



TITLE: Multidisciplinary Team Care for Dementia: Clinical Effectiveness and Guidelines

DATE: 2 July 2015

RESEARCH QUESTIONS

1. What is the clinical effectiveness of multidisciplinary team care for patients with dementia?
2. What are the evidence-based guidelines regarding multidisciplinary team care for patients with dementia?

KEY FINDINGS

Two randomized controlled trials, two non-randomized studies, and two evidence-based guidelines were identified regarding multidisciplinary team care for patients with dementia.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2010 and June 16, 2015. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

SELECTION CRITERIA

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

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Table 1: Selection Criteria

Population	Patients (any age) with dementia in a hospital, long-term care, or community setting (Subgroup of interest: patients with severe dementia and behavioural issues, including aggression and wandering)
Intervention	Multidisciplinary team care
Comparator	Q1: Any comparator; No comparator Q2: No comparator necessary
Outcomes	Q1: Clinical effectiveness (e.g., reduced aggression, wandering, and other behavioural issues; decreased polypharmacy; other clinical improvements) Q2: Guidelines for the professional composition and use of a multidisciplinary team for the care of patients with dementia
Study Designs	Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, evidence-based guidelines

RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

Two randomized controlled trials, two non-randomized studies, and two evidence-based guidelines were identified regarding multidisciplinary team care for patients with dementia. No relevant health technology assessments were identified.

Additional references of potential interest are provided in the appendix.

OVERALL SUMMARY OF FINDINGS

One randomized study¹ compared the effectiveness of an existing dementia care network to usual care. Patients who were part of the care network were significantly more likely to have more frequent contact with a neurologist and to receive anti-dementive drugs. There was no difference in quality of life reported between groups. A second randomized study² examined the implementation of a multidisciplinary care program. The authors determined that there were significant changes in the use of antipsychotic drugs and with some items on a neuropsychiatric scale. No change was observed in the frequency of restraint use.

Neuropsychological assessment via telemedicine for patients in rural areas with dementia was evaluated in one non-randomized study.³ The majority of patients assessed via telemedicine had an inaccurate diagnosis at the time of referral. The technique was determined to be effective and was well received by patients, their caregivers, and physicians. Another non-randomized study⁴ assessed the impact of interdisciplinary care on prescribing appropriateness. The interdisciplinary approach significantly reduced the total number of medications prescribed and the rates of potentially inappropriate prescribing.

A guideline from the American Medical Directors Association⁵ recommends that individualized interdisciplinary care plans be created for each patient. The care plan should incorporate both patient and family preferences and allow for customization as conditions change. The guideline from the Agency for Health Quality and Assessment of Catalonia⁶ (Spain) recommends that dementia must be treated by a multidisciplinary team in order to provide comprehensive patient care.

REFERENCES SUMMARIZED

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

No literature identified.

Randomized Controlled Trials

1. Kohler L, Meinke-Franze C, Hein J, Fendrich K, Heymann R, Thyrian JR, et al. Does an interdisciplinary network improve dementia care? Results from the IDemUck-study. *Curr Alzheimer Res* [Internet]. 2014 [cited 2015 Jun 16];11(6):538-48. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4150489>
[PubMed: PM24938504](#)
2. Zwijsen SA, Smalbrugge M, Eefsting JA, Twisk JW, Gerritsen DL, Pot AM, et al. Coming to grips with challenging behavior: a cluster randomized controlled trial on the effects of a multidisciplinary care program for challenging behavior in dementia. *J Am Med Dir Assoc*. 2014 Jul;15(7):531-10.
[PubMed: PM24878214](#)

Non-Randomized Studies

3. Harrell KM, Wilkins SS, Connor MK, Chodosh J. Telemedicine and the evaluation of cognitive impairment: the additive value of neuropsychological assessment. *J Am Med Dir Assoc*. 2014 Aug;15(8):600-6.
[PubMed: PM24913209](#)
4. Lang PO, Vogt-Ferrier N, Hasso Y, Le Saint L, Drame M, Zekry D, et al. Interdisciplinary geriatric and psychiatric care reduces potentially inappropriate prescribing in the hospital: interventional study in 150 acutely ill elderly patients with mental and somatic comorbid conditions. *J Am Med Dir Assoc*. 2012 May;13(4):406-7.
[PubMed: PM21592866](#)

Guidelines and Recommendations

5. National Guideline Clearinghouse [Internet]. Columbia (MD): American Medical Directors Association (AMDA). Guideline summary: Dementia in the long term care setting; 2012 [cited 2015 Jun 16]. Available from: <http://www.guideline.gov/content.aspx?id=45525>
See: Treatment/Intervention – #12
6. National Guideline Clearinghouse [Internet]. Barcelona (Spain): Agency for Health Quality and Assessment of Catalonia (AQuAS). Guideline summary: Clinical practice guideline on the comprehensive care of people with Alzheimer's disease and other dementias; 2010 [cited 2015 Jun 16] Available from: <http://www.guideline.gov/content.aspx?f=rss&id=47860>
Interdisciplinary mentioned throughout

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APPENDIX – FURTHER INFORMATION:**Systematic Reviews – Unclear if Team is Multidisciplinary**

7. Jensen LE, Padilla R. Effectiveness of interventions to prevent falls in people with Alzheimer's disease and related dementias. *Am J Occup Ther*. 2011 Sep;65(5):532-40.
[PubMed: PM22026321](#)

Non-Randomized Studies – Models of Care

8. Gladman J, Harwood R, Conroy S, Logan P, Elliott R, Jones R, et al. Programme Grants for Applied Research. Southampton (UK): NIHR Journals Library; c2015. Medical Crises in Older People: cohort study of older people attending acute medical units, developmental work and randomised controlled trial of a specialist geriatric medical intervention for high-risk older people; cohort study of older people with mental health problems admitted to hospital, developmental work and randomised controlled trial of a specialist medical and mental health unit for general hospital patients with delirium and dementia; and cohort study of residents of care homes and interview study of health-care provision to residents of care homes. Vol. 3(4).
[PubMed: PM:25973516](#)

Review Articles

9. Galvin JE, Valois L, Zweig Y. Collaborative transdisciplinary team approach for dementia care. *Neurodegener Dis Manag*. 2014;4(6):455-69.
[PubMed: PM25531688](#)
10. Grand JH, Caspar S, Macdonald SW. Clinical features and multidisciplinary approaches to dementia care. *J Multidiscip Healthc* [Internet]. 2011 [cited 2015 Jun 16];4:125-47. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3104685>
[PubMed: PM21655340](#)
11. Collet J, de Vugt ME, Verhey FR, Schols JM. Efficacy of integrated interventions combining psychiatric care and nursing home care for nursing home residents: a review of the literature. *Int J Geriatr Psychiatry*. 2010 Jan;25(1):3-13.
[PubMed: PM19513988](#)

Additional References

12. Brecher DB, West TL. Underrecognition and Undertreatment of Pain and Behavioral Symptoms in End-Stage Dementia. *Am J Hosp Palliat Care*. 2014 Nov 28.
[PubMed: PM25433066](#)
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[PubMed: PM24334750](#)
14. Fraker J, Kales HC, Blazek M, Kavanagh J, Gitlin LN. The role of the occupational therapist in the management of neuropsychiatric symptoms of dementia in clinical settings. *Occup Ther Health Care* [Internet]. 2014 Jan [cited 2015 Jun 16];28(1):4-20. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4209177>

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15. Lee L, Hillier LM, Heckman G, Gagnon M, Borrie MJ, Stolee P, et al. Primary care-based memory clinics: Expanding capacity for dementia care. *Can J Aging*. 2014 Aug 11;1-13.
[PubMed: PM25111053](#)
16. Gould N. Guidelines across the health and social care divides: the example of the NICE-SCIE dementia guideline. *Int Rev Psychiatry*. 2011 Aug;23(4):365-70.
[PubMed: PM22026493](#)
17. Jones K. Integrated care pilot programme: ensuring people with dementia receive joined up care. *Nurs Times*. 2010 Mar 16;106(10):12-4.
[PubMed: PM20426294](#)