

## Case management for caregivers of older adults with dementia

### Public Health & Prevention: Home- or Family-based

Literature review updated February 2018.

As part of WSIPP's research approach to identifying evidence-based programs and policies, WSIPP determines "what works" (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our [Technical Documentation](#). At this time, WSIPP has not yet calculated benefits and costs for this topic.

**Program Description:** Case management for caregivers targets the informal caregivers of older adults that have dementia or Alzheimer's disease (dementia/AD). These informal caregivers are typically the spouse or the adult child of the older adult with dementia/AD. Case management typically involves a standardized assessment, an individualized measurement-based treatment plan, and ongoing monitoring/reassessment of the plan. Case managers may provide education, coping strategies, and referrals to other services they identify as necessary to the caregiver based on the baseline and subsequent assessments (e.g., support groups, respite care, housekeeping). Case managers in the included studies were psychiatrists, home health aides, counselors, registered nurses, and social workers, and typically provided case management in one-on-one sessions in the home of the caregiver. On average, case management interventions in this analysis lasted for 12 months, with monthly check-ins by the case manager. Caregivers in the comparison groups receive the standardized assessment and usual referrals to other services.

### Meta-Analysis of Program Effects

Outcomes measured	Primary or secondary participant	No. of effect sizes	Treatment N	Adjusted effect size and standard error			Unadjusted effect size (random effects model)	
				ES	SE	Age	ES	p-value
Major depressive disorder	Primary	3	120	-0.215	0.320	61	-0.215	0.502
Caregiver burden	Primary	3	120	-0.031	0.160	61	-0.031	0.845
Cognitive functioning	Secondary	2	90	0.012	0.150	68	0.012	0.936

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our [Technical Documentation](#).

## Citations Used in the Meta-Analysis

Chien, W.T., & Lee, I.Y.M. (2008). A disease management program for families of persons in Hong Kong with dementia. *Psychiatric Services*, 59(4), 433-436.

- Chien, W.T., & Lee, I.Y.M. (2011). Randomized controlled trial of a dementia care programme for families of home-resided older people with dementia. *Journal of Advanced Nursing*, 67(4), 774-787.
- Dias, A., Dewey, M.E., D'Souza, J., Dhume, R., Motghare, D.D., Shaji, K.S., . . . Patel, V. (2008). The effectiveness of a home care program for supporting caregivers of persons with dementia in developing countries: A randomised controlled trial from Goa, India. *Public Library of Science*, 3(6), 1-7.
- Fortinsky, R.H., Kulldorff, M., Kleppinger, A., & Kenyon-Pesce, L. (2009). Dementia care consultation for family caregivers: Collaborative model linking an Alzheimer's association chapter with primary care physicians. *Aging & Mental Health*, 13(2), 162-170.
- Jansen, A.P., van Hout, H.P., Nijpels, G., Rijmen, F., Droes, R.M., Pot, A.M., . . . van Marwijk, H.W.J. (2011). Effectiveness of case management among older adults with early symptoms of dementia and their primary informal caregivers: A randomized clinical trial. *International Journal of Nursing Studies*, 48(8), 933-43.

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