The impact of residential respite care on the behaviour of older people with dementia: 
literature review

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CRD summary
This review concluded that the evidence on the impact of residential respite care on behavioural symptoms of older people with dementia is inconsistent, but the better quality research suggests there may be a reduction in symptoms. Despite some limitations of the review, the conclusions are supported by the evidence presented, although the effects of respite care appear temporary.

Authors' objectives
To determine the effect of residential respite care on behavioural symptoms among older people with dementia.

Searching
MEDLINE, CINAHL, PsycINFO and AgeLine were searched from inception; the search terms were reported. The reference lists of retrieved articles were handsearched. Non-English publications and dissertation abstracts were excluded.

Study selection
Studies of residential respite care were eligible for inclusion. The included studies delivered respite care in nursing homes, hospitals and aged-care facilities. The mean duration of respite care was between 2 and 3 weeks, where stated. One study compared outcomes associated with residential respite care with outcomes associated with respite care at home (while awaiting residential respite care). Studies that measured behavioural symptoms in care recipients were eligible for inclusion. Studies of caregiver outcomes were excluded. The following outcomes assessment scales were used: Memory and Behavior Problems Checklist, Behavioral Assessment Instrument, Clifton Assessment Procedures for the Elderly Behavior Rating Scale, Functional and Behavioral Scale for Advanced Dementia, Behavioral Adjustment Scale and the Dementia Behavior Disturbance Scale. Assessments were completed by researchers and/or home caregivers and respite care nurses. The timing of assessments varied and included pre-respite, at admission, during respite, at discharge and/or post-respite. Most of the studies conducted 2 to 5 assessments and had a total duration of 2 to 6 weeks, but one study conducted 12 assessments and continued follow-up for 3 months post-respite. Studies of older people with mild to severe dementia (either first or repeat users of respite care) were eligible for inclusion. Participants with extreme behavioural symptoms were excluded from one study. Where stated, the mean age of the participants in the studies varied from 69 to 82 years, and two studies were restricted to male U.S. armed forces veterans. Two studies included participants both with and without dementia, reporting the outcomes separately. Qualitative and quantitative studies were eligible.

The authors did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The authors did not state that they assessed validity.

Data extraction
Descriptive data and p-values were reported in a table and in the text. The authors did not state how the data were extracted for the review, or how many reviewers performed the data extraction.

Methods of synthesis
The studies were combined in a brief narrative. Heterogeneity between the studies was discussed in the text.

Results of the review
Six studies (n=187) were included: one controlled before-and-after study (n=27 with dementia), one quasi-experimental single-group study (conducted by the review authors) with consecutive enrolment and repeated measures (n=29 with
dementia) and four short-term or before-and-after observational studies (n=131).

Behavioural effects (six studies).

Findings were inconsistent, ranging from an improvement in behaviour to no change or temporary deterioration. The controlled study reported that the intervention was associated with a statistically significant improvement in behaviour from baseline to follow-up (at 14 to 21 days post-respite; p<0.001); no comparison with controls was reported. The quasi-experimental study found that the intervention was associated with a temporary decline in the frequency of reported behavioural symptoms (effect size 0.71, 95% confidence interval: 0.17, 1.23, p<0.0001), though the improvement did not persist post-respite. One short-term study found that the intervention was not associated with any significant change in the care recipient's behaviour. Two before-and-after studies reported mixed results. One short-term study reported a small but statistically significant (p<0.05) decline in self-care and behaviour during respite care, though most participants returned to their baseline score 2 weeks post-respite.

Authors’ conclusions
The evidence on the impact of residential respite care on the behavioural symptoms of older people with dementia is scanty and inconsistent. The better quality evidence suggests that respite care may be associated with an improvement in symptoms.

CRD commentary
The research question and inclusion criteria were clear and relevant sources were searched for studies. However, the language restriction and exclusion of dissertation abstracts may have meant that some studies were missed, and there is no indication that unpublished studies were sought. It is unclear whether steps were taken to minimise error and bias in the review process by having more than one reviewer make decisions about the study selection and data extraction processes. Moreover, it does not appear that study validity was systematically assessed, though some aspects of validity were discussed. In other respects adequate information was provided about the included studies. Clinical and methodological heterogeneity between the studies was well-addressed in the text. Despite limitations in the reporting of review methods, the authors’ cautious conclusions are supported by the evidence presented, though any effects related to respite care appear temporary.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that more evidence about the recipients of residential respite care is required. Such studies should define the type of respite care, accurately describe the care recipients, use robust designs and incorporate long-term follow-up.

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Bibliographic details

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Subject indexing assigned by CRD

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Record Status
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.