

The pros and cons of small-scale living for elderly people suffering from dementia in the Netherlands and Belgium

Submission date 29/04/2010	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 12/05/2010	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 03/04/2013	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

N/A

Study information

Scientific Title

Perspectives on the results of small-scale living facilities in the Netherlands and Belgium

Study objectives

What is the effect of living in a small-scale facility compared to living in a traditional care ward on patient outcomes, including quality of life, for elderly people suffering from dementia?

Ethics approval required

Old ethics approval format

Ethics approval(s)

1. Ethics committee of the University of Tilburg approved in April 2007
2. Ethics committee of De Wever approved in April 2007

Study design

Multicentre cross-national longitudinal qualitative study

Primary study design

Observational

Secondary study design

Cohort study

Study setting(s)

Other

Study type(s)

Quality of life

Participant information sheet

Not available in web format, please use contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Severe dementia

Interventions

Participants will be followed for a year during their stay at a closed-environment dementia care ward. They were not assigned a kind of ward by the researchers. At three points during the study (the beginning, after six months, after a year) participants will fill out the Standardized Mini Mental State Examination with the help of a psychologist, care givers will provide information on quality of life measures, activities of daily living, depression, neuropsychiatric symptoms and social engagement. The family will provide information about the quality of the care received at the start and end of the study. The participating care giving staff will provide information about their workload and work experiences at the start and the end of the study.

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

1. Quality of life, assessed by Quality of Life in Dementia (QUALIDEM)
 2. Activities of daily living (ADL), assessed by Barthel Index
 3. Depression, assessed by Cornell Scale for Depression in Dementia (CSDD)
 4. Neuropsychiatric symptoms, assessed by Neuropsychiatric Inventory, Nursing Home Version (NPI-NH)
 5. Social engagement, assessed by Revised Index of Social Engagement (RISE) taken from the Resident Assessment Instrument (RAI 2.0)
- All outcomes were measured at baseline (i.e. start of study), 6 months and one year. All questionnaires used were in the Dutch language.

Secondary outcome measures

1. Control measures:
 - 1.1. Severity of dementia, assessed by Standardized Mini Mental State Examination (S-MMSE)
 - 1.2. Medications falling in the category antipsychotics, antidepressants and sedatives were
 - 1.3. Restriction measures, kind of measure and number of measures were noted
 - 1.4. Visitors, a single question was answered how many times a month the patient gets a visit from family or friends
 - 1.5. Weight, registered fully clothed and with shoes on
2. Family:
 - 2.1. Quality of care
 - 2.2. Interactive activities with their loved one

The questionnaire they received was designed by the researchers themselves. A copy can be requested through the contact details below.
3. Staff:
 - 3.1. Work load and work experience

The questionnaire they received was designed by the researchers themselves. A copy can be requested through the contact details below.

Additionally, staff filled out the Utrecht Burnout Scale (Utrechtse Burnout Schaal) (UBOS-C), a questionnaire for professions in which physical contact is present

All patient and family outcomes will be measured at baseline (i.e. start of study), 6 months and one year. Staff outcomes will be measured at the beginning and end of the study. All questionnaires used were in the Dutch language.

Overall study start date

01/06/2007

Completion date

01/06/2010

Eligibility

Key inclusion criteria

Care centres were selected based on the kind of wards existing contacts and willingness to participate. Traditional and Small-scale closed-environment wards were selected with a policy indicating that a patient can stay there till the end of their life. From those care centres

participants were selected who were patients suffering from dementia, over the age of 70, of either sex. Also, information from family and direct care-givers of the participants were included in the study.

For every participant a compliance form was filled out and returned by the family to the researchers

Participant type(s)

Patient

Age group

Senior

Sex

Both

Target number of participants

180

Key exclusion criteria

1. Patients did not fit the inclusion criteria
2. Patients did not finish the study. This could happen for example by a death or by moving to another institution.

Date of first enrolment

01/06/2007

Date of final enrolment

01/06/2010

Locations**Countries of recruitment**

Belgium

Netherlands

Study participating centre

Care Centre De Kievitshorst

Tilburg

Netherlands

5042WN

Sponsor information**Organisation**

University of Tilburg (Netherlands) - Department Tranzo

Sponsor details

Faculty of Social and Behavioral Sciences
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Sponsor type

University/education

Website

<http://www.tilburguniversity.nl/faculties/fsw/departments/tranzo/>

ROR

<https://ror.org/04b8v1s79>

Funder(s)

Funder type

University/education

Funder Name

University of Tilburg (Netherlands) - Department Tranzo

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	caregivers' questionnaire results results	01/06/2012		Yes	No

[Results article](#)

01/11/2012

Yes

No