

Assistive technology and telecare to maintain independent living at home for people with dementia: the ATTILA RCT

Rebecca Gathercole,^{1*} Rosie Bradley,² Emma Harper,² Lucy Davies,² Lynn Pank,² Natalie Lam,² Anna Davies,^{3,4} Emma Talbot,⁵ Emma Hooper,^{6,7} Rachel Winson,⁸ Bethany Scutt,¹ Victoria Ordonez Montano,⁹ Samantha Nunn,¹⁰ Grace Lavelle,¹ Matthew Lariviere,¹¹ Shashivadan Hirani,³ Stefano Brini,³ Andrew Bateman,¹² Peter Bentham,¹³ Alistair Burns,⁷ Barbara Dunk,¹⁴ Kirsty Forsyth,¹⁵ Chris Fox,¹⁶ Catherine Henderson,¹⁷ Martin Knapp,¹⁷ Iracema Leroi,¹⁸ Stanton Newman,³ John O'Brien,¹⁹ Fiona Poland,²⁰ John Woolham,²¹ Richard Gray² and Robert Howard²²

¹Department of Old Age Psychiatry, King's College London, London, UK

²Medical Research Council Population Health Research Unit, University of Oxford, Oxford, UK

³School of Health Sciences, City, University of London, London, UK

⁴Population Health Sciences, University of Bristol, Bristol, UK

⁵Norfolk and Suffolk NHS Foundation Trust, Stowmarket, UK

⁶Lancashire Care NHS Foundation Trust, Preston, UK

⁷Faculty of Biology, Medicine and Health, University of Manchester, Manchester, UK

⁸Cambridgeshire and Peterborough NHS Foundation Trust, Cambridge, UK

⁹Hertfordshire Community NHS Trust, Watford, UK

¹⁰Cambridgeshire Community Services NHS Trust, Cambridge, UK

¹¹Centre for International Research on Care, Labour and Equalities, University of Sheffield, Sheffield, UK

¹²School of Health and Social Care, University of Essex, Colchester, UK

¹³Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham, UK

¹⁴South London and Maudsley NHS Foundation Trust, London, UK

¹⁵School of Health Sciences, Queen Margaret University, Edinburgh, UK

¹⁶Norwich Medical School, University of East Anglia, Norwich, UK

¹⁷Care Policy and Evaluation Centre, London School of Economics and Political Science, London, UK

¹⁸Global Brain Health Institute, Trinity College Dublin, Dublin, Ireland

¹⁹Department of Psychiatry, University of Cambridge, Cambridge, UK

²⁰School of Health Sciences, University of East Anglia, Norwich, UK

²¹National Institute for Health Research (NIHR) Health & Social Care Workforce Research Unit, King's College London, London, UK

²²Division of Psychiatry, University College London, London, UK

*Corresponding author rebecca.gathercole@kcl.ac.uk

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Plain English summary

The ATTILA RCT

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Plain English summary

Many people with dementia living at home are recommended assistive technology and telecare to help them remain living safely and independently in the community. These devices are meant to assist and support activities such as taking medication or cooking, or to raise an alert when there is an issue, such as a fire; however, there is currently little evidence to support such claims. This trial investigated whether or not assistive technology and telecare could delay people moving into residential care and keep them any safer than alternatives, and whether or not they were cost-effective.

We recruited 495 people with dementia and their unpaid caregivers, who were randomly assigned to receive either a package of assistive technology and telecare recommended by a health or social care professional or alternative support involving only basic assistive technology and telecare. We monitored the residential status, the use of health-care services and the health and well-being of participants with dementia and their caregivers over a 2-year period. Researchers also spent time with participants to see how they were living with the technology.

The trial found no difference in the time that people with dementia with full assistive technology and telecare remained at home, nor any reduction in the number of safety incidents, compared with the participants who received basic assistive technology and telecare only. Full assistive technology and telecare did not increase health and social care costs. It did not improve the well-being of people with dementia or that of their caregivers. People with dementia who had full assistive technology and telecare rated their quality of life poorer than those with basic assistive technology and telecare did, but their caregivers rated their quality of life as about the same as caregivers of people with basic assistive technology and telecare. The technology sometimes averted crises but also disrupted people's everyday lives.

These results suggest that assistive technology and telecare for people with dementia provided in real-world conditions may not be as beneficial as previously claimed. The way that assistive technology and telecare services are organised bears further investigation to see how these services could be improved.

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This report

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