



Person-centred care

DEMENTIA CARE

This evidence theme on person-centred care is a summary of one of the key topics identified by a scoping review of dementia research.

Key points

- Person-centred care focuses on care that is respectful of, and responsive to, the preferences, needs and values of the individual living with dementia.
- Evidence from seven systematic reviews showed that person-centred care may reduce the number of falls and the need for antipsychotic or neuroleptic medications.
- The evidence of the benefit of person-centred care for outcomes such as responsive behaviours, agitation, quality of life, depression, sleep quality, and occurrence of hallucinations or delusions is inconclusive.

What is person-centred care?

Person-centred care focuses on care that is respectful of, and responsive to, the preferences, needs and values of the individual living with dementia. [1]

Person-centred care is often used as an umbrella term for multiple approaches to care (e.g., communication training, supporting staff in addressing responsive behaviours, Dementia Care Mapping, personally tailored activities, and sensory experiences. [2] Person-centred care is considered a foundation to safe, high-quality health care. [1]

Is person-centred care effective?

We found six systematic reviews that examined the impact of person-centred care for people living with dementia. These reviews found that person-centred care can reduce:

- The need for antipsychotics [3] or neuroleptic medications. [4]
- The number of falls, particularly through Dementia Care Mapping. [4]

The evidence of the effectiveness of person-centred care is inconclusive for some outcomes. For example:

- Responsive behaviours [4]
- Agitation [3, 5-7]
- The incidence of hallucinations and delusions [5, 6]
- Quality of life [4-6]
- Depression [4-6]
- Sleep quality [4]
- Staff stress and burnout. [8]

This is because some studies report a positive effect of person-centred care on these outcomes, while others report no effect.

Overall, person-centred care approaches were most likely to be effective when:

- Individuals were in the mild-moderate stages of dementia [6]
- Interventions were long-term [6]
- They involved both staff education and cultural change [6]
- They were tailored to suit the individual. [4, 6]

Evidence limitations

The reviews highlighted concerns about the methods used in some of the studies. This reduces the degree of certainty we might have about the benefits of person-centred care. For example:

- Studies were not always clear about the type, frequency, intensity, and duration of the intervention. [5, 8]
- Some important outcomes (such as person-centred behaviours shown by staff to people with dementia) were not assessed by researchers. [2, 3]

What can an individual do?

The Australian Commission on Safety and Quality in Health Care suggest several things individuals can do to provide person-centred care, including:

- Respecting the person living with dementia as an individual
- Offering emotional support and physical comfort
- Providing information and communication
- Seeking out, and understanding what is important to the individual
- Working together to share decisions and plan care. [1]

Individuals can practice according to the guidelines from the Cognitive Decline Partnership Centre [9] and guided by the following questions:

- Do my actions value and honour people living with dementia?
- Do I recognise the individual uniqueness of the people I work with?
- Do I make a serious attempt to see my actions from their perspective or standpoint?
- Do my actions provide the support for people living with dementia to feel socially confident and know they are not alone? [9]

What can the organisation do?

Organisations can support person-centred care by:

- Establishing continuity and safe transition between care services [1]
- Providing care coordination [1]
- Involving carers and family [1]
- Ensuring access to care [1]
- Providing adequate training to staff
- Creating a physical environment that promotes a person-centred approach to care.

References

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