

Conclusion Co-ordinated, longitudinal and randomised research is required to continuously improve the evidence base. We contend that this paradigm shift can only occur if stimulated by aged care providers and integrated into architectural practice.

92 DESIGNING FOR DEMENTIA AND PALLIATIVE CARE: A REVIEW

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10.1136/bmjspcare-2013-000491.92

Background With a global shift towards the concept of *Aging in Place*, aged care facilities will increasingly be occupied by the physically frail, those suffering from late stage dementia and those seeking palliative care outside of the home. We ask what role the built environment will play in this context and how useful are current Australian design guidelines?

Aims

1. Review current Australian design guidelines.
2. Review global research literature and design precedents.
3. Develop a strategy for integration of ongoing research into the design process.

Methods We assessed available design guidelines in Victoria, NSW and South Australia against 312 peer reviewed papers from the fields of sociology, gerontology and neurophysiology and architecture.

Results A growing body of evidence supports the hypothesis that the design of aged care environments has a direct impact on the experience and treatment of dementia patients and also on the well-being of staff. Australian design guidelines however are aspirational, problem-focussed and lack detailed reference to this evidence-base.

Discussion Available evidence can radically improve current design guidelines; however it must be recognised that the data has primarily come from non-randomised, short-term research projects.