UNEQUAL BURDENS: SOCIOECONOMIC DISADVANTAGE IN DEMENTIA CARE AND CAREGIVING

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KEYWORDS

Dementia care

Socioeconomic disadvantage

Informal and formal care

EXECUTIVE SUMMARY (100 words maximum)

Socioeconomic disadvantage is increasingly recognised as a key determinant of health, yet this concept remains underexamined in dementia care. Limited empirical work to date points to amplified impacts in this context. This study will map and synthesise evidence on ways in which disadvantage influences access to diagnosis, service use, and outcomes for people living with dementia and their caregivers. A critical Interpretive review and synthesis of the literature will be undertaken, to identify patterns and underlying influences across the care continuum. Findings will highlight where disadvantage may contribute to unequal care experiences and intensified care demands, informing more equitable and context-sensitive approaches to dementia care and support.

INTRODUCTION

Socioeconomic disadvantage is increasingly recognised as a critical determinant of health; however, its influence on dementia care trajectories and outcomes remains insufficiently synthesised. People experiencing disadvantage may face delays in diagnosis, reduced access to services, fragmented care, and limited social support, contributing to poorer outcomes and increased caregiver burden.

HIGHLIGHTS

- Socioeconomic disadvantage shapes access, engagement, and outcomes in dementia care
- Delayed diagnosis and fragmented care pathways are more common under conditions of disadvantage
- Informal caregivers experience increased burden where resources are constrained
- Inequalities accumulate across the dementia care continuum

METHODOLOGY/ PROCESS

A critical interpretive synthesis (CIS) will be used to analyse literature on socioeconomic disadvantage in dementia care, with an emphasis on critical appraisal and theory development. Drawing on systematic review processes while adopting an iterative and interpretive approach, CIS enables the integration of empirical and non-empirical literature. The method involves a flexible process, including refinement of a guiding question, purposive searching, study selection, and concurrent analysis and synthesis. Through this process, the review will generate synthesised constructs and an overarching argument that explain how disadvantage is conceptualised and operates across care contexts, including how care is negotiated and sustained within and between formal services and informal networks under conditions of constrained resources.

RESULTS/ OUTCOMES

Through a critical interpretive synthesis, this review will generate a theoretically informed account of the sequelae of disadvantage in dementia care. It will demonstrate how socioeconomic disadvantage operates

across multiple levels of the care continuum, shaping access, engagement, and continuity through interacting structural and relational processes. The synthesis is expected to reveal the cumulative effects of inequality over time, highlighting critical policy and practice implications for people with dementia who are vulnerably positioned.

CONCLUSION

By combining systematic mapping with critical interpretive synthesis, this study will identify the mechanisms through which socioeconomic disadvantage produces unequal burdens in dementia care. This synthesis will inform more equitable approaches to service access, continuity of care, and caregiver support, including recommendations for the design of interventions and policies that better respond to structural and relational disadvantage.

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Maximum 2 pages of text followed by a maximum of 3 pages of supporting tables and graphics.

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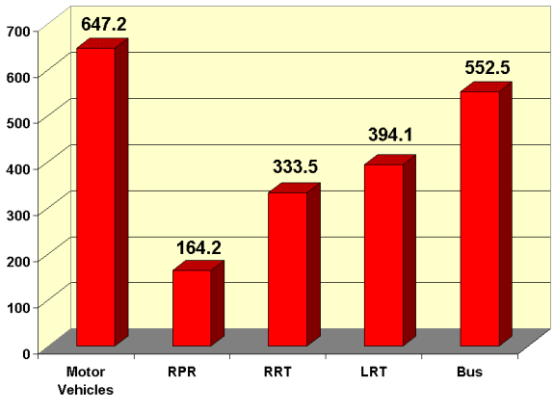

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Table 1: Example of a Table

Heading 1	Heading 2	Heading 3
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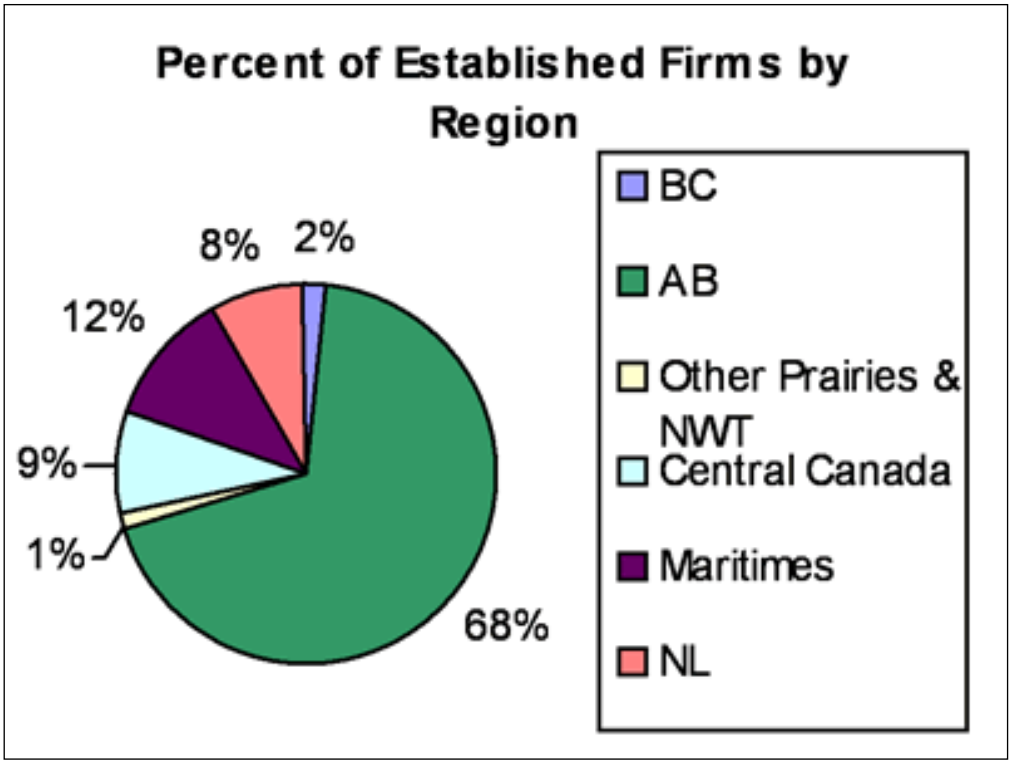
Figure 2 is an example of an oversized figure.



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