

**Multi-site randomised controlled trial of Community Occupational Therapy in Dementia (COTiD-UK) versus usual care: the results**

Jennifer Wenborn<sup>1, 2</sup>, Aidan O’Keeffe<sup>1</sup>, Rumana Omar<sup>1</sup>, Michael King<sup>1</sup>, Gail Mountain<sup>3</sup>, Esme Moniz-Cook<sup>4</sup>, Fiona Poland<sup>5</sup>, Jacki Mundy<sup>2</sup>, Jane Burgess<sup>2</sup>, Tom Swinson<sup>2</sup>, Martin Orrell<sup>6</sup>

<sup>1</sup>University College London, London, UK, <sup>2</sup>North East London NHS Foundation Trust, London, UK, <sup>3</sup>University of Sheffield, Sheffield, UK, <sup>4</sup>University of Hull, Hull, UK, <sup>5</sup>University of East Anglia, Norwich, UK, <sup>6</sup>University of Nottingham, Nottingham, UK

**Introduction:** Community Occupational Therapy in Dementia (COTiD-UK) is an intervention for people with dementia and their family carers. This UK version was adapted from the Community Occupational Therapy in Dementia intervention developed and found clinically and cost effective in the Netherlands.

**Objective:** Assess clinical and cost effectiveness of COTiD-UK compared to usual care.

**Method:** Multi-centre, parallel-group, pragmatic randomised controlled trial. People with mild to moderate dementia recruited along with a family carer are randomly allocated to receive COTiD-UK or usual care. The COTiD-UK group receives ten hours of occupational therapy delivered in the person's home and local community over ten weeks. Participants are assessed at baseline, 12 and 26 weeks; with telephone follow-up at 52 and 78 weeks. The primary outcome is the Bristol Activities of Daily Living Scale at 26 weeks. Secondary outcome measures include: family carer sense of competence; quality of life, mood and resource use. Intervention fidelity is assessed by analysing COTiD-UK session audio recordings. Qualitative data regarding the intervention experience and implementation are collected via semi-structured interviews with participants and with occupational therapists.

**Results:** 15 National Health Service organisations across England have been recruited and 40 occupational therapists trained to deliver COTiD-UK. Trial recruitment ends in June 2017 with a projected sample size of 480 pairs. The trial results and qualitative analysis will be presented.

**Conclusion:** If COTiD-UK is found to be clinically and cost effective it has major implications for the future delivery of occupational therapy and dementia services across the UK.