

Geriatrics and Psychology Neuropsychiatry of Aging

MENU

Comparative evaluation of two vocational training devices focused on accompanying Ehpad residents with psycho-behavioral disorders

Volume 12, issue 2, Juin 2014

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References

illustrations

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Keywords: behavioral disorders of the elderly, humanitude, Formadep, NPI, dementia syndrome, Ehpad, Korian

DOI: 10.1684 / pn.2014.0477

Page (s): 163-79

illustrations

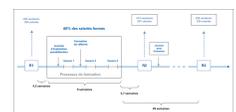


Figure 1

Paintings



Table 1

Year of publication: 2014

Context : The psycho-behavioral disorders of the elderly subject are a source of suffering, burn out and significant turnover for caregivers. The increase in life expectancy will accentuate this situation in the future. **Objective** : The specialized training of caregivers makes it possible to reduce their distress and compare 2 Humanitude® and Formadep® trainings. **Method** : A non-randomized multicenter comparative study including 9 Ehpads residents from the Korian group in 3 training groups: Humanitude®, Formadep® and a 29-week follow-up control. The parameters studied are NPI-ES (FG and R), BMS-10, ECPA and GIR scores, resident medications and caregiver burn-out / turn-over rates. The tests used are Wilcoxon signed-rank test, Ancova and linear regression. **Results** : 320 employees and 459 residents included in 3 groups including 50% of dementia syndromes. In the Formadep® group: transient decrease in overall NPI-R score ($p < 0.05$), prolonged decline in NPI-FG "agitation / aggression" ($p = 0.035$) but transient decrease in NPI-R ($p < 0.05$), prolonged increase in NPI-FG "apathy / indifference" ($p = 0.002$) but transient NPI-R ($p = 0.003$), prolonged decline in NPI-R score ($p = 0.0039$) for motor aberrant behaviors (CMA). In the Humanitude® group: transient rise in the NPI-R score ($p = 0.025$) for MACs and decrease in the NPI-R score ($p = 0.0032$) in depression (subgroup Alzheimer's disease). The other parameters remain unchanged. **Conclusion** Despite the great variability and evolution of psycho-behavioral disorders, Formadep® training has shown a favorable impact on the global impact of caregivers and the three disorders known to be major sources of distress, compared to Humanitude®. This difference can be explained by their philosophy. Nevertheless, the patient's management must be multifactorial.



Table 2



Table 3

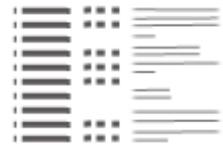


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