

Improving well-being in care home – a focus on dementia

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Some paths to Success

- Recognising and responding to complexity
- Embedding psychosocial approaches
- Training and Sustaining practice

Complexity – the needs of people in care homes

- Approx. 80% of people in care homes have dementia
- Co-morbidity of
 - Medical conditions
 - Behavioural and Psychiatric Symptoms Dementia
 - Mental Health e.g. depression is 20%
- Require care in generalising psychopharmacology findings to people with dementia
 - HTA SADD (depression) Sertraline and Mirtazapine not effective and more SAEs than placebo group
 - Antipsychotics (BPSD)- mortality and harms

Embedding Psychosocial Approaches : The WHELD Programme

A 5 year NIHR funded programme

To develop and evaluate an optimised intervention

- Based upon the most effective, currently available therapies
 - That provides a broad range of benefits, specifically to:
 - reduce the prescription of antipsychotic drugs
 - reduce agitation
 - improve mental health & quality of life
- for people with dementia in care homes

What works and How ?

- Systematic review of effective psycho social approaches
 - ***Identified differential effects of interventions***
 - Pleasant events and social interaction (5 RCT +3) – agitation
 - Reminiscence (12 RCTs) – mood/depression
 - No psychosocial interventions improved psychotic symptoms
- Systematic review of qualitative literature to identify successful implementation approaches

WHELD Factorial Study: 16 care homes, 277 people with dementia

Main aim:

- To find out the most effective combination of psychosocial treatments for residents to improve quality of life, reduce prescribing and reduce symptoms

Pilot Interventions:

- Person Centred Care (PCC)
- Social Intervention and Pleasant activities(SI)
- Antipsychotic Review(AR)
- Exercise(Ex)



WHELD : Key Results

- **AR** significantly reduced **antipsychotic use** by 50% (OR 0.17, 95% CI 0.05 to 0.60, $p=0.006$).
- **AR and SI** significantly reduced **mortality** (OR=0.36, 95% CI 0.23 to 0.57, $p<0.001$)
- **Benefits in mortality were achieved without a worsening of neuropsychiatric symptoms in people receiving AR and SI** (-0.44, CI -4.39 to 3.52, $p=0.82$)
- **SI** significantly improved **quality of life** (6.04, 95% CI 0.24 to 11.84, $p=0.042$)
- **Combination of both SI and AR** ($p<0.04$) and **EX and AR** ($P<0.02$) also significantly improved apathy

Combining the successful elements

Does QoL improve compared to usual care?

- 69 care homes
 - 1006 participants
 - 9 months of working with homes
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- ✓ An individualised person-centred, positive approach to care.
 - ✓ Increase time residents spent in personalised socially interactive activities **to 60 minutes a week.**
 - ✓ To provide **routine antipsychotic review** & follow best practice guidelines in managing behavioural and psychological symptoms

Differences in Intervention Delivery

- Delivery
 - 4 x 1 day training per month of dementia champions (DC) coming out of the home
 - 2.25 hours weekly support from WHELD team for DC
 - DC trains and supports colleagues
- No direct GP training element – but resources available via homes who worked with their GPs to develop a review process

WHELD 2nd RCT :

69 care homes, 1006 participants

- Significant improvement in agitation
- Numerical but not statistically significant improvement in QoL overall
- A further analysis suggested WHELD did confer significant benefit compared to TAU on quality of life (DEMQOL proxy), in the sub-group of individuals with significant agitation at baseline (CMAI >40).
- Prescribing was stable in both groups
- Total costs : lower health and social care costs for the intervention group

Training and Sustaining practice

- **WHELD** : Systematic review of 170 training and care manuals
 - *4 manuals had evidence of effectiveness for residents, all involving supervision* of staff after training
- **ECHO** – Enhanced Care Home Outcomes
 - “Real world” NHS implementation of psychosocial approaches in a county wide (102 homes) in-reach stepped care model.
 - **BRighTER DAWN** training for integrated physical and mental health team
 - Early outcomes analysis shows
 - Successful early detection of difficulties and recognition & treatment of pain
 - clinical effectiveness in reducing neuropsychiatric symptoms and service use
 - cost effectiveness.

Some reflections

WHELD Programme

- 60 minutes a week of personalised social interaction can make a massive difference!
- Importance of GPs knowledge about the risks of antipsychotics and alternative “social prescriptions”
BMJ e- learning
- Supervision essential within homes to enable work to get established - has made approach **sustainable** 9-12 months after the project has ended.

ECHO Programme

It is feasible , clinically and cost effective to adapt and adopt this in the “real world”.

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