

Resilience as a buffer against dementia: Systematic review of interventions to foster resilience in older adults

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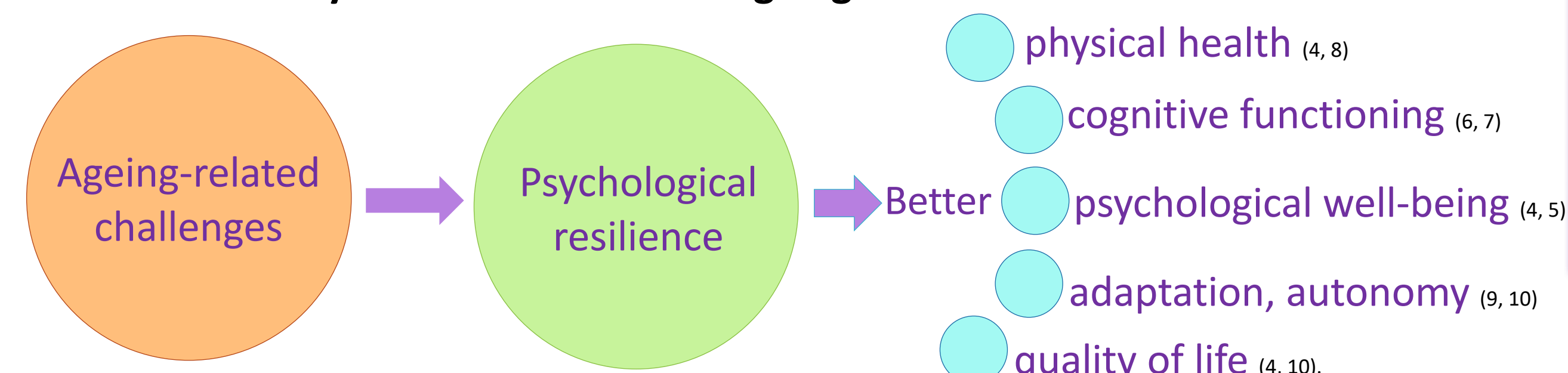
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INTRODUCTION

Psychological resilience is a **multi-factorial** and **dynamic process** of positive adaptation to adversity ⁽¹⁾.

It draws on **intrapersonal resources** (optimism, emotional intelligence, problem-solving, etc.), **interpersonal resources** (social connectedness, etc.), and **contextual resources** (safe and supportive environments) ⁽²⁾.

Resilience is a **key factor** for **successful ageing** ^(3, 4):



Strengthening resilience may represent a promising psychosocial pathway for **dementia prevention** and healthy ageing ⁽¹¹⁾.

AIM

Identify existing interventions that help to strengthen psychological resilience in adults aged ≥60 years.

METHODS

PICOS

P: ≥60 years;
I: resilience-enhancing intervention/program;
C: any /no comparator;
O: validated resilience measure;
S: intervention study with pre-post data.

Search Equation

Three core concepts were combined:

- Resilience
- Older adults
- Intervention

Example PubMed equation: ("intervention"[Title/Abstract] OR "program"[Title/Abstract] OR "randomized controlled trial"[Title/Abstract]) AND "resilienc"[Title/Abstract] AND ("aging"[Title] OR "older adult"[Title/Abstract] OR "elderly"[Title] OR "old people"[Title] OR "older people"[Title] OR "senior"[Title] OR "geriatric"[Title] OR "mild cognitive impairment"[Title])

Full search equations for each database available upon request

→ database-specific syntax adapted with TERA Polyglot

Screening

2 reviewers independently screened titles/abstracts/full texts
→ conflicts resolved by consensus/2 others reviewers.

Search Period

No date restrictions
Searches conducted in all databases on 3 February **2026**

Quality assessment

Design-specific appraisal tools:
RoB 2 for RCTs
JB **checklists** for non-randomized, uncontrolled and pilot studies

Resilience can be strengthened in later life: interventions show significant and encouraging benefits.

It may represent a promising psychosocial target for healthy ageing and dementia risk reduction.

More rigorous trials are needed.

Eligibility criteria

- ✓ Participants: adults ≥60 years or separate ≥60 subgroup
- ✓ Outcomes: validated resilience measure
- ✓ Intervention: intervention/program must be tested
- ✓ Design: pre-post assessment min required
- ✓ Text in English or French

Exclusion criteria

- ✗ No individual-level psychological resilience
- ✗ Resilience measured only, not addressed as an intervention target or meaningful outcome
- ✗ Protocol/case study /review/meta-analysis/ guidelines /poster/abstract conference
- ✗ No full text
- ✗ No description of the intervention/program

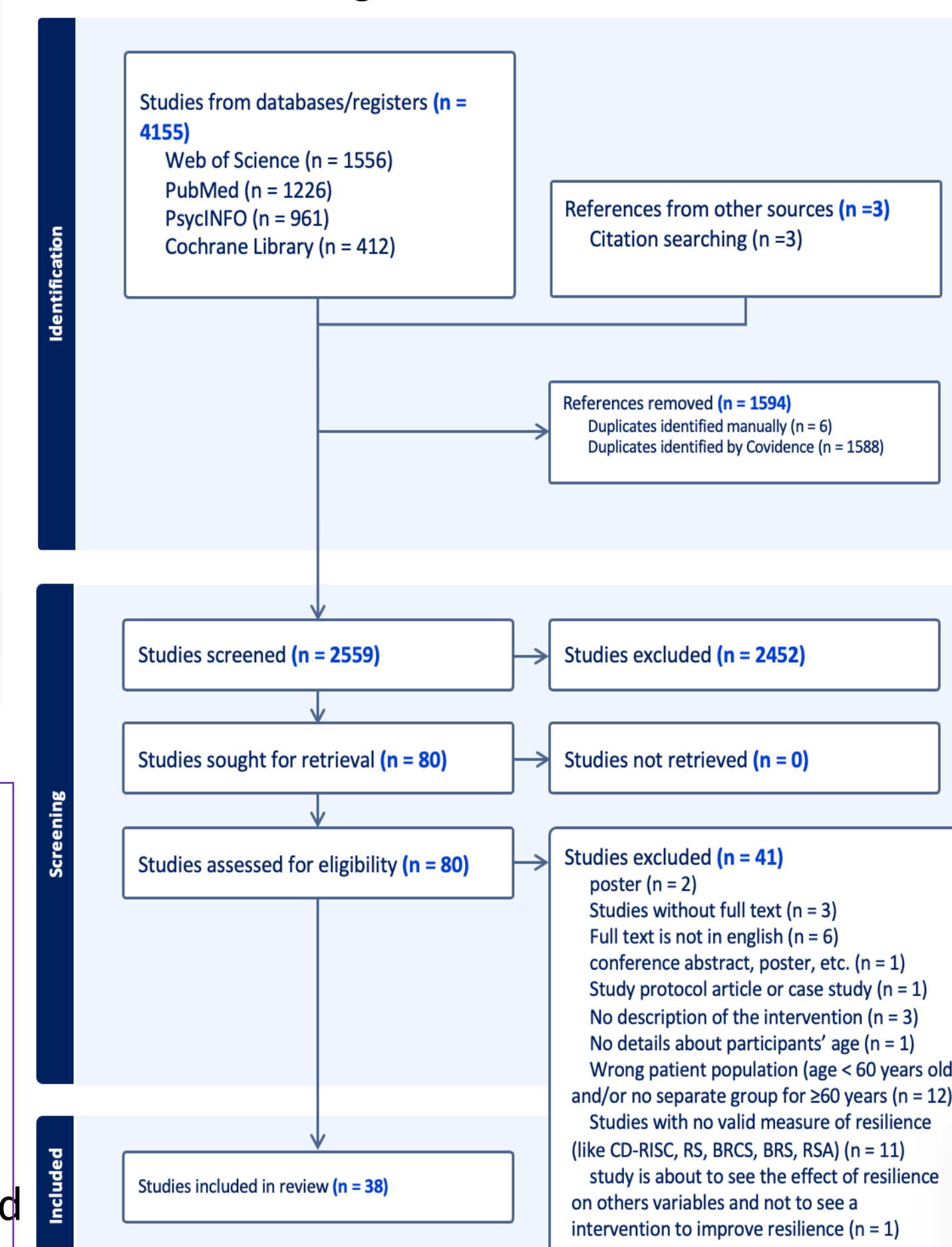
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RESULTS

PRISMA Flow Diagram



Full extraction table available upon request

→ Included studies at a glance

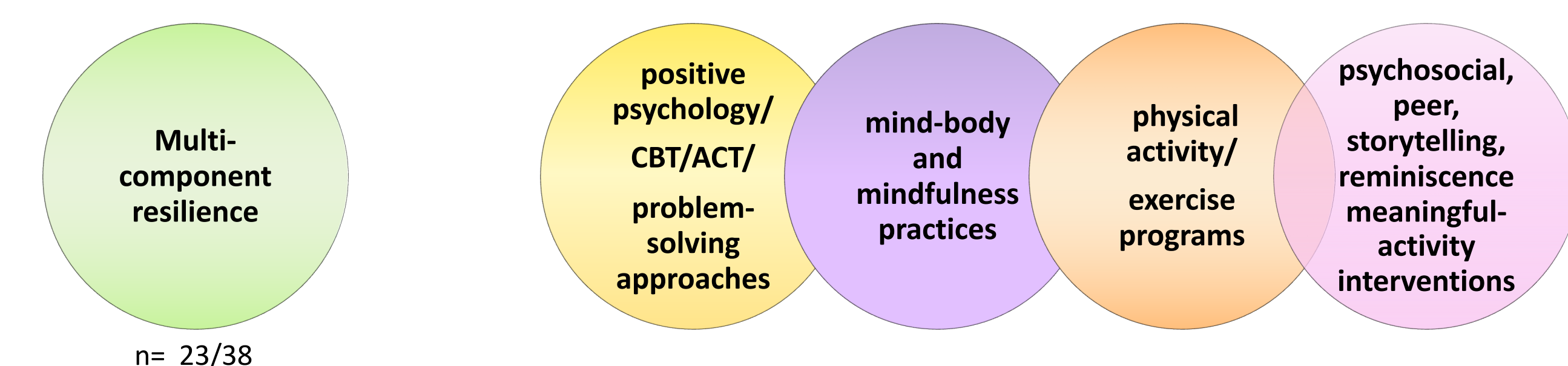
- Randomized controlled trials n=19/38
- Studies with a control group: n=27/38
- Follow-up beyond pre-post-intervention : n=18/38
- Remote online delivery n=7 /38
- Self-guided digital/mHealth interventions n=2
- Most frequent resilience measures:
CD-RISC-10 items n=10 BRS n=8
CD-RISC n=6 BRCS n=5
RS-25 n=4
- Most frequent intervention durations:
8 weeks: n=8 12 weeks n=6
- Group-based interventions n= 29/38
- Specific population n= 17/38 (frailty, depression, chronic illness, MCI, cancer survivorship)

→ Resilience improved significantly in 28/38 included studies

n=6 studies with promising but non-significant results

n=4 with no improvement

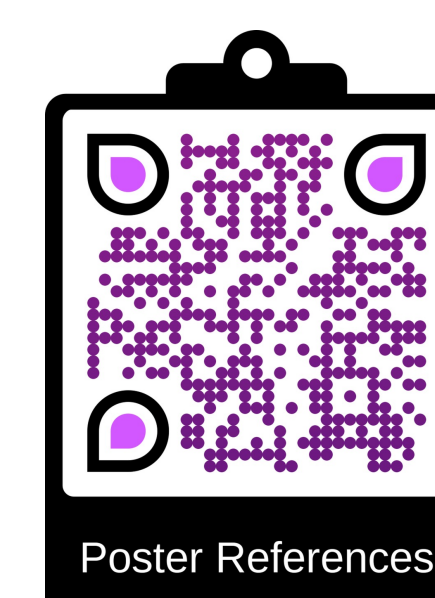
→ Different approaches to improve resilience in older adults :



CONCLUSIONS

Overall, most studies reported **significant or encouraging improvements in resilience**, but findings should be interpreted cautiously given the **heterogeneity of interventions, designs, and outcome measures**.

Future studies should use adequately powered RCTs, active control conditions, standardized resilience measures, detailed interventions, and longer follow-up.



Poster References