

## D-CARE: Dementia Care Study Design

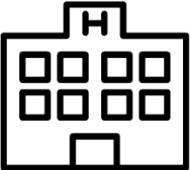


**Purpose:** D-CARE was designed to answer questions about how best to improve dementia care in the community and health care systems.

**Who was in the study?** Persons living with dementia & family or friend caregivers. Each person and their caregiver was considered to be a dyad; dementia care was aimed at both members of the pair. Criteria for enrollment included:

- ✓ Diagnosis of dementia
- ✓ Family or friend caregiver(s) who speak English or Spanish
- ✓ Living in community (not nursing home or receiving hospice services)
- ✓ Primary care provider (PCP) willing to partner with the dementia care team



**What did the study provide?** Three types of dementia care. The dyad was randomly assigned to one type of care for 18 months.

 <p><b>Health-Systems Based Dementia Care</b> (1,000 dyads)</p> <ul style="list-style-type: none"> <li>• Dementia care delivered by a nurse practitioner or physician’s assistant Dementia Care Specialist based within health system</li> <li>• Writes orders and is accessible 24/7</li> <li>• Telemedicine or face-to-face visits</li> </ul>	 <p><b>Community-Based Dementia Care</b> (1,000 dyads)</p> <ul style="list-style-type: none"> <li>• Dementia care delivered by a social worker or nurse Care Consultant based at a community-based organization</li> <li>• Provides coaching on doctors' visits &amp; educational resources</li> <li>• Telephone visits</li> </ul>	 <p><b>Usual Care</b> (150 dyads)</p> <p>Provides standardized educational materials &amp; as-needed access to the Alzheimer’s Association Helpline (1-800-272-3900)</p>
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### **Where did the study take place?**

Participants were recruited from four clinical trial sites: Baylor Scott & White Health (TX), Geisinger Health (PA), University of Texas Medical Branch (TX), and Wake Forest Baptist Health (NC).

Groups of local and national patients and stakeholders supported the sites.

### **What main outcomes did the study measure?**

- Challenging behaviors of person living with dementia
- Caregiver strain (burden) and fatigue
- Caregiver distress, depressive symptoms, unmet needs, confidence in ability to handle problems and provide care
- Quality of life of persons with dementia
- Cost and use of health care

### **Why does this study matter?**

D-CARE hopes to answer whether dementia care support through a health system or community source has greater benefit for the dyad. This study also evaluates how effective both interventions are compared to usual (standard) care.

D-CARE enrolled 2,176 pairs of persons living with dementia and their caregivers, the largest study on dementia care to date.

Many clinical studies test whether a treatment works under controlled conditions in research centers. D-CARE uses a practical “real-life” design and includes a wide range of study participants.

### **When will the study findings be available?**

Data collection was completed in August 2023. We expect results to be published in the second half of 2024.

#### **Reference:**

Reuben DB, Gill TM, Stevens A, et al. D-CARE: The Dementia Care Study: Design of a Pragmatic Trial of the Effectiveness and Cost Effectiveness of Health System-Based Versus Community-Based Dementia Care Versus Usual Dementia Care [published correction appears in *J Am Geriatr Soc.* 2022 Jun;70(6):E19]. *J Am Geriatr Soc.* 2020;68(11):2492-2499. doi:10.1111/jgs.16862.