Objective: For caregivers and patients with neurocognitive disorders (NCD), a broad medico-social support is necessary. Structuring and organizing services, finding useful offers with high scientific proven quality is essential. In the area of Krefeld with 250000 inhabitants and an estimated number of 4000 people suffering from dementia a network structuring and organizing services was developed. The effect of case management and medico-social collaboration was investigated in a group of patients where an actual necessary decision on an admission to a retirement home had to be made. 

Methods: In this open trial a differentiated analysis of the network effects was investigated in 32 patients with NCD or depression over a period of up to 2 years. Descriptively, neuropsychological testing was done at baseline with the Neuropsychiatric Inventory (NPI), the Global Deterioration Scale (GDS), the Geriatric Depression Scale (GDS-DEP) and the Test for the Early Detection of Dementia with Discrimination from Depression (TE4D). A 5-point Likert-scale was used to measure user satisfaction. For maintenance efforts, the time spent and with two further measures the need of care was recorded. 

Results: In the observation period, only one of the patients had to be admitted to a retirement home. In cognition measured with the TE4D, 78 percent of the patients with NCD and 93 percent of patients with depression remained stable over a mean observation period of 11 month. Both groups of patients improved in the GDS-DEP. The measures for maintenance support led to a heterogeneous result. 

Conclusion: The hypotheses generating study led to the assumption that the network support can prevent admission to a retirement home. Moreover, there are hints that depression as well as cognition can be positively influenced. Measuring maintenance support showed a lack of validity in this study.