

Person-centred care and Dementia Care Mapping among nursing home patients – a 18 months randomised controlled intervention study

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Title of project or programme

Person-centred care and Dementia Care Mapping among nursing home patients – a 18 months randomised controlled intervention study

Principal Investigators of project/programme grant

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Source of funding information

The Research Council of Norway

Total sum awarded (Euro)

862000

Start date of award

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Total duration of award in months

36

The project/programme is most relevant to

- Alzheimer's disease and other dementias

Keywords

Care, dementia, RCT

Research abstract in English

Dementia is a common and devastating disease in the elderly, leading to helplessness. No cure exists and there is an increasing need for care. The care is however associated with a great burden for the family and professional caregivers, and too often psychotropic drugs are given to agitated demented patients. To improve knowledge on how to provide better care for the patients in nursing home, we want to carry out a controlled trial using two special forms of educational and developmental interventions to train the nursing home personnel and compared these two methods with a traditional educational program (lectures). The two forms of educational intervention are based on what is called person based care, meaning that the staff should learn to understand and treat the persons that suffer from dementia, not the dementia disease itself. The two forms are called framework to develop person-centred care and dementia care mapping, respectively. They are tried out in two previous short-term RCT with promising results. This will be the first long-term trial ever. The participants are the staff and patients in 15-20 nursing homes in the counties of Oslo and Akershus in Norway. Due to power calculation using data from a previous nursing home study we will include 200 patients and their professional caregivers in each of the three groups (600 in all). The two active intervention programmes will be introduced in the nursing home over a period of one year, and effect will be measured after end of intervention and after 18 months follow-up. Primary outcome measure is reduction of agitation. Secondary outcomes are less use of psychotropic drugs, less use of restraints, reduced mortality and improvement of quality of life of the patients; and improved well being among staff.

Lay summary