

Diferents models d'intervenció en unitats de demència en centres residencials: una mirada des de l'atenció centrada en la persona

Modera:

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L'Acadèmia

Abordatge de precisió en
l'atenció a la persona gran
- Right care, right time, right place -



SA
LUT

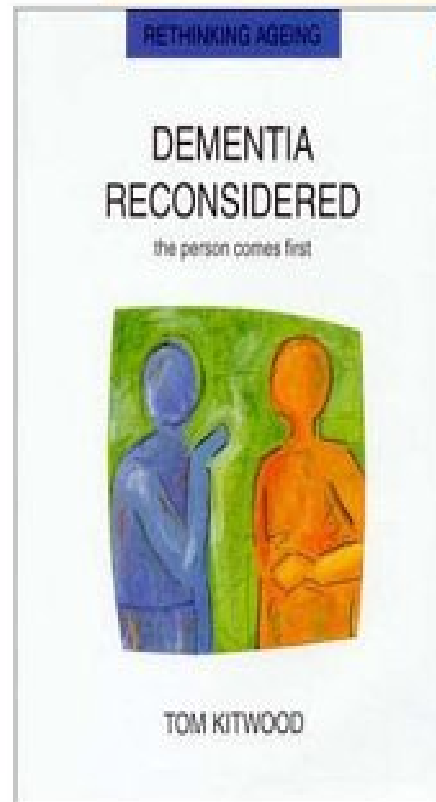
Repensant la demència

Pels drets de la persona

Tom Kitwood



Click to **LOOK INSIDE!**

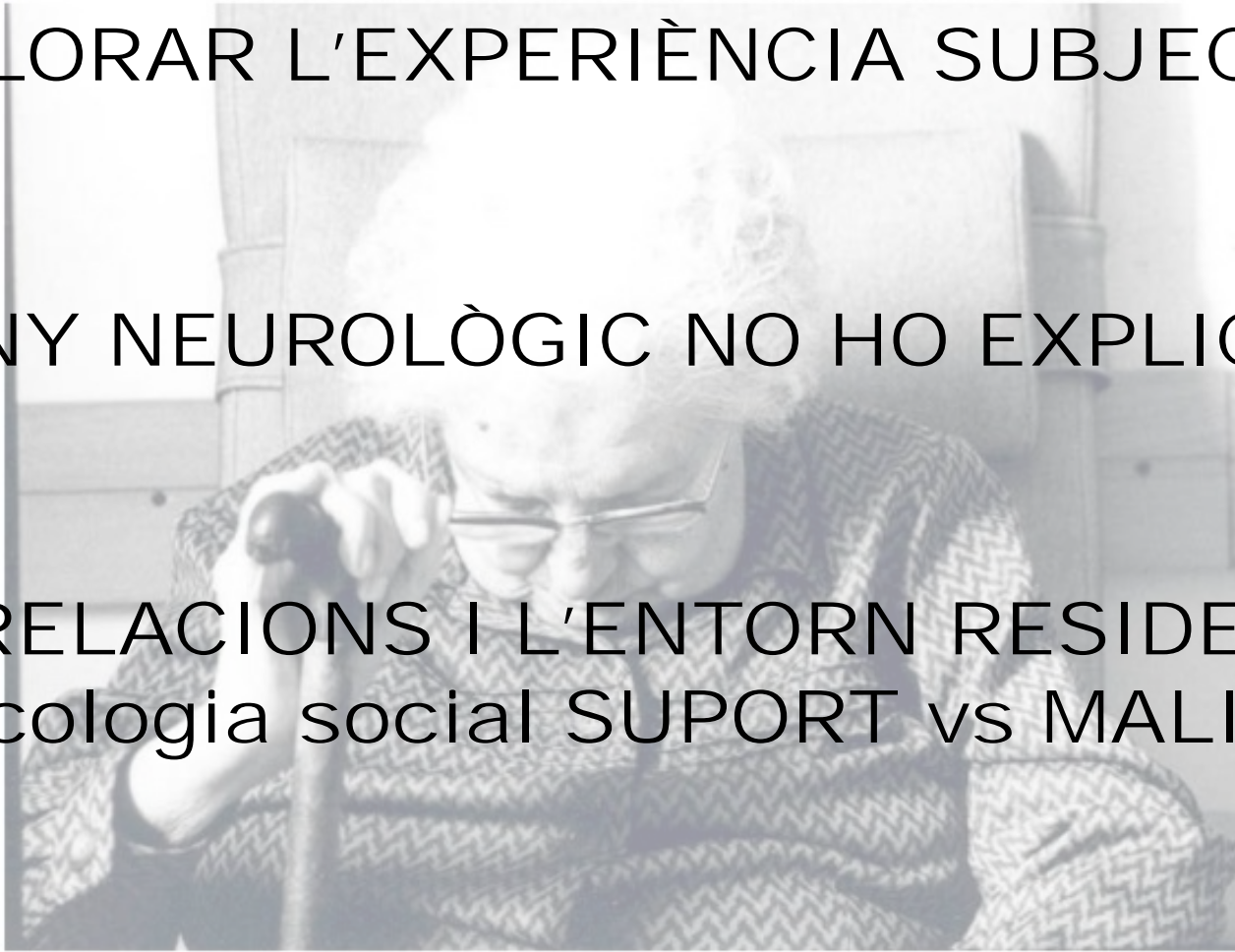


**KITWOOD 1997 (2003)
QUINA NECESSITAT IDENTIFICA?**

VALORAR L'EXPERIÈNCIA SUBJECTIVA

EL DANY NEUROLÒGIC NO HO EXPLICA TOT

LES RELACIONS I L'ENTORN RESIDENCIAL
Psicologia social SUPORT vs MALIGNA



Atenció Centrada en la Persona
Aportacions

Kitwood i Brendin, 1992;
Kitwood, 1997

QUÈ ÉS L'ACP?

L'ACP es defineix com el sosteniment dels drets, valors i creences de la persona, incloent-los, tot :

- **proporcionant un reforç positiu incondicional**
- **entrant en el seu món i**
- **assumint que totes les seves conductes tenen un significat, inclús si son difícil d'interpretar,**
- **maximizant el seu potencial,**
- **compartint la presa de decisions**

Person Centred Care of people with severe AD: current status and ways forward. Edwarson, D; Wingblat, B; Sandman, P. 2008, lancet Neurological

Què preserva la condició de persona?

ACP operatiu

Brooker (2007)
2013



FER OPERATIU L'ACP IMPLICA UN CANVI DE GESTIO RESIDENCIAL

REVIEW

Dementia Care Mapping in long-term care settings: a systematic review of the evidence

Ana Barbosa, Kathryn Lord, Alan Blighe and Gail Mountain

School of Dementia Studies, Faculty of Health Studies, University of Bradford, UK

ATENCIÓN CENTRADA PERSONA

IMPACTE EN LES PERSONES AMB DEMÈNCIA

- Disminució de l'agitació
- Disminució de les caigudes
- Disminució de símptomes neuropsiquiàtrics
- Disminució de medicació - psicotròpics

QUÈ DIU LA RECERCA?

IMPACTE EN EL PERSONAL

- Disminució de l'esgotament emocional

- Disminució de l'estrés
- Disminució de *burn out*

- Augment satisfacció laboral

Caring for Aged Dementia Care Resident Study (CADRES) of person-centred care, dementia-care mapping, and usual care in dementia: a cluster-randomised trial

Lynn Chenoweth, Madeleine T King, Yun-Hee Jeon, Henry Brodaty, Jane Stein-Parbury, Richard Norman, Marion Haas, Georgina Luscombe

Summary

Background Evidence for improved outcomes for people with dementia through provision of person-centred care and dementia-care mapping is largely observational. We aimed to do a large, randomised comparison of person-centred care, dementia-care mapping, and usual care.

Methods In a cluster randomised controlled trial, urban residential sites were randomised to person-centred care, dementia-care mapping, or usual care. Carers received training and support in either person-centred care or dementia-care mapping. Treatment allocation was masked to assessors. The primary outcome was Cohen-Mansfield agitation inventory (CMAI). Secondary outcomes included psychogeriatric assessment, hallucinations, neuropsychological status, quality of life, falls, and cost of treatment. Outcomes were assessed before and directly after 4 months of intervention, and at 4 months of follow-up. Intention-to-treat analyses were used to test treatment and time effects. Analysis was by intention to treat. This trial is registered with the Australian and New Zealand Clinical Trials Registry, number ACTRN12608000084381.

Findings 15 care sites with 289 residents were randomly assigned. Pairwise contrasts were made between person-centred care and dementia-care mapping relative to usual care, CMAI score was lower in sites providing mapping (mean difference -1.5, 95% CI -2.8 to -0.2; $p=0.04$) and person-centred care (13.6, 3.3–23.9; $p=0.01$). Compared with usual care, sites that used mapping (0.24, 0.08–0.40; $p=0.02$) but there were more falls with mapping (0.02–0.28; $p=0.03$). There were no other significant effects.

Interpretation Person-centred care and dementia-care mapping both seem to reduce agitation in residential care.

Funding Australian Health Ministers' Advisory Council.

Introduction

Progressive deterioration in cognition, function, and behaviour make people with dementia increasingly dependent on others for normal activities of daily living. The complex needs of people with dementia can be difficult to meet, leading to need-driven dementia-compromised behaviours—also called behavioural and psychological symptoms of dementia or unmet need behaviours.¹ Such behaviours include sleep-wake cycle disturbance, screaming, crying, repeated calling out, and pacing. These behaviours are difficult for family members to manage and can lead to carer distress and placement of people in residential care.²

Dementia prevalence is likely to quadruple worldwide by 2041, necessitating changes in care policy and health-care systems.³ The growing prevalence of dementia in Australia has affected residential-care accreditation, and although care standards are improving, alarming instances of poor care persist.⁴ One important issue for providers of residential care is how to maintain acceptable standards of care and quality of life in dementia with limited funds and staff, inadequate training of care staff, and increasing comorbidity and dependency levels in dementia.⁵

In residential care, practice often involves neglect of psychosocial needs, leading to dementia-compromised behaviours such as self-care, decision making, and social interaction. Increased social alienation, isolation, and loss of dignity, called malignant social psychology, is a form of malignant social psychology that is damaging to people's sense of self, dignity, and human being by others in so-called care settings. It even undermines physical health through dehumanising acts by care staff, such as neglect, disempowerment, objectification, and loss of autonomy. Malignant social psychology affect many people in care settings. Malignant social psychology in nursing on physical features such as neglect of physical care, has been derived from the neglect of psychosocial needs in care, and the resulting neglect of psychosocial needs means that many people in care settings are left alone and emotionally distressed. Kitwood⁶ showed that neglect of psychosocial needs results from the biomedical model of dementia, not necessarily because of neglect. Because of the complexity of dementia, person-centred approaches are needed to manage dementia.

CHENOWETH et al 2009

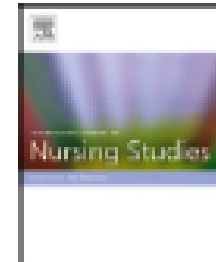
ESTUDIO

Atención centrada en la persona;
Dementia Care Mapping y atención usual.

RESULTADOS

Disminución de la agitación

Disminución de las caídas



Staff outcomes from the Caring for Aged Dementia Care RESident Study (CADRES): A cluster randomised trial

Yun-Hee Jeon^{a,*}, Georgina Luscombe^b, Lynn Chenoweth^{c,d}, Jane Stein-Parbury^{c,d}, Henry Brodaty^{e,f}, Madeleine King^g, Marion Haas^h

JEON et al 2012

ESTUDIO Resultados en el personal

GRUPO: Dementia Care Mapping

RESULTADOS

Disminución del agotamiento emocional del personal

Original Research Article

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

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Geir Selbaek^{c,e} Jurate Saltyte Benth^{f,g} Knut Engedal^a

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Key Words

Dementia · Agitation

Abstract

Aims: We examined whether person-centred dementia care is more effective than standard care in reducing agitation and enhancing quality of life among nursing home patients. **Methods:** In a randomized controlled trial comparing person-centred dementia care (DCM) with standard care (VPM), 446 participants were assessed using the Brief Agitation Rating Scale of the Neuropsychiatric Inventory and the Neuropsychiatric Inventory-Dementia (CSDD).

Changes in the BARS score did not differ significantly between the DCM and the control group or between the VPM and the control group after 10 months. Positive differences were found for changes in the secondary outcomes: the NPI-Q sum score as well as the subscales NPI-Q agitation and NPI-Q psychosis were in favour of both interventions versus control, the QUALID score was in favour of DCM versus control and the CSDD score was in favour of VPM versus control. **Conclusions:** This study failed to find a significant effect of both interventions on the primary outcome. Positive effects on the secondary outcomes indicate that the methods merit further investigation.

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ROKSTAD et al 2013

ESTUDIO: VIPS & Dementia Care Mapping vs Control

RESULTADOS

Disminución de la agitación: No hay diferencia entre grupos.

The role of leadership in the implementation of person-centred care using Dementia Care Mapping: a study in three nursing homes

ANNE MARIE MORK ROKSTAD RN, MHS¹, SOLFRID VATNE RN, PhD², KNUT ENGEDAL MD, PhD³ and GEIR SELBÆK PhD⁴

ROKSTAD et al 2012

ESTUDIO: Cualitativo con grupos focales de líderes de proyecto y personal involucrado

RESULTADOS

Role Model activo y visión clara

Empoderamiento e inclusión del personal

Effects of Dementia-Care Mapping on Residents and Staff of Care Homes: A Pragmatic Cluster-Randomised Controlled Trial

Geertje van de Ven^{1,6*}, Irena Draskovic^{1,6}, Eddy M. M. Adang², Rogier Donders², Sytse U. Zuidema³, Raymond T. C. M. Koopmans^{1,6}, Myrra J. F. J. Vernooij-Dassen^{1,4,5,6}

VAN de VEN et al 2013

ESTUDIO: Efecto del DCM en residentes y personal

RESULTADOS

Residentes: No hay diferencia en agitación

Personal: disminución reacciones emocionales negativas;
aumento de reacciones emocionales positivas

Psychosocial interventions for agitation

Livingston et al., 2014 *Health Technology Assessment*

ESTUDIO: Revisión sistemática de literatura / estudios

RESULTADOS

Para disminuir episodios de agitación y otros síntomas conductuales

- Atención centrada en la persona
- Habilidades de comunicación
- Dementia Care Mapping