The START (STrAtegies for RelaTives) study: a pragmatic randomised controlled trial to determine the effectiveness of a manual based coping strategy programme in promoting the mental health of carers of people with dementia – cohort follow-up

https://neurodegenerationresearch.eu/survey/the-start-strategies-for-relatives-study-a-pragmatic-randomised-controlled-trial-to-determine-the-effectiveness-of-a-manual-based-coping-strategy-programme-in-promoting-the-mental-health-of-carers/

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Title of project or programme

The START (STrAtegies for RelaTives) study: a pragmatic randomised controlled trial to determine the effectiveness of a manual based coping strategy programme in promoting the mental health of carers of people with dementia - cohort follow-up

Source of funding information

NIHR

Total sum awarded (Euro)

€ 169,755

Start date of award

01/09/2013

Total duration of award in years

Keywords

Research Abstract

There is evidence from the USA but not from the UK that providing specialist, individually tailored psychological support to people with dementia and their family carers can reduce rates of institutionalization. The meta-analysis by Spijker of effective non-pharmacological interventions for delaying institutionalisation found that non-pharmacological interventions with family carers in dementia significantly decrease the odds of institutionalisation (odds ratio (OR)50.66, 95% confidence interval (CI)50.43–0.99, p <.05) and significantly increase the time to institutionalisation (standardised mean difference (SMD)51.44, 95% CI50.07–2.81, P5.04). Only one study took place in the UK and was quasi experimental rather than experimental and had a low quality rating (1/6). It used Admiral nurses which are a very expensive resource and did not reduce time to institutionalization. A UK reduction of this magnitude in care home placements would have enable older people who wish to, to continue living at home, with accompanying higher quality of life and economic benefits. The prevalence of mental ill-health in family carers of people with dementia is about 40% while others have significant psychological symptoms. Our initial study was a randomised controlled study of psychological therapy provided by psychology graduates to promote coping interventions in family carers of people with dementia compared to treatment as usual. The START study is an opportunity to consider whether an intervention like this can make a difference to institutionalisation in the UK a high quality RCT. This extension study follows up the carers from 2 -7 years post study entry in terms of whether the person they care for has been admitted to a twenty-four hour care setting or has died. The study will investigate whether the therapy delay the time of entry to care homes. Its secondary objective is to see if this is linked to the carers mental state.

Further information available at:

http://www.nets.nihr.ac.uk/projects/hta/081499

Types: Investments < €500k

Member States: United Kingdom

Diseases: N/A

Years: 2016

Database Categories: N/A

Database Tags: N/A