

EDITORIAL

Using implementation science to progress psychogeriatrics

It is my continuing pleasure to be the guest editor for this second special issue of *International Psychogeriatrics* focused on Implementation Science. As a field, and as a global society, we are still grappling with the ongoing uncertainties and effects of COVID-19. This highlights more than ever the need to work towards implementing our best science into practice in the service of the mental health needs of older persons. As illustrated in the first special issue focused on Implementation Science, the means and the efficacies of translating knowledge into practice can be empirically evaluated; this in turn provides an important contribution to both research agendas and clinical practice and policy considerations.

This second special issue includes a similarly diverse range of articles on implementation science in the field of psychogeriatrics. Each article is accompanied by a commentary by an expert in the area, to add another dimension to, and illuminate the context of, the topic under discussion. The articles span two broad areas: issues of assessment and aspects of interventions.

But first we have two review articles. A systematic review by Groot Kormelinck *et al.* (2021) describes barriers and facilitators influencing the implementation of complex interventions targeting neuropsychiatric symptoms and psychotropic drug use in long-term care. A key finding of their review is that communication and coordination between disciplines, management support, and culture positively influence implementation. The commentary by Dozier (2021) highlights the key role that communication plays in successful implementation within long-term care settings. The key organizational barriers to implementation, namely instability within teams, facilities, and organizational structures, illustrate that even optimal communication can be trumped by an unstable environment.

The review article of Karnatz *et al.* (2021) presents a scoping review of the characteristics, challenges, and unmet needs of caregivers, and possible interventions for this underserved patient population. Their results demonstrate that caregivers of patients with FTLN are often younger in age, have children at home, and find behavioral

disturbances encountered to be the most burdensome aspect of caregiving. With respect to interventions, the support structures for FTLN caregivers should be assessed and extended. Both Karnatz *et al.* (2021) and the commentary by Chick and O'Hara (2021) underscore that awareness both in the wider population and among healthcare professionals is an urgent need for the future with respect to caregivers of patients with FTLN.

With respect to assessment, Peisah *et al.* (2021) describe development of an inclusive curriculum for a capacity education e-tool with cross-disciplinary relevance. The tool was tested in three countries (Australia, Canada, and Israel) across a wide range of healthcare professionals, whose scores significantly increased after use of the e-tool. As Palmer (2021) states in his commentary, capacity is a singularly vexing issue for healthcare professionals, given that many have inadequate training in this area and given the high stakes for patients that many capacity questions raise.

Quality of life (QoL) is an important parameter to measure in persons living with dementia. The article by Hughes *et al.* (2021) reviews existing dementia-specific QoL measures developed or validated for use in care settings. The methodological quality of the studies was assessed using the COSMIN checklist. Disappointingly, higher-quality instruments were not easily accessible or had low feasibility of use. In their commentary, Madsø and Nordhus (2021) propose an alternate approach to developing a proliferation of QoL measures, namely development of item banks based on item response theory (Edelen and Reeve, 2007), where generic questions are applicable for a variety of populations (see for e.g. PROMIS (healthmeasures.net)). Such item banks are created to ensure optimal scalability of items, where each item corresponds to a level of quality of life. In practice, the item bank is adjusting to the individual and terminates the questionnaire when the QoL level is identified.

Three researchers contributed work on interventions and their implementation to this special issue. Gerritsen *et al.* (2021) describe a process evaluation of a multidisciplinary biannual medication review (the PROPER intervention) in six Dutch long-term

care organizations. The main barriers identified with respect to implementation were time required, investment, planning issues, and high staff turnover; facilitators were the positive attitude of professionals toward the intervention, the support of higher management, and the appointment of a local implementation coordinator. Byrne in his commentary notes that input from people living with dementia and their family members (or other substitute decision-makers) was conspicuous by its absence in the intervention. Byrne notes that when prescribing decisions involve serious potential risks, as is the case with the use of antipsychotic medication in people with living dementia (Ma *et al.*, 2014), involvement of family members is crucial.

The nature and effects of implementation strategies to increase the use of evidence-based, non-pharmacological interventions designed to reduce the frequency, and/or severity of behavioral and psychological symptoms associated with dementia were the subject of the paper by Bennett *et al.* (2021). Focused on randomized controlled trials (RCTs) involving people living in the community, all 12 included studies reported using multiple implementation strategies including partnerships, new funding, educational strategies, and ongoing support and consultation as part of their implementation strategy. Seven of the studies reviewed reported positive outcomes for clients on some aspect of behavior or depression for the person with dementia. However, Losada-Baltar and Jimenez-Gonzalo (2021) highlight that this number is extremely small when compared to the magnitude of needs for persons living in the community with dementia globally. They underscore that the wide gap between the scientific context in which such interventions are developed and tested and the availability of evidence-based therapies in the real-world contexts remains vast.

Pittman and colleagues (2021) tackle implementation and effectiveness of a community-based intervention for hoarding disorder (HD) using Cognitive Rehabilitation and Exposure/Sorting Therapy (CREST). As Pachana (2021) points out, hoarding in later life is a particularly difficult condition to treat (e.g. Steketee *et al.*, 2012). The authors report preliminary data suggesting that the CREST intervention can be successfully implemented in a community setting with positive results for older adults (age 60+) with hoarding disorder.

Finally, Pierpaoli Parker and Syme (2021) close out this special issue with a critique of current, traditional models of dissemination, and implementation. The authors offer a provocative rationale for communication methods that embrace innovative mechanisms and formats (e.g. social media) for

translating and implementing psychogeriatric science. Getting science into practice is the goal; the means to do so continues to evolve.

Conflict of interest

None.

NANCY A. PACHANA

School of Psychology, The University of Queensland, Brisbane, Australia

Email: n.pachana@psy.uq.edu.au.

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