

## Fil Mauve

<i>Category</i>	<i>Description</i>
<b>Title of intervention</b>	Fil Mauve
<b>Objectives</b>	<p><b>Objectives IROHLA taxonomy</b></p> <ul style="list-style-type: none"> <li>✓ To inform and educate older adults and/or professionals</li> <li>✓ Improving skills of older adults and/ or professionals</li> <li>✓ Other</li> </ul> <p><b>Short description of the objectives of the intervention</b></p> <p>To increase carers' (people taking care of older adults with Alzheimer's disease) ability to help, identify problems and analyse the effects of appropriate stimulation via group sessions (training) by professionals &amp; individual coaching.</p>
<b>Target groups</b>	<ul style="list-style-type: none"> <li>✓ others</li> </ul> <p><b>Short description of the target groups</b></p> <ul style="list-style-type: none"> <li>• Adults who have parents or spouses who suffer from Alzheimer's disease and are responsible for their care.</li> <li>• Professionals who will educate those adults.</li> </ul>
<b>Problem analysis</b>	<p><b>Scope of the problem</b></p> <p>Alzheimer's disease</p> <p><b>Consequences for individual and/or society</b></p> <p>The family is the first source of help. However, the burden of care for these caregivers –the sons and daughters of the patients- is extremely heavy, so that in the absence of support the result is exhaustion which affects their physical and mental health. Depression is almost twice as common in people who are taking care of a person with dementia.</p> <p><b>Distribution of the problem</b></p> <p>There are today, in France, 800,000 people with Alzheimer's disease and it is estimated that there are 100,000 new cases per year. 75% of patients are living at home, including those who have reached an advanced stage of the disease.</p> <p><b>Perception of target groups (of the problem)</b></p> <p>Nothing mentioned</p>

<b>Category</b>	<b>Description</b>
<i>Short description of the modifiable determinants of older adults.</i>	<p><b>Modifiable determinants of target group</b></p> <p>Physical and moral burden &amp; ability to find solutions for everyday problems that come with their parents'/spouse's disease.</p>
<i>Short description of the modifiable determinants of professionals.</i>	<p><b>Modifiable determinants of professionals</b></p> <p>Training teams of caregivers responsible for the implementation of the programme were also trained. The objectives of the training were to:</p> <ul style="list-style-type: none"> <li>• better identify the expectations and needs of caregivers of patients with Alzheimer's disease;</li> <li>• use educational tools of FilMauve program;</li> <li>• implement a working relationship with industry professionals including general physicians.</li> </ul>
<b>Components of the intervention</b>	<p><b>Components</b></p> <ul style="list-style-type: none"> <li>✓ Individual counselling/coaching by professionals</li> <li>✓ Group sessions (training) by professionals</li> <li>✓ Other: Photo language method</li> </ul> <p><b>Description of components</b></p> <ul style="list-style-type: none"> <li>• Participants are encouraged to detect -in group- the faculties of their parents/spouses that have been altered due to the progression of the disease and, secondly, the capacities that remain via <i>group sessions (training) by professionals &amp; other</i>: <ul style="list-style-type: none"> <li>- <u>1<sup>st</sup> LAB</u>: A technique based on photo language is used: From a series of photographs depicting scenes of everyday life, we ask each participant to choose two images that evoke the difficulties faced by their parents/spouses and two other representative, on the contrary, the activities that remain. The facilitator helps participants to develop their ability to help, identify remaining abilities of their parents and analyse the effects of an appropriate stimulation (pleasure / displeasure).</li> <li>- <u>2<sup>nd</sup> LAB</u>: The objective of this workshop is to identify the signs of the disease and to identify the various factors that it influences: drugs, other diseases, environment, premorbid personality, etc. The work is done from case studies: there are eight cases dealing with these factors. (Participants show a keen interest in the cases presented, often intersecting personal problems. Thanks to the interventions of the facilitator, they can clarify the understanding of the most important aspects of the disease and lead to analyse various situations.)</li> <li>- <u>3<sup>rd</sup> LAB</u>: Objective 1: To better communicate with the patient. Objective 2: To develop personal life.</li> <li>- <u>4<sup>th</sup> LAB</u>: Objective 1: To develop support strategies.</li> </ul> </li> </ul>

Category	Description
	<p>Objective 2: To achieve some useful everyday actions (transfer of patient, stairs).</p> <ul style="list-style-type: none"> <li>• <i>Individual counselling/coaching by professionals:</i> Individual sessions are held between group sessions. They allow to repeat objectives developed during workshops and to adjust those the personal problems of the caregiver. They encouraged to develop a personal action plan. It is encouraged to accept one's limitations and know how to preserve the position of a child or a spouse in relation to the caregiver COMBINED with the preservation of the social life.</li> </ul>
<b>Approach</b>	<p><b>Theoretical models used</b></p> <p>The needs analysis was conducted through individual interviews with professionals and group interviews with caregivers. Both groups were interviewed separately; a caregiver-spouses group and a caregiver-child of patient group. These interviews identified the following expectations common to the spouses and children of patients with dementia:</p> <ul style="list-style-type: none"> <li>• express themselves and share their experiences with their 'peers';</li> <li>• express the need of some social support, of family, of medicine;</li> <li>• clarify their ideas about the disease and its consequences;</li> <li>• gain reassurance about their qualities as caregivers;</li> <li>• communicate better with their sick relative;</li> <li>• preserve their physical and mental integrity.</li> </ul> <p><b>Didactics used</b></p> <p>See Components of the intervention.</p> <p><b>Techniques used</b></p> <p>See Components of the intervention.</p> <p><b>Contexts</b></p> <p>Three pilot sites, the Charles Foix Hospital, Ivry-sur-Seine (Val-de-Marne), hospitals Casanova Delafontaine, Saint-Denis (Seine-Saint-Denis), and the Paul-Brousse Hospital in Villejuif (Val-De-marne).</p> <p><b>Stakeholders involved</b></p> <p>Trainers and children of people with Alzheimer's disease.</p>

<b>Category</b>	<b>Description</b>
	<p><b>Type of professionals involved</b>  Educated Trainers (multidisciplinary working group involving care professionals, psychologists, members of associations, stakeholders medico-social field, teachers, an approach of 'action research').</p>
<b>Resources and qualifications</b>	<p><b>Financial costs for the implementing organisation</b>  This project was funded by the Cramif and Drassif under the PRS elderly in 2002.</p> <p><b>Required competencies of professionals</b>  To be trained as explained above.</p>
<b>Implementation</b>	<p><b>Implementation strategy</b>  See Components of the intervention.</p> <p><b>Stakeholders involved</b>  Caregivers/relatives, trained professionals: More specifically, groups from: Hôpital Charles-Foix, Ivry-sur-Seine : Pr Belmin, Dr Sylvie Pariel Hôpitaux de Saint-Denis (Dr Riou, Pr de Broucker, Dr le Goff), Hôpital Paul-Brousse ( Dr Trivalle, Dr Fétéanu), Association France-Alzheimer 93 (Mme Catherine Ollivet).</p>
<b>Transferability</b>	See modifiable determinants of professionals & Components of the intervention.
<b>Evaluation</b>	<p><b>Methods used</b>  RCT: A multicentre study comparing a group of carers receiving support program and a 'control' group was conducted with 54 caregivers.</p>
<b>Effectiveness</b>	<p><b>Main results</b>  The burden of spouses was reduces and so their quality of life was improved. For helping children, the burden score also improved for elderly but more modestly.</p>
<i>What are the key elements/components of the intervention that must stay intact in order to have an effective intervention?</i>	<p><b>Key elements</b>  Such conditions that allow the various stages described to be realised.</p>
<b>Level of evidence</b>	✓ Randomised clinical trials
<b>Sector</b>	Private sector

<b>Category</b>	<b>Description</b>
<b>Country of development</b>	France
<b>Provider</b>	<p><i>Name:</i> Dr. Yves Magar, Dr Isabelle Durack, Dr Djamilia Boumediene, Christiane Dressen, Consultant, éduSanté Vanves, Professor Joel Belmin</p> <p><i>Organisation:</i> eduSante</p> <p><i>Type of organisation:</i> multidisciplinary team</p> <p><i>Post address:</i> 2 Rue de la République, 92170 Vanves, France</p> <p><i>Telephone number:</i> +33 1 41 46 91 13</p>
<b>Relevant documents/links</b>	<ul style="list-style-type: none"> <li>• Klein K. (sous la dir.) Health promotion for family caregivers of people with Alzheimer's disease and related disorders. Programme de la communauté européenne. 1998. <a href="http://www.uni-koeln.de/ew-fak/Klein/h_home.htm">http://www.uni-koeln.de/ew-fak/Klein/h_home.htm</a></li> <li>• Belmin J., Hee C., Ollivet C. A health education program lessens the burden of family caregivers of demented patients. J. Am. Geriatr. Soc. 1999 ; 47 (11) : 1388-9.</li> <li>• Hébert R., Lévesque L., Lavoie J.-P., et al. Le soutien des aidants de personnes atteintes de démence vivant à domicile. L'année gérontologique 1999 ; 13 : 335-53.</li> <li>• Sorensen S., Pinquart M., Duberstein P. How effective are interventions with caregivers? An updated meta-analysis. Gerontologist 2002 ; 42 (3) : 356-72.</li> <li>• Mittelman M.S., Ferris S.H., Shulman E., et al. A family intervention to delay nursing home placement of patients with Alzheimer disease. A randomised controlled trial. JAMA 1996 ; 276 :1725-31.</li> <li>• Zarit S.H., Zarit J.M. The memory and behaviour problems checklist and the burden interview. Document technique, University Park PA, Pennsylvania State University, 1987.</li> </ul>