

## INTRODUCTION

- Despite the recent downward trend in the incidence of dementia over the past decades<sup>1</sup>, 5.4 million Americans live with Alzheimer's disease and this number is expected to nearly triple by 2050<sup>2</sup>
- Behavioral interventions for dementia demonstrate the potential to reduce disease burden and avoid adverse effects associated with pharmacological interventions<sup>3</sup>
- To demonstrate the benefits of behavioral interventions for dementia, key stakeholders in healthcare must be aware of the costs of each intervention
- Economic evaluation of behavioral interventions with respect to specific outcomes is crucial because it allows for comparison to usual care and/or other treatments<sup>4</sup>
- There is a need to standardize the collection of health economic measures in clinical trials evaluating non-pharmacologic interventions for dementia patients

## OBJECTIVES

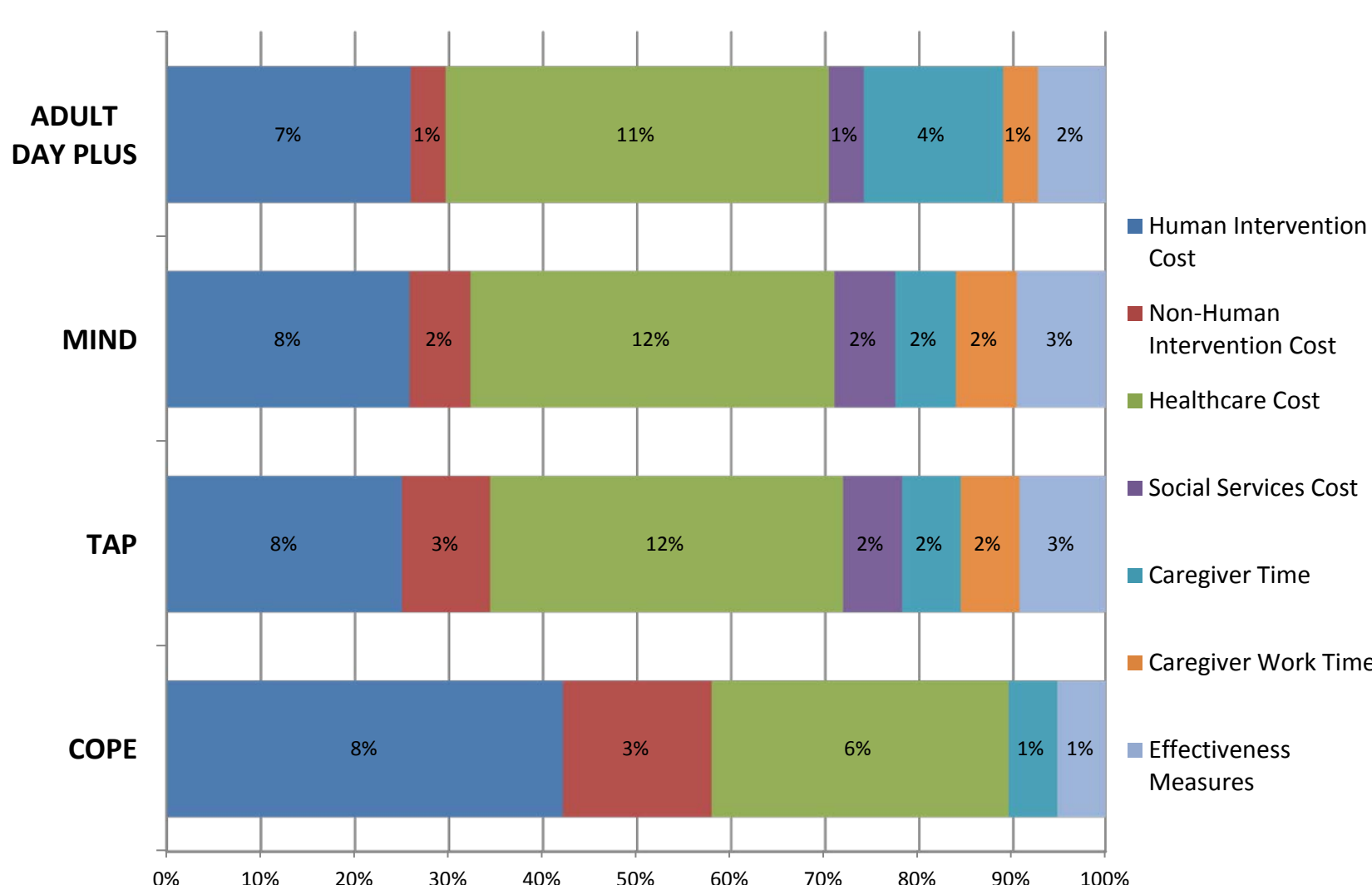
To develop the Dementia Behavioral Intervention Cost and Outcomes Planner (DBI-COP), a tool to guide investigators in collecting health economic data when evaluating dementia behavioral interventions

## METHODS

- DBI-COP was developed based on a review of study protocols of four dementia behavioral intervention trials that included an economic evaluation. These four studies include:
  - Adult Day Plus
  - Maximizing Independence (MIND) at Home
  - Tailoring activities for persons with dementia and caregivers (TAP)
  - Care of Persons with Dementia in their Environments (COPE)
- For each protocol, study type, perspective, cost and outcomes measures were catalogued in an Excel database and incorporated into DBI-COP
- Each measure was analyzed for frequency of use among studies and summarized in a table
- Measures were then classified into the following groups: direct costs, indirect costs and effectiveness measures
- Authors of this poster (LP, LG, EJ, KP) were involved in the design of the four trials
- Ultimately, DBI-COP was constructed to be a thorough checklist of all measures that will assist investigators as they are collecting health economics data

## RESULTS

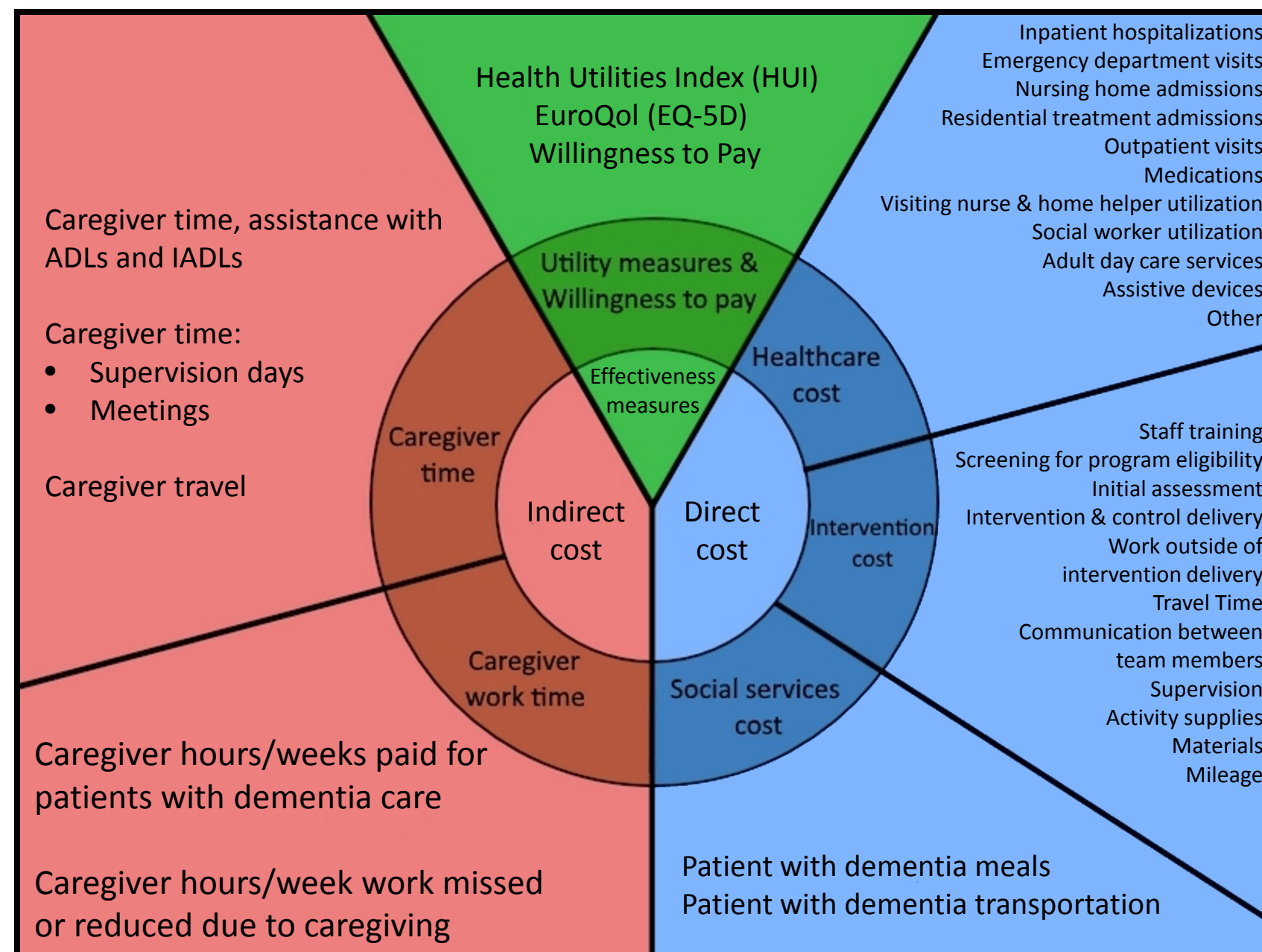
**Figure 1. Measures Comprising the Cost Analyses in the Four Studies**



## RESULTS, continued

- With respect to healthcare service utilization, the measures evaluated in all four studies include:
  - Cost of inpatient services
  - Cost of outpatient services
  - Emergency department visits
  - Nursing home admissions
- However, the following measures were evaluated only in a single study:
  - Communication between team members
  - Costs of caregiver time for initial and follow-up meeting
- Caregiver travel costs
- DBI-COP, as a comprehensive list of measures, includes human and nonhuman aspects of intervention costs, social services costs, and costs of caregiver involvement and utility measures
  - Human costs included the cost of personnel delivering the intervention of control care, while nonhuman cost included supplies and materials needed
- The distribution of different types of measures is presented in Figure 1
  - Costs measured were chiefly direct costs
- The cost and outcomes measures consistently present across the four studies comprise both direct and indirect costs, as well as utility and willingness-to-pay measures (Figure 2)

**Figure 2. Overview of Cost and Effectiveness Measures in the DBI-COP Tool**



## CONCLUSIONS

- Given the growing societal interest in behavioral interventions to address dementia, the DBI-COP tool can guide health economic analyses of non-pharmacologic interventions for dementia and could potentially also be applied to pharmacologic interventions
- Utilizing the standardized set of measures identified in DBI-COP will lead to consistency in the conduct of economic analyses for dementia and will help foster evidence-based decision-making

## REFERENCES

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