Effects of respite care on patients with dementia and their caregivers

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Authors' objectives
To determine the effect of formal respite care on patients with dementia and their caregivers.

Searching
Searches were made of MEDLINE, PsycINFO and Cinahl databases from 1975 to 1994 for English language articles using the words 'respite care' with each of the following: 'dementia', 'Alzheimer's disease' and 'multi-infarct dementia'. Bibliographies of retrieved articles were searched for additional references.

Study selection
Study designs of evaluations included in the review
Controlled trials of a defined respite intervention in a sample of patients which included a dementia population were included. Selected studies had to be original research in which treatment and control groups were randomised or had baseline comparability. Study durations ranged from 2 weeks post-respite to 12 months.

Specific interventions included in the review
The intervention studied was that of respite care defined as a care giving service providing a planned, temporary break from the ongoing responsibility of caring for a person with dementia who is living at home. Forms of respite care studied include institution, in-home and day-care. The duration of respite care ranged from 15 days to 12 months.

Participants included in the review
The participants included patients with dementia who were living at home and their caregivers. No standardised criteria were used to make the diagnosis of dementia.

Outcomes assessed in the review
The outcome measures selected included those assessing the caregivers' burden and stress, psychiatric status, physical health and attitudes toward the patient, those assessing the dementia patient's cognition, behaviour, physical health and functioning and the length of time the patient remains in the community.

How were decisions on the relevance of primary studies made?
The author does not state how the papers were selected for the review, or how many of the reviewers performed the selection.

Assessment of study quality
Validity was assessed on the following criteria: treatment and control groups were randomised or had baseline comparability, all patients entering the study were accounted for in its conclusions and statistical and clinical significance were considered. The author does not state how the papers were assessed for validity, or how many of the reviewers performed the validity assessment.

Data extraction
Information was extracted about each study's methodology, outcome measures and results. Methods used are not stated.

Methods of synthesis
How were the studies combined?
The studies were combined in a narrative review.
How were differences between studies investigated?
A description of each study is given in the text of the review.

**Results of the review**
Four controlled trials were included (762 patients; the individual study sample sizes were 55, 15, 632 and 60 patients).

Caregiver burden and stress was assessed in 4 studies (762 patients); psychiatric stress in 3 studies (707 patients); physical health in 1 study (632 patients); attitude toward patient in 1 study (55 patients).

Patient cognition was assessed in 1 study (55 patients); behaviour in 1 study (55 patients); physical health in 1 study (632 patients).

Rate of institutionalisation/days in community was assessed in 3 studies (707 patients).

Factors limiting the reliability of the results include: lack of standardised criteria to make the diagnosis of dementia, use of more than one type of respite care intervention with pooling of results, no controlling for contamination, use of respite service outwith the study by control groups, additional counselling being given to treatment groups receiving respite care and groups already receiving formal community services at the time of entry.

Caregiver: Burden and stress no difference; psychiatric status no difference; physical health no difference; attitude toward patient worse post-respite (P <0.01).

Patient: Cognition no difference; behaviour improved in respite group (P < 0.001); physical health no difference in days alive.

Rate of institutionalisation/days in community: variable results.

**Authors' conclusions**
Based on the results of controlled studies there is little evidence that respite care for a patient with dementia significantly affects caregiver burden or delays institutionalisation of the patient. However, given the small number of studies and methodological and conceptual problems these data are far from conclusive and benefits of respite care might be demonstrated in the future through better-designed trials.

**CRD commentary**
Criteria were defined for study selection and for assessment of validity. The discussion includes mention of factors limiting the reliability of the results and suggestions of issues to consider in future research. Given the differences among studies, the results could not have been summarised other than in a narrative review.

Limiting the literature search to English language articles may have omitted some relevant studies. Methods used to select studies for inclusion, assess validity and extract data are not reported. There was no discussion of the heterogeneity among studies.

The conclusions of the review are, as the author states, limited due to methodological problems with the primary studies.

**Implications of the review for practice and research**
The author stated that future studies for patients with dementia and their caregivers should take account of the following issues: studies should be randomised and adequately powered, patient-related and care-giver related variables that may influence outcome should be assessed, the type of respite care should be well-defined and, as far as possible, matched to the needs of the care-giver, respite care studied should be of sufficient frequency and duration so as to be clinically meaningful, duration of study should be sufficient to detect cumulative effects of respite care, outcome measures should refer to the caregiver, the patient and the length of time the patient remains in community.
care, any outcome measure used should have documented reliability and validity and research should include a cost-benefit analysis.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.