

Examples of Systematic Reviews on Aging-Related Topics

Bravo, G., Dubois, M., & Wagneur, B. (2008). Assessing the effectiveness of interventions to promote advance directives among older adults: A systematic review and multi-level analysis. *Social Science & Medicine*, 67(7), 1122-1132.

Many studies have investigated the effectiveness of interventions in promoting advance directives (ADs) but there is uncertainty as to what works best, and in whom. We conducted a systematic review of the evidence in this regard, using both classical meta-analysis approaches and multi-

Cooper, C., Tandy, A. R., Balamurali, T., & Livingston, G. (2010). A Systematic Review and Meta-Analysis of Ethnic Differences in Use of Dementia Treatment, Care, and Research. *American Journal of Geriatric Psych*, 18(3), 193.

Dixon-Woods, M., Cavers, D., Agarwal, M. S., Annandale, E., Arthur, T., Harvey, J., et al.

(2006). Conducting a critical interpretive synthesis of the literature on access to healthcare by vulnerable groups. *BMC Medical Research Methodology*, 6(35), 07/27/06. Retrieved from <http://www.biomedcentral.com/1471-2288/6/35>

Background: Conventional systematic review techniques have limitations when the aim of a review is to construct a critical analysis of a complex body of literature. This article offers a reflexive account of an attempt to conduct an interpretive review of the literature on access to healthcare by vulnerable groups in the UK **Methods:** This project involved the development and use of the method of Critical Interpretive Synthesis (CIS). This approach is sensitised to the processes of conventional systematic review methodology and draws on recent advances in methods for interpretive synthesis. **Results:** Many analyses of equity of access have rested on measures of utilisation of health services, but these are problematic both methodologically and conceptually. A more useful means of understanding access is offered by the synthetic construct of candidacy. Candidacy describes how people's eligibility for healthcare is determined between themselves and health services. It is a continually negotiated property of individuals, subject to multiple influences arising both from people and their social contexts and from macro-level influences on allocation of resources and configuration of services. Health services are continually constituting and seeking to define the appropriate objects of medical attention and intervention, while at the same time people are engaged in constituting and defining what they understand to be the

pain, disability, fatigue and depression, the improvements were not clinically important. The programmes did not improve quality of life, alter the number of times patients visited their doctor or reduce the amount of time spent in hospital. No adverse events were reported in any of the studies.

MacAdam, M. (2008). *Frameworks of Integrated Care for the Elderly: A Systematic Review*.

Ottawa: Canadian Policy Research Networks Inc.

Method: We included qualitative and quantitative studies that explored pathways to

social care services in the future, the overwhelming majority of care for people with dementia takes place away from health care settings. Providing informal care for someone with dementia can be psychologically, physically and financially expensive and a range of health service interventions aimed at supporting and providing information to these carers has developed to help carers meet these demands. This review examines whether information and support interventions improve the quality of life of people caring for someone with dementia. **Methods:** A systematic review examining evidence from randomised controlled trials in which technology, individualised or group-based interventions built around the provision of support and/ or information were evaluated. **Results:** Forty-four studies were included in the review. Controlling for the quality of the evidence, we found statistically significant evidence that group-based supportive interventions impact positively on psychological morbidity. However, whilst the improvement was unlikely to be due to chance, the clinical significance of this finding should be interpreted tentatively, due to the difficulties in interpreting the standardised mean difference as a measure of effect and the complex aetiology of depression. No evidence was found for the effectiveness of any other form of intervention on a range of physical and psychological health outcomes. **Conclusion:** There is little evidence that interventions aimed at supporting and/or providing information to carers of people with dementia are uniformly effective. There is a pressing need to ensure that supportive interventions at the development stage are accompanied by good quality randomised evaluations in which outcomes that are important to clinicians and carers are measured.

Windle, G., Hughes, D., Linck, P., Russell, I., Morgan, R., Woods, B., et al. (2008). *Public health interventions to promote mental well-being in people aged 65 and over: systematic*

review of effectiveness and cost-effectiveness No. PHIAC 17.14). Bangor: University of
Wales.