Home-based care teams offer help for those with dementia

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Coordinated effort boosts quality of life, delays need for nursing home, study finds.

(HealthDay) -- A new system of caring for people with dementia in their homes could keep them from having to move into nursing homes and improve their quality of life, new research suggests.

The program starts with a home visit by a team made up of a nurse, a psychiatrist and a care coordinator, who acts as team leader. The team determines the person's needs, such as fall-proofing their bathroom or keeping track of their medications, and counsels the person and their caregiver. The care coordinator follows up at least once a month, depending on the person's needs.

In the current study, researchers tested the effectiveness of this program

for 18 months in more than 300 people over the age of 70 who had mental impairments, most commonly dementia.

Among the people who received counseling and follow-up, 70 percent were still living at home at the end of the 18 months. In contrast, about 50 percent of a usual care ("control") group had moved into a nursing home, hospital or assisted-living facility, or passed away.

The study is to be presented Wednesday at the Alzheimer's Association annual meeting in Vancouver.

"We were surprised that we found that fewer [in the treatment group] permanently left their homes, because that is something that is pretty difficult to show," said study author Quincy Miles Samus, an assistant professor of psychiatry and behavioral sciences at Johns Hopkins University School of Medicine.

There are many aspects of their home-based care program, including improving safety and health care, and counseling caregivers.

"We really need to understand the active ingredients of the intervention," Samus said.

Although at-home visits are covered by Medicare for people with chronic conditions such as dementia, they are usually aimed at improving one specific function, such as teaching someone how to administer their own medications, said Dr. Gary Kennedy, director of geriatric psychiatry at Montefiore Medical Center in New York City.

"This is one of the few studies that shows that you can really make people better with [at-home care] and by doing so you can avoid hospitalization," Kennedy said.

"A system like this has an immense potential to reduce cost and at the same time improve care, so it has tremendous interest," Kennedy added.

Samus and her colleagues provided the program to 110 people in the Baltimore area who had mild mental impairments.

A second group of 193 people with similar impairments also had an initial visit with one of the care teams. The team told them their unmet needs and about resources where they could find help, but unlike the intervention group, they did not get advice or follow-up.

Most of the participants had a caregiver, usually a spouse or child who lived with them, but a few had a proxy instead that provided information to the care team about the participant.

During their home visit, the care team assessed 76 possible unmet needs including decreasing clutter to reduce falls, managing conditions like diabetes, completing a will and other legal documents, and having meaningful activities, such as going to an adult day care, Samus said. The average participant had seven unmet needs.

Both the intervention and control groups had reductions in their needs at the end of the 18-month study, so even just the initial visit and evaluation could be beneficial, Samus said. However, the intervention group had a greater reduction in unmet needs.

The researchers also found that participants in the intervention group reported higher quality of life than those in the usual care group at the end of 18 months.

"We didn't want to keep people at home miserable," Samus said, "so [this] finding was great."

The researchers are now studying whether the program could benefit people with more severe mental impairment. Samus suspects that people with mild memory impairment will get the most benefit because their needs are generally less well-recognized.

Samus and her colleagues at Johns Hopkins, including Dr. Constantine Lyketsos, developed the program for at-home care that was tested in the current study.

The study took place in an area with a large academic medical center, and it might be more difficult to implement where there are fewer resources, Kennedy said. "But that doesn't mean that you could not see this put in place in suburban areas," he added.

The researchers are still crunching the numbers for how much this program would cost, but they already think it would be very cost-effective.

"We estimate it would probably cost $1,000 to $2,000 per person per year," Samus said.

In contrast, nursing homes can cost between $30,000 and $100,000 a year, Kennedy said. "It would appear advantageous to Medicare's expenditures to pay for [an at-home program]," he added.

"Our number one long-term goal is to gather enough evidence to be used by health care providers like Medicare to decide if they could pay for it," Samus said.

Because the findings were presented at a medical meeting, they should be regarded as preliminary until published in a peer-reviewed journal.

More information: You can learn more about dementia by visiting the

Alzheimer's Association.

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