Royal College of Occupational Therapists

# Occupational therapy practice guideline for dementia: supporting prevention, participation and living well

## Evidence-based guideline supplement

## Appendix two: evidence tables

Draft for consultation
May 2026

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Effectiveness of interventions for co-residing family caregivers of people with dementia: Systematic review and meta-analysis<br><br>Abrahams et al (2018)<br><br>Lead author's country of employment: Australia<br><br>Aim/question: to evaluate the effectiveness of multicomponent interventions on burden, depression, disruption in health and social support for co-residing family caregivers of people with dementia.<br><br>Grade: B | Searches: CINAHL, MEDLINE, PubMed, PsycINFO, OTseeker, EMBASE and the Cochrane library<br><br>Inclusion criteria: RCTs with a comparative control using multiple components targeted at informal family caregivers of people with dementia who lived together delivered by occupational therapists or other health professionals in the community<br><br>Exclusion criteria: not RCTs or with caregivers who did not live with the person or published in a language other than English<br><br>Years searched: start to 2015<br><br>Number of included papers: 22, 15 in the meta-analysis<br><br>Countries of included papers: unknown<br><br>Publication date range of included papers: 1995-2015<br><br>Method of synthesis: meta-analysis | Population:<br>• Informal family caregivers of people with any type and stage of dementia<br><br>Setting(s):<br>• Community<br><br>Intervention(s):<br>• Eligible experimental interventions using multiple components targeted at family caregivers provided by occupational therapists or other health practitioners<br><br>Outcome(s):<br>• Burden, depression, health and social support of caregivers of people with dementia | Review's findings:<br>• Burden: two of six studies on caregiver burden had significant positive results.<br>• Depression: ten of 15 studies had statistically significant positive results for depression, and one further study had statistically significant positive results at post-intervention, but not at follow-up.<br>• Health: four of five studies had significant positive effects on family caregiver health, with the final study showing significant effects at four months but not at nine months post-intervention.<br>• Social support: One of five studies had significant positive effects, two had mixed results and two show no effects.<br>• Common components of interventions included education, skills training, counselling and support groups.<br>• Meta-analysis: All outcomes had significant positive pooled effects. Burden: 95% CI −0.36 to −0.10, $p < 0.001$; Depression: 95% CI −0.33 to −0.10), $p < 0.001$; Health: 95% CI 0.13 to 0.35, $p < 0.001$ for health; Social support: 95% CI 0 to 0.53), $p = 0.05$.<br><br>Limitations:<br>• The identified studies were heterogenous, the interventions were varied, as were the outcomes examined. |

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| Beyond Diagnosis: Exploring Residual Autonomy in Dementia Through a Systematic Review<br><br>Anselmo et al (2025)<br><br>Lead author's country of employment: Italy<br><br>Aim/question: to explore which daily life skills may remain preserved as dementia progresses and to identify the factors that influence this preservation<br><br>Grade B | Searches: PubMed, Web of Science, Cochrane Library and Scopus<br><br>Inclusion criteria: peer-reviewed studies published in English that explored or described activities of daily living in people living with dementia and investigated any related risk factors impacting their autonomy<br><br>Exclusion criteria: systematic, integrative, and narrative reviews, case reports, theses, comments, letters, and editorials<br><br>Number of included papers: 19<br><br>Countries of included papers: Unknown<br><br>Publication date range of included papers: 1990-2024<br><br>Method of synthesis: not stated | Population:<br>• People living with cognitive decline in the community and in institutions<br><br>Setting(s):<br>• Community<br>• Own home<br>• Nursing/residential home<br><br>Intervention(s):<br>• Not applicable<br><br>Outcome(s):<br>• Activities of daily living | Review's findings:<br>• In non-institutionalised settings, people living with dementia often retain key daily living skills despite cognitive decline, particularly in mobility, feeding, and basic self-care.<br>• People living in institutions had reduced activities of daily living performance, with those with more severe cognitive decline seeing a bigger reduction in ability. Depression further exacerbated functional decline, especially in more cognitively demanding activities.<br><br>Limitations:<br>• No information about the reviewers or how it was conducted.<br>• Authors suggest correlation but provide no detail how they arrived at that conclusion.<br>• Heterogeneity among papers, with a wide variety of assessment tools used. As such, correlation wasn't appropriate.<br>• Results across studies were inconsistent.<br>• Assessments risk underestimating actual abilities due to variability in tools and populations. |

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| Effects of animal-assisted interventions for people with dementia: A systematic review and meta-analysis<br><br>Batubara et al (2022)<br><br>Lead author's country of employment: Indonesia<br><br>Aim/question:<br>to analyse the efficacy of animal-assisted interventions for people with dementia.<br><br>Grade: A | Searches: CINAHL, EMBASE, MEDLINE, PubMed, Web of Science, Cochrane, and PsycINFO<br><br>Inclusion criteria: randomised controlled trials or cohort studies published in English with people living with dementia investing animal-assisted interventions<br><br>Exclusion criteria: protocol studies<br><br>Years searched: 2001 - 2021<br><br>Number of included papers: 10<br><br>Countries of included papers: Italy (3), USA (2), Spain, Norway, Australia, Japan, and Germany (1 each)<br><br>Publication date range of included papers: 2001-2021<br><br>Method of synthesis: meta-analysis | Population<br>• People living with dementia<br><br>Setting(s):<br>• Community (including day care, outpatients, community groups)<br>• Nursing/residential home<br>• Hospital<br>• Hospice<br><br>Intervention(s):<br>• Animal-assisted therapy<br><br>Outcome(s)<br>• Cognitive function<br>• Depression<br>• Neuropsychiatric symptoms<br>• Activities of daily living | Review's findings:<br>• Significant differences in depression levels were identified between the intervention and control groups (SMD = −0.96 (95% CI: −1.46 to −0.47, $p < 0.001$).<br>• No significant differences in cognitive function ($p = 0.37$), neuropsychiatric symptoms ($p = 0.52$), or independence in activities of daily living ($p = 0.67$) were observed between groups.<br><br>Limitations:<br>• Small number of papers.<br>• Designs different – randomised controlled trials and cohort studies<br>• Interventions delivered by a range of staff.<br>• Lack of blinding for study subjects and staff.<br>• Different outcomes measures used across the research papers.<br>• Different stages of dementia included.<br>Delivered in different settings (hospital, nursing homes, assisted living, day care centres) and different animals (dogs and horses).<br>https://www.rcot.co.uk/explore-resources/rcot-publications/evidence-based-guideline-development-manual |

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| Occupational therapy for people with dementia and their family carers provided at home: a systematic review and meta-analysis<br><br>Bennett et al (2019)<br><br>Lead author's country of employment: Australia<br><br>Aim/question: to determine the effect of occupational therapy provided at home on activities of daily living, behavioural and psychological symptoms of dementia and quality of life for people with dementia, and the effect on family carer burden, depression and quality of life.<br><br>Grade: A | Searches: MEDLINE, CINAHL, EMBASE, PsychINFO, Cochrane Library, OTseeker, PEDro, ERIC, hand search of key journals<br><br>Inclusion criteria: randomised controlled trials assessing the effect of occupational therapy for people with dementia and their family carers if therapy was delivered at the participant's home and aimed to optimise activities of daily living of the person with dementia, and/or to manage behavioural and psychological symptoms of dementia.<br><br>Exclusion criteria: if include a diagnosis other than dementia, if not occupational therapy intervention designed to optimise activities of daily living, behavioural or psychological symptoms of dementia or not predominantly delivered by an occupational therapist or under the supervision of an occupational therapist<br><br>Years searched: start date to 2011 | Population:<br>• People with dementia living in their home in the community and their family caregivers<br><br>Setting(s):<br>• Own home in the community<br><br>Intervention(s):<br>• Comprised multiple components (median=8 sessions).<br><br>Outcome(s):<br>• Activities of daily living<br>• Behavioural and psychological symptoms of dementia<br>• Quality of life | Review's findings:<br>• Compared with usual care or attention control occupational therapy resulted in improvements in the following outcomes for people with dementia: overall ADL after intervention (95% CI 0.16 to 1.05, low quality evidence); instrumental ADL alone (95% CI 0.07 to 0.37, moderate quality evidence); number of behavioural and psychological symptoms (95% CI −0.57 to −0.08, moderate quality evidence); and QOL (95% CI 0.28 to 1.24. low quality evidence).<br>• Three combined studies showed no effect on depression compared to usual care (95% CI −0.57 to 0.06; very low quality evidence).<br>• Five combined studies showed no difference between groups on basic ADLs (95% CI −0.02 to 0.27; low quality evidence).<br>• Supporters reported less hours assisting the person with dementia (95% CI −0.58 to −0.07, low quality evidence); had less distress with behaviours (95% CI −0.42 to −0.05, moderate quality) and improved QOL (95% CI 0.66 to 1.33, moderate quality).<br><br>Limitations:<br>• GRADE ratings indicated evidence was very low to moderate quality. |

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| | Number of included papers: 15<br><br>Countries of included papers: Unknown, but trials took place in the USA (10), Germany (2), The Netherlands, Hong Kong, Wales, Australia and Brazil (1 each)<br><br>Publication date range of included papers: 2003-2018<br><br>Method of synthesis: meta-analysis | | |

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| A comprehensive meta-review of systematic reviews and meta-analyses on nonpharmacological interventions for informal dementia caregivers<br><br>Cheng and Zhang (2020)<br><br>Lead author's country of employment: Hong Kong & UK<br><br>Aim/question: to identify the most effective interventions for different caregiver outcomes, as well as identify the aspects that need to be improved in future research and practice.<br><br>Grade: B | Searches: MEDLINE, PsycINFO, CINAHL and Cochrane Library<br><br>Inclusion criteria: reviews/meta-analyses with clear inclusion/exclusion criteria and search terms, outcomes on informal caregivers, published in English and peer reviewed.<br><br>Exclusion criteria: reviews of pharmacological interventions, process evaluations of interventions, scoping reviews, and other topics such as cost-effectiveness, service utilisation and clinical translation<br><br>Number of included papers: 60<br><br>Countries of included papers: Europe (41), Australia (9), East Asia (6), USA (6), Brazil (1)<br><br>Publication date range of included papers: 2006-2018<br><br>Method of synthesis: grouping of interventions | Population:<br>• Informal caregivers<br><br>Setting(s):<br>• Community (including day care, outpatients, community groups)<br>• Own home<br>• Nursing/residential home<br><br>Intervention(s):<br>• Non-pharmacological interventions for informal caregivers<br><br>Outcome(s):<br>• Burden<br>• Depression<br>• Anxiety<br>• Quality of life<br>• Mastery<br>• Social support | Review's findings:<br>• There was little evidence for intervention effects on caregiver anxiety and social support, and mixed or weak evidence for burden.<br>• Eight reviews concluded that psychoeducation, OT interventions, multicomponent interventions, technology-based interventions and miscellaneous/general interventions could enhance mastery (several interrelated constructs including ability, sense of competence and self-efficacy). Five other reviews, however, found no effect of psychoeducation, technology-based interventions or miscellaneous interventions.<br>• There was widespread support for the efficacy of interventions in reducing caregiver depression, with psychoeducation, counselling/psychotherapy, mindfulness and multicomponent interventions receiving the strongest support.<br>• There appears to be some support for psychoeducation on enhancing caregiver quality of life.<br><br>Limitations:<br>• Inconsistent classifying of interventions across the studies.<br>• Most included studies were rated low quality.<br>• Reporting and publication bias were likely, given that many reviews did not assess publication bias and selectively included studies. |

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| Interventions delivered by primary or community healthcare professionals to support people living at home with dementia with activities of daily living: a systematic review and narrative synthesis<br><br>Chester et al (2024)<br><br>Lead author's country of employment: UK<br><br>Aim/question: to identify and synthesise lessons from the development and evaluation of interventions, involving primary or community healthcare professionals, to support the provision of management advice aimed at supporting people living at home with dementia and their carers with activities of daily living<br><br>Grade: A | Searches: MEDLINE (Ovid); PsycINFO (Ovid); EMBASE (Ovid); Cumulative Index to Nursing and Allied Health Literature (CINAHL) (EBSCO); and Cochrane Central Register of Controlled Trials (CENTRAL)<br><br>Inclusion criteria: non-pharmacological interventions involving healthcare professionals in primary or community settings and/or people living with dementia and living at home or in the community, published since the England dementia strategy and in English<br><br>Number of included papers: 12<br><br>Countries of included papers: the Netherlands (4), USA (3), UK (2), Germany/France/UK (1), France (1), Australia (1)<br><br>Publication date range of included papers: 2010-2021<br><br>Method of synthesis: narrative synthesis | Population:<br>• Primary or community healthcare professionals working with people living with dementia<br><br>Setting(s):<br>• Community (including day care, outpatients, community groups)<br>• Own home<br><br>Intervention(s):<br>• Interventions with no more than three hours of professionals' time in face-to-face or direct contact with the aim to support people living with dementia with their activities of daily living<br><br>Outcome(s):<br>• Activities of daily living | Review's findings:<br>• Mode of delivery: value of online interventions (though some barriers noted) and human interaction (face-to-face or via email) found in review.<br>• Targeting and tailoring of resources/information: particularly tailoring to the stage of dementia and preferences/needs of the person living with dementia and their carer.<br>• Content, design and navigation: most significant theme. Carers preferred information about caring, not 'self-care'. Sign-posting was also valued. Careful presentation needed so as not to induce information overload.<br>• Credibility of information: findings noted importance of this.<br>• User involvement: important to include users in development and evaluation of resources.<br>• Role of professionals: this included sign-posting or helping to navigate information. |

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| A Systematic Review of the Economic Evidence for Home Support Interventions in Dementia<br><br>Clarkson et al (2017)<br><br>Lead author's country of employment: UK<br><br>Aim/question: to appraise economic evidence on the cost-effectiveness of home support interventions for dementia to inform future evaluation.<br><br>Grade: A | Searches: British National Health Service Economic Evaluation Database, Early detection and timely INTERvention in DEMentia (INTERDEM) website<br><br>Inclusion criteria: studies published in English where at least 80% of the population had dementia, investigating non-pharmacological home-based interventions, with full or partial economic evaluations of randomised controlled trials, non-RCT studies, cohort studies, and modelling studies<br><br>Exclusion criteria: interventions involving the application or consumption of a substance<br><br>Number of included papers: 14<br><br>Countries of included papers: USA (4), UK (3), Canada, Sweden (2 each), Finland, the Netherlands, Taiwan (1 each)<br><br>Publication date range of included papers: 1990-2013<br><br>Method of synthesis: narrative synthesis and permutation index | Population:<br>• People living with dementia<br><br>Setting(s):<br>• Own home<br><br>Intervention(s):<br>• Home-based interventions<br><br>Outcome(s):<br>• For the person living with dementia: time to care home admission, hospital admissions, quality of life (including quality-adjusted life-years), activities of daily living, behaviour, cognition and mood<br>• For the caregiver: quality of life, burden/stress/anxiety | Review's findings:<br>• Occupational therapy, home-based exercise, and a carers' coping intervention emerged as cost-effective approaches with better evidence (n=3). Interventions used environmental modifications, behaviour management, physical activity and emotional support as active components.<br>• For most studies (n=9), the intervention was more effective but more costly.<br><br>Limitations:<br>• Heterogeneity of studies meant a formal meta-analysis was not possible.<br>• Some studies published before guidelines for reporting economic evaluations. |

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| Multisensory Environments for Outcomes of Occupational Engagement in Dementia: A Systematic Review<br><br>Cusic et al (2022)<br><br>Lead author's country of employment: USA<br><br>Aim/question: to summarise the available evidence on the effects of multisensory environments for decreasing symptoms that promote occupational engagement in people with dementia in long term care facilities<br><br>Grade: A | Searches: PubMed, CINAHL, PsycINFO, OTSeeeker, ProQuest Central, Psychology and Behavioral Sciences Collection, and Physiotherapy Evidence Database - PEDro<br><br>Inclusion criteria: peer-reviewed primary studies on people living with dementia residing in long-term care facilities with multisensory environments<br>available. Interventions had to be within the scope of occupational therapy<br><br>Exclusion criteria: studies that focused on caregivers, family members or staff and didn't include the experiences of the person living with dementia<br><br>Number of included papers: 10<br><br>Countries of included papers: Spain (4), USA (2), Canada, Iran, the Netherlands, UK (1 each)<br><br>Publication date range of included papers: 2010 - 2020<br><br>Method of synthesis: narrative synthesis | Population:<br>• People living with dementia<br><br>Setting(s):<br>• Nursing/residential home<br><br>Intervention(s):<br>• Multisensory environments<br><br>Outcome(s):<br>• Activities of daily living<br>• Cognition<br>• Balance<br>• Quality of life<br>• Mood and behaviour | Review's findings:<br>• One-to-one care and engagement have positive results compared to standard care.<br>• Activities of daily living: One study found improvement in the Barthel Index scores compared to a control group.<br>• Cognition: Four studies had mixed results.<br>• Balance: One study found no significant improvement of dynamic or static balance.<br>• Quality of life: One study found an indoor sensory garden more effective than an outdoor sensory garden.<br>• Mood and behaviour: Multisensory environments were more effective than music sessions or one-to-one activity groups. |

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| Can cognitive reserve offset APOE-related Alzheimer's risk? A systematic review<br><br>Da Silva et al (2025)<br><br>Lead author's country of employment: Switzerland<br><br>Aim/question: to better understand in detail the potential role of cognitive reserve accumulated across the lifespan in modifying the *APOE*-related risk of developing Alzheimer's Disease.<br><br>Grade: A | Searches: PubMed, Web of Science<br><br>Inclusion criteria: observational studies involving people diagnosed with probable or possible Alzheimer's Disease that considered at least one proxy of cognitive reserve and *APOE* allele as variables with an analysis of their interactions and clearly reported results specific to those with Alzheimer's Disease<br><br>Number of included papers: 15<br><br>Countries of included papers: unknown<br><br>Publication date range of included papers: 2007-2021<br><br>Method of synthesis: not stated | Population:<br>• People living with probable or possible Alzheimer's Disease<br><br>Setting(s):<br>• Not specified.<br><br>Intervention(s):<br>• Not applicable<br><br>Outcome(s):<br>• Alzheimer's Disease risk | Review's findings:<br>• Overall the review found mixed results.<br>• Education and engagement in leisure activities appear to have a protective influence on *APOE* ε4-related age of onset and Alzheimer's Disease risk. |

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| Effects of music participation for mild cognitive impairment and dementia: A systematic review and meta-analysis<br><br>Dorris et al (2021)<br><br>Lead author's country of employment: USA<br><br>Aim/question: to assess the effects of active music-making interventions, as defined by "physically participating in music," compared to controls on cognitive functioning, emotional wellbeing, and social engagement for older adults with probable Mild Cognitive Impairment (MCI), mild or moderate dementia; to examine and categorise the specific music activities employed by each intervention.<br><br>Grade: B | Searches: APA PsycInfo (Ovid), Medline (Ovid), Embase (Ovid), and CINAHL (Ebsco)<br><br>Inclusion criteria: randomised controlled trials published in English investigating active music-making with people living with MCI or dementia reporting outcomes on cognitive functioning, emotional well-being and social engagement<br><br>Exclusion criteria: studies investigating active music-making alongside pharmacological interventions<br><br>Number of included papers:<br>• Qualitative synthesis: 22<br>• Quantitative synthesis: 9<br><br>Countries of included papers: Australia, China, Finland, France, Italy, Japan, Spain, South Korea, Taiwan, USA, UK<br><br>Publication date range of included papers: 2010-2021<br><br>Method of synthesis: meta-analysis | Population:<br>• People living with MCI or dementia<br><br>Setting(s):<br>• Community (including day care, outpatients, community groups)<br>• Nursing/residential home<br><br>Intervention(s):<br>• Active music-making<br><br>Outcome(s):<br>• Cognitive function<br>• Emotional well-being (quality of life, mood, depression, and anxiety)<br>• Social engagement | Review's findings:<br>• Cognitive function: scores of older adults with probable MCI or dementia who participated in active music-making were statistically significantly different than those who didn't, with a small effect size (SMD = 0.30, 95% CI 0.10 - 0.51).<br>• Quality of life: music did not show a positive effect compared to physical exercise. Of the six studies that assessed quality of life, four showed positive effects, ranging from a very small effect size to a large one (d = 1.08). All interventions utilised Re-Creating Music by Singing/Playing Instruments.<br>• Depression: the effects were promising but uncertain.<br>• Anxiety: the effects were unclear.<br>• Social engagement: two studies did not show a positive effect.<br><br>Limitations:<br>• Concern re: potential risk of bias and inconsistency.<br>• Probability of reporting bias – especially as the findings are not discussed in relation to the strength of evidence/quality of research.<br>• It is unclear from the paper whether these effects are sustained over time, and it was not possible to distinguish effects for people with MCI from dementia in the paper. |

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| Meaningful engagement and person-centered residential dementia care: A critical interpretive synthesis<br><br>Du Toit et al (2019)<br><br>Lead author's country of employment: Australia<br><br>Aim/question: to determine how principles of person-centered care inform occupational therapy practice in relation to promotion of meaningful engagement among residents with moderate to advanced dementia<br><br>Grade: A | Searches: PubMed, PsychInfo, CINHAL, SCOPUS, and AMED<br><br>Inclusion criteria: studies published in English with search terms in abstract or title<br><br>Number of included papers: 26<br><br>Countries of included papers: USA (7), Canada (2), Ireland (3), UK (4), South Africa (3), Japan (2), Hong Kong (1), Sweden (1), Norway (1), Finland (1), Australia (1)<br><br>Publication date range of included papers: 1997-2016<br><br>Method of synthesis: critical interpretive synthesis | Population:<br>• Residential care home residents with moderate to advanced dementia<br><br>Setting(s):<br>• Nursing/residential homes<br><br>Intervention(s):<br>• Not stated<br><br>Outcome(s):<br>• Not stated | Review's findings:<br>• Person-centred care is assumed to enable relationships which support people living with dementia to participate in meaningful occupations. Occupational therapy aligns itself with person-centre care, but this is not always fully integrated into practice. Where a poor culture exists, OTs advocate for training to enhance staff understand of the importance of meaningful occupations.<br>• OT underpinned by notion that the quality of care is dependent on a deep knowledge and understanding of the person living with dementia. This is used to inform personalised practice, referencing the person's history and their current abilities and interests.<br>• Group activities are important because connections between residents are seen as important. The physical, social and institutional environments also factor into occupational engagement.<br><br>Limitations:<br>• No critical appraisal conducted. Papers with methodological weaknesses were included to enable comprehensive examination of the research question. |

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| Leisure-activity participation to prevent later-life cognitive decline: a systematic review<br><br>Fallahpour et al (2016)<br><br>Lead author's country of employment: Sweden<br><br>Aim/question: to describe the state of knowledge of the definition, categorisation, and operationalisation of leisure activity in the empirical research that focused on preventing later-life cognitive decline.<br><br>Grade: A | Searches: PubMed/Medline reSEARCH, CINHAL, Ovid MEDLINE, Embase, Web of Science, PsychoINFO, ERIC Proquest, the Cochrane library, and PsycARTICLES<br><br>Inclusion criteria: peer-reviewed qualitative or quantitative studies published in English that examined the effect of leisure activity on cognitive impairment onset<br><br>Exclusion criteria: did not clearly provide all activity components and cognitive impairment<br><br>Number of included papers: 52<br><br>Countries of included papers: Unknown<br><br>Publication date range of included papers: 2000-2011<br><br>Method of synthesis: content analysis | Population:<br>• People<br><br>Setting(s):<br>• Not stated.<br><br>Intervention(s):<br>• Leisure activities<br><br>Outcome(s):<br>• Participation in leisure<br>• Incidence of dementia or cognitive decline | Review's findings:<br>• 39% of all the studies ($n = 20$) reported cognitively stimulating activities as most important and significantly associated with a preventive effect outcome.<br>• About 29% of the studies ($n = 15$) found physical activity as most important and significantly associated with preventive effect.<br>• About 19% ($n = 10$) found social activity as most important and significantly associated with the preventive effect.<br><br>Limitations:<br>• Heterogeneity of studies.<br>• Review reveals a lack of consistency regarding how to measure participation in leisure activity, and as a result a lack of clarity in defining these activities and the constituents or characteristics of them. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Systematic review of dyadic psychoeducational programs for persons with dementia and their family caregivers<br><br>Ghosh et al (2023)<br><br>Lead author's country of employment: Australia<br><br>Aim/question: What psycho-educational support programs are available for both people with dementia and their family caregivers? What impact do dyadic psycho-educational support programs have on both people with dementia and their family caregivers' health and wellbeing?<br><br>Grade: A | Searches: MEDLINE-EBSCOhost, CINAHL, PsycINFO and Embase<br><br>Inclusion criteria: studies published in English that evaluated community-based non-pharmacological dyadic psychoeducational support programs for people with dementia and their family caregivers living in the community<br><br>Exclusion criteria: intervention programmes that targeted people with dementia or caregivers alone, conducted in hospitals, nursing homes or institutional programmes, pharmacological studies, or targeted younger people with dementia<br><br>Number of included papers: 24<br><br>Countries of included papers: USA (6), UK (5), Finland, the Netherlands (2 each), Australia, Belgium, Brazil, Canada, Denmark, France, Germany, Hong Kong (1 | Population: people living with dementia and their family caregivers<br><br>Setting(s):<br>• Community (including day care, outpatients, community groups)<br>• Own home<br><br>Intervention(s):<br>• Non-pharmacological dyadic psychoeducational support interventions<br><br>Outcome(s):<br>• People living with dementia: quality of life, cognitive function, psychological and mental health, physical health, changed behaviours, communication and relationship, institutionalisation and mortality<br>• Family caregivers: quality of life, psychological and mental health, physical health, communication and relationship, competency, impact of caregiving | Review's findings:<br>• The dyadic psychoeducational support programs provided a range of multicomponent activities including dementia psychoeducation, exercise, behavioural training, coping strategies, cognitive therapy, reminiscence therapy, problem solving and/or counselling.<br>• People living with dementia outcomes: inconsistent findings for quality of life, cognitive function, psychological and mental health, physical health, changed behaviours and communication and relationships. No studies found a positive effect for institutionalism and mortality.<br>• Family caregivers: inconsistent findings for psychological and mental health, impact of caregiving, communication and relationship, physical health and competency and knowledge. No positive effects found for quality of life.<br>• The positive effects of short-term and long-term programs are inconsistent and showed that educational programs when combined with other additional psychosocial aspects had positive outcomes for the dyads.<br>• Tailored activities to address individual needs have consistent benefits on psychological and behavioural symptoms, depressive symptoms, quality of life and impact of caregiving.<br><br>Limitations:<br>• Heterogeneity, including different types and length of programmes, stages of dementia, measurement tools, methods used and follow-up.<br>• Limited detail about the method and process of synthesising the data. |

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| | each)<br><br>Publication date range of included papers: 2013-2021<br><br>Method of synthesis: textual narrative synthesis | | |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| The use of technology in creating individualized, meaningful activities for people living with dementia: a systematic review<br><br>Goodall et al (2021)<br><br>Lead author's country of employment: Norway<br><br>Aim/question: What are the different digital technologies used to create individualized activities for people with dementia, and how are these facilitated?<br><br>Grade: A | Searches: CINAHL, Embase, PubMed and Scopus<br><br>Inclusion criteria: qualitative, quantitative or mixed-method studies investigating technology used to deliver meaningful activities tailored to a person living with dementia, describes the process and outcomes related to the mental, physical, social and/or emotional wellbeing of the person living with dementia, peer-reviewed and published in English<br><br>Number of included papers: 29<br><br>Countries of included papers: Unknown<br><br>Publication date range of included papers: 2008-2020<br><br>Method of synthesis: narrative synthesis | Population:<br>• People living with dementia<br><br>Setting(s):<br>• Own home<br>• Nursing/residential home<br>• Hospital<br><br>Intervention(s):<br>• Technology-based meaningful activities tailored to the person living with dementia<br><br>Outcome(s):<br>• Related to the mental, physical, social and/or emotional wellbeing of the person living with dementia | Review's findings:<br>• Wide array of technology used in studies.<br>• The review categorised the technologies into: reminiscence/memory support, behaviour management, stimulating engagement, and conversation/communication support.<br>• Most used technology in their own home, facilitated by a family member.<br>• Memory: impact was mixed.<br>• Behaviour and mood: beneficial effect.<br>• Self-identity: can be preserved, even in later stages of dementia.<br>• Social relationships and engagement: evidence that beneficial.<br>• Emotional wellbeing: while some studies found positive effects, reports of negative effects too.<br>• Numerous participants across the studies experienced difficulties in being able to interact with the technology.<br><br>Limitations:<br>• Lack of a quality appraisal of the included studies. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Maintaining meaningful activities for persons with dementia during transitions of care: A systematic review<br><br>Groenendaal et al (2022)<br><br>Lead author's country of employment: the Netherlands<br><br>Grade: A<br><br>Aim/question: What are the experiences of persons with dementia, informal caregivers, and healthcare professionals with maintaining meaningful activities of persons with dementia during transitions of care? Which barriers and facilitators can be identified regarding maintaining meaningful activities during transitions of care? What strategies and interventions are being used to maintain meaningful activities during transitions of care? | Searches: PubMed, MEDLINE (OVID), Embase, Emcare, Web of Science, COCHRANE Library, PsycINFO, and CINAHL<br><br>Inclusion criteria: intervention and descriptive studies published in English, French, German and Dutch with people living with dementia or their informal or formal caregivers reflecting on the perspective of the person with dementia, and include meaningful activities during transition of care<br><br>Number of included papers: 4<br><br>Countries of included papers: USA (2), the Netherlands, Norway (1 each)<br><br>Publication date range of included papers: 2014-2019<br><br>Method of synthesis: narrative synthesis | Population:<br>• People living with dementia and transitioning their care<br><br>Setting(s):<br>• Community (including day care, outpatients, community groups)<br>• Own home<br>• Nursing /residential home<br>• Hospital<br>• Hospice<br><br>Intervention(s):<br>• Interventions to maintain meaningful activities<br><br>Outcome(s):<br>• Maintenance of meaningful activities | Review's findings:<br>• Maintaining meaningful activities meant people living with dementia could stay active, give a sense of identity and purpose. Meaningful activities improved quality of life and could prevent and reduced behavioural problems after transition.<br>• Barriers to maintaining meaningful activities: physical problems, cognitive impairments, mismatching activities to abilities, unfamiliar environments or environments that were not suitable to the activity or to the person's preference.<br>• Facilitators included knowing what motivates the person living with dementia to participate, offering group and individual activities, involvement of informal caregivers in activities, interdisciplinary collaboration, continuity of team members, access to care plans with specific goals and person-centred care attitude.<br>• Strategies focused on continuous matching of activities to individual interests, abilities, preferences, and needs, the implementation of meaningful activities in daily routine care and educating healthcare professionals and informal caregivers.<br>• Tailored Activity Program for Hospitalised Patients with behavioural problems (TAP-H) was only intervention studied ip included papers. It was shown to reduce behavioural problems and increase engagement. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| The Effect of a Multimodal Occupational Therapy Program with Cognition-Oriented Approach on Cognitive Function and Activities of Daily Living in Patients with Alzheimer's Disease: A Systematic Review and Meta-Analysis of Randomized Controlled Trials<br><br>Ham et al (2021)<br><br>Lead author's country of employment: South Korea<br><br>Aim/question: to investigate whether the multimodal OT program with a cognition-oriented approach has any effects on cognitive dysfunction and activities of daily living impairment for people living with Alzheimer's Disease<br><br>Grade: A | Searches: MEDLINE, CINAHL, PubMed, and Academic Search Complete<br><br>Inclusion criteria: randomised controlled trials published in English on people living with Alzheimer's Disease and investigating a multimodal OT program with cognition-oriented approach, measuring changes in overall cognitive function or activities of daily living and that indicated the sizes of the intervention and control groups, the means and standard deviations, or the standardized mean difference (SMD) scores<br><br>Exclusion criteria: pilot studies<br><br>Number of included papers: 7<br><br>Countries of included papers: South Korea (2), UK, Italy, Germany, Brazil, and Spain (1 each)<br><br>Publication date range of included papers: 2007-2016<br><br>Method of synthesis: meta-analysis | Population:<br>• People living with Alzheimer's Disease<br><br>Setting(s):<br>• Community (including day care, outpatients, community groups)<br><br>Intervention(s):<br>• Multi-modal OT interventions with a cognition-oriented approach, defined as applying cognitive stimulation, cognitive training, and cognitive rehabilitation interventions simultaneously<br><br>Outcome(s):<br>• Cognitive function<br>• Basic activities of daily living<br>• Instrumental activities of daily living | Review's findings:<br>• Compared with the control group, the cognition-oriented approach group was statistically beneficial for cognitive dysfunction (SMD = 0.58, 95% CI: 0.25–0.91).<br>• Compared with the control group, the cognition-oriented approach group tended to be beneficial but not statistically significant for basic activities of daily living (SMD = 0.76, 95% CI: −0.24–1.76), and instrumental activities of daily living (SMD = 0.46, 95% CI: −0.37–1.29). |

| Review details | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| The experiences and perceptions of young people and older people living with dementia of participating in intergenerational programmes: A qualitative evidence synthesis<br><br>Houghton et al (2022)<br><br>Lead author's country of employment: Ireland<br><br>Aim/question: explore the experiences and perceptions of older people living with dementia of intergenerational programmes; explore young people's experiences and perceptions of Intergenerational programmes; identify the factors that help or hinder Intergenerational programme delivery; examine differences across settings, age | Searches: EBSCO CINAHL, OVID Medline, Embase, Ovid PsycINFO, the Web of Science, Epistemonikos and grey literature sources<br><br>Inclusion criteria: qualitative or mixed-method studies where the qualitative component was sufficiently described that focused on the experiences or perceptions of intergenerational interventions<br><br>Number of included papers: 10<br><br>Countries of included papers: USA (6), Canada (2), South Africa (1), UK (1)<br><br>Publication date range of included papers: 2006-2020<br><br>Method of synthesis: thematic synthesis | Population:<br>• Adults aged 65 or over living with dementia and young people aged under 18<br><br>Setting(s):<br>• Community (including day care, outpatients, community groups)<br>• Nursing/residential home<br><br>Intervention(s):<br>• Formal activities that bring different generations together in a meaningful way<br><br>Outcome(s):<br>• Not applicable | Review's findings:<br>• Both groups may experience initial anxiety and uncertainty about meeting each other and engaging in the intervention (moderate confidence in this finding).<br>• Once they begin to feel more comfortable and gain familiarity with each other, the relationships can grow (high confidence in this finding).<br>• Younger people may welcome the opportunity to meet new people and make friends with the older people living with dementia (moderate confidence in this finding).<br>• The opportunity to share life stories can help relationships to develop (moderate confidence in this finding).<br>• Both groups can enjoy each other's company (high confidence in this finding).<br>• Dementia may impact on an older person's level of interaction, such as difficulty engaging in conversation, and they may be more comfortable simply observing (moderate confidence in this finding).<br>• Individual preferences may impact on levels of engagement (moderate confidence in this finding).<br>• Younger people can learn about communication, patience and empathy, and develop their interpersonal skills (high confidence in this finding).<br>• Younger people can learn about dementia and ageing (high confidence in this finding).<br>• Interventions can facilitate engagement, and staff facilitation is important (moderate confidence in this finding).<br>• Older people may find the noise a crowding a barrier to participation (moderate confidence in this finding). |

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| groups and activities in Intergenerational programmes.<br><br>Grade: A | | | |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Dementia Friendly Care: Methods to Improve Stakeholder Engagement and Decision Making<br><br>Innes et al (2021)<br><br>Lead author's country of employment: UK<br><br>Aim/question: to focus on examples of methods and techniques to involve stakeholders, particularly people living with dementia, in achieving dementia friendly or dementia supportive care outcomes<br><br>Grade: B | Searches: MEDLINE, Cumulative Index to Nursing & Allied Health Literature (CINAHL), PsycINFO, ProQuest Central, OVID<br><br>Inclusion criteria: peer-reviewed papers published in English<br><br>Number of included papers: 19<br><br>Countries of included papers: Canada (6), UK (5), Ireland (2), Australia (2), USA (1), the Netherlands (1), Sweden (1), Taiwan (1)<br><br>Publication date range of included papers: 2014-2021<br><br>Method of synthesis: narrative synthesis | Population:<br>• Stakeholders in achieving dementia-friendly outcomes<br><br>Setting(s):<br>• Community<br>• Nursing/residential home<br>• Hospital<br><br>Intervention(s):<br>• Not applicable<br><br>Outcome(s):<br>• Not applicable | Review's findings:<br>• Group-based activities (social citizenship, music group, creative group, community group) can potentially facilitate inclusion and engagement.<br>• It is important to involve people living with dementia in the decision-making about their care to achieve positive dementia-friendly outcomes.<br>• Clinicians and health and social care workers can benefit from tools designed to promote engagement and involvement of those living with dementia.<br>• Papers demonstrated a need to raise awareness of dementia within society to achieve better outcomes of those living with dementia.<br>• It is important to appreciate wider cultural norms and understandings of dementia where lack of awareness and understanding of dementia is prevalent.<br><br>Limitations:<br>• Initiatives in papers were often novel to the specific setting or country, and therefore generalisability may be limited.<br>• No quality appraisal discussed.<br>• Thematic analysis and narrative synthesis conducted but no detail of how or the particular approach used. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Effectiveness of environment-based interventions that address behavior, perception, and falls in people with Alzheimer's disease and related major neurocognitive disorders: A systematic review<br><br>Jensen and Padilla (2017)<br><br>Lead author's country of employment: USA<br><br>Aim/question: to appraise the effectiveness of environment-based interventions that address behaviour, perception, and falls in people with Alzheimer's disease and related major neurocognitive disorders.<br><br>Grade: B | Searches: MEDLINE, PsycINFO, CINAHL, OTseeker, and the Cochrane Data base of Systematic Reviews<br><br>Inclusion criteria: peer-reviewed studies published in English investigating interventions within the scope of OT with people living with Alzheimer's Disease or related disorder<br><br>Number of included papers: 42<br><br>Countries of included papers: Not stated<br><br>Publication date range of included papers: 2002-2014<br><br>Method of synthesis: qualitative approach | Population:<br>• People living with Alzheimer's Disease and other related major neurocognitive disorders<br><br>Setting(s):<br>• Own homes<br>• Community (including day care, outpatients, community groups)<br>• Nursing/residential homes<br><br>Intervention(s):<br>• Environment-based interventions<br><br>Outcome(s):<br>• Behaviour<br>• Perception<br>• Falls prevention | Review's findings:<br>• Behaviour: strong evidence for the effectiveness of music in improving behaviour and multisensory interventions such as Snoezelen; moderate evidence supports noise reduction and home-like settings in institutional settings. Mixed/limited evidence for aromatherapy, functional task availability and light manipulation. Insufficient evidence for wander gardens.<br>• Perception: preliminary evidence that motorised belt providing vibrotactile cues helps people with mild dementia, and a moderate net benefit from visual cues and environmental design.<br>• Falls prevention: strong evidence for night monitoring in own homes, but limited in institutional settings. Environmental modification as part of multifaceted approach and exercise may be effective, but insufficient evidence for wander gardens.<br><br>Limitations:<br>• Heterogeneity of studies risks limit the synthesis and generalisability of results relating to various quality and type of evidence available. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| A Meta-Synthesis on Sexuality in Persons with Dementia Mapped Using the Model of Human Occupation<br><br>Kong et al (2025)<br><br>Lead author's country of employment: Malaysia<br><br>Aim/question: to identify the gaps in the study of sexuality in dementia using the Model of Human Occupation (MOHO).<br><br>Grade: B | Searches: Scopus and EBSCO databases, Academic Search Complete, CINAHL, MEDLINE, Psychology and Behavior Sciences Collection, Healthcare Business Elite<br><br>Inclusion criteria: investigated or explored experiences of sexuality in people living with dementia, involving them or their family members, carers or healthcare professionals<br><br>Exclusion criteria: grey literature, quantitative or mixed methods studies that did not robustly report qualitative findings, studies not published in English or not peer reviewed<br><br>Number of included papers: 27<br><br>Countries of included papers: UK (7), USA (6), Brazil, the Netherlands, Sweden (2 each), Australia, Canada, Israel, Iceland & Norway, Norway, Portugal (1 each)<br><br>Publication date range of included papers: 1995-2022<br><br>Method of synthesis: qualitative analysis | Population:<br>• People living with dementia and their families, carers and healthcare professionals<br><br>Setting(s):<br>• Not stated<br><br>Intervention(s):<br>• Not applicable<br><br>Outcome(s):<br>• Not applicable | Review's findings:<br>• Available studies primarily explored sexuality from the viewpoint of spouses of people living with dementia.<br>• Volition: subcomponents of this included personal causation, value and interest.<br>• Habituation: subcomponents involved roles and routines.<br>• Performance capacity: subcomponents involved communication and interaction, motor skills, mental wellbeing and processing.<br>• Environment: social environment and space,.<br>• The topic of sexuality remains sensitive, limiting the availability of evidence-based interventions in this area.<br><br>Limitations:<br>• Some evidence of indirectness, although this is difficult to articulate in qualitative research.<br>• Potential for bias due to the English language restriction and some methodological limitations. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Interventions to delay functional decline in people with dementia: a systematic review of systematic reviews<br><br>Laver et al (2016)<br><br>Lead author's country of employment: Australia<br><br>Aim/question: to summarise existing systematic reviews that assess the effects of non-pharmacological, pharmacological and alternative therapies on activities of daily living function in people with dementia.<br><br>Grade: A | Searches: Cochrane Database of Systematic Reviews, DARE, Medline, EMBASE and PsycInfo<br><br>Inclusion criteria: systematic reviews that included randomised controlled trials published in English on interventions to delay functional decline in people living with dementia<br><br>Exclusion criteria: systematic reviews that overlapped with the most up to date and comprehensive review in terms of the intervention approach, studies that included people living with non-Alzheimer's dementia only<br><br>Number of included papers: 23<br><br>Countries of included papers: Unknown<br><br>Publication date range of included papers: 2002-2014<br><br>Method of synthesis: narrative synthesis | Population:<br>• People living with dementia<br><br>Setting(s):<br>• Any<br><br>Intervention(s):<br>• Interventions to treat or manage the symptoms of dementia, including: exercise, dyadic, psychological, music therapy, cognitive stimulation, cognitive training<br><br>Outcome(s):<br>• Performance of global activities of daily living | Review's findings:<br>• Exercise: large magnitude of effect (six studies, 289 participants, SMD 0.69, 95% CI 0.08 to 1.27), but the quality of evidence was low due to a risk of bias in some studies and the limited number of participants in the analysis.<br>• Dyadic interventions: significant positive effect on activities of daily living (eight studies, 988 participants, SMD 0.37, 95% CI 0.05 to 0.69).<br>• Music therapy, cognitive stimulation and cognitive training: unable to determine if effective due to the small number of studies and the low quality of evidence. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Long-term home and community-based exercise programs improve function in community-dwelling older people with cognitive impairment: a systematic review<br><br>Lewis et al (2017)<br><br>Lead author's country of employment: Australia<br><br>Aim/question: Does long term (more than 3 months) exercise in the home or community setting improve function and reduce the risk of falls and readmission to hospital in community- dwelling older people with cognitive impairment<br><br>Grade: B | Searches: CINAHL, PubMed, Medline, Embase, AMED<br><br>Inclusion criteria: randomised controlled trials of exercise programme interventions lasting longer than three months with people aged 65 years and over with a cognitive impairment living in the community or independent living unit, without a co-intervention, with an outcome for function, falls or hospital re-admissions, conducted/supervised by a physiotherapist or other qualified exercise specialist.<br><br>Cognitive impairment can include vascular dementia, Lewy Body dementia, Alzheimer's Disease, short-term memory loss, fronto-temporal dementia and progressive supranuclear palsy<br><br>Number of included papers: 7<br><br>Countries of included papers: Unknown | Population:<br>• People aged 65 years and over with a cognitive impairment living in the community or independent living unit<br><br>Setting(s):<br>• Community<br>• Own home<br><br>Intervention(s):<br>• Supervised home or community-based exercise programmes last longer than three months<br><br>Outcome(s):<br>• Function<br>• Falls<br>• Hospital re-admissions | Review's findings:<br>• Function: Low quality evidence that long-term exercise programmes for people with cognitive impairment improved functional independence in basic activities of daily living by a significant amount (SMD 0.77, 95% CI 0.17 to 1.37, $I^2$ = 67%) and instrumental activities of daily living (SMD 0.44, 95% CI 0.03 to 0.86, $I^2$ = 42%).<br>• Balance: When compared to no intervention in three trials, there was moderate quality evidence that long-term exercise improved balance, with a significant improvement in the functional reach test score (mean difference 5.2 cm, 95% CI 0.5 to 9.9, $I^2$ = 76%).<br>• Falls: Compared to usual care in one trial, home-based individualised exercise reduced the risk of falls by 30% (RR 0.70, 95% CI 0.51 to 0.95) and community group-based exercise reduced the risk of falls by 32% (RR 0.68, 95% CI 0.50 to 0.94). In another study, compared to baseline, the falls rate decreased by 33% in the exercise group and increased by 89% in the control group over the 6-month follow-up period. These trials were not combined due to significant between-group differences.<br>• Hospital re-admissions: One trial looked at hospital admissions of people living with dementia and their carer and didn't find any difference between groups, but did find a trend towards reducing hospital costs for people with dementia only.<br>• Three trials reported no adverse events in the exercise groups.<br><br>Limitations: |

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| | Publication date range of included papers: 2008-2014<br><br>Method of synthesis: meta-analysis | | • The data extraction sheet does not provide sufficient detail about the studies such as whether the participants had dual diagnosis.<br>• The length of exercise sessions and programmes, the type of exercise and the assessment tools to measure outcomes varied across the papers. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Effectiveness of non-pharmacological therapies in people with Alzheimer's: a systematic review<br><br>Ruíz Hernández et al (2023)<br><br>Lead author's country of employment: Spain<br><br>Aim/question: to evaluate the effectiveness of non-pharmacological therapies applied to people with Alzheimer's in primary Care.<br><br>Grade: A | Searches: PubMed, CINAHL, Dialnet, Web of Science and PsycINFO<br><br>Inclusion criteria: studies published in Spanish or English investigating the effectiveness of non-pharmacological therapies for people living with Alzheimer's Disease<br><br>Exclusion criteria: articles whose methodological quality couldn't be evaluated with the full text<br><br>Number of included papers: 19<br><br>Countries of included papers: Spain (8), China (3), Italy and France (2 each), Albania and Spain, Czech Republic, US (1 each)<br><br>Publication date range of included papers: 2017-2022<br><br>Method of synthesis: | Population:<br>• People living with Alzheimer's Disease<br><br>Setting(s):<br>• Primary care<br><br>Intervention(s):<br>• Physical activity and rehabilitation<br><br>Outcome(s):<br>• Quality of life<br>• Depression<br>• Cognitive function<br>• Anxiety | Review's findings:<br>• Nearly half the studies investigated occupational therapy interventions. Two used animal-assisted therapy (finding physical and mental health benefits and quality of life), three used music therapy (finding improvement in depressive symptoms, anxiety and memory and language ability), one used art therapy (improvement in cognitive function) and one used a combination of interventions including physical, horticultural, musical, artistic and instrumental activities of daily life (improvement in depression, cognitive function and quality of life).<br>• One systematic review meta-analysis of seventeen RCTs found that physical activity, music therapy, and cognitive training therapies benefited older adults living with Alzheimer's Disease.<br>• Three studies on cognitive stimulation showed benefits in functional independence/activities of daily living, delayed executive function deterioration and emotional recognition. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| A systematic review of psychosocial interventions for people with intellectual disabilities and dementia<br><br>Muralidhar et al (2024)<br><br>Lead author's country of employment: UK<br><br>Aim/question: What is the evidence for the effectiveness of direct psychosocial interventions in intellectual difficulties and dementia? What specific adaptations have been made to facilitate the use of these interventions with this population?<br><br>Grade: B | Searches: Medline (OVID), Embase (OVID),PsychInfo (OVID), Web of Science (Core), and Google, ProQuest Dissertations and Theses Global<br><br>Inclusion criteria: studies published in English that evaluated a direct psychosocial intervention with people living with dementia and intellectual disabilities and had outcomes related to cognition, behaviour and psychiatric symptoms, adaptive function and quality of life measured by validated scales<br><br>Number of included papers: 10<br><br>Countries of included papers: UK (5), USA (2), Italy, Israel, New Zealand (1 each)<br><br>Publication date range of included papers: 2010 - 2022<br><br>Method of synthesis: narrative synthesis | Population:<br>• People living with dementia and intellectual disabilities<br><br>Setting(s):<br>• Clinical and non-clinical settings<br>• Online<br><br>Intervention(s):<br>• Psychosocial interventions<br><br>Outcome(s):<br>• Cognition<br>• Behaviour and psychiatric symptoms<br>• Adaptive functioning<br>• Quality of life | Review's findings:<br>• Interpret effectiveness cautiously given the small sample sizes in all studies, and absence of large-scale randomised controlled trials.<br>• Behavioural interventions (contingent reinforcement of compliance and differential reinforcement of other behaviour) may reduce occurrences of stealing, loitering, and inappropriate sexual behaviours. This finding is based on case studies.<br>• Studies of structured interventions (memory café, reminiscence therapy, cognitive stimulation therapy, occupational therapy, combined psychosocial intervention) suggested improvements in affect, communication, engagement, cognition, daily functioning and quality of life.<br>• Personalised interventions were beneficial for achieving personal goals, largely pertaining to improving mood, increasing engagement and ensuring safety and independence. This is based on two case studies and one mixed-methods study.<br><br>Limitations:<br>• Risk of bias: types of biases in the studies were not reported in detail<br>• Inconsistency: some studies provided positive results, but some did not.<br>• Imprecision: The studies included in this review have small sample sizes and with uncertainty about the effect/or no significant effects. Also, the interventions may not be transferrable to some UK OT practice settings.<br>• These issues affect the validity and generalisability of the results. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Economic evaluations of occupational therapy approaches for people with cognitive and/or functional decline: A systematic review<br><br>Rahja et al (2018)<br><br>Lead author's country of employment: Australia<br><br>Aim/question: What are the costs and outcomes of occupational therapy for people with cognitive and/or functional decline and/or their caregivers?<br><br>Grade: A | Searches: MEDLINE; PsycINFO; Econlit; CINAHL; ProQuest (Health & Medicine; Social Science subsets only); Cochrane Central Register of Controlled Trials (Health Technology Assessment Database; NHS Economic Evaluation Database:; ALOIS database; and EMBASE. American, Canadian, Australian, UK, and New Zealand Occupational therapy association web pages; websites of large organisations interested in ageing; and government research bodies were searched for grey literature<br><br>Inclusion criteria: OT interventions for people with cognitive and/or functional decline or their caregivers that evaluated the cost-effectiveness of the intervention<br><br>Exclusion criteria: studies on interventions for people with conditions were cognitive/functional decline happens suddenly (such as traumatic brain injury)<br><br>Number of included papers: 13<br><br>Countries of included papers: USA (6), The Netherlands, UK (2 each), Australia, New Zealand, mix (1 each)<br><br>Publication date range of included papers: 1999-2015<br><br>Method of synthesis: narrative synthesis | Population:<br>• People with cognitive and/or functional decline and their caregivers<br><br>Setting(s):<br>• Not stated<br><br>Intervention(s):<br>• Occupational therapy interventions for this population that evaluated costs of accessing services. Interventions promoted health and wellbeing through improving daily function, independence and participation.<br><br>Outcome(s):<br>• Cost-effectiveness of interventions | Review's findings:<br>• Multi-session, systematic OT interventions had evidence to support their cost-effectiveness.<br>• Evidence supported the cost-effectiveness of home safety and fall prevention intervention.<br>• For people living with dementia and their caregivers, the evidence showed a trend of better economic outcomes for tailed, multiple components and/or the provision of home safety assessments and environmental modifications to enhance independence and participation in activities of daily living.<br>• Due to lack of studies, there was insufficient evidence to support OT in care homes.<br><br>Limitations:<br>• Few studies mean the review suggests trends, not conclusive recommendations. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Home-based occupational therapy for adults with dementia and their informal caregivers: a systematic review<br><br>Raj et al (2021)<br><br>Lead author's country of employment: Australia<br><br>Aim/question: What is the effect of home-based occupational therapy on performance in self-care, productivity, and leisure occupations for adults with dementia? What is the effect of home-based occupational therapy on caregiving burden and sense of competence in their informal caregivers?<br><br>Grade: A | Searches: MEDLINE, CINAHL, Cochrane Database of Systematic Reviews, Embase, ProQuest Central, Google Scholar (1 to 100 citations), OTseeker and Scopus<br><br>Inclusion criteria: peer-reviewed quantitative studies of interventions provided or overseen by an occupational therapist for people living with dementia and/or their informal caregivers in their home. Studies had to assess levels of performance in self-care, productivity, or leisure occupations for people living with dementia and/or caregiving burden or sense of competence for their informal caregivers<br><br>Number of included papers: 22<br><br>Countries of included papers: Unknown<br><br>Publication date range of included papers: 2001-2019<br><br>Method of synthesis: narrative synthesis | Population:<br>• People living with dementia and their informal caregivers<br><br>Setting(s):<br>• Own home<br><br>Intervention(s):<br>• Home-based occupational therapy interventions<br><br>Outcome(s)<br>• Activities of daily living<br>• Caregiver burden<br>• Caregiver sense of competence | Review's findings:<br>• Moderate strength evidence supports home-based OT to promote activities of daily living performance and reduce informal caregiver burden.<br>• Multifaceted intervention approach that involves both the person with dementia and their caregiver can achieve meaningful performance-related outcomes. The interventions reviewed generally included a combination of compensatory strategies adapted to the person's ability and appropriate education and training for caregivers. OTs supervised the implementation of caregiving strategies.<br>• Using person-centred approaches to plan interventions may achieve meaningful performance-related outcomes.<br><br>Limitations:<br>• Some studies used author-developed outcome measures with unknown external validity and generalisability.<br>• Variability in reporting type and stages of dementia.<br>• Most studied activities of daily living or instrumental activities of daily living without specifying the activities. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Effects of reminiscence therapy in people with dementia:<br>A systematic review and meta-analysis<br><br>Saragih et al (2022)<br><br>Lead author's country of employment:<br>Taiwan<br><br>Aim/question: to examine the effects of reminiscence therapy implementation in people with dementia<br><br>Grade: A | Searches: CINAHL, EMBASE, MEDLINE, PubMed, UpToDate (Ovid), Web of Science<br><br>Inclusion criteria: people with dementia; applied reminiscence therapy; experimental study, RCT or quasi-experimental; published in English<br><br>Exclusion criteria: not within scope of PICOS method; protocol study; studies that did not provide full text<br><br>Years searched: 2002 - 2021<br><br>Number of included papers: 29<br><br>Countries of included papers:<br>• Japan and UK (4)<br>• Taiwan and South Korea (3)<br>• China, Belgium, the United States and Portugal (2)<br>• France, Argentina, Italy, Turkey, Spain, Turkey and Ireland (1)<br><br>Publication date range of included papers: 2002-2020<br><br>Method of synthesis: meta-analysis | Population:<br>• People with dementia, at any stage<br><br>Setting(s):<br>• Nursing/residential home<br>• Day centres<br><br>Intervention(s):<br>• Reminiscence therapy<br><br>Outcome(s):<br>• Cognitive function<br>• Depressive symptoms<br>• Dependency<br>• Neuropsychiatric symptoms<br>• Quality of life | Findings:<br>• Reminiscence therapy increased cognitive function ($p< 0.001$) and quality of life ($p< 0.001$) and reduced depressive ($p< 0.001$) and neuropsychiatric symptoms ($p=0.01$) among people with dementia.<br>• It did not significantly reduce the activities of daily living (ADL) dependency level among people with dementia ($p=0.07$).<br><br>Limitations:<br>• Characteristics of included studies varied.<br>• Unable to perform subgroup analysis.<br>• RCTs had various risks of bias. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Effects of nonpharmacological interventions on functioning of people living with dementia at home: a systematic review of randomised controlled trials<br><br>Scott et al (2019)<br><br>Lead author's country of employment: UK<br><br>Aim/question: to update previous syntheses examining the effectiveness of nonpharmacological interventions in reducing functional decline (activities of daily living, activity-specific physical functioning, or function-specific goal attainment) in people living in their own homes with dementia.<br><br>Grade: A | Searches: PubMed, EMBASE (Ovid) and PsychINFO (Ovid)<br><br>Inclusion criteria: randomised controlled trials with people living with dementia in their own homes investigating a non-pharmacological intervention with a control group and where the primary or secondary outcomes were measures of activities of daily living/instrumental activities of daily living; functional performance or dependency; function-related goal attainment; or activity, goal, role or task specific physical functioning<br><br>Exclusion criteria: interventions targeting caregiver-focused outcomes only and studies where either the intervention or control group had less than 15 participants<br><br>Number of included papers: 29 (only 16 papers included in the narrative synthesis)<br><br>Countries of included papers: UK (5), USA (2), Netherlands (2), Finland (3), Germany (2), Denmark (1), France (1) – these were included in the narrative synthesis<br><br>Search date of papers: 2012 – 2018 | Population:<br>• People living with dementia<br><br>Setting(s):<br>• Community (including day care, outpatients, community groups)<br>• Own home<br><br>Intervention(s):<br><br>Outcome(s):<br>• Functional performance or dependency<br>• Activities of daily living/instrumental activities of daily living<br>• Function-related goal attainment<br>• Specific physical functioning | Review's findings:<br>• Study interventions were evaluated in four groups: physical exercise, occupational, multicomponent, and cognition-oriented interventions. Findings from studies that had a low risk of bias are reported below.<br>• Physical exercise: Group-based exercises were ineffective at reducing functional decline, while in-home tailored exercise showed positive effects.<br>• Occupational therapy interventions: Four showed mixed results. One trial of the Tailored Activity Program, involving in-home training and environmental strategies, delayed functional dependence. Two trials with enhanced OT services around activities of daily living showed no benefit to routine OT care.<br>• Multicomponent interventions: Three studies, with diverse components, and showed no positive effect.<br>• Cognition-oriented interventions, or reminiscence therapies: Four randomised controlled trials investigated these interventions, though one reported low adherence. Group reminiscence therapy didn't reduce functional decline in two trials. One trial using individualised cognitive rehabilitation tailoring activities of daily living training showed less decline while another trial combined with CBT showed no positive effects Neither individual cognitive stimulation therapy nor group cognitive training showed improvement. |

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| | Method of synthesis: narrative synthesis | | |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Wellbeing Benefits of Horticulture-Based Activities for Community Dwelling People with Dementia: A Systematic Review<br><br>Scott et al (2022)<br><br>Lead author's country of employment: Australia<br><br>Aim/question: What evidence exists about the impact of using horticulture-based activities and interventions to enhance wellbeing for people living with dementia in community settings? What is known about the impact of using horticulture-based activities and interventions on behaviours and symptoms associated with dementia? Are there potentially suitable measures and methods that may inform evidence-based practice and future research?<br><br>Grade: A | Searches: MEDLINE, COCHRANE, Web of Science, Embase, Psycnet, CINAHL, PsycINFO<br><br>Inclusion criteria: studies published in English using recognised qualitative or quantitative methods investigating horticultural activities or interventions with people living with dementia in the community, either group-based or individualised<br><br>Exclusion criteria: activities or interventions at green care farms<br><br>Number of included papers: 8<br><br>Countries of included papers: Canada, UK and USA (2 each), the Netherlands, Japan (1 each)<br><br>Publication date range of included papers: 2002-2021<br><br>Method of synthesis: narrative synthesis | Population:<br>• People living with dementia in the community<br><br>Setting(s):<br>• Community (including day care, outpatients, community groups)<br><br>Intervention(s):<br>• Horticultural-based interventions<br><br>Outcome(s):<br>• Cognitive function<br>• Memory function<br>• Physical function<br>• Engagement in social activities<br>• Quality of life/wellbeing | Review's findings:<br>• Cognitive function: no conclusive findings.<br>• Memory: one study found no significant difference in memory decline<br>• Physical function: one study found no significant difference in physical function<br>• Engagement in social activities: four studies reported some increase in engagement while one did not<br>• Quality of life/wellbeing: six studies showed a positive improvement after the intervention<br><br>Limitations:<br>• Small sample sizes.<br>• Heterogeneous nature of the included studies.<br>• The evidence base is severely limited with only 8 studies with small sample sizes, using varied designs without standardised measures, showing no cognitive improvements and selection bias toward those already interested in gardening.<br>• There was also limited direct input from people with dementia and lack of rigorous methodology to establish efficacy beyond preliminary observations of engagement and wellbeing benefits. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Effectiveness' of occupational therapy interventions to enhance occupational performance for adults with Alzheimer's disease and related major neurocognitive disorders: A systematic review<br><br>Smallfield and Heckenlaible (2017)<br><br>Lead author's country of employment: USA<br><br>Aim/question: to describe the evidence for the effectiveness of interventions designed to establish, modify, and maintain occupations for adults with Alzheimer's disease and related neurocognitive disorders.<br><br>Grade: B | Searches: MEDLINE, PsycINFO, OTseeker, and CINAHL, Cochrane Database of Systematic Reviews, the Cochrane Controlled Trials Register, and the Database of Abstracts of Reviews of Effectiveness<br><br>Inclusion criteria: peer-reviewed literature published in English on interventions within the scope of OT for people living with Alzheimer's and related major neurocognitive disorders and aim of establishing, modifying, or maintaining activities of daily living, instrumental activities of daily living, sleep, leisure, or social participation with an outcome measuring occupation<br><br>Exclusion criteria: descriptive studies and case reports<br><br>Number of included papers: 52<br><br>Countries of included papers: Unknown | Population:<br>• People living with Alzheimer's and related major neurocognitive disorders<br><br>Setting(s):<br>• Community (including day care, outpatients, community groups)<br>• Nursing/residential home<br>• Own home<br><br>Intervention(s):<br>• Interventions that aimed to establish, modify, or maintain activities of daily living, instrumental activities of daily living, sleep, leisure, or social participation<br><br>Outcome(s):<br>• Measurement of occupation | Review's findings:<br>• Strong evidence for occupation-based interventions to maintain activities of daily living performance and for routine exercise to improve sleep, daily activity, and physical function.<br>• Strong evidence also supports the use of cognitive interventions, specifically errorless learning strategies, for maintaining performance of activities of daily living.<br>• Authors' recommended interventions as a routine part of services are as follows:<br>  ○ Occupation-based interventions for activities of daily living<br>  ○ Physical exercise for improved sleep, activities of daily living, and physical function<br>  ○ Individualised social activity for improved sleep performance<br>  ○ Errorless learning or prompting for the performance of activities of daily living and instrumental activities of daily living<br>  ○ Cognitive stimulation activities for improved quality of life and socialisation<br>  ○ Multicomponent interventions for improved quality of life<br>  ○ Montessori methods for self-feeding.<br>• Authors' say the following services should be offered selectively based on the person's characteristics:<br>  ○ Cognitive rehabilitation and training for activities of daily living<br>  ○ Multicomponent and multidisciplinary interventions for activities of daily living. |

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| | Publication date range of included papers: 2006-2013<br><br>Method of synthesis: not stated | | Limitations:<br>• Due to the heterogeneity across studies, it limited the synthesis and generalisability of results relating to various quality and type of evidence available |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Informal carers' experience of assistive technology use in dementia care at home: a systematic review<br><br>Sriram et al (2019)<br><br>Lead author's country of employment: UK<br><br>Aim/question: identify the types and uses of assistive technology in dementia; describe the effectiveness of assistive technology for outcomes (including burden, wellbeing and quality of life) of informal carers of people with dementia living at home; describe supporters' experiences of assistive technology use in dementia; determine the aspects of assistive technology that are valued and work well for supporters by integrating first two aims.<br><br>Grade: A | Searches: MEDLINE; EMBASE; PsycINFO; AMED; CINAHL; Database of Abstracts of Reviews of Effects (DARE), OT seeker and The Cochrane Library of Systematic Reviews<br><br>Inclusion criteria: qualitative, quantitative or mixed methods studies that investigated informal carers of people living with dementia's experiences or the effectiveness of assistive technology, published in English<br><br>Exclusion criteria: studies that investigated informal carers of people living with dementia in a care home<br><br>Number of included papers: 56<br><br>Countries of included papers: Europe (37), North America (13), Asia (2), Australia (2), Mid-east (1), mixed (1)<br><br>Publication date range of included papers: 2000-2017<br><br>Method of synthesis: narrative synthesis | Population:<br>• Informal carers of people living with dementia<br><br>Setting(s):<br>• Own home<br><br>Intervention(s):<br>• Assistive technology<br><br>Outcome(s):<br>• Burden<br>• Quality of life/wellbeing<br>• Usefulness, benefits and disadvantages of assistive technology<br>• Impact on carer /person living with dementia relationship | Review's findings:<br>• The most commonly used assistive technology was for safety and security (*n* = 38) including tracking devices and home safety devices, then devices for supporting memory and orientation (*n* = 23) and for social interaction and leisure activities (*n* = 16). Few studies (*n* = 3) considered assistive technology which supported basic Activities of Daily Living activities.<br>• Assistive technology solutions from the included studies did not effectively address behavioural problems except safety/alert devices for wandering and getting lost.<br>• Generally, informal carers reported they would recommend use of assistive technology to others in similar situations, especially when it supported safety and security for people with dementia.<br>• Informal carers may prefer a specific type of assistive technology, such as a GPS tracker, and perceive it as useful but it may not have any real effect on outcomes of burden, satisfaction or wellbeing.<br>• Assistive technology needed to be adapted or customised for informal carers and people with dementia's individual needs and when this was not the case, led to abandonment of it. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Migrant informal caregiver perceptions and experiences of caring for a family member with dementia: A systematic review and thematic synthesis<br><br>Stenberg & Hjelm (2023)<br><br>Lead author's country of employment: Sweden<br><br>Aim/question: to systematically search and synthesise the qualitative literature exploring migrant family caregivers' experiences and perceptions of caring for a relative with dementia.<br><br>Grade: A | Searches: PubMed, PsycINFO and CINAHL<br><br>Inclusion criteria: qualitative studies written in English where family members of migrants with dementia gave views on informal care<br><br>Exclusion criteria: studies not explicitly reporting on migrants<br><br>Number of included papers: 26<br><br>Countries of included papers: USA (6), Norway (3), Australia and UK (3 each), Belgium and the Netherlands (2 each), Sweden, Denmark, Canada, Germany and unknown (1 each)<br><br>Publication date range of included papers: 2002-2020<br><br>Method of synthesis: thematic synthesis of qualitative research | Population:<br>• Migrant informal caregivers of people with dementia<br><br>Setting(s):<br>• Not applicable<br><br>Intervention(s):<br>• Not applicable<br><br>Outcome(s):<br>• Not applicable | Review's findings:<br>• Caregivers' lack of understanding of causes and symptoms of dementia<br>• Lack of cultural and linguistic ability to achieve diagnosis<br>• Stigmatising beliefs about dementia and distrust in Western medicine<br>• Caregivers' lack of knowledge, familiarity and awareness of services available for dementia and language barriers<br>• Healthcare system could be last resort because of negative experiences with healthcare professionals, distrust based on experiences of nursing homes in the home country or rumours about care institutions in the host country. Caregivers ' experiences of professional caregivers who did not respect religious rituals, halal dietary practices or gender matching was another issue.<br>• Limited acceptance of nursing homes and home-based services were associated with willingness to fulfil family obligations.<br>• Caregiver stress due to caring demands, acculturation and cultural traditions limiting choice.<br>• Caregiver coping strategies and/or challenging cultural traditions.<br><br>Limitations:<br>• Limited search.<br>• The papers include migrants from a wide range of countries, creating heterogeneity. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Meta-ethnography of the purpose of meaningful occupation for people living with dementia<br><br>Strick et al (2021)<br><br>Lead author's country of employment: UK<br><br>Aim/question: to create a conceptual framework depicting the types of meaning that are seen as stemming from occupation.<br><br>Grade: A | Searches: CINAHL, PubMed Central, PsycINFO, Embase, AMED, ASSIA<br><br>Inclusion criteria: qualitative or mixed-method studies published in English that investigated beliefs, attitudes, definitions and perceptions of what meaningful occupation is from the perspective of people living with dementia, family of people living with dementia, or professionals working with people with dementia<br><br>Number of included papers: 20<br><br>Countries of included papers: Unknown<br><br>Publication date range of included papers: 2003-2016<br><br>Method of synthesis: meta-ethnography | Population:<br>• People living with dementia<br><br>Setting(s):<br>• Any<br><br>Intervention(s):<br>• Not applicable<br><br>Outcome(s):<br>• Not applicable | Review's findings:<br>• Catalytic environment: creates a foundation where the person feels secure and free to express themselves. An expectation that, with the correct support, a person living with dementia can contribute to and engage with occupations that enable them to experience diversity can increase the occupational opportunities available to them. Self-selected occupation is meaningful. The perception by people living with dementia that occupations they engage in hold a legitimate value has a strong impact on the identity and feelings of self-worth they experience. Both physical and social stimuli can act as a catalyst which support people living with dementia to change or prolong their engagement with occupation.<br>• Living a meaningful life: involves the person living with dementia continuing to maintain links from across their life course in a way which supports their sense of personal value. Occupations can hold meaning through their capacity to support the person living with dementia to experience a sense of having influence over how they live their lives. occupation is used to support people living with dementia to experience a sense of normality in their lives. Occupation creating a feeling of flow when completely immersed in something without cognitive effort. People living with dementia should have the chance to experience the full spectrum of emotion, which is part of the experience of being human.<br>• Occupation as a tool: Occupation is used to initiate immediate, short-term changes for the person living with dementia through alleviating negative, and initiating positive, emotions. Occupation is used to maintain health both physically and psychologically. It can be used to demonstrate competence and independence to retain control in their lives. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Leisure Activities and the Risk of Dementia: A Systematic Review and Meta-analysis<br><br>Su et al (2022)<br><br>Lead author's country of employment: China<br><br>Aim/question: to assess the effects of different types of leisure activities, including cognitive, physical, and social activities, on the incidence of all-cause dementia, Alzheimer's disease, and vascular dementia.<br><br>Grade: B | Searches: Cochrane, PubMed, Embase, and Web of Science<br><br>Inclusion criteria: longitudinal studies that examined associations between leisure activities and dementia and the studies were published in English<br><br>Number of included papers: 38<br><br>Countries of included papers: North America (12), Europe (22), Asia (3), Oceania (1)<br><br>Publication date range of included papers: 2001-2021<br><br>Method of synthesis: meta-analysis | Population:<br>• People living with dementia<br><br>Setting(s):<br>• Not applicable<br><br>Intervention(s):<br>• Not applicable, but looked at leisure activities<br><br>Outcome(s):<br>• Incidence of dementia | Review's findings:<br>• The meta-analysis showed that individuals who engaged in leisure activities were associated with a 0.83-fold lower risk of developing all cause dementia compared with individuals who did not engage in leisure activities (RR 0.83, 95% CI 0.80–0.87, $I^2$ = 79.9%, p < 0.001), 18% lower risk of developing Alzheimer's disease (RR 0.82, 95% CI 0.74–0.90, $I^2$ = 72.7%, p < 0.001), and 0.68-fold lower risk of vascular dementia compared with participants who did not engage in leisure activities (RR 0.68, 95% CI 0.54–0.86, $I^2$ = 61.8%, p = 0.007).<br>• Physical activities were inversely associated with a risk of all-cause dementia, Alzheimer's disease, and vascular dementia.<br>• Cognitive activity was in relation with a reduced risk of all-cause dementia and Alzheimer's disease.<br>• Social activity was associated with a reduced incidence of all-cause dementia.<br><br>Limitations:<br>• Many studies included self-reporting of leisure activities.<br>• Because of low study numbers, did not investigate impact of the frequency or how strenuous the activity was on dementia incidence.<br>• Over a third of studies had a follow-up of less than six years, meaning participants with dementia would likely have had undiagnosed early stages of dementia.<br>• Sparse data for two outcome variables. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| The effect of cognitive training on domains of attention in older adults with mild cognitive impairment and mild dementia: A meta-analysis of randomised controlled trials<br><br>Sung et al (2023)<br><br>Lead author's country of employment: Taiwan<br><br>Aim/question: to explore the pooled effect of cognitive training on domains of attention in older adults with mild cognitive impairment and mild dementia using a meta-analysis of randomised controlled trials<br><br>Grade: A | Searches: PubMed, Embase, Scopus, Web of Science, CINAHL, PsycINFO, and Cochrane Library<br><br>Inclusion criteria: randomised controlled trials investigating cognitive training among people aged 50 years and over diagnosed with mild cognitive impairment or mild dementia<br><br>Exclusion criteria: duplicate studies<br><br>Number of included papers: 17<br><br>Countries of included papers: Italy (3), Singapore (2), USA (2), China (2), Australia (4), Canada (1), Turkey (1), Taiwan (2)<br><br>Publication date range of included papers: 2009-2021<br><br>Method of synthesis: meta-analysis | Population:<br>• People aged 50 years and over living with mild cognitive impairment or mild dementia<br><br>Setting(s):<br>• Community<br><br>Intervention(s):<br>• Cognitive training<br><br>Outcome(s)<br>• Overall attention (primary outcome)<br>• Attention in different domains<br>• Global cognitive function | Review's findings:<br>• Cognitive training exerts a small-to-medium effect overall attention (pooled Hedge's g = 0.41, 95% CI = 0.13, 0.70), selective attention (pooled Hedge's g = 0.37, 95% CI = 0.19, 0.55), divided attention (pooled Hedge's g = 0.38, 95% CI = 0.03, 0.72) and global cognitive function (pooled Hedge's g = 0.30, 95% CI = 0.02, 0.58).<br>• Despite some positive results from individual studies, the pooled results showed no intervention was effective in improving overall cognition or attention.<br>• Subgroup findings suggest cognitive training on attention showed better effectiveness with individual format, a length of training <60 minutes, <3 weekly training sessions, a total training of ≥8 weeks, and a total of <24 weeks of session for mild cognitive impairment and mild dementia.<br><br>Limitations included:<br>• Papers had different designs, sampling methods, types of interventions, duration and frequency and measurement tools.<br>• Mild cognitive impairment and dementia not differentiated in review. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| The use of everyday technologies to enhance wellbeing and enjoyment for people living with dementia: A systematic literature review and narrative synthesis<br><br>Sweeney et al (2021)<br><br>Lead author's country of employment: UK<br><br>Aim/question: to explore the experiences and views of people living with dementia and carers about using everyday technology to enhance their wellbeing and enjoyment, social engagement, participation and leisure as well as understand their views about the usability of everyday technology in dementia.<br><br>Grade: A | Searches: PsycINFO, PsycARTICLES, CINAHL Complete and EThOS<br><br>Inclusion criteria: qualitative or mixed methods studies published in English exploring people living with dementia or mild cognitive impairment and/or their caregivers' experiences of technologies to support wellbeing<br><br>Number of included papers: 10<br><br>Countries of included papers: UK (6), Australia, the Netherlands, Sweden, US (1 each)<br><br>Publication date range of included papers: 2009-2018<br><br>Method of synthesis: inductive narrative synthesis | Population:<br>• People living with dementia or mild cognitive impairment and their caregivers<br><br>Setting(s):<br>• Community (including day care, outpatients, community groups)<br>• Own home<br><br>Intervention(s):<br>• Technology-based<br><br>Outcome(s):<br>• Wellbeing<br>• Social engagement<br>• Participation<br>• Leisure | Review's findings:<br>• First theme is technology maintaining a sense of identity through sense of achievement when learning how to use the technology, engaging in past interests and hobbies and reminiscing with others.<br>• Second theme is challenging assumptions held by self and others. This could be positive, in terms of surprising themselves and/or others that they learned how to use new technology, or negative in terms of not easily learning or holding negative views about their ability to use technology.<br>• Third theme is importance of others, which included the importance of someone to help with learning to use the technology, sharing the experience of using it and enhancing the carer-person living with dementia relationship.<br>• Fourth theme is useability of technology influencing effective engagement. Issues were more likely to be reported in studies with a higher methodological quality. Issues included technical problems and concerns about cost. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Effectiveness of home-based, non-exercise interventions for dementia: A systematic review<br><br>Tan et al (2022)<br><br>Lead author's country of employment: Singapore<br><br>Aim/question: to consolidate the evidence for the effectiveness of home-based, non-exercise interventions on people living with dementia's behavioural symptoms, functional status, cognition and mood, as well as the impact on their caregivers in terms of caregivers' quality of life, their burden and mood.<br><br>Grade: A | Searches: CINAHL, PsycArticles, PubMed, SAGE Journals, Science Direct, and Web of Science<br><br>Inclusion criteria: people living with dementia in their own home; randomised controlled trials or quasi-experimental studies investigating intervention other than physical exercise; published in English and in a peer-reviewed journal<br><br>Number of included papers: 18<br><br>Countries of included papers: Unknown<br><br>Publication date range of included papers: 1998-2019<br><br>Method of synthesis: Not stated | Population:<br>• People living with dementia in their own homes<br><br>Setting(s):<br>• Own home<br><br>Intervention(s):<br>• Home-based non-exercise interventions for people living with dementia<br><br>Outcome(s):<br>• Behavioural disturbance<br>• Functional status<br>• Cognition<br>• Mood<br>• Caregiver's quality of life, burden and mood | Review's findings:<br>• Behavioural disturbance: mixed findings. Studies that primarily targeted behavioural disturbance exhibited better effect. Effective interventions incorporated dyadic needs assessment and tailored interventions based on the interests and abilities of the people living with dementia.<br>• Functional status: mixed findings. Interventions that showed significant benefit were individualised to people living with dementia based on their interests and current abilities, and conducted by the therapists.<br>• Cognition: mixed findings. Studies with longer durations and incorporated reinforcement of strategies and involvement of caregivers in interventions appear beneficial, while individualised cognitive stimulation therapy and cognitive rehabilitation interventions showed no effect.<br>• Mood: limited evidence.<br>• Caregiver's quality of life: inconclusive. Studies that showed effectiveness had actively involved caregivers in the interventions that were not overly intensive or causing inconvenience to the caregivers.<br>• Caregiver's burden: little significant effect. Interventions that were effective had included caregiver education and concurrently yielded a positive impact on the functional abilities of the people living with dementia.<br>• Caregiver's mood: no significant benefits. A significant impact was observed when the follow-up was relatively long (18 months) albeit the direction of change was counterintuitive.<br>• The common features among effective interventions observed among these studies included the use of activities tailored to the interests and capabilities of the people living with dementia, and assessments on context and needs of the dyads. |

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| | | | Psychoeducation and skills training for caregivers in communication and task simplification were also prominent features of effective interventions.<br><br>Limitations:<br>• Varied outcome measures used. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Effectiveness of meaningful occupation interventions for people living with dementia in residential aged care: a systematic review<br><br>Travers et al (2016)<br><br>Lead author's country of employment: Australia<br><br>Aim/question: to examine the effectiveness of meaningful activity interventions to address behavioural and psychological symptoms of dementia (agitation, aggression, depression, wandering and apathy), quality of life, sleep, engagement and function for people with dementia living permanently in care homes.<br><br>Grade: A | Searches: PubMed, CINAHL, PsycINFO, ISI Web of Science, OTSeeker, Embase, Cochrane CENTRAL, clinicaltrials.gov, Mednar, OpenSIGLE, New York Academy of Medicine Library Gray Literature Report, ProQuest Dissertations and Theses<br><br>Inclusion criteria: interventions with people living with dementia in nursing homes individualised to be meaningful to the person; experimental or observational studies with a comparator group;<br><br>Years searched: 2004-2015<br><br>Number of included papers: 34 met quality criteria<br><br>Countries of included papers: USA (15), UK, Taiwan (4 each), the Netherlands (3), Australia (2), Argentina, France, Hong Kong, Ireland, Italy, Spain (1 each)<br><br>Publication date range of included papers: 2004-2014<br><br>Method of synthesis: meta-analysis where possible, otherwise pooled narrative analysis | Population:<br>• People living with dementia in nursing homes<br><br>Setting(s):<br>• Nursing/residential home<br><br>Intervention(s):<br>• Interventions individualised to be meaningful to the person<br><br>Outcome(s):<br>• Quality of life,<br>• Behavioural and psychological symptoms of dementia (such as agitation, aggression, depression, wandering and apathy),<br>• Mood<br>• Function<br>• Cognition<br>• Sleep | Review's findings:<br>• Some evidence that individualised activity/recreational therapy interventions may be effective.<br>• Findings suggest that a social interaction intervention was effective, but the lack of detail means no conclusions can be made regarding which element(s) of the intervention may underlie its effectiveness.<br>• Some evidence that reminiscences therapy can alleviate behavioural and psychological conditions, including depression, wellbeing, memory, quality of life, behaviour and communication, with group therapy more effective than individually administered.<br>• Limited evidence that person-centred care or nursing care interventions aimed at developing individual care plans are effective.<br>• Two very small-scale studies suggest that animal-assisted therapy may be beneficial for some people (perhaps those with a particular fondness for animals), at least during therapy sessions.<br>• Two studies provide very limited evidence that a Snoezelen intervention might be beneficial. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Efficacy of cognitive remediation on activities of daily living in individuals with mild cognitive impairment or early-stage dementia: a systematic review and meta-analysis<br><br>Tulliani et al (2022)<br><br>Lead author's country of employment: Australia<br><br>Aim/question: to summarise the available evidence regarding the efficacy of cognitive remediation approaches on the performance of instrumental activities of daily living in adults with MCI or early-stage dementia.<br><br>Grade: A | Searches: OvidSP versions of MEDLINE and Embase, EBSCO versions of CINAHL and PsycINFO, and the Cochrane Central Register of Controlled Trials<br><br>Inclusion criteria: randomised controlled trials of cognitive stimulation, training or remediation interventions with people aged 60 or over living with mild cognitive impairment (MCI) or early-stage dementia and reported outcome on aspect of instrumental activities of daily living performance<br><br>Exclusion criteria: articles not published in English<br><br>Years searched: Unknown<br><br>Number of included papers: 13<br><br>Countries of included papers: Unknown<br><br>Publication date range of included papers: 2013-2022<br><br>Method of synthesis: narrative synthesis | Population:<br>• People aged 60 or above living with MCI or early-stage dementia<br><br>Setting(s):<br>• Community<br>• Nursing/residential home<br><br>Intervention(s):<br>• Cognitive stimulation<br>• Cognitive remediation<br>• Cognitive training<br><br>Outcome(s):<br>• Performance on instrumental activities of daily living | Review's findings:<br>• Meta-analysis included 11 studies; did not include any studies on cognitive stimulation.<br>• The immediate post-intervention results of cognitive remediation indicated that instrumental activities of daily living performance was superior in the intervention group when compared with the control group (SMD: 0.17, 95% CI: 0.03 to 0.31), with small effect size (Z = 2.35, P = < 0.02). There was insufficient statistical evidence to confirm a longer-term effect.<br>• Cognitive training approach had a significant but overall small effect on instrumental activities of daily living performance (SMD: 0.29; 95% CI: 0.07 to 0.51. Effect size Z = 2.607, p = 0.01). No significant differences were found between groups in studies using a cognitive rehabilitation approach (SMD: 0.21; 95% CI: −0.18 to 0.59).<br>• Interventions lasting less than 10 hours appeared to have the largest effect size, if small.<br><br>Limitations:<br>• Studies used different measurement instruments.<br>• Small sample sizes. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Occupational Therapy Interventions to Improve the Quality of Life of Older Adults with Dementia Living in Nursing Homes: A Systematic Review<br><br>Uceda-Portillo et al (2024)<br><br>Lead author's country of employment: Spain<br><br>Aim/question: to systematically identify, evaluate, and summarize the scientific evidence on OT interventions to improve the quality of life of older adults aged 65 and over with dementia living in nursing homes.<br><br>Grade: A | Searches: PubMed, Web of Science, OTSeeker, clinicaltrials.gov, Dialnet, Scopus, Cochrane, and SciELO<br><br>Inclusion criteria: studies involving OT interventions for people aged 65 and over living with dementia in a nursing home<br><br>Years searched: 2013-2023<br><br>Number of included papers: 16<br><br>Countries of included papers: Unknown<br><br>Publication date range of included papers: 2014-2021<br><br>Method of synthesis:<br>Not stated | Population:<br>• People aged 65 and over living with dementia in a nursing home<br><br>Setting(s):<br>• Nursing/residential home<br><br>Intervention(s):<br>• OT interventions, including those focused on meaningful occupations; physical, cognitive and sensory functioning; performance areas; physical and social environment and staff training<br><br>Outcome(s):<br>• Quality of life | Review's findings:<br>• Interventions focused on meaningful activities and occupations and structured according to individual changes in activities based on the preferences and wishes of each participant, the type and stage of dementia, and the functional ability of person to perform them, or specific programs of activities and occupations, show therapeutic effects on the behavioural and psychological symptoms of dementia, which in turn positively influence the perception of the quality of life.<br>• Individualised occupations such as music or painting show a high strength of evidence for the improvement of agitation, depression, anxiety, and mood.<br>• Reminiscence activities have positive effects on cognitive functioning and quality of life.<br>• Verbal and communication-enhancing activities and meaningful occupational activities show a moderate strength of evidence for the improvement of social relationships, cognitive function, and quality of life.<br>• Psychoeducation and stress reduction activities did not improve agitation.<br><br>Limitations:<br>• Heterogeneity of studies. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| The effect of garden use on quality of life and behavioral and psychological symptoms of dementia in people living with dementia in nursing homes: a systematic review<br><br>Van der Velde-van Buuringen et al (2023)<br><br>Lead author's country of employment: the Netherlands<br><br>Aim/question: What is the effect of garden use on quality of life and behavioural and psychological symptoms of dementia in people living with dementia in nursing homes?<br><br>Grade: A | Searches: PubMed, MEDLINE, Embase, Web of Science, COCHRANE Library, Emcare, PsycINFO, and Academic Search Premier<br><br>Inclusion criteria: articles describing or measuring the effect of gardening interventions on people living with dementia in nursing homes published in English, German, Dutch or French<br><br>Exclusion criteria: Letters to the editor, reviews, studies describing the effects of horticultural therapy, or taking place at facilities without 24 hour functional care<br><br>Years searched: 1946-2022<br><br>Number of included papers: 19<br><br>Countries of included papers: USA (8), Australia (4), Netherlands, UK (2 each), Canada, Japan (1 each)<br><br>Publication date range of included papers: 1997-2022<br><br>Method of synthesis: narrative synthesis | Population:<br>• People living with dementia in nursing homes<br><br>Setting(s):<br>• Nursing/residential home<br><br>Intervention(s):<br>• Gardening interventions – either in gardens designed specifically for nursing homes, activities in the garden or some other garden-related intervention<br><br>Outcome(s):<br>• Quality of life<br>• Behavioural and psychological symptoms of dementia | Review's findings:<br>• Quality of life: all six publications described a positive effect of garden use.<br>• Behavioural and psychological symptoms of dementia: Seven of the 10 publications describe positive effects of garden use.<br><br>Limitations:<br>• Unable to conduct meta-analysis because of heterogeneity of the studies.<br>• Majority of studies did not provide enough detail to replicate interventions. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
|---|---|---|---|
| Effectiveness of Supporting Informal Caregivers of People with Dementia: A Systematic Review of Randomized and Non-Randomized Controlled Trials<br><br>Vandepitte et al (2016)<br><br>Lead author's country of employment: Belgium<br><br>Aim/question: Are initiatives to support informal caregivers of people with dementia effective for caregivers and/or care-recipients in comparison to standard dementia care? What impact does supporting informal caregivers of people with dementia have on the wellbeing of those caregivers and/or on the wellbeing of people with dementia?<br><br>Grade: B | Searches: Web of Science, PubMed<br><br>Inclusion criteria: supportive psychosocial interventions with a control group for informal caregivers of people living with dementia in the community. Intervention had to measure some form of wellbeing for the caregiver or person living with dementia.<br><br>Exclusion criteria: Qualitative, case studies, systematic reviews and meta-analyses, studies that focused on paid caregivers or those who had specific psychological or physical morbidities, or where the person living with dementia was in residential care.<br><br>Years searched: Unknown<br><br>Number of included papers: 15<br><br>Countries of included papers: European (28), US & Canada (25)<br><br>Publication date range of included papers: 2000-2015<br><br>Method of synthesis: not stated | Population:<br>• Informal caregivers of people living with dementia<br><br>Setting(s):<br>• Community (including day care, outpatients, community groups)<br>• Own home<br><br>Intervention(s):<br>• Supportive psychosocial interventions for the caregiver<br><br>Outcome(s):<br>• Wellbeing of the caregiver or person living with dementia, including: quality of life/wellbeing, mental health, physical health, competence/self-efficacy, burden, attitudes, and resources | Review's findings:<br>• When stated that a particular intervention had an effect, this means that there was a significant positive effect on at least one outcome measure at $p \leq 0.05$ in the intervention group compared to control group.<br>• All seven occupational interventions delivered to individuals showed benefits, especially in supporter self-efficacy outcomes and in the frequency of behavioural problems of care-recipients.<br>• The only group-based occupational therapy intervention could not find benefits.<br>• In three group-based cognitive behavioural therapy interventions, benefits for supporters were found, especially in dysfunctional thoughts. Possible impact on the care-recipient was not measured in any of the studies.<br>• Individual interventions generally found to be more effective than group interventions.<br><br>Limitations:<br>• The search strategy could be broader.<br>• Only one reviewer appraised all the papers. The second reviewer quality assessed ten randomly selected papers. A third reviewer was consulted when there was no consensus.<br>• More detail about the qualitative synthesis and methods used would have improved the paper.<br>• Risk of bias in included articles. Some methodological inconsistencies. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
|---|---|---|---|
| The effectiveness of interventions in supporting self-management of informal caregivers of people with dementia; a systematic meta review<br><br>Veld et al (2015)<br><br>Lead author's country of employment: The Netherlands<br><br>Aim/question: what scientific evidence exists for the effectiveness of various types of professional self-management support interventions for informal caregivers of persons with dementia?<br><br>Grade: A | Searches: PubMed, CINAHL, Cochrane Library, Embase and PsycINFO<br><br>Inclusion criteria: systematic reviews focused on informal caregivers of people living with dementia with interventions on professional self-management support<br><br>Exclusion criteria: papers with no effect studies included<br><br>Number of included papers: 10<br><br>Countries of included papers: Netherlands (3), Australia, Brazil, Canada, Germany, Italy, Taiwan, UK (1 each)<br><br>Publication date range of included papers: 2003-2013<br><br>Method of synthesis: evidence synthesis | Population:<br>• Informal caregivers of people living with dementia<br><br>Setting(s):<br>• Community (including day care, outpatients, community groups)<br>• Own home<br><br>Intervention(s):<br>• Self-management interventions<br><br>Outcome(s):<br>• Psychological wellbeing<br>• Knowledge of dementia<br>• Relationships with family/friends<br>• Maintaining an active lifestyle<br>• Ability to cope with memory changes | Review's findings:<br>• Psychological wellbeing: Evidence supported improved social interactions and relieving stress and distress. Inconclusive evidence for relieving burden, reduced depressive symptoms, improving caregiver wellbeing and alleviating anxiety.<br>• Knowledge of dementia: Evidence was limited or inconclusive.<br>• Relationships with family/friends: Inconclusive evidence was found for interventions targeting relationship with family.<br>• Maintaining an active lifestyle: none of the reviews reported on the effects of self-management interventions targeting an active lifestyle.<br>• Ability to cope with memory changes: Limited evidence was found for improving coping skills, mood and competence of the informal caregiver, and inconclusive evidence for caregiver burden. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Effectiveness of interventions for caregivers of people with Alzheimer's disease and related major neurocognitive disorders: A systematic review<br><br>Verrier Piersol et al (2017)<br><br>Lead author's country of employment: USA<br><br>Aim/question: What is the evidence for the effect of educational and supportive strategies for caregivers of people with dementia on the ability to maintain participation in the caregiver role?<br><br>Grade: B | Searches: MEDLINE, PsycINFO, CINAHL, and OTseeker<br><br>Inclusion criteria: peer-reviewed scientific literature published in English within the scope of practice of occupational therapy<br><br>Exclusion criteria: presentations, conference proceedings, non–peer-reviewed research literature, dissertations and theses<br><br>Years searched: 2006-2014<br><br>Number of included papers: 43<br><br>Countries of included papers: Unknown<br><br>Publication date range of included papers: 2008-2013<br><br>Method of synthesis: narrative synthesis | Population:<br>• Caregivers of people living with dementia<br><br>Setting(s):<br>• Community (including day care, outpatients, community groups)<br>• Nursing/residential home<br><br>Intervention(s):<br>• OT interventions for caregivers of people living with dementia<br><br>Outcome(s):<br>• Burden<br>• Depression<br>• Anxiety<br>• Stress<br>• Quality of life/wellbeing | Review's findings:<br>• Case management for people with dementia has been shown to reduce burden and depression and improve wellbeing for caregivers, but also strong evidence that it does not reduce burden, improve quality of life or wellbeing.<br>• Group interventions: strong evidence indicates that in-person caregiver support groups led by professionals improved caregiver wellbeing and reduced depression, burden and stress.<br>• Cognitive behavioural interventions: strong evidence indicates interventions focused on cognitive reframing and skills training reduced caregiver depression, anxiety and stress.<br>• Multicomponent interventions: strong evidence shows improve caregiver quality of life, wellbeing, and self-efficacy in managing problems, and reduce burden and depression.<br><br>Limitations:<br>• Small sample sizes in included studies<br>• Study participants were majority female<br>• The use of different scales to measure caregiver outcomes (wellbeing, quality of life, and burden), limiting the ability to synthesize and external validity of results.<br>• The systematic review included studies that lacked follow-up, did not use a comparison group, and had a short intervention period. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| Occupational Therapy Interventions in Patients with Frontotemporal Dementia: A Systematic Review<br><br>Vlotinou et al (2023)<br><br>Lead author's country of employment: Greece<br><br>Aim/question: to explore and assess occupational therapy approaches and programs specifically tailored to individuals facing the complex challenges of frontotemporal dementia.<br><br>Grade: B | Searches: Medline, Science Direct, Scopus<br><br>Inclusion criteria: published in English, OT interventions for people living with frontotemporal dementia and their caregivers Verrier<br><br>Years searched: 2003-2023<br><br>Number of included papers: 11<br><br>Countries of included papers: Unknown<br><br>Publication date range of included papers: 2006-2023<br><br>Method of synthesis: descriptive | Population:<br>• People living with frontotemporal dementia and their caregivers<br><br>Setting(s):<br>• Community (including day care, outpatients, community groups)<br><br>Intervention(s):<br>• OT interventions that enhance life of those with frontotemporal dementia and their caregivers<br><br>Outcome(s):<br>• Not stated | Review's findings:<br>• Highlights the importance of tailored intervention approaches. Positive Behavior Support and Tailored Activities Program have shown promise in addressing challenging behaviours. Non-drug therapies that focus on instrumental activities of daily living are also recommended.<br>• Caregivers experience improved skills and confidence, resulting in reduced time spent on caregiving duties. Group activities, such as gardening, can provide respite for caregivers and contribute to the wellbeing of patients.<br>• Studies emphasise the need to tailor interventions according to subtypes.<br>• Group activities in non-hospitalised settings can improve self-identity, mood, and provide a sense of purpose for patients.<br>• Early intervention can have a significant impact on the effectiveness of treatment and overall wellbeing.<br>• Understanding the remaining emotional and cognitive functions is essential.<br><br>Limitations:<br>• The paper states that the strengths were the comprehensive search strategy, but only two databases were mentioned (Medline and Science Direct). Scopus was shown on the PRISMA but not mentioned in the abstract or in the paper, nor CINAHL. Does not mention checking reference lists of papers included to identify other research.<br>• Details of the method and process of synthesis are minimal. The data was only descriptively analysed.<br>• Heterogeneity evident in the papers included. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
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| The self-care needs and behaviors of dementia informal caregivers: a systematic review<br><br>Waligora et al (2019)<br><br>Lead author's country of employment: USA<br><br>Aim/question: to understand the self-care needs and behaviours of Alzheimer's disease and related dementias informal caregivers and to discuss future research implications.<br><br>Grade: A | Searches: PubMed, CINAHL, Scopus, and Web of Science<br><br>Inclusion criteria: research articles published since 2000, written in English, that had a study sample of informal caregivers of people with dementia, and operationalised self-care or self-management according to the review's theoretical framework<br><br>Exclusion criteria: population was not informal caregiver of people with dementia or Alzheimer's Disease, the purpose was instrument development or validation, the topic was not related to caregiver self-care or self-management, the topic included end of life care or managing behaviours, or it was not an original research study<br><br>Number of included papers: 29<br><br>Countries of included papers: USA (15), Canada (5), Spain (3), Australia (2), Brazil, Netherlands, Sweden, Taiwan (1 each)<br><br>Publication date range of included papers: 2000-2017<br><br>Method of synthesis: constant comparison | Population:<br>• Informal caregivers of people living with dementia<br><br>Setting(s):<br>• Community (including day care, outpatients, community groups)<br>• Own home<br><br>Intervention(s):<br>• Interventions to address self-care or self-management<br><br>Outcome(s):<br>• Self-care<br>• Self-management | Review's findings:<br>• Self-care needs: sleep, social support and engagement and participation in leisure activities.<br>• Self-care behaviours: shared experiences and activities with the person with dementia, spiritual and religious activities and respite.<br>• Barriers to self-care: suggest societal gender roles and ethnicity may mean different barriers.<br>• Enablers of self-care: acknowledging the personal consequences of caregiving, balancing needs of caregiver and person with dementia, and separation of person from caregiver role.<br><br>Limitations:<br>• Studies may have limited generalisability.<br>• Heterogeneity of studies. |

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| Psychosocial interventions to support the mental health of informal caregivers of persons living with dementia - a systematic literature review<br><br>Wiegelmann et al (2021)<br><br>Lead author's country of employment: Germany<br><br>Aim/question: to systematically review empirical evidence from high quality randomised controlled trials about non-pharmacological psychosocial interventions and their effectiveness focusing on major mental health parameters to promote the health of informal caregivers of persons with dementia living at home in the community.<br><br>Grade: B | Searches: PubMed, PsychINFO, Scopus and CINAHL<br><br>Inclusion criteria: high quality RCTs of informal caregivers of people living with dementia where the care is given in the home for interventions to promote mental health of caregivers<br><br>Exclusion criteria: not published in a peer-reviewed journal or not published in English or German<br><br>Years searched: 2009-2018<br><br>Number of included papers: 48<br><br>Countries of included papers: Unknown<br><br>Publication date range of included papers: 2009-2018<br><br>Method of synthesis: narrative synthesis | Population:<br>• Informal caregiver and people living with dementia<br><br>Setting(s):<br>• Own home<br><br>Intervention(s):<br>• Programmes and services to promote mental health of informal caregiver of persons living with dementia<br>• A detailed description of intervention (content, duration, sessions/contacts, follow-up, medium used, location, group/individual approach, target group)<br><br>Outcome(s):<br>• Validated measure of mental health<br>• Evaluation of intervention with validated quantitative scales | Review's findings:<br>• The success rate of the intervention programmes is relatively low, irrespective of the content applied.<br>• Interventions most frequently showed positive effects for subjective caregiver burden, with leisure and physical activity approaches the most effective.<br>• Psychoeducational interventions are also fairly successful in reducing the subjective burden of dementia caregivers, showing positive effects in 5 out of 13 cases.<br>• Cognitive behavioural intervention approaches are the most effective in tackling depressive symptoms in informal caregivers.<br>• Psychoeducational interventions had a high level of success in reducing anxiety.<br><br>Limitations:<br>• Risk of bias due to only including high-quality randomised controlled trials. |

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| Use of the physical environment to support everyday activities for people with dementia: a systematic review<br><br>Woodbridge et al (2018)<br><br>Lead author's country of employment: UK<br><br>Aim/question: How is bodily performance in everyday activities supported by evidence-based research using the physical environment? What is the breadth of this research in terms of the activities that are being supported and the dementia 'populations' and settings that are included?<br><br>Grade: A | Searches: Scopus, CINAHL, Google Scholar, Web of Science, PubMed and PsycInfo<br><br>Inclusion criteria: population was people living with dementia, the study was interested in the 'physical environment', an outcome measure relating to carrying out daily activities, in a real-world setting, published in English<br><br>Years searched: Not stated<br><br>Number of included papers: 72<br><br>Countries of included papers: USA (35), Europe (20), Canada (12), Australia (4), Japan (1)<br><br>Publication date range of included papers: 1987-2016<br><br>Method of synthesis: Not stated | Population:<br>• People living with dementia<br><br>Setting(s):<br>• Community (including day care, outpatients, community groups)<br>• Own home<br>• Nursing/residential home<br><br>Intervention(s):<br>• Environmental/assistive technology/housing adaptations<br><br>Outcome(s):<br>• Carrying out daily activities | Review's findings:<br>• Strong evidence that the holistic environment does impact performance of daily activities for people with dementia, but hard to understand which components make a difference.<br>• Studies that focused on one aspect often lacked methodological rigour.<br><br>Limitations:<br>• Risk of bias as only one person completed data extraction for each article.<br>• Few details on data synthesis process. |

| Source | Review search parameters | Population, settings, interventions, outcomes | Findings and limitations |
|---|---|---|---|
| Comparison of Cognitive Intervention Strategies for Individuals With Alzheimer's Disease: A Systematic Review and Network Meta-analysis<br><br>Xiang and Zhang (2024)<br><br>Lead author's country of employment: China<br><br>Aim/question: to evaluate whether the current evidence shows that cognitive interventions are effective at improving cognition, neuropsychiatric symptoms, depression, quality of life, and basic activities of daily living among individuals with possible or probable Alzheimer's Disease.<br><br>Grade: A | Searches: PubMed, Embase, the Cochrane Central Register of Controlled Trials, and Web of Science for RCTs<br><br>Inclusion criteria:<br>RCTs of cognitive interventions with those with possible or probable Alzheimer's Disease with a mean age >50 years who were diagnosed using widely recognised diagnostic criteria<br><br>Exclusion criteria: inclusion of Mild Cognitive Impairment (MCI), not published in English<br><br>Years searched: 2000-2022<br><br>Number of included papers: 41<br><br>Countries of included papers: Belgium (1), Brazil (1), China (1), Germany (3), Hong Kong (2), Ireland (1), Italy (12), Japan (5), Korea (3), Portugal (1), Spain (3), Taiwan (2), UK (4), USA (2)<br><br>Publication date range of included papers: 2001 - 2022<br><br>Method of synthesis: meta-analysis | Population<br>• People living with Alzheimer's Disease over age 50<br><br>Setting(s):<br>• Unclear<br><br>Intervention(s):<br>• Cognitive interventions<br><br>Outcome(s):<br>• Cognition change (primary)<br>• Neuropsychiatric symptoms (secondary)<br>• Quality of life (secondary<br>• Basic activities of daily living (secondary)<br>• Instrumental activities of daily living (secondary) | Review's findings:<br>• There was a moderate and statistically significant post-intervention improvement in global cognition for all types of cognitive intervention compared to control interventions (39 studies (g = 0.43, 95% CI: 0.28 to 0.58, $p < 0.01$; Q = 102.27, df = 38, $p < 0.01$; $I^2 = 61.97\%$, $\tau^2 = 0.13$).<br>• Cognitive interventions, and in particular, cognitive training, can benefit global cognition (more specifically, working, verbal memory, attention, confrontation naming with moderate confidence, and verbal fluency for low confidence), neuropsychiatric symptoms (95% CI: –2.89 to –0.85, p < 0.01), basic activities of daily living (95% CI: 0.04 to 0.81, p = 0.03) with low confidence, and quality of life (95% CI: 0.14 to 0.56, p < 0.01), with moderate confidence. There were no significant results for instrumental activities of daily living. |

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| Supportive care needs of individuals with young-onset dementia: A systematic review and qualitative meta-synthesis<br><br>Zhang et al (2025)<br><br>Lead author's country of employment: China<br><br>Aim/question: to describes and analyse the supportive care needs of individuals with young-onset dementia and identifies key areas for further research<br><br>Grade: A | Searches: CNKI, CBM, CINAHL, Ebsco, Embase, PubMed, VIP, Wan Fang, Web of Science<br><br>Inclusion criteria: qualitative or mixed-methods studies that sufficiently described the qualitative element published in English or Chinese that investigated the supportive care needs of people under the aged of 65 living with young-onset dementia<br><br>Number of included papers: 17<br><br>Countries of included papers: Australia, Belgium, Canada, China, Ireland, Italy, Japan, the Netherlands, Norway, UK, USA<br><br>Publication date range of included papers: 2002-2023<br><br>Method of synthesis: 'Best-fit' framework synthesis | Population:<br>• People living with young onset dementia<br><br>Setting(s):<br>• Community/own home<br><br>Intervention(s):<br>• Not applicable<br><br>Outcome(s):<br>• Not applicable | Review's findings:<br>• Theme 1: needs for empowerment through knowledge, planning, and meaningful engagement. Theme 1 encompassed six sub-themes: accurate and timely diagnosis, pre-determined care plan, desire for disease-related knowledge, autonomy in decision-making and dignity preservation, future planning, and a sense of self-worth.<br>• Theme 2: needs for promoting physical health, mental support, and social engagement. Theme 2 involved physical activity, symptom management, psychotherapy, social and recreational activities, employment, and public awareness.<br>• Theme 3: needs for a comprehensive support network. Theme 3 comprised financial and family responsibilities, caregiver support, professional support, information support, and caregiving institutions |