

Getting better, but we still need good quality research on outcomes of postdiagnostic dementia support in low-income countries

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Commentary on: Chen F, Hu Z, Li Q, Zheng X, Li M, Salcher-Konrad M, Comas-Herrera A, Knapp M, Shi C; STRiDE consortium. Effectiveness of Interventions to Support Carers of People With Dementia in Low- and Middle-Income Countries: A Systematic Review and Meta-Analysis. *Int J Geriatr Psychiatry*. 2025 Mar;40(3):e70054. <https://doi:10.1002/gps.70054>

Implications for practice and research

- ▶ All clinical interventions for people with dementia and their family carers need to be culturally tailored.
- ▶ Similarly, research for this population also needs to be culturally tailored approaches, with high-quality randomised controlled trials urgently required.

Context

Many people with dementia are supported by family carers. Care provided can create conflict for carers between placing the needs of the person with dementia as a primary focus and in recognising and meeting their own needs. This conflict can often induce additional stressors, over and above that of caring, that can negatively impact their own mental and physical well-being. It is suggested that carers in low-income and middle-income countries (LMICs) may face greater challenges than those in high-income countries (HICs) due to lower income and dearth of available formal services and support. While interventions are effective in some HICs, such as STRategies for RelaTives (START),¹ evidence for effective interventions in LMICs is not well understood. This may in part be due to the different cultural and contextual differences across different countries and continents. Thus, the aim of this study was to consider the transferability and efficacy of interventions across HICs and LMICs.

Methods

Chen and colleagues² conducted a systematic review and meta-analysis of data analysed as part of the Strengthening responses to dementia in developing countries (STRiDE) programme. The purpose of STRiDE was to map dementia intervention studies in LMICs from 2008 to 2018. Adding to this earlier work, Chen *et al* updated searches in Medline, Embase, Global Health, PsycINFO and CINHL from 2019 to 2022, hand-review of studies cited in three recent systematic reviews, with the additional focus on interventions for family carers. As for the original work, inclusion and exclusion criteria remained the same. Two reviewers independently

conducted title and abstract screening, full-text review, data extraction and risk of bias assessment, resolving disagreements through discussion. Comprehensive meta-analyses were performed, with testing of heterogeneity using subgroup analysis, meta-regression and MetaForest (which is a machine-learning-based approach used in a meta-analysis).

Results

From 5228 records, 48 studies from LMICs published between 2008 and 2022 were analysed, 26 previously screened in the original review,³ so an increase of 22 new studies in the intervening years. Of all included studies, 38 were in English and 10 in Chinese languages. Meta-analysis of included studies revealed statistically significant medium-to-large intervention effects on three carer outcomes; perceived sense of burden, depression and anxiety and on four outcomes for people with dementia; neuropsychiatric symptoms, cognitive function, quality of life and activities of daily living. However, dyadic interventions for both people with dementia and carers were more effective.

Commentary

Alzheimer's Disease International impressed the urgent need for significant improvements to postdiagnosis treatment and support across the globe, given over 55 million people are living with dementia across the globe and forecast to reach 139 million people by 2050.⁴ To effectively support both persons with dementia and their family carers requires the provision of appropriate postdiagnostic care to be in place (including information and practical support as a minimum).² In HICs, there is an ongoing concern that dementia care can differ within a country and by postcode, but also between countries. Globally, not everyone affected by dementia receives the same level of postdiagnostic support, for a range of reasons, and with significant disparity between low-income countries (LICs), middle-income countries and HICs.⁵ Chen *et al*² draw our attention to the limitations of the transferability of research conducted in HICs and the continued need for robust research to provide evidence to support postdiagnostic support in LICs.

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Competing interests None declared.

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