

Table S3. Characteristics of included studies.

Author (Year)	Country	Participants	Intervention	Control	Outcomes	Follow-up
(Au, et al., 2014) ^[1]	China (Hong Kong)	Informal family caregivers Int: 58.1, 78.6% female Con:55.1, 77.4% female	Telephone-assisted pleasant-event scheduling (TAPES) : behavioral activation and the pleasant event schedule + six subsequent telephone calls of 20 minutes each +adaptive coping and regular weekly meetings 1month (N=30)	Usual care (N=30)	1.Depression: CES-D 2.Self-Efficacy: RSCSE	Postintervention
(Au, et al., 2015) ^[2]	China (Hong Kong)	Informal family caregivers Int: 55.2, 93.1% female Con: 57.9, 73.3% female	PsyED-BA Four weeks psychoeducation program telephone calls lasting 30 minutes (information +stress coping + pleasant events + communication) +behavioral activation (Eight biweekly	PsyED: the materials of the psychoed ucation* program (N=30)	1.Depression: CES-D (22) 2.Relationship satisfaction: RAS	Postintervention

			telephone call lasting 15 to 20 minutes) +social work services			
			5months(N=29)			
(Belle, et al., 2006) ^[3]	United States	Informal family caregivers	REACH-(Dyadic):	Education materials +2 brief telephone "check-in" calls (N=86)	1.Depression: CES-D (10) 2.Burden: ZBI (12)	Postintervention
		Int: 63.2, 81.4% female	Information +didactic instruction +role playing +problem solving +skills training			
		Con: 63.5, 81.2% female	+stress management techniques +telephone support groups			
		+care recipients: Alzheimer disease or relative disorders	6 months(N=96)			
		Int: 78.6, 54.7% female				
		Con: 77.5, 45.8% female				
(Berwig, et al., 2017) ^[4]	German	Informal caregivers	DE-REACH intervention:	Usual care (N=40)	1.Burden: ZBI (22) 2.Anxiety: PHQ-4 3.Depression: PHQ-4	Postintervention 9 months
		Int: 72.3, 68.0% female	Information transfer +psycho-education +role-playing +problem-solving +practice of skills +techniques for stress management +caregiver notebook +local support group			
		Con: 74.0, 64.0% female				

			6 months (N=41)		
(Birkenhä ger- Gillesse, et al., 2020) [5]	Netherla nds	Family caregivers: Int: 72.5, 76.3% female Con: 73.2, 74.0% female People with dementia: Int: 76.3 Con: 77.6	(Dyadic) 14 Psycho-educational sessions (isolation + medical aspects of dementia + planning for the future + re-rolling + reminiscence and orientation + communication + provide strategies to cope with criticism + activities +safety + nursing skills+ exercise + nutrition + self- care + using community services)	Usual care (N=38)	1.Satisfaction of 3 months life: VAS 2.Burden: Self- Rated Burden Scale-VAS 3.Depression: CES- D 4.Anxiety: HADS- A
			5 days (N=49)		
(Blom, et al., 2015) [6]	Netherla nds	Family caregivers:(CES- D>4 or HADS-A>3 or a burden score>6 on a scale ranging from 0 to 10) Int: 61.5, 69.8% female Con: 60.8, 68.8% female	Internet course Mastery over Dementia (MoD): problem solving +cognitive restructuring +assertiveness training +homework 6 months (N=90)	A minimal interventi on (e- bulletins) (N=85)	1.Depression: CES- D (20) 2.Anxiety: HADS- A (7) Postintervention

(Chien, et al., 2011) ^[7]	China (HongKong)	Family caregivers Int: 44.9, 67.4% female Con: 45.6, 65.2% female	1 month need's assessment +5 months sessions (education, sharing and discussion, psychological support and problem-solving) 6 months (N=46)	Usual care (N=46)	1.Burden: FCBI	Postintervention 12 months 18 months
(Cristanch o-Lacroix, et al., 2015) ^[8]	France	Informal caregivers (scored 12 or more on the Perceived Stress Scale) Int: 64.2, 64.0% female Con: 59.0, 67.0% female	Web-based program (once a Week) (education +skill training +coping with behavioral +social and financial support +peer support) 3 months (N=25)	Usual care (N=24)	1.Stress: PSS-14 2.Self-efficacy: RSCSE 3.Subject burden: ZBI 4.Depression: BDI-II 5.Self-perceived emotion: NHP 6. Relationship satisfaction: VAS	Postintervention 6 months

(Duggleby, et al., 2018) ^[9]	Canada	Informal caregivers Int: 63.4, 79.0% female Con: 63.9, 84.0% female	Web-based intervention-MT4C: (1) about me (2) common changes to expect (3) frequently asked questions (4) resources (5) important health information (6) calendar 3 months (N=78)	Usual care (N=89)	1.Self-efficacy: GSES	Postintervention
(Elliott, et al., 2010) ^[10]	United States	Family caregivers and close friends Int: 62.3, 81.8% female Con: 60.2, 85.8% female	REACH (Dyadic): Information +didactic instruction +role playing +problem solving +skills training +stress management techniques +telephone support groups 6 months (N=257)	Education materials +2 brief telephone "check-in" calls (N=238)	1.Mood improvement: questionnaire-mood improvement	Postintervention
(Fei, et al., 2009) ^[11]	China	Relative caregivers Int: 54.5, 77.4% female Con: 56.1, 64.7% female	Assessment +knowledge and skill guidance +pressure identification and regulation 3 months (N=31)	Usual care (N=34)	1.Depression (SCL-90) 2.Anxiety (SCL-90)	Postintervention

(Gitlin, et al., 2010) [12]	United States	Family caregivers Int: 62.4, 90.7% female Con: 62.0, 87.3% female	The COPE program (Dyadic): Assessments +caregiver education (patient capabilities, potential effects of medications, pain, constipation, dehydration) +reduce stress 4 months (N=102)	Usual care (N=107)	1.Well-being: The 13-item Perceived Change Index	Postintervention
(Gonyea, et al., 2006) [13]	United States	Family caregivers Mean age: 64.6, 67% female	Behavioral intervention (behavior therapy and behavioral activation) +discuss personal challenges +peer support +respite care 5 weeks (N=40)	Psychoeducational intervention* (N=40)	1.Burden: ZBI (12)	Postintervention
(Han, et al., 2020) [14]	Korea	Relative caregivers Int: 62.8, 83.3% female Con: 59.4, 85.2% female	Dementia Live™ (The simulation-based empathy enhancement program) +The lecture-based education (information +communication strategies + stress management strategies)	The lecture-based education (N=27)	1.Well-being: (CarerQol-VAS)	Postintervention

			only once (N=24)			
(Hattink, et al., 2015) ^[15]	Netherlands and the United Kingdom	Informal caregivers Int: 52.9, 74.0% female Con: 55.0, 69.0% female	STAR E-Learning course: Dementia information +problem solving strategies +adaptation and coping influences behavior and mood +support strategies + positive and empathic communication 4 months (N=27)	Wait-list group (N=32)	1.Empathy: IRI 2.Burden: questionnaire 3.Competence: SSCQ	Postintervention
(Hepburn, et al., 2001) ^[16]	United States	Relative caregivers Mean age: 65.0, 70.0% female	(Group Settings) Information provision +concept development +role clarification +belief clarification +mastery-focused coaching 2 months (N=60)	Wait-list group (N=34)	1.Depression: CES-D (20) 2.Burden: ZBI (22)	5 months
(Huang, 2015) ^[17]	China	Informal caregivers	Cognitive behavior intervention +health education +social support	Usual care (N=10)	1.Depression (SDS) 2.Anxiety (SAS)	Postintervention (In the ninth month)

			12 months (N=10)			3.Positive aspects of caregiving	
(Kor, et al., 2019) ^[18]	China (Hong Kong)	Family caregivers Int: 58.2, 77.8% female Con: 56.0, 88.9%	(Group setting) Mindfulness +psychoeducation sharing 10 weeks (N=18)	activities +group	Usual care (N=18)	1.Stress: PSS 2.Burden: ZBI 3.Depression: CES-D 4.Anxiety: HADS-A 5.Resilience: BRS	Postintervention 3 months
(Laakkonen, et al., 2016) ^[19]	Finland	Spouse caregivers Int: 75.9, 64.2% female Con: 73.8, 60.9% female	(Dyadic) Enhance self-efficacy and problem-solving skills and to provide peer support. 2 months (N=67)		Usual care (N=67)	1.Competence: SCQ	Postintervention (In the third month) 9 months
(Liu, et al., 2007) ^[20]	China	Family caregivers Int: 72.8	Knowledge and skills guidance +cognitive function exercise		Usual care (N=22)	1.Depression: SDS 2.Anxiety: SAS	Postintervention

		Con: 71.7	+pressure identification and regulation			
			12 months (N=18)			
(Luo, et al., 2012) [21]	China	Family caregivers	Knowledge education +care Skills Instruction + psychology guidance	Usual care (N=76)	1.Depression: SDS 2.Anxiety: SAS	Postintervention
			12 months (N=76)			
(Marriott, et al., 2000) ^[22]	United Kingdom	Family caregivers (with a score on the General Health Questionnaire of 5 or above)	(Dyadic) Family intervention +four booklets (education +stress management +coping skill training)	Usual care (N=14)	1.Depression: BDI	Postintervention
		Int: 69.6, 64.2% female Con: 58.1, 78.6% female	9 months (N=14)			12 months
(Metcalfe, et al., 2019) ^[23]	Six European countries (England /France/	Informal caregivers Int: 57.6, 60.0% female Con: 57.2, 61.3% female	Online program: (medical explanations + management of cognitive and behavioral symptoms +adapting to relationship changes	Wait-list control (N=31)	1.Self-efficacy: RSCSE 2.Stress: PSS 3.Burden: BSFC	Postintervention

	Germany /Netherl ands/Por tugal/Sw eden)		+available care +support +self- care suggestions)			
			6 weeks (N=30)			
(Pan, et al., 2020) [24]	China	Family caregivers Mean age: 54.5	(Dyadic) Consulting + problems coping strategies + health education or related information about dementia 6 months (N=31)	Usual care (N=32)	1.Depression: GDS 2.Stress: RSS	Postintervention
(Possin, et al., 2019) [25]	United States	Informal caregivers Int: 65.3, 69.9% female Con: 64.0, 73.1% female	(Dyadic) the Care Ecosystem: (Immediate needs +medication reconciliation and review +safety screen and recommendations +referrals and caregiver education +caregiver well-being +behavior management +advance care planning) monthly	Usual care (N=229)	1.Depression: PHQ-9 2.Burden: ZBI (12) 3.Self-efficacy: questionnaire	Postintervention

			12 months (N=426)			
(Prick, et al., 2015) ^[26]	Netherlands	Family caregivers Int: 73.0, 66.7% female Con: 71.0, 77.8% female	(Dyadic) Physical exercise + support (psychoeducation +communication skills training + pleasant activities training)	Minimal intervention (N=54)	1.Depression: PHQ-9 2.Stress: SPICC	Postintervention 6 months
			3 months (N=57)			
(Shata, et al., 2017) ^[27]	Egypt	Informal caregivers Int: 49.4, 61.8% female Con: 48.0, 69.5% female	Group psychoeducation (two sessions) +brief group CBT (six sessions, skills of handling problematic Behaviors +skill of coping and stress management) +group support sessions	Black control (N=59)	1.Depression: HDRS 2. Anxiety: TMAS 3.Burden: ZBI	Postintervention 5 months
			2 months (N=55)			
(Waldorff, et al., 2012) ^[28]	Denmark	Informal caregivers	(Dyadic) Counselling sessions +course (basic knowledge +experiences and coping strategies)	Usual care (N=143)	1.Depression: GDS	Postintervention

			+additional intervention- telephone follow-up			
			+local support			
			8-12 months (N=128)			
(Yao, 2011) ^[29]	China	Family caregivers Mean age: 64.2, 50.6% female	Cognitive behavior intervention (Group discussion, situational training, role playing) + transitional care	Usual care (N=45)	1. Burden: CBI 2.Positive aspects of caregiving	Postintervention
			6 months (N=44)			
(Yoo, et al., 2019) ^[30]	Korea	Family caregivers Int: 65.9, 73.7% female Con: 63.3, 84.2% female	Education +psychological support (CBT) +daily memory training +stress coping	Wait-list control group (N=19)	1.Burden: ZBI 2.Depression : GDS 3.Well-being: PGCMS 4.Positive effect: PANAS	Postintervention
			8-10 weeks (N=19)			

(Zhu, et al., 2016) [31]	Family caregivers	Collaborative care intervention: Social support (Wechat) +knowledge education + care skills instruction + psychology guidance	Usual care 1. Burden: CBI (N=60)	Postintervention
	Int: 57.4, 64.5% female Con: 59.2, 71.7% female			
		4 months (N=62)		

Note: Int = Intervention group; Con = Control group; * Psychoeducation: A single-component intervention (a structured approach to providing information [32]); CES-D = Centre for Epidemiologic Studies Depression Scale; RSCSE = Revised Scale for Caregiving Self-Efficacy; RAS = The seven-item relationship assessment scale; REACH = The Resources for Enhancing Alzheimer's Caregiver Health; ZBI = the Zarit caregiver burden interview; PHQ = the Patient Health Questionnaire; HADS-A = The Hospital Anxiety and Depression Scale; FCBI = Family Caregiving Burden Inventory; PSS-14 = the 14-item Perceived Stress Scale; WHOQoL-BREF = The World Health Organization Quality of Life Measure-Brief Version; BDI-II = The second version of the Beck Depression Inventory; NHP = Nottingham Health Profile; VAS = visual analog scales; MT4C = My Tools 4 Care; GSES = The General Self-Efficacy Scale; SCL-90 = Symptom Checklist 90; The COPE program = The Care of Persons with Dementia in their Environments program; CarerQoL-VAS = Care-related Quality of Life instrument- visual analog scales; IRI = The Interpersonal Reactivity Index; SSCQ = Sense of competence, the Short Sense of Competence Questionnaire; SDS = Self-rating depression scale; SAS = self-rating anxiety scale; BRS = Brief Resilience Scale; SCQ = the Sense of Competence Questionnaire; BSFC = Burden Scale for Family Caregivers; SPICC = The Dutch Self-Perceived Pressure from family care; HDRS = Arabic version of the Hamilton Depression Rating Scale; TMAS = the Taylor Manifest Anxiety Scale; GDS = Geriatric depression scale; PGCMS = The Korean version of the Philadelphia Geriatric Center Morale Scale; PANAS = The Positive Affect and Negative Affect Schedule.

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