Communication skills training in dementia care: a systematic review of effectiveness, training content, and didactic methods in different care settings

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CRD summary

The authors concluded that communication skills training in dementia care significantly improved the quality of life and well-being of patients and increased positive interactions in various care settings. Reliance on a subset of studies, together with some methodological concerns in the review, means that the authors' conclusion may not be reliable.

Authors' objectives

To evaluate the effectiveness of communication skills training on the care of people with dementia.

Searching

Nine databases including MEDLINE, AMED, EMBASE, PsycINFO, CINAHL and The Cochrane Library were searched from inception to January 2010 for relevant articles in English and German. The search strategy was available from the review authors.

Study selection

Eligible studies were randomised controlled trials (RCTs), clinical controlled trials (CCTs) and before-and-after studies of communication skills training interventions aimed at patients with dementia, family carers or healthcare professionals. Control groups could be placebo, waiting list or no intervention. Patients included those aged over 65 years living either in residential care or community dwelling settings and those admitted to acute-care settings. Dementia had to be defined using DSM IV (Diagnostic and Statistical Manual of Mental Disorders IV). Studies that evaluated expressive and creative interventions and those underpinned by a specific theoretical approach were excluded. Outcomes of interest were quality of life of patients with dementia, well-being, challenging behaviour, observed communication skills and attitudes, carer burden, and stress.

Interventions included various methods and materials; duration of interventions and outcome measures also varied (details reported). More than half of the studies were conducted in nursing homes; the rest were in a home-care setting. Control groups included routine care, no intervention or placebo. Most studies were conducted in USA or Germany; one was in UK. The specific roles of health professionals varied. Patients with dementia had a mean Mini-Mental State Examination score ranging from 3.2 to 25. Some studies included carers but not patients with dementia.

Two reviewers independently selected studies for inclusion. Disagreements were resolved by consensus or a third reviewer.

Assessment of study quality

Study quality was assessed using Cochrane risk of bias criteria for randomisation method, allocation concealment, blinding, reporting of outcome data, similarity between groups at baseline, losses to follow-up, potential confounding factors and other threats to quality.

One reviewer assessed study quality and this was checked by a second reviewer.

Data extraction

Data on direction of effect were extracted by one reviewer and checked for accuracy by a second reviewer.

Methods of synthesis

The studies were combined in a narrative synthesis grouped by care setting.

Results of the review

Twelve studies (831 patients with dementia, 519 professional caregivers and 162 family caregivers) were included in the review: seven RCTs, two CCTs and three before-and-after evaluation studies. Follow-up ranged from zero to nine

months. Most RCTs were reported to have severe methodological challenges. Attrition ranged from 1.8% to 34.6% in patients with dementia and from 16.2% to 50% in professional and non-professional caregivers (where reported).

Residential care settings: Significant improvements were reported for a range of outcomes for communication skills, attitudes and knowledge of professional carers (one RCT and two before-and-after studies) and carer burden and depression in residents with dementia (two RCTs). Mixed effects were reported for challenging behaviour and use of sedatives among residents with dementia (seven studies). Improvements were reported for organisational framework and sustainability in one RCT using feedback and performance incentives and in one RCT using booster sessions. Two studies reported carer satisfaction with communication skills training.

Home care settings: Significant improvements were reported for family caregivers' knowledge and competencies (two RCTs and one CCT) and decreases in problem behaviours, improvements in communication and quality of life for patients with dementia and enhanced caregiver satisfaction. There were no significant improvements in family caregiver burden.

Authors' conclusions

Communication skills training in dementia care significantly improved the quality of life and well-being of patients and increased positive interactions in various care settings.

CRD commentary

The review questions were clear with defined inclusion criteria. Several relevant sources were searched but there was potential for language bias due to the language restrictions. There was no apparent search for unpublished studies so relevant data may have been missed. Study quality was assessed but the full results were not presented (reported to be available from the authors). Study quality appeared variable. Appropriate methods to reduce reviewer error and bias were used throughout the review process.

A narrative synthesis was appropriate given variation in the studies for interventions, outcomes and participants. Given this variation, the authors appropriately suggested caution in interpreting the data. It should also be noted that the review findings were based on a subset of studies. Some studies used routine care (an active comparator) as a control, which was not part of the inclusion criteria.

Reliance on a subset of studies, together with some methodological concerns in the review, means that the authors' conclusion may not be reliable.

Implications of the review for practice and research

Practice: The authors did not state any implications for practice.

Research: The authors stated that further rigorous RCTs were needed, particularly in European countries. Researchers should aim at rigid quality standards and use validated communication outcome measurements. Further trials were needed in hospitals and day care units and community dwelling settings such as sheltered housing or assisted living.

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