

Factors associated with the (non)-utilization of dementia formal care services in Europe: The Actifcare study

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Introduction

Previous studies have shown that one in three carers of people with dementia are not using formal care services.¹ The decision to initiate formal care is complex and is influenced by many factors, such as characteristics of the person with dementia and carer, available resources, national policies, and care standards. The Andersen Behavioral Model of Use of Health Service describes predisposing and enabling variables in relation to needs and service use, which might explain the potential inequity of access to and utilization of services. Predisposing variables entail demographic variables. Enabling variables may hamper/stimulate service use, e.g. family support, distance to services. Needs consider how people view their own health and functional state. In the Actifcare study (Access to Timely Formal Care) we investigate which predisposing, enabling and need variables are associated with formal care use. Access to care is considered inequity if predisposing variables predict service use.²

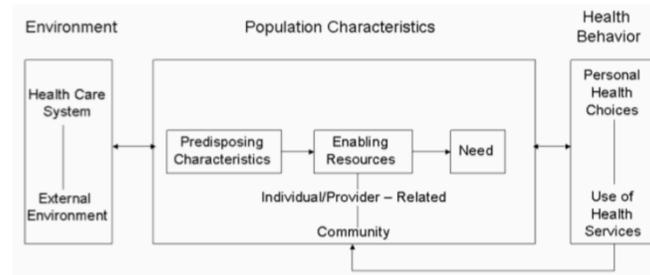


Figure 1: Andersen Behavioural Model of Health Services Use²

References

¹Brodsky H, Thomson C, Thompson C, Fine M. Why caregivers of people with dementia and memory loss don't use services. *Int J Geriatr Psychiatry*. 2005;20(6):537-46. ²Andersen RM. Revisiting the behavioral model and access to medical care: does it matter? *J Health Soc Behav*. 1995;36(1):1-10.

Objective

1) Exploring the predisposing, enabling and need factors that are associated with the use of formal care services.

Methods

- A longitudinal cohort study with 8 European countries (Netherlands, Germany, United Kingdom, Ireland, Sweden, Norway, Portugal, Italy)
- 453 people with dementia and informal carers are assessed 3 times in 1 year (baseline, 6 and 12 months). In this year we closely monitor the process of finding access to formal care. Demographic information and data on service use and needs is collected.
- Logistic regression where service use (4 clusters) at 6-months or 12-months follow-up is the dependent variable. Independent variables are disease severity, demographics, personality traits of the carer, informal care situation, (un)met needs at baseline.

Results

We created 4 clusters of service use: home social care, home personal care, daycare and admission. Dementia severity and a higher amount of hours spent on informal care at baseline predicts the uptake of home social care, home personal care and admission. A higher number of both met and unmet needs predicts service uptake (except for admission), as well as living alone at baseline. A higher age and higher education of the person with dementia, as well as a lower age of the informal carer at baseline predicts uptake of home personal care. A higher education and a lower sense of coherence of the informal carer at baseline predict admission

PwD demographics		IC demographics	
Women/ men (%)	54/46%	Women/ men (%)	67/33%
Age (mean)	77,4 [47-92]	Age (mean)	66,4 [25-92]
Education (years)	9,8	Education (years)	11,9
Marital status (n,%)		Marital status (n,%)	
Married	318 (70)	Married	384 (85)
Widow	109 (24)	Widow	10 (2)
Single	8 (2)	Single	30 (8)
Living alone (n,%)	88 (19)	Relation to PwD	88 (19)
CDR sum of boxes (mean, range)	7 (2-16)	Spouse/partner	(290) 64
		Child	137 (30)

Conclusion

In this cohort study we can conclude that according to the Andersen model there is inequity access to personal home care, as the predisposing variable education of both the person with dementia and the informal carer predict uptake of this service at follow-up. In addition, there are several factors related to service use. A factor that we could target is a higher number of met and unmet needs; it is important to find out in detail whether there are specific needs which could be a target for interventions. Consequently, we could postpone formal service use. We will investigate additional factors more in-depth (stepping away from the Andersen model) to gain a better understanding on the exact associations with service use.

Block	Variable	Home social		Home personal		Daycare		Admission	
		B	p	B	p	B	p	B	p
Needs	CDR	.128	.028	.123	.023			.192	.001
	Met needs	.109	.019			.116	.003		
	Unmet needs			.197	.001				
Enabling	IC hours	.005	.001	.003	.029			.003	.035
	Living alone	-.805	.019	-1.412	.000	-1.086	.000		
Predisposing	PwD education			.072	.046				
	PwD age			.067	.001				
	IC age			-.034	.003				
	IC education							.124	.003
	IC SOC							-.056	.023

Only significant relations are displayed. CDR=Clinical Dementia Rating, IC=informal carer, PwD=person with dementia, SOC=sense of coherence

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