

Research paves way for non drug-based dementia treatments for 'behaviors that challenge' carers

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Alternative therapies for dementia patients need to be researched and applied more consistently if they are to help care organisations improve the well-being of patients and reduce the number of antipsychotic drugs prescribed.

Research published today (Wednesday 15 February 2012) by a team at the Universities of Hull and Maastricht highlights a pressing need for more comprehensive research into the Government's recommended method of an [alternative treatment](#), known as functional or behavioural analysis.

Entitled "Function analysis-based interventions for challenging behaviour in dementia", the study is published in *The Cochrane Library* 2012, Issue 2. It focuses on functional, or behaviour, analysis, an approach to [dementia care](#) recommended by the National Institute for Health and Clinical Excellence (NICE) in its guidelines on supporting people with dementia and their carers.

The study shows that [functional analysis](#) is indeed a promising alternative approach to antipsychotic and other [drug therapies](#) but its true value is difficult to evaluate since most studies have applied the approach as part of a broad based programme of a range of other supportive interventions.

Esme Moniz-Cook, Honorary Professor of [Clinical Psychology](#) and Ageing at the University of Hull, who is leading the research explains:

"Functional analysis is a systematic approach to understanding the causes of behaviours that challenge staff and family carers. People with dementia can show their distress or discomfort in many different ways. Functional analysis approaches are therefore always individualised to

the person and the caregiver's particular circumstances. If unsystematic methods are used - such as trying a range of therapies that also may include some but not all components of the functional analysis approach, it is then hard to establish what - if anything - has helped in the care situation. This may be why practitioners often readily resort to psychotropic drug therapies before persisting with the best potential set of distress-alleviating therapies that could help the person and the carer.

"Since our study has shown that functional analytic-based interventions for behaviours that challenge others have strong promise in dementia care, large scale clinical trials are needed. These should be designed and supervised by professionally trained staff in both family care and care home settings. Improved knowledge and training on functional analysis as an approach to treatment is also required if the systematic approach to detecting and addressing the causes of distress in people with dementia and their carers is to be achieved."

About one third of people with dementia live in care homes with as many as 87% described with behaviour that is seen as challenging. In addition, when family carers become distressed and challenged by their relative's behaviour, this leads to breakdown of care at home and entry to long term care homes.

Professor Moniz-Cook says: "If a systematic functional analysis approach was used to detect the causes of distress or difficulty for the person and carer and thus provide the best set of interventions for both, it may be possible to delay breakdown of care at home associated with behaviours that are seen as challenging."

By reducing distress and discomfort for people with

dementia there is also potential for reducing premature requests for pharmacological interventions. Where some drugs are associated with increased risks to overall quality of life in dementia care, functional analysis-based interventions that are delivered and monitored on a regular basis may therefore have the positive spin-off of an improved quality of life for the person with dementia."

Professor Moniz-Cook is already on course to address these issues. She is heading up a project called Challenge DemCare, a £2 million programme funded by the Department of Health's National Institute for Health Research.

The programme has enlisted national and international experts in functional analysis, to develop an e-learning tool to train staff working in care homes. This is now available for dissemination. An additional e-tool for the use of professionals supporting carers in both family homes and care homes is also being tested widely in family care and care homes settings across England.

"The Challenge DemCare staff training and e-tool systems provide resources for focusing on functional analysis-based interventions rather than other treatments and therapies that run the risk of being used on an ad-hoc basis" explains Professor Moniz-Cook. "It is designed to help professionals design practical and personalised programmes for people with [dementia](#) and their carers to reduce distress and difficulties in the short to medium term and enhance efficacy, wellbeing and quality of life in the longer term."

The systems are currently being tested with some 800 residents living in 63 [care homes](#) across Yorkshire, as well with over 300 people and their [family carers](#) living at home. In the latter set of studies professionals across seven NHS Trusts in England are trained to deliver personalised support to both the person and the family carer. Comprehensive results from these studies are due in 12 months time.

More information: Functional analysis-based interventions for challenging behaviour in dementia,

by Moniz Cook ED, Swift K, James I, Malouf R, De Vugt M, Verhey F., is published today in the *Cochrane Database of Systematic Reviews* 2012, Issue 2. Art. No.: CD006929. [DOI: 10.1002/14651858.CD006929.pub2](https://doi.org/10.1002/14651858.CD006929.pub2)

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