Dear Mr. Dawid Gondek,

Thank you for your (symposium) abstract submission.

You have submitted the following:

Abstract title
The effects of cognitive and exercise interventions for people with mild cognitive impairment and dementia on carers: a systematic review

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Dementia and cognitive aging

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Abstract text

Introduction
Increasing numbers of people with dementia will undoubtedly result in increased caregivers burden (various psychological, behavioural and physical interventions have been recommended to prevent or alleviate these problems), however their effects on carers are underexplored. The main objective of this study is to investigate the effects of physical and cognitive interventions for people with dementia, or mild cognitive, on their informal carers. Methods

We systematically searched CINAHL, EMBASE, MeDLINE, PsycINFO and Web of Science. Nineteen studies met inclusion criteria and were included. Eligible studies reported any caregiver related outcomes of exercise or cognitive interventions designed primarily for care recipients. The quality of studies was assessed, however study quality and design were not exclusion criteria.

Results
Most studies, which used such intervention as cognitive rehabilitation, memory support system, reality orientation therapy and exercise programme indicated positive effects on caregivers in form of e.g. reduced burden, strain, depressive symptoms, anxiety, improved or maintained quality of life. Two studies indicated negative effects on caregivers (Kurz et al., 2012; Wade et al., 2003) such as increase in burden and strain, but neither of these had an beneficial effect on the care recipient.
Conclusions

Cognitive and exercises interventions in general have favourable effect on carers. It appears that interventions indirectly help caregivers by improving care recipient related outcomes. The involvement of the carer in implementation of the intervention may also positively affect the carer-related outcomes. Nonetheless the comparison across included studies is problematic to high clinical and methodological heterogeneity.