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Review

Interventions into the care system for dementia ☆

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ABSTRACT

Demographic developments contribute to an increasing proportion of elderly and age-associated diseases in industrialized countries worldwide. Dementia is one of the most prevalent in these. Dementia will cause growing support needs for the elderly and thus becomes a stability factor for the care system. Especially industrialized countries like North America, the EU or Asia need to prepare for this and develop strategies for their health care systems.

In Germany, there have been interventions into the care systems developed and implemented. This manuscript describes a selection of these. Firstly, we describe the AGNES study as an example of a successful translation from scientific evaluation into routine care. The AGNES study has shown positive results upon the delegation of medical tasks to specifically trained nurses and the model was introduced into the regular health care system on the federal level in Germany. Secondly we describe the DelpHi concept as dementia specific concept and study currently under evaluation. This study will yield results, how to deliver optimum care to persons with dementia and their caregivers in an efficient and effective way. And thirdly, we describe the IDemUck concept which shows measurable advantages on the management of dementia patients in an interdisciplinary network with respect to the provision of dementia-specific medication and the utilization of medical treatment.

On a policy level, the WHO stated co-ordination and care management as a clear goal in their dementia planning model. The international concepts are similar but the heterogeneity of integrated care models makes comparisons and translation into different contexts difficult. There is a further need to clearly describe aims and goals of concepts, describe the means to achieve these and prove their efficacy and efficiency. For an integration in routine care there is a need to adapt these concepts nationally and even regionally.

Contents

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1. Introduction

Demographic developments, especially the aging of the baby boomer generations and rising life expectancy, jointly contribute to an increasing proportion of elderly in industrialized countries worldwide. For example, in Germany the life expectancy of the people has increased by 30 years in the last few decades (Bickel, 2008) and the proportion of persons aged 80 years or older will grow to 7.4% by 2020 (in 2005: 4.5% (Snijder et al., 2007). In Germany's eastern rural areas, this trend is further enforced by the emigration of young persons. Based on current estimates for 2020 the proportion of persons aged 80 years or over will increase to 8.2% in Brandenburg (van den Berg et al., 2009a), to 8.6% in Mecklenburg—Western Pomerania and to even 9.6% in Saxony (van den Berg et al., 2009b, 2010). This change in the age structure of the population has a considerable impact on the numbers of patients, especially with respect to age-associated chronic diseases and multimorbidity (Hampel et al., 2011). However, the impact on the health care system goes even deeper with the demographic change affecting not only the people treated, but also the people treating and caring. For example: the age structure of general practitioners in private practice (GPs). In 2011, about one-third of private practice GPs have entered retirement age. Until 2020, in Mecklenburg—Western Pomerania for example, about 40% of the primary practice positions will need to be replaced, even assuming a retirement age of 68 rather than 65 years (own data). Regarding the increased demands for primary medical care as a consequence of the aging of the population and considerable problems to find successors for retired GPs in rural regions, relevant deficits in outpatient primary medical care are imminent. To maintain good quality medical care provision in such regions, it requires the development of innovative concepts for medical care.

One of the age-associated diseases among the most common diseases in the elderly is dementia. Worldwide there are 24.3 million persons with dementia (PwD) and there are 4.6 million new PwD diagnosed every year (Ferri et al., 2005). Especially industrialized countries in North America, the EU or Asia need to prepare for this challenge because dementia will cause growing support needs for older people and thus becomes a stability factor for the care system. To illustrate this: in Germany, there were 1.07 million people aged over 60 years diagnosed with dementia in 2007 (Ziegler and Doblhammer, 2008) and 250,000 are diagnosed with dementia per year. These numbers are underestimating the real numbers, because very often people with mild dementia are not included. Prospective studies in population-based samples have reported high proportions of people with suspicion of dementia not being diagnosed (Villars et al., 2010). This problem is not country-specific with i.e. India reporting a diagnose rate of less then 10% of the affected people (Dias and Patel, 2009). In other industrialized nations figures go up to nearly 50% of people with dementia staying undiagnosed or first being treated in a late state of their disease (Wilkins et al., 2007). There is no cure yet, so that caring for the people adequately is one important focus of new concepts. In this, dementia is a complex syndrome with the patients being differently and needing individualized care and treatment. Furthermore dementia affects not only the PwD but very much the family, relatives, caregivers and the society as a whole.

Many challenges in dealing with dementia in the health care system and the society have been reported in detail elsewhere (Thyrian et al., 2011). Population-based dementia care research is needed to:

(1) Analyze the caring structure in a system.
(2) Maintain evidence-based qualification for health professionals.
(3) Develop complex interventions for optimizing therapies in primary care.
(4) Evaluate efficacy, efficiency and outcome's of these interventions.
(5) Implement health economic analyses.
(6) Implement concepts in the routine care.

In this article we will focus on (a) the development of complex interventions and their evaluation with describing the DelpHi study, (b) the implementation of effective and efficient concepts in routine care with describing the AGnES study, and (c) the implementation of a network concept in routine care with referring to the IDemUck-study.

2. Concepts

2.1. AGnES

2.1.1. Background

One consequence of increasing age-related morbidity and decreasing mobility is the high demand for physician house calls (Siewert et al., 2010). Like illustrated before, there will be a shortage of GPs in the near future. Furthermore, a current survey for recommendations to improve treatment and care of PwD on all GP in the federal state of Mecklenburg–Vorpommern (response rate 30%) describes that 84% of the respondents needed more time for the treatment of people with dementia and their families (Thyrian and Hoffman, 2012).

2.1.2. The study

The AGnES concept (GP-supporting, community-based, e-health assisted systemic intervention) is based on the delegation of GP-home visits to qualified GP practice assistants. In regions with an imminent or already existing shortage of primary medical care, AGnES-practice assistants can support individual GPs as well as small groups of GPs (van den Berg et al., 2009b).

Patients included in the AGNES study were real life patients, selected by their treating GPs. A total of 11,228 home visits were carried out involving 1430, mostly multimorbid patients with a mean age of 78.6 years. 89% of the patients had limited mobility or were immobile. There were $n=136$ with suspicion for dementia with 23.5% of the being diagnosed with dementia by the GP. Overall 259 were screened with suspicion of dementia or mild cognitive impairment. Ninety-five of all these patients got more than one disease, 78% of them were diagnosed with hypertension, 52% with diabetes and 41% with vascular heart disease. In mean range participants got 6 diagnoses. From the people with suspicion of dementia only three persons got equal combinations of diseases. This illustrates the diversity and individuality of treatment and care needed.