

Assistive Technology and Telecare to maintain Independent Living At home for people with dementia: The ATTILA Trial

<https://www.neurodegenerationresearch.eu/survey/assistive-technology-and-telecare-to-maintain-independent-living-at-home-for-people-with-dementia-the-attila-trial/>

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Country

United Kingdom

Title of project or programme

Assistive Technology and Telecare to maintain Independent Living At home for people with dementia: The ATTILA Trial

Source of funding information

NIHR

Total sum awarded (Euro)

€ 2,446,891

Start date of award

01/01/2013

Total duration of award in years

5.7

The project/programme is most relevant to:

Alzheimer's disease & other dementias

Keywords

Research Abstract

Design: A randomised controlled multi-centre clinical trial. We will compare the effects of an assessment followed by access to a suite of assistive technology and telecare (ATT) services

with assessment and a control intervention; limited to the fitting and checking of smoke detectors; on the time that people with dementia who are at high risk of institutionalisation can be maintained in independent living. Target population: Participants will be patients with all dementia diagnoses and will include individuals with young-onset dementias. Health Technologies being assessed: Commercially available ATT devices that we and others have successfully piloted to promote independent home-living for people with dementia. All participants will undergo a full assessment of home safety and risk and the potential for ATT intervention to monitor and manage risk. Following assessment, participants randomised to receive ATT would be provided with elements from a dementia-specific menu to include: 1. Monitored sensors; including smoke detectors, gas detectors, temperature extremes sensors, carbon monoxide detectors, property exit sensors, bed exit sensors, movement detection and pager systems. 2. System to augment assessment; using Just Checking. 3. Non-monitored (stand-alone) systems; including automatic lights (motion activated or dawn to dusk, battery or mains), motion/door contact to activate previously recorded message, gas isolation switch, carer alerting devices (including stand-alone pager activated by door contacts or passive infra-red (PIR), PIR/door contacts linked to small electrical devices). 4. Peripheral systems; including a keysafe for emergency access. 5. Associated environmental adaptation; including non-toxic fire retardant spray for furniture and clothing. Participants randomised to the control arm will be supplied with battery operated smoke detectors if assessment of home safety and risk has identified that this is indicated. Measurement of cost and outcomes: The co-primary trial outcomes will be (i) Time in days from randomisation to institutionalisation and (ii) Cost-effectiveness.

Lay Summary

Further information available at:

Types:

Investments > €500k

Member States:

United Kingdom

Diseases:

Alzheimer's disease & other dementias

Years:

2016

Database Categories:

N/A

Database Tags:

N/A