

MEETINGDEM

Adaptive implementation and validation of the positively evaluated Meeting Centres Support Programme for people with dementia and their carers in Europe

Principal Investigators/Workpackage leaders

Dröes, R.M. (VU University medical center, Amsterdam, The Netherlands) Brooker, D. (University of Worcester, UK), Chattat, R. (University of Bologna, Italy), Farina, E (Fondazione Don Gnocchi), Rymaszewska, J. (Wroclaw Medical University, Poland), Meiland, F.J.M. (VU University medical center, The Netherlands)



MEETINGDEM (2014-2017) aimed to implement and validate the successful, inclusive Dutch Meeting Centres Support Programme (MCSP) for community dwelling people with mild to moderately severe dementia and their family carers in three EU countries (Italy, Poland, UK). MCSP provides a social club for persons with dementia, information meetings and discussion groups for carers, and individual consultations and plenary centre meetings for both. After exploring pathways to care, the three countries established initiative groups of organizational collaborators and user representatives; inventoried facilitators/barriers to implementing MCSP; and developed implementation plans, practical guides and toolkits, utilizing and adapting Dutch materials. Staff were trained and 9 Meeting Centres (MC) established (Italy-5, Poland-2, UK-2) and later another 6 MC (Italy-4, Poland-2). The first 9 MC participated in the study into MCSP's impact on people with dementia (behaviour, mood, quality of life/ QoL) and carers (sense of competence, mental health, loneliness, distress, experienced burden), its cost-effectiveness and user satisfaction.

Implementation evaluation: Overall MCSP components and vision were maintained in all countries/centres. Country specific requirements resulted in variations in inclusion criteria, frequency of programme components, culture specific activities. Factors facilitating implementation were: added value of MCSP and evidence of its effectiveness, matching needs of the target group, enthusiastic local stakeholders, suitable staff and project-manager. Barriers were: competition with care/welfare organizations, scarce funding.

Effect evaluation: MCSP appeared more effective on QoL (feelings of belonging, self-esteem, positive affect; with medium to large effectsizes) of people with dementia than usual care. Higher attendance levels were associated with greater neuropsychiatric symptom reduction and increased feelings of support. Carers experienced less burden than those receiving usual care. In Italy carers experienced better mental health and less distress by mood/behaviour symptoms of people with dementia.

Economic evaluation: Health and social care costs were 990 Euro/month higher in MCSP than UC group, due to MCSP costs, but compared to 'standard day care' the combined MCSP costed only 3 Euro/hour more (20%). Evidence suggests that on some quality of life in dementia measures (QOL-AD, DQoL), MCSP may be cost-effective.

User evaluation: People with dementia and carers were highly satisfied with MCSP. Carers felt the activities for people with dementia are functionally activating and provide an important means for social and emotional interaction.

Conclusion: MCSP is transferable across countries and shows improved quality of life and mental health benefits for people with dementia and carers against reasonable additional costs. Dissemination of MCSP in Europe and beyond is recommended. To support this dissemination the MEETINGDEM Network was launched on 7 June 2018

After the end of the project and publication of the project results several new Meeting Centers were set up in Italy (4), the UK (5), Spain (1) and Australia (2), which are still operational. In Chili, the USA (Ohio) and Japan Meeting Centres are being developed and planned to open in 2020.