Non-drug interventions for patients with Alzheimer's are both effective and cost-effective, study shows

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While new drugs to treat Alzheimer's disease tend to receive the most public attention, many well-researched ways to care for people with

dementia don't involve medication. A new evaluation compared the cost-effectiveness of four non-drug interventions to the usual care received by people with dementia and found that the interventions not only resulted in a better quality of life, but also saved money.

In a study published April 6 in *Alzheimer's & Dementia*, researchers used a computer simulation model to show that the four dementia-care interventions saved between $2,800 and $13,000 in societal costs, depending on the type of intervention, and all reduced nursing home admissions and improved quality of life compared to usual care.

Alzheimer's drugs hold great promise, but they still need additional research and improvement, said lead study author Eric Jutkowitz, an associate professor at Brown University's School of Public Health. In the meantime, he said, a number of non-drug interventions have been shown to be effective in clinical trials in improving quality of life for people with dementia and helping them stay safely at home longer.

"Now that we can show that these effective interventions can also save money, it just makes sense to find ways to make them available to more families," Jutkowitz said. "These interventions can be used to help people with dementia starting today."

The four interventions studied included the following:

- Maximizing Independence at Home—an at-home, care coordination intervention that consists of care planning, skill-building, referrals to services and care monitoring
- New York University Caregiver—which is implemented in an outpatient clinic and provides caregivers with six counseling sessions over four months plus lifetime ad-hoc support and access to weekly support groups

- Alzheimer's and Dementia Care—in which a health care system provides people living with dementia and their caregivers a needs assessment, individual care plans and round-the-clock access to a care manager
- Adult Day Service Plus—which augments adult day care services with staff providing face-to-face caregiver support, disease education, care management, skill-building and resource referrals

Nonpharmacological interventions like these provide family caregivers with knowledge, skills and support tailored to their care challenges. They have been shown to improve quality of life for the caregiver and the person living with dementia, as well as to reduce nursing home admissions, and they are not associated with adverse events such as hospitalizations and mortality. For these reasons, nonpharmacological interventions are recommended as first-line therapies for the management of Alzheimer's and dementia.

While non-drug interventions are well-studied, Jutkowitz said they haven't been widely implemented in clinical care centers. He added that there isn't currently an infrastructure in place to support these methods of care—for example, there are limited mechanisms for providers to be reimbursed for these types of interventions.

To conduct the study, the researchers used a computer simulation to model the likelihood of nursing home admission for four evidence-based Alzheimer's and dementia nonpharmacological interventions compared to usual care. For each, the study evaluated societal costs, quality-adjusted life-years and cost-effectiveness. The inputs in the simulation were based on data from Medicare, clinical trials and national surveys with families of people with dementia.

Jutkowitz noted that the researchers benefited not only from Brown University computing resources that could handle intensive analytic

tasks, but also access to data from the government's Centers for Medicare and Medicaid Services, which was crucial to the analysis.

In addition to finding that the interventions were cost-effective from a societal perspective, the researchers also found that from a health care payer perspective, the interventions involved little to no additional cost, compared to usual care, while increasing patient quality of life.

Based on the study findings, the authors concluded that health insurance policies should find ways to incentivize providers and health systems to implement nonpharmacological interventions.

The importance of understanding the cost-effectiveness of non-drug Alzheimer's and dementia interventions is further highlighted by changes in Medicare payment models and emerging Alzheimer's therapeutics, the researchers noted. The Centers for Medicare and Medicaid Services is in the process of determining coverage for new Alzheimer's and related dementia drugs.

"As the Centers for Medicare and Medicaid Services determine coverage for new Alzheimer's and related dementia drugs, we strongly believe that CMS should also consider the benefits of nonpharmacologic interventions," Jutkowitz said.

While this study focused on non-drug interventions that reduce nursing home admissions, a future analysis will look at similar interventions that reduce or maintain functional decline and challenging behaviors. The researchers are also working on designing a trial that would test the interventions with patients in a health care setting.

More information: Eric Jutkowitz et al, Cost effectiveness of non-drug interventions that reduce nursing home admissions for people living with dementia, *Alzheimer's & Dementia* (2023). DOI:

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