Psychological Interventions for Caregivers of Older Adults: A Systematic Review  
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BACKGROUND: Psychoeducational interventions are structured programs designed to train caregivers to effectively deal with problems associated with caregiving, in addition to providing information about available resources and services. By teaching specific psychological skills to manage stress on an ongoing basis, such interventions could improve caregiver depression, caregiver burden, the level of perceived stress, anxiety, and coping skills. The objective of this systematic review is to assess the effects of psychoeducational interventions compared to the standard levels of knowledge provision in enhancing the support and guidance offered to caregivers of older adults.

METHODS: Electronic searches of Medline, the Excerpta Medica Database (EMBASE), the Cochrane Central Register of Controlled Trials (CCTR), the Cumulative Index to Nursing and Allied Health Literature (CINAHL), and PsycINFO were undertaken. These were supplemented by cross-reference searching. All relevant randomized controlled trials focusing on psychoeducational intervention for care of older adults were selected. Quasi-randomized trials, non-randomized trials and observational studies were excluded. Relevant data were extracted from included papers. The risk of bias in the included studies was assessed using the following standard criteria according to the methodology used by the Cochrane Collaboration: allocation concealment, blinding, incomplete outcome data, selective reporting, and other potential sources of bias. Data from all trials were synthesized and summarized.

RESULTS: All randomized controlled trials included in this systematic review involved care of older adults with dementia. Two factors which could potentially increase the risk of bias in some of the included studies were identified: (1) Inadequate reporting of incomplete outcome data increases the risk of attrition bias; (2) Failure to report allocation concealment led to difficulty in judging the risk of selection bias. The studies were different in many ways including nature of intervention, duration of intervention and tools used for measurement of outcomes. Marked heterogeneity of interventions and outcome measures among the included studies precluded pooling of data. Hence, meta-analysis could not be conducted to calculate the estimate of effect size. Generally, however, findings were consistent with the probability that psycho-educational intervention has a positive effect on caregiver depression. There is also a possibility that psychoeducational intervention has positive effects on caregiver burden, coping, perceived stress, and anxiety but the effects were not consistent across the studies. Most of the intervention programs resulted in improvement of some domains of caregiver outcomes rather than globally.

CONCLUSIONS: Evidence from randomized controlled trials suggests that psychoeducational interventions could be useful and that interventions should be customized in accordance with the particular needs of the individual caregivers of older adults with dementia. Lack of consistency of beneficial effects on some outcomes across different studies and the potential risks for selection and attrition bias prohibit us from drawing firm
conclusions. Customizing interventions in accordance with the particular needs of the individual caregivers may be helpful. More well-designed, conducted and reported randomized studies investigating the effectiveness of psychoeducational interventions are needed.