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Home-Based Nonpharmacologic Intervention May Provide Benefit to Patients With Dementia and Their Caregivers

Occupational Therapy and Nursing Lead to Improvements

Bethesda, MD—An intervention that targeted modifiable stressors in the home of patients with dementia resulted in better outcomes for the patients and their caregivers, according to a study in the September 1 issue of *JAMA*.

Laura N. Gitlin, PhD, Director of the Jefferson Center for Applied Research on Aging and Health (CARAH) at Thomas Jefferson University in Philadelphia, and colleagues designed the Care of Persons with Dementia in their Environments (COPE) trial to test a nonpharmacologic, biobehavioral approach to support physical function and quality of life for patients with dementia and the well-being of their caregivers.

Among the more than 5 million persons in the United States with dementia, most live at home and are cared for by family members. With disease progression, families increasingly provide hands-on physical assistance with activities of daily living (ADLs), which often results in heightened caregiver distress. “Trials of antidementia medications show few if any benefits for physical function or caregiver burden and have substantial adverse effects,” the authors write. “Optimal treatment to postpone functional decline in patients with dementia is not established.”

In the randomized trial, participants received up to ten sessions with an occupational therapist (OT) and two interactions with a nurse. The OT identified the routines, roles, habits, and interests of the patient and the caregiver’s specific caregiving challenges and concerns. The OT also assessed the patient’s strengths and deficiencies. With this information the OT developed an action plan outlining goals and strategies to engage the patient. The nurse provided health information to the caregiver, shared how to manage issues related to pain, constipation, and

dehydration; obtained blood and urine samples; and evaluated patients for dehydration. Follow-up laboratory results were shared by phone.

After 4 months of COPE intervention, Gitlin's team observed improvement in functional dependence for patients, most notably for such activities as using the telephone, shopping, preparing meals, and doing housework. A slight increase was also noted for self-care activities such as bathing, dressing, and grooming. Caregivers who were undergoing COPE treatment reported improvement in well-being and confidence using activities after 4 months of intervention.

Also at 4 months, 37% of patients in COPE were identified as having an underlying medical condition that was not previously treated and that may contribute to poor quality of life. Dr. Gitlin notes that one unanswered question is how frequently a person with dementia should undergo routine medical testing to catch these conditions and treat them in a timely manner. She continues, "A related question is that while we know that pain is highly prevalent in dementia patients, we do not as yet have adequate approaches to detecting and managing pain."

The researchers did not find statistically significant differences between the COPE group and the control group participants at 9 months for any outcome measure. However, caregivers involved in COPE reported a great deal of improvement in their quality of life, including better understanding of the disease, more confidence in managing behaviors, improved caregiving, and ability to keep the person with dementia at home.

"This study reinforces other recent findings that nonpharmacologic, biopsychosocial-environmental interventions may positively contribute to disease management of patients with dementia who live at home and their caregivers," shares Dr. Gitlin. "It also highlights the important role of occupational therapists and nurses as part of the dementia care team. More research is needed to examine effects of underlying medical conditions, ways to boost treatment effects, cost-effectiveness, and other issues, but this is a solid foundation for future study and an indication that nonpharmacologic approaches should be integrated into the standard of care of patients with dementia. This will require a new way of thinking about dementia care by physicians and practitioners."

The COPE intervention is now being implemented in a new service offered by CARAH's Jefferson Elder Care through Medicare Part B to patients with dementia in need of skilled care and their family members. Jefferson Elder Care is also offering training to occupational therapists and agencies in this and its other evidence-based programs.

Learn more about CARAH at <http://www.jefferson.edu/carah/>

Note: Please see “Effects of a Nonpharmacologic, Bio-behavioral Home-based Intervention on Functional Status and Quality of Life of Patients with Dementia and Well-being of their Caregivers: A Randomized Trial,” for additional information, including other authors, author contributions and affiliations, financial disclosures, funding and support, etc. (*JAMA*. 2010;304[9]:983-991)