

Feasibility of START-BRAZIL in the Brazilian Unified Health System: Preliminary findings

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BACKGROUND

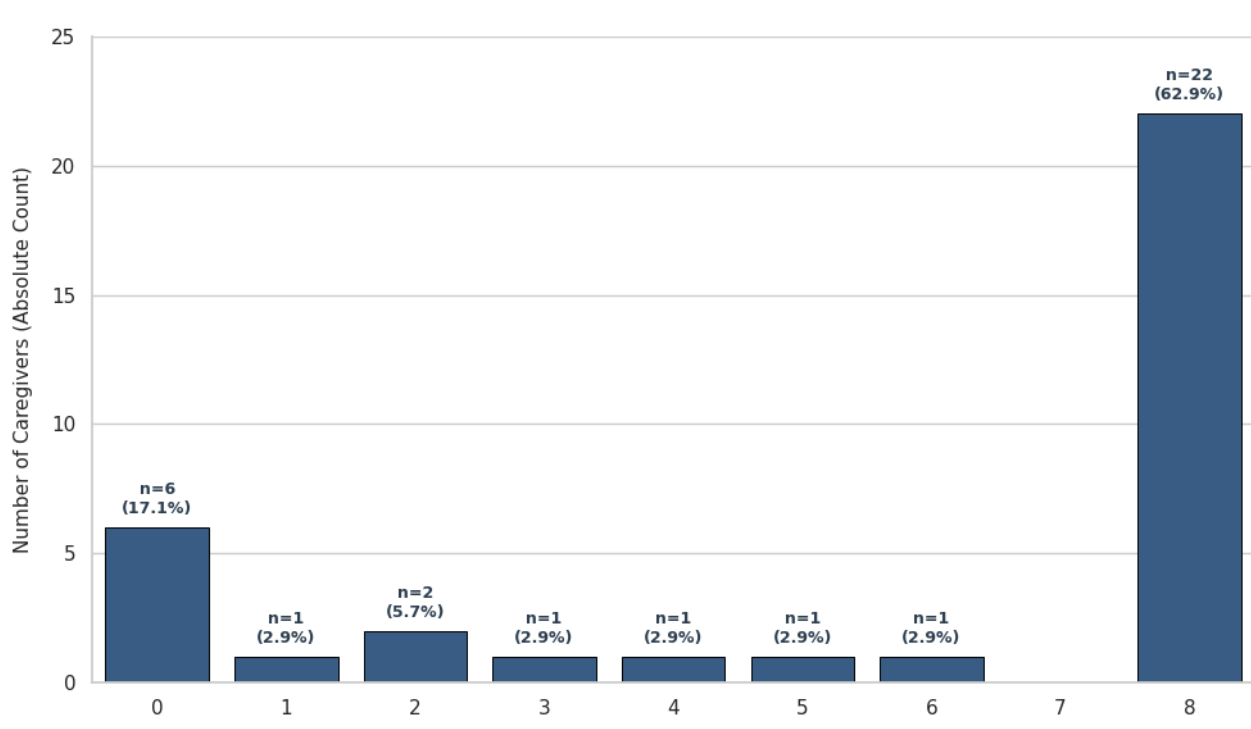
Family caregivers of people with dementia (PWD) experience a high burden of psychological distress (1), particularly in low- and middle-income countries (LMICs), where access to specialist mental health care is limited (2). START (STrAtegies for RelaTives) is a manualised, individual coping intervention and has demonstrated sustained benefits for caregivers’ mental health in high-income settings (3). Its delivery model makes START a potentially scalable strategy for public health systems seeking to address dementia-related caregiving burden using existing primary care workforces. This poster presents preliminary findings from the first municipalities completing the intervention cycle, as part of an ongoing study evaluating the feasibility of implementing a adapted Brazilian version of START within the Unified Health System, delivered by community health workers (CHWs).

METHODS

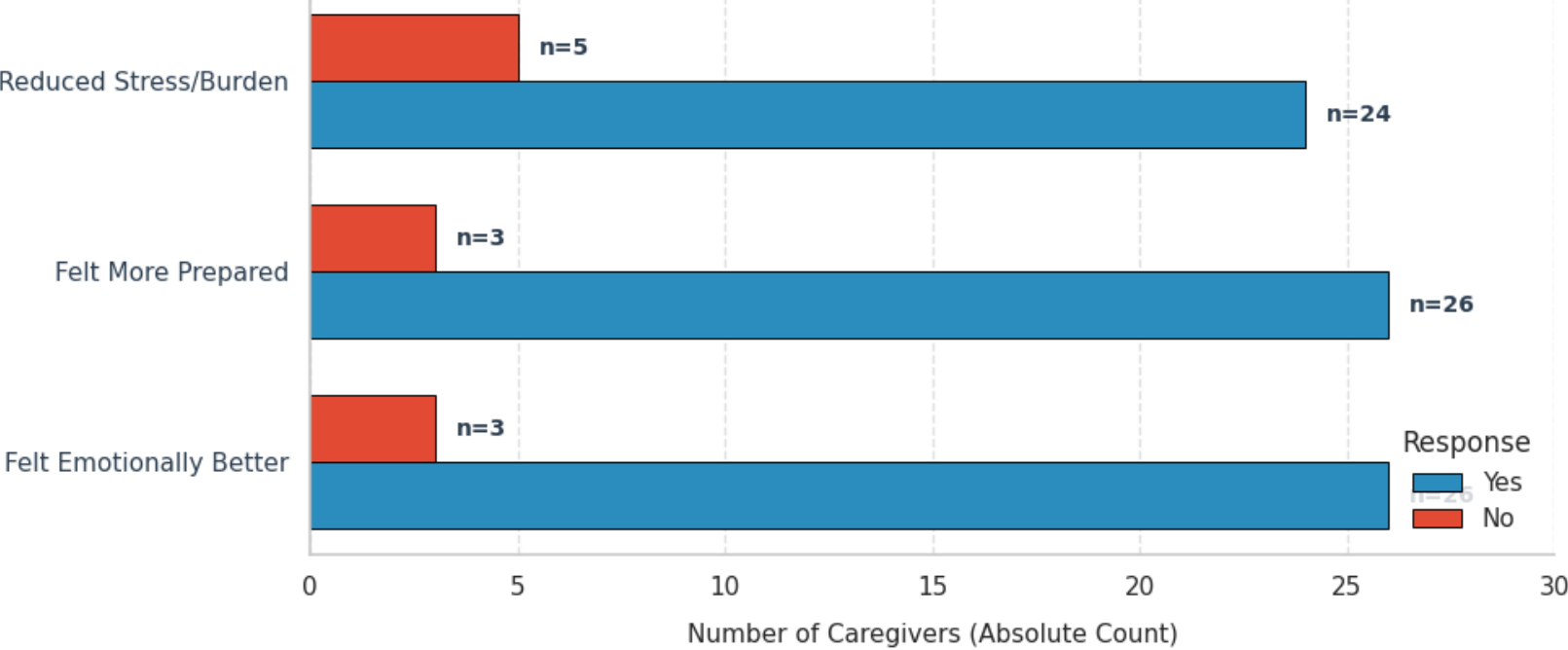
This controlled feasibility trial is being conducted in ten Brazilian municipalities, with two municipalities selected from each of the country’s five geographical regions. 60 caregivers are enrolled to intervention and 30 to a waitlist control group. The intervention consists of eight individual sessions delivered by trained CHWs following a structured manual. Feasibility and acceptability are assessed through operational indicators, structured questionnaires, and qualitative interviews with caregivers, CHWs, and local health managers. Secondary outcomes include caregiver mental health, burden, quality of life, coping strategies, and neuropsychiatric symptoms of the care recipient, measured at baseline and six months. Preliminary results presented here refer to the first seven municipalities.

RESULTS

Number of completed sessions (n = 35; mv = 7)



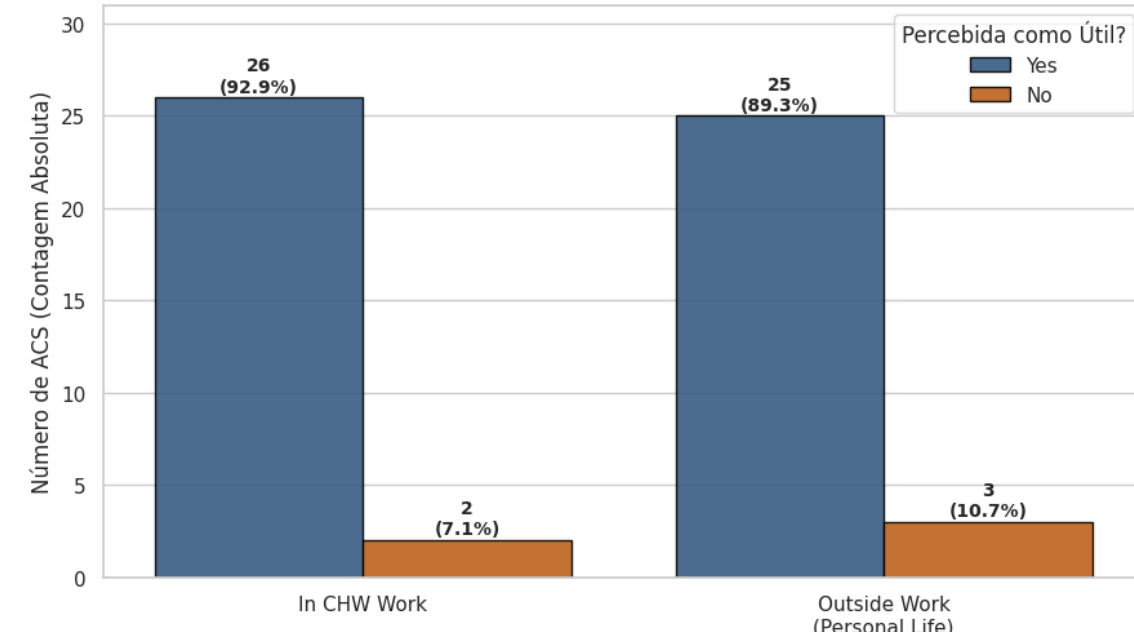
Caregiver Subjective Outcomes Post-Intervention (n = 29*)



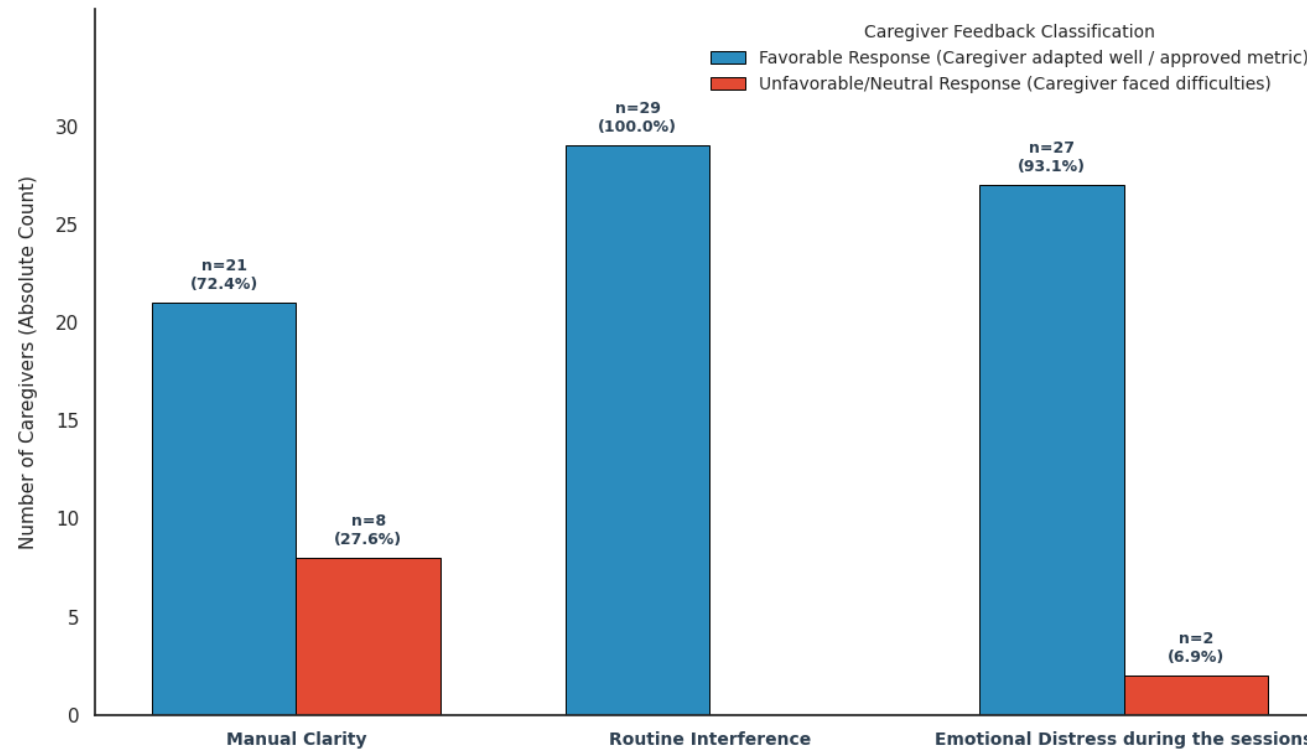
*Note: 6 dropouts; 7 missing values

CHWs responses (n = 29)	Yes n (%)
Sessions lasted between 1h and 1h30	19 (67.86%)
CHWs feels very/extremely prepared after the training	17 (65.38%)
Manual was reasonably/very easy	20 (71.43%)
Caregiver seemed to be engaged	23 (82.14%)
Tasks between sessions were completed	14 (50.00%)
Relaxation exercises were practiced	19 (67.86%)
Easy to combine with CHW routine	20 (71.43%)
Received support/encouragement from management	23 (82.14%)
Handled emotional reactions well	23 (82.14%)
I think that other caregivers could benefit	20 (71.43%)
I think that most other CHWs would be interested	21 (75.00%)

Perceived Usefulness of the Learned Techniques(CHWs)



Caregiver Evaluation of Intervention Acceptability (n = 29*)



CONCLUSIONS

Preliminary findings are promising regarding the feasibility of delivering START within Brazilian primary care. This approach may offer a scalable strategy to support dementia caregivers’ mental health in LMIC public health systems using non-specialist CHW.

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