A systematic review of the effectiveness of psychosocial interventions for carers of people with dementia
Pusey H, Richards D

Authors' objectives
To assess the evidence of effectiveness of psychosocial interventions (PSIs) for informal carers of people with dementia.

Searching
MEDLINE, EMBASE, CINAHL, and PsycLIT were searched up to 1999. The Cochrane Library, CRIB, HMIC databases, the Science Citation Index, the Social Sciences Citation Index, Age Info, the National Research Register, Health-CD and SIGLE were also searched. In addition, relevant journals were handsearched, reference lists were checked and key researchers were contacted. The search strategy published by the Cochrane Dementia and Cognitive Impairment Group was used, combined with PSI terms.

Study selection
Study designs of evaluations included in the review
Only randomised controlled trials (RCTs) or controlled trials without randomisation, which were published in English language journals, were considered.

Specific interventions included in the review
PSIs were eligible for inclusion: interpersonal interventions concerned with the provision of information, education or emotional support, together with individual psychological interventions addressing a specific health and social care outcome. The interventions included in the review covered a wide range and were enormously heterogeneous. The reviewers grouped them into group-based interventions, individual-based interventions, service configuration, and technology-based interventions. The full list of interventions was given in the review. The control interventions were conventional care or no support.

Participants included in the review
Studies of informal carers of people living in the community were eligible.

Outcomes assessed in the review
The inclusion criteria for the review specified outcomes of psychological health (e.g. depression, guilt, anger, frustration, rage, hostility, stress, anxiety), physical health and quality of life (including perception of burden). Most of the included studies used measures of perception of burden and psychological morbidity.

How were decisions on the relevance of primary studies made?
The papers were selected according to the pre-specified inclusion criteria, but the authors do not state how many of the reviewers performed the selection.

Assessment of study quality
Methodological quality was assessed. A hierarchy was developed on the basis of study design, adequacy of sample size and attempts to reduce bias, with studies being awarded a score out of eight. The authors do not state how the papers were assessed for quality, or how many of the reviewers performed the quality assessment.

Data extraction
One reviewers extracted the data. The accuracy of this was assessed by a second reviewer for a random selection of five papers. Details of the interventions, the study quality, bias, outcomes and results were extracted.
**Methods of synthesis**

How were the studies combined?
The studies were combined in a narrative review.

How were differences between studies investigated?
The trials were grouped according to the type of intervention: group-based, individual-based, service configuration or technology-based.

**Results of the review**

Thirty studies were included in the review, of which 18 were RCTs. The number of participants was not reported.

Eighteen of the trials were RCTs, but only one had attempted to blind the participants, none were double-blind and seven had attempted to blind the outcome assessors. Most of the studies were small with nearly half having a sample size of less than 50 (overall range: 12 to 106). Most of the studies had a follow-up of less than 6 months (overall range: 0 to 2 years).

Technology-based interventions (2 trials, both USA): these studies of support via telephone and computer networks found positive effects, in terms of carer confidence, in decision-making and subjective measures of social support and knowledge.

Group-based interventions: 14 trials provided weak evidence for the effectiveness or ineffectiveness of interventions delivered in a group format.

Individual-based interventions: 9 trials provided weak evidence for the effectiveness of these interventions. There was some evidence for a reduction in depression.

Service configuration: 5 studies provided weak evidence which neither supported nor rejected the service delivery modes investigated.

**Authors' conclusions**

The methodological quality of the trials was poor. The best evidence of effectiveness was demonstrated by individualised interventions that utilised problem-solving and behaviour management. Such studies are closest to the effective model of PSIs currently used with other severe and chronic illnesses.

**CRD commentary**

This review appeared to address an appropriate question with clear inclusion and exclusion criteria. However, because of the very heterogeneous nature of the trials and the interventions studied, the resultant review was broad with very limited clinical information provided. The literature search was comprehensive for English language articles, but this may well have excluded trials based in non-English-speaking European countries, which may have made an important contribution to the review. The quality of the included studies was assessed and the results of this assessment were used in the review. It was unclear how susceptible (or otherwise) the review was to reviewer bias. The details of the primary studies were presented clearly, although more details of the carers and their relationship to those they were caring for would have been useful. The overall synthesis of the findings was useful in terms of understanding the quality of the research in this area. The authors' conclusions are, therefore, supported by the review. However, the review provides only very limited information on the clinical utility of the review findings.

**Implications of the review for practice and research**

Practice: The authors state that there is scope for developing interventions, based on the effective model of PSIs currently used with other severe and chronic illnesses, for supporting the carers of people with dementia.

Research: The authors did not state any implications for further research.
Bibliographic details

PubMedID
11511058

DOI
10.1080/13607860120038302

Indexing Status
Subject indexing assigned by NLM

MeSH
Aged; Alzheimer Disease /nursing /psychology; Caregivers /psychology; Home Nursing /psychology; Humans; Outcome and Process Assessment (Health Care); Randomized Controlled Trials as Topic; Social Support

AccessionNumber
12002005034

Date bibliographic record published
30/11/2003

Date abstract record published
30/11/2003

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.