

Target Area: Behaviour Problems / Independent & Self Care ADLs / Multiple Problems

|  |  |
|--|--|
| <p><b>Gitlin, Corcoran, Winter, Boyce &amp; Hauck (2001)</b><br/><i>The Gerontologist</i> 41(1): 4-14</p>  | <p>PEDro score - 6/10</p>  |
| <p><b>Method/Results</b></p> <p><b>Design:</b></p> <ul style="list-style-type: none"> <li>➤ <b>Study type:</b> RCT.</li> <li>➤ <b>Population:</b> n=171 with Alzheimer's disease or related disorder, 34% male, caregivers 27% male, age 60.48 years (SD=13.75).</li> <li>➤ <b>Groups:</b> <ul style="list-style-type: none"> <li>○ Experimental: Caregiver Intervention (n=93);</li> <li>○ Control: Usual care (n=78).</li> </ul> </li> <li>➤ <b>Setting:</b> Family home.</li> </ul> <p><b>Primary outcome measure/s:</b></p> <ul style="list-style-type: none"> <li>➤ 3 for person with dementia.</li> <li>➤ Behaviour problems.</li> <li>➤ Activity of daily living (ADL) dependency.</li> <li>➤ Instrumental ADL dependency.</li> <li>➤ 6 for caregiver.</li> <li>➤ Self-efficacy (for behaviour problems, ADL and IADL dependency).</li> <li>➤ Upset (for behaviour problems, ADL and IADL dependency).</li> </ul> <p><b>Secondary outcome measure/s:</b></p> <ul style="list-style-type: none"> <li>➤ None.</li> </ul> <p><b>Result:</b> Found less decline in patient IADL dependency in the CT group; but no effects for the caregiver variables.</p> | <p><b>Rehabilitation Program</b></p> <p><b>Aim:</b> To improve caregiver self-efficacy and caregiver upset in management of behaviour problems and dependency in people with Alzheimer's disease.</p> <p><b>Materials:</b> No equipment; occupational therapists delivered the treatment and received 20 hours of training.</p> <p><b>Treatment plan:</b></p> <ul style="list-style-type: none"> <li>➤ <b>Duration:</b> Length of therapy: 12 weeks; total contact time: 7.5 hours.</li> <li>➤ <b>Procedure:</b> 5 sessions - 1 per fortnight, 90 mins per session.</li> <li>➤ <b>Content:</b> Intervention took place in the caregiver's home. <ul style="list-style-type: none"> <li>▪ <i>Session 1:</i> develop a targeted plan to address aspects of daily care that were problematic for the caregiver.</li> <li>▪ <i>Subsequent sessions:</i> included education, role play, direct observation, feedback about techniques used by caregiver, mutual problem solving, environmental stimulation, task breakdown, strategies provided, strategies refined, new recommendations, cognitive restructuring.</li> </ul> </li> </ul> |