Family Meetings in Memory Clinics

Gepubliceerd: 27-06-2007 Laatst bijgewerkt: 18-08-2022

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

Ethische beoordeling	Positief advies
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON22525

Bron
NTR

Verkorte titel
FaMe

Aandoening

dementia caregivers, family meetings, psychosocial intervention

mantelzorgers, dementie, familiegesprekken, psycho-sociale interventie

Ondersteuning

Primaire sponsor: VU University medical center Amsterdam/
EMGO-Institute
Overige ondersteuning: Health Research Development Council (ZonMw)

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

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.

Toelichting onderzoek

Achtergrond van het onderzoek

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.

Doel van het onderzoek

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

Onderzoeksproduct en/of interventie

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.

Contactpersonen

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

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.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

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.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Anders
Blindering:	Enkelblind
Controle:	Geneesmiddel

Deelname

Nederland

Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-09-2007
Aantal proefpersonen:	172
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum:	27-06-2007
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL978
NTR-old	NTR1007
Ander register	:
ISRCTN	ISRCTN90163486

Resultaten