

## Plain English Summaries of DIFRID Realist Review Preliminary Report

### Quick read:

Our previous work shows that a new service for people with dementia who fall is needed. For this review, we looked again at past studies. We were looking for suggestions for how the new service should work.

The suggestions were:

- Assess all aspects of a person with dementia's health, not just their dementia
- Make use of all sources of information, including carers
- Design exercise programmes to fit with people with dementia's current routines and preferences
- Pay attention to basic needs such as food and drink, comfort, and pain relief
- Help carers with their burden and stress
- Use teams of staff with different specialities and expertise
- Train staff to help them give appropriate care to people with dementia

We will continue to gather suggestions by looking at new literature, new data collected for the DIFRID study, and discussions with members of the consensus panel.

### Longer summary:

Our previous work shows that a new service for people with dementia who fall is needed. We have already completed an effectiveness review which looked at what evidence exists already for treating people with dementia who fall. A realist review is a different way of looking at previous studies to try and understand exactly how an intervention might work. We looked at a much broader selection of studies than before and also included data collected from patients, carers, and professionals.

We found that it is important to make sure that services are designed with people with dementia in mind, to make up for the difficulties they can have managing their own health problems and treatment.

Based on this evidence, we suggest that the new intervention should:

- **Assess all aspects of a person with dementia's health, not just their dementia.** Some professionals told us that dementia can mean other health problems get overlooked, such as foot care or water infections.
- **Make use of all sources of information, including carers.** People with dementia may find it difficult to tell a doctor what has happened or what their symptoms are. They may not be aware that they have fallen.
- **Design exercise programmes to fit with people with dementia's current routines and preferences,** for example opening the curtains in the morning or shaving standing at the sink. This can help exercises to more easily become habits.
- **Pay attention to basic needs such as food and drink, comfort, and pain relief.** If people with dementia are uncomfortable or in pain, they might become disorientated and it may be harder for them to cooperate with doctors or other staff.

- **Help carers with their burden and stress.** Many studies want carers to help with exercises or other treatment. However, they may be stressed or have other responsibilities which make that difficult.
- **Be run by teams of staff with different specialities and expertise.** Sharing information across teams means that services can be more efficient.
- **Provide full training for staff to help them give appropriate care to people with dementia.** Caring for people with dementia can involve different skills than caring for other patients.

We will continue to improve our understanding by looking at new literature, new data collected for the DIFRID study, and discussions with members of the consensus panel.

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