

Social support interventions for dementia caregivers

**Table 3** Description of social support interventions

Author/Year	sample size		Participants Intervention		Duration	Intervention content		Outcomes		Results
			Caregiver type	Type				Social support	Other outcomes	
Neal/2024	76 vs 74		ICG	Multi-component	4 weeks	Use FindMyApps app twice a week		MSPP	HRQoLL; SSCQ; Costs	SSCQ: ↑ ; MSPP,HRQoL:NS.Costs: ↓ .
Xiao/2024	131 vs 135		FCG	Multi-component	6 months	Use iSupport, and host a monthly carer peer support meeting lasting 45–60 min		The COPE Index-QS	QoL; Self-efficacy; Behaviours and carers reactions; Carer's perspective of the QoL of the person living with dementia	Mental related QoL: ↑ ; Self- efficacy, social support: NS;
Xu/2023	20		African American FCG	Peer support	6 months	The SCP Plus contained a 12 h in-person training with the senior companions.		13 items from four domains.	Burden and/or stress; Coping skills; Caregiver appraisal; Cultural justifications for caregiving; Caregiver well-being	KAD, social support satisfaction, coping skills: ↑ ; Burden: ↓ .
Blackberry/2023	113		FCG	Peer support	32 weeks	Verily model	Connect	MOS	ZBI; bespoke surveys	Social support: ↑ ; ZBI: ↓

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Glueckauf/2022	12	African American FCG	Multi-component	12 weeks	12 weekly telephone sessions, 7 one-hour group sessions and 5 one-hour individual goal-setting and implementation sessions.	ISEL	Severity of CG-identified problems; Depression; Health status; Consequences of caregiving activities	Depression: ↓ ; Perceived social support: ↑ ; CAI: NS.
Berwig/2022	107 vs 104	FCG	Peer support	6 months	Telephone-based group meeting	FSozU K22	Restrictions; Depressed mood states; general complaints; Quality of life; Utilization of support services; Performance in different areas of life.	The mental health domain of quality of life of family carers and perceived social support: ↑ Depression: ↓ ;
Christie/2022	48 vs 48	Primary CGs	Multi-component	16 weeks	The intervention group had access to Inlife, participants could use Inlife in at their own pace.	MSPSS; Received support; Number of friends and family ties	Sense of competence; Feelings of loneliness; Anxiety and depression; Quality of life; Perceived stress	Received support; MSPSS; Number of friends and family ties: NS; Sense of competence; Feelings of loneliness; Anxiety and depression; Perceived stress; Quality of life: NS.

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Fields/2021	16		FCG	Peer support	3 months	Nine in-home psychoeducational sessions covering one topic per week to their paired ADRD family caregiver over a three-month period were delivered by Each Senior Companion MCSP for both people living with dementia and their carers	Self-developed scale	KAD; Coping skills; Caregiver well-being; Burden and/or stress;	Received social support: ↑ ; KAD, overall stress/burden levels, well-being of doing activities, coping skills: NS
Szczerbiec/2021	45 vs 21 vs 15		FCG	Multi-component	3 months		Experience of emotional and practical support	Satisfaction; Reasons for participation in the support programme; Burden.	Emotionally supports: ↑ ; Satisfaction: ↑ ; Burden: ↓ .

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Töpfer/2021	29 vs 22	FCG	Individual therapy	6 months	The intervention group (IG) received 12 individual therapy sessions (each 50 min) delivered via telephone from Tele.TAnDem intervention.	Social relationships: The German Version of the World Health Organization QoLBREF (WHOQoL-BREF)	Depression; Caregiver burden; Emotional well-being; Utilization of resources;	Changes regarding own illnesses, the living situation with the PwD, the living environment, the employment status, care for any other person than the PwD, and severe illness of any close person in the last 3 years: NS; social relationships: ↑, use of support services: NS
van Wezel/2021	202 vs 184	Turkish or Moroccan background FCG	Peer support	Two 2-hour interventions	Two educational sessions on dementia, each last two hours, with other participants (peers) with the same cultural background (Turkish or Moroccan).	The support received: four self-developed questions	The perceived pressure from informal care; The perceived ability to talk about dementia; KAD;	Support received from family, friends or neighbors, and advice received from a doctor: NS. support received from home-care staff: ↑

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Gustafson Jr/2019	16 vs 15	FCG	Multi-component	6 months	Intervention group receiving D-CHESS. Control group receiving a caregiving book.	MOS	Family conflict; Caregiver burden; Loneliness; Anxiety; Satisfaction with care decisions; Depression; Coping competence	All findings: NS; Due to small sample size.
Czaja/2018	146	FCG	Multi-component	6 months	12, 60-min individual (6 telephone and 6 face-to-face) educational sessions and skill building and 5 support groups by telephone.	Social Support Questionnaire	Depression; Affective distress; Burden; Caregiving Self- Efficacy; Memory related problems, and disruptive behaviors;	Depression, overall burden, overall bother: ↓ ; Social support, positive aspects of caregiving or obtaining respite services: NS.

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Wilkerson/2018	60	Informal CGs	Peer support	6 weeks	Participants were allotted to two private Facebook groups receiving the intervention over the course of six weeks.	MOS	Burden; Frequencies of emotional problems; Learning activities	Burden; ↓ ; Perceived stress: ↓ ; Emotional and informational supports: ↑
Smith/2018	16	FCG	Peer support	6 months	Carers receiving one-to-one peer support or befriending from volunteers at least a weekly basis.	MSPSS	Depression and anxiety; Loneliness	Perceived social support: ↑ ; Depression, anxiety and loneliness: NS.

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Tremont/2017	105 vs 94	Informal CGs	Counselling group	6 months	Trained therapists contacted caregivers 16 times use telephone for 6 months, providing recommendations for resources, information about dementia, and emotional support.	Community support services used times, healthcare resource use	Burden; Depression; Behavior problems	Caregivers who received the FITT-C used community support services significantly more than those receiving TS; FITT-C caregivers had a significantly lower rate of ED visits and hospital stays; Care recipient use of community or medical resources did not differ according to group.
Lykens/2014	494	FCG	Multi-component	6 months	Certified interventionists deliver the intervention included 12 sessions [9 in-home, and 3 telephone sessions], five structured telephone support group sessions	10 item Risk Assessment of feeling isolated, availability of someone to talk to or assist with caregiving	Caregiver Burden; Depression; Self-Care	Caregiver burden and Depression: ↓, Social support and self-care: a slight but not statistically significant increase after the service, which is in the correct direction.

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Whitebird/2013	38 vs 40	Primary CGs	MBSR	8 weeks	8 weekly 2.5-hr in-person group sessions.	MOS	Stress; Mental Health; Burden	MBSR was more effective at reducing stress, decreasing depression, and improving overall mental health than CCES. Both interventions improved caregiver mental health and were similarly effective at improving anxiety, social support, and burden.
Bass/2013	299 vs 187	FCG	Multi-component	12 months	Partners in Dementia Care: initial assessment; action plan; Ongoing Monitoring and Reassessment	Support resource: 1) number of informal helpers; 2) use of caregiver support services	Unmet needs; Caregiver strains; Depression	Three types of caregiver strains, depression, unmet needs: ↓ , and two support resources: ↑



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Czaja/2013	36 vs 63	FCG	Multi-component	5 months	A technology based multi-component psychosocial intervention was delivered in-home and via videophone technology over 5 months.	10 items assessing three domains of support: (a) received support(b) satisfaction with support(c) negative interaction s/ supports	Burden; Depression; Positive aspects of caregiving	Caregiver burden: ↓ ; satisfaction with social support: ↑ ; appreciation of the positive aspects of caregiving: ↑ ;
Easom/2013	85	FCG	Multi-component	6 months	Nine face-to-face (in the home) and three telephone sessions, tailored education and support.	A Risk Appraisal Assessment: three questions of social support	A Risk Appraisal Assessment: five questions addressing caregiver safety, five questions assessing caregiver health behaviors, three questions targeting stress, two items on behavioral frustrations	The scores for Self-Care and Social Support increased slightly post-service were not statistically significant, which is in the correct direction.

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Nichols/2011	127	FCG	Multi-component	6 months	The intervention included education, support, and skills training to address 5 caregiving risk areas: safety, social support, problem behaviors, depression, and caregiver health.	The 21- question risk appraisal, adapted from REACH II	caregiving risk areas of advanced care planning, education, safety, health and healthy behaviors, and caregiving frustrations.	Depression, burden, impact of depression on daily lives, and caregiving frustrations: ↓ ; Social support: NS.
Marziali/2011	91	FCG	Multi-component	10 weeks	Online Chat Group Intervention: the Chat Group was provided with access to the CFO website for 6 months; Online Video Conferencing Support Group Intervention:10 weekly sessions in mutual self-help mode with 1 of the group members manipulating the technical aspects of the video-conferencing meetings.	MSPSS	Caregiver health; Depressive symptoms; Caregiving distress	The Video Group demonstrated greater improvement in mental health status. For the Video Group, improvements in neuroticism, self-efficacy, and social support were associated with lower stress response to coping with the care recipient's decline in function and cognitive impairment.

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Chien/2011	46 vs 46	FCG	Multi-component	6 months	DFCP	satisfaction with social support available: SSQ6; Formal support services: FSSI	Burden; QOL	Intervention group's utilization of family services was significantly decreased at the 18-month follow-up, the routine care group's service utilization had a slight increase.
Tompkins and Bell/2009	367	FCG	Health educated	12h	12h training	SCP usage questionnaire.	Overall satisfaction; Depression; Overall services used	Depression: ↓ ; Overall services used: ↑ ;
Chiu/2009	35	FCG	Multi-component	6 months	The ICSS supported two Internet-based communication tools: (a) a caregiver information handbook, and (b) personalized e-mail communication between client and clinician.	MSPSS	Family burden; Caregiver's ability; Depression; Perceived overall health; PAC; Care recipients' functioning level	Burden, social support and health behavior: NS; depression: ↓ .

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Bank/2006	41	FCG	Multi-component	18mont hs	Professional provides telephone support group	Support Group Questionnai re	NO	Support group attendance: NS; Intervention Improved relationships among family members, and telephone support groups made them more willing to participate in community support groups
Roth/2005	163 vs 149	Spous e CGs	Counselling group	12 months	Counseling and support	Social support network: caregiver's Satisfaction: methods of Stokes; caregivers' reports of the frequency at which they received information or assistance from support persons.	Stress appraisals of care recipient memory and behavior problems; Depression	Intervention group achieved significant increases after 1 year on 8 of the 11 indicators, which were total size of social network, number of close family members, general satisfaction, satisfaction with assistance, satisfaction with emotional support, telephone calls (no. per month), personal visits (no. per month), sitting with patient (no. per month).

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Hébert/2003	60 vs 56	Primary CGs	Multi-component	16 weeks	Participants in the study group had fifteen 2-hr weekly sessions focusing on stress appraisal and coping	The Inventory of Socially Supportive Behaviors	Frequency of behavioral and memory problems; Desire to institutionalize; Subjective load	Institutionalization: ↓ ;personal efficacy: ↑ ;other outcomes: NS.
Mercedes/2002	19 vs 19 vs 20	FCG	Multi-component	8 weeks	1.multicomponent + respite group; 2. respite group; 3. control group	MOS	Burden	The control group social support: ↓ ; the multicomponent plus respite group social support: ↑ after10-month follow-up.
Robinson/1988	11 vs 9	FCG	Health education	8 weeks	Social skill training program	NSSQ	Self-esteem; Social skills; Caregiving burden	Objective and subjective burden: ↓ ; the treatment group and control group of social support: NS.

FCG: Family caregivers; ICG: Informal caregivers; MSPP : Maastricht Social Participation Profile; HRQoL: Health Related Quality of Life; SSCQ: the Short Sense of Competence Questionnaire; QoL:Quality of Life; The COPE Index-QS: the Carers of Older People in Europe Index-Quality of Social Support;;NR: not reported; SSRS: Social Support Scale; CAI: Caregiver Appraisal Inventory; CBI: Caregiver Burden Inventory; SCSO: Simplified Coping Style Questionnaire; GSES: General Self-Efficacy Scale; ↑ : significant improvement; NS: No Significant difference; ↓ : significant reduction; MSPSS: Multidimensional Scale of Perceived Social Support; PAC: Positive Aspects of Caregiving; CGs: Caregivers; MOS: Medical Outcomes Study; KAD: Knowledge of Alzheimer's disease/dementia; NSSQ: Norbeck's Social Support Questionnaire; ISEL: Interpersonal Support Evaluation List; MCSP: Dutch Meeting Centers Support Programme; DFCEP: Dementia Family Care Programme; SSQ6: Six-item Social Support Questionnaire; FSSI: Family Support Services Index; MBSR: Mindfulness-Based Stress Reduction; SCP Plus: Senior Companion Program Plus; PwD: people with dementia; ZBI: Zarit Burden Interview