Reduction of Inappropriate psychotropic Drug use in nursing home residents with dementia.
Dutch: Beter af met minder: Bewust gebruik van psychofarmaca.

No registrations found.

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

Summary

ID

NL-OMON26060

Source
Nationaal Trial Register

Brief title
RID

Health condition

Inappropriate psychotropic drug use, neuropsychiatric symptoms and Quality of Life of nursing home residents with dementia.
Onjuist psychofarmaca gebruik, neuropsychiatrische symptomen en kwaliteit van leven bij mensen met dementie in verpleeghuizen.

Sponsors and support

Primary sponsor: Prof.dr. S.U.Zuidema, hoogleraar ouderengeneeskunde en dementie. Specialist Ouderengeneeskunde.
s.u.zuidema@umcg.nl
Source(s) of monetary or material Support: Ministerie VWS

Intervention

Outcome measures

Primary outcome

Reduction of inappropriate psychotropic drugs (APID)

Secondary outcome

Quality of life (VAS + RISE)

Problem behavior / neuro=psychiatric symptoms (NPI-NH + CMAI)

Study description

Background summary

Despite guidelines recommending psychosocial interventions as first choice in dealing with problem behavior, psychotropic drugs are still too often and too long being prescibed, while they are limited effective and potentially have severe side effects. Aim is to reduce the inappropriate use of psychotropic drugs by identifying local problems in nursing homes in dealing with problem behavior and by facilitating the implementation of a tailored intervention programme.

Study objective

Implementation of complex interventions could be improved by acknowledging the local (nursing home) problems in the care process. The implementation of a facility tailored intervention will lead to a decrease in psychotropic drug use throughout the nursing homes .

Study design

baseline, 8 months, 16 months.

Intervention

The implementation of a facility tailored intervention: meaning that interventions vary depending on local problems of nursing homes in dealing with problem behavior. Possible interventions: systematic medication review, increasing knowledge and skills in dealing with problem behavior, training program for enhancing multi-disciplinary working. All interventions target the department level/health care professionals.

The study consists of 2 tranches, both of 8 months. The interventions group had 16 months to identify local problems and to start an intervention - implemenatation.
The 'controle group' delivers the first 8 months care as usual en starts in the last 8 months with the problem analysis + intervention (deferred treatment condition).

Contacts

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Eligibility criteria

Inclusion criteria

Person with dementia: diagnosis dementia (DSM-IV criteria), informed consent of legal representative.

Exclusion criteria

Terminal patients (life expectancy < 3 months).

Acquired brain injury departments, regular somatic departments, Down's syndrome and Korsakov.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	01-05-2016
Enrollment:	800
Type:	Anticipated

Ethics review

Positive opinion

Date:	27-05-2016
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	NL5719
NTR-old	NTR5872
Other	: 201600160 METc UMCG

Study results