

Casa Iride: an innovative model for the long-term assistance of patients in vegetative state

Francesca Pistoia, Simona Sacco, Antonio Carolei, Rachele Zylberman

Department of Biotechnological and Applied Clinical Sciences - University of L'Aquila - L'Aquila
M&C Foundation onlus - Associazione Risveglio - Roma

Objective: To investigate the economic and psychological advantages of a new model of assisted living for people in chronic vegetative state (VS) or minimally conscious state (MCS), named Casa Iride, which has been recently developed in Rome through an agreement among the Associazione Risveglio, the Municipality of Rome, and the local health authorities (ASL RM/B).

Materials and methods: Residential costs per patient per year at Casa Iride were compared to costs of intensive rehabilitation care units, long-term care units, and home care assistance. Level of satisfaction and quality of life of caregivers at Casa Iride (n=9) were also investigated through the Burden Scale for Family Caregivers (BSFC) and compared to those estimated for caregivers of patients with the same diagnosis and disability managed in a traditional long-term care unit (n=20).

Results: The comprehensive costs for care at Casa Iride amount to approximately one third of the estimated costs for the care of patients in VS in intensive care units and a half of the estimated costs for care in long-term care units. The BSFC score in caregivers of patients at Casa Iride was lower (BSFC score 18) than that found in caregivers of patients managed in a traditional long-term care unit (BSFC score 26).

Discussion: Casa Iride is aimed at promoting a better care for patients who, after a severe brain injury, have overcome the acute phase of hospitalization and intensive rehabilitation and who, despite rehabilitative efforts, have passed into a state of chronic disorder of consciousness. Based on a model of co-housing, Casa Iride provides a virtuous cycle which brings health, social, psychological, ethical, and economic advantages: the patients receive all the assistance needed; the families share an adequate setting with other people with similar challenges, become more aware of their situation and learn to cope with it and to maintain their productivity at work; the maintenance costs are contained and the care flow of patients through intensive care units and intensive rehabilitation wards is not delayed by a lack of post-discharge services.

Conclusions: These data suggest the usefulness of a widespread diffusion of organizations like Casa Iride providing a collaborative style of living which fosters interdependence and the development of support networks helping sociability and safe care for patients with vegetative state and their families



References

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