



Title	Systematic Review of Respite Care in the Frail Elderly
Agency	NETSCC, HTA, NIHR Evaluation and Trials Coordinating Centre Alpha House, University of Southampton Science Park, Southampton, SO16 7NS, United Kingdom; Tel: +44 2380 595 586, Fax: +44 2380 595 639; hta@soton.ac.uk, www.hta.ac.uk
Reference	Volume 13.20. ISSN 1366-5278. www.nchta.org/project/1461.asp

Aim

To systematically review the literature on the effectiveness and cost effectiveness of breaks in care as a means to improve the well being of informal carers of frail and disabled older people living in the community; and to identify (via a synthesis of qualitative studies) carer needs and barriers to uptake of respite services.

Conclusions and results

Quantitative Synthesis: 104 papers were identified for inclusion, 16 of which were appropriate for meta-analysis. 1) Carer burden was reduced at 2 to 6 months follow-up in single-sample studies, but not in RCTs and quasi-experimental studies. 2) Depression was reduced in RCTs in the short term and for home care, but not day care. These effects, however, were not significant in random effects models. The trend was for longer interventions to have more positive effects than shorter. 3) Respite had no effect on anxiety, but had positive effects on morale, anger, and hostility. Quality of life was worse after respite care. 4) Institutionalization rates increased after respite use.

Qualitative Synthesis: 70 papers were identified for inclusion. Uptake of respite care was influenced by: 1) carer attitudes to caring and respite provision; 2) the care-giving relationship; 3) knowledge of and availability of services; 4) acceptability toward and impact of respite care on care recipients; 5) hassles resulting from use of respite care; 6) quality of respite care; and 7) appropriateness and flexibility of service provision.

Respite needs to provide a mental break, not just a physical break. Carers expressed needs for active information about services, support offered early in the care-giving career, access to a variety of services with flexible provision, reliable transport services, continuity of care, good quality care, appropriate environments, care that provides benefits (socialization and stimulation) for the care recipient (CR), and appropriate activities for the CR's level of abilities and interests.

Recommendations

Some evidence supports respite having a positive effect on carers, but the evidence was limited and weak. Few trials were available, and studies were heterogeneous with poor definition of respite interventions. Flexibility of respite provision and responsiveness to carer needs was highlighted as an important aspect of care. The qualitative review identified a need for information, respite early in the care-giving career, better training of formal carers (particularly in relation to dementia care), continuity of care, better transport services, and good-quality services that provide stimulation to care recipients.

Methods

See Executive Summary link at www.nchta.org/project/1461.asp.

Further research/reviews required

See Executive Summary link at www.nchta.org/project/1461.asp.