Meeting Centres Support Programme

Continuous program

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**Objective**
To evaluate the implementation of the Meeting Centres Support Programme (MCSP) in the Netherlands.

**Setting**
Community, eight meeting centres and two regular psychogeriatric day treatments

**Participants**
People with very mild to severe dementia

- Mean age: E: 76.8 (±6.0); C: 75.4 (±5.9)
- Gender: E: 31 female (42.5%); C: 8 female (50.0%)
- MMSE

**Design**
Pretest-posttest control group design (MCSP versus regular psychogeriatric day treatment)

- Sample size: nE=73, nC=16
- Follow-up: 7 months

**Intervention**
The MCSP offers support and information to people with dementia and their caregivers to assist them in dealing with the consequences of dementia in daily life. The support program is theoretically based on the adaptation-coping model and offered in public community centres and centres for the elderly. For caregivers 8 to 10 informative meetings and continuing bi-weekly discussion groups are organized. Three days a week people with dementia can attend the daytime activity club in which (re)creative activities are offered based on emotion-oriented care approaches, and psychomotor therapy (three times a week 45 minutes). Additionally, a weekly consultation hour for individual dyads and monthly centre meetings are organized in which all participants and personnel of the center come together to discuss the experiences with the program, preferences and proposals for new activities. The MCSP is offered in general community centers. The meeting centres collaborate with relevant care and welfare services according to a collaboration protocol.

- Frequency: maximum 3 days per week
- Duration: continuing program
- Facilitator: meeting centre staff team

**Outcome measures**

- **Cognition**:
  - Mini-Mental State Examination (MMSE; Folstein et al., 1975)
- **Functioning**:
  - Global Deterioration Scale (GDS; Reisberg, 1983; Muskens, 1993)
- **Feeling of competence**:
  - Feeling of Competence Scale (Teunisse & De Haan, 1994)
- **Care needs**:
  - subscale ‘In need of care’ of the Assessment Scale for
### Combined intervention

| Behaviour | Elderly Patients (Van der Kam et al., 1971)  
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<tbody>
<tr>
<td></td>
<td>Subscales 2 (aggression) and 4 (inactivity)</td>
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<td>of the Assessment Scale for Elderly Patients (Van der Kam et al., 1971)</td>
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<td></td>
<td>Scale 1 (non-social behaviour) of the Behaviour Observation Scale for Intramural Psychogeriatrics (Verstraten &amp; van Eekelen, 1987)</td>
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<td>Composite measure 'behaviour problems', based on listed behaviour subscales (0-10)</td>
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<td>Mood</td>
<td>Philadelphia Geriatric Centre Morale Scale (Lawton, 1975; Ryden &amp; Knopman, 1989; Dröes, 1991)</td>
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<td>Cornell Scale for Depression in Dementia (Alexopoulos et al., 1988; Dröes, 1996)</td>
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<td>Quality of life</td>
<td>Dementia Quality of Life instrument (Brod et al., 1999)</td>
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<td>Changes in physical disability</td>
<td>Subscale 3A (physical disabilities) of the Assessment Scale for Elderly Patients (Van der Kam et al., 1971)</td>
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**Results**

Though behavioral problems and depression increased during the intervention period in both groups, compared to users of regular psychogeriatric day care in nursing homes participants of the MSCP showed less inactivity, less non-social behavior, less total number of behavior problems, and less depressive behavior. They also had a higher level of self-esteem compared to regular psychogeriatric day care users. Dissatisfaction decreased slightly in both groups.

See Dröes et al. (2004) for the effects of this program on informal carers.

**Implementation material**

For available materials and courses, see http://www.vumc.nl/afdelingen/ontmoetingcentradementie/

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E = experimental group; C = control group  
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