



VISN4  
CENTER FOR  
EVALUATION OF  
PATIENT ALIGNED  
CARE TEAMS



## Engaging Caregivers in the Care of Veterans with Dementia

**Developed by:** Shahrzad Mavandadi, PhD

**Rationale:** Dementia care guidelines and pharmacological and non-pharmacological treatments have been shown to reduce symptom burden and rates of institutionalization for individuals with dementia. However, there remain a variety of factors that complicate dementia care management in primary care settings. Patient-centered, integrated care management programs that involve caregiver (CG) education and psychosocial support may help facilitate access to and use of services and improve outcomes.

**Aims:** To examine 1) whether, relative to usual care (UC), a dementia care management program is associated with improved CG (e.g., mastery, burden, affect) and patient (e.g., behavioral symptoms) outcomes, 2) if, relative to UC, participants enrolled in the program have greater perceived access to and use of medical, social, and community/VA services, and 3) whether the dementia care management program is feasible and acceptable to participants.

**Stage of Development:** CGs are currently being recruited and randomized to intervention or UC arms.

**Methods:** This pilot study uses a 2x3 longitudinal, randomized control group design. CGs are randomly assigned to the dementia care management program or UC and assessed at baseline and 3 and 6 month follow-up. Dementia care management involves CG education, continuous support, communication and coping skills training, and veteran monitoring, via CG report, of medication, symptoms, and service needs.

### **Results:**

- 34 CGs have been recruited and randomized (19 intervention, 15 UC).
- Care management and research assessments are complete for a subset of CGs.
- Initial analyses suggest that the intervention is feasible and acceptable to CGs and providers.
- It is hypothesized that CGs in the dementia care management arm will show improved patient and CG-level outcomes relative to those randomized to UC.

### **Future Plans:**

- Recruitment and randomization to study arms will continue until 80 CGs have been consented and enrolled.
- Data entry and preliminary data analysis will be conducted to evaluate intervention outcomes and inform modifications to care management program, if needed.