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

✓ 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-reaching 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”.
References


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