



- Title** A Systematic Review of the Effectiveness and Cost Effectiveness of Different Models of Community-Based Respite Care for Frail Older People and Their Carers
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Aim

To systematically identify, appraise, and synthesize the grey and published evidence for the effectiveness and cost effectiveness of different models of community-based respite care for frail older people and their carers.

Conclusions and results

Uncontrolled studies were reviewed since no controlled studies of respite for carers of people with cancer, of host family respite, or of video respite were identified. Effectiveness evidence from the 22 studies reviewed suggests that the consequences of respite on carers and care recipients are generally small, with better-controlled studies finding a small positive effect on carers in terms of burden and mental or physical health. Many studies report high levels of carer satisfaction. The review found no reliable evidence that respite delays entry to residential care, or that respite adversely affects care recipients. The validity of the randomization process was not always clear. All quasiexperimental studies had methodological weaknesses that undermine the reliability of their findings. The uncontrolled studies had methodological weaknesses, which limit their transferability to other people, conditions, and settings. All 5 economic evaluations compared day care to usual care: day care was often associated with higher costs and either similar or a slight increase in benefits, relative to usual care. Most studies assessed health and social service use and cost, but inadequate reporting of the intervention and comparator limits the potential for exploring applicability to the UK setting. No study included generic, health-related quality of life measures, making cost-effectiveness comparisons with other healthcare programs difficult.

Methods

We searched for studies published in any language in or after 1980 that addressed respite interventions for carers of frail elderly people and included evidence of effectiveness or cost effectiveness. For inclusion in the review, effectiveness studies had to be well-controlled, with uncontrolled studies included only in the absence

of higher quality evidence. Economic evaluations had to compare 2 or more options and consider both costs and consequences. Studies of day care, in-home respite, host family respite, institutional respite, respite programs and video respite were eligible for inclusion. For the effectiveness and economic studies, one reviewer extracted data and assessed quality, and a second reviewer checked the work. Disagreements were resolved by discussion, with a third reviewer acting as arbiter if necessary. Results of the data extraction and quality assessment were presented in tables and as a summary. Possible effects of study quality on the effectiveness data and review findings were discussed. Where sufficient clinically and statistically similar data were available, data were pooled using appropriate statistical techniques.

Further research/reviews required

Pilot studies are essential to inform full-scale trials of respite in the UK. Studies should: 1) Clarify the objectives of respite services. 2) Focus on specific groups of older people and carers, or be large enough to permit subgroup analysis. 3) Identify essential components of respite services, clarifying boundaries between respite and intermediate care, crisis response, day care, rehabilitation, and palliative care. 4) Target outcomes relevant to both carers and older people, recognizing the joint and separate interests and aspirations of individuals in a caregiving relationship.

Pilot work should then inform methodologically rigorous trials that can establish the effectiveness and cost effectiveness of UK respite services. Given the complexity and intersectoral nature of respite care, a range of methodological approaches will probably be needed.