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Case managers in dementia reduce the burden on carers

Using a case manager to coordinate health and social care improves the challenging behaviour of people with dementia and reduces the burden on carers, according to an analysis summarised by a National Institute for Health Research (NIHR) Signal. In addition, the quality of life of caregivers improves the most when case managers have a professional background in nursing.

In the UK, an estimated 850,000 people have dementia. Dementia places a heavy burden on both the individual and their caregivers, however no standardised community-based care strategy has been identified for dementia. Care coordination of some kind is available, but it takes several different forms. It may include dementia advisors through memory assessment services or more enhanced case management through specialised services where available.

The National Institute for Health and Care Excellence guideline on dementia (2016) recommends that care managers ensure the coordinated delivery of health and social care services for people with dementia. This should include a care plan, which should be reviewed and adapted to meet changing needs.

The meta-analysis summarised in the NIHR Signal assessed the effectiveness of community-based case managers for coordinating interventions for people with dementia and their caregivers. It also aimed to identify any key elements that improved the quality of care.

This NIHR-funded review compared the effectiveness of standard community treatment and interventions with case managers overseeing the interventions for people living with dementia. The review considered evidence from 14 trials involving 10,372 people who had been diagnosed with dementia. The trials had been conducted in the US, China, Finland, the Netherlands, India and Canada. The duration of the trials ranged from four months to over two years.

The focus of the case manager included planning, facilitating and/or coordinating care through assessments and proactive follow-ups. Interventions varied and were not always well-described in the research papers.

All trials were rated as high or moderate quality. The main limitation was the

Implications for practice

This review supports the role of professional case managers by showing improvements in patient behaviour and caregiver burden. Though no difference was found for outcomes such as admission to hospital or death, enhancing the quality of life for the person with dementia and their caregiver was a significant outcome.

Few key elements of successful care were identified, but this may have been hampered by the small number of available studies for each comparison.

However, it is clear that given the complex, challenging and changing care needs of people with dementia, assisting the carer in coordinating services reduces some of the burden.

variability between studies in the interventions and outcome measures.

Although the review does not provide strong evidence of effectiveness about rates of admission to hospital or death, it does highlight the benefits of having a care coordinator with a background in nursing for improving quality of life.

The main findings of this study are summarised in Box 1. **NT**

References

National Institute for Health and Care Excellence (2016) *Dementia: Supporting People with Dementia and their Carers in Health and Social Care*. Nice.org.uk/guidance/Cg42

NIHR Signals

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Box 1. What did the review find?

- Having a case manager improved patient behaviour by nine points on the neuropsychiatric inventory scale of 1 to 144, where higher scores indicate worse symptoms
- Evidence from five trials showed case managers had a moderate effect on reducing caregiver burden
- There was no difference in death rate or admission to hospital or an institution between people with a case manager and those receiving standard care
- In sub-group analyses, case managers with a nursing background were associated with improved quality of life of caregivers while those with other backgrounds were not (evidence from two trials)
- Interventions where case managers were unsupervised showed greater effectiveness for reducing the percentage of patients going into nursing or residential care than interventions where they were supervised (evidence from three trials)