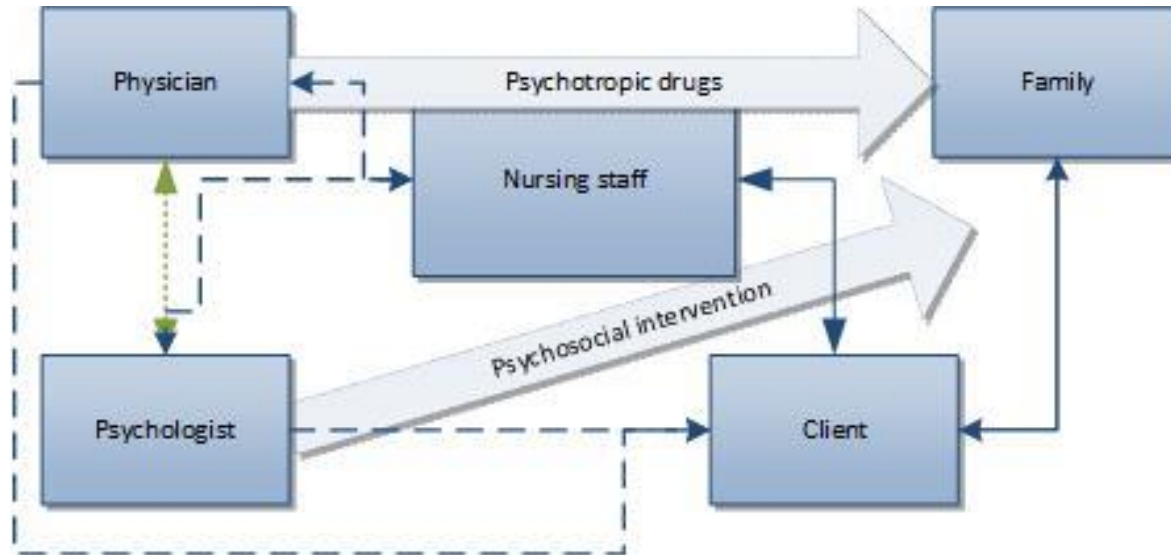


Including informal caregivers in decision making regarding the treatment of neuropsychiatric symptoms in dementia

S.I.M. Janus¹, E. Warmelink², J. G. van Manen², W. Achterberg³, S.U. Zuidema¹



⁽¹⁾ University Medical Center Groningen, Department of General Practice and Elderly Care Medicine, Groningen

⁽²⁾ University of Twente, Health Sciences, Enschede

⁽³⁾ Leiden University Medical Center, Department of Public Health & Primary Care, Leiden

Results

Role (N=10)	Mean age	Gender
Patient	77 (59-94)	Female 5/Male 5
Physician*	46 (29-60)	Female 6/Male 4
Psychologist	38 (26-60)	Female 7/Male 3
Nurse	40 (23-49)	Female 9/Male 1
Informal caregiver	56 (26-82)	Female 8/Male 2

- From this the following themes emerged:

Phase 1: Signaling

Phase 2: Discussing options

Phase 3: Decision making

- Professionals perceived shared decision-making as the ideal decision-making model
 - Although they had doubts about how to implement shared decision-making in practice

Conclusion

- The current study showed that there was some involvement of the informal caregiver, but the involvement does not reach the level of shared decision making.
- More caregiver involvement is needed and wanted by professionals
- It is advised to involve the informal caregiver in an earlier stage to explore treatment options in consultation with the informal caregiver.

