



Case conferences

DEMENTIA CARE

This evidence theme on case conferences is a summary of one of the key topics identified by a scoping review of dementia research.

Key points

- Case conferences involve a meeting between health professionals and family members who provide care for a person living with dementia. In some instances, people with dementia may participate in the case conference.
- Evidence from two systematic reviews showed that case conferences improved medication appropriateness, medication management, staff attitude, staff competence, and staff development.
- Case conferences also reduced the use of certain medications and excessive prescribing.
- The evidence for case conferences reducing responsive behaviours is inconclusive.
- Studies that assessed the relationship between case conferences and outcomes such as quality of life for the person living with dementia and staff stress load found no benefit.

What are case conferences?

Case conferences (sometimes called care conferences) involve a meeting between health professionals who provide care for a person living with dementia. These conferences should ideally involve the person living with dementia and/or a primary decision-maker.

The purpose of these conferences is to create a person-centred care plan based on the individual's preferences and goals for care. Case conferences are usually informed by available evidence. [1]

Are case conferences effective?

Based on two systematic reviews, there is evidence that case conferences may benefit people living with dementia as well as staff. These include improvements in:

- Medication appropriateness [1]
- Medication management [1]
- Staff attitude [2]
- Staff competence [2]
- Staff development. [2]

Case conferences also appear to help reduce:

- Antipsychotic drug prescribing and use [1, 2]
- Benzodiazepine use. [1]

The effectiveness is inconclusive for reducing responsive behaviours as some studies report benefits of case conferences and others report no benefits. [1, 2]

Currently, there is no clear evidence that case conferences have a direct influence on:

- Quality of life for the person living with dementia [2]
- Staff stress load. [2]

Overall studies that have assessed the relationship between case conferences and these outcomes found no benefit.

This is because studies found the most benefits when the case conference intervention period was longer than 12 months. [2]

Evidence limitations

The reviews highlighted concerns about the methods used by some of the studies. This reduces the degree of certainty we might have about the benefits of case conferences. Gaps in the literature have also been identified. For example:

- The studies were not always clear about how case conferences were conducted. [1]
- Potentially important outcomes were not assessed (e.g., care outcomes for the person living with dementia, capacity to reduce inconsistency in decision-making, and impact on communication between services, aged care workers, and families). [1]
- The long-term benefits of case conferences were not assessed. [2]

In addition, the two reviews we found on this topic are both relatively dated.

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ARIIA was established as an independent, not-for-profit organisation, set up to lead the advancement of the aged care workforce capability by promoting and facilitating innovation and research to improve the quality of aged care for all Australians.

What can an individual do?

- Be familiar with what case conferences are and how it may influence care outcomes for people living with dementia.
- Refer/escalate any care concerns you may have for a person living with dementia.

What can the organisation do?

- Organise multidisciplinary case conferences to discuss individuals' care needs and goals.
- Encourage and support staff to come forward with any care concerns they may have for a person living with dementia.

References

1. Phillips JL, West PA, Davidson PM, Agar M. Does case conferencing for people with advanced dementia living in nursing homes improve care outcomes: Evidence from an integrative review? *Int J Nurs Stud.* 2013;50(8):1122-35.
2. Reuther S, Dichter MN, Buscher I, Vollmar HC, Holle D, Bartholomeyczik S, et al. Case conferences as interventions dealing with the challenging behavior of people with dementia in nursing homes: A systematic review. *Int Psychogeriatr.* 2012;24(12):1891-903.