







Enhancing our understanding of measuring quality of life of people with dementia who are unable to self-report



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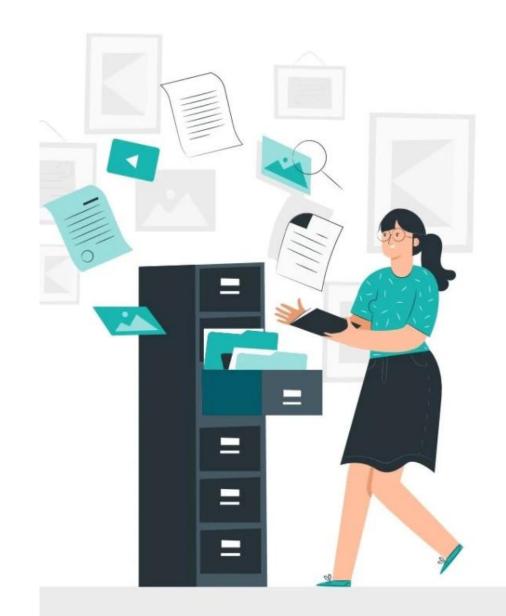
Disclaimer

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• The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Background

- People with dementia living at home represent a growing group of social care services users.
- It is important to understand the impact of social care on their quality of life and how community based social care services may best support them.
- It may be difficult to collect such information from people who have memory or communication difficulties.



Background – ASCOT Proxy

• To work around this, an adapted version of the Adult Social Care Outcomes Toolkit (ASCOT)* questionnaire, ASCOT-Proxy, has been developed.

• *The ASCOT questionnaires are used to collect information on the quality of life of people who use social care services and their carers.



Background – ASCOT Proxy



Personal cleanliness and comfort



Food and drink



Safety



Clean and comfortable accommodation



Social participation and involvement



Control over daily living



Occupation



Dignity

| 23. Thinking about the food and drink the person you repr | | | | | |
|---|------------------------------|--|-------------|--|--|
| following statements best describes his/her situation? | | | | | |
| Please say what you think in the first column. Then say how you think the person you are representing would answer in the second column. Please write in the comments box if you wish to add anything to your answer. | | | | | |
| The person I am representing Please tick (✔) one box for each column | | | | | |
| | My opinion (What I think) | What I think the person I represent thinks | | | |
| Gets all the food and drink s/he likes when s/he wants | | | Ideal state | | |
| Gets adequate food and drink at OK times | | | No needs | | |
| Doesn't always get adequate or timely food and drink | | | Some needs | | |
| Doesn't always get adequate or timely food and drink, and there is a risk to his/her health | | | High needs | | |

The Aim

• To understand whether ASCOT-Proxy is easy to complete and measure what it is intended to measure – that is, social carerelated quality of life (SCRQoL)



Participants – MOPED study

Carers: 62.4 years (SD:12.0); 75.7% (n=237) females; 94.6 % (n=296) White/White British; 47% (n=147) provided 50+hours per week of care; 14% (n=268) provided \geq 10 years of care

People with dementia: 81.5 years (SD: 9.4); 90.4% (n=283) were partners/spouses/parents; 57.8% (n=181) lived in the same household

| Survey mode | Recruitment | | Total |
|--------------------|-------------|-----|-------|
| | JDR | NHS | |
| Postal | 8 | 55 | 63 |
| Online (Qualtrics) | 165 | 85 | 250 |
| Total | 173 | 140 | 313 |

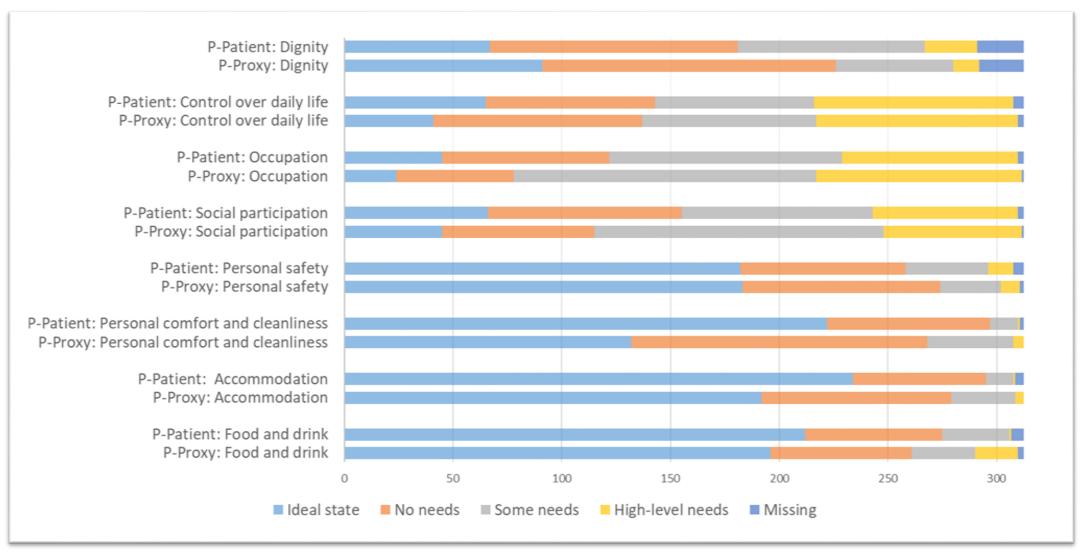
Inclusion criteria:

A friend or family member of someone living with dementia, who:

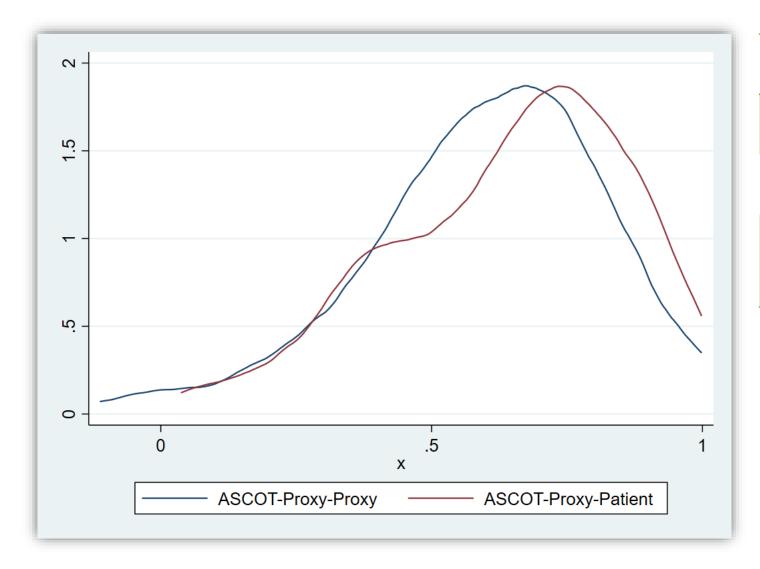
- Lives at home (not in a nursing or residential care home)
- Uses at least one type of social care service
- Would not be able to answer a postal or online questionnaire, even with help.



Distribution of responses - ASCOT-Proxy



Distribution of responses - ASCOT-Proxy



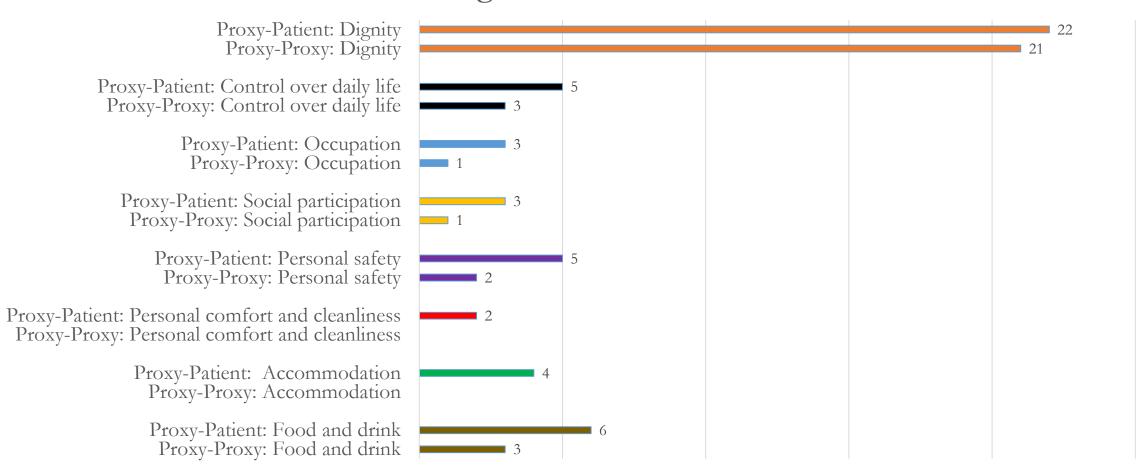
| Variable | N | Mean | SD |
|------------|---------|--------------|------|
| P-Proxy | 275 | .597 | .219 |
| P-Patient | 275 | .642 | .218 |
| Difference | 275 | 046 | .220 |
| P | r(T > | t) = 0.0006 | |

Correlation between Proxy-Proxy and Proxy-Patient

Spearman's rho = 0.54 (moderate correlation)

Feasibility (acceptability) - ASCOT-Proxy

Missing values: n out of 313



Internal consistency (reliability) - ASCOT-Proxy

Proxy-Proxy

- Number of items in the scale: 8
- Scale reliability coefficient: 0.68

Proxy-Patient

- Number of items in the scale: 8
- Scale reliability coefficient: 0.69

Cronbach's alpha (a coefficient of reliability) > 0.6 is considered acceptable

Construct validity - ASCOT-Proxy

| Measures of related constructs | J | Proxy-Proxy |] | Proxy-Patient |
|--|-----|-------------|----------------|---------------|
| | Spe | arman's rho | Spearman's rho | |
| Health-related quality of life | | | | |
| EQ-5D-Proxy-Proxy | 0.3 | weak | 0.4 | moderate |
| EQ-5D-Proxy-Patient | 0.2 | weak | 0.4 | moderate |
| Proxy-rated condition-specific quality of life | | | | |
| DEMQOL | 0.2 | weak | 0.4 | moderate |
| Overall quality of life | | | | |
| Proxy-Proxy | 0.5 | moderate | 0.4 | moderate |
| Proxy-Patient | 0.3 | weak | 0.6 | moderate |

Structural validity - ASCOT Proxy



Personal cleanliness and comfort



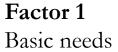
Food and drink



Safety



Clean and comfortable accommodation





Social participation and involvement



Control over daily living



Occupation

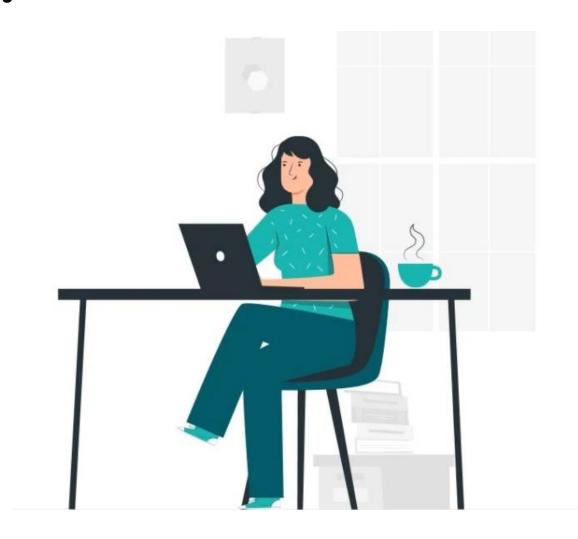


Factor 2 Higher order needs



Summary - ASCOT-Proxy

- ASCOT-Proxy is a feasible, valid and reliable measure of social care-related quality of life.
- There is a difference between proxy report perspectives.
- Further analysis of ASCOT-Proxy are needed (construct and structural validity).
- Role of mode of administration (online vs postal).



Our Team

Professor Karen Jones Co-Investigator

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Thanks for your attention!

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