

Secondary research

Robert J. Lucero, Elizabeth A. Fehlberg, Aditi G.M. Patel, Ragnhildur I. Bjarnardottir, Renessa Williams, Karis Lee, Margaret Ansell, Suzanne Bakken, Jose A. Luchsinger, Mary Mittelman, The effects of information and communication technologies on informal caregivers of persons living with dementia: A systematic review, *Alzheimer's & Dementia: Translational Research & Clinical Interventions*, Volume 5, 2019, Pages 1-12, ISSN 2352-8737, <https://doi.org/10.1016/j.trci.2018.11.003>.

(<http://www.sciencedirect.com/science/article/pii/S2352873718300787>)

- Up to 75% of people living with dementia in the United States are cared for by family members in their homes
- Dementia caregivers have higher levels of depression, anxiety and other mood disorders compared with caregivers of older adults without dementia
- Research has shown that technology-based interventions can improve these outcomes on all sides of the equation
- Focused on the effects of ICT interventions on the health of informal dementia caregivers
- **Interventions studied (in the home)**
 - Care consultant
 - Helped to establish individualized plan of care which can include tasks such as utilizing Alzheimer's Association services
 - Automated voice response system
 - **Phone services** like support groups, strategies to reduce disruptive behavior, and a distraction call for the care recipient
 - Videotapes with strategies to improve recipient's dressing and eating skills, or skill training for the caregiver (coaching)
 - Exercise intervention
 - Physical fitness videos and phone sessions from behavior-change counsellors
 - ComputerLink system
 - Educational information, decision support, and communication features for communication between caregivers
 - Communication boards were also monitored by a nurse who would respond to messages.
 - Internet based program with eight components consisting of embedded educational video clips

- Of the 12 interventions, ten targeted increasing caregiving support, one aimed to improve caregiver health, and one sought to improve caregiver's skills for resource utilization
 - 3 tech groups: telephone-, video-, and computer-based interventions
 - Half of the interventions studied were phone-based
- Limited number of ICT interventions leading to a statistically significant effect on informal caregiver outcomes
 - However tech from all 3 groups described above appear to be successfully targeting caregiver support for a range of affective caregiver outcomes, including burden, depression, and anxiety
 - Evidence strongest for various forms of **telephone-based interventions** based on the quality of the studies and the effects of the interventions
 - Telephone can be used effectively stand-alone or in tandem with other ICTs

J. Olazarán Rodríguez, M. Sastre Paz, S. Martín Sánchez,
 Health care in dementia: Satisfaction and needs of the caregiver,
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- Majority of carers were sons or daughters or spouses (majority of which were women)
- Caregivers expressed a high level of satisfaction with both primary care and neurology clinics

Zimmerman, Sheryl C., Jean Correll L. Munn, and Terry L. Koenig. "Assisted Living Settings." Handbook of Social Work in Health and Aging. Oxford UP, 2010. Handbook of Social Work in Health and Aging. Web.

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Table 61.1. The Philosophy of Assisted Living

1. Offer personalized, cost-effective, quality supportive services in a safe residential environment.
2. Maximize the independence of each resident.
3. Treat each resident with dignity and respect.
4. Promote the individuality of each resident.
5. Protect each resident's right to privacy.
6. Provide each resident the choice of services and lifestyles and the right to negotiate risk associated with that choice.
7. Involve residents and include family and friends in service planning and implementation when requested by a competent resident or when appropriate for incompetent residents.
8. Provide opportunity for residents to develop and maintain relationships in the broader community.
9. Minimize the need to move.
10. Involve residents in policy decisions affecting resident life.
11. Make full consumer disclosure before move in.
12. Ensure that potential residents are fully informed regarding the setting's approach and capacity to serve individuals with cognitive and physical impairments.
13. Ensure that specialized programs (e.g., for residents with dementia) have a written statement of philosophy and mission reflecting how the setting can meet the specialized needs of the resident.
14. Ensure that residents can receive health services provided as they would be within their own home.
15. Ensure that assisted living, while health care–related, focuses primarily on a supportive environment designed to maintain an individual's ability to function independently for as long as possible.
16. Ensure that assisted living, with its residential emphasis, avoids the visual and procedural characteristics of an “institutional” setting.
17. Ensure that assisted living, with its focus on the customer, lends itself to personalized services emphasizing the particular needs of the individual and his/her choice of lifestyle. the watchwords should be “creativity,” “variety,” and “innovation.”

Source: *Assisted Living Quality Coalition (1998).*

- The term assisted living is commonly used by facilities that do not subscribe to this philosophy of providing a homelike environment, independence, autonomy, and privacy
 - As a result, there is no one accepted definition of assisted living
- Services required or allowed under regulation in assisted living settings
 - Medical services
 - Social services
 - Support services
 - Barber/salon
 - 3rd party services
 - Home health care
 - Skilled nursing

- Therapy
 - Dietary consultation
 - Wound care
 - Medication management
- Hospice
- Issues with assisted living
 - Disparity in access and quality
 - Autonomy, negotiated risk, and aging in place
 - Resident choice vs safety
 - Recognizing and Treating Psychosocial Needs

Treatments

There are drugs available that may help with some types of dementia and stop symptoms progressing for a while. This is one reason why it's important to go to the GP as soon as you suspect there's a problem.

Other things that can help with symptoms of dementia include:

- cognitive stimulation, which might involve doing word puzzles or discussing current affairs
- life story work, sharing memories and experiences with a carer or nurse to create a 'life storybook'
- keeping as active as possible – physically, mentally and socially – which can boost memory and self-esteem, and help avoid depression

<https://www.alzheimers.org.uk/about-dementia/five-things-you-should-know-about-dementia>

Contact for people that want information about Alzheimer who may be affected by dementia or want to provide information

<https://alzheimer.ca/en/Home/ContactUs>