Implementation and dissemination of home and community-based interventions for informal caregivers of people living with dementia: a systematic scoping review

Eden M Zhu[1*], Martina Buljac-Samardžić[1], Kees Ahaus[1], Nick Sevdalis[2], Robbert Huijsman[1]

[1]School of Health Policy and Management, Erasmus University Rotterdam, Rotterdam, South Holland, 3062 PA, The Netherlands
[2]Centre for Implementation Science, King's College London, London, United Kingdom

Background

Informal caregivers of people with dementia (PwD) living at home are often the primary source of care, and, in their role, they often experience loss of quality of life. Implementation science knowledge is needed to optimize the real-world outcomes of evidence-based interventions (EBIs) for informal caregivers. This scoping review is the first to systematically synthesize the literature that reports implementation strategies employed to deliver home- and community-based EBIs for informal caregivers of PwD, implementation outcomes, and the barriers and facilitators to implementation in the research context.

Methods

Embase, MEDLINE, Web of Science and Cochrane Library were searched from inception to March 2021; included studies focused on "implementation science", "home- and community-based interventions" and "informal caregivers of people with dementia". Titles and abstracts were screened using ASReview (an AI-based tool) and data extraction was guided by the ERIC taxonomy [1], the Implementation Outcome Framework [2], and the Consolidated Framework for Implementation Science Research [3]; each framework was used to examine a unique element of implementation.

Results

- 67 studies were included in the review
- Multi-component (26.9%) and eHealth (22.3%) interventions were the most common types (e.g., iSupport, REACH, Savvy Caregiver)
- 31.34% of included studies were guided by an implementation science framework
- **Train and educate stakeholders** and **provide interactive assistance** clusters had the most commonly employed implementation strategies,
- Acceptability (65.67%), appropriateness (70.14%) and penetration (58.21%) were the most frequently reported implementation outcomes,
- **Design quality and packaging** (intervention component suitability) and **cosmopolitanism** (partnerships) constructs contained the most frequently reported barriers to implementation,
- **Patient's needs and resources** and **available resources (infrastructure)** constructs, contained the most frequently reported facilitators to implementation

Conclusion and future direction

Future dementia studies must prioritize implementation science for more contextually-valid findings and examine how implementation partners can strategically leverage existing resources and regional networks to streamline local implementation. Mapping the evidence ecosystem will facilitate structured implementation planning.

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