Evidence-based practice recommendations for dementia: educating caregivers on Alzheimer's disease and training communication strategies


CRD summary
This review aimed to summarise the evidence on the impact of caregiver communication training on interactions with individuals who have Alzheimer's Disease. The authors' conclusion appeared to be that there was a variety of evidence to support educating and training caregivers in communication strategies. This review was poorly reported and the conclusions should be treated with caution.

Authors' objectives
To summarise the evidence on the impact of caregiver communication training on interactions with individuals who have Alzheimer's Disease.

Searching
Medline, PsycInfo and Language and Linguistic Behaviour Abstracts were searched up to 2002. Search terms were reported. Relevant references from the retrieved articles were screened.

Study selection
Any study design was eligible for inclusion, provided that the intervention involved education and training in Alzheimer's Disease-specific communication for family and/or professional caregivers. Included study designs consisted of randomised and non-randomised controlled studies, uncontrolled observational studies and case studies. Eligible studies reported on the effects of the intervention, but details of the outcome measures were not pre-specified. Included papers evaluated the effect of education programmes using a variety of tools such as knowledge and attitude surveys, language function, observational schedules and staff turnover rates.

The authors stated neither how papers were selected for this review nor how many reviewers performed the selection.

Assessment of study quality
The authors stated that internal, external and content validity were reviewed for each paper by two members of the writing committee. Internal validity was considered in terms of research design, randomisation, use of control groups and missing data. External validity was addressed by examining the characterisation of participants, fidelity of the treatment and replicability of the findings.

Data extraction
Data was extracted independently by two reviewers.

Methods of synthesis
A narrative synthesis was carried out. It pulled together clinically applicable trends across the studies. A number of recommendations for clinical practice were presented.

Results of the review
This review included six studies of various intervention programmes. Three uncontrolled studies looked at the effects of a caregiver communication training programme called FOCUS (n=125). One case study (n=2) assessed the effect of an individualised programme on a male with Alzheimer's Disease and his carer (spouse). A non-randomised controlled study (n=66 family carers, 66 Alzheimer's Disease care home residents) compared a Family Visit Education Program with no intervention. Finally, a randomised controlled study assessed the effect of a Nursing Assistant Communication Skills Program on nursing home residents' well being, nursing assistants' knowledge and staff turnover (carers n = 88, residents n = 105).

Educating caregivers in communication strategies appeared to have the following effects: more successful
conversational exchanges; reduced or increased caregiver burden (evidence mixed); improved quality of life for people with Alzheimer's Disease; maintenance of language abilities people with Alzheimer's Disease; and increased knowledge/understanding of communication in Alzheimer's Disease.

**Authors' conclusions**
The authors' conclusion appeared to be that there was a variety of evidence to support educating and training caregivers in communication strategies for use with individuals who have dementia.

**CRD commentary**
Overall this was a poorly reported review, which made it difficult to judge the quality of the research and assess the extent to which bias may have influenced the results. There were insufficient inclusion criteria to address the review question. Three databases were searched, including one that included unpublished studies, however, it was unclear if language restrictions were applied and it was possible some relevant studies were not retrieved. The narrative synthesis may have been appropriate, but the details on the included studies were not clear enough to assess the extent to which the conclusions followed from the evidence presented. The paper made reference to evidence tables and a technical report online, however these did not appear to be freely available. The authors mentioned study quality, but did not incorporate the information into the synthesis and weight their conclusions accordingly. The recommendations for clinical practice did not seem to be based on the better-quality evidence in some cases. Overall, the authors' conclusions should be treated with caution.

**Implications of the review for practice and research**
Practice: The authors made a number of recommendations with regard to who might benefit from education and communications training, content and implementation of programs, and pertinent outcomes of interest for both the carer and individuals with Alzheimer's Disease.

Research: The authors stated that future research should address the effects of training programmes on broader psychosocial outcomes and quality of life for caregivers and for people with Alzheimer's Disease. Timing of the intervention and the use of generic versus individualised programmes are also recommended for exploration.

**Funding**
Not stated.

**Bibliographic details**

**Indexing Status**
Subject indexing assigned by CRD

**MeSH**
Alzheimer Disease /nursing; Caregivers /psychology; Health Knowledge, Attitudes, Practice

**AccessionNumber**
12007009203

**Date bibliographic record published**
09/08/2008

**Date abstract record published**
29/07/2009

**Record Status**
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.