Clinical and cost effectiveness of services for early diagnosis and intervention in dementia
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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.

CRD summary
The objective was to assess the costs and benefits associated with a memory service for early diagnosis and intervention for people with dementia. The authors concluded that, based on the best available evidence, there was a case for the development of a nationwide service for early diagnosis and intervention in dementia. Overall, there were some limitations to the study, so the authors’ conclusions should be considered with caution.

Type of economic evaluation
Cost-effectiveness analysis, cost-utility analysis

Study objective
The objective was to assess the cost and benefits associated with a memory service for early diagnosis and intervention for people with dementia.

Interventions
The intervention included a multi-disciplinary and inter-agency team responsible for the early diagnosis of dementia in a defined population. In addition to diagnosis, the team provided information and direct medical, psychological, and social help to people with dementia and their family carers.

Location/setting
UK/the setting was not reported.

Methods
Analytical approach:
A model was developed to estimate the cost savings associated with delayed admission to care homes as a result of the intervention. A ten-year time horizon was used and the authors stated that a societal perspective was adopted.

Effectiveness data:
The effectiveness data were derived from published studies. The main clinical parameter was the percentage reduction in care home bed-days for people with dementia.

Monetary benefit and utility valuations:
The quality-of-life weights appear to have been derived from a published study.

Measure of benefit:
The summary measures of benefit were the reduction in care home bed-days, and quality-adjusted life-years (QALYs) gained.

Cost data:
The cost categories were staffing and trust overhead costs. The price year was 2007 to 2008 and all costs were reported in UK pounds sterling (£). Costs were discounted at a rate of 3.5% per annum.

Analysis of uncertainty:
There was no analysis of uncertainty.
Results
The intervention cost approximately £220 million per year, in England, and it was estimated that it prevented between 6% and 20% of care home admissions.

If the intervention resulted in a 10% reduction in admissions, it was almost cost-saving in its 10th year.

A gain of between 0.01 and 0.02 QALYs per person per year resulted in the service having a positive net present value by the 10th year.

Authors’ conclusions
The authors concluded that, based on the best available evidence, there was a clear case for the development of a nationwide service for early diagnosis and intervention in dementia.

CRD commentary
Interventions:
The intervention was well described and represented current practice in the authors’ setting.

Effectiveness/benefits:
The effectiveness data were derived from published sources. The methods of a literature review were not reported, which makes it difficult to determine if the best available evidence was used. Few details of the studies or estimates used in the model were reported in the paper. QALYs were used as one of the measures of benefit, but the details of how the quality weights were derived were not reported.

Costs:
The cost analysis was generally poorly reported; neither the sources of the costs and resources nor the estimates used in the model were reported in the paper. A discount rate of 3.5% was reported, but it was not clear if this rate applied to all the cost analyses or just to one section.

Analysis and results:
The aim of the analysis was to examine the potential cost savings associated with delayed admission to care homes, which was achieved and the full results were presented. The impact of uncertainty in the parameters was not satisfactorily addressed, which makes it difficult to assess whether the results were robust. The authors acknowledged and discussed some limitations of their analysis.

Concluding remarks:
Overall, there were some limitations in the methodology and reporting of the study, so the authors’ conclusions should be considered with caution.

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