

The individualised Meeting Centres Support Programme (iMCSP)

Research into the implementation of three new individualised interventions for people with dementia and their caregivers

Summary of research results



iMCSP



Dementelcoach®
telefonische hulp voor de naasten van
mensen met dementie



STAR

Skills Training and Re-Skilling
for Carers of People with Dementia

Objectives

There are relatively few interventions on an individual basis to support community-dwelling people with dementia to continue to fulfil their potential in society, or e-Health interventions to support informal caregivers. The individualised Meeting Centres Programme project explored the implementation and effectiveness of three individualised interventions:

- DemenTalent (people with dementia become active as volunteers in the community based on their talents),
- Dementelcoach (telephone coaching), and
- STAR e-Learning for informal caregivers

Method

The new interventions were first linked to Meeting Centres. Subsequently, their effect was examined in a so-called exploratory, randomised, controlled study with pre/post measurements (at months 0 and 6). Three groups were compared:

- iMCSP group (39 people with dementia participated in DemenTalent and 65 caregivers received Dementelcoach or the online STAR e-Learning course),
- regular MSCP group (54 people with dementia and informal caregivers), and a
- control group (N=189) who did not utilise day care.

Results

The new iMCSP interventions proved easy to implement when there was sufficient staff involvement, cooperation with referrers, and support from the municipalities within the framework of the Social Support Act (WMO). It resulted in a broader group of participants utilising the Meeting Centres (younger, more often male and living with a partner, higher educated; and caregivers who felt more burdened).

In comparison with regular Meeting Centres, DemenTalent had a medium positive effect after six months on neuropsychiatric symptoms (behaviour and mood disorders), which were also less severe.

Positive affect of participants improved in both the DemenTalent group and the regular Meeting Centres group after six months. Informal caregivers of DemenTalent participants felt less burdened by the neuropsychiatric symptoms.

No differences were found in experienced burden, sense of competence or quality of life between caregivers using iMCSP or the regular MCSP.

Caregivers of DemenTalent participants and caregivers who used Dementelcoach or STAR e-Learning were happier than caregivers who did *not* utilise day care.

Both people with dementia and informal caregivers were (very) satisfied with the new individualised MCSP programme and the regular MCSP programme. On average they rated DemenTalent with a score of 8 (out of 10) and Dementelcoach and STAR e-Learning with 7.8.

The cost-effectiveness study showed that DemenTalent is more cost-effective than the regular Meeting Centres in terms of neuropsychiatric symptoms and Qualys (quality added life years): it is cheaper and more effective.

The results also show that there is a substantial chance (86%) that Dementelcoach is more cost-effective with respect to reduction of neuropsychiatric symptoms in the person with dementia (severity of symptoms and emotional burden for the caregiver) and (60%) of improvement in the caregiver's sense of competence.

Based on the limited available cost data, no conclusions could be drawn about STAR e-Learning, except that further research into its cost-effectiveness is advisable in view of the positive appreciation of the online course.

Conclusion and recommendations

iMCSP can be effectively applied as an alternative or complementary support programme to the regular Meeting Centres for a subgroup of people with dementia and informal caregivers who prefer individualised activities and support outside the Centre. DemenTalent proved to

have favourable effects on neuropsychiatric symptoms (behaviour and mood) of people with dementia and on the emotional burden of informal caregivers, and it was also cost effective. All iMCSP interventions (DemenTalent, Dementelcoach and STAR e-Learning) resulted in informal caregivers being happier than informal caregivers who do *not* receive support. Further dissemination of iMCSP is therefore recommended. Municipalities are advised to support this programme, also in the context of promoting a dementia friendly society. Research on a larger scale should show whether iMCSP is effective in other domains of quality of life.

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