## **REMCARE** - Reminiscence groups for people with dementia and their family care-givers: pragmatic 8-centre trial of joint reminiscence and maintenance versus usual treatment

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**Research Team:** Professor Bob Woods (Bangor University) – Chief Investigator; Professors Ian Russell (Swansea University), Rhiannon Tudor Edwards (Bangor University), Esme Moniz-Cook (Hull University), Martin Orrell (UCL), John Keady (Manchester University); Errollyn Bruce (Bradford University) Pam Schweitzer (Project Consultant and Trainer)

The growing number of people with dementia, and the increasing cost of caring for them, provides a major incentive to develop & test methods of supporting them in the community for longer. Drug treatment has received most attention, but there is increasing evidence that psychological & social interventions may be equally effective, even preferable where medication has negative side-effects. Reminiscence groups, run by professionals & volunteers, which use photographs and objects to trigger personal memories and creative artistic approaches to explore them further, are probably the most popular therapeutic approach to working with people with dementia. Rigorous evaluation is essential since as yet, despite much anecdotal evidence, there is not sufficient hard evidence for their effectiveness.

The inclusion of family carers in groups with people with dementia has generated informal evidence that this joint approach improves relationships between people with dementia & their carers, and benefits both. REMCARE involves a rigorous evaluation of this approach, for which a manual has been developed in our pilot work (Schweitzer & Bruce, 2008). Facilitators and volunteers receive full training in this approach, and checks are made to ensure that a consistent approach is being adopted across centres. We have invited pairs of people with dementia & their carers within 8 centres, both urban & rural, in England & Wales to take part in this trial. We have allocated at random those who give their informed consent between the following two groups: a) the intervention group who attend joint reminiscence groups, meeting weekly for 12 weeks and then continuing the reminiscence work monthly for a further 7 months and b) 'usual treatment' where no additional input is provided.

To compare the effectiveness of these approaches, 10 months after recruiting the people with dementia we ask them about their quality of life and their carers about their stress. Our pilot studies also developed a simple measure of the quality of relationship between patient & carer, completed by both. They also refined, for this study, an existing measure of 'autobiographical memory', the specific aspect of memory that should respond to reminiscence work. To judge whether reminiscence groups give 'value for money', we shall analyse all their costs & consequences, and be able to indicate the benefits, if any, of these joint groups.

Our multi-disciplinary team includes expertise in clinical psychology, old age psychiatry, nursing, trial methods, social psychology & health economics, with extensive experience in this area. A large study size and sample is required for a rigorous definitive evaluation, as any benefits occur in the context of a condition that leads to declining function, and in an age group where other physical health conditions are common. We have recruited 488 pairs into the study, involving 28 treatment groups (each with up to 12 pairs participating). We anticipate following up around 350 couples at the 10 month assessment. The 8 participating centres include North Wales, Gwent, London, Bradford, Hull and Manchester. The results of the trial will be available in September 2011.