

PRIORITY BRIEFING

The purpose of this briefing paper is to aid Stakeholders in prioritising topics to be taken further by PenCLAHRC as the basis for a specific evaluation or implementation projects.

QUESTION DETAILS

Question ID: 5

Question type: Intervention

Question: Do brief educational videos on the care of dementia help residential care home staff avoid hospital admission? And does coaching in support of the DementiaEd video improve the detection and management of the symptoms and behaviours associated with dementia in a residential care home setting?

Population: People with dementia and the people who care for them in residential care homes.

Intervention: DementiaEd videos with coaching to support non-health qualified workers in residential settings in recognising and managing the needs of people with dementia.

Control: Staff in residential care homes who do not receive DementiaEd training and support.

Outcome: Impact on the skills and competence of all staff working with older people to recognise and manage the needs of people with dementia, and consequences for quality of care. Number of mental health beds used for the dementia care pathway in favour of greater use of domestic and residential care home placements supported by integrated community mental health and complex care teams.

Note on DementiaEd videos:

The DementiaEd videos were produced by carers, clinicians, and people with experience of dementia in collaboration with the Dementia Service Development Centre based at the University of Stirling. The videos aim to help people who care for those with dementia by collating together many issues that people with dementia will need help in tackling. The videos cover topics such as activity, sleep problems, stress reduction, coping with wandering, coping with challenging behaviour, coping with aggressive behaviour, suspiciousness and eating problems. The videos involve clinicians, carers and those people with dementia discussing and demonstrating the problems they have in each of these areas with support advice at the end of each one. The videos have not been evaluated.

Part 1: Research Background

Guidelines: NICE 2006 guidance on dementia: supporting people with dementia and their carers in health and social care state that health and social care managers should ensure that all staff working with older people in the health, social care and voluntary sectors have access to dementia-care training (skill development) that is consistent with their roles and responsibilities.

Research Summary:

There are no evaluations of the DementiaEd videos themselves. One systematic review conducted in 2007 on nursing home staff training in dementia care was found which looked at in-service interventions in nursing homes between 1990 and 2004.¹ Most of the 21 studies found were based in the US. The review found that nearly all the studies reported positive effects but stressed that there were often methodological weaknesses in the studies. The review concluded that there was a lack of evaluated in-service training programmes for care-givers in homes for people with dementia and that existing evidence provided inconclusive results regarding the effects of these programmes.

Out of the three most recent and relevant trials, two reported mixed effects of training. For example, dementia training for carers often led to improved attitudes towards people with dementia and improved staff performance but did not reduce staff burnout, frequency of challenging behaviours or improved quality of life for people with dementia.^{2,3} The final and most recent trial⁴ found similar results from two specific interventions and recommends that future research should focus on evaluation of specific interventions for the training of carers of people with dementia.

Ongoing Research:

No current research of educational videos for care home staff was found. Williams LifeSkills is currently running (from 2007) a research project in the United States to compile and evaluate a dementia/Alzheimer's care-giver LifeSkills Video. The video is aimed at relatives. This does not appear to be a training programme and it is unclear if the trial has completed.

Part 2: Prioritisation Information

1. The health problem

Epidemiology:

Dementia is a progressive and largely irreversible clinical syndrome that is characterised by widespread impairment of mental function. Although many people with dementia retain positive personality traits and personal attributes, as their condition progresses they can experience some or all of the following: memory loss, language impairment, disorientation, changes in personality, difficulties with activities of daily living, self-neglect, psychiatric symptoms (for example, apathy, depression or psychosis) and out-of-character behaviour (for example, aggression and sleep disturbance).

There are approximately 700,000 people with dementia in the UK; this is expected to double in the next 30 years. The cost at present is reported to be about £17 billion per year which is expected to treble in the next 30 years. Although predominantly a problem for people over 65 years of age, there are approximately 15,000 under 65 years with this condition. Diagnosis and treatment activity varies greatly across primary care trusts and the UK is reported to have less than half the activity for diagnosis and treatment than France, Sweden, Ireland and Spain. Dementia not only affects the individual but also their family, friends and carers during what is usually a long term condition (7-12 years after diagnosis).

In Devon it is estimated that more than 12,000 people currently have dementia, which is expected to rise to more than 17,000 by 2021.

2. Identification of the topic as a priority

NICE guidance on Dementia (2006) supports and recommends the following:

- Training courses about dementia, services and benefits, and communication and problem solving in the care of people with dementia
- Research on whether training of care staff in dementia-specific person-centred care lead to improvements in behaviour that challenges and reduced prescription of medication to control such behaviour in people with dementia requiring 24-hour care when compared with current practice?
- The importance of relationships and interactions with others to the person with dementia, and their potential for promoting well-being.

DoH National Dementia Strategy (2009) promotes an informed and effective workforce for people with dementia. Health and social care staff involved in the care of people who may have dementia to have the necessary skills to provide the best quality of care in the roles and settings where they work. To be achieved

by effective basic training and continuous professional and vocational development in dementia.

SW SHA Priorities framework 2008-11

There are no specific priorities about Dementia training; however such training may help to achieve the following priorities highlighted by the SHA:

- assessments and initial care plans for the identified main carer within four weeks of a service user assessment
- people diagnosed with dementia to have an initial agreed care plan within four weeks of their diagnosis
- people can access at all times the 'basic building blocks' for effective care

3. Local perspective

The Joint Commissioning Strategy for people with dementia in Devon 2009-2013 supports working towards:

- improving the quality of existing and continuing services for people with Dementia
- Significantly raise awareness of dementia amongst primary and secondary care services
- Enhance the skills and competence of all staff working with older people to recognise and manage the needs of people with dementia

The Mental Health Devon and Torbay Strategy Review (2008) also highlighted the following areas for priority development:

- information and communication
- development of practical support services
- reduced admissions to hospital

Also a Cornwall and Isles of Scilly Primary Care Trust priority.

Tractability

No information available.

An overview of the local context

No information available.

References

(1) Kuske B, Hanns S et al. (2007). "Nursing home staff training in dementia care: a systematic review of evaluated programs." *International Psychogeriatrics* **19**(5): 818-41.

BACKGROUND: We reviewed studies of in-service interventions for caregivers of persons with dementia in nursing homes published between 1990 and 2004. The aim was to obtain an overview of the evaluated interventions and to characterize their methodological quality. **METHODS:** A thorough literature search was conducted, including searching electronic databases for selected intervention studies and previous reviews. Selected studies were summarized and compared along certain categories, and methodological quality was assessed. **RESULTS:** A total of 21 studies were identified, mostly published in the United States. Most were of poor methodological quality. Although nearly all reported positive effects, their results must be interpreted cautiously due to methodological weaknesses. Extensive interventions with ongoing support successfully demonstrated sustained implementation of new knowledge. Owing to methodological weaknesses and a lack of follow-up evaluations, little or no evidence existed for the efficacy or, particularly, the transfer of knowledge in simpler interventions when reinforcing and enabling factors were not present. **CONCLUSION:** On an international and, particularly, on a national level a lack of evaluated in-service training programs for caregivers in homes for people with dementia is apparent. Methodological weakness is common. This study highlights the need for well-defined methodologically improved studies, providing conclusive evidence of the effects of intervention types to help improve the quality of dementia care.

(2) Davison TE, McCabe MP et al. (2007). "Controlled trial of dementia training with a peer support group for aged care staff." *International Journal of Geriatric Psychiatry* **22**(9): 868-73.

OBJECTIVE: This study evaluated the impact of an eight-session training program for aged care staff in managing dementia-related challenging behaviours. Participation in the training program with an additional five-session peer support group was compared with both participation in training only and a wait-list control condition. **METHODS:** Outcomes were evaluated for 90 participating staff members and 113 residents with challenging behaviours from six aged care facilities. Measures of staff attitudes and the behaviours of staff and residents were collected pre- and post-intervention, and at six month follow-up. **RESULTS:** Staff members in both dementia training groups reported improved attitudes regarding their knowledge and skills in managing residents with challenging behaviours, immediately after the training and six months later. Facility supervisors rated the nursing performance of trained staff more positively, particularly those who participated in a peer support group. The dementia training programs, whether with or without the inclusion of peer support, did not impact on levels of staff burnout or substantially reduce the level of challenging behaviours among aged care residents. **CONCLUSIONS:** While

training programs may impact positively on staff performance, organisational characteristics of aged care facilities, including low levels of management support for staff training initiatives, limit the potential outcomes. Methodological limitations are discussed.

(3) Visser SM, McCabe MP et al. (2008). "Managing behavioural symptoms of dementia: effectiveness of staff education and peer support." *Aging & mental health* (1): 47-55.

This study was designed to investigate the impact of staff education on the behaviour and quality of life of residents with dementia and on staff members' attitudes about working with people with dementia and level of burnout. Staff from three aged care facilities participated in the study (n=52). These facilities were randomly assigned to one of two intervention groups or a control group. Staff assigned to the intervention groups received an eight-week behaviourally-based programme. Staff from one aged care facility also participated in a peer support group designed to reinforce educational material and facilitate positive changes among staff members. Behavioural symptoms displayed by residents (n=76) in each of the facilities were also assessed. Assessments were conducted at pre-intervention, post-intervention, three- and six-month follow-up. The results of this study indicated that education or peer support was not associated with an improvement in resident behaviour or quality of life. Education or peer support also did not impact on staff members' level of burnout. There was, however, a change in staff members' attitudes about working with people with dementia. Possible explanations for these findings and implication for further research are considered.

(4) Kuske B, Luck T et al. (2009). "Training in dementia care: a cluster-randomized controlled trial of a training program for nursing home staff in Germany." *International Psychogeriatrics* **21**(2): 295-308.

BACKGROUND: This study examines the effectiveness of a nursing home staff training program designed to improve the interaction between residents with dementia and their caregivers. **METHODS:** A three-arm cluster-randomized and controlled population of 96 caregivers and 210 residents was used. Caregivers of the intervention group (IG) received a three-month training program in dementia care. Data were gathered at baseline, immediately after the training and at a six-month follow-up-assessment. Short- and long-term effects of the training program were assessed in comparison with another intervention referred to as the relaxation group (RG) and a wait-list control group (CG). **RESULTS:** Results indicated significant positive effects of the training program on caregivers' knowledge immediately after the training and on the use of physical restraints at the six-month follow-up. Caregivers' overall competence increased significantly both in the IG and in the RG. No intervention effects were found on caregivers' level of burnout, their health complaints or on the use of sedative drugs. Relaxation training was more successful in the reduction of caregivers' health complaints. **CONCLUSIONS:** Results of the study indicate both the effectiveness and the limitations of a general training program in dementia care. The

complexity of the nursing home setting potentially needs more complex interventions. Ongoing and continued support of the caregivers, as well as changes in organization and environment, are more likely to be helpful in the long-term improvement in the quality of care. Future research should focus on studies of specific interventions, such as the interesting effects of relaxation training on the caregivers' state of health.