What is Person-centred dementia care?: an introduction to the evidence

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Overview of talk

• Why Person-centred care?
• What is person-centred care in dementia?
• What is the research evidence around implementing person-centred care?
Why person-centred care?

I should be treated as an individual, with those looking after me knowing about my life.

I should be respected for who I am.

(Alzheimer’s Disease International: Global Dementia Charter 2013)
What is person centred care?

- Widely used term in dementia care and in other services e.g. ID
- Other terms sometimes used interchangeably e.g. patient centred care
- In UK embedded in policy and practice guidelines
- Definition of ‘good’ practice
- Means different things to different people
Person-centred care

\[ \text{PCC} = \text{V} + \text{I} + \text{P} + \text{S} \]

Where

\( \text{V} = \) Value people with dementia

\( \text{I} = \) Treat people as individuals

\( \text{P} = \) Perspective of person with dementia

\( \text{S} = \) Supportive Social environment

Brooker (2004)
PCC means moving from:

Person with DEMENTIA to PERSON with Dementia
Kitwood’s Enriched Model

\[ D = \text{NI} + \text{H} + \text{B} + \text{P} + \text{SP} \]

- **NI** = Neurological Impairment
- **H** = Health and Physical fitness
- **B** = Biography - life history
- **P** = Personality
- **SP** = Social Psychology

(Kitwood 1993)
PCC and distressed reactions

- Also known as Neuropsychiatric symptoms, BPSD or challenging behaviours
- Experienced by up to 90% of people with dementia at some point
- Includes: agitation, aggression, restlessness, hallucinations, delusions, depression, anxiety and apathy (Ballard and Corbett 2010)
Distressed reactions

• Lead to lower quality of life (Bannerjee et al 2006; Liperoti et al 2008)
• Increased risk of hospitalisation (Majic et al 2010; Tunis et al 2002)
• Increased A&E use
• Produce excess disability (Finkel 2000)
Distressed reactions

Not an inevitable consequence of dementia.

Often caused by

- care practices and environment (Cohen-Mansfield et al 1992)
- Poorly managed physical health and pain (Husebo et al 2011; Testad et al 2010)
- Expression of unmet needs in response to poor quality care (APPGD 2008; Testad et al 2010; Stokes 1996)
Risks of pharmacological management

• Lack of evidence of efficacy of antipsychotics and serious harms

• Linked to
  – stroke
  – excess deaths
  – gait disturbance

Bannerjee (2009)

• Reduced use is international priority

• Should be used as a last resort - 6-12 weeks only
Does PCC make a difference?

- PCC training for staff can improve knowledge, attitudes and sense of competence (Surr et al 2016)
- PCC training and care planning can reduce agitation (Chenoweth et al 2009; Rokstad et al 2013; Ballard et al 2018), depression (Rokstad et al 2013), neuropsychiatric symptoms (Ballard et al 2018) and improve quality of life (Ballard et al 2018)
- Psychosocial PCC interventions e.g. DCM can reduce agitation, falls and improve quality of life (Chenoweth et al 2009; Rokstad et al 2013)
- BUT not all PCC interventions are effective. Implementation issues are a challenge.
Features of effective PCC interventions

Staff valued interventions focusing on getting to know, understand and connect with residents

- interactive training,
- post-training support,
- aiming to train most staff,
- retaining written materials afterwards
- and building interventions into routine care

(Rapaport et al 2017)
What conditions do we need to implement PCC interventions?

- a shared philosophy of care,
- satisfactory leadership,
- interdisciplinary collaboration and social support from colleagues and leaders,
- a dementia-friendly physical environment,
- staff having time to spend with residents, smaller unit size,
- a higher proportion of staff with continuing education in dementia care,
- and a higher proportion of staff receiving regular supervision. (Sjögren et al 2017)
- Multiple implementation strategies (Boersma et al 2015)
Summary

Person-centred care is widely accepted as best practice.

There is evidence that person-centred psychosocial interventions can improve behavioural and psychological outcomes.

There are implementation challenges but common features of successful interventions and implementation strategies are emerging.

The organisational context and culture needs to be ready for PCC.
References


Ballard et al 2018),


References


Rokstad et al (2013) The Effect of Person-Centred Dementia Care to Prevent Agitation and Other Neuropsychiatric Symptoms and Enhance Quality of Life in Nursing Home Patients: A 10-Month Randomized Controlled Trial. Dementia and Geriatric Cognitive Disorders, 36, 340-353.


Thank you
Any questions?
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