Education-based interventions for informal carers of people with dementia: a meta-analysis
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Citation

Review question
Are education-based interventions for informal carers of people with dementia effective?

Searches
The following databases were searched: the Cochrane Database of Systematic Reviews (CDSR); MEDLINE; PsycINFO; PsycARTICLES; the Cumulative Index to Nursing and Allied Health Literature (CINAHL); the Allied and Complementary Medicine Database (AMED); PubMed; EBSCOhost; the British Education Index; and, the Education Resources Information Center (ERIC).
The databases were initially searched from inception to September 2014 and later updated in November 2016 and September 2018. Reference lists from the articles identified are also scanned to ensure identification and inclusion of all relevant studies. Only studies published in English will be considered.

Types of study to be included
Studies that include a comparison control group.

Condition or domain being studied
Health and well-being of informal carers of people with dementia.

Participants/population
Informal carers (unpaid, family members or friends) of people with dementia. Studies targeting both carers and their care-recipients will also be included, but studies targeting only people with dementia will be excluded.

Intervention(s), exposure(s)
Education-based interventions aiming to improve outcomes for informal carers of people with dementia, including education only interventions, psychoeducational interventions and/or multicomponent interventions.

Comparator(s)/control
Comparators will be those used within the individual studies (i.e. usual care, alternative interventions, wait-list control, etc.).

Context

Main outcome(s)
Any changes in carer-related outcomes, such as quality of life, self-efficacy, burden, depression, etc.

Additional outcome(s)
For intervention studies targeting the person with dementia as well, patient-related outcomes (e.g. quality of life, functional status, institutionalisation, etc.) will be included as well.

Data extraction (selection and coding)
All studies will be screened and reviewed by two independent reviewers in line with the inclusion criteria. Any possible discrepancies between the reviewers will be resolved by discussion and consensus, and in consultation with a third reviewer if needed.
A standardised form (National Institute for Health and Clinical Excellence public health guidance) will be
used to extract data from the included studies. One reviewer will undertake data extraction for each study, with a second reviewer crosschecking the extracted data. The following information will be extracted from each study: participant characteristics (gender, age, ethnicity, relationship to care-recipient, other relevant demographics), study characteristics (country of conduct, year, type of intervention, comparison group, length, intensity and follow-up, randomisation, blinding, attrition), outcomes (changes in outcomes specified in each individual study, such as depression levels, burden, quality of life, etc.), and outcome measures (e.g. MMSE, HADS, BDI, etc.). If any of the data presented in the papers is unclear or missing, the authors of primary studies will be contacted for clarification.

Risk of bias (quality) assessment
Two reviewers will independently assess the risk of bias within the included studies using the quality criteria proposed by the National Institute for Health and Clinical Excellence public health (intervention and programme) guidance. Accordingly, quality criteria for appraisal of the studies will include follow-up, attrition rates, blinding of researchers, randomisation methods & procedures, selective reporting of outcomes, and publication bias.
Any disagreements between the reviewers will be resolved by discussion and consensus, and in consultation with a third reviewer if needed.

Strategy for data synthesis
A narrative synthesis will be created from the included studies structured around the type of intervention (education only, psychoeducation, multicomponent), population targeted (carer, or carer and care-recipient at the same time) and outcome reported (e.g. burden, depression). Where there are sufficient homogeneous data, we will pool the results using a random-effects meta-analysis, with standardised mean differences for continuous outcomes and risk ratios for binary outcomes. We will consider an I² value greater than 40% indicative of substantial heterogeneity.

Analysis of subgroups or subsets
Where possible sub-group analysis will be performed based on intervention characteristics.

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Anticipated or actual start date
01 September 2014

Anticipated completion date
31 May 2019

Funding sources/sponsors
University of Lincoln

Conflicts of interest
None known

Language
English
Country
England

Stage of review
Review Ongoing (This review is currently being updated as we have decided to conduct a full meta-analysis instead of a narrative synthesis.)

Subject index terms status
Subject indexing assigned by CRD

Subject index terms
Alzheimer Disease; Caregivers; Dementia; Education; Humans; Psychology

Date of registration in PROSPERO
30 October 2014

Date of publication of this version
30 October 2018

Details of any existing review of the same topic by the same authors

Stage of review at time of this submission

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<td>Formal screening of search results against eligibility criteria</td>
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<td>Data extraction</td>
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Versions
30 October 2014
30 October 2018

PROSPERO
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