

Questionnaire: Luxembourg

1. Assessment of behavioural disorders

1.1 Please specify the different kinds of behavioural disorders which in your opinion need to be assessed:

apathy, anxiety, depression, agitation, irritability, aggressiveness, delusions, hallucinations, sleep disorders, disinhibition, eating disturbances, motoric restlessness (wandering, running away), euphoria.

1.2 Describe the most appropriate approach for this assessment:

I think that observation of the patient in his normal environment, over a long period (24-48hours) would be the best method but probably difficult to realise in practice (a behaviour questionnaire and activity recordings would be necessary).

The caregivers would be the best qualified to do such an assessment.

In Luxembourg the only assessments which are done frequently are the geriatric depression scale and ADAS-cog (Alzheimer Disease Assessment Scale).

1.3 Describe the most used measurement / assessment tools for these symptoms:

- geriatric depression scale
- inventaire apathie (in France)
- échelle d'agitation de Cohen-Mansfield (in France)
- NPI-Q (neuropsychiatric Inventory Questionnaire)

2. Types of home care provision provided by professional carers

2.1 Please describe different approaches to supporting and caring for people with dementia who live at home related to behavioural disorders:

- in Luxembourg the care network services have developed very quickly since 1999, when long term care insurance became a part of social security. The number of day-care centres with the presence of professional caregivers has increased continuously.
- People (not only Alzheimer patients) who are recognized dependent by the law on long term care insurance can be entitled to get help in the following ways:
 - assistance for carrying out the **activities of daily living** (personal hygiene, clothing, nutrition, mobility)
 - getting care within the set up of a **day-care centre** up to 7 days a week

- the care network can also provide a **home-based personal nurse** for up to 14 hours a week
 - since march 2009, the possibility of **home-based personal nurse by night** exists for severe dependent patients
 - help by a professional from a care network to accomplish **administrative tasks** or to do the weekly household **purchases with the patient** (mainly for patients with MCI or beginning Alzheimer disease)
 - **counselling for caring family members** (to give advice to the informal carers how to better deal with Alzheimer patients and behavioral disorders) and counselling concerning the use of technical aids provided by long term care insurance
 - assistance in **household tasks**
- independently from the long term care insurance, other services are provided to people living at home:
 - the possibility to get a place in a care institution (integrated old age homes or health care clinics) for several weeks a year ("**holiday beds**")
 - **help-line and night-line** (provided by the Luxembourg Alzheimer Association)
 - **telealarm**
 - **meals on wheels**

2.2 Describe the appropriate non-drug treatment or measures used:

- study the **biography** of the patients in order to offer occupations which are of interest for them, **reminiscence therapy**
- **environment modification** :simplify the environment, authorize the patients who live in institution to install a part of their furniture in their room
- not close the doors, create a safe environment where patients can walk without risk
- **simplify tasks and routines**
- respect if possible inversed night-day rhythm
- **Music therapy ,pet therapy, art therapy** which create a homelike environment in nursing homes, seem to lessen behavioural disorders
- **Storytelling or scrapbooking**
- Movement therapy

2.3 In what circumstances is residential / institutional (including hospital) care required?

Alzheimer patients living alone, or without family, or with behavioural disorders (for example running away, aggressiveness, agitation) or suffering from incontinence or disturbed sleep. When the person with Alzheimer's disease becomes a danger for herself and for others.

3. Training programmes / information

3.1 Which kind of information, training and education do exist for people with dementia and their carers?

ALA (Luxembourg Alzheimer Association) is very active in diffusing information concerning Alzheimer disease, they organise self-help groups, training for caring family members, they have a library and documentation centre

Care networks (Hëllef Doheem= Care at Home, HELP, and Camille) offer training programs, workshops for patients, their families and carers

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they have complete training programs - for carers

- for seniors

3.2 Which are the most efficient dissemination tools for sharing information (for targeting the patients / the carers) and why?

internet (in Luxembourg) because most people have the internet access

www.alzheimer.lu

www.luxsenior.lu: *Details of care providers as regards old age people*

www.resolux.lu: *Data bank on the social network of Luxembourg*

www.secu.lu: *Legislation regarding Social Security*

www.mss.public.lu: *informations about Social Security in Luxembourg*

paper documents diffused by the ministries of health and social security, by associations, care networks, by housedoctors

Helpline SOS Alzheimer Tél. +352 26 432 432

SOS Seniors – City of Luxembourg Tél. +352 45 75 75

National radio and TV

3.3 What training and education programmes do exist for professionals?

- the care network services provide themselves training programmes for their personal (Hëllef Doheem= Care at Home, HELP, and Camille)
- ALA (Luxembourg Alzheimer Association) have a library and documentation centre and organise meetings, training, workshops and seminars for professionals
- the care institutions also offer training and education programmes
- the "service RBS " organizes complete training programs for carers

- because Luxembourg is a small country, many professionals assist to workshops, seminars and meetings in other countries, principally in Germany (f.e. Demenzverein Saarlouis, Altenpflege Deutschland), France, Belgium