

Abstract - Group n°41

## **Care management of Alzheimer Disease patients in Wuxi, China: which therapeutic approach?**

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### *Introduction*

In 2015, 7% of the population of China was suffering from dementia. Predictions show that in 2030, this proportion will increase up to 11% of the Chinese population. In 2015, the number of people with dementia in China represented 20% of the total population with dementia in the world, by 2030 this proportion is predicted to reach 24% (1). The development in care management of dementia, including Alzheimer Disease (AD), has therefore been chosen as one of the main goals of the 13<sup>th</sup> Five-Year National Mental Health Work Plan of the People's Republic of China 2015-2020 (2). According to a scientific review, the two main treatments with significant effect in slowing down AD progress are the use of drug therapy (cholinesterase inhibitors, memantine, and Ginkgo biloba) and physical therapy (3). Some studies also indicate that acupuncture has an effect by improving daily life of AD patients and enhancing drug therapy (donepezil) (4). The purpose of this study was to determine how healthcare professionals plan, implement, and manage therapeutic care for patients with AD to maintain an optimal quality of life in the region of Wuxi, China.

### *Methods*

Within a qualitative research framework, we conducted 28 semi-directed interviews. Information was translated by Chinese nursing students, audio recorded, and written down. We met the following stakeholders of the care management of AD patients in Wuxi: 1 nursing home director, 2 Traditional Chinese Medicine (TCM) doctors, 11 Western Medicine (WM) doctors, 9 nurses, 3 nurse assistants, 1 physical therapist and 1 nursing home front desk secretary. We informed all participants that their recorded information would be anonymized. They had the freedom to refuse to answer any question and their consent for the interview was asked before starting it. We did not include any vulnerable person in these interviews. We analysed the information through thematic network analysis (5) by determining a coding framework according to main themes, constructing a thematic network with basic themes (from arranging themes to refining them through numerous reviews in time), classifying the collected information into this network, interpreting them and returning to the original research question to construct our results.

### *Results*

Our study indicates that the central decision maker in the care management is the doctor, sometimes advised by experienced nurses. Family and patient's agreement is then sought. Indeed, according to the participants, general population still lacks knowledge about AD, believing early stage symptoms are part of normal ageing. Conversely, interviewed health professionals had a wide knowledge of the disease, its symptoms and prevalence, which could enable them to plan the therapeutic approach of the patient.

Care management mainly depends on the stage of the disease. The family will often take care of patients with lighter symptoms whereas they will seek professional help for more severe symptoms. When complex care management is necessary, the transition from home to institutions allows multidisciplinary team to work together for the patients' well-being. Nursing homes might refuse severe stage patients. In this case, AD patients will be admitted in a hospital, where adapted care will be given. In institutions such as nursing homes and hospitals, patients' daily care, social activities, physical and cognitive therapies, safety and treatments are guaranteed. Nutrition is also a part of the care management and, when needed, is ensured through swallow rehabilitation, adapted texture food and nasogastric tube. The family regularly comes to visit the patient and health professionals educates them about AD. Volunteers come to help health professionals with patients' entertainment. Most participants said that love from health professionals and volunteers was a main part of AD patients' care.

TCM was mentioned as a way to help AD patients. Indeed, TCM can be used to prevent the disease, decrease symptoms (such as memory and sleep disorder), and sometimes slow the progress of the disease. TCM was described as considering patients as unique and taking them as a whole. However, participants have pointed out that its complex procedures and unknown mechanisms can be seen as limits. On the other hand, WM is broadly used by prescribing the patient specific drugs to slow the process of the disease, treat symptoms and prevent complications. The prevalence of side effects and the treatment based on a diagnosis regardless of other individual were mentioned as limits of this approach. Physical therapy was considered as WM by the

participants. Some participants were only using WM whereas some considered the combination of the two approaches as more efficient. When combined, WM is generally used as the basis of the treatment and then completed by TCM.

Our analysis further revealed that the definition of quality of life of the general population according to participants included family, self-care, social life, stable mood, work, and health as predominant criteria. The definition participants gave when asked specifically about AD patients was rather similar; however, some aspects such as health and family were mentioned with different terms like “adequate treatment” and “support”, respectively. The main impact of the disease on the patient is the loss of independence, which can decrease quality of life. However, it was stated by most participants that AD patients might be unaware of the notion of quality of life because of the decrease in cognitive capacities. This unawareness influences the perception of their own condition and they can eventually develop anosognosia.

Obstacles to seeking treatment are mainly the shame caused by having a family member with AD and the financial aspects that can become a burden with time even though most of the treatments are covered by insurance. In that matter, TCM is generally cheaper than WM but both their cost being covered by insurance, this does not influence the choice of the type of medicine. The government addresses those issue by raising awareness within the general population. It also acts on building infrastructures and offering subventions to professionals training in elderly care to counteract the lack of human resources.

### Discussion

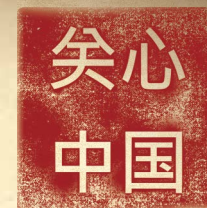
Our findings show that the care management of AD in Wuxi, China is primarily interdisciplinary. It takes place either at home or in nursing homes for early stage AD patients and at the hospital for severe stage patients. The quality of life is ensured using WM through specific drugs and physical exercise and is sometimes completed by TCM that can enhance the drug treatment, which is consistent with the results found in literature (4). An obstacle to optimal care management is the fact that most people in China believe symptoms of AD are part of normal ageing and do not seek professional help, as also shown by previous studies (6). When they eventually do, health care professionals and family collaborate in the maintenance of the patients' quality of life. The government addresses the main infrastructural and human resources issue through its 13<sup>th</sup> Five-Year National Mental Health Work Plan of the People's Republic of China 2015-2020 (3). Specific targets of this plan are to increase the number of licensed professionals and the general knowledge about common mental disorders as well as to offer medical aid to individuals with severe illness living in poverty. It would be interesting to further investigate the importance of the family in the care management of AD patients. Finally, the interpretation of our results must be taken cautiously. Limitations of our study include non-professional translation and cultural differences which complicated the understanding of the participants' answers. Furthermore, there was a selection bias, as the participants were chosen by our host university. Moreover, other persons from the institution were present during each interview and therefore we cannot be sure that the participants were speaking freely.

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### Key Words

China – Elderly – Alzheimer disease – Care management



# CARE MANAGEMENT OF ELDERLY WITH ALZHEIMER IN CHINA

## Introduction:

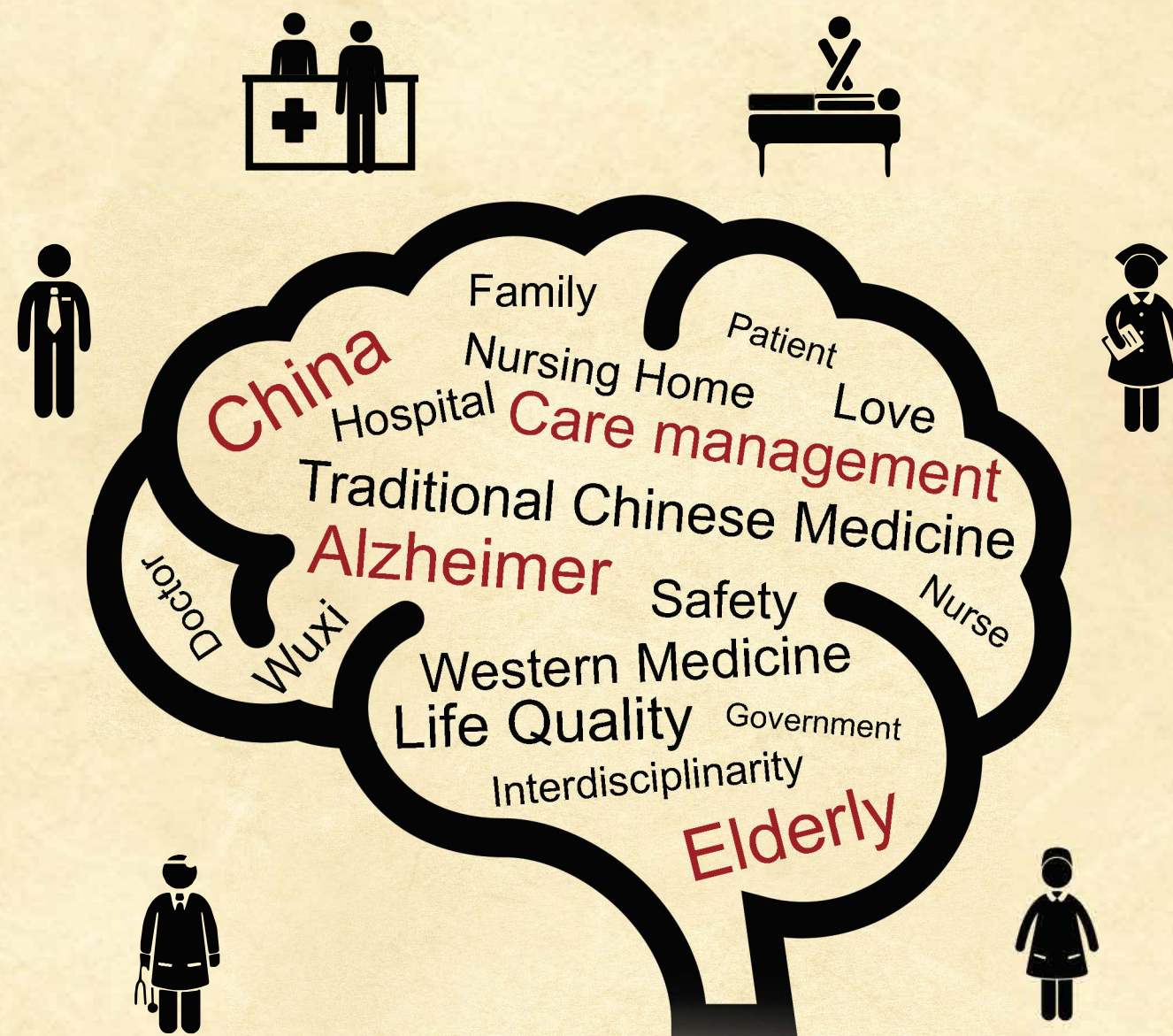
- In 2015 7% of the population of China was suffering from dementia (1)
- In 2030 11% of the population of China will suffer from dementia (1)
- The development of care management for AD patients is the main goal of the 13th Five -Year National Mental Health Work Plan of the People's Republic of China 2015-2020. (2)
- Purpose of our research : identify the most important factors of AD patients' care management

► **How do** healthcare professional plan, implement and manage therapeutic care for patients with Alzheimer's disease to maintain an optimal quality of life in the region of Wuxi, China ?

## Methodology:

- Qualitative research
- Thematic network analysis : coding framework with main themes -> classifying the collected information -> interpretation -> comparison with initial research question (3)
- 28 anonymized translated interviews with :

	03 Nurse Assistants
	09 Nurses
	13 Doctors
	01 Front desk secretary
	01 Director
	01 Physical therapist



## Results:

The care management is built through interdisciplinarity either at the nursing home for early stage AD patients or at the hospital, for severe stage patients. An obstacle to care management is the fact that most people in China believe that AD is a part of normal ageing and don't seek professional help. Important aspects of care management to maintain a good quality of life are:

- Daily Care
- Family
- Physical therapy
- Love
- Nutrition
- Safety

## Discussion:

Western Medicine is sometimes completed by Traditional Chinese Medicine. (e.g., Acupuncture) (5) Patients live in different environments according to the stage of the disease. Health care professionals and family collaborate to maintain the patient's quality of life. Government plans to increase the number of health professionals, infrastructures and public awareness.

### Findings:

- Interdisciplinarity in the care management  
→ maintain a good quality of life
- Collaboration with the family  
→ maintain a good quality of life

### Perspective:

- Lack of knowledge (4) → Further investigation of the role of the family would allow to continue the reflexion.
- Accomplishment of the goals of the National Mental Health Work Plan of the People's Republic of China: Increase the number of licensed professionals and general knowledge about mental disorders (2)

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