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NEW DIAGNOSTIC APPROACHES: TO ENABLE CARE HOME STAFF UNDERSTAND AND WORK EFFECTIVELY WITH BEHAVIOURS THAT CHALLENGE IN DEMENTIA

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Background: Behaviours that challenge in dementia exceed the capability of care home staff. Evidence shows medication, traditionally the first line treatment has limited benefit, may hasten cognitive decline and is associated with vascular and cardiac problems in older people. Alternatively, admission to hospital occurs despite 90% of behaviours occurring as a response to care practices or environmental factors. Instead, the reasons should be addressed focusing on when, where, why and with whom these behaviours manifest themselves.

AIMS In 2006, a five-month pilot study within the Northern Health and Social Services Board (NHSSB) (Antrim and Ballymena, Northern Ireland), using the Newcastle Model, a bio-psycho-social intervention received 20 referrals involving 11 care homes.

Method: This new diagnostic approach formulates behaviours in terms of peoples' needs, which are assumed to drive behaviours. The model is a hybrid of well-established ideas from various psychological models, but its distinguishing feature lies in the unique integration of teaching, supervision and intense support provided to care home staff. The NeuroPsychiatric Inventory Caregiver Distress (NPI-D) measures frequency and severity of behaviours and level of distress this causes staff. This was administered pre and post intervention.

Results: Four hospital admissions were averted which, based on the average length of stay, would have cost an estimated £81,500. NPI-D scores decreased following interventions.

Conclusion: The potential of this pilot study was noted by the Institute of Healthcare Management Quality Awards prompting the NHSSB to fund a Behaviour Sciences Nursing Service. A clinical effectiveness and full cost effectiveness analysis is now planned.