Global Positioning System for people with dementia: The Effect of Quality of Life of dementia caregivers and persons with dementia.;Quality of life of dementia caregivers and patiënts using GPSplus

Published: 08-02-2017
Last updated: 17-04-2024

The research should both personal and societal interests. Through the GPSplus to relieve the caregiver will use envisaged by the patient is not continuous in the holes to worry if it goes outside. In addition, there would be a decrease in problem...

Ethical review	Approved WMO
Status	Pending
Health condition type	Other condition
Study type	Interventional

Summary

ID

NL-OMON46009

Source
ToetsingOnline

Brief title
Quality of life of dementia caregivers and patiënts using GPSplus

Condition

- Other condition

Synonym
Dementia, neurodegenerative disorders

Health condition

neurodegeneratieve aandoeningen (dementie).

Research involving
Human

Sponsors and support

Primary sponsor: Jeroen Bosch Ziekenhuis
Source(s) of monetary or material Support: JBZ en Welzijn Services,Welzijn Services

Intervention

Keyword: Caregivers, Dementia, Global Positioning System (GPS), Quality of Life

Outcome measures

Primary outcome

Quality of Live of the patient with dementia and their caregiver, measured by

EUROHIS-QOL-8 (patient) en WHOQOL-Bref (caregiver)

Secondary outcome

* care tax of the caregiver (EDIZ)

* decrease in possible behavioral problems of the patient (NPI-Q)

* change in the outdoor go independently of the patient (journal registration)/

* change in the degree of physical activity of the patient (subjective

measurement)

* user friendliness of the GPSplus equipment

Study description

Background summary

The research question in this study is: Does GPSplus Improves the quality of life (Qol) of both the patient with dementia as well as of the caregiver?

The corresponding share questions are:

* does the care tax of the caregiver decrease when using GPSplus?
* the extent to which the patient goes out independently for longer/more often when using GPSplus in comparison with no system use?
Is the patient is more active when compared to the situation of GPSplus 1 month prior to the GPS use?
* does any problem behavior in the patient decrease when using GPSplus?
* to what extent is GPSplus user friendly according to the patient and caregiver?

Study objective

The research should both personal and societal interests. Through the GPSplus to relieve the caregiver will use envisaged by the patient is not continuous in the holes to worry if it goes outside. In addition, there would be a decrease in problem behavior of the patient may arise, because the patient can get more freedom and not feel trapped, which can cause irritation, frustration or mental health problems.
Mentioned above can have a positive effect on the Quality of Life of both the patient and the caregiver. When the caregiver is relieved, the patient can continue to live at home longer possible. This has directly a social purpose, namely the reduction of the cost of the national health care budget, because there are less likely to use an expensive cost center in a nursing home.

Study design

Current research concerns a cross-sectional pilot study. It measures the effect of GPSplus use on the Quality of Life in patients with dementia and their caregivers.
The total research is divided in 2 studies, a qualitative study and a pilot study. The qualitative study in which an inventory is made of attitudes, behaviors and meanings that people attach to the use of GPS and GPSplus in patients with a mild or moderate dementia is finalized (K. et al., 2014).
The perspectives with respect to the use of GPS by persons with dementia and their caregivers have been mapped by means of a semi-structured interview.

Intervention

The intervention in this study is the GPSplus system 'Wuzzi Aurore system' of Welzijn Services Netherlands. The Wuzzi Aurore System offers the following services:
* Basiscare: alarm button and patient coming in contact with the emergency room. They hear and lights contacts in or at the request of patient call them 112.
* safety zone: together with the patient/caregiver is there an area drawn around the House. If the device will notify the area goes out in the emergency room. The emergency room takes then contact the contact person of the patient.

The emergency room is available 24/7.
* Track and Trace: If the caregiver have lost his/her partner or do not trust the situation he/she may call the emergency room and the control room can then the current location of the transmitter.

Study burden and risks

There is no risk expected for the subjects.
the burden for the subjects means that questionnaires on several times (3 x) and journal registrations should be tracked. This burden is quite small.

Contacts

Public
Jeroen Bosch Ziekenhuis

Henri Dunantstraat 1
's Hertogenbosch 5223GZ
NL
Scientific
Jeroen Bosch Ziekenhuis

Henri Dunantstraat 1
's Hertogenbosch 5223GZ
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

Patientgroup:
diagnosis established by medical specialist mild/moderate dementia, which independent etiologic form (CDR 1-2; MMSE 26-10).
* Age > 50 years.
* Accepts wearing a phone/GPS plus.
* a person around those primary informal care offers, at least 2 times a week for 3 hours in total.
* able to move themselves independently outdoors. ;Primary Caregivers group:
* Caregiver sees patient at least 2 times a week for 3 hours in total.
* primary caregiver of linked participating patient is able to retrieve patient or bring home or help to enable third party if necessary.

Exclusion criteria

Exclusion criteria patients group:
* Diagnosis Parkinson's.
* Active anxiety or depressive disorder.
* Active Alcohol or substance abuse (current).
* Active mental illness/disorder.
* Not correctable serious vision problems or blindness.;Exclusion criteria related to the primary caregiver:
* Diagnosis Parkinson's.
* Active anxiety or depressive disorder.
* Active Alcohol or substance abuse (current).
* Active mental illness/disorder.
* Not correctable serious vision problems or blindness.
* Memory disorders from CDR 0.5.

Study design

Design

Study type: Interventional

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-01-2017
Enrollment:	15
Type:	Anticipated

Ethics review

Approved WMO Date:	08-02-2017
Application type:	First submission
Review commission:	METC Brabant (Tilburg)
Approved WMO Date:	12-07-2017
Application type:	Amendment
Review commission:	METC Brabant (Tilburg)

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	NL55937.028.16