Interventions for family members caring for an elder with dementia

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Authors' objectives
To investigate what family caregiver interventions have been tested, and to identify what features are important for nurses to consider. The review aimed to identify important issues for research and researchers.

Searching
MEDLINE, CINAHL, Social Science Index, PsycINFO, ERIC, Social Work Abstracts, the American Association of Retired Persons database and Dissertation Abstracts were searched. Manual searches of reference lists and journals were also undertaken and researchers were contacted. Non-nursing research published pre-1991 was excluded from this review.

Study selection
Study designs of evaluations included in the review
Any study that included an intervention and a control group, or used a pre-test post-test design, were eligible for inclusion.

Specific interventions included in the review
The review sought to include studies of intervention strategies designed to affect the consequences of care giving. The inclusion criterion specified an education, support and education, counselling, respite, case-management, or multi-component intervention designed to lessen the negative impact of care giving or improve the positive aspects of care giving. Studies of all of these types of interventions were identified and included in the review.

Participants included in the review
Studies of care givers of adults with dementia or with cognitive impairment were reviewed. It was unclear from the paper whether or not studies of those being cared for were also included.

Outcomes assessed in the review
The outcomes reviewed were dysphoric variables, positive psychosocial variables, perceived physical health and the rate of institutionalisation.

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

Assessment of study quality
The authors stated that each group of interventions was also evaluated for its strengths and weaknesses in design, but did not provide details of the method of evaluation. The authors do not state how the papers were assessed for validity, or how many of the reviewers performed the validity assessment.

Data extraction
The authors do not state how the data were extracted for the review, or how many of the reviewers performed the data extraction.

Methods of synthesis
How were the studies combined?
The studies were combined in a narrative summary. The studies were examined for design, sample, intervention and...
significant findings.

How were differences between studies investigated?
The studies were grouped by type of intervention.

Results of the review
Seventy-three published and unpublished studies were included in the review. The total number of participants was not reported.

Education interventions (23 studies): there was no consistent increase or decrease in most of the outcomes measured. In ten of the 23 studies, the intervention was individualised and home-based. In those studies where they were assessed, dysphoric outcomes, depression and burden were found to be decreased while knowledge, coping and life satisfaction were increased.

Support and education interventions (14 studies): of the 59 outcome variables measured only 18 showed a statistically-significant improvement in 12 of the 14 studies. The most common benefits observed were decreased burden and depression with increased knowledge.

Counselling interventions (4 studies): only 2 of the 6 outcomes in one of the four studies showed a statistically-significant benefit.

Respite interventions (16 studies): there was a significant reduction in 33% of negative outcomes. The range of respite utilised in the different studies made it difficult to interpret the findings.

Case-management interventions (6 studies): only one study found a significant benefit in one outcome (stress). The poor result was possibly due to the patients finding this type of intervention to be inflexible to their needs.

Multi-component interventions (12 studies): mixed effects on both positive and negative consequences of caregiving were found. The rate of institutionalisation was reduced in two studies.

Overall, only 32% of the interventions had a significant beneficial effect. The studies suffered from: small sample sizes; lack of sample homogeneity; lack of intervention specificity; diversity in length, duration and intensity of specific intervention strategies; poor matches between intervention and outcomes; lack of pre-screening of caregivers for level of outcome variables; and a lack of attention to matching caregiver needs to intervention strategies.

Authors' conclusions
The authors did not draw any conclusions regarding the relative effectiveness of the interventions reviewed. They concluded that it is essential to establish which interventions work under which conditions, and researchers must continue to search for the best ways to help caregivers.

CRD commentary
This review focused on the research methodology rather than the actual findings of the research. The inclusion criteria were not all clearly defined, e.g. it was unclear whether only studies of care givers were included or whether some were of the effects of care on people with cognitive impairment. The literature search was comprehensive, but other aspects of the review methodology were not reported clearly. The narrative synthesis was appropriate, especially since it was divided according to the type of intervention. However, the scope of the review was very broad and the resultant review provided only a superficial synthesis of the findings in this area of research.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors made many suggestions on how research in this area could be improved, primarily increased
sample size and sample homogeneity.

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