Author’s response to reviews

Title: General practice based psychosocial interventions support carers of people with dementia or stroke: a systematic review

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Author’s response to reviews:

Dear Dr Wilson,

Thank you very much for considering our review for publication and the helpful, supportive comments from yourself and the reviewers. We feel that the review is now improved as a result of these comments.

We have copied and pasted the each comment and suggestion and have responded to each point underneath. Where we have changed the text in the article we have provided pages numbers and have highlighted the section in the amended document.

We look forward to hearing from you.

Best wishes,

Nan Greenwood

Editorial/Reviewer comments

1. Please add a sentence explaining describing 'the non equivalent control group' (page 8, line 15)

Thank you for this suggestion.

We have added two sentences in the text (p8) which read:
‘In this quasi-experimental trial, a pretest-posttest controlled design was used. Here the assignment to intervention and control groups was non-random and, as a result, the groups may be different prior to the study (i.e. non-equivalent control group trial).’

2. In table 3, would it be clearer to describe Nichols et al as an 'uncontrolled before and after' study rather than 'clinical translation'?

Thank you for this comment. We used this because this was the phrase used by the study authors but agree that it may not be the best term. To clarify this we have added 'uncontrolled before and after' to Table 3 and have added to the text (p8) which now reads:

'The remaining study [30] was described as a clinical translation of the REACH II RCT [33] but could also be described as an uncontrolled before and after study.’

Reviewer #1: I found this manuscript to be very interesting, well written and easy to read.

The following suggestions will improve the strength of the manuscript:

RESULTS:

1. Page 8: Line 2, change "(Table 1)" to "as shown in Table 1".

Done

2. Under "Methodological quality": Page 8:

   - Line 14: Change [29]-[32] to [29, 32].

Done

   - Line 20: Change "(Table 2)" to "as illustrated in Table 2".

DISCUSSION:

1. I suggest starting the discussion with the paragraph on Page 12: Lines 6-10 "To the best of our knowledge....... followed by the objectives of this review. I also suggest inserting the "CONCLUSIONS" heading to the last paragraph of the "DISCUSSION" on Page 12: Lines 20-27.

Thank you for this – we agree that these changes will help the readability of the paper. However, to make it flow even better we have changed it slightly. The beginning of the discussion (p 10) now reads:

‘To the best of our knowledge this is the first review identifying, appraising and summarising the literature relating to support for carers of people with dementia in general practice. PRISMA
standards were adopted making the search strategy extensive, rigorous and reproducible. The included studies were international and between them included many participants potentially giving these overall findings more weight. The insights gained from these four studies may help to set future research and service evaluation agendas.’

Reviewer #2: This paper reports a systematic review of interventions provided in General Practice to support informal carers of people who suffer from stroke or Alzheimer’s disease. In their introduction they make it clear that there have been previous studies and reviews of such interventions, but not with the specification that the interventions are provided within General Practice which is an important source of support to carers.

The search strategy is provided and the protocol had been pre-registered. However, this search strategy yielded only 4 papers, three from the US and 1 from Spain, all related to interventions to support carers of dementia sufferers. The studies are appropriately reviewed with a narrative synthesis. The paper is clearly written.

My main concern with this paper is the appropriateness of the very narrow focus of the question and this limitation is not addressed in the discussion. Interventions do not have to be provided in General Practice to be accessible to carers via General Practice, so for service planners reviews of the wider literature will be more relevant. I am not surprised that no papers from the UK were found as from my primary care clinical perspective I would not really expect General Practices to be providing such interventions although I would expect them to be available in a wider service context. I would expect trials and other studies to reflect that. I am also concerned that, from a UK perspective, the search terms used may have missed any studies of community-based interventions provided by mental health services, stroke specialist nurses, health visitors or voluntary agencies, all of which would be seen as being in a wider ‘primary care’ context and may even by provided within the same health centres as GP practices.

I have found it difficult to review this paper using the usual criteria. The authors have done what they set out to do, used appropriate methods and reported it clearly, but they have limited themselves to such a narrow focus that little research was found and the value of the synthesis is consequently limited. I think that this needs to be addressed in the discussion and

1. research into interventions provided by General Practice more clearly put into the context of the range of interventions available to carers of stroke and dementia sufferers

Thank you very much for this very helpful comment which we feel will improve the breadth of the paper. We thought we had done this in the Introduction (p3-4) but have now added to the Discussion (p 10):

‘The interventions identified here were intended to improve carer emotional health, carer knowledge of dementia, caregiving competence and to reduce carer burden, difficulties and frustrations. They are therefore similar in content and intended outcome to the interventions offered in other community settings and likewise the evidence for their effectiveness is mixed [4, 17,18]. In the context of general practice, our evidence suggests that the implementation of
psychosocial interventions may improve well-being and mental health by improving carers’ ability to cope with the behavioural manifestations of the disease and their dysfunctional thoughts about caregiving [29,32].'

The comment also prompted to slightly change the conclusions to read:

‘Finally, given the mixed findings of the effectiveness of these interventions for carers in both the general practice and more widely, greater user involvement in developing such interventions may be one means of improving their acceptability, with an impact on attrition and an increased the chance of them benefitting both carers and ultimately those they care for.’

We have also given thought to the point made by Reviewer 2 relating to the dearth of literature here from the UK.

Given the policy push to support carers in general practice in the UK and the fact that the vast majority of carers attend general practice every year (Royal College of General Practitioners, 2013) often say that they would like general practice to be somewhere where they could get support for their role, we were disappointed to not identify any research here. However, given the fact that general practitioners often fail to identify carers (Carduff et al., 2014), this is perhaps not surprising. Given that BMC Family Practice has an international audience, we have not added anything to the text except:

2. Consideration should be given to whether the search terms used may have failed to identify studies of interventions provided close to general practice by other agencies.

Thank you for this comment. As you know, one of the challenges when undertaking a review such as this is ensuring that the research questions are sufficiently focussed to provide useful answers but not so specific that they have little relevance to practice. We decided to only include interventions provided by general practice teams themselves or at least hosted by these teams to give our review specificity. Our searches identified a few studies (e.g. Cherry et al., 2004; Fortinsky et al.,2009) where carers were identified in general practice but the support was actually offered in the community by for example, voluntary sector organisations. In these situations, general practice was not doing much more than referring the carers to other organisations. Such interventions are clearly important but we were focusing our attention on interventions actually provided in general practice and these were therefore excluded. However we have highlighted this now in the Discussion with the following (p12):

‘However, there are also some limitations of the review. Firstly very few studies were identified limiting our potential conclusions. In order to ensure specificity of the review we did not include studies where the interventions were provided by professionals working outside general practice. These are listed in Appendix 1 but include e.g. interventions provided by social workers [46] or volunteers [47].’