What is the evidence of clinical effectiveness of the SCU-B vs usual care?

Consensus Conference of RECAGE Project (GA No: 779237)

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Horizon 2020
European Union Funding
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RECage

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RECage

REspectful ***C***aring for ***AG***itated ***E***lderly

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Methods

1. Results of the RECage clinical trial.
2. Scoping review of the qualitative and quantitative evidence on the clinical effectiveness of the SCU-B.
3. Qualitative and context analysis of the SCU-B.

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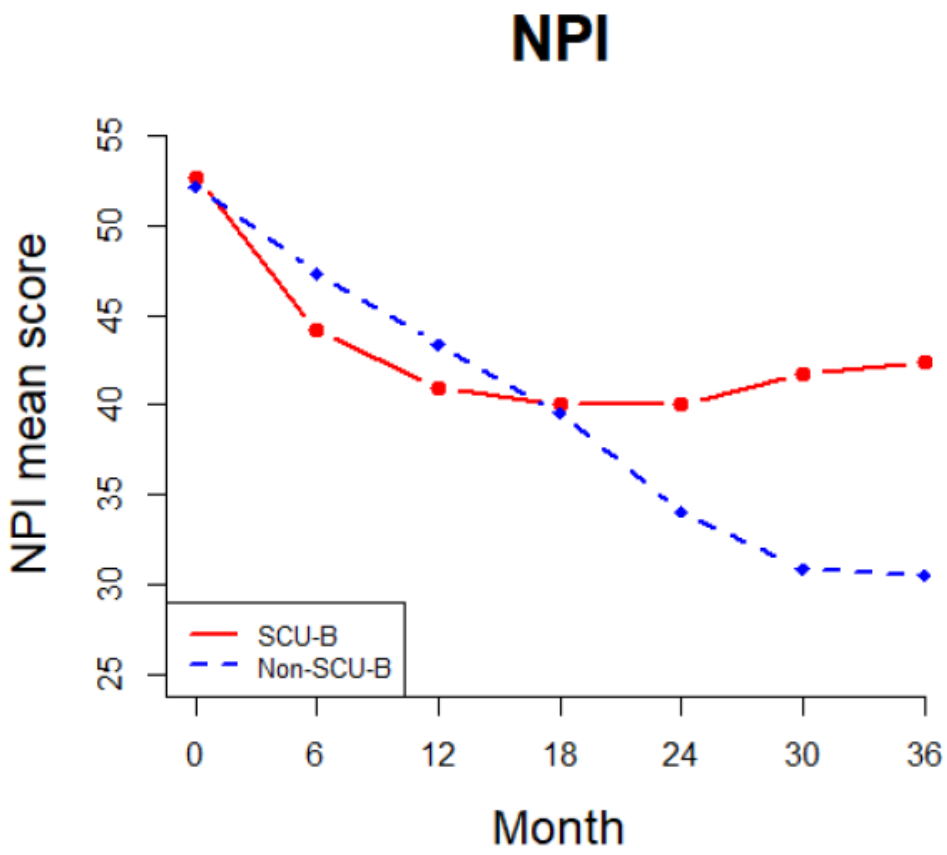
The results of RECage clinical Trial



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The results of RECage clinical Trial

As to the **secondary endpoints**, there were no significant differences as regards functional status (ADCS-ADL), quality of life, as assessed by the QoL-AD scale, and caregiver's burden (CBI), whereas a significant difference of QoL, as assessed by the EQ-5D-5L index (proxy rated) and ACQoL (Adult Quality of Life Carer) was found, but in favour of the nonSCU-B cohort. We found a significant difference in favour of the SCU-B cohort as regards the Dementia Attitude Scale (DAS). Moreover, there were more accesses to emergency rooms in the nonSCU-B cohort, and a hint to lesser use of psychotropic drugs was found

As regards the **tertiary endpoint** (time to institutionalization), no significant difference between the cohorts was found.

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The Scoping review of the literature

BMJ

BMJ 2013;347:f4132 doi: 10.1136/bmj.f4132 (Published 2 July 2013)

Care in specialist medical and mental health unit compared with standard care for older people with cognitive impairment admitted to general hospital: randomised controlled trial (NIHR TEAM trial)

OPEN ACCESS

Sarah E Goldberg *research associate*[1], Lucy E Bradshaw *statistician*[1], Fiona C Kearney *consultant geriatrician*[2], Catherine Russell *research nurse*[2], Kathy H Whittamore *clinical researcher*[1], Pippa E R Foster *research associate*[1], Jil Mamza *clinical researcher*[1], John R F Gladman *professor of geriatric medicine*[1], Rob G Jones *associate professor of old age psychiatry*[3], Sarah A Lewis *professor of statistics*[4], Davina Porock *associate dean for research and scholarship*[5], Rowan H Harwood *consultant geriatrician*[2], on behalf of the Medical Crises in Older People Study Group.

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The Scoping review of the literature

BMJ

BMJ 2013;347:f4132 doi: 10.1136/bmj.f4132 (Published 2 July 2013)

Care in specialist medical and mental health unit compared with standard care for older people with cognitive impairment admitted to general hospital:

Conclusions: Specialist care for people with delirium and dementia improved the experience of patients and satisfaction of carers, but there were no convincing benefits in health status or service use. Patients' experience and carers' satisfaction might be more appropriate measures of success for frail older people approaching the end of life.

E R Foster *research associate*[1], Jil Mamza *clinical researcher*[1], John R F Gladman *professor of geriatric medicine*[1], Rob G Jones *associate professor of old age psychiatry*[3], Sarah A Lewis *professor of statistics*[4], Davina Porock *associate dean for research and scholarship*[5], Rowan H Harwood *consultant geriatrician*[2], on behalf of the Medical Crises in Older People Study Group.

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The Qualitative Study

International Journal of
Environmental Research and Public Health

MDPI

Article

The Special Care Unit for People with Behavioral and Psychological Symptoms of Dementia (SCU- B) in the Context of the Project "RECage-Respectful Caring for Agitated Elderly": A Qualitative Study

Anna Giulia Guazzarini [1], Georgia
Bjørn Lichtwarck [8], Eleni Margioti [9],
Janne Myhre [8], Elena Poptsi [6,12], Va

6. Conclusions

The SCU-B model is an innovative care unit for the systematic care program for dementia (SCPD) that promotes social innovation in dementia care and long-term care. The entire SCU-B model includes different services and activities designed to improve the quality of life of people with dementia and BPSD and their families. The SCU-B model's high level of complexity reduces its capacity to be replicated as a whole. The comparative results, however, advocate the gradual implementation of services and activities according to the area's specificities and characteristics and the structures in which an SCU-B unit is to be launched. The facility's internal culture devoted to promoting personalized care and a multidisciplinary team that provides care in a suitable and friendly environment are the primary elements to take into consideration for new SCU-B designs.

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The Qualitative Study

International Journal of
Environmental Research and Public Health

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Article

The Special Care Unit for People with Behavioral and

Conclusions: Specific characteristics of the country's LTC systems and the organization of specialized units are determinants for the success of the SCU-B experience. The replicability of the entire SCU-B model was considered low; however, the implementation of single elements composing the SCU-B model may foster innovation. This study provides relevant suggestions on how to implement the SCU-B unit and innovative solutions for dementia care.

high level of complexity reduces its capacity to be replicated as a whole. The comparative results, however, advocate the gradual implementation of services and activities according to the area's specificities and characteristics and the structures in which an SCU-B unit is to be launched. The facility's internal culture devoted to promoting personalized care and a multidisciplinary team that provides care in a suitable and friendly environment are the primary elements to take into consideration for new SCU-B designs.

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Proposed Statements

S 2.1: Despite the disappointing results of RECAGE, showing that in the long term only a secondary endpoint was met, the evidence found in the literature on the acute effectiveness, as well as the shared common experiences from physicians running SCU-Bs across Europe, show that these structures can tackle during acute phase difficult clinical situations not easily amenable to solution at home.

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Proposed Statements

S 2.2: On the opposite, RECAGE's data show that the SCU-Bs, at least if considered in isolation, are not able to influence long-term evolution and specially to delay institutionalization.

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Proposed Statements

S 2.3: Implementation of new SCU-Bs in countries which lack them completely or have only a few, can be recommended, at least in experimental way. In any case, the SCU-B must be only a component of a comprehensive network of dementia care

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Proposed Statements

S 2.4: An international standard definition of this kind of units is lacking. The RECAGE Project encompassed only six European countries and didn't have the authority to carry out this task. Scientific societies should tackle this issue, taking into account the need to give a definition flexible enough to comply with different healthcare systems.

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Proposed Statements

S 2.5: We propose that two SCU-B types be identified: one “acute” with short stay, and the other in a rehab setting with longer stay. Such models should be implemented according to the characteristics of specific health care systems (resources, facilities, social, cultural legal factors etc.)

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Proposed Statements

S 2.6: Despite the failure of the RECAGE trial to validate the main research hypothesis, a valuable research database has been produced that can be exploited by researchers in many ways, some of them already going on.

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Proposed Statements

S 2.7: Future research on the clinical effectiveness and cost-effectiveness of SCU-Bs is warranted. Outcome definition, study design, and ethical issues to perform randomized controlled trials should be addressed in future research projects.

Consistent, standardized definiton of SCU-Bs would facilitate their adaptation within specific health systems, local legislations and available resources, with consequent benefit for research and healthcare quality.

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Proposed Statements

S 2.8: More research effort is recommended toward exploring alternative different crisis interventions, like the mobile BPSD teams, as regards their potential efficacy on hospitalization sparing and BPSD reduction.

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Conclusions

Thanks for your attention!

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