

Special care plan does not slow decline in patients with Alzheimer's

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A special dementia care plan, involving regular assessments of patients with Alzheimer's disease in specialist memory clinics, does not slow functional decline compared with usual care, finds a study published in the British Medical Journal today.

Guidelines for the care of patients with <u>Alzheimer's disease</u> recommend regular evaluation and follow-up. However, questions remain over the feasibility and real impact of these guidelines, and whether assessments are better carried out in primary care or specialist memory clinics.

So a team of researchers in France tested the effectiveness of a comprehensive care plan in reducing the rate of functional decline in patients with Alzheimer's disease compared with usual care.

The study was conducted over two years at 50 memory clinics in France and involved 1,131 community dwelling patients with mild to moderate Alzheimer's disease. Patients were randomised to either a comprehensive care plan (intervention group) or usual care (control group).

Patients in the intervention group received regular 6-monthly assessments, while the control group received only an annual consultation.

After two years, there was no significant difference in functional decline between the two groups. There was also no difference in the risk of being admitted to an institution or death between the two groups.



The authors say: "This finding underlines the fact that this kind of broad intervention does not convey benefit in activities of daily living and may have little public health value."

They add: "it may be that interventions must be targeted towards patients at particular risk of decline or we may need to develop a more effective intervention and ensure that it is correctly implemented in all patients."

Future research is needed to determine whether functional decline can be improved by more direct involvement of <u>general practitioners</u> or by using case manager programmes, they conclude.

In an accompanying editorial, Professor Lon Schneider from the University of Southern California acknowledges that care plans are not simple to implement, but says the trial "provides an important basis from which to assess the feasibility and effectiveness of care plans delivered by doctors. It also highlights the need to develop effective comprehensive care plans that can be integrated into practice."

Provided by British Medical Journal

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