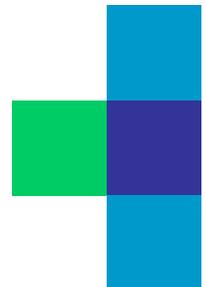


Home care in dementia – relief for caregivers and support for care-receivers

Prof. Dr. med. Elmar Gräbel

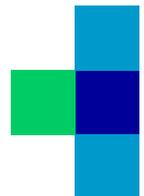
Center for Health Services Research in Medicine,
Department of Psychiatry and Psychotherapy,
Friedrich-Alexander University Erlangen-Nürnberg and
Alzheimer Society of Middle Franconia

27th Alzheimer Europe Conference
Berlin, 3. October 2017

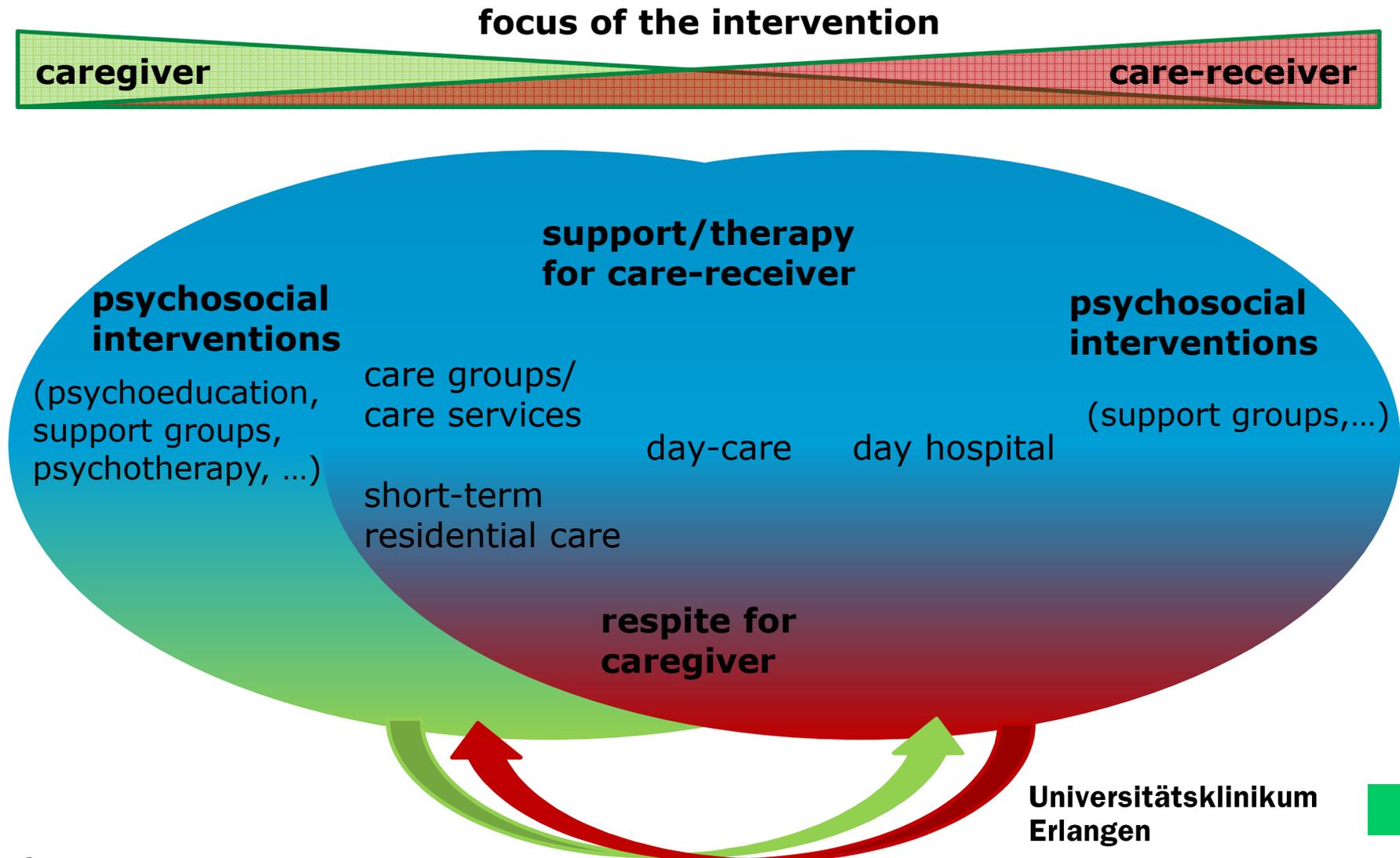


Alzheimer Europe (2009)

„The person with dementia and his/her needs should be at the centre of any support provided. In addition, his/her wishes and individuality should always be taken into consideration.“



A model for support and respite



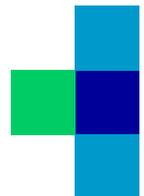
Effects of psychosocial interventions for caregivers in **RCTs** (Sörensen et al., 2002)

	Caregiver burden ^a (n)	Caregiver depression ^a (n)	Caregivers' ability/ knowledge ^a (n)	Care recipients' symptoms ^a (n)
Psycho-education	-0.12* (21)	-0.23** (15)	0.37*** (19)	-0.09 (15)
Supportive interventions	-0.35** (4)	-0.09 (5)	0.54*** (5)	-0.17 (2)
Psychotherapy	-0.22* (8)	-0.27** (9)	0.38*** (4)	-0.19* (7)

^aMean effect sizes (g)

n: number of included studies

* $p < .05$, ** $p < .01$, *** $p < .001$



Effects of psychosocial interventions for care-receiver in **RCTs** (Toms et al., 2015 - review)

	Quality of life ^a (n)	mood ^a (n)
Support groups	0.44***	0.36**

^aEffect sizes (d) from Logsdon et al. (2010)

n = 1

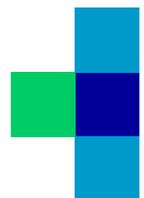
† < .10, **p* < .05, ***p* < .01, ****p* < .001



Effects of respite interventions in **RCTs** (Sörensen et al., 2002 – meta-analysis)

	Caregiver burden^a (n)	Caregiver depression^a (n)	Caregivers' ability/ knowledge^a (n)	Care recipients' symptoms^a (n)
Respite/ adult day care	0.34 (1)	-0.29 (2)	-1.36*** (1)	-0.08 (2)
In-home respite	<i>No controlled studies found (Vandepitte et al., 2016 – systematic review)</i>			

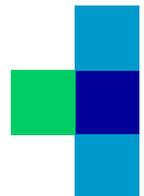
^aMean effect sizes (g)



Use of psychosocial and respite services (Toseland et al., 1999)*

Type of Service	Use (%)
Support groups for caregivers	12.2
Out-of-home respite	5.8
Adult day care	15.5
In-home respite	19.2
Inpatient mental health care	4.1

**No updated study found in pubmed nor in PsycInfo*

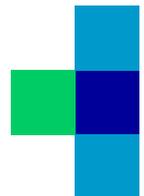


Subjective burden of family caregivers of PwD (Pendergrass et al., 2017*)

Score on the short version of the Burden Scale for Family Caregivers (BSFC-s)	0 - 5	6 - 14	15 - 30
Degree of subjective burden	none to low	moderate	severe to very severe
Frequency in the sample (n=386)	8%	30%	62%
No. of persons in the class with above-average psychosomatic complaints	17%	57%	92%
Risk of physical psychosomatic complaints	not increased	increased	very much increased

*BMC Health Services Research, submitted

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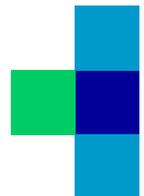


DeTaMAKS

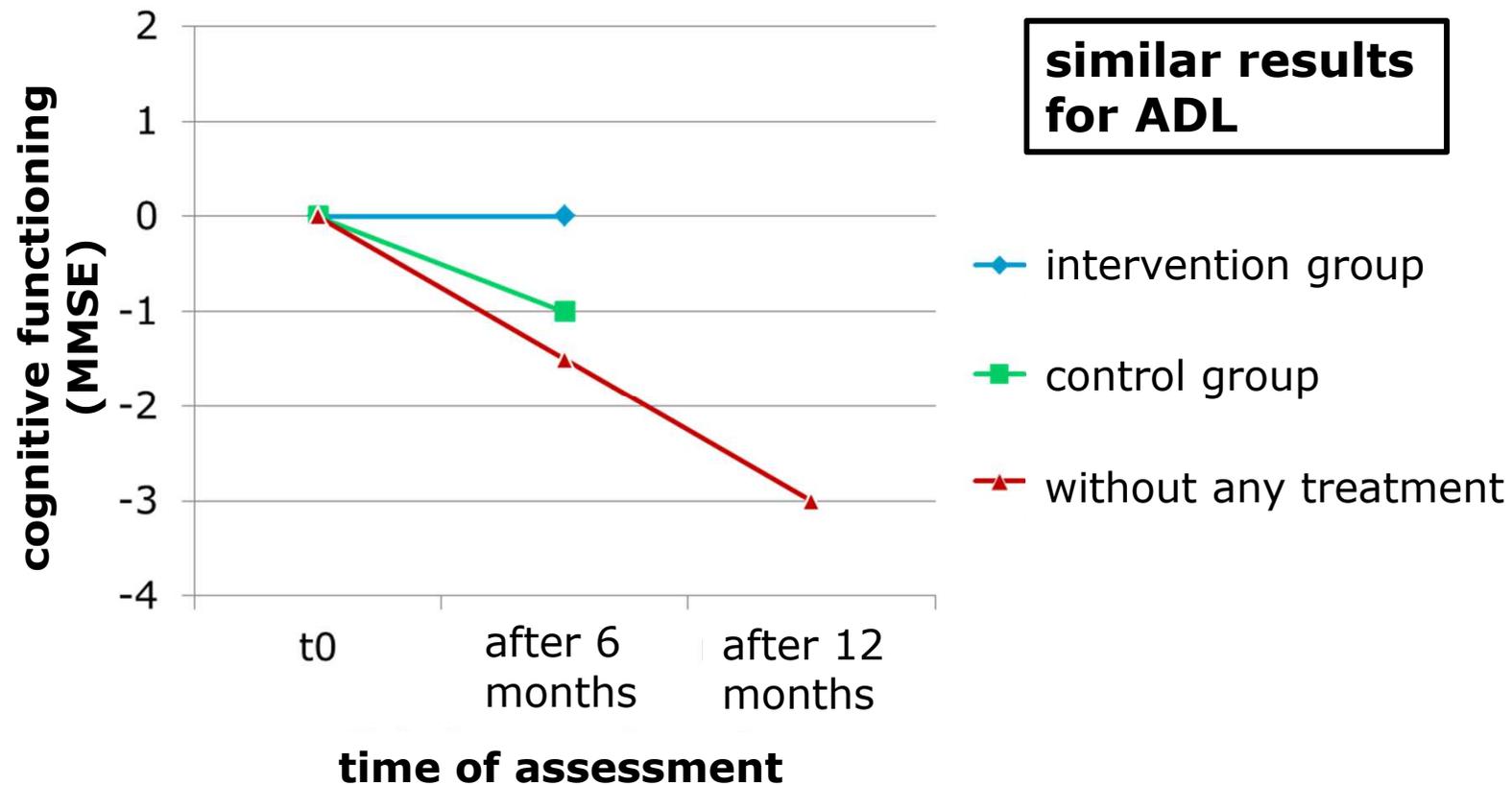
(a) psychosocial intervention for caregivers + (b) multi-component non-drug therapy for PwD in day-care centres

- (a) brief telephone counselling for caregivers (3 calls):
 - Development of strategies for self-management
 - Dealing with challenging behaviors
- (b) MAKS (**M**otor stimulation, **A**ctivities of daily living, and **C**ognitive stimulation in a **S**ocial setting): group intervention

(see Behrndt et al., 2017)

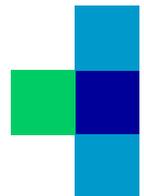


Effects on cognitive abilities and activities of daily living (PwD) (Straubmeier et al., 2017*)

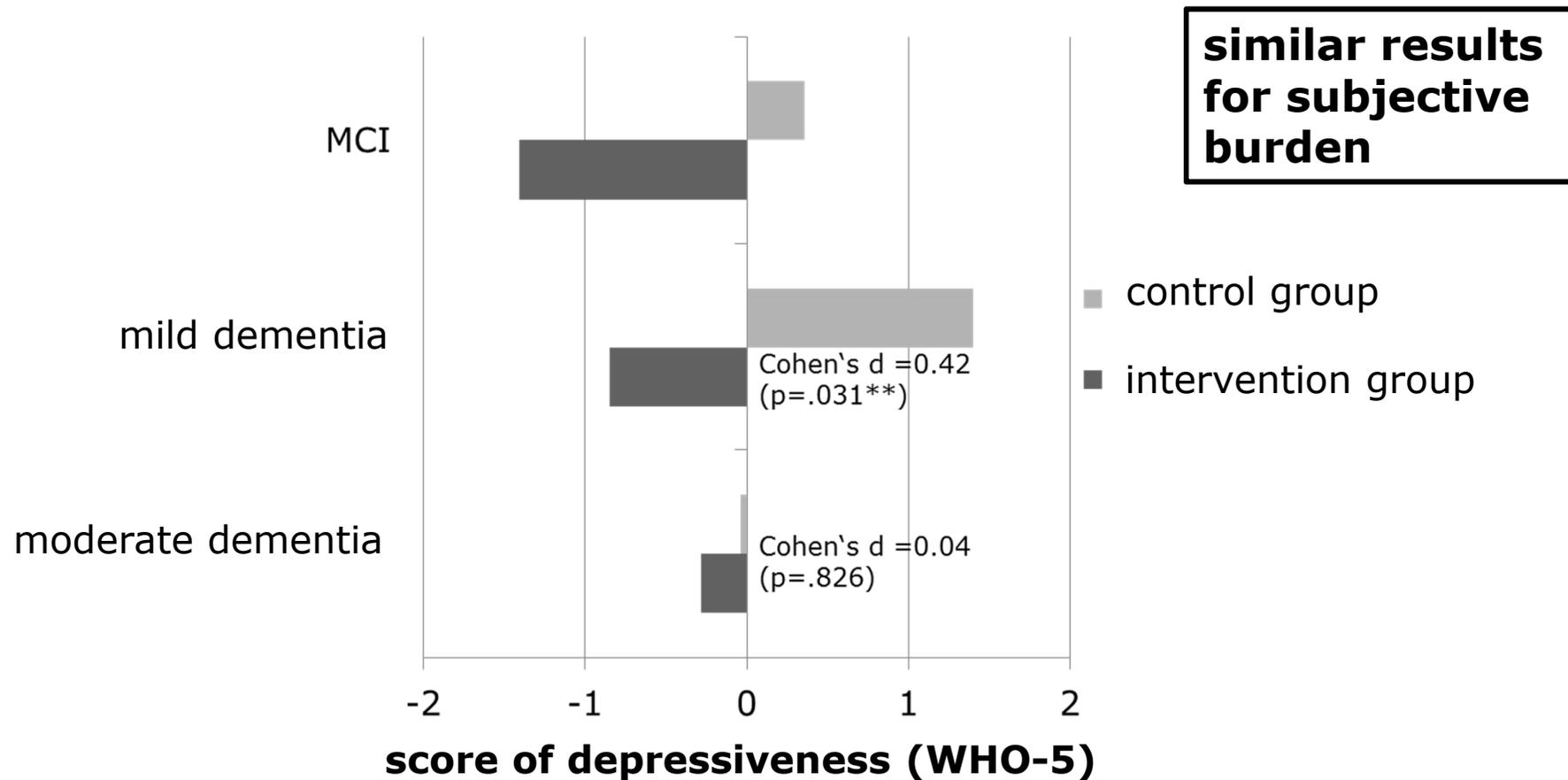


*Deutsches Ärzteblatt, accepted

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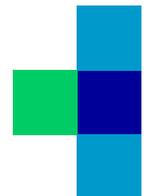


Effects on depressiveness and subjective burden (caregivers) (Behrndt et al., 2017*)

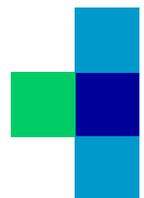
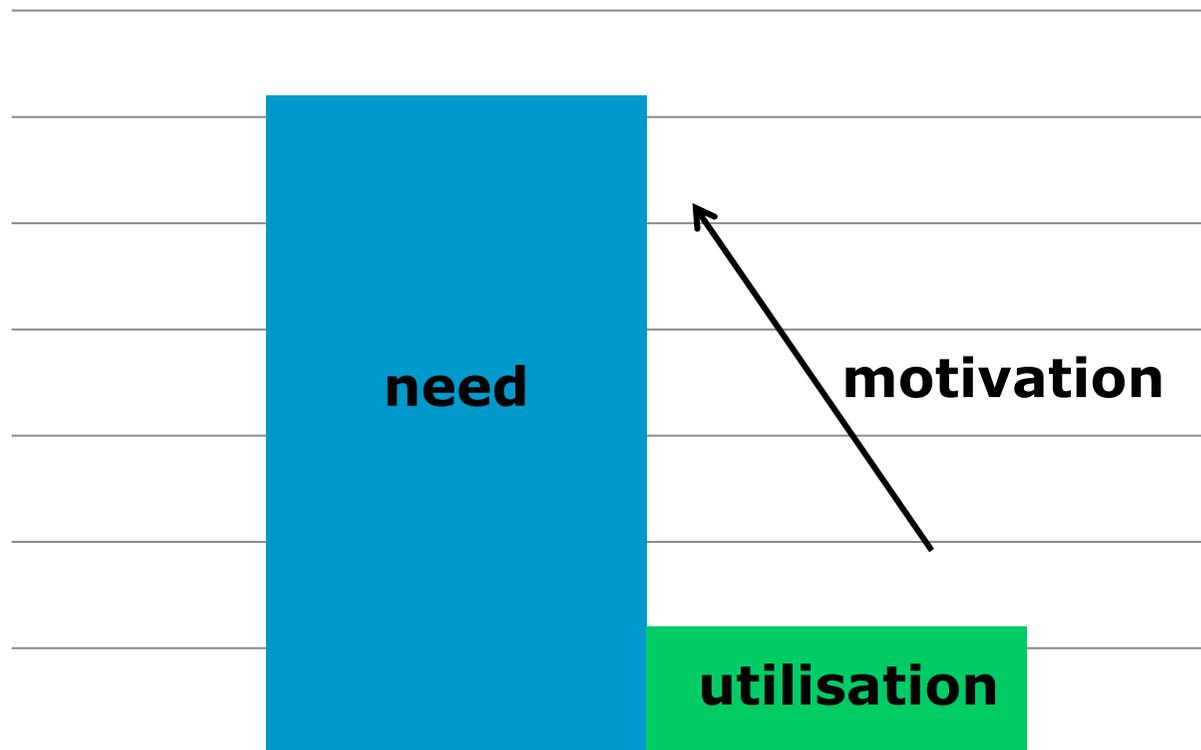


*BMC Geriatrics, in preparation

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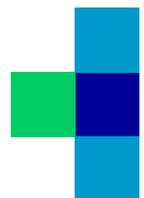


Discrepancy



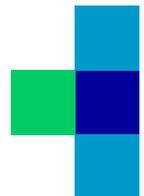
Recommendations

- A) There is a lack of utilisation of support services.
- B) The quality and the related effectiveness have to be optimised.
- C) The availability – especially in rural areas – and the ability to finance these services are to be improved.
- D) The common knowledge of support services and the willingness to use have to be boosted.



Let us act in concert –
positive emotions of helpers and help-receivers will
strengthen each other

Thank you very much for your attention!



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