Indiana University Dementia Screening Trial: The IU CHOICE Study

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Country

USA

Title of project or programme

Indiana University Dementia Screening Trial: The IU CHOICE Study

Source of funding information

NIH (NIA)

Total sum awarded (Euro)

€ 2,546,797.25

Start date of award

15/08/2012

Total duration of award in years

5

The project/programme is most relevant to:

Alzheimer's disease & other dementias

Keywords

Acquired Cognitive Impairment... Aging... Alzheimer's Disease... Alzheimer's Disease including Alzheimer's Disease Related Dementias (AD/ADRD)... Behavioral and Social Science... Brain Disorders... Clinical Research... Clinical Research - Extramural... Clinical Trials and Supportive Activities... Dementia... Health Services... Mental Health... Neurodegenerative... Neurosciences... Prevention... Translational Research

Research Abstract

DESCRIPTION (provided by applicant): The United States Preventive Services Task Force (USPSTF) found no clinical trial that evaluated the efficacy of dementia screening in primary care. Pressures to institute screening of unproved benefit could divert much needed resources from health care systems and have an overall negative impact on care for patients with dementia and other illnesses, ultimately reducing current opportunities for dementia recognition. Using the framework of the chronic care model and evidence-based, comprehensive biopsychosocial dementia care protocols, our investigators developed and conducted a randomized controlled trial of a Collaborative Dementia Care Management program and found that such a program improves the behavioral and psychological symptoms related to dementia care and reduced the burden of dementia relative to usual care. Study Design: A two-phase randomized controlled dementia screening trial among 4,000 Americans aged 75 and older attending urban primary care clinics in Indianapolis, Indiana. Intervention: A dementia screening procedure followed by a Collaborative Dementia Care program. Controls: The study will have two control groups: “”No Screening”” and “”Screening Only”” groups. Primary Outcome of Potential Benefits: Behavioral and psychological symptoms related to dementia as measured by the Neuropsychiatric Inventory (NPI) at 18 months of randomization. Primary Outcome for Potential Harms: Mood and anxiety symptoms as measured by the PHQ-9 and GAD-7 at 18 months of randomization. Impact: The results of this study will help guide the United States Preventive Services Task Force in the decision to recommend for or against routine screening for dementia in primary care. In addition, the data generated by our proposed study could be used to model the impact of future pharmacological therapeutics targeting dementia but requiring early recognition of the syndrome as can occur if screening is done routinely among elders.

Lay Summary

PUBLIC HEALTH RELEVANCE: Various influential organizations have advocated routine screening for dementia as proactive process to decrease the societal burden of Alzheimer disease and other dementing disorders. Dementia screening remains, however, controversial as highlighted by the 2003 U.S. Preventive Services Task Force report that found insufficient evidence to estimate the potential harms of dementia screening and thus determining whether the benefits of dementia screening outweigh its potential harms. To fill this gap in the literature we are seeking support for a study that will capture the benefit and harms of dementia screening in a diverse population of older adults attending primary care clinics.

Further information available at:

Types:
Investments > €500k

Member States:
United States of America

Diseases:
Alzheimer's disease & other dementias

Years:
2016

Database Categories:
N/A

Database Tags:
N/A