

Quick summaries: translating open access research into practical insights for aged care teams

ARIIA has developed quick summaries based on ten original open access articles. These summaries are designed to support quick scanning of the evidence, but readers should consult the authors' abstract and full article for exact details.

ARIIA quick summaries (April 2026)

1. [The ABCs of hearing and vision care in long-term care communities: A systematic review and behavioural systems map of actors, behaviours and COM-B factors](#)

Review focus: A systematic review by Anantharaman et al. looked at hearing and vision care in long-term care settings. It explored what can make this care harder or easier and considered the roles of the many people, services and systems involved.

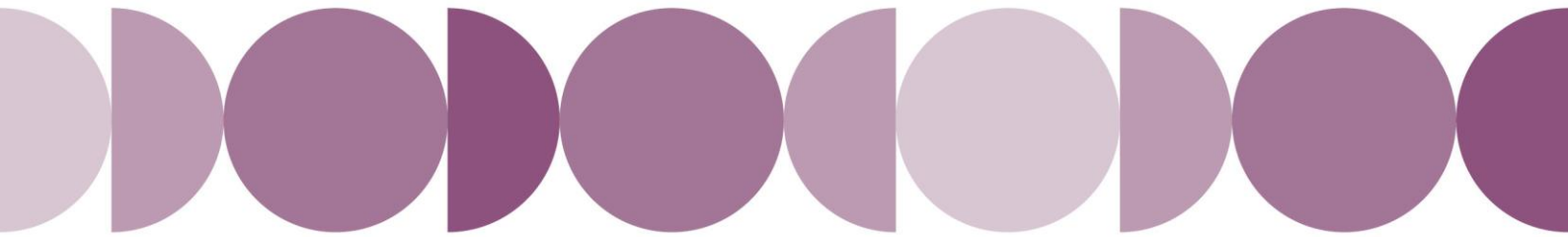
Review findings: The review included 23 studies. It found five main groups involved in hearing and vision care: residents, families, frontline staff, managers and allied health professionals. It looked at tasks such as screening, referral, receiving care, using devices and adapting communication. The review identified 31 factors that affected care. Common influences included teamwork, family involvement, available infrastructure and whether hearing or vision care was seen as important.

Workforce relevance: The review shows that hearing and vision care works best when everyone involved works together to recognise needs and respond early. Staff need better knowledge of hearing and vision loss, including how to identify problems and support the use of devices. Improving care also requires enough time, clear processes, awareness activities alongside the right equipment and support.

Explore related ARIIA topics: [Technology in aged care](#)

2. [Teledermatology for older adults with a focus on nursing home residents: A scoping review of clinical and system-level benefits](#)

Review focus: A scoping review by Armstrong et al. examined teledermatology (TD) for older adults, with a focus on nursing home residents. It explored how remote dermatology can improve access, diagnosis and management for older people who often face mobility, cognitive and transport barriers.



Review findings: The review used two searches. One looked at common skin conditions in nursing homes and included four studies. The other looked at teledermatology and included 21 studies. Overall, it found that teledermatology can help residents get faster diagnosis, easier access to specialist care, quicker treatment and fewer in-person referrals. It was especially useful when trained non-specialists could take photos and send them to specialists, reducing the need for residents to travel.

Workforce relevance: Skin conditions are common in nursing homes, especially among women. Limited staff knowledge and training can make these issues harder to manage. Teledermatology can help by allowing staff to take and share images with specialists, supporting faster advice and better comfort for residents.

Explore related ARIA topics: [Technology in aged care](#)

3. [Evaluating the impact of medication review and deprescribing on prescribing appropriateness and clinical outcomes in older people residing in long-term care facilities: A systematic review and meta-analysis](#)

Review focus: A systematic review and meta-analysis by Carollo et al. examined medication review and deprescribing for older people with polypharmacy living in long-term care facilities. It explored whether these approaches improve prescribing and change outcomes such as falls, hospitalisations and mortality.

Review findings: The review included 38 studies. It found that medication review and deprescribing reduced the number of medicines people took, including medicines that may not have been appropriate. It did not find clear improvements in resident falls, hospital stays or deaths. The studies varied in quality, which affects confidence in the findings. More research using standard, objective and repeatable methods is needed to better understand their clinical impact.

Workforce relevance: Most reviews were led by clinical pharmacologists or pharmacists. Overall, the review discussed team-based deprescribing involving doctors, nurses and pharmacists, including one nursing home intervention linked to fewer inappropriate medicines, hospitalisations and deaths. This highlights the need for regular medication reviews, shared decision-making and consistent deprescribing processes in long-term care settings.



4. [The effectiveness of dance interventions on the quality of life of older adults residing in long-term care facilities: a systematic review](#)

Review focus: A systematic review by Dabbagh et al. examined dance interventions for older adults living in long-term care (LTC) facilities. It looked at whether dance can improve quality of life and what features of these programs may help.

Review findings: The review included seven studies. Overall, dance-based interventions had positive effects on quality of life for residents in long-term care, including life satisfaction and health behaviours. They were also linked to improved memory and thinking and reduced anxiety and depression. A key benefit is that dance-based activities can combine physical, psychological, cognitive and social benefits in one intervention. However, the variety of dance styles makes it difficult to compare outcomes across all studies.

Workforce relevance: Staff involvement varied across the studies. Some staff were trained to run classes, while others supported a dance instructor. Women were more likely to take part, so services should consider how to include more men. Leaders also need to consider the direct and indirect costs of dance activities, including staff time, instructor costs and suitable space for sessions.

Explore related ARIIA topics: [Dementia care](#)

5. [Tools to measure noncognitive symptoms in nursing home residents with advanced dementia: a scoping review](#)

Review focus: A scoping review by Faherty et al. examined tools used to measure agitation and other noncognitive symptoms in nursing home residents with advanced dementia. It explored which tools are being used and how useful they appear to be in this population.

Review findings: The review included 24 articles. The most common tools used to assess agitation, apathy and unusual motor behaviours in residents with dementia in nursing homes were the Neuropsychiatric Inventory (NPI) and the Cohen-Mansfield Agitation Inventory (CMAI). Fewer tools were suitable for assessing psychotic symptoms. Missing data was generally low, except for sleep. However, there was limited information on tool validity, accuracy, time needed to use them and whether they could detect change over time.



Workforce relevance: Frontline staff work closely with residents every day and need quick, simple tools to assess changes in mood and thinking. The short version of the CMAI could make assessment easier and less time-consuming, but it collects less information than longer versions. Overall, the review suggests these tools are feasible, but services and researchers need clearer guidance on which measures are most reliable and useful in advanced dementia care.

Explore related ARIIA topics: [Dementia care](#)

6. [Person-centered health intervention programs provided at home to older adults with multimorbidities and their caregivers: a systematic review](#)

Review focus: A systematic review by Nascimento et al. examined person-centred health intervention programs delivered at home to older adults with multimorbidity and their informal caregivers. It explored what these programs looked like and what outcomes they achieved.

Review findings: The review included 12 articles. It found programs often combined education, empowerment and physical, psychological and social support. Reported outcomes included fewer health-related events, more social involvement for older adults, better quality of life and lower burden for caregivers. The review also reported improved life satisfaction and lower overall health costs.

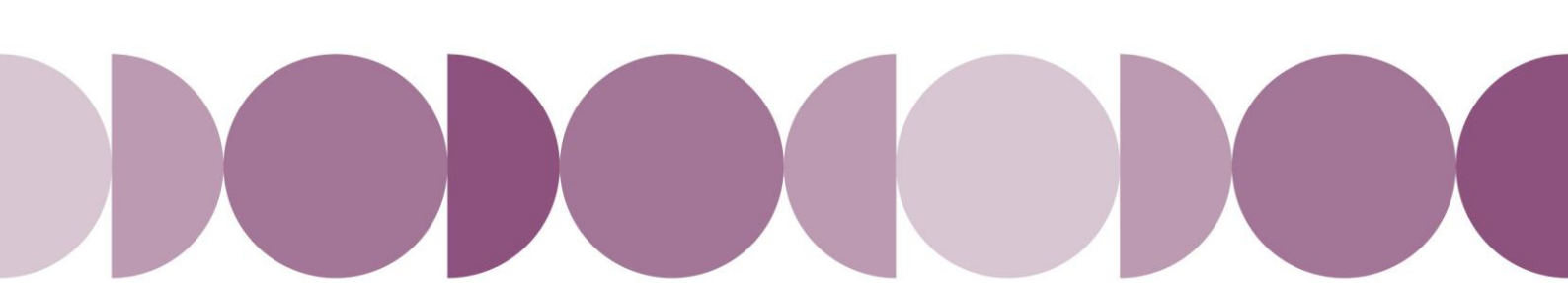
Workforce relevance: For informal caregivers, this review highlights the need for education, skills training and personalised care planning. These supports can strengthen caregiver confidence and capability, while also supporting older adults to remain as independent as possible.

Explore related ARIIA topics: [Operationalising rights-based care](#)

7. [Intentions of allied health students to work with older adults: A systematic review](#)

Review focus: A systematic review by O'Shea et al. examined allied health students' intentions to work with older adults after graduation. It explored what shapes these intentions across different allied health disciplines.

Review findings: The review included 21 studies. It found that students' intentions to work with older adults varied. Three main influences were identified: placement or clinical fieldwork experiences, previous contact with older adults and coursework or teachers.



There were no clear trends across disciplines. No single tool stood out as the best way to measure work intention.

Workforce relevance: Effective allied health workforce supply is shaped partly by what students experience during training. The review suggests that meaningful placements and stronger exposure to older adult care could help build interest in this area of practice.

Explore related ARIIA topics: [Workforce retention](#)

8. [Rethinking food waste in aged care: a systematic review framing food waste as an ecosystem issue](#)

Review focus: A systematic review by Piere et al. examined food waste in aged residential care. It explored the organisational, cultural and structural factors that shape waste and looked at how services have tried to respond.

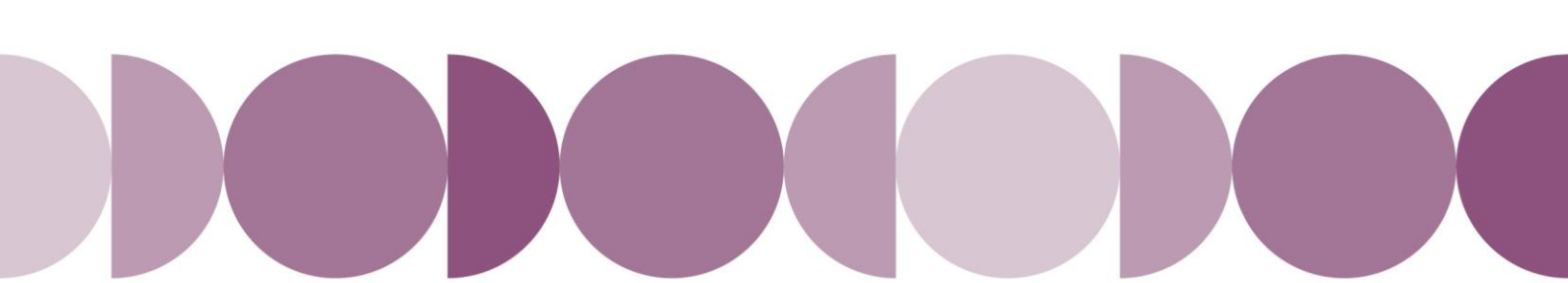
Review findings: The review included 19 studies. It found that responses to food waste were often fragmented and rarely built into wider strategy or policy. Communication, training and infrastructure acted as both barriers and enablers. Resident involvement was limited and few studies tested whether interventions actually worked.

Workforce relevance: This is relevant for kitchen staff, care staff, managers and organisational leaders because food waste is tied to nutrition, systems, staff capacity and resident wellbeing. The review suggests waste reduction works best when it is treated as a whole-of-service issue rather than a stand-alone kitchen problem.

9. [The relationship between the awareness of nursing staff in geriatric institutions and the dental health of residents: a systematic review](#)

Review focus: A systematic review by Sharkiya et al. examined whether nursing staff awareness of oral health is linked to better oral health outcomes for residents in long-term care facilities. It looked at staff knowledge, attitudes, confidence and training alongside resident-level oral health outcomes.

Review findings: The review included 11 studies. Staff-focused oral care programs were linked to improvements in plaque, gum health, mouth tissue condition and denture hygiene. However, staff awareness was measured in different ways and was often assumed rather than directly assessed.



Workforce relevance: The review suggests staff training and structured oral care programs can improve resident outcomes, but services still need better ways to assess staff knowledge and link it to care quality.

10. [Determining six-month prognosis among people with dementia living in care homes: a systematic review of prognostic tools](#)

Review focus: A systematic review by West et al. examined prognostic tools used to predict six-month mortality for people with dementia living in care homes. It explored what tools exist, what they measure and how well they perform.

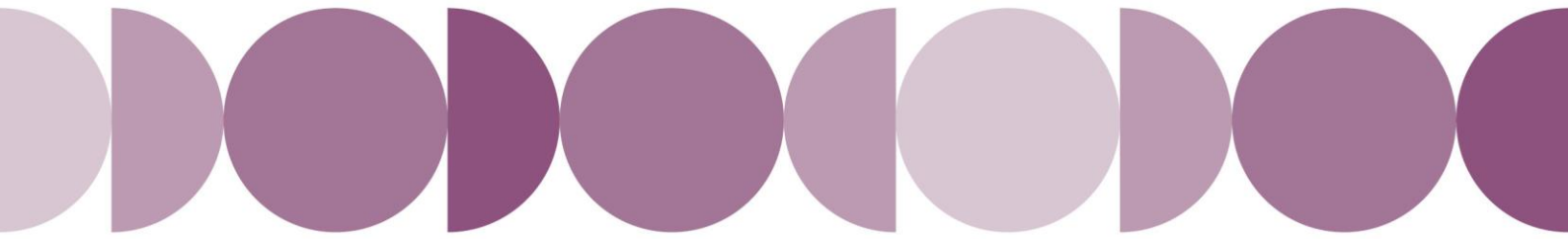
Review findings: The review included 13 studies and identified 11 prediction tools. Common predictors included age, changes in thinking, reduced function or dependence and concerns about nutrition, weight or food intake. Only two tools performed at an acceptable level, but this was not repeated in later validation studies. The evidence was limited, with only three studies judged to have a low risk of bias.

Workforce relevance: This matters because predicting someone's health future can shape care planning, conversations and end-of-life care. For clinical staff, the message is clear: it is hard to predict when someone in a care home may die and this uncertainty needs to be handled carefully in care conversations. The review suggests current tools should be used with caution. Better tested and more flexible tools are still needed for care home practice.

Explore related ARIIA topics: [Dementia care](#)

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Citation: Knowledge and Implementation Hub, Systematic review collection, ARIIA quick summaries, April 2026.