



Unmet needs of family caregivers and primary  
healthcare practitioners  
of patients suffering from neurocognitive  
disorder – development of a tailored  
intervention

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# Déclaration des liens d'intérêts

AUCUN



First, 1-slide 5-minutes, EGPRN  
Split 2023

Information about the evolution of Alzheimer's disease

Early diagnosis

Coordinated aids

Training on what the caregiver should expect

Psychological support

Delphi rounds with  
- Steering committee  
- Caregivers  
- Healthcare professionals

Delphi rounds with  
- Caregivers  
- Caregivers Representatives

Intervention test - In 2 healthcare territories where needs were identified, intervention developed and outcomes determined  
- In 1 naive healthcare territory

Intervention test on naive national and international healthcare territories

**Development of a tailored intervention responding to the needs expressed by caregivers of persons living with dementia**

Socio-anthropologic focus groups and interviews to analyse the acceptability of the intervention

**Needs of caregivers and health professionals collection**

By a two-phases convergent design. We used a sequential mixed method study composed by a cross-sectional study (phase 1) and a qualitative study (phase 2)

**Intervention construction**

By a Delphi consensus method

**Outcomes determination**

By a Delphi consensus method

**Pre-pilot study**

By a non-controlled feasibility study

**Pilot Randomized controlled study**



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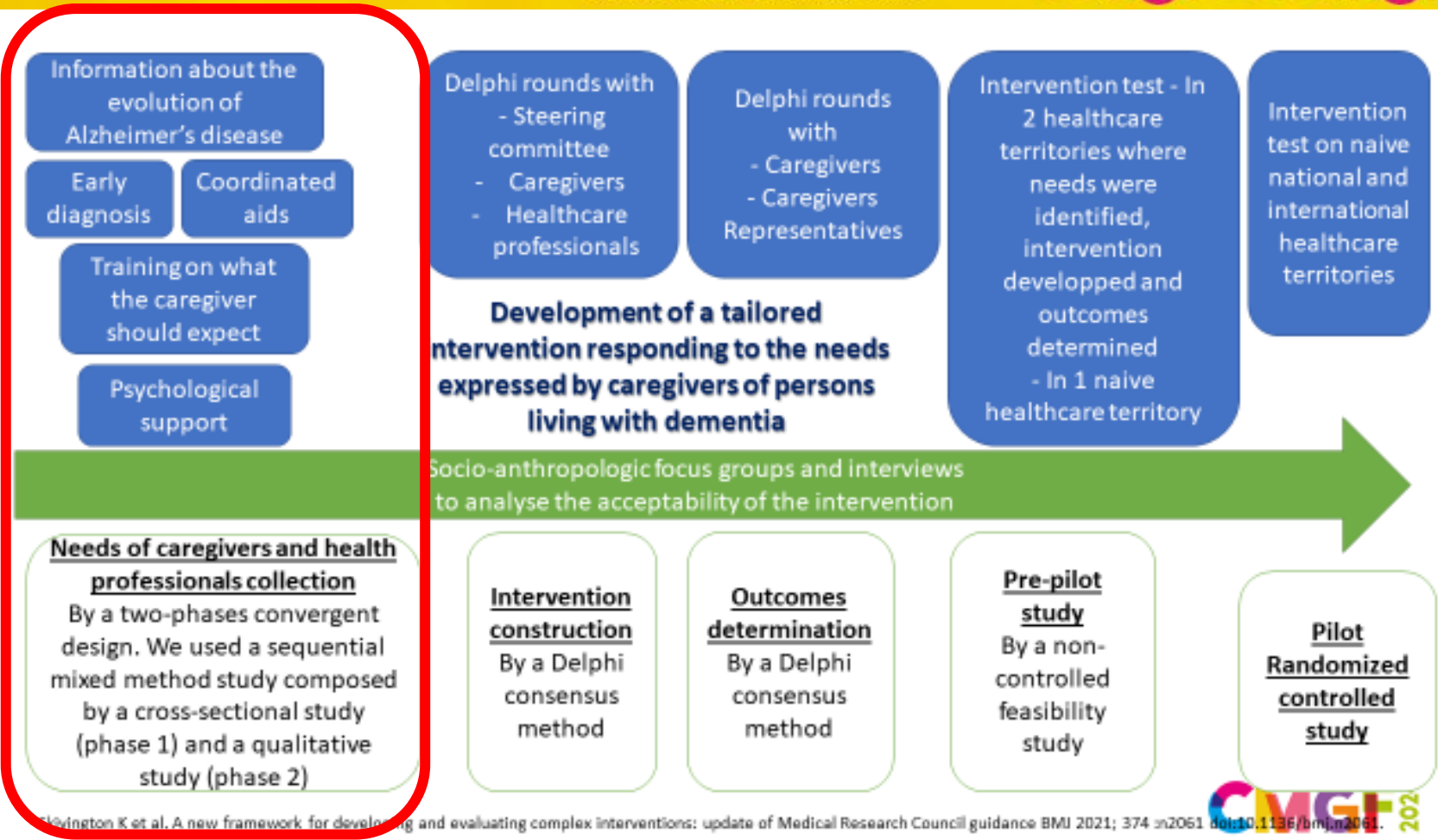
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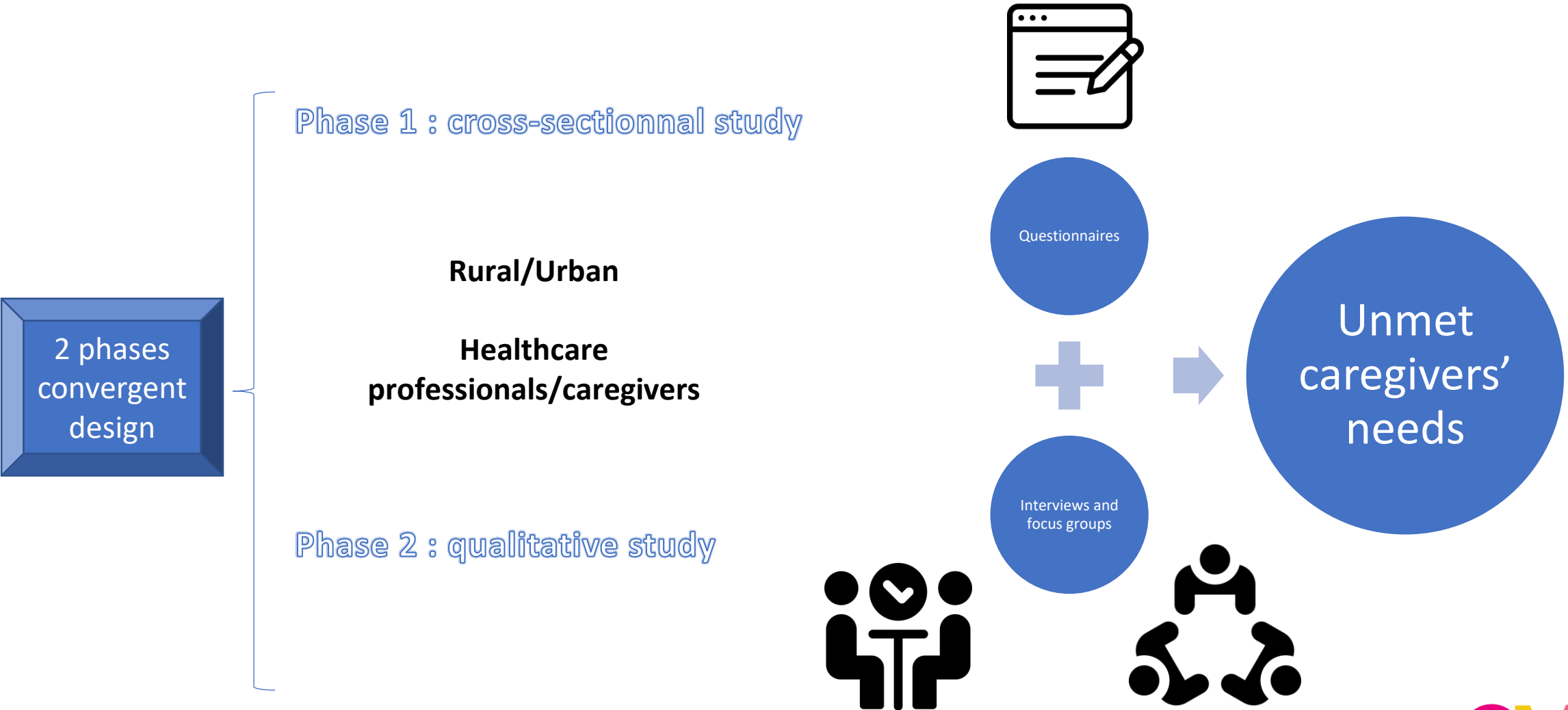
Livingston K et al. A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance. *BMI* 2021; 374:n2061. doi:10.1136/bmj.n2061. 2021



# Objectives

- To describe caregiver's needs to reduce their burden
- To identify healthcare professionals' needs to increase the impact of a future tailored intervention on caregiver's identified unmet needs in primary care.

# Method: sequential mixed method study



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# Results: characteristics

## Phase 1 : cross-sectionnal study

199 general practitioners  
67 caregivers

## Phase 2 : qualitative study

10 caregivers (urban)  
12 caregivers (rural)  
9 healthcare professionals

Table 1. Caregiver characteristics included in the quantitative study

Caregiver characteristics	Number (%) for qualitative variables, mean (range) for quantitative variables
N=67	
Age (years) mean, range	67 (35- 91)
Gender: women N(%)	37/66 (56)
Relationship with the PWD N(%)	
- Couple	38/66 (58)
- Parent/child	24/66 (36)
- Other	4/66 (6)
PWD place of residence N(%)	
- Individual home	56/64 (88)
- Nursing home	8/64 (13)

PWD: person with dementia

### CAREGIVERS

Most participants were older than 70 years of age, retired and were married to and lived with the PWD. The caregivers who did not live with the PWD were the PWD's children or niece.

Table 3: Characteristics of the general practitioners included in the quantitative study

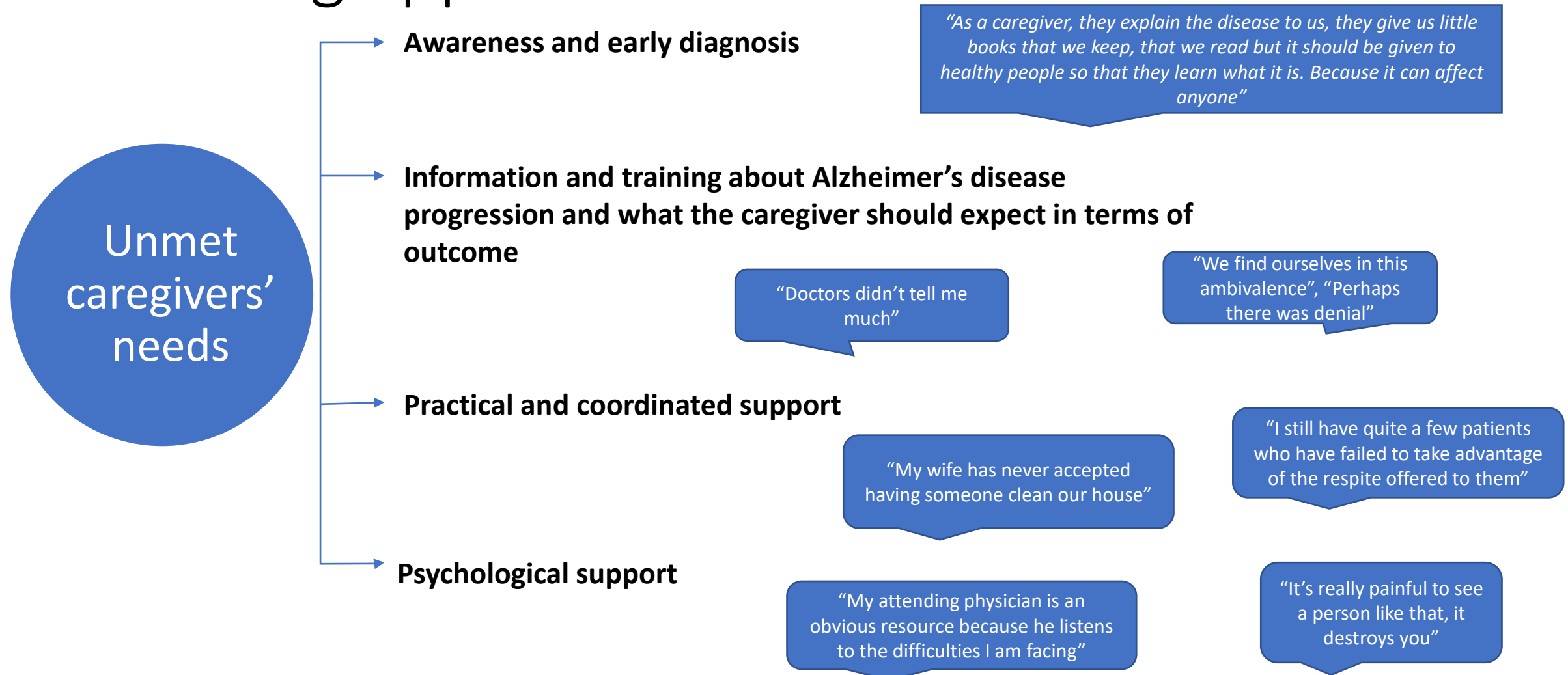
General practitioner (GP) characteristics (n=199)	Number (%) for categorical variables Mean (Standard deviation) for quantitative variable for quantitative variables
Age (years)	48.1 (11.3)
Male gender	101 (50.8%)
Time practising as a GP	
More than 10 years	126 (63.3%)
Between 5 and 10 years	40 (20.1%)
Less than 5 years	33 (16.6%)
Practice type	
Group practice	93 (46.2%)
Multiprofessional group practice	69 (34.2%)
Sole practice	37 (18.6%)

### HEALTHCARE PROFESSIONALS

1<sup>st</sup> focus group = a GP, 2 nurses, a physiotherapist, and a pharmacist. 2<sup>nd</sup> focus group = 2 GPs, a nurse, and a dietitian. The participants were all very active within the CPTS with six being members of the executive board and five being working group leaders.



# Results: integrated analysis of results using a weaving approach





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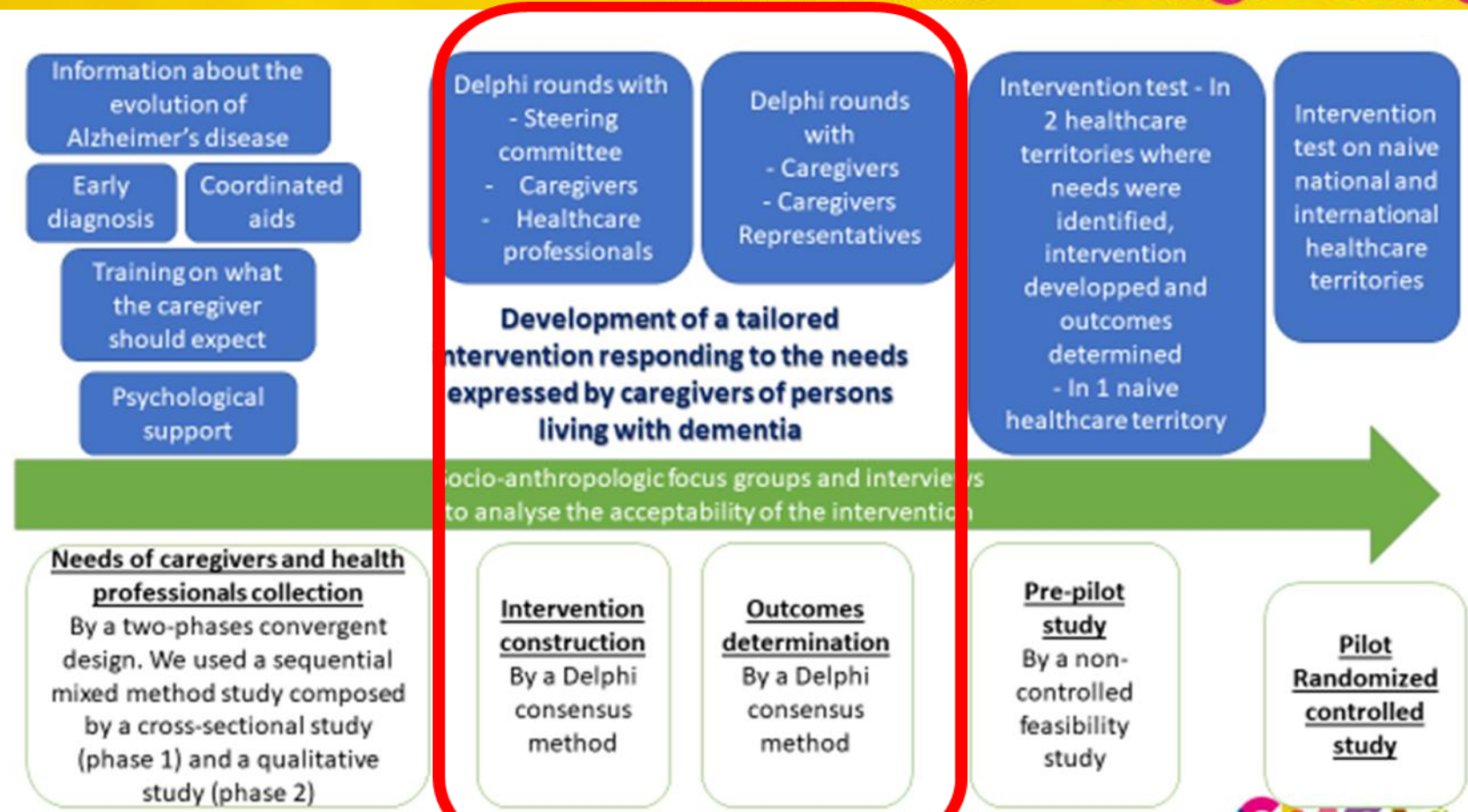
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Skivington K et al. A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance *BMJ* 2021; 374:n2061 doi:10.1136/bmj.n2061





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