Support for family carers who care for an elderly person at home: a systematic literature review  

Stoltz P, Uden G, Willman A

CRD summary
This review assessed interventions providing support for family carers of elderly co-habiting persons at home. The authors appear to conclude that it is uncertain if carers benefit from the interventions. Limitations of the review included poor reporting of the review methods and an inadequate validity assessment. However, given the apparent, general poor quality of the included studies, the authors' conclusions appear reliable.

Authors' objectives
To assess the effects of interventions providing support for family carers of elderly co-habiting persons at home. The review also examined the need that family carers have for support, the experiences of family caring and the influence of ethnicity on the experiences of being a carer, but this abstract only refers to the assessment of supportive interventions.

Searching
MEDLINE, CINAHL and the Cochrane Database of Systematic Reviews were searched using the search terms reported. The dates searched were not reported. In addition, searches of the Internet, Swedish reference databases, and publications from the Swedish Board of Health and Welfare were also conducted. Studies were included if they were published in English or Scandinavian languages.

Study selection

Study designs of evaluations included in the review
Inclusion criteria were not defined in terms of the study design.

Specific interventions included in the review
Studies of support for family carers were eligible for inclusion. The included studies provided support using the Caregiver Support Programme, a psycho-educational support programme, a peer support programme and in-hospital respite care.

Participants included in the review
Studies of family carers of elderly persons (65 years or older) sharing the same home were eligible for inclusion. Most of the included studies were of carers of people with Alzheimer's disease in the USA.

Outcomes assessed in the review
Studies assessing efficacy were eligible for inclusion. The included studies assessed carer depression, anxiety and quality of life, caregiver preparedness, competence and coping responses, carer preferences for person providing support, carer psychological stress, and activities of daily living of the cared-for person.

How were decisions on the relevance of primary studies made?
The authors did not state how studies were selected for the review, or how many reviewers selected studies.

Assessment of study quality
Validity was not fully assessed. The authors did, however, grade the studies as having high, medium or low quality using a hierarchy of study design. High-quality studies were: randomised controlled trials (RCTs); controlled clinical trials; prospective non-randomised studies with a well-defined research question, adequate sample size and statistical methods; and studies with a well-defined question, and well-described participants, methods and analysis. Low-quality studies
were small RCTs that were inadequately described, with high-drop out rates, and small poorly described studies using uncertain statistical methods. Medium-quality studies did not meet the criteria for high- or low-quality studies. Two reviewers independently graded the studies as high, medium or low quality.

Data extraction
Two reviewers independently extracted the data.

Methods of synthesis
How were the studies combined?
The studies were combined in a narrative.

How were differences between studies investigated?
Differences between the studies were described in the text.

Results of the review
Five studies (n=138) were included, one of which was an RCT (n=60). The designs of the other included trials were not explicitly reported.

One study was rated as high quality, one study as medium quality, and three studies as low quality.

The RCT (n=60) showed no significant difference between a 6-month Caregiver Support Programme and control in depression, anxiety and quality of life.

One small, pilot, controlled clinical trial (n=22) was too small to be evaluated.

The other studies showed: significant differences post-intervention for caregiver preparedness, competence and coping responses using a psycho-educational support programme (1 study); positive views post-intervention about a peer support programme and a preference for peer rather than professional support (1 study); and a significant but short-lived (2 weeks post-intervention) decrease in carers' psychological stress during 2 weeks of in-hospital respite care, but a decrease in activities of daily living for 8 out of 23 of the cared-for persons (1 study).

Authors' conclusions
The authors' conclusion appears to be that it is uncertain whether or not carers benefit from the interventions, or how service provision should be attempted.

CRD commentary
The review addressed a broad research question that was defined in terms of the participants, intervention and outcomes. Several relevant sources were searched and attempts were made to locate unpublished studies, thereby limiting the possibility of publication bias. Attempts were also made to minimise language bias. The authors acknowledged the possibility of missing data. Methods were used to minimise reviewer errors and bias in the grading of studies and extraction of data, but it was unclear whether similar steps were taken when selecting studies. The assessment of validity was inadequate, being limited to the grading of studies using a hierarchy of study design. In addition, the design of the included studies was not always reported clearly and the results of the individual studies were not presented in full. This means that the results from these studies and any synthesis may not be reliable. Combining the studies in a narrative was appropriate given the small number of diverse studies identified. There were limitations to this review, such as incomplete reporting of the review methods and individual studies and an inadequate assessment of study validity. However, in view of the apparent, general poor quality of the included studies, overall, the authors' conclusions about the lack of evidence appear reliable.
Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that there is a need for research into systematic reviews of qualitative research. They also stated that future research could examine what support means to carers.

Funding
Johanniterorden; School of Health and Society.

Bibliographic details

PubMedID
15147473

DOI
10.1111/j.1471-6712.2004.00269.x

Indexing Status
Subject indexing assigned by NLM

MeSH
Aged; Attitude to Health; Caregivers /psychology; Cost of Illness; Europe; Evidence-Based Medicine; Family /psychology; Fear; Health Services for the Aged; Home Care Services; Home Nursing /psychology; Hong Kong; Humans; Needs Assessment; North America; Research Design; Respite Care; Social Support; Surveys and Questionnaires; Sweden

AccessionNumber
12004005241

Date bibliographic record published
30/09/2006

Date abstract record published
30/09/2006

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.