric day treatment.

Study design

Micro level:

Before and after the transformation both quantitative and qualitative research will be conducted according to a pretest-posttest control group design. New participants (persons with dementia and their informal carers) will be interviewed in the first month and after 6 months of participation in the regular p.g. day treatment (pre-transition), and new participants of LPD plus CS will also be interviewed in the first month and after 6 months of participation (post-transition). The goal is to establish the potential surplus value of LPD-plus CS at the micro level, and to investigate whether on average the users of the LPD-plus CS, in comparison with the group of regular day treatment users and their informal carers, utilize the care sooner and for a longer period of time, and experience better quality of life; the people with dementia suffer from fewer behaviour and mood problems; and their informal carers (if present) gradually experience less burden and feel better able to cope with the care (for a longer period of time) (delayed nursing home admission). Also potential changes in work satisfaction of personnel will be explored.

Intervention

The intervention is a Low-threshold Psychogeriatric Day treatment in the community, which can also include, if so desired, Support for informal Carers, based on the Meeting centres Model (LPD-plus CS). In contrary to a regular day treatment located in a nursing home, LPD-plus CS is located in the community. LPD-plus CS consists of a support programme for community-dwelling people with dementia and their informal carers. This support programme is organized in tight cooperation with other care and welfare organizations. The programme

consists of person-centred care based on the needs of the individual with dementia. The person with dementia participates in several activities such as domestic activities, creative and recreational activities and psychomotor therapy sessions. Support strategies for caregivers vary from giving information during informative meetings and practical help by, for example, offering case management, to offering emotional support through discussion groups. Finally, some activities are organized for the carer and the person with dementia together, such as the monthly centre meeting to adapt the programme to the needs of the participating group at that time, and recreational activities.

In this project, regular day treatment in nursing homes will be transformed to LPD-plus CS in the community. This transformation/intervention will be done by the cooperating parties in the region, with support from the project, and the intervention continues after the project ends.

Contacts

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Eligibility criteria

Inclusion criteria

Micro level:

1. Community-dwelling people with dementia, newly registered to the regular psychogeriatric day treatment or the LPD-plus CS;
2. Informal carers of the people with dementia.

Meso level:

Regular psychogeriatric day treatments in the nursing home who are willing to make the transition to low-threshold Psychogeriatric Day treatment plus caregiver support in the community.

Exclusion criteria

Micro level:

People living in residential care.

Meso level:

Day treatment in residential homes (instead of nursing homes).

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Non-randomized controlled trial

Masking:	Open (masking not used)
Control:	Active

Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-02-2011
Enrollment:	150
Type:	Anticipated

Ethics review

Positive opinion	
Date:	24-05-2011
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	NL2773
NTR-old	NTR2913
Other	NPO : 314080401

Study results

Summary results

N/A