

Clinical trial assesses telephone-based care program for at-risk homebound elderly

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Something as simple as a phone call could be a way to alert health care providers and caregivers that an elderly person suffering from dementia may be spiraling down to dangerous self-neglect, according to

researchers at The University of Texas Health Science Center at Houston (UTHealth).

To test their premise, Sabrina Pickens, Ph.D., MSN, assistant professor with Cizik School of Nursing at UTHealth, is leading a six-month pilot study that modifies a telephone-based care program for homebound seniors who receive Meals on Wheels and have screened positive for dementia. Sandy M. Branson, Ph.D., RN, assistant professor at Cizik School of Nursing, is co-investigator. The study is being done through the Meals on Wheels program at Northwest Assistance Ministries with the assistance of Grace Jackson, MA, senior services director.

According to research published in the *American Journal of Geriatrics*, approximately 30% of recipients of the Meals on Wheels program have dementia, which places them at high risk for self-neglect. The most common allegation reported to Adult Protective Services, self-neglect is the inability for an older adult diagnosed with cognitive impairment to perform basic self-care tasks such as managing finances, preparing meals, and self-administering medication.

In many cases, an older person's informal caregiver—usually a family member or friend—can become frustrated and overburdened in attempting to intervene because the older adult refuses care, a hallmark feature of self-neglect. Caregivers might be juggling a full-time job and children, or live in another state, and begin to suffer from depression and anxiety because they feel overwhelmed, Pickens said.

"We are testing whether the program could reduce caregiver burden and prevent overutilization of hospitalization and placement in [long-term care](#) for the recipient," said Pickens, who is a member of the UTHealth Consortium on Aging. "We hope this can identify the unmet needs of the caregiver and the recipient and link both to services that can help them."

The program was modified from the Benjamin Rose Institute's Care Consultation Intervention, a low-resource intervention designed for adults with chronic health conditions. A 2014 published study led by Mark Kunik, MD, MPH, of Baylor College of Medicine reported it to be effective in reducing unmet needs in veterans and their caregivers, including understanding dementia and accessing services. Kunik is consulting on the project. This will be the first test of the program in homebound seniors with dementia and depending on results, could lead to a larger, randomized study.

In the [program](#), both the recipient and the [caregiver](#) complete assessments. Questions focus on memory problems, sleep, [social isolation](#), depression, driving ability, relationship stress, anxiety, financial concerns, capacity to provide care, medications, mobility, balance, and pain.

Through a web-based protocol, a care consultant assesses unmet needs and provides information about resources and services that are built into action plans to support those needs. The care consultant then follows up with scheduled phone calls to see if goals are being met. Care consultants for the project are Pickens and Apollonia Landrum, BS, MBA, ombudsman with the Long Term Care Ombudsman Program at Cizik School of Nursing.

The research is underwritten with a \$120,000 grant from the Alzheimer's Association.

Provided by University of Texas Health Science Center at Houston

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