



TIMES – Tailored Management of Sleep Problems for People Living With Dementia and Mild Cognitive Impairment in Primary Care

Jayden van Horik¹, Louise Allan¹, Aidin Aryankhesal², Niall Broomfield², Andrea Hilton³, Anne Killett², Mizanur Khondoker², Gill Livingston⁴, Yoon Loke², Ian Maidment⁵, Antonieta Medina-Lara¹, Alpar Lazar², Rachael Litherland⁶, Adam Palmer-Welsh¹, Joanne Reeve³, George Rook⁷, Sion Scott², Lee Shepstone², Fiona C Warren¹, Geoff Wong⁸, **Chris Fox^{1*}**, and on behalf of the TIMES Programme Team

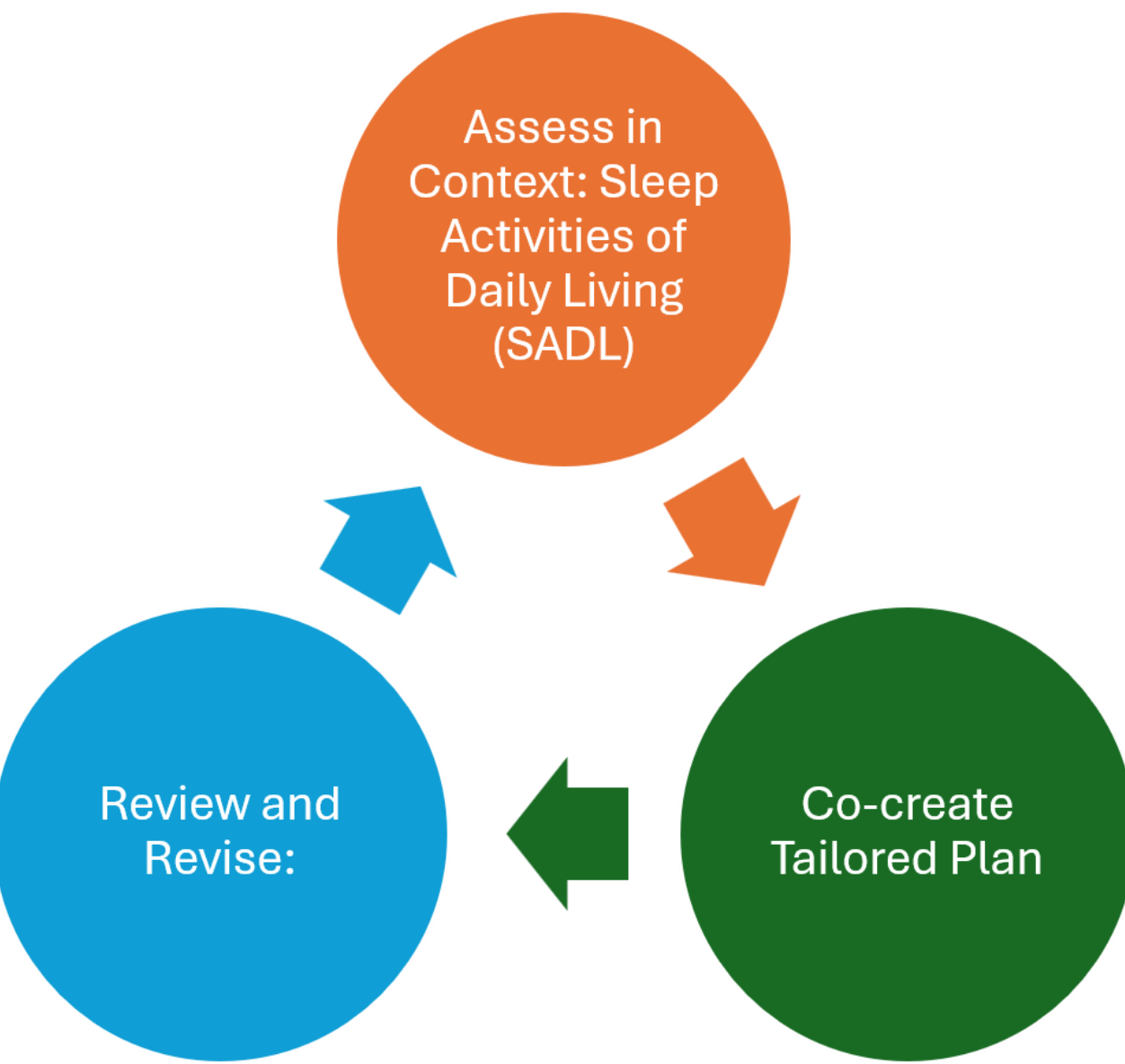
Author affiliations: ***Presenting Author**, ¹University of Exeter, ²University of East Anglia, ³University of Hull, ⁴University College London, ⁵Aston University, ⁶Innovations in Dementia, ⁷PPI Co-Lead, ⁸University of Oxford

Background

Sleep disturbance is common among people living with dementia (PLWD) and Mild Cognitive Impairment (MCI) and can result in reduced quality of life, carer fatigue, and early care home admission.

Support is limited in primary care. There are no safe and effective medications, and non-drug options are rarely implemented.

TIMES is a co-designed intervention, aimed at helping clinicians, PLWD/MCI and their carers, to co-produce tailored sleep-care plans.



Co-designed TIMES intervention



Trial Design

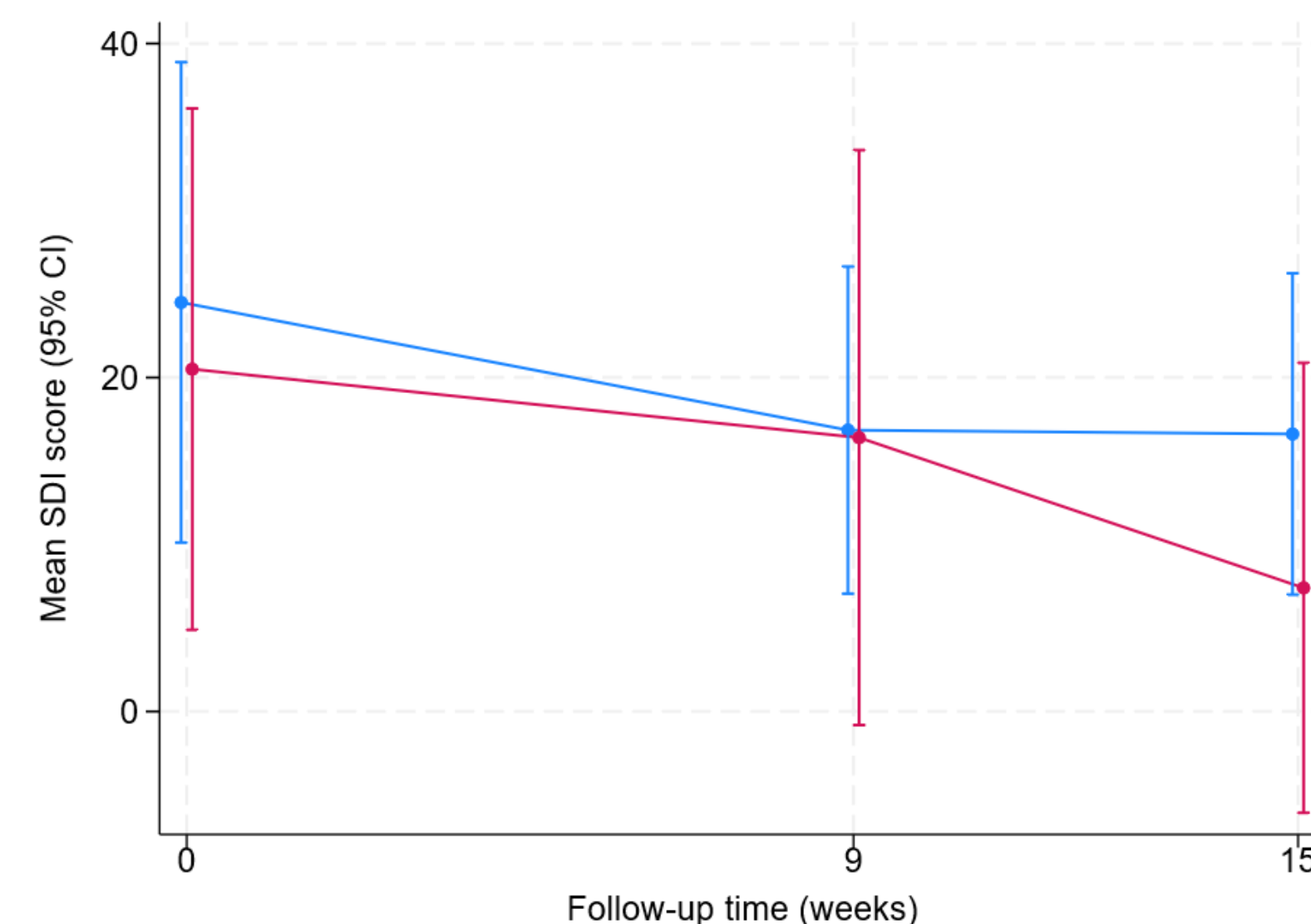
Mixed-methods, Feasibility, Two-Arm, Single-blinded, Multi-centre, Cluster-Randomised Controlled Trial, Complex Intervention.

Planned Sample Size: Ten primary care practices; 64 patient-carer-dyads (intervention = 32 dyads, control = 32 dyads)

Intervention: Brief questionnaire on sleep and daily activities (SADL) + 30-min in-person consultation with GP, patient and carer + 15-min follow-up consultation one-month later.

Objectives: Evaluate the feasibility and acceptability of delivering the TIMES intervention in primary care.

Sleep Disorders Inventory (Proposed Primary Outcome for Definitive trial)



Findings

36% of our target sample size were recruited (**poor**)

88% of patients assessed for full eligibility consented to participating (**good**)

86% of participants received the intervention (**good**)

95% of expected participants completed the primary outcome (**excellent**)

Qualitative **Process Evaluation** interviews with Participants, GPs, and Research Nurses, showed high support for intervention engagement; **Health Economic Analysis** showed potential for reduced costs.

Participant Demographics	Intervention (n=15)	Control (n=8)	Overall (n=23)
Patient Age Overall (mean)	81 years	84 years	82 years
Male	10 (67%)	4 (50%)	14 (61%)
Female	5 (33%)	4 (50%)	9 (39%)
Ethnicity: White - British	15 (100%)	7 (88%)	22 (96%)
Ethnicity: White - British	0 (0%)	1 (13%)	1 (4%)
Diagnosis: Dementia	14 (93%)	6 (75%)	20 (87%)
Diagnosis: MCI	1 (7%)	2 (25%)	3 (13%)
Residence: Private	12 (80%)	4 (50%)	16 (70%)
Residence: Carehome	3 (20%)	4 (50%)	7 (30%)

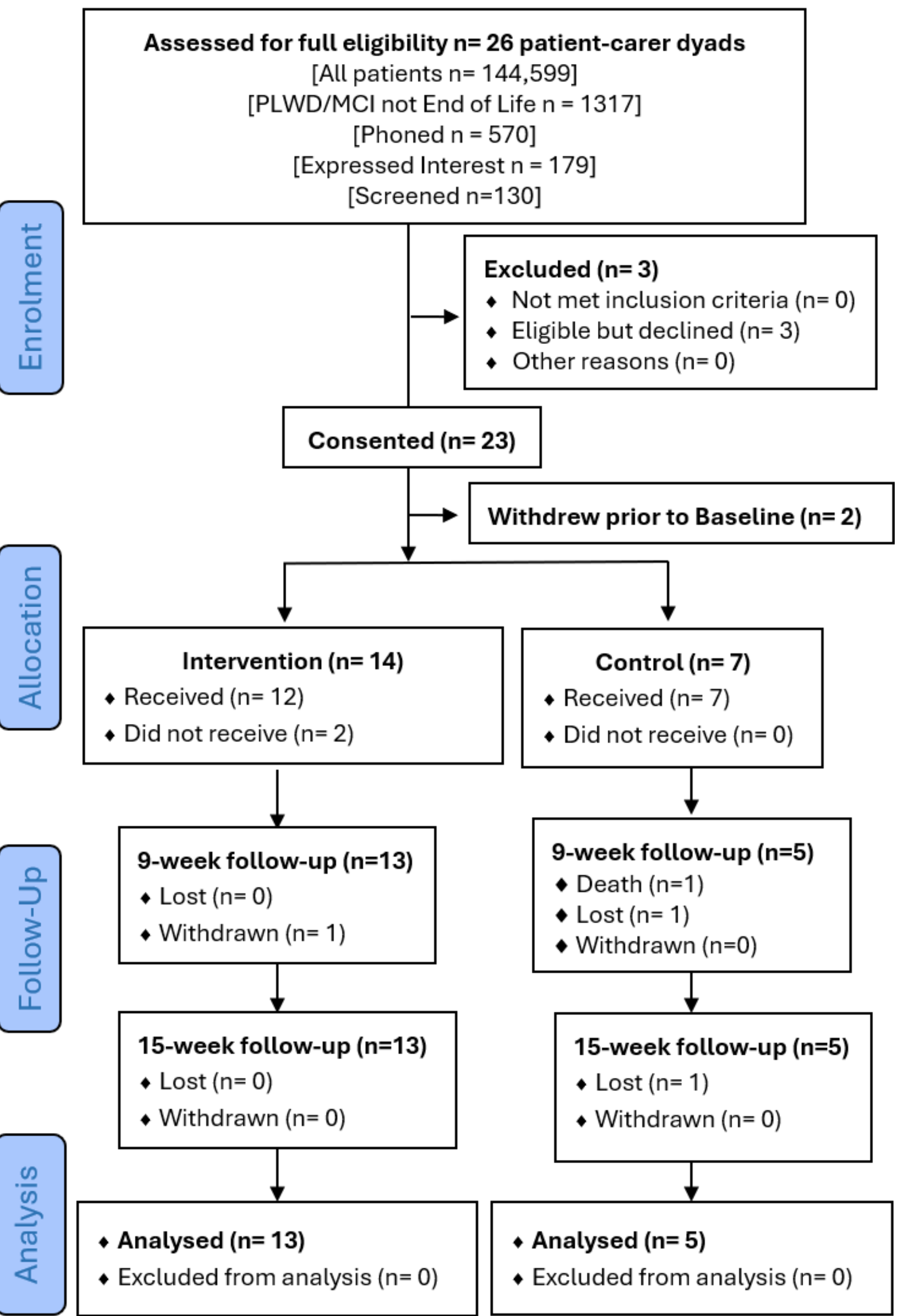
What's Next?

We are currently running a full-scale Definitive trial, recruiting a target of 66 GP practices and 420 patient-care dyads, in England.

— Intervention
— Treatment as Usual

Supported by
NIHR | National Institute for Health and Care Research

Funder Number: NIHR202345



Contact

TIMES@exeter.ac.uk
Christopher.Fox@exeter.ac.uk
<https://carecoachtimes.org/times/>

