Appendix

**Table 1**

*Search Strategy*

|  |  |  |
| --- | --- | --- |
| Database |  | Search String |
| MEDLINE | “caregivers” MH, “dementia” MH, “Alzheimer’s disease” MH, “cognitive dysfunction” MH, (1)“dementia” OR “Alzheimer’s disease” OR “cognitive dysfunction”, (2)“caregivers” AND “dementia” OR “Alzheimer’s disease” OR “cognitive dysfunction”, (3)“systematic review” MH, combined search (1), (2) and (3) |   |
| CINAHL | “caregivers” MH, “dementia” MH, “Alzheimer’s disease” MH, “cognitive dysfunction” MH, (1)“dementia” OR “Alzheimer’s disease” OR “cognitive dysfunction”, (2)“caregivers” AND “dementia” OR “Alzheimer’s disease” OR “cognitive dysfunction”, (3)“systematic review” MH, combined search (1), (2) and (3)  |  |   |
| EMBASE | “caregivers” MH, “dementia” MH, “Alzheimer’s disease” MH, “cognitive dysfunction” MH, (1)“dementia” OR “Alzheimer’s disease” OR “Cognitive Dysfunction”, (2)“caregivers” AND “dementia” OR “Alzheimer’s disease” OR “cognitive dysfunction”, (3) “systematic review”, combined search (1), (2) and (3)  |  |

**Table 2**

*Inclusion and Exclusion Criteria*

|  |  |
| --- | --- |
|  Inclusion | Exclusion |
| English LanguageSystematic ReviewReported outcomes for an intervention for caregivers of older persons living with demenatiaArticles available during the search period from September 2020 to December 2020 | Reviews addressing needs of caregivers when the care recipient is being transferred to long-term care.Reviews that targeted person living with dementia.Reviews focused specifically on grief and bereavement of caregivers.Reviews specific to early onset dementia.Reviews focused on a specific subset of the caregiver population (e.g., ethnicity specific, veterans, community specific).Reviews that focused only on professionally-delivered interventions (e.g., mental health interventions).Reviews published during or after the year 2000 |

**Figure 1**

*Prisma Flow Diagram*

*\*The search was conducted over a four month period from September 2020 to December 2020*



**Table 3**

*Intervention Categories*

|  |  |
| --- | --- |
| INTERVENTION CATEGORY | INTERVENTIONS MENTIONED IN SYSTEMATIC REVIEWS |
| PSYCHOSOCIAL INTERVENTIONS | Support groups, role play, counselling, stress and mood management, CBT, general social support, befriending, peer support, respite |
| KEY WORKERS  | Admiral nurses, guidance by a coach, professionals, volunteers |
| TECHNOLOGY BASED INTERVENTIONS | Any type of intervention administered electronically, telephone based supports, e-health, computer based |
| MULTICOMPONENT INTERVENTIONS | Interventions that utilize more than 1 form of intervention together |
| CASE MANAGEMENT/CARE COORDINATION  | Case management, care coordination |
| PSYCHOEDUCATIONAL INTERVENTIONS | Interventions providing people with information (about their personal needs, and the care-recipient’s needs), social skills training |
| EXERCISE AND HEALTH PROMOTION | Complimentary and alternative medicine (CAM) therapy, healing touch (e.g. registered massage therapist), yoga, meditation, aerobics, strength, balance, occupational therapy |

**Table 4**

*Outcome Categories*

|  |  |
| --- | --- |
| Outcome Categories | Outcomes Mentioned in Systematic Reviews  |
| Burden  | Burden, stress |
| Depression and Anxiety | Depressive symptoms, depression, anxiety, depressive symptoms and anxiety, psychological morbidity |
| Social Outcomes | Social support, support needs, being supported, reduced isolation, loneliness |
| Knowledge and Skills | Sense of competence, mastery, educational needs, knowledge, ability/knowledge, receiving accessible and personalized information, being trained and educated to care for beloved with dementia, sense of competence, decision making confidence, self-efficacy, self-esteem, ability to continue with caring role, self-efficacy |
| Health and Well-Being | Physical well-being, mental well-being, general health or well-being, subjective well-being, psychosocial well-being, neuropsychiatric symptoms, mood |
| Quality of Life | Balance between caregiver and care-recipient needs, positive aspects of caregiving |
| Healthcare Services Utilization (caregivers and care-recipients)  | Time for the care recipient to be institutionalized, move into long-term care, hospitalizations, number of volunteer visits |

**Supplementary Material**

*Data Extraction Table*

*\*19 articles*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Authors | Purpose | Included Study Designs | Presentation of Findings | Evaluated Outcomes | Evaluated Interventions | Sample | Data Collection | Findings | Limitations |
| Abrahams et al., 2018 | To evaluate the effectiveness of multicomponent interventions on four outcomes for co-residing family caregivers of people with dementia. | Randomized control trials | Quantiative and qualitative data presented separately. A qualitative analysis of 22 articles and a meta-analysis of 15 articles were conducted | Burden, depression and anxiety, social outcomes, health and well-being | Psychosocial interventions, multicomponent interventions, exercise and health promotion | Literature search using: CINAHL, MEDLINE, PubMed, PsycINFO, OTseeker, EMBASE and the Cochrane library.22 studies were included and 15 studies were used for the meta-analysis | Inclusion criteria: 1) study participants had to be informal family caregivers of people with any type and stage of dementia. Studies were excluded if they reported that caregivers did not live with their care recipient; 2) eligible experimental interventions using multiple components targeted at family caregivers provided by occupational therapists or other health practitioners; 3) only RCTs that reported on family caregiver interventions with a comparative control were included; 4) studies had to provide outcome data on at least outcome of: burden, depression, health and social support of caregivers of people with dementia; 5) community settings – studies completed in institutional settings were excluded; 6) only studies published in English were included | Many types of multicomponent interventions appear beneficial on all of the four specified outcomes. The literature presents a trend that multicomponent interventions consisting of a combination of counselling, support groups, education, stress and mood management through telephone support are important strategies within an effective multicomponent intervention | Only included published studies and data. This could present a potential publication bias. This review did not conclude what specific experimental components should be implemented into practice. |
| Boots et al., 2013 | To provide an overview of the evidence for the effectiveness, feasibility, and quality of internet interventions for informal caregivers of people with dementia. | Quantitative and qualitative | Quantiative and qualitative data presented separately | Burden, depression and anxiety, knowledge and skills | Key workers, technology-based intervention, multicomponent, education and skills training | Literature search using: PubMed, PsychINFO, CINAHL, Web of Science, Cochrane Library; references listed in the reviewed papers and meta-analyses12 studies were includedStudy quality assessed according to the Cochrane level of evidence and the criteria list of the Cochrane Back Review Group | Inclusion criteria: 1) reported the effects of an intervention; 2) were internet-based; 3) were aimed at informal caregivers; 4) people with mild cognitive impairment/dementia.Exclusion criteria: 1) papers were excluded if the intervention was solely aimed at the person with dementia instead of the caregiver. | The results demonstrate that internet interventions for informal dementia caregivers can improve various aspects of caregiver well-being, for example, confidence, depression and self-efficacy, provided they comprise multiple components and are tailored to the individual. Furthermore, caregivers could benefit from interaction with a coach and other caregivers. | The methodological quality of the majority of the included studies was limited. The included studies consisted of complex and inconsistent interventions and designs, making pooling of the data impossible and difficult to compare the outcomes of the studies |
| Bunn et al., 2015 | To synthesize the literature on the scope and effectiveness of specialist nurses, known as Admiral Nurses, and set this evidence in the context of other community-based initiatives to support family carers of people with dementia | Empirical research, descriptive reports and systematic reviews | Qualitative and quantitative data presented together in a thematic analysis  | Burden, depression and anxiety, health and well-being, healthcare services utilization  | Psychosocial interventions, key workers, multicomponent, case mamangement/care coordination, education and skills training  | Searched electronic databases, undertook lateral searches and contacted experts. 33 items were included | Inclusion of items that included one or more of the following: assessment, the provision of information and advice, emotional and psychological support, practical support and collaboration with other professional and organizations to co-ordinate care provision. Also included were any outcomes relating to carer physical and mental well-being, and outcomes relating to hospital admission or move into long-term care for the person with dementia. They excluded reviews that focused on residential or secondary care settings or that did not report any carer outcomes. | Evidence is mixed about what types of interventions support family carers of people with dementia, but the strongest evidence is for multifactorial interventions. It is not possible to demonstrate from the review that Admiral Nursing contribution is more or less effective than other services designed to support family carers of people with dementia, but the service they offer appears consistent with what the evidence indicates carers want and appreciate. | There is limited peer-reviewed research on this topic. Most of the literature reviewed is descriptive and provides little evidence of which interventions are effective and how community support for people with dementia and their carers should best be delivered. |
| Cheng et al., 2020 | To conduct a systematic review and meta-analysis comparing the effects of 131 randomized controlled trials published between 2006 and mid-2018, for dementia caregivers with community-dwelling care-recipients. | Randomized controlled trials | Focus on quantitative findings of RCTs with some discussion of qualitative findings  | Burden, depression and anxiety, social outcomes, knowledge and skills, health and well-being | Psychosocial interventions, multicomponent, case management/care coordination, education and skills training | Literature search using PsycINFO, MEDLINE, and CINAHL 350 postintervention effect sizes in 128 studies and 155 follow-up effect sizes in 55 studies were computed | Inclusion criteria: 1) to report an RCT or a cluster-RCT that target caregivers or caregiver-care recipient dyads, with one or more of these outcomes about the caregiver analyzed: burden, stress, depressive symptoms, anxiety, subjective well-being, physical health, social support, positive aspects of caregiving and ability/knowledge Exclusion criteria: 1) care recipient having mixed conditions; 2) care recipient deceased or living in institutions; 3) data on formal caregivers only; 4) pharmacological interventions; 5) studies without information on effect sizes; 6) non-English articles | Post-intervention effects were significant for all outcomes when all interventions are pooled together. Follow-up effects were found for all outcomes, except physical health and positive aspects of caregiving. Educational programs with psychotherapeutic components, counselling/psychotherapy, and mindfulness-based interventions had the strongest effects on reducing depressive symptoms. Multicomponent and miscellaneous interventions had the largest effects on reduction of burden/stress. Multicomponent and mindfulness-based interventions had the largest effects on enhancing subjective well-being. | This review did not include literature examining caregivers of institutionalized relatives. Literature screening was done by one person. Although the Cochrane risk-of-bias tool is widely accepted in the field, it is not the most comprehensive tool for this purpose. The random-effect meta-regression analyses had low statistical power considering the ratio between the number of predictors and the number of studies. |
| Cooke et al., 2001 | To first identify the type of components that have been utilized in psychosocial/psycho-educational interventions for dementia caregivers, and to evaluate the success of the different components or combination of components in producing positive outcomes for dementia caregivers. | Quantitative studies | Quantitative only  | Burden, social outcomes, health and well-being  | Psychosocial interventions, key workers, multicomponent, education and skills training | Literature search using PsycLit, MedLine, the Institute for Scientific Information science citation and social science citation indexes, Embase and the Cochrane Library 40 studies were included | Inclusion criteria: 1) Quantitative evaluation of the effectiveness of a psychosocial intervention for caregivers of people with dementia; 2) focus on improving the caregivers’ psychological well-being and/or social well-being directly. Exclusion criteria: 1) Interventions directed primarily at the care-recipient or those targeted exclusively at improving caregivers’ practical caring skills; 2) studies assessing the effect of respite care on the caregiver unless they also intervened directly with the caregiver; 3) studies that did not stipulate the care-recipient’s illness or included care-recipients with illnesses other than dementia; 4) research papers that simply described psychosocial interventions for dementia caregivers without providing an analysis of outcome using standardized measures; 5) studies that relied exclusively upon caregivers’ reports of their levels of satisfaction with the interventions as an outcome measure; 6) case studies and non-English language studies. | Approximately two-thirds of the interventions did not show improvements in any outcome measures. Among those studies, which did demonstrate improvements, the inclusion of social components or a combination of social and cognitive components seemed to be relatively effective | Study analyses were based on small numbers and the review was limited by methodological issues (e.g., poor description of interventions). |
| Corbett et al., 2011 | To determine whether information services confer significant benefit for quality of life, neuropsychiatric symptoms and carer burden. | Randomized controlled trials | Quantitative only | Burden, quality of life  | Technology-based intervention, education and skills training  | 13 studies were included | Inclusion criteria: 1) studies focusing on a service intervention with information provision as a key service component and provided standardized outcome assessments for either people with dementia or their caregivers. Exclusion criteria: studies that focused predominantly on specialized interventions or very intensive interventions where information provision was a minor component were excluded. | Two of the three studies measuring quality of life indicated benefit. Significant benefits were also evident for neuropsychiatric symptoms but not carer burden. Most interventions included other key elements such as skills training, telephone support, and direct help to navigate the medical and care system. There is some support for the value of information services, but studies are needed to determine the specific elements that are effective. | The heterogeneity of outcome measures and timescales employed in this field makes meta-analysis of research findings challenging. |
| Dam et al., 2016 | To synthesize findings from research on social support interventions, and examine their methodological quality and effectiveness on caregiver social support and well-being variables. | Randomized controlled trials, pilot studies and qualitative studies. | Quantitative and qualitative findings presented separately | Burden, depression and anxiety, social outcomes, knowledge and skills, quality of life | Psychosocial interventions, multicomponent | Literature search using PubMed, PsychINFO, CINAHL, Web of Science and the Cochrane Library 39 papers were included | Papers were selected when the primary aim of the intervention was to improve social support. Quality of papers was assessed by the Level of Evidence grade and the criteria list from the Cochrane Back Review Group. | Although multi-component social support interventions may improve caregiver well-being, there is insufficient evidence to conclude whether a change in social support is the underlying mediating factor. The inclusion, validation, and operationalization of caregiver social support measures deserve more attention. | Many scales to measure social support outcomes differ and make it challenging to compare the findings in the articles. |
| Deeken et al., 2019 | To estimate the efficacy of technology-based interventions for informal caregivers of people with dementia. | Randomized controlled trials | Quantitative only  | Burden, depression and anxiety | Psychosocial interventions, technology-based intervention, multicomponent, education and skills training | Literature search using PubMed, PsychINFO, and Cochrane Library 33 randomized controlled trials were included | Inclusion criteria: 1) randomized controlled trial; 2) participants were informal unpaid caregivers of people with dementia living in their own home; 3) the intervention was mainly directed at the caregiver, with studies with an intervention solely aimed at the person with dementia excluded; 4) the main part of the intervention was technology-based, including internet, telephone, DVD/video, and computer-mediated interventions; 5) the study used at least one quantitative measurement to estimate caregiver burden or depression and studies examining the feasibility, user friendliness, or convenience of an intervention only were excluded; 6) comparators were usual care, a nontechnology-based intervention, or a second technology-based intervention, which was used as a comparison or any other type of control intervention The Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines were followed | Meta-analyses revealed a small but significant postintervention effect of technology-based interventions for caregiver depression and caregiver burden. Combined interventions showed the strongest effects. | The heterogeneity of the interventions in terms of implementation, content, dose, and study population affects the generalizability of the findings. It is not clear which part of the intervention specifically led to the observed effect. Subgroup analyses for different types of interventions were the only ones conducted. |
| Goeman et al., 2016 | To conduct a systematic review of international literature on key worker type support roles to identify essential components and ascertain how the role can be best utilised to assist community-dwelling people with dementia and their carers. | Quantitative and qualitative studies | Quantitative and qualitative findings presented separately | Burden, social outcomes, quality of life, health and well-being, healthcare services utilization | Key workers | Literature search using Medline, PsychINFO, CINAHL, internet, expert consultation and reference lists of included studies 36 studies were included | Inclusion criteria: 1) research papers written in English; 2) published between January 2003 and December 2014; 3) articles that examined key worker type support roles (case managers, care managers, support workers, admiral nurses, link workers, key workers, counselling roles and team based/multi-agency/integrated care roles) for people with dementia living at home and carers of people with dementia living at home. | Essential components of interventions that were shared across support worker models demonstrated a positive impact on carer burden and improved quality of life. These components included: long-term interventions, face-to-face contact, individualized education and support based on needs, multi-disciplinary teams, collaborative input, health/clinical background of support workers, ongoing follow-up and inter professional and inter-sectoral collaborations. | It was not possible to conduct a meta-analysis of results due to the heterogeneity of the articles and the interventions. It is possible that some studies were not identified as a result of the search terms that were used in each database. |
| Hopwood et al., 2018 | To identify the key components of existing internet-based interventions designed to support family caregivers of people with dementia, to develop an understanding of which components are most valued by caregivers, and to consider the evidence of effectiveness of internet-based interventions designed to support family caregivers of people with dementia. | Randomized control trials, quasi-experimental designs (pre-post studies), quantitative studies, and qualitative studies | Quantitative and qualitative data presented together as a narrative synthesis and thematic analysis  | Burden, depression and anxiety, health and well-being | Psychosocial interventions, technology-based intervention, multicomponent, education and skills training | Literature search following the guidelines from the Centre for Reviews and Dissemination 40 studies were included | Inclusion criteria: 1) the intervention was aimed at informal caregivers of people with dementia; 2) the intervention was a digital intervention delivered via the internet; 3) the article considered a specific intervention and provided a description of this. Exclusion criteria: 1) the intervention was telephone or telehealth based; 2) the interventions solely used Skype or another means of online calling; 3) the intervention had a large face-to-face component; 4) results or outcomes of the intervention were not reported; 5) the intervention was focused on the person with dementia; 6) the study was not published in a peer-reviewed journal. | Most studies suggested that interventions may be beneficial to family caregiver well-being, including positive impacts on depression, anxiety and burden. Particular benefit came from psychological support provided online, where several small randomized controlled trials suggested improvements in caregiver mental health. Provision of information online was most beneficial when tailored specifically for the individual and used as part of a multicomponent intervention. Peer support provided in online groups was appreciated by most participants and showed positive effects on stress. Finally, online contact with a professional was appreciated by caregivers, who valued easy access to personalized practical advice and emotional support, leading to a reduction in burden and strain. | A comparison between studies was difficult, as the interventions used were complex and varied, with wide-ranging study designs and outcome measures. The review was limited by the quality of some of the studies and the methods employed. |
| Kishita et al., 2018 | To update the literature on interventions for carers of people with dementia published between 2006 and 2016 and evaluate the efficacy of psychoeducational programs and psychotherapeutic interventions on key mental health outcomes (depression, anxiety, burden, and quality of life). | Randomized control trials | Quantitative only | Burden, depression and anxiety, health and well-being | Psychosocial interventions, technology-based intervention, multicomponent, education and skills training | Literature search using MEDLINE, PsychINFO, Scopus, and Cochrane Central Register of Controlled Trials  | Inclusion criteria: if the studies recruited dementia family carers, randomized participants to either a treatment condition or a non-active control condition, reported the efficacy of an intervention on either depression, anxiety, or burden as a primary outcome, were published in peer-reviewed journals, were written in English and were published after 2006 Exclusion criteria: if the studies provided an intervention to both carers and care recipients, reported data that overlapped with data from other included studies. | The updated evidence suggested that psychoeducation skill- building interventions delivered face-to-face can better impact on burden. Psychotherapeutic interventions underpinned by CBT models demonstrated strong empirical support for treating anxiety and depression and these effects were not affected by the mode of delivery. A modern CBT approach, Acceptance and Commitment Therapy, seemed to be particularly beneficial for carers experiencing high levels of anxiety. | The literature search was conducted using four major electronic databases and no hand search was performed, which could have resulted in missing some relevant papers. Study quality was not assessed using a standardized tool, and only key potential moderator variables were evaluated. |
| Lee et al., 2019 | To evaluate the effectiveness of different types of psychosocial interventions on the health-related quality of life (HRQOL) among caregivers of individuals with dementia and to present an overview and assessment of the quality of the most recent intervention studies. | Randomized control trials | Quantitative only | Quality of life | Psychosocial interventions, multicomponent, case mamangement/care coordination, exercise and health promotion | Literature search using MEDLINE, CINAHL, PsychINFO and Cochrane Library electronic databases 26 studies were included | Inclusion criteria: 1) participants were caregivers who provided unpaid care for their relatives, friends or neighbours; 2) care recipients had dementia, Alzheimer’s disease or mild cognitive impairment; 3) care recipients were residing in the community; 4) studies used an RCT design where participants were randomly assigned to either the treatment of the control group; 5) studies examined the effectiveness of an intervention on caregiver HRQOL; 6) studies reported adequate data to compute an effect size such as means, standard deviations; 7) studies were published in an academic journal; 8) studies that were written in English. | Multicomponent interventions addressing complex and various caregivers’ needs were found as an effective method for enhancing caregiver HRQOL. Thus, it is recommended that healthcare providers consider multicomponent interventions to enhance caregiver HRQOL. Improved caregivers’ HRQOL will contribute to enhanced well-being for caregivers and may in turn enhance the quality of care for persons with dementia. | The Effer’s t-test suggested a possible publication bias, indicating that the calculated effect sizes might have been inflated. The intervention effectiveness was only investigated on global HRQOL scores rather than each sub-dimensional HRQOL score. The interventions require standardization to be applicable in clinical settings. There was a small amount of studies in each category. |
| Leven et al., 2013 | To study the effects of dyadic psychosocial interventions focused on community-dwelling people with dementia and their family caregivers, and the relationship of the effects with intervention components of programs. | Randomized control trials | Quantitative only | Burden, quality of life, health and well-being  | Psychosocial interventions, multicomponent, case management/care coordination, educationa nd skills training, exercise and health promotion | Literature search (databases not provided) | Assessed the methodological quality using the Cochrane criteria and two items of the Oxford Centre of Evidence-based Medicine guidelines. Specific inclusion and exclusion criteria were not provided. | Dyadic psychosocial programs are effective, but the outcomes for the person with dementia and the caregiver vary. More attention is needed for matching the targeted functional domains, intervention components, and delivery characteristics of a program with the needs of the person with dementia and the family caregiver. | There were significant differences in the programs and studies reviewed. The combination of validated measurement instruments that were used, and the duration of the programs were different among studies. Therefore, generic conclusions about the program that works best cannot be made. |
| McKechnie et al., 2014 | To evaluate the outcomes of computer-mediated interventions for caregivers of older adults with dementia | Empirical research | Quantitative only  | Burden, depression and anxiety, social outcomes, knowledge and skills, quality of life, health and well-being  | Psychosocial interventions, technology-based intervention, multicomponent, education and skills training  | Literature search using PsychINFO, MEDLINE and CINAHL 14 empirical studies were included | A systematic review using a modified version of Downs and Black’s (1998) checklist. | Most studies found that interventions had an effect on carer burden/stress and depression. Some studies also found that anxiety was reduced following the intervention. Positive aspects of caring such as carer self-efficacy were also increased. There were mixed results in relation to social support. Physical aspects of caring did not seem to be affected. Program impact measures indicated general acceptability of these interventions. | Many of the studies reviewed had poorly defined aims, many did not have control groups, a number were underpowered and follow-up periods were often short. |
| Parra-Vidales et al., 2017 | To conduct a systematic review of studies related to web-based interventions for informal caregivers of people with dementia or cognitive impairment | Quantitative and qualitative | Quantitative and qualitative data presented together | Depression and anxiety, knowledge and skills, health and well-being | Psychosocial interventions, technology-based intervention, education and skills training  | Literature search using Pubmed, PsyINFO, Scopus, SCIELO and Psicodoc databases7 studies were included | A systematic review of studies using the PRISMA quality criteria for bibliographic reviews. | The studies show a significant improvement after the psychoeducational interventions. Specifically, the improvement in caregivers’ wellbeing can be observed in the measures for self-efficacy, anxiety and depression. | Many of the studies examined used different software for interventions, which can impact the usability and implementation of the findings. There may be significant heterogeneity among the study findings. |
| Smith & Greenwood, 2014 | To examine the differences and similarities between the various types of volunteer mentoring (befriending, mentoring and peer support) and to identify the benefits for carers and volunteers. | Quantitative, qualitative and mixed-methods | Quantitative and qualitative data presented separately  | Burden, depression and anxiety, social outcomes, health and well-being  | Psychosocial interventions, key workers, technology-based intervention | Literature search using 8 electronic databases, gray literature, and reference list searching of relevant systematic reviews 4 studies were included | Inclusion criteria: 1) if the person being cared for had a diagnosis of dementia; 2) the intervention was delivered by volunteers on a one-to-one basis; 3) the articles were written in English. Exclusion criteria: 1) if it was not possible to identify whether the main effects were due to volunteer mentoring; 2) the interventions were not clearly identified as befriending, mentoring, or peer support; 3) less than 50% of the participants were carers of people with dementia; 4) review articles, conference papers and dissertations were excluded. | There is little quantitative evidence that volunteer mentoring improves outcomes for carers of people with dementia. Qualitative evidence shows carers value volunteer mentoring and opportunities to talk about their experiences. The lack of need for matching and the importance of experiential similarity are significant issues that need further investigation. There is a lack of demonstrated efficacy for interventions for carers of people with dementia. | The lack of published and unpublished research, which resulted in only 4 studies being included, influences the power of the conclusions that can be drawn from the results. |
| Smits et al., 2007 | To review the evidence for effects of combined intervention programmes for both the informal caregiver and the person with dementia. | Qualitative, quantitative and systematic reviews | Quantiative and qualitative findings are presented together as findings are organized by outcomes | Burden, depression and anxiety, quality of life, health and well-being | Multicomponent | Literature search on Medline and Psychinfo 25 articles were included | Inclusion criteria: intervention aimed at both caregiver and person with dementia (resulting in personal contacts between care professional, caregiver and person with dementia), caregiver and person with dementia living in their own homes; older adult living with dementia, report of effect study. | Caregiver general mental health is positively affected by combined programmes. The findings for other mental health outcomes, such as depressive symptoms, well-being and for burden are not conclusive. Competence has been addressed in more recent years than aspects of mental health and burden. The combined programmes may be promising for the competence of some subgroups, in particular women and minority caregivers. Almost half of the combined programmes benefit both caregiver and person with dementia. | There is a limited number and varying quality of the available studies. Heterogeneity in instruments and follow-up measurement points in similar target groups. |
| Thompson et al., 2007 | To examine whether information and support interventions improve the quality of life of people caring for someone with dementia. | Randomized control trials | Quantitative only | Burden, depression and anxiety  | Psychosocial intervention, technology-based intervention, education and skills training  | Literature search of the Specialized Register of the Cochrane Dementia and Cognitive Improvement Group (24 databases searched) | Inclusion criteria: randomized controlled trials, study participants were principal informal caregivers (not a paid professional) and care recipient (diagnosed with dementia) dyad living in the community, outcomes focused on caregivers, persons with dementia, health service utilization, and economics. | There is no evidence that information and support-based interventions for caregivers of people with dementia are uniformly effective. Very limited evidence exists supporting the argument that information and support, in the context of group psychoeducational approaches, might have a statistically significant positive effect on depression. Despite the statistical significance, the clinical significance of the improvement remains uncertain as does the relationship to possible harms.  | Focused only on randomized control trials, which may potentially exclude the non-random, quasi-experimental, evidence available. These studies could have clues regarding the underlying effects of interventions. |
| Vandepitte et al., 2016 | To conduct a general systematic review investigating the effectiveness of different supportive strategies on at least the well-being of the caregiver or the care-recipient. | Qualitative and quantitative studies | Quantitative and qualitative findings were presented separately | Burden, depression and anxiety, knowledge and skills, health and well-being, healthcare services utilization  | Psychosocial interventions, multicomponent, education and skills training, exercise and health promotion | Literature search using MeSH terms on Web of Science and PubMed 53 articles were included | A systematic review using an adapted version of the Downs and Black’s (1998) checklist to assess methodological quality. | Generally, 87% of the interventions were effective to some extent. Interventions that were tailored to the individual generated better outcomes. | The methods and findings from papers were inconsistent making it challenging to compare among studies and summarize findings.  |

*Brief Review Checklist*

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| Key Aspects of Brief Review | Considerations/Recommendations |
| Research question | The research question should be clearly stated and any decision to limit the treatment conditions and outcome measures should be explained. |
| Inclusion criteria | An explanation of the inclusion and exclusion criteria should be provided, noting whether the review will be limited by time, source, location, context or methodological quality, If only a sample of studies is to be included, provdeures to ensure representativeness should be noted. |
| Search strategies | The electronic and other (eg branching) search strategies should be explicitly stated so it is clear how the review is comprehensive and free from bias. |
| Inter-rater agreement | The review should describe the steps taken to ensure inter-rater agreement during the phases of study identification, calculation of effects and coding of study features (if applicable). |
| Effect extraction | The review should describe whether and how variability among studies was explored, and if not, why not. |
| Study features | Interventions providing people with information (about their personal needs, and the care-recipient’s needs), social skills training |
| Analysis | Measures of central tendency and variability should be reported. The heterogeneity of effects should be noted. |
| Interpretation and implications | The review should contain a clear set of conclusions and implications (eg for theory, for policy and/or for practice). |
| Cautions and limitations | The conclusion should outline the ways in which a brief review differs from a comprehensive review, especially the limitations of the brief review methodology and the risk associated with the truthfulness of the brief review findings. |
| Other | Sources of evidence (ie publication information) should be available, but not necessarily included in the report of the brief review. |

Abrami, P. C., Borokhovski, E., Bernard, R. M., Wade, C. A., Tamim, R., Persson, T., Bethel, E. C., Hanz, K., & Surkes, M. A. (2010). Issues in conducting

and disseminating brief reviews of evidence. Evidence & Policy: A Journal of Research, Debate and Practice, 6(3), 371-389.

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