Respectful Caring for the Agitated Elderly

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The major objective of RESpectful Caring for AGitated Elderly (RECAGE) will be to adapt and upscale the implementation of a peculiar intervention aimed at controlling BPSD, the special medical care unit for persons with dementia and BPSD (SCU-B)\textsuperscript{10}, an intervention that, albeit already implemented in some European countries, is not widespread and has not been sufficiently studied so far, although it seems to be promising, both for its short term efficacy (alleviating BPSD and improving quality of life of PwD) and possibly for its long term efficacy, measured as delay of NHP.
What is a Special care unit for BPSD (SCU-B)?

Our definition is: “a residential medical structure lying outside of a nursing home, in a general hospital or elsewhere, e.g. in a private hospital, where patients with BPSD are temporarily admitted when their behavioural disturbances are not amenable to control at home. The mission of the SCU-B is to improve patient’s behaviour and its goal is to permit, when possible, her/his coming back home”
How does a SCU-B works?

The therapeutic approach in most of the existing SCU-B is a mix of:

- Cautious pharmacological treatments
- Rehabilitative and non-pharmacological therapies (occupational therapy, physiotherapy, doll therapy, pet therapy…)
- Appropriate environment
- **Availability of a staff** (composed of doctors, psychologists, educators, occupational therapists, physiotherapists, nurses and health care professionals) [expert and trained](#)

*In some existing SCU-B patients approach is in line with the Gentlecare of Moyra Jones or the Person-Centered Care (PCC) of Tom Kitwood.*
The Consortium
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Universita degli Studi di Perugia – ITALY
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Mediolanum Cardio Research srl – ITALY
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Nationale Observatory for dementia and alzheimer Disease - GREECE
A multi-center, prospective, comparative study of persons with dementia and severe behavioural disturbances

<table>
<thead>
<tr>
<th>Brief Summary</th>
<th>Observational study lasting three years comparing two cohorts of patients with dementia and severe behavioural disturbances</th>
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<tbody>
<tr>
<td>Objectives</td>
<td>The primary objective of the study is to evaluate the effectiveness, both short- and long-term, of the Special Care Units-BPSD (SCU-B) as components of the care pathways for persons with dementia and their cost-effectiveness. The lack of a strong evidence in favor of their usefulness is certainly a barrier against a larger implementation, as well as the lack of a health economic assessment</td>
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<tr>
<td>Methodology</td>
<td>A prospective, observational study comparing two cohorts of persons with dementia and severe BPSD</td>
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<td>Study Duration</td>
<td>52 months</td>
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<tr>
<td>Participant Duration</td>
<td>36 months</td>
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<td>Population</td>
<td>500 patients with moderate dementia and severe BPSD (NPI&gt;32), age &lt;82, both sex, enrolled across 12 memory clinics in 7 European countries</td>
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<td>Study Sites</td>
<td>12 clinical centres: see list above</td>
</tr>
<tr>
<td>Number of participants</td>
<td>500 participants to be enrolled across 12 sites</td>
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# Objectives and Endpoints

<table>
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<tr>
<th>Objectives</th>
<th>Endpoints</th>
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<td><strong>Primary</strong></td>
<td><strong>To compare the two cohorts in the change of BPSD (NPI, CMAI) over time (at time 0, 6, 12, 18, 24, 30, 36 months)</strong></td>
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<td>- To estimate the clinical efficacy, both short- and long-term, of the SCU-B</td>
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<td><strong>Secondary</strong></td>
<td><strong>To compare QoL of PwD over time (QoL AD and EQ-5D-5L, at time 0, 6, 12, 18, 24, 30, 36 months) between the two cohorts</strong></td>
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<tr>
<td>- To assess the quality of life of the patients and their caregiver</td>
<td><strong>To compare QoL (total) of caregivers over time (AC-QoL, EQ-5D-5L, CBI at time 0, 6, 12, 18, 24, 30, 36 months) between the two cohorts</strong></td>
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<td>- To estimate the cost-effectiveness of SCU-Bs</td>
<td>- Change in care costs over time (at time 0 [baseline], 6, 12, 18, 24, 30, 36 months): RUD</td>
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<td>- To estimate psychotropic drug consumption over time</td>
<td>- Incremental cost-effectiveness ratio RUD, ICECAP-O, EQ-5D-5L</td>
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<td>- To assess the change of attitude of caregivers toward dementia</td>
<td><strong>To compare drug consumption between the two cohorts</strong></td>
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<td><strong>Tertiary/Exploratory</strong></td>
<td><strong>Dementia Attitude Scale (DAS)</strong></td>
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<td>- To assess the capacity of the SCU-B to delay institutionalisation</td>
<td><strong>Time of the (final) admission to a nursing home (Survival methods)</strong></td>
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First phase of RECAGE: An *observational comparative cohort study*, during three years, comparing two cohorts of patients with severe BPSD, the first one followed by memory clinics endowed with a SCU-B (Gazzaniga, Modena, Ottestad, Genève, Paris, Mannheim, Bruxelles), the other followed by centres lacking this facility (Thessaloniki, Mantova, Bergamo, Perugia, Berlin) 

Second phase of RECAGE: *To adapt the model in accordance with the results of the cohort study*, not only regarding the main endpoints, but also comparing the experience and the different ways to work of the participating centres and the different socio-political context in which they act.

Third phase: scaling up the intervention

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ALL (N=520)

- 01 - ITALY - Carlo Alberto Defanti
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- 05 - ITALY - Andrea Fabbo
- 06 - FRANCE - Jacques Hugon
- 07 - GREECE - Magdalini Tsolaki
- 08 - GERMANY - Lutz Froelich
- 09 - ITALY - Alfonso Ciccone
- 10 - GERMANY - Oliver Peters
- 11 - ITALY - Paola Merlo
- 12 - ITALY - Patrizia Mecocci
What is the RECAGE project?

The RECAGE project will tackling one of the most challenging problems arising during the clinical course of dementia: the so-called Behavioural and Psychological Symptoms of Dementia (BPSD).

WHAT IS A SCU-B?
A residential medical structure lying outside of a nursing home, in a general hospital or elsewhere, e.g. in a private hospital, where patients with BPSD are temporarily admitted when their behavioural

www.recageproject.eu
11.45—13.15
Round Table 1
Tavola rotonda 1
Is it useful to implement new SCU-Bs?
È utile istituire nuove UCS-CD?
Massimo Giupponi (Direttore generale ATS Bergamo)
Francesco Locati (Direttore generale ASST Bergamo est)
Angelo Cordone (Direttore generale ASST Melegnano e Martesana)
Franco Cammarota (Amministratore delegato di FERB)
Maria Luisa Moro (Agenzia Regionale Socio-Sanitaria Regione Emilia-Romagna)
Marco Salmoiraghi (Direzione Generale Welfare, Regione Lombardia)
Fabiola Bologna (Neurologa, Camera dei deputati)
Mario Possenti (Federazione Alzheimer Italia)

THE SPECIAL CARE UNIT FOR BPSD (SCU-B)
A new link in the chain of Alzheimer services

L'UNITÀ DI CURA SPECIALE PER I DISTURBI COMPORTAMENTALI DELLE DEMENZE (UCS-CD)
Una nuova maglia nella rete dei servizi Alzheimer

Centro Congressi Giovanni XXIII – Viale papa Giovanni XXIII, 106 – 24121 Bergamo