# Interventions for People with Dementia and Their Caregivers

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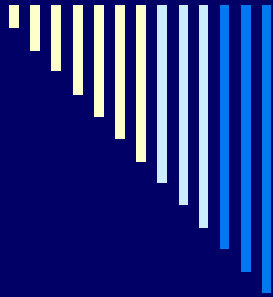
Presentation Mandate (1)

☐ *Continue to reflect on the draft AHRQ/EPC systematic review results*

  - Specific focus on Chapters 4 and 5:
    Care Interventions for Managing BPSD in PWD and *Care Interventions for PWD Well Being*

☐ *Explore the current state of evidence and discuss which care interventions for individuals with dementia and their caregivers may be ready for dissemination and implementation on a broad scale.*
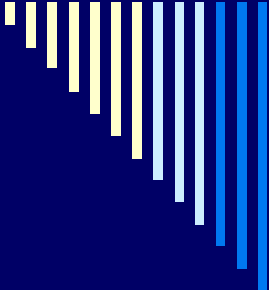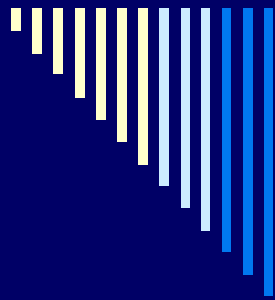
Presentation Mandate (2)

□ **Discuss**

  ▪ *emerging data on care interventions that did not meet the evidentiary standard of the systematic review, and*

  ▪ *data expected from studies underway that were not published in time for inclusion in the review*

□ **Identify gaps and areas for future research (and clinical practice).**

Reflect on draft/ Explore current state of evidence and discuss which care interventions for individuals with dementia and their caregivers may be ready for dissemination and implementation on a broad scale

- **REACH II**
- **Seattle Protocols**
  - **RDAD**
  - **STAR-C**
  - **STAR**
- **Skills training**
  - **improves depression**
    - Teri et al, 1997; Proctor et al., 1999; Beck et al., 2002
  - **decreases agitation**
    - Teri et al., 2002; Huang et al., 2003
  - **improves physical activity**
    - Teri et al., 2003
  - **decreases generalized behavioral problems**
    - Marriott et al., 2000; Burgio et al., 2003; Teri et al., 2005
  - **improves caregiver reactivity**
    - Teri et al., 1997; Chu et al., 2000

- **Communication training**
  - **decreases problem communication**
    - Done et al., 2001
  - **decreases problem behaviors and depression**
    - McCallion et al., 1999
- **Psychoeducational approaches**
  - **decreases problem behaviors and improves caregiver reactivity**
    - Gerdner et al., 2002; Hebert et al., 2003
- **Environmental modifications**
  - **delays decline in IADLs**
    - Gitlin et al., 2001, 2008, 2010

Reflect on draft/ Explore current state of evidence and discuss which care interventions for individuals with dementia and their caregivers may be ready for dissemination and implementation on a broad scale
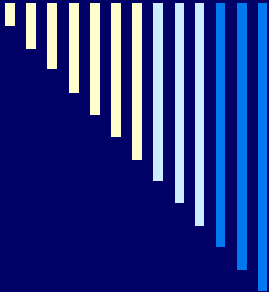
☐ **Music therapy**
- **Improves depression and mood**
  - Sung et al., 2012; Chu et al., 2014
- **decreases anxiety**
  - Lin et al., 2011
- **Decreases agitation**
  - ➤ Sarkamo et al., 2014
  - ➤ Moyle et al, 2017

☐ **Complementary & Alternative Medicines**
- ☐ **decreases agitation**
  - ➤ Burns et al., 2011; Lin et al, 2007

☐ **Robot assisted therapy**
- **decreases agitation**

Discuss emerging data on care interventions that did not meet the evidentiary standard of the systematic review, and data expected from studies underway that were not published in time for inclusion in the review
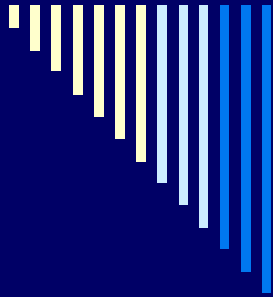
Innovative RCTs

Previously published

- REACH II
- RDAD, RDAD-NW
- Training Staff in Nursing Homes
  - Teri et al (STAR)
  - Meeks (BEHAVE)
- Training VA Staff
  - Karlin et al, Karel et al (STAR-VA)

Ongoing

- RDAD in LGBTQQ populations (Fredriksen-Goldsen, U. WA/NIA)
- RDAD for ADRD w/o informal caregivers (Fredriksen-Goldsen, U.WA/NIA)
- STAR-C Virtual training (Penfold, Kaiser Permanente/NIA)

Discuss emerging data on care interventions that did not meet the evidentiary standard of the systematic review, and data expected from studies underway that were not published in time for inclusion in the review

Community based translational/implementation studies

Previously published

- Menne, et al. (RDAD in Ohio)
- McCurry, et al. (RDAD and STAR-C in OR & WA)

Ongoing

- RDAD: Partnership in Implementation Science for Geriatric MH (Chen, Harvard, Chuengsatiansup, Ministry of Thailand, NIMH)
- RDAD: Dementia Capable Napa County: RDAD (Regelia, Providence St. Joseph HC,ACL/AoA)
- RDAD: Kansas City Collaborative for Dementia Capability (Perales,Vidoni, Barton U. KS,ACL/AoA)
- STAR-C: WA Dementia Capable Outreach (Boone, Wa ALTSA, ACL/AoA)
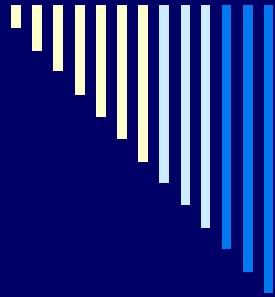
Presentation Summary (1)
## Continue to reflect on the draft AHRQ/EPC systematic review results

- ☐ Tremendous amount of work; depth of review

- ☐ Unfortunately, the criteria were set so high as to eliminate the majority of sound research with the strongest potential to move the field forward and suggest areas for evidence-based practice.

- ☐ The categorization of studies was fragmented and overlapping, precluding informed decisions regarding programs with the strongest potential and offering little to no guidance for understanding the commonalities across these programs.
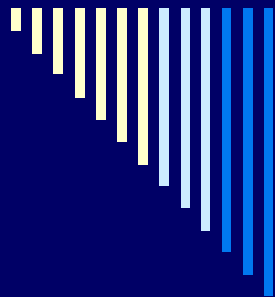
Presentation Summary (2)

Explore the current state of evidence and discuss which care interventions for individuals with dementia and their caregivers may be ready for dissemination and implementation on a broad scale.

- ☐ RCTs have demonstrated good success in well defined programs that share commonalities in strategies (such as methods to improve communication between caregiver and care-recipient and behavioral methods to decrease problems).

- ☐ A number of these programs have already been adapted into community agencies and are being tested in the field.

- ☐ One such program, RDAD, has over half a dozen studies currently underway investigating its utility in diverse populations in a variety of care settings.
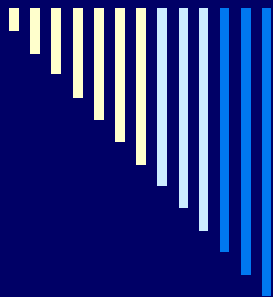
Presentation Summary (3)

Discuss emerging data on care interventions that did not meet the evidentiary standard of the systematic review and data expected from studies underway that were not published in time for inclusion in the review and identify gaps and areas for future research.

We know what works.

Fund programs that prioritize moving these evidence-based treatment programs into communities and across the globe.

Presentation Summary(4)
Identify gaps and areas for future research and clinical practice

We still have much to learn.

Fund research that investigates:

☐ Cost-effective strategies for training family caregivers and staff to deliver treatments to improve care, reduce patient behavioral problems and alleviate burden.

☐ Best practice for adapting programs to underserved groups, different countries and diverse cultures.

☐ Individuals and systems most likely and least likely to benefit from existing programs

☐ New programs for those patients and caregivers least likely to benefit from existing programs and those not yet included in existing programmatic research
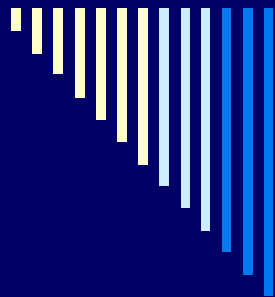
Thank you

Hosts of this meeting

National Academy of Science, Engineering and Medicine

Funders of my research

National Institute on Aging

Alzheimer's Association

US Department of Veterans Affairs

National Institute of Mental Health