Process Evaluation of an Intervention for the Management of Neuropsychiatric Symptoms in Young-Onset Dementia

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Abstract

Objectives: A process evaluation was performed for an intervention aimed at improvement of the management of neuropsychiatric symptoms in young-onset dementia. Data about sample quality and intervention quality was evaluated to better understand internal and external validity. In addition, data about the implementation strategy and factors affecting implementation were evaluated to improve further implementation of the intervention.

Design: A model proposed by Leontjevas and colleagues consisting of first-order (validity) and second-order (implementation) data was used.

Setting and Participants: Care units delivering specialized treatment and support for residents with young-onset dementia.

Measures: A description of the recruitment, randomization procedure, and intervention reach was carried out to determine sample quality. To determine intervention quality, data on satisfaction, relevance, feasibility, and fidelity were collected through a questionnaire and reports logged on the server of the web-based intervention. A description of the implementation strategy was provided. Barriers and facilitators for implementation were collected by a questionnaire and analyzed by deductive content analysis.

Results: Care units varied in size and were recruited from different geographical regions in the Netherlands. The informed consent rate of the residents was 87.7%. The majority of the nursing home staff were satisfied with the intervention. However, parts of the intervention were perceived as less relevant for their own organization. The feasibility of the intervention was considered low. The fidelity differed between care units. The implementation strategy did not overcome all barriers. Factors affecting implementation covered 3 themes: organizational aspects, culture of the organization, and aspects of the intervention.

Conclusions: In general, our results showed sufficient internal and external validity, warranting further effect analyses. Adaptations to specific steps of the care program should be considered to increase...
In institutionalized people with young-onset dementia (YOD), neuropsychiatric symptoms (NPS) are highly prevalent. NPS have been associated with negative health outcomes like a loss of quality of life, increased cost of care, and a high workload for nursing home (NH) staff. Psychotropic drugs are often used in the treatment of NPS in institutionalized people with YOD, which are negatively associated with quality of life in both YOD and LOD. Therefore, in the Behavior and Evolution of Young-Onset Dementia part 2 (Beyond-II) study, an intervention for the management of NPS in YOD was implemented on long-term care units offering specialized treatment and support in YOD.

A randomized controlled trial (RCT) was conducted to evaluate the effect of the intervention on the prevalence of NPS and psychotropic drug use (PDU) in NH residents with YOD, and workload, absenteeism, and job satisfaction of the NH staff. To interpret the outcomes of the RCT, information about internal and external validity is important. Internal validity refers to the extent to which effects are a result of the intervention. For example, an RCT could fail to find an effect of a potential successful intervention because of too small sample sizes. External validity refers to the generalizability of the effects of the intervention. For instance, if recruitment rates are low, the research population might not be representative of a wider population.

Besides information on validity, a better understanding of the implementation process is necessary to understand why the intervention was or was not effective and how to improve sustainability in clinical practice. A recent editorial stated that as a result of practical difficulties in conducting applied research in the context of daily practice, it is naïve to expect that complex intervention in NHs are always completely carried out as planned. Therefore, potential successful interventions might fail to show effect because they were not delivered as intended. This is expressed as low treatment fidelity. To allow for conclusions about the effectiveness of the intervention in clinical practice, it is important to understand the relationship between contextual factors and the effectiveness of the intervention, rather than trying to control for contextual influences. This context consists of all factors, external to the intervention, that might facilitate or hinder implementation. Previous implementation studies in NHs have already reported on the contextual barriers for implementation such as staff turnover, staff shortage, low staff motivation, lack of leadership, absence of management support, and organizational changes. To try to overcome these contextual barriers and increase effectiveness of our intervention, an implementation strategy was developed alongside the intervention. Reporting on the used implementation strategy and how it was received is important as it would provide future users of the intervention with vital information about how to reproduce the intervention.

A process evaluation provides knowledge on validity and implementation. Therefore, in this study, a process evaluation was performed for an intervention aimed at improvement of the management of NPS in institutionalized people with YOD (1) to establish internal and external validity and (2) to provide information about the implementation strategy and factors affecting implementation.

### Methods

This process evaluation is part of the Beyond-II study and was conducted before effect analysis of the intervention. The design of the Beyond-II study and information about the development of the intervention are described in full detail elsewhere.
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