

Psychoeducational support for family caregivers of people with dementia: implementation strategies for low- and middle-income countries

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Abstract

Background: Dementia caregiving in low- and middle-income countries (LMICs) occurs in contexts where public care infrastructure is limited, placing the primary responsibility for daily care on family caregivers. Psychoeducational interventions have emerged as a central strategy to strengthen coping, communication skills, and emotional well-being. Evans *et al.* (2024) synthesized evidence demonstrating that such programs in LMICs reduce caregiver burden and improve caregiving competence. However, questions remain regarding scalability, cultural adaptation, and health-system integration.

Objective: To critically analyze the contributions of Evans *et al.*, situating their findings within broader global evidence and identifying practical pathways for sustainable implementation of psychoeducational caregiver support within primary care structures in LMICs.

Discussion: Evans *et al.* demonstrate improvements in caregiver emotional regulation, burden reduction, and self-efficacy across group-based, hybrid, and digital psychoeducational models. These effects are linked to peer normalization, communication skill-building, and structured emotional support. Nevertheless, significant heterogeneity in intervention design and limited long-term follow-up highlights the need for standardized implementation frameworks and long-term sustainability planning. Cultural adaptation emerged as a key facilitator of program feasibility and acceptability in LMIC contexts. Integration into primary care systems using task-shifting and hybrid delivery approaches may enhance accessibility and scalability.

Conclusion: Psychoeducational caregiver support is clinically effective, feasible, and ethically essential to dementia care. The primary challenge now lies in achieving system-level integration.

Keywords: Psychoeducation, Family Caregivers, Dementia, Low- and Middle-Income Countries, Caregiver Burden, Primary Care

Introduction

Family caregivers play a vital and often invisible role in the care of people living with dementia. This responsibility is especially heightened in low- and middle-income countries (LMICs), where formal care services are limited and health systems are frequently unprepared to address the growing number of individuals affected by this condition. The World Health Organization's Global Action Plan on Dementia (2017–2025) and the WHO iSupport program recommend structured psychoeducation and ongoing emotional support for family caregivers as essential elements of national dementia strategies [1,2].

Evans *et al.* (2024), in their systematic review “A Systematic Review of Educational Interventions for Informal Caregivers of People Living with Dementia in Low- and Middle-Income Countries,” report that psychoeducational interventions targeting family caregivers in LMICs consistently demonstrate positive outcomes, particularly in alleviating caregiver burden and strengthening adaptive coping mechanisms in the context of dementia care [3]. These findings align with a broader international movement advocating for the integration of caregiver support into dementia care pathways [4]. Beyond summarizing the findings of Evans *et al.*, this commentary contributes an implementation-oriented perspective by translating the evidence into practical strategies for integration within primary care systems in low- and middle-income countries. Specifically, we propose feasible delivery models, emphasize culturally responsive adaptation, and discuss workforce-optimization approaches, such as task-shifting and hybrid formats, thereby extending the original review from evidence synthesis to actionable health-system planning.

Critical Contributions of the Review

While the systematic review by Evans *et al.* establishes the effectiveness of psychoeducational interventions, the present commentary advances the discussion by focusing on how such interventions can be operationalized within real-world primary care structures, particularly in resource-constrained settings. The systematic review highlights that psychoeducational interventions, particularly those delivered in group settings, can improve caregiver well-being by fostering peer support, increasing knowledge about dementia, and enhancing confidence in managing complex caregiving situations. The review also shows that interventions do not need to be lengthy; many successful programs involve approximately 12 hours of education delivered over several weeks. This is especially relevant in LMICs where time, resources, and personnel are limited.

Cultural and Contextual Considerations

Dementia caregiving unfolds within cultural frameworks that shape how aging, cognitive decline, and obligations of family caregiving are interpreted and experienced. Interventions are more effective when adapted to local norms, incorporating culturally meaningful coping practices and communication styles [5–7]. Rather than hindering standardization, thoughtful adaptation enhances the relevance and acceptability of interventions across diverse contexts.

Methodological and Structural Limitations

Despite their promise, psychoeducational interventions face implementation barriers. Variability in program structure and outcomes makes comparison difficult. Few studies include long-term follow-up, making it challenging to assess the sustainability of benefits. Cost-effectiveness analyses are also scarce, limiting policymakers’ ability to make informed decisions [8–10]. These limitations highlight a need for standardized frameworks and implementation research focused on scalability and sustainability [8–11].

Implementation Pathways in Primary Care

Task-shifting approaches, defined as the delegation of specific care activities from specialized professionals to trained community health workers or other non-specialist providers, may represent a feasible strategy to mitigate workforce limitations. First, nurse-led caregiver education programs integrated into primary care may provide

structured group sessions, periodic counseling, and routine follow-up as part of chronic and long-term care management workflows, including dementia care. Second, community health worker-based models could enable trained lay providers to deliver brief psychoeducational modules and ongoing monitoring through home visits or community outreach, thereby extending reach to underserved populations. Both approaches may align with existing primary care infrastructures in many LMICs, where decentralized and community-based services already constitute established components of the health system. To maximize their impact, psychoeducational interventions should be integrated into primary care systems. Primary care settings are more accessible to caregivers and can serve as centralized hubs for screening, referral, and ongoing support. Task-shifting approaches, in which trained health professionals and community health workers deliver structured caregiver support, may help address workforce limitations. Hybrid delivery models, combining in-person and virtual components, can increase accessibility while maintaining program effectiveness [5,6,9,12]. Taken together, the evidence synthesized by Evans *et al.* positions psychoeducational support not as an optional add-on, but as a core therapeutic component within dementia care models. Interventions that strengthen caregiver knowledge, emotional regulation, and coping skills may influence the trajectory of care, mitigate the emergence and escalation of behavioral and psychological symptoms of dementia, and may help reduce preventable health crises affecting both the caregiver and the care recipient. In LMICs, where caregiving responsibilities are often gendered, intergenerational, and embedded in cultural expectations of filial duty, the absence of structured support increases the risk of cumulative psychological strain, caregiver burnout, and ultimately the breakdown of home-based care. Therefore, psychoeducational interventions carry not only clinical and economic value, but also ethical significance, acknowledging the caregiver as an essential partner within the care dyad and recognizing their well-being as a fundamental determinant of dementia care quality.

Conclusions

Evans *et al.* demonstrate that psychoeducational interventions are effective, feasible, and culturally adaptable tools for supporting dementia caregivers in LMICs. The next challenge is ensuring broader implementation. By embedding caregiver support programs within primary care systems, health systems can provide sustainable, equitable support for caregivers. Ultimately, the delivery of high-quality dementia care is contingent upon recognizing, supporting, and continuously monitoring the health and quality of life of family caregivers. The expansion of national dementia strategies commonly prioritizes diagnostic access and pharmacological management, yet caregiver support often remains underdeveloped or unfunded. Strengthening caregiver support requires recognizing the caregiver not merely as a resource, but also as an individual vulnerable to psychological and physical strain. Policies that incorporate structured caregiver training, counseling, and routine psychosocial follow-up within primary care have been shown to reduce hospitalizations, improve continuity of care, and delay institutionalization. Additionally, caregiving is a dynamic process involving cycles of adjustment, emotional labor, and ongoing renegotiation of personal identity. Psychoeducational interventions that incorporate reflective dialogue, coping, and strengthening emotional resilience may facilitate meaning-making and resilience. This is especially crucial in LMIC settings, where caregiving roles are often shaped by

cultural expectations of filial duty and gendered labor distributions. Finally, primary care systems must be equipped to identify caregiver burden early and intervene with appropriate supportive approaches. Standardized caregiver assessment tools, embedded referral workflows, and interdisciplinary care coordination can support timely access to psychoeducational services. A comprehensive assessment of these interventions, encompassing both caregiver-centered outcomes, such as reductions in caregiver burden and improvements in quality of life, and system-level indicators, including decreased emergency department utilization, lower hospitalization rates, enhanced outpatient follow-up, reduced institutionalization, and preservation of caregiving capacity, will be critical for informing and guiding the implementation of effective public health policies.

Conflict of Interest

The authors declare that the research was carried out in the absence of any commercial or financial relationships that could be interpreted as a potential conflict of interest.

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References

1. World Health Organization. Global action plan on the public health response to dementia 2017–2025. World Health Organization; 2017. Available from: <https://www.who.int/publications/i/item/9789241513487>
2. World Health Organization. iSupport for dementia: Training and support manual for carers of people with dementia. World Health Organization; 2018 Nov 7. Available from: <https://www.who.int/publications/i/item/9789241515863>
3. Evans I, Patel R, Stoner CR, Melville M, Spector A. A Systematic Review of Educational Interventions for Informal Caregivers of People Living with Dementia in Low and Middle-Income Countries. *Behav Sci (Basel).* 2024 Feb 24;14(3):177.
4. Huggins M, Pesut B, Puurveen G. Interventions for Caregivers of Older Adults with Dementia Living in the Community: A Rapid Review of Reviews. *Can J Aging.* 2023 Sep;42(3):425–33.
5. Cintoli S, Tommasini LL, Del Prete E, Cerri M, Ceravolo R, Tognoni G. The Psychoeducational Interventions: a valuable communication tool to support the caregiver of people with dementia. *BMC Geriatr.* 2024 Dec 19;24(1):1004.
6. de Araujo EL, Rodrigues MR, Kozasa EH, Lacerda SS. Psychoeducation versus psychoeducation integrated with yoga for family caregivers of people with Alzheimer's disease: a randomized clinical trial. *Eur J Ageing.* 2023 Nov 25;20(1):46.
7. Barbosa A, Nolan M, Sousa L, Figueiredo D. Supporting direct care workers in dementia care: effects of a psychoeducational intervention. *Am J Alzheimers Dis Other Demen.* 2015 Mar;30(2):130–8.
8. McLoughlin B. Group-Based Interventions for Carers of People With Dementia: A Systematic Review. *Innov Aging.* 2022 Mar 6;6(3):iga011.
9. Noel MA, Lackey E, Labi V, Bouldin ED. Efficacy of a Virtual Education Program for Family Caregivers of Persons Living with Dementia. *J Alzheimers Dis.* 2022;86(4):1667–78.
10. Ahmad SA, Kabir ZN, Tyrrell M, Craftman Å, Nasreen HE. Efficacy of a telephone-intervention on caregiving burden and mental health among family caregivers of persons with dementia in Malaysia: A randomized controlled trial. *International Journal of Environmental Research and Public Health.* 2024 Oct 13;21(10):1354.
11. Meyer K, Lee K, Thorngthip S, Burant P, Lippe M, Neidre D, et al. A randomised controlled trial of the Learning Skills Together (LST) intervention to improve dementia family caregivers' self-efficacy with complex care. *Trials.* 2024 Jun 8;25(1):369.
12. Scerbe A, O'Connell ME, Astell A, Morgan D, Kosteniuk J, Panyavin I, et al. Digital tools for delivery of dementia education for caregivers of persons with dementia: A systematic review and meta-analysis of impact on caregiver distress and depressive symptoms. *PLoS One.* 2023 May 17;18(5):e0283600.