

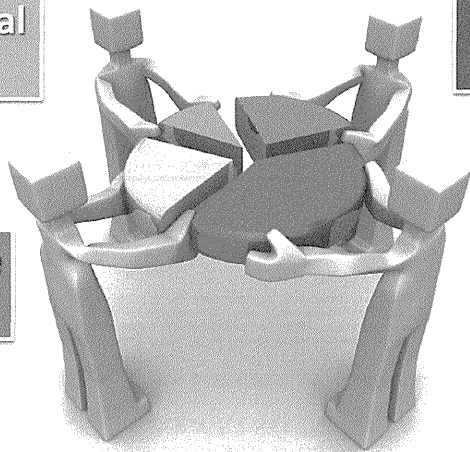
## Integrated approach is needed

Nutritional status

Chronic conditions

Cognitive training

Physical activity

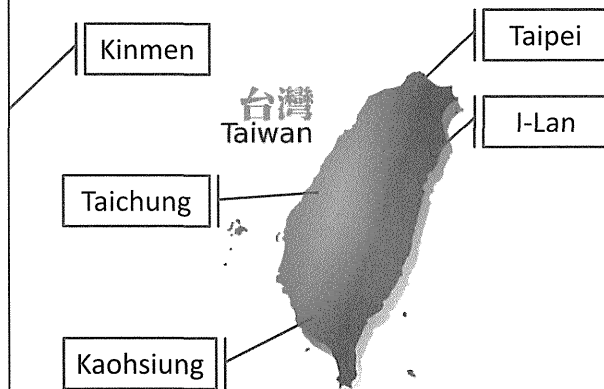


## Taiwan Health Intervention Study on Community-dwelling Elders (THISCE)

1. Nationwide randomized controlled trial
2. Inclusion criteria
  - a. Slow walking speed
  - b. Subjective memory complaint
  - c. IADL impairment
3. Integrated intervention program
  - a. Physical activities
  - b. Cognitive training
  - c. Dietary counselling
  - d. Chronic disease management



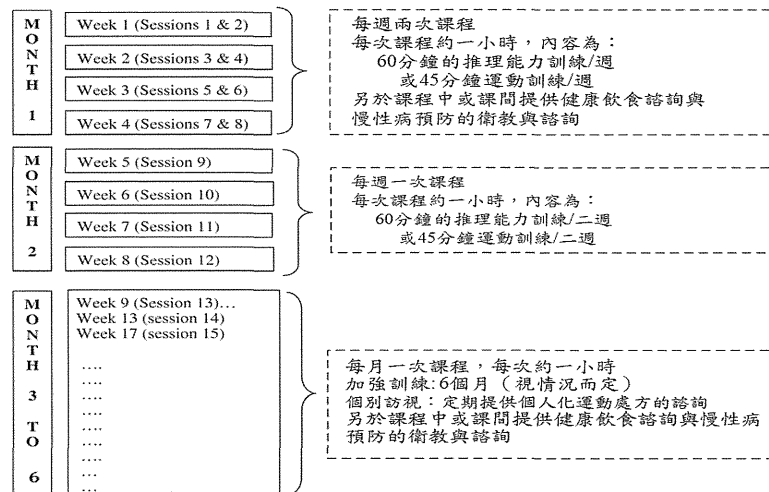
## Taiwan Health Intervention Study on Community-dwelling Elders (THISCE)



About us



## Study flowchart

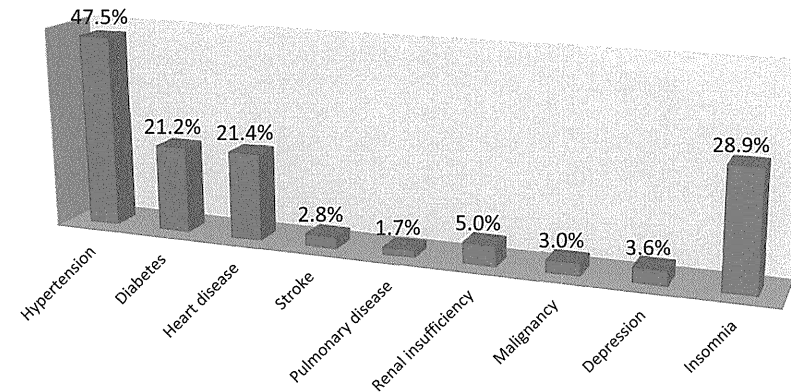


## Baseline demography

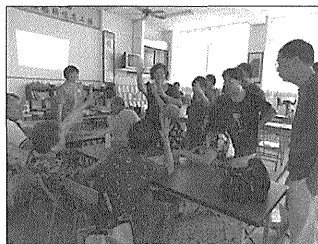
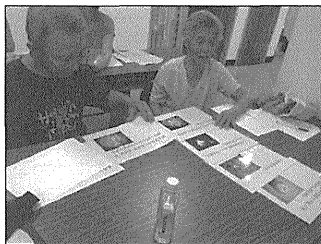
- 1191 community-dwelling older people participated
  - Female dominant (63.6%)
  - Age:  $75.1 \pm 8.0$  years
  - Formal education year:  $2.1 \pm 1.6$  years
  - IADL score:  $7.1 \pm 1.4$
  - MNA-SF:  $13.2 \pm 1.2$
  - TGDS-5:  $0.4 \pm 0.9$
  - 6m walking speed:  $0.92 \pm 0.34$  m/s
  - Grip strength:  $28.7 \pm 8.4$  Kg for men;  $17.4 \pm 4.9$  Kg for women
  - MoCA:  $19.9 \pm 5.9$  adjusted for education

Old old people with low education and some cognitive impairment and certain degree of physical frailty

## Chronic conditions

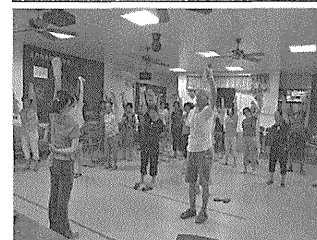


## Cognitive training



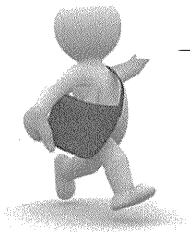
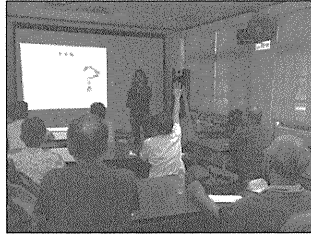
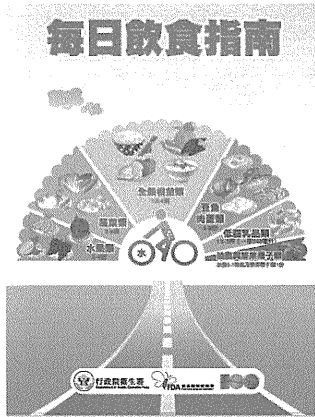
1. Memory training + Deductive function training
2. Group-based and person-based
3. Frequency
  - a. Twice a week, 8 courses in the 1<sup>st</sup> month
  - b. Once a week, 4 courses in the 2<sup>nd</sup> month
  - c. Once a month up to 6<sup>th</sup> month
  - d. Education for home maintenance training

## Exercise training



1. Resistance exercise-based program
2. Accumulated dose: 150 minutes per week
3. Frequency
  - a. Twice a week, 8 courses in the 1<sup>st</sup> month
  - b. Once a week, 4 courses in the 2<sup>nd</sup> month
  - c. Once a month up to 6<sup>th</sup> month
  - d. Education for home maintenance training

# Diet and chronic conditions



# National implementation strategy



Validation of clinical effects of THISCE intervention programs

Developing social marketing strategies to facilitate nationwide implementation

Another RCT to evaluate the overall health benefits of the nationwide integrated health promotion program

**Liang-Kung Chen, MD, PhD**  
Professor and Director, Aging and Health Research Center, National Yang Ming University, TAIPEI, TAIWAN  
Director, Center for Geriatrics and Gerontology, Taipei Veterans General Hospital, TAIPEI, TAIWAN  
Email: lkchen2@vghtpe.gov.tw



*Thank You!*

COGNICISE



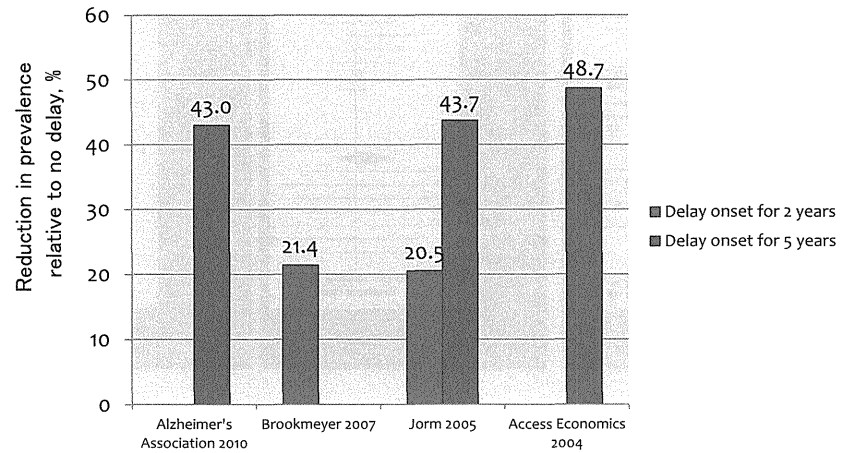
## A Scheme for Preventing Cognitive Decline in the Community



National Center for Geriatrics & Gerontology

Hiroyuki Shimada

## Changes in Prevalence in 2050 Associated with Delaying Onset of Dementia by Up to 5 Years :



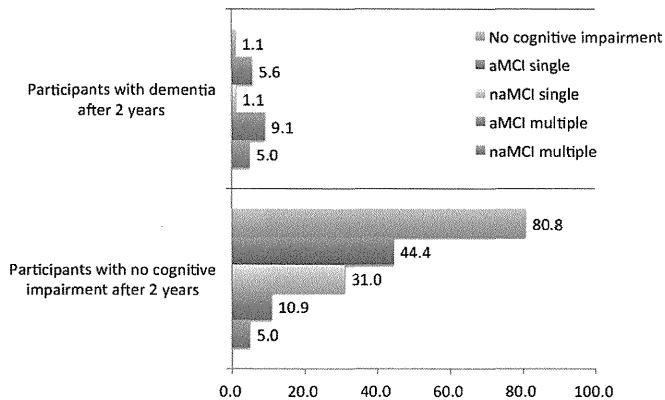
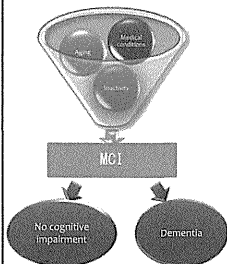
A report for Alzheimer's Association, 2012

## Recovery to No Cognitive Impairment from MCI

The Sydney Memory and Ageing Study (N=837)

Participants: community-dwelling adults aged 70 to 90 years

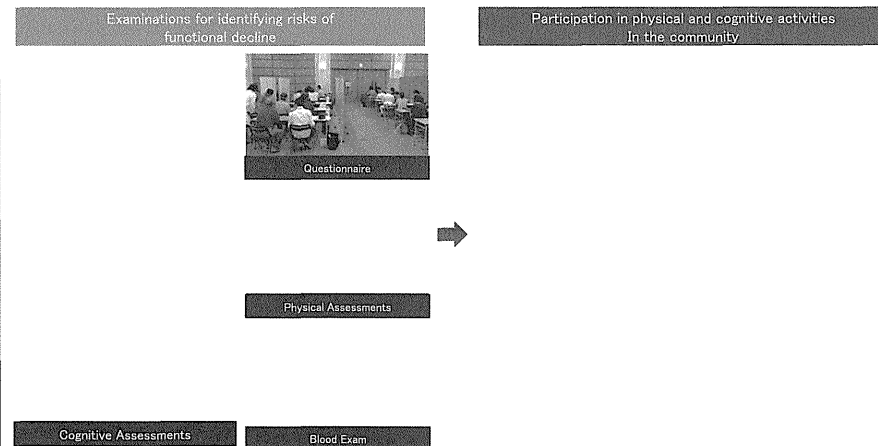
Design: 2 years follow-up observational study



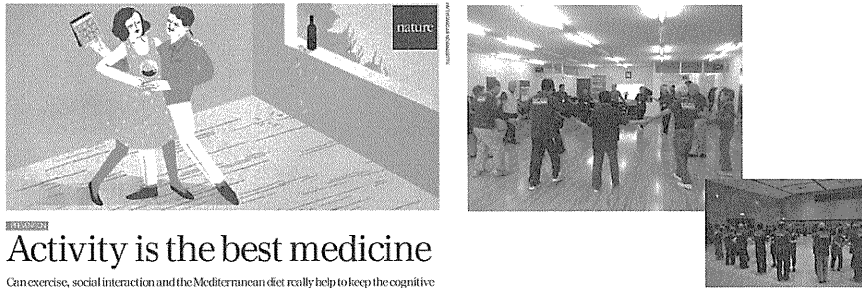
Brodaty H, Alzheimer's & Dementia 2013

## Schema for Preventing Cognitive Decline in the Community

National Center for Geriatrics and Gerontology



## Programs for Preventing Dementia Using Community resources



### Activity is the best medicine

Can exercise, social interaction and the Mediterranean diet really help to keep the cognitive decline of Alzheimer's disease at bay?   
 Deweerdt S, Nature 2011



## Potential Mechanisms of Exercise

### Cardiovascular Health

- Improves body composition
- Improves the lipid profile
- Aid in the prevention and control of hypertension
- Peak and prevents hyperglycemia and decreases insulin resistance
- Decreases the levels of inflammatory markers
- Increased capillarization
- Decreased cerebral hypoperfusion
- Consequent increase in brain oxygenation levels

### Neurotrophic factors

- Improve protective neurotrophines (such as BDNF and IGF-1)
- Production of endorphins and serotonin
- Increased neurogenesis
- Facilitate synaptogenesis

### Brain Health

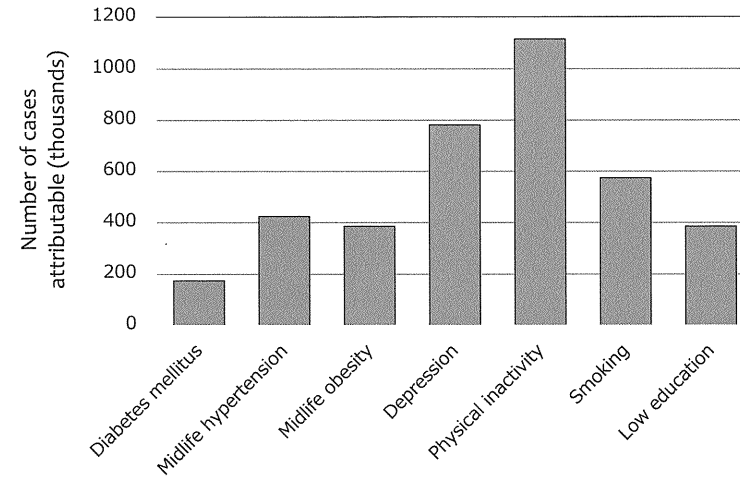
- Reduce disorder protein deposition
- Increases brain volume
- Stimulates neurogenesis and synaptogenesis
- Decreases neuronal death

### Physical Health

- Improves aerobic resistance
- Increases muscular mass
- Increases bone density
- Decreases body fat
- Improve coordination and balance
- Decrease the risk of falls

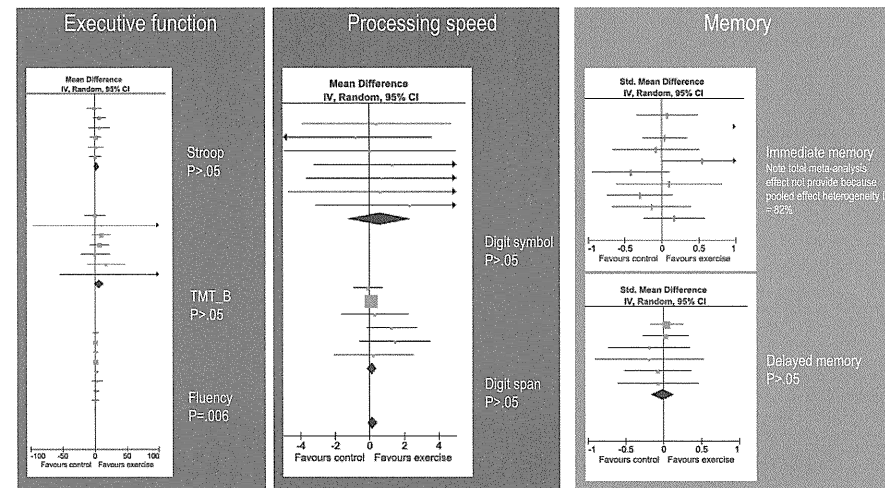
Kirk-Sanchez, N. J., & McGough, E. L. (2014). Physical exercise and cognitive performance in the elderly: current perspectives. *Clinical interventions in aging*, 9, 51.

## Alzheimer's disease cases attributable to potentially modifiable risk factors in the USA



Barnes D, Lancet Neurol 2011

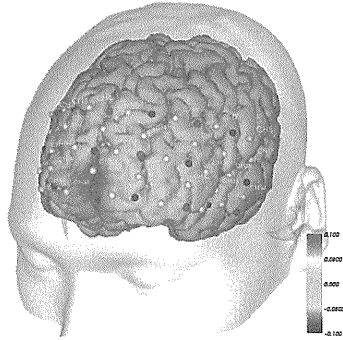
## The Effect of Exercise Training on Cognitive Function in Older Adults with Mild Cognitive Impairment: A Meta-analysis of Randomized Controlled Trials



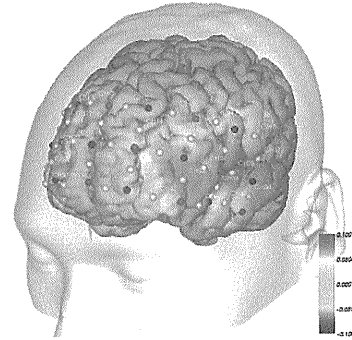
Gates N. Am J Geriatr Psychiatry 2013.

## New Exercise Program for Improving Cognitive Performances

Aerobic Exercise



COGNICISE



## Effects of COGNICISE on Cognitive Performances

Subjects: 308 older adults with MCI

Design: RCT

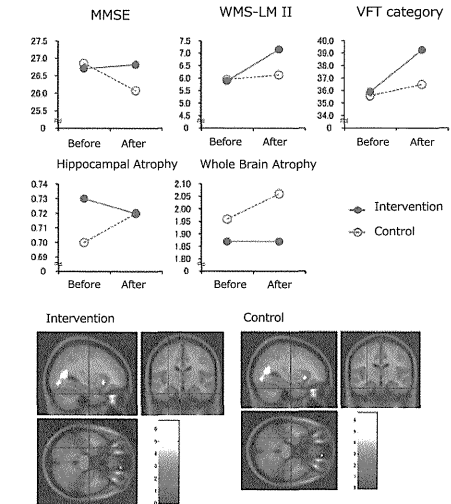
Setting: Community

Intervention:

Multicomponent exercise program  
10 months, weekly, 90 min/session

RESULTS:

1. Mini-mental state examination,  $p < .01$
2. Wechsler Memory Scale-logical memory II,  $p < .01$
3. Verbal Fluency Test,  $p < .01$
4. Hippocampal atrophy,  $p < .05$
5. Whole brain atrophy,  $p < .01$

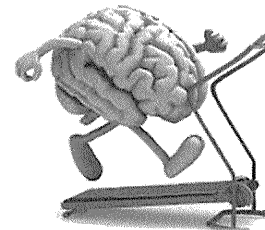


## Conclusion

1. To prevent dementia, early detection of MCI in the community is a critical issue
2. Exercise, especially COGNICISE, may be useful to maintain cognitive functions in MCI subjects



# Thank You!



Exercise Your Brain

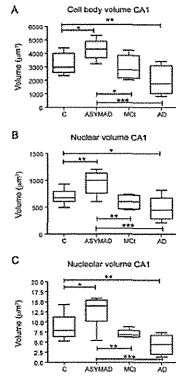
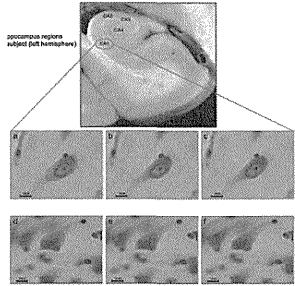
# Hippocampus hypertrophy and asymptomatic AD



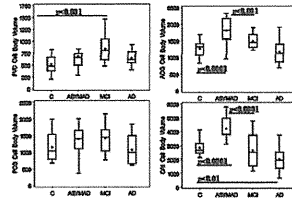
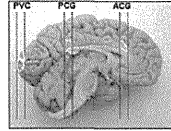
The Nun Study



BLSA: Baltimore Longitudinal Study of Aging



Iacono D. Neurology. 2009



Iacono D. J Neuropathol Exp Neurol. 2008

# Person-Centred Dementia Care Research

Global Action on Dementia  
Tokyo November 2014

**Professor Dawn Brooker**  
Association for Dementia Studies  
University of Worcester UK



Association for Dementia Studies  
University of Worcester

www.worcester.ac.uk

## Thanks to....

- G7 Legacy Events Team
- The Japanese Society for Person-centred care
- The Alzheimer's Society
- Alzheimer's Europe
- Alzheimer's Disease International
- The ExtraCare Charitable Trust UK
- InterDem
- The Association for Dementia Studies Team



University of Worcester Association for  
Dementia Studies

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## The Association for Dementia Studies at Worcester University

We provide research,  
education and scholarship  
to deliver evidence-based  
practical ways of working  
with people living with  
dementia and their families  
that enables them to live  
well.

<http://www.worc.ac.uk/discover/association-for-dementia-studies.html>



## Hoping to cover

- What we mean by Person-Centred Care
- Overview of RCT's in the area
- The FITS into Practice Implementation study
- A case study from the Enriched Opportunities Programme



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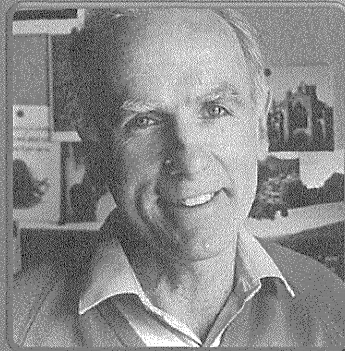
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## Theory of Person centred dementia care

### Professor Tom Kitwood

- Person centred approaches to dementia care; 1989-1997 drawing on Martin Buber and Carl Rogers
- The enriched model of dementia
- Supporting personhood through the eradication of malignant social psychology
- Dementia Care Mapping



Kitwood, T. (1997). *Dementia Reconsidered: the person comes first*. Buckingham: Open University Press.

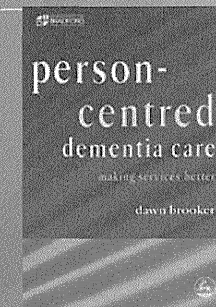


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## Person centred care fit for VIPS

- V** = *Values* people
- I** = *Individuals* needs
- P** = *Perspective* of service user
- S** = *Supportive* social psychology



Brooker, D. (2004) What is Person Centred Care for people with dementia?  
*Reviews in Clinical Gerontology* 13 (3). 215-222.

Brooker, D. (2007) *Person Centred Dementia Care: Making services better*  
London, Jessica Kingsley Publications

<http://www.nice.org.uk/guidance/cg42/resources/guidance-dementia-pdf>

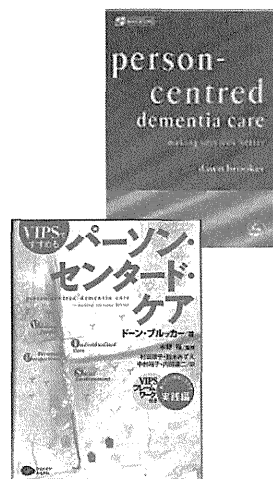


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## VIPSに即した パーソン・センタード・ケア

- V = 人々の価値を認める
- I = 個人の独自性を尊重する
- P = サービス利用者の視点に立つ
- S = 相互に支え合う社会的環境



## The research evidence?

- Person centred care provides a set of guiding principles to apply across service settings and countries.
- In itself it is not a single intervention
- The challenge is to enable practitioners, professionals and services that can provide interventions in a person centred manner.
- Cluster randomised controlled trials evidence shows this is possible.....



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## This is a complex intervention

- UK MRC (Medical Research Council) framework for complex interventions
- [www.mrc.ac.uk/complexinterventionsguidance](http://www.mrc.ac.uk/complexinterventionsguidance)

1. Theory, proof of concept
2. Exploratory pilots
3. Definitive multicentre RCTs
4. Implementation studies

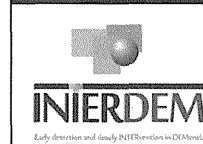


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## Person centred RCTs for people and families living at home

- Brooker D., Argyle, E., Clancy, D. & Scally A. (2011) Enriched Opportunities Programme: A cluster randomised controlled trial of a new approach to living with dementia and other mental health issues in ExtraCare housing schemes and villages. *Aging and Mental Health*. 15 (8); 1008-1017
- Graff, M.J., Vernooij-Dassen, M.J., Thijsen, M., Dekker, J., Hoefnagels, W.H. & Rikkert, M.G. (2006). Community based occupational therapy for patients with dementia and their care givers: Randomised control trial. *British Medical Journal*, 333, 1196
- Logsdon, R., Pike, K., McCurry, S., Hunter, P., Mather, J., Snyder, L., & Teri, L. (2010). Early stage memory loss support groups: Outcomes from a randomised controlled clinical trial. *Journal of Gerontology B: Psychological Sciences and Social Sciences*, 65B, 691-697
- Mittleman, M., Brodaty, H., Wallen, A. and Burns, A. (2008). A three-country randomized controlled trial of a psychosocial intervention for caregivers combined with pharmacological treatment for patients with Alzheimer disease: effects on caregiver depression. *American Journal of Geriatric Psychiatry*, 16 (11), 893-904.



- Emerging research from InterDem members

<http://www.interdem.org:8085>

## Person centred care in care homes: cluster-randomised controlled trials

- Chenoweth, L., King, M.T., Jeon, Y-H., Brodaty, H., Stein-Parbury, J., Norman, R., Haas, M. and Luscombe, G. (2009). Caring for Aged Dementia Care Resident Study (CADRES) of person-centred care, dementia-care mapping, and usual care in dementia: a cluster-randomised trial. *The Lancet/ Neurology*. 8, 317-325.
- Cohen-Mansfield, J., Libin, A. and Marx, M.S. (2007). Nonpharmacological treatment of agitation: a controlled trial of systematic individualized intervention. *Journal of Gerontology Series A: Biological Sciences Medical Sciences*. 62 (8), 908-916.
- Fossey, J., Ballard, C., Juszcak, E., James, I., Alder, N., Jacoby, R. and Howard, R. (2006). Effect of enhanced psychosocial care on antipsychotic use in nursing home residents with severe dementia: cluster randomised trial. *British Medical Journal*, 332, 756-761.
- Mork Rokstad, A.M., Røsvik, J., Kirkevold, O., Selbaek, G., Saltyte Benth, J and Engedal, K. (2013). The Effect of Person-Centred Dementia Care to Prevent Agitation and Other Neuropsychiatric Symptoms and Enhance Quality of Life in Nursing Home Patients: A 10-Month Randomized Controlled Trial. *Dementia and Geriatric Cognitive Disorders*, 36:340-353

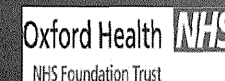


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## FITS into Practice Focused Intervention Training and Support



© The Association for Dementia Studies

## The Original FITS Project

Objective: to reduce the use of antipsychotic medication in residents with dementia in a care home through the use of person centred care and supportive interventions in 12 care homes.

Fossey, J., Ballard, C., Juszczak, E., James, I., Alder, N., Jacoby, R. & Howard, R. (2006). Effect of enhanced psychosocial care on antipsychotic use in nursing home residents with severe dementia: a cluster randomised trial. *British Medical Journal* 332. 756-58



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## Acknowledgements

- The FITS into Practice programme was a research project led by the Association for Dementia Studies, University of Worcester and funded by the Alzheimer's Society. It followed on from an original randomised controlled trial of the FITS programme which produced significant results in terms of antipsychotic reduction (Fossey et al, 2006). FITS into Practice is based on this original research conducted at King's College London, in association with Oxford University, University of Newcastle and Oxford Health NHS Trust. Copyright of the original FITS manual is held by Dr Jane Fossey (Oxford Health NHS Trust) and Dr Ian James (University of Newcastle).

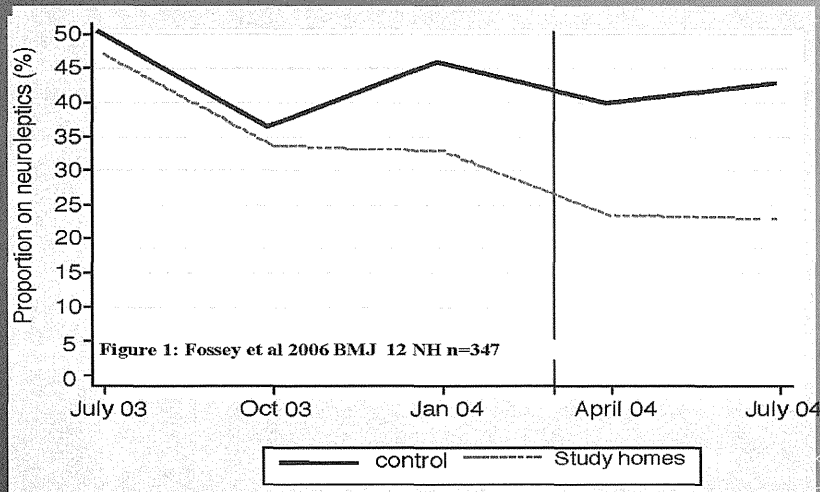
### Thanks to

- The Association for Dementia Studies at the University of Worcester: Prof Dawn Brooker, Isabelle Latham, Dr Simon Evans, Nicola Jacobson, Wendy Perry (report authors) also to Jen Bray, Michael Watts, Jenny La Fontaine and David Moore.
- The Alzheimer's Society: Professor Clive Ballard, Dr James Pickett, Anne Corbett, Nicola Hart, Keara O'Connor, Barbara Woodward-Carlton.
- The steering group: Dr Jane Fossey (chair), Nia Golding (HC1), Professor Robin Jacoby, Dr Claire Surr, Paula Windmill, Karen Culshaw, Barbara Woodward-Carlton.
- All the Dementia Care Coaches & care homes who took part for the many examples of good practice, dedication, creative thinking, compassion and hard work implementing learning in their homes and making a difference to the lives of people with dementia in their care.



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## Results Fossey et al 2006



## FITS into Practice: an implementation study of the RCT

The original FITS programme was a high cost and intensive intervention, using an in-house 'FITS therapist' to support person-centred care and medication review in each care home.

The real challenge was how to translate the model into an approach that could be effective across a large number of care homes.

The Association for Dementia Studies (ADS) and the Alzheimer's Society worked together to design, implement and evaluate a programme to implement FITS into Practice across 100 care homes



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## The FITS into Practice programme

- Two **Dementia Practice Development Coaches** were employed and supported by the Association for Dementia Studies
- They delivered training and supervision to **Dementia Care Coaches** – nominated staff from 100 care homes
- Dementia Care Coaches attended a 10 day training programme over 3 months (meeting fortnightly in 2-day blocks)
- Following training, Dementia Care Coaches attended monthly supervision sessions for 6 months, whilst they implemented FITS in their home.
- Dementia Care Coaches implemented their learning, supported by the Dementia Practice Development Coaches



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## Results of the FITS into Practice Project

- 106 homes were initially recruited. Care homes ranged in size, owning organisation and geographical location. 67 completed the programme.
- DCCs evaluated the intervention (training & supervision) highly; pre-post questionnaires demonstrated increased knowledge of dementia, increased confidence and improved attitude to dementia.
- 30.5% reduction in anti-psychotic medication with dose reductions being reported for additional residents.



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## Results

- Increased activity and better staff-resident relationships
- Crucial for FITS into Practice to succeed was the allocation and protection of time for the DCC to attend training and carry out implementation tasks in addition to their existing job role. Evaluation data showed that this was a substantial barrier to implementation in a number of homes.



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## 1998-2009 Enriched Opportunities Programme

### 1998- 2000

Between group comparison of nursing home residents participating in an activity challenge holiday and a matched control group.

### 2001-2003

The development of the EOP programme using qualitative enquiry and within group quantitative evaluation in four study sites

### 2005- 2009

Random cluster controlled trial in ten extra care housing schemes



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## Enriched Opportunities published outputs

- Brooker D., Argyle, E., Clancy, D. & Scally A. (2011) Enriched Opportunities Programme: A cluster randomised controlled trial of a new approach to living with dementia and other mental health issues in ExtraCare housing schemes and villages. *Aging and Mental Health*. 15 (8); 1008-1017
- May, H., Edwards, P. and Brooker, D. (2009). *Enriched Care Planning for People with Dementia: A Good Practice Guide to Delivering Person-Centred Care*. London, Jessica Kingsley Publications
- Brooker D., Argyle, E. & Clancy, D. (2009) Mental Health Needs of people living in extra care housing. *Journal of Care Services Management*, Vol 3.3 March/April
- Brooker, D. & Woolley, R. (2007) Enriching Opportunities for People living with Dementia: The Development of a Blueprint for a Sustainable Activity-Based Model of Care. *Aging and Mental Health*, 11(4): 371-383
- Brooker, D., Woolley, R. & Lee, D. (2007) Enriching Opportunities for People living with Dementia in Nursing Homes: An evaluation of a multi-level activity-based model of care. *Aging and Mental Health* 11(4): 361-370
- Brooker, D. (2001) Enriching Lives: evaluation of the ExtraCare Activity Challenge. *Journal of Dementia Care*. (Research Focus) 9 (3), 33-37.



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“all needs, no  
mobility, not eating”

6 days after  
admission to a  
care home.....



Mrs May Williams , Lady Forester  
Home



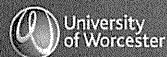
[www.worcester.ac.uk](http://www.worcester.ac.uk)

“all needs, no  
mobility, not eating”

1 month later  
– baking



Mrs May Williams , Lady Forester  
Home



[www.worcester.ac.uk](http://www.worcester.ac.uk)

“all needs, no  
mobility, not eating”

1 month later  
– baking



Mrs May Williams , Lady  
Forester Home



[www.worcester.ac.uk](http://www.worcester.ac.uk)

**"all needs, no  
mobility, not eating"**

6 weeks later  
– Italian meal

.....



[www.worcester.ac.uk](http://www.worcester.ac.uk)

**"all needs, no  
mobility, not eating"**

6 weeks later  
tea and teddy



[www.worcester.ac.uk](http://www.worcester.ac.uk)

**"all needs, no  
mobility, not eating"**

2 months  
later – head  
massage .



[www.worcester.ac.uk](http://www.worcester.ac.uk)

**"all needs, no  
mobility, not eating"**

2 months  
later – old  
skills  
returning.....



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“all needs, no mobility, not eating”

2 months later – silk scarves.....



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“all needs, no mobility, not eating”

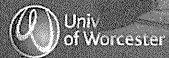
3 months later – dancing to music....



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“all needs, no mobility, not eating”

3 months later Mexican celebration



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## Interventions to improve quality of life for May Williams?

- **Interventions:** Person centred animal therapy, baking, good food, special occasions, eating, knitting, teddy, dressing up, silk scarves, head massage, dancing
- **Outcomes:** Alive, weight gain, happy, active, having fun, no BPSD, no sedation



Association of Studies

www.worcester.ac.uk

## Take home messages

- Person-centred care transforms lives.
- If we put person centred principles into practice globally we would save millions of people from misery. We do not need to wait until 2025 to have an impact.
- Prioritise robust implementation studies across the journey with dementia and in low and middle income countries
- Develop strong international networks for sharing data on what works, InterDem, Dementia-NET, International Person-Centred Values Network; ADI;.....



www.worcester.ac.uk

## Thank you for listening!

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Association for Dementia Studies  
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<http://www.worc.ac.uk/discover/association-for-dementia-studies.html>



Photographs of people living with dementia taking part in The Enriched Opportunities Programme

www.worcester.ac.uk

[www.carefitforvips.co.uk](http://www.carefitforvips.co.uk)

Care Fit for VIPS

What is CFFV?

How it works

Who is it for?

Get in touch

Login

Who is it For?

Care Fit for VIPS tool is tailored to your service. When you register, confirm your service type, and Care Fit for VIPS will automatically provide the right self-assessments and resources for you.

Domicillary Care

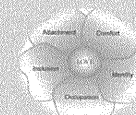
Care Homes

Day Care

## パーソン・センタード・ケア関連情報Dawn Brooker 著書/講演他

D.ブルッカー「VIPSですすめるパーソン・センタード・ケア」

水野裕監修  
村田康子他訳、2010  
クリエイツかもがわ  
TEL: 075-661-5741



「パーソン・センタード・ケアを 実践するードーン・ブルッカー講演よりー」(日本語吹替)

水野裕監修  
中川経子他訳、2012  
シルバーチャンネル  
TEL: 048-711-7762



「パーソン・センタード・ケアとDCM 研修会」基礎コース年4回開催

問合せ先:  
認知症介護研究研修大府センター  
<http://dcnet.gr.jp> TEL: 0562-44-5551  
NPOシルバー総合研究所  
<http://silver-soken.com/>

NPOその人を中心とした認知症ケアを考える会ーパーソン・センタード・ケアに関する学習会

問合せ先: <http://www.pcdc.or.jp>  
E-mail: [office@pcdc.or.jp](mailto:office@pcdc.or.jp)  
TEL: 080-2025-7416





# Useful websites

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Association for Dementia Studies, University of Worcester

- <http://www.worc.ac.uk/discover/association-for-dementia-studies.htm>

Interdem: European Early & Timely Interventions in dementia research network

- <http://www.interdem.org/>

Care fit for VIPS

<http://www.carefitforvips.co.uk>

Lifestory network

- <http://www.lifestorynetwork.org.uk/>

Memory Bridge:

[www.memorybridge.org](http://www.memorybridge.org)

Social Care Institute for Excellence: Dementia Gateway

- [www.scie.org.uk/publications/dementia](http://www.scie.org.uk/publications/dementia)



Association for Dementia Studies  
University of Worcester

[www.worcester.ac.uk](http://www.worcester.ac.uk)




**The Need To Transform Services In Care Homes**

Professor Graham Stokes,  
Global Director of Dementia Care, Bupa  
Visiting Professor of Person Centred Dementia Care, University of Bradford  
[www.bupa.com/dementia](http://www.bupa.com/dementia)

## Using the UK as an example: Care homes and dementia care

- 432,000 people in care homes in the UK.
- In England Alzheimer's Society (2013) now estimate **80% of people in care homes have dementia or significant memory problems.**
- More than 300,000 people with dementia live in care homes most with high dependency, challenging and end-of-life care needs
- 40% of all people with dementia in the UK



Low expectations, Alzheimer Society 2013.  
[http://www.alzheimers.org.uk/site/scripts/download\\_info.php?downloadID=1024](http://www.alzheimers.org.uk/site/scripts/download_info.php?downloadID=1024)

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## But what do we mean when we talk about dementia care?



It is caring for people whose brains are so damaged by disease their **dementia renders them incapable of taking responsibility for their hygiene, personal care and daily lives.** It is **caring for people whose judgement is so diminished** they cannot take responsibility for their actions and who as a result engage in unacceptable risks

### ...Except it is not...

It's caring for people who do not know they need to be cared for.

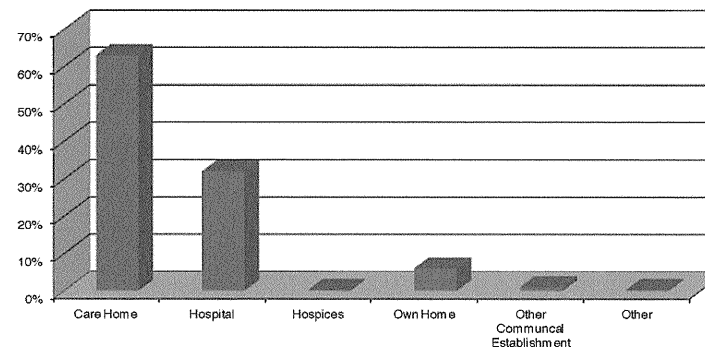
**When people with dementia know they need us, they need us least;  
when they need us most, they know they do not need us at all.**

So we need to rethink how we care for people living with dementia

3

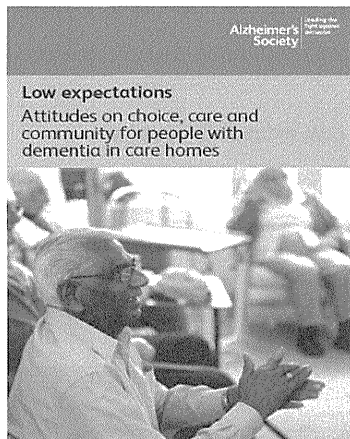
## Where people with dementia die in the UK

Deaths where dementia was the underlying cause (2012)



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## People's expectations of care are low



Low Expectations (Alzheimer's Society 2013)

[http://www.alzheimers.org.uk/site/scripts/download\\_info.php?downloadID=1024](http://www.alzheimers.org.uk/site/scripts/download_info.php?downloadID=1024)

- 68% of residents' relatives said quality of care was good.
- Less than half of relatives (41%) said the person with dementia had a good quality of life

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## The Key Message

**There is a distinction between quality of care and quality of life**

**It is not one and the same thing**

**Good care contributes to a person's quality of life and to think otherwise sets the bar far too low**

## The need to identify and prioritise unanswered questions

### Dementia Priority Setting Partnership with the James Lind Alliance: Using patient and public involvement and the evidence base to inform the research agenda.

Sarah Kelly, Louise Lafortune et al. (on behalf of the Dementia Priority Setting Partnership steering group)

[http://alzheimers.org.uk/site/scripts/download\\_info.php?downloadID=1427](http://alzheimers.org.uk/site/scripts/download_info.php?downloadID=1427)

- The JLA Dementia Priority Setting Partnership was an evidence-based project to identify and prioritise unanswered questions ('uncertainties') about the prevention, diagnosis, treatment, and care relating to dementia.
- The PSP process was conducted between April 2012 and June 2013
- Uncertainties were collected via a survey disseminated to a wide range of stakeholders.
- Thematic analysis was developed to manage and generate research questions.
- Each question was checked against an extensive evidence base of high quality systematic reviews to verify they were true uncertainties
- The top ten list of dementia research priorities provide a focus for researchers, funders and commissioners

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## Dementia Priority Setting Partnership top 10 priorities - the five with direct relevance to care homes

We know that we need to transform care homes, these questions will help us think how to design new services:

What are the most effective components of care that keep a person with dementia as independent as they can be at all stages of the disease in all care settings?

What non-pharmacological and/or pharmacological (drug) interventions are most effective for managing challenging behaviour in people with dementia?

"What is the best way to care for people with advanced dementia (with or without other illnesses) at the end of life?"

What are the most effective design features for producing dementia friendly environments at both the housing and neighbourhood levels?

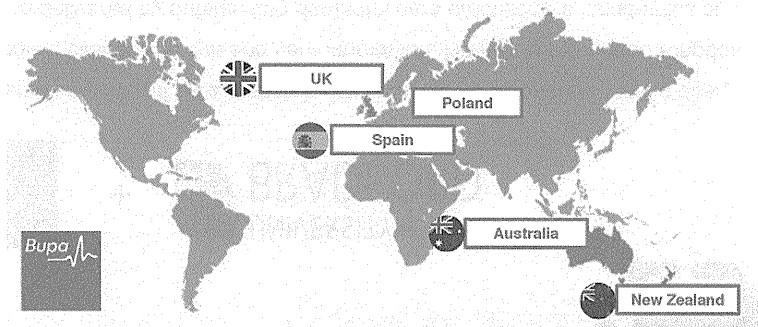
When is the optimal time to move a person with dementia into a care home setting and how can the standard of care be improved?

Sarah Kelly, Louise Lafortune et al. (on behalf of the Dementia Priority Setting Partnership steering group)

[http://alzheimers.org.uk/site/scripts/download\\_info.php?downloadID=1427](http://alzheimers.org.uk/site/scripts/download_info.php?downloadID=1427)

8

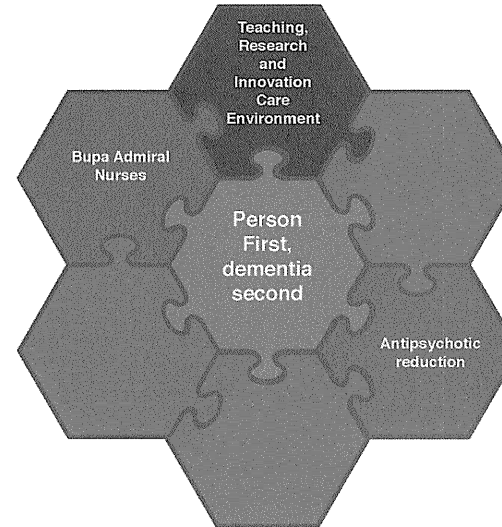
## Four national care home businesses providing dementia care



- Bupa cares for approximately 24,000 residents with dementia across the world, most with advanced Alzheimer's disease, complex behaviours and/or multiple morbidities
- We are the only global provider of dementia care (and in 2015 services will expand into Poland)
- In the UK 171 care homes provide specialist dementia care, caring for 7,000 residents
- Another 7,000 people with dementia are living on frail elderly units because they have multiple comorbidities and/or end of life care needs

[www.bupa.com](http://www.bupa.com)

## Bupa - raising standards of dementia care in the UK



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## Antipsychotic reduction programme, 2009 - 2014

- 2009 - 35.0% residents with dementia prescribed antipsychotics
- 2013 - 19.5% residents with dementia prescribed antipsychotics



## Antipsychotic reduction programme: New ways of working

- **Person First, dementia second staff training programme. Launched 2010**
- **Behavioural analysis** (Stokes G, 2000. Challenging Behaviour in Dementia: A Person-centred Approach, Winslow Press)
- **Functional analysis** (Moniz-Cook E, Stokes G and Agar S. Difficult behaviour and dementia in nursing homes. Clinical Psychology and Psychotherapy, 2003, 10: 197-208)

**Appreciative Enquiry**

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