Economic evaluation of a support program for caregivers of demented elderly

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Record Status
This is a critical abstract of an economic evaluation that meets the criteria for inclusion on NHS EED. Each abstract contains a brief summary of the methods, the results and conclusions followed by a detailed critical assessment on the reliability of the study and the conclusions drawn.

Health technology
Caregiver support programme.

Type of intervention
Palliative/community care.

Economic study type
Cost-utility analysis.

Study population
Those caring for elderly relatives at home.

Setting
The study was carried out in Canada.

Dates to which data relate

Source of effectiveness data
Single study.

Study sample
It is unknown whether there is evidence that the study sample is representative of the clinical study question. Power calculations did not determine sample size. The number of patients overall, and in intervention and control group were 60, 30, and 30 respectively. The percentage of patients who refused to participate was unknown.

Study design
Single centre randomised controlled trial (RCT), with formal randomisation and no blinding. The duration of follow-up of intervention cohort was 6 months. The drop out rates (percentage overall, percentage in intervention group and percentage in control group) were 30%, 27%, and 33% respectively.

Analysis of effectiveness
The analysis was based on treatment completers. The primary outcome was Quality-Adjusted life Years (QALYs) and the Caregiver Quality of Life Instrument (CQLI) were used to describe health states. At analysis, groups were shown or adjusted to be comparable in age, sex or prognostic features.
Effectiveness results
The improvement in the caregiver group was not statistically significant but was judged clinically important (p value was not significant).

Measure of benefits used in the economic analysis
Quality-adjusted life years (QALYs). The Caregiver Quality of Life Instrument (CQLI) was used as a valuation of health states. Two relatives values were used to assess the health states at 0 months, 3 months, and 6 months; these were valued at interview and the valuation tool was time trade-off.

Direct costs
Direct costs were to the health service and included: nursing visits, attendant care, MD visits, other paid help, day programmes and overnight institutional respite. Price information related to 1988.

Currency
Canadian dollars (Can$). In the DH Register of Cost-effectiveness Studies, the original results were converted to UK pounds sterling (£) using GDP purchasing power parities and reflated to 1991 using the NHS pay and prices index.

Sensitivity analysis
No sensitivity analysis was carried out.

Estimated benefits used in the economic analysis
The QALY values (not discounted) for intervention were 0.09, comparison were -0.03 and incremental were 0.11.

Cost results
Because there was no statistically significant difference in individual item costs between the two groups, a ‘conservative’ incremental cost has been calculated based on the additional annual cost of the CSP: the programme cost /caregiver /annum = 1240 (at 1991 prices).

Synthesis of costs and benefits
Outcome and cost duration was 6 months and the inclusion of treatment side-effects was not relevant. Incremental cost per QALY gained for the caregiver support program (CSP) for those caring for elderly relatives at home, with two level respite care was 12365 (costs and benefits not discounted).

CRD Commentary
(This commentary was not written by CRD, but by the authors of the DH Register.) 1) The study has small numbers in both intervention and control groups so the true value of CSP remains uncertain. 2) The hypothesis was driven. 3) There were no health omissions. 4) The sample size was small and hence there was large variance in the CQLI scores.

Bibliographic details

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