

# The DAPE study: the impact of dementia advisors on the quality of life of dementia sufferers

<b>Submission date</b> 08/08/2009	<b>Recruitment status</b> Stopped	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 14/10/2009	<b>Overall study status</b> Stopped	<input type="checkbox"/> Protocol
<b>Last Edited</b> 09/02/2010	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
7

## Study information

**Scientific Title**  
A randomised controlled trial to assess the impact that dementia advisors have on the quality of life of people with dementia

**Acronym**

DAPE

**Study objectives**

A dementia advisor program will improve the overall quality of life for individuals with dementia and carers as compared to information provision service without a dementia advisor.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Not provided at time of registration

**Study design**

Parallel group randomised pragmatic cluster controlled trial

**Primary study design**

Interventional

**Study type(s)**

Quality of life

**Health condition(s) or problem(s) studied**

Dementia

**Interventions**

As of 09/02/2010 the status of this record was updated as this trial never started due to pragmatic difficulties combining the delivery service and the research assessments.

The aim of the DAPE trial is to evaluate the impact on quality of life for a person with dementia of accessing a Dementia Adviser programme compared to a standardised information pack. The trial will also provide robust evidence on whether this dementia adviser model facilitates earlier diagnosis for people with dementia and improved access to services. These are key measures that have a long-term impact on the quality of life for a person with dementia. The third element of this trial will be to provide evidence of the financial impact of the Dementia Adviser programme for the NHS, social services and society. These findings will be vital in influencing changes in policy and practice relating to services for people with dementia.

In order to meet the above detailed objectives a parallel group, randomised, pragmatic cluster trial will be conducted to evaluate the efficacy of the dementia advisor program in comparison to information provision alone. Twenty sites throughout England will be randomised to either receive the Dementia Advisor Service or to receive information provision alone. Consecutive people with dementia referred to each site will be invited to participate in the clinical trial until 35 participants have been enrolled into the study at that site. It is anticipated that it will take 3 - 4 months to recruit the 35 participants at each individual site.

Participating sites will be randomised by the trial statistics team. Each cluster (site) will be randomised to receive either;

1. The Dementia Advisor Service
2. Information only

Therefore all participants at a particular site will receive either 1 or 2 depending of which one they have been allocated to. The randomisation will be computer generated using stratified block randomisation (fixed blocks size of 2) using Stata v8 software.

### **Intervention Type**

Other

### **Phase**

Not Applicable

### **Primary outcome(s)**

Dementia Quality of Life (DEMQOL), which is considered the most sensitive measure currently available to measure quality of life in people with dementia. Assessments will be done at baseline and 12 months.

### **Key secondary outcome(s)**

Assessments will be done at baseline and 12 months:

1. The Quality of Life in Alzheimer's Disease (QOL-AD)
2. The Cornell Scale for Depression in Dementia (CSDD)
3. General Health Questionnaire-12 (GHQ-12)
4. Service Use and Cost Effectiveness: Modified Client Service Receipt Inventory

### **Completion date**

15/09/2013

### **Reason abandoned (if study stopped)**

Objectives no longer viable

## **Eligibility**

### **Key inclusion criteria**

1. Individuals with a diagnosis of dementia made by their primary care physician or a specialist clinician (no age range although most participants will be over 60 years, either sex)
2. Individuals referred for a specialist assessment with a likely diagnosis of dementia
3. Individuals referred to the Dementia Advisor Programme

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Other

### **Sex**

All

### **Key exclusion criteria**

1. Individuals who do not have significant cognitive impairment
2. Individuals with a diagnosis of mild cognitive impairment given by either their primary care physician or specialist clinician
3. Individuals who are not likely to receive a diagnosis of dementia within the next 6 months

**Date of first enrolment**

15/09/2009

**Date of final enrolment**

15/09/2013

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**Kings College London**

London

United Kingdom

SE1 1UL

## Sponsor information

**Organisation**

King's College London (UK)

**ROR**

<https://ror.org/0220mzb33>

## Funder(s)

**Funder type**

Charity

**Funder Name**

Alzheimer's Society (UK)

**Alternative Name(s)**

alzheimerssoc

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Associations and societies (private and public)

**Location**

United Kingdom

## **Results and Publications**

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**

Not provided at time of registration