

What simple, community based, non-pharmacological interventions are cost effective for people living at home with dementia and their carers?



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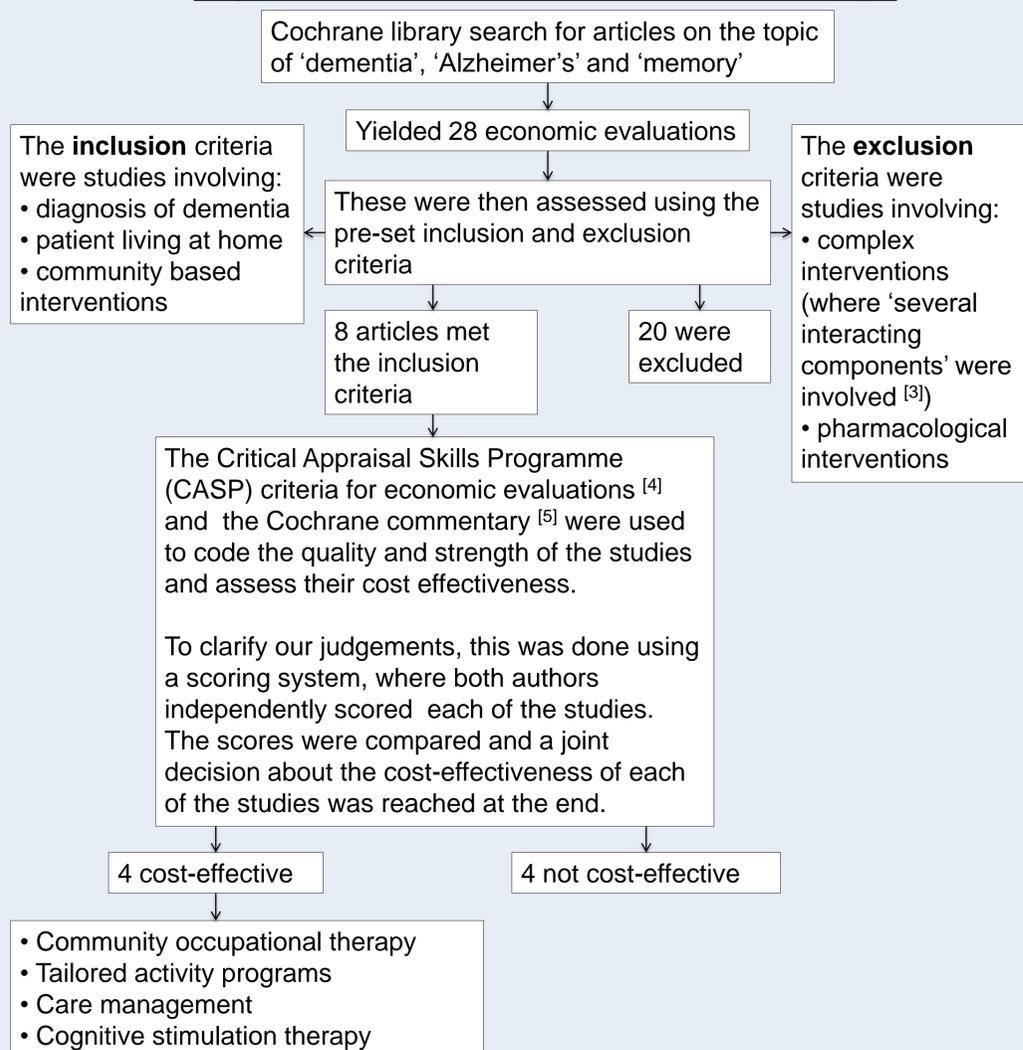
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Introduction

With the ageing population rapidly increasing in the UK [1] and with the incidence of dementia rising swiftly amongst the elderly [2] there is an increasing need to explore interventions that can be implemented to improve the care and quality of life of people with dementia and their carers. This study aimed to evaluate what simple (low level of complexity^[3]), multi-disciplinary team interventions are cost-effective in these populations.

Methodology

Figure 1: Flowchart of the methodology



Conclusions

- Within specific populations, community occupational therapy and tailored activity programs were clearly cost effective, case management and cognitive stimulation therapy may also be cost effective.
- Simple interventions can improve quality of life and reduce costs of people with dementia and their carers.
- With the number of people living with dementia projected to increase in the UK [1], it is important that cost effective interventions are implemented and further research continues in this area.

Results

Table 1: Summary of the four cost-effective studies

Intervention	Participants	What they did	Results
Community occupational therapy (OT)	135 patients: • aged ≥65 • mild-moderate dementia & their primary care givers.	• 10 sessions of OT over 5 weeks, including cognitive and behavioural interventions • train patients in the use of aids to compensate for cognitive decline • train care givers in coping behaviours and supervision.	3 month intervention cost £848 (95% CI £808 -£888) per patient & primary care giver unit. Total mean cost £1279 lower in the intervention group: main cost savings in informal care.
Tailored activity programs (TAP)	60 caregivers: • aged ≥21 • lived with patients • provided ≥4 hours of daily care. Patients had: • mild-moderate dementia • behavioural symptoms.	8 sessions of OT over 4-months to identify: • patients' preserved capabilities • previous roles & habits and interests • develop customised activities • train families in their use.	Average total cost of TAP was £591.73. TAP was cost-effective 79.2% of the time for reducing time spent "doing things," and 79.6% of the time for reducing time "on duty."
Care management	86 elderly patients with cognitive impairment.	Individuals in intervention team received care management. This involved having a dedicated care manager to better coordinate the range of services needed by the elderly cared for at home. This group was matched with the usual care group, who did not have a dedicated care manager. The older patients and their carers were interviewed at uptake and again at 6 and 12 months.	The experimental group had significant improvements in the social contacts of older people; • decrease in the stress of their carers • reduction in their input to the care of the client. There were significant improvements on: • ratings of overall need reduction • aspects of daily living • level of risk. There was no difference in overall costs, therefore care management can be cost-effective.
Cognitive stimulation therapy (CST)	161 patients: • With dementia • Mini-Mental State Examination score 10-24 .	91 participants received a CST group intervention twice weekly for 8 weeks. CST focuses on themed activities which encourages the use of information processing and implicit memory.	CST has benefits for cognition and quality of life in dementia, and costs were not different between the groups.

References:

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