

iCAHE JC Critical Appraisal Summary

Journal Club Details

| | |
|------------------------------|-----------------------|
| Journal Club location | ECH Southern Wellness |
| JC Facilitator | Laura Rowe |
| JC Discipline | Occupational Therapy |

Background

The cognitive benefits of working in small groups for people with dementia

Clinical Scenario

N/A

Review Question/PICO/PACO

- P:** Adults with dementia
- I:** Group interventions
- C:** Any intervention
- O:** Cognitive outcomes

Article/Paper

Leung P, Orrell M, Orgeta V. Social support group interventions in people with dementia and mild cognitive impairment: a systematic review of the literature. *International journal of geriatric psychiatry*. 2015 Jan 1;30(1):1-9.

Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. If you are an employee of the South Australian government you can obtain a copy of articles from the [DOHSA librarian](#).

Article Methodology: **Systematic Review**

Click [here](#) to access critical appraisal tool



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| Ques No. | Yes | Can't Tell | No | Comments |
|----------|-----|------------|----|--|
| 1 | ✓ | | | <p>Did the review address a clearly focused question?</p> <p>The aim of this study was to evaluate the effectiveness of social support group interventions in improving well-being for people with dementia and MCI.</p> |
| 2 | ✓ | | | <p>Did the authors look for the appropriate sort of papers?</p> <p>Studies were included in this review if they fulfilled the following criteria:</p> <ul style="list-style-type: none"> • Were randomised controlled trials (RCTs), including cluster RCTs, • Included a non-intervention control or comparison group, • Provided adequate information in terms of results and description of the study (i.e. means, standard deviations (SDs), t-test or F-test, and n-values) and provided separate data on participants with dementia and/or MCI if the study was of a mixed population (e.g. also including older adults with normal cognition). • Ongoing studies were identified but were not included in the meta-analysis. <p>Participant, intervention, and outcome measure inclusion criteria were also applied.</p> <p>Is it worth continuing? YES</p> |
| 3 | | ✓ | | <p>Do you think the important, relevant studies were included?</p> <p>Searches were carried out in MEDLINE, Embase, Pubmed, PsycINFO, Scopus and The Cochrane Library in order to identify clinical trials. Key words used in the search included people with dementia*, Alzheimer's*, mild cognitive impairment*, early-stage dementia, early stages of Alzheimer's disease, support group, supportive group and social support. We searched identified citations for additional trials and contacted corresponding authors of identified trials for additional references and unpublished data</p> <p>While this searching was thorough, only 2 studies were identified as meeting the inclusion criteria.</p> |
| 4 | ✓ | | | <p>Did the review's authors do enough to assess the quality of the included studies?</p> <p>The recommended approach by the Cochrane Handbook for Systematic Reviews of Interventions was used for assessing risk of bias for included studies.</p> <p>The Cochrane Collaboration's tool for assessing risk of bias addresses six specific domains, sequence generation, allocation concealment, blinding, incomplete outcome data, selective reporting and other issues.</p> |
| 5 | | | ✓ | <p>If the results of the review have been combined, was it reasonable to do so?</p> <p>Study results were not statistically combined. The interventions examined by the two studies meeting the inclusion criteria were too dissimilar to allow pooling of data. Heterogeneity was not assessed.</p> |

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|----|-------------------------|--|---|
| 6 | | | <p>What are the overall results of the reviews?</p> <p>A total of 546 studies were identified of which two met the inclusion criteria. We were not able to pool data for further analyses, as the interventions tested in the studies meeting the inclusion criteria were too dissimilar in content. The first trial (n = 136) showed a benefit of early-stage memory loss social support groups for depression and quality of life in people with dementia. The second trial (n = 33) showed that post-treatment self-reported self-esteem was higher in the group receiving a multicomponent intervention of social support compared with that in the no intervention control group.</p> <p>Limited data from two studies suggest that support groups may be of psychological benefit to people with dementia by reducing depression and improving quality of life and self-esteem. These findings need to be viewed in light of the small number, small sample size and heterogeneous characteristics of current trials, indicating that it is difficult to draw any conclusions. More multicentre randomised controlled trials in social support group interventions for people with dementia are needed</p> |
| 7 | | | <p>How precise are the results?</p> <p>Reported results were in reference to included studies, and the results of this study itself did not include confidence intervals or p values of combined results.</p> |
| 8 | Journal Club to discuss | | <p>Can the results be applied to the local population?</p> <p>CONTEXT ASSESSMENT (please refer to attached document)</p> <ul style="list-style-type: none"> - Infrastructure - Available workforce (? Need for substitute workforce?) - Patient characteristics - Training and upskilling, accreditation, recognition - Ready access to information sources - Legislative, financial & systems support - Health service system, referral processes and decision-makers - Communication - Best ways of presenting information to different end-users - Availability of relevant equipment - Cultural acceptability of recommendations - Others |
| 9 | | | <p>Were all important outcomes considered?</p> |
| 10 | | | <p>Are the benefits worth the harms and costs?</p> |
| 11 | | | <p>What do the study findings mean to practice (i.e. clinical practice, systems or processes)?</p> |
| 12 | | | <p>What are your next steps?</p> <p>ADOPT, CONTEXTUALISE, ADAPT</p> <p>And then (e.g. evaluate clinical practice against evidence-based recommendations; organise the next four journal club meetings around this topic to build the evidence base; organize training for staff, etc.)</p> |
| 13 | | | <p>What is required to implement these next steps?</p> |

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