

Costs and efficacy of a short-stay concept intervention in end phase Parkinson's disease. A comparison between 'regular' care and a short-stay concept.

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Effectiveness and costs of a short-stay nursing home in intervention compared with the 'regular' care to patients in end-stage Parkinson's disease.

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Movement disorders (incl parkinsonism)
Study type	Observational non invasive

Summary

ID

NL-OMON34534

Source

ToetsingOnline

Brief title

Costs and efficacy of a Parkinson's short-stay concept.

Condition

- Movement disorders (incl parkinsonism)

Synonym

intervention 'within the Parkinsonpopulation

Research involving

Human

Sponsors and support

Primary sponsor: Universitair Medisch Centrum Groningen

Source(s) of monetary or material Support: Innovatiefonds UMCG

Intervention

Keyword: Costs, Efficacy, Parkinson's disease

Outcome measures

Primary outcome

Primary endpoint is the functional status of the Parkinson Patient. The functional status of the Parkinson's patient we measure using the ALDS. The question we can also translate into:

- Is there a difference of score of the ALDS between the regular nursing homes and two nursing homes that perform the short-stay concept

Secondary outcome

Secondary endpoints:

The motor status we measure using SCOPA-SPES

- Is there a difference in the SCOPA-SPES between the regular nursing homes and two nursing homes that the short-stay concept execute.

The Cognition is measured by the SCOPA -Cog.

- Is there a difference in the SCOPA-Cog between the regular nursing homes and two nursing homes that the short-stay concept execute.

The behavior of the patients we measure using the NPI.

- Is there a difference in NPI between the regular nursing homes and two nursing homes that the short-stay embrace .

The mood of the patients we measure using the BDI.

- Is there a difference in FDI between the regular nursing homes and two nursing homes that use the short-stay concept .

Quality of life we measure using the PDQL:

- Is there a difference in PDQL between the regular nursing homes and two nursing homes that use the short-stay concept.

The costs we measure using a questionnaire and so-called care / medicine cards:

- Are there differences in the direct costs of admissions in regular nursing homes and the direct costs of the PSS approach and the continuation of treatment.

Study description

Background summary

There are currently several causes of Parkinson's disease known fact: heredity, poisoning, infection and aging. The cause of the largest group of Parkinson patients is unknown (idiopathic). The idiopathic form probably plays a limited role in heredity. A genetically determined, inborn vulnerability combined with exposure to environmental factors could be contributing factors. It is thought that these or other causes the cells of the substantia nigra program their own cell death (apoptosis). In the dying cells on microscopic examination "Lewy bodies" found that the protein alpha-synuclein contain, in which in Parkinson's disease apparently something goes wrong. Here are recent inhibatoire effects of FK506 binding proteins found, which might provide new insights in the treatment of Parkinson's disease (Gerard, et al, 2010). Cellular lysis in other parts of the nervous system generates olfactory disorders, disorders of autonomic nervous system, mental disorders (depression, loss of initiative) and cognitive impairment (memory, speed of information processing and executive functions). By identifying the overall problem through well mapping, we can provide more structure in terms of both medication, motor skills, cognition, mood and quality of life. The newly developed planning stages of the short-stay plays on this (see also PSS concept in annex). As a result of demographic developments

is a significant increase (47%) of the number of people with Parkinson's disease expected between 2005 and 2025. ([Http://www.nationaalkompas.nl](http://www.nationaalkompas.nl)) The cost of care for Parkinson's disease amounted to 176.8 million euros in 2005. That is 0.3% of total healthcare costs in the Netherlands and 4.6% of the total cost of health care costs incurred in diseases of the nervous system and sensory organs (Poos et al, 2008). The majority (68%) of the cost is attributable to the elderly sector, 12% of hospital and specialist medical care, primary care and 10% to 7% for medicines and tools.

Study objective

Effectiveness and costs of a short-stay nursing home in intervention compared with the 'regular' care to patients in end-stage Parkinson's disease.

Study design

Study Design Research questions:

The most important indicator of the research question is:

1. What is the effectiveness of the short-stay intervention compared to standard care in the functional status of the Parkinson's patient?

Then looking at the answers to the following questions:

2. What is the effectiveness of short-stay concept in motor status, cognition, behavior, mood and quality of life of the Parkinson's patient?
3. What is the effect of a short stay at the direct costs of intervention in nursing home admissions and consultations in the first and second lines, as well as medication, medical and paramedical care at home? ie what is cost effectiveness, the balance between costs and effects of short-stay compared with standard care in terms of incremental costs.

Study burden and risks

There is no damage to be expected as a result of the tests. Indeed, the treatment will aim and promote the well-being of patients.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

- Diagnosis of Parkinson's disease using the UK Brain Bank criteria
- Patients who are no longer able to function at home by a combination of motor, cognition or behavioural problems (Hoehn and Yahr stadium III en IV)
- Family member or caregiver is available to give adequate information about the functioning of the patient.
- He patient is able to speak intelligible.
- Written informed consent have to be present (patient or legal representative)

Exclusion criteria

- Parkinsonism

- MSA
- PS
- absence of comorbidity

Study design

Design

Study type:	Observational non invasive
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)

Primary purpose: Health services research

Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	03-06-2011
Enrollment:	50
Type:	Actual

Ethics review

Approved WMO	
Date:	02-12-2010
Application type:	First submission
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)

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
CCMO	NL32699.042.10