

Remote Telehealth Is Noninferior to In-Person Home-Based Delivery of Dementia Care

Remote sessions might become a convenient alternative to traveling for face-to-face care.

Telehealth programs are both cost-effective and more convenient alternatives to in-person interventions in people with dementia, especially as the dementia progresses. In a noninferiority, randomized, controlled trial, researchers examined two methods of delivering the Care of Persons with Dementia in their Environments (COPE) program — telehealth or face-to-face, home-based sessions.

The study population comprised 63 dyads of informal caregivers and individuals with dementia displaying behavioral disturbances or disrupted activities of daily living. The manual-based intervention, delivered by occupational therapists, involved up to eight 60-minute sessions; in the telehealth group, the first two sessions were home-based, with the remainder delivered via videoconferencing. On the primary outcome, a measure of caregivers' confidence in providing care and managing care concerns, both telehealth and home-based groups displayed some improvement, with no significant between-group differences. When delivered via telehealth, the intervention involved significantly less travel time than home-based care (means, 77 vs. 256 minutes).

COMMENT

The authors conclude that telehealth delivery of this intervention is feasible and saves costs through reduced travel time.

The COVID-19 pandemic has forced healthcare providers to examine alternatives to the traditional delivery of care. The present study highlights the ability to deliver sophisticated programming through telehealth to individuals with dementia and their caregivers. Providers at many memory centers have long desired the ability to see patients with dementia within their own homes, both to assess the home environment and to cut down on the travel burden to caregivers. In people with dementia, travel for an in-clinic appointment can result in behavioral decompensation, which may last for days afterwards. Although unfortunately spurred by a pandemic, the landscape of telehealth delivery is rapidly evolving.

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Laver K et al. Does telehealth delivery of a dyadic dementia care program provide a noninferior alternative to face-to-face delivery of the same program? A randomized, controlled trial. Am J Geriatr Psychiatry 2020 Mar 2; [e-pub]. (<https://doi.org/10.1016/j.jagp.2020.02.009>)