BEST in Mental Health
BEST.awp.nhs.uk

Best Evidence Summaries of Topics in Mental Healthcare

BEST *in* MH *clinical question-answering service*

Question

In adult carers of people with dementia, how effective are carer education groups, compared to any other intervention, in improving patient and caregiver outcomes?

Clarification of question using *PICO* structure

Patients:	In adult carers of people with dementia
Intervention:	Carer education groups
Comparator:	Any other intervention
Outcome:	Patient and caregiver outcomes

Plain language summary

A small amount of evidence found that group education has a positive impact on carers' ability to cope with challenging behaviour from the person with dementia that they care for and on their own emotional functioning. However, the studies with the best methodology found no difference in carer functioning and coping when group education was compared to standard care.

Clinical and research implications

There is some very limited evidence that group educational interventions may have a small positive effect on carers' emotional functioning and their ability to cope with challenging behaviour in people with dementia. However, it should be noted that the only generally well conducted study included in this summary found no difference in effectiveness between the educational intervention evaluated and standard care.

None of the studies included in this assessment found evidence of any effect of group educational interventions for carers upon patient outcomes.

Further research evaluating standardised group educational interventions, where components and goals are clearly defined, may be useful.

What does the evidence say?

Number of included studies/reviews (number of participants)

We identified five studies which were considered to be potentially relevant to this evidence summary.[1,2,3,4,5] One study was subsequently excluded because it did not evaluate a group educational intervention; the intervention was designed for use in low and middle income countries and individually targeted the main carer of the person with dementia.[4] Of the remaining four studies, two were conducted in Europe,[3,5] one was conducted in Canada,[1] and one was conducted in Chinese carers whose first language was Cantonese and who were resident in Hong Kong; cultural differences may mean that the results of this last study are not directly applicable to Western European settings.[2] All of the included studies were conducted in older carers (in their 50s and 60s) and the majority of participants were caring for a spouse or partner. Each study evaluated a different group educational intervention, but all interventions included elements on help seeking and coping strategies.

Main findings

The two largest studies included in this evidence summary were conducted in Western European countries and compared group educational interventions for carers of people with dementia to standard care.[3,5] One of these studies found no differences between the educational intervention and standard care on any measure of carer burden, general health, or quality of life assessed.[5] The other study found that the educational intervention had no effect on the majority of outcome measures assessed (depression, healthcare resource utilisation, time spent care giving and quality of life) ; one component of the SF-36 quality of life measure (emotional role functioning) appeared to be significantly improved in the intervention group (5.3±48.5), compared with a decline in the control group (-10.4±51.2).[3] Both of the remaining two studies reported some results indicating that group educational interventions may be associated with improvements in the carers' ability to cope with behavioural problems in dementia patients.[1,2] None of the studies included in this assessment found evidence of any effect of group educational interventions for carers upon patient outcomes.

Authors conclusions

Hebert 2013 – The authors of the study concluded that their results support recommending the Intervention program assessed as a replacement for currently running programs.

Au 2010 – The authors of the study concluded that preliminary evidence supports the effectiveness of the brief Coping With Caregiving (CWC) group intervention for increasing the caregivers' self-efficacy and coping flexibility in caring for their family members with Alzheimer's disease.

Kurz 2010 – The authors of the study concluded that to improve dementia carer support, educational components might be integrated into more comprehensive and individualised interventions which include problem solving and behavioural management strategies, ensure the transfer of newly acquired skills into the everyday context, and adequately deal with the emotional consequences of the caring role.

Martin-Carrasco 2014 – The authors that the PIP group intervention was not better than standard care for reducing caregiver burden and overall psychological distress or improving quality-of-life.

Reliability of conclusions/Strength of evidence

The included studies were generally small and of poor methodological quality, particularly with respect to how missing data were handled.[1,2,3] The only study which was generally well conducted found no difference in effectiveness between the educational intervention evaluated and standard care.[5]

What do guidelines say?

NICE Guidelines (2006 CG42) recommend the following interventions for carers of people with dementia;

"Care plans for carers of people with dementia should involve a range of tailored interventions. These may consist of multiple components including:

- individual or group psychoeducation
- peer-support groups with other carers, tailored to the needs of individuals depending
- on the stage of dementia of the person being cared for and other characteristics
- support and information by telephone and through the internet
- training courses about dementia, services and benefits, and communication and
- problem solving in the care of people with dementia
- involvement of other family members as well as the primary carer in family meetings.

Consideration should be given to involving people with dementia in psychoeducation, support, and other meetings for carers."
(pp.37-38)

Date question received: 28/10/2015
Date searches conducted: 09/11/2015
Date answer completed: 23/11/2015

References

Randomised controlled trials

1. Hebert, R., Levesque, L., Vezina, J., Lavoie, J-P., Ducharme, F., Gendron, C., Preville, M., Voyer, L. and Dubois, M-F. (2003) Efficacy of a Psychoeducative Group Program for Caregivers of Demented Persons Living at Home: A Randomized Controlled Trial. *Journal of Gerontology 58B* (**1**) S58-S67.

2. Au, A., Li, S., Lee, K., Leung, P., Pan, P-C., Thompson, L. and Gallagher-Thompson, D. (2010) The Coping With Caregiving Group Program for Chinese caregivers of patients with Alzheimer's disease in Hong Kong. *Patient Education and Counseling 78* pp.256-260.

3. Kurz, A., Wagenpfeil, S., Hallauer, J., Schneider-Schlte, H. and Jansen, S. (2010) Evaluation of a brief educational program for dementia carers: The AENEAS Study. *International Journal of Geriatric Psychiatry 25* pp.861-869.

4. Guerra, M., Ferri, C.p., Fonseca, M., Banerjee, S. and Prince, M. (2011) Helping carers to care: the 10/66 Dementia Research Group's randomized control trial of a caregiver intervention in Peru. *Revista Brasileira de Psiquiatria 33* (**1**) pp.47-54.
EXCLUDED - The 10/66 'helping carers care' intervention is not a group based intervention. It is 'train the trainer' intervention, designed for use in low and middle income countries, which targets the main carer of the person with dementia and included members of the extended family.

5. Martin-Carrasco, M., Dominquez-Panchon, A.I., Gonzalez-Fraile, E., Hermoso-Munoz, P. and Ballesteros, J. (2014) Effectiveness of a Psychoeducational Intervention Group Program in the Reduction of the Burden Experienced by Caregivers of Patients with Dementia. *Alzheimer Disease and Associated Disorders 28* (**1**) pp.79-87.

Guidelines

National Institute for Health and Care Excellence (2006) Dementia: supporting people with dementia and their carers in health and social care. CG42. London: National Institute for Health and Care Excellence. https://www.nice.org.uk/guidance/cg42/resources/dementia-supporting-people-with-dementia-and-their-carers-in-health-and-social-care-975443665093

Results

Randomised controlled trials

Author (year)	Inclusion criteria	Number of participants	Summary of results	Risk of bias
Hebert et al. (2003)	***Participants***: Primary caregivers of a person with dementia who presents with at least one behavioural problem per. week, who had been carers for at least the previous 6 months (irrespective of whether the caregiver lived with the person or not), The carer presented with a moderate or severe burden (Zarit Burden scale >9/88). ***Intervention***: Psychoeducative program; fifteen 2-hr weekly sessions. It comprised two components. The first component was cognitive Appraisal (four meetings), whose primary objective consisted of improving the caregivers' ability to shift from a global stressor to a specific stressor. The second component was coping strategies. ***Comparator***: regular support group program offered by the Alzheimer Society or health care organizations in their region. ***Outcome***: Frequency of behavioural and memory problems, and the reactions that these problems generate in the informal caregiver (The primary outcome	n = 158 randomised: n=72 included in the intervention group and n=72 included in the control group	This study aimed to assess the effectiveness of a psychoeducative group program for informal caregivers of people with dementia. This study was conducted in Canada. Most of the study participants were female (80%) and were living with the person with dementia (86%). The mean age of carers was 60 years. The majority (61%) of study participants were the spouse of the person with dementia. Most study participants experienced a sever burden; at baseline, 72% had a Zarit Burden Interview score >32/88. There were no significant differences between the intervention and control groups at baseline, in demographic or outcome variables, with the exception of the desire to institutionalise (52% in the intervention group vs. 31% in the control group) and personal efficacy (significantly higher in the intervention group. For components of the primary outcome measure, the Revised Memory and Behaviour Problem Checklist, participants in the intervention group generally showed small	Randomisation was performed within each centre and wave using the minimisation technique, and stratified on the caregiver's relationship to the person with dementia (spouse vs. other) and gender. No information on allocation concealment was reported. The nature of the

	measure was the Revised Memory and Behaviour Problem Checklist). Secondary outcome measures included: The Zarit Burden Intreview (ZBI); the Psychiatric Symptoms Index (PSI); the Inventory of Socially Supportive Behaviour and its domains; desire to institutionalise.		improvements in mean score, where as participants in the control group generally showed no significant change or a small decline. The change in mean frequency of all behavioural problems (including memory, depression and disruptive behaviour) was -0.07±0.41 in the intervention group and 0.12±0.51 in the control group; the difference between the groups did not reach statistical significance. There was a small improvement in carers' reactions to behavioural problems in both groups and this improvement was significantly greater in the intervention group (-0.28±0.55) than in the control group (-0.10±0.60). When the analysis was limited to disruptive behaviours, the improvement in carers' reactions was more marked (-0.41±0.87 in the intervention group vs. -0.03±0.83 in the control group). When only participants who attended at least nine sessions of the intervention were included, the observed effects were further increased. There were no significant between group differences in any of the secondary outcome measures assessed.	intervention precluded blinding of study personnel delivering the intervention and it was not clear whether study participants were aware of which group constituted the active intervention. Outcome assessors were blinded to group allocation. 14 Participants were excluded after randomisation because the program did

				not take place or because they dropped out of the study (allocation not specified). Eleven dementia patients of carers in the intervention group and 13 in the control group were institutionalised during the study and one dementia patient in the control group died; carers of these patients were excluded from the analyses. Results were reported for all

				specified outcome measures.
Au et al. (2010)	***Participants*****:** Chinese female caregivers with Cantonese as mother-tongue who were the main family caregivers caring for the Alzheimer's patient for at least 6 months, and these caregivers did not exhibit evidence of severe intelligence deficit, suicidal ideation, or any form of psychotic disorders. ***Intervention*****:** Psychoeducational program; 13 weekly training sessions which taught specific cognitive–behavioural strategies to handle caregiving stress. Sessions lasted for 2 hours and were delivered by a clinical psychologist in small groups of 5 to 8 people. ***Comparator*****:** Waiting-list control group. ***Outcome*****:** Depressive mood (CES-D), caregivers' belief about ability to handle caregiving challenges (RSCSE) and coping (CWOF).	n=37 (intervention n=20 and control n=17)	This pilot study aimed to assess the effectiveness of Coping with Caregiving (CWC) psychoeducational program for Chinese family caregivers of patients with Alzheimer's disease in Hong Kong. This study was conducted in Chinese care givers, whose first language was Cantonese and who were resident in Hong Kong. The mean age of participating carers was 54.15 years. The majority (65%) were second generation carers and most (70%) were living with the person with dementia. There were no significant baseline differences in demographic or socioeconomic characteristics between the intervention and control groups. There appeared to be significant baseline differences between the groups on some outcome measures. There was some evidence that the intervention improved career depression relative to control, but this did not reach statistical significance (F=4.07, p=0.06). Care giving self-efficacy for responding to disruptive behaviours (F=4.79, p<0.05) and controlling upset thoughts (F=6.52, p<0.05) was improved in the intervention group relative to control. Carers in the intervention group also showed increased use of problem solving (F=9.88, p<0.01) and distancing (F=5.65, p<0.05) as coping strategies.	No details of either the randomisation process or allocation concealment were reported. The nature of the intervention precluded blinding of participants and study personnel delivering the intervention. Assessments were carried out by research assistants not involved in the intervention.

			The intervention had no effect on carers obtaining respite, seeking support, or passive wishful thinking.	Seven carers from the intervention group and three from the control group were reported as having dropped out for "personal reasons" and were excluded from the analysis. Results were reported for all specified outcome measures.
Kurz et al. (2010)	***Participants*:** Caregivers of patients who fulfilled ICD-10 criteria for dementia and criteria for probable or possible Alzheimer's disease of moderate severity, as defined by a Mini Mental State Examination (MMSE) score between 18 and 8. Patients and caregivers were required to have daily contact. The	n=292 (intervention group n=156, control group n=136)	This study aimed to assess the effectiveness of a group educational intervention for the carers of people with dementia. This study was conducted in Germany. Patients had a mean age of 76 years and a mean MMSE score was 14, indicating moderate dementia. The mean age of carers was 62 years,	No details of either the randomisation process or allocation concealment were reported.

	following exclusion criteria were applied: acute, severe or unstable physical or psychiatric illness (e.g. depression), current participation in a drug trial, day care for more than one half day per week, and imminent hospital or nursing home admission. ***Intervention*:** An educational program: 7 bi-weekly group sessions of 90 min duration each. The programme was complemented by 6 bi-monthly refresher meetings, resulting in a total duration of the intervention of approximately 15 months. Therapists were experienced psychologists or social workers who received a study-specific training prior to the onset of the trial. ***Comparator*:** One individual counselling appointment, which represented the standard procedure at each study site and was not structured by a manual. It was provided by an independent social worker and addressed informational needs or practical problems brought forward. ***Outcome*:** Patients - Cognitive ability (MMSE), behavioural disturbances (Neuropsychiatric Inventory, NPI), and activities of daily living (Alzheimer's Disease Cooperative Study Activities of Daily Living, ADCS-ADL). Carers - depression (Montgomery-Asberg		with the majority being spouses or partners and approximately one third being children or children-in-law. Patient and carer demographic and clinical characteristics, at baseline, were similar in the intervention and control groups, with the exception that patients in the intervention group had higher baseline ADCS-ADL scores. There were no significant differences, between the intervention and control groups, in measures of carer depression (MADRS), social role functioning (SF-36), psychological wellbeing (SF-36), time spent on care giving (RUD light), or ambulatory health-care utilisation (RUD light). The group educational intervention appeared to be associated with improvements in carer emotional role functioning (SF-36) (5.3±48.5), compared with a decline in the control group (-10.4±51.2). For patients, there were no significant differences between the groups in the numbers of temporary or permanent admissions or in the overall mean time remaining in the community.	The nature of the intervention precluded blinding of participants and study personnel delivering the intervention. Data assessors were independent of the therapists and were not explicitly informed about the group allocation. Between 17 and 29% of participants were excluded from the analyses of caregiver

	Depression Rating Scale, MADRS) (Montgomery and Asberg, 1979), quality life (Short Form Health Survey, SF-36) (Bullinger, 1996), time spent caregiving, and healthcare utilisation (Resource Utilization in Dementia, short form, RUDlight). Quality of life evaluations focused on the scales 'social role functions' (health related restrictions of social interaction), 'emotional role functions' (limitations of activity and function due to emotional problems) and 'mental health' (overall psychological distress) rather than on physical or mental summary measures.			outcomes. Outcome measures for patients were not fully reported.
Guerra et al. (2011)	**EXCLUDED - The 10/66 'helping carers care' intervention is not a group based intervention. It is 'train the trainer' intervention, designed for use in low and middle income countries, which targets the main carer of the person with dementia and included members of the extended family.**			
Martin-Carrasco et al. (2014)	***Participants***: Informal caregivers of a patient with dementia according to DSM-IV-TR, with a current impairment of at least 2 instrumental activities or have 1 activity of daily life impaired. Caregivers should be over 18 years and be caring for at least 4 hours daily. ***Intervention*****:** Group psychoeducational intervention: administered biweekly in 7 group sessions of 90 to 120 minutes each based on the "Coping with Caregiving" intervention developed for the REACH	n = 238 (intervention n=115, control n= 123)	This study aimed to compare the effectiveness of a group psychoeducational intervention (PIP), for dementia caregivers, to standard care. The study was conducted at 20 research sites in Spain and Portugal. The majority (61%) of patients were female, with a mean age of 70 years. Participating carers were mainly married women, in their 60s, who were caring for a partner or father. Approximately half of carers reported a mild to moderate burden (ZBI <40) and around one third reported moderate to severe burden (ZBI >40).	The study used centralised, block randomisation. No details of allocation concealment were reported. The nature of the

	project. It included 7 modules related with strain and well-being (week 1), changing maladaptive behaviours (weeks 3 and 5), negative thoughts (week 7), ways to communicate (week 9), planning the future (week 11), and planning enjoyable activities (week 13). The PIP was standardized and included manuals for both the caregiver and the therapist ***Comparator*****:** Standard care (not specified) ***Outcome*****:** Caregiver burden (ZBI), psychological distress (GHQ-28) and caregiver quality of life (SF-12).		Patients and carers in the intervention and control group appeared similar at baseline, with respect to demographic, socioeconomic and clinical measures. There were no significant differences between the PIP intervention and standard care on measures of carer burden, general health, or quality of life.	intervention precluded blinding of participants and study personnel delivering the intervention. Assessments were carried out by investigators not involved in the intervention. Results were reported from both intention-to-treat and complete case analyses. Results were reported for al outcomes specified.

Risk of bias

Randomised controlled trials

Study	RISK OF BIAS					
	Random allocation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective Reporting
Hebert et al. (2003)	☺	?	☹	☺	☹	☺
Au et al. (2010)	?	?	☹	☺	☹	☺
Kurz et al. (2010)	?	?	☹	☺	☹	☹
Guerra et al. (2011)	**EXCLUDED - The 10/66 'helping carers care' intervention is not a group based intervention. It is 'train the trainer' intervention, designed for use in low and middle income countries, which targets the main carer of the person with dementia and included members of the extended family.**					
Martin-Carrasco et al. (2014)	☺	?	☹	☺	☺	☺

☺Low risk ☹High risk ? Unclear risk

Search details

Source	Search Strategy	Number of hits	Relevant evidence identified
Guidelines			
NICE	Dementia carer	45	
Systematic Reviews			
MEDLINE	1 exp Caregivers/ 2 exp Family/ed [Education] 3 exp Health Education/ed [Education] 4 exp Education/ 5 exp Adult/px, th [Psychology, Therapy] 6 (carer* or care?giver or family or families).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier] 7 dement*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier] 8 exp Dementia/ or exp Frontotemporal Dementia/ or exp Dementia, Vascular/ or exp Dementia, Multi-Infarct/ 9 exp Alzheimer Disease/ 10 alzheimer*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier]		

	11 7 or 8 or 9 or 10 12 (group* adj3 (session* or educat* or program* or intervention* or support* or knowledge*)).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier] (62700) 13 exp Peer Group/ 14 1 or 2 or 5 or 6 15 3 or 4 or 12 or 13 16 14 and 15 17 11 and 16		
EMBASE	1 exp Caregivers/ 2 exp Education/ 3 (carer* or care?giver or family or families).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword] 4 dement*.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword] 5 exp Dementia/ or exp Frontotemporal Dementia/ or exp Dementia, Vascular/ or exp Dementia, Multi-Infarct/ 6 exp Alzheimer Disease/ 7 alzheimer*.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword] 8 (group* adj3 (session* or educat* or program* or intervention* or support* or knowledge*)).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade		

	name, keyword] 9 exp Peer Group/ 10 exp family/ or exp family coping/ 11 exp friend/ 12 exp education program/ or exp education/ or exp health education/ or exp allied health education/ 13 1 or 3 or 9 or 10 or 11 14 2 or 8 or 12 15 4 or 5 or 6 or 7 16 13 and 14 17 15 and 16		
PsycINFO/CINAHL	1 exp Caregivers/ 2 exp Education/ 3 (carer* or care?giver or family or families).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword] 4 dement*.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword] 5 exp Dementia/ or exp Frontotemporal Dementia/ or exp Dementia, Vascular/ or exp Dementia, Multi-Infarct/ 6 exp Alzheimer Disease/ 7 alzheimer*.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword] 8 (group* adj3 (session* or educat* or program* or intervention* or support* or knowledge*)).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade		

	name, keyword] 9 exp Peer Group/ 10 exp family/ or exp family coping/ 11 exp friend/ 12 exp education program/ or exp education/ or exp health education/ or exp allied health education/ 13 1 or 3 or 9 or 10 or 11 14 2 or 8 or 12 15 4 or 5 or 6 or 7 16 13 and 14 17 15 and 16		
Primary Studies			
MEDLINE	1 exp Caregivers/ 2 exp Family/ed [Education] 3 exp Health Education/ed [Education] 4 exp Education/ 5 exp Adult/px, th [Psychology, Therapy] 6 (carer* or care?giver or family or families).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier] 7 dement*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier] 8 exp Dementia/ or exp Frontotemporal Dementia/ or exp Dementia, Vascular/ or exp Dementia, Multi-Infarct/		

	9 exp Alzheimer Disease/ 10 alzheimer*.mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier] 11 7 or 8 or 9 or 10 12 (group* adj3 (session* or educat* or program* or intervention* or support* or knowledge*)).mp. [mp=title, abstract, original title, name of substance word, subject heading word, keyword heading word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier] 13 exp Peer Group/ 14 1 or 2 or 5 or 6 15 3 or 4 or 12 or 13 16 14 and 15 17 11 and 16		
EMBASE	exp Caregivers/ 2 exp Education/ 3 (carer* or care?giver or family or families).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword] 4 dement*.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword] 5 exp Dementia/ or exp Frontotemporal Dementia/ or exp Dementia, Vascular/ or exp Dementia, Multi-Infarct/ 6 exp Alzheimer Disease/ 7 alzheimer*.mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug		

	manufacturer, device trade name, keyword] 8 (group* adj3 (session* or educat* or program* or intervention* or support* or knowledge*)).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword] 9 exp Peer Group/ 10 exp family/ or exp family coping/ 11 exp friend/ 12 exp education program/ or exp education/ or exp health education/ or exp allied health education/ 13 1 or 3 or 9 or 10 or 11 14 2 or 8 or 12 15 4 or 5 or 6 or 7 16 13 and 14 17 15 and 16		
PsycINFO/CINAHL	1 exp Caregivers/ 2 (carer* or care?giver or family or families).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] 3 exp Family Members/ or exp Family/ 4 (group* adj3 (educat* or session* or intervention* or support* or knowledge*)).mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] 5 exp Health Education/ or exp Education/ or exp Paraprofessional Education/ 6 exp Peers/ 7 exp Support Groups/ 8 1 or 2 or 3 or 6 9 4 or 5 or 7		

	10 dement*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] 11 exp Vascular Dementia/ or exp Dementia/ or Semantic Dementia/ or exp Dementia with Lewy Bodies/ 12 exp Alzheimer's Disease/ 13 alzheimer*.mp. [mp=title, abstract, heading word, table of contents, key concepts, original title, tests & measures] 14 10 or 11 or 12 or 13 15 9 and 14		

Disclaimer

BEST in MH answers to clinical questions are for information purposes only. BEST in MH does not make recommendations. Individual health care providers are responsible for assessing the applicability of BEST in MH answers to their clinical practice. BEST in MH is not responsible or liable for, directly or indirectly, any form of damage resulting from the use/misuse of information contained in or implied by these documents. Links to other sites are provided for information purposes only. BEST in MH cannot accept responsibility for the content of linked sites.