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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<th>Table 1: Selection Criteria</th>
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| **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 study\(^1\) 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 study\(^2\) 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 study\(^4\) 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 Association\(^5\) 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 Catalonia\(^8\) (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


Non-Randomized Studies


Guidelines and Recommendations


APPENDIX – FURTHER INFORMATION:

Systematic Reviews – Unclear if Team is Multidisciplinary


Non-Randomized Studies – Models of Care


Review Articles


Additional References


