A systematic literature search was carried out in 14 online databases and Google Scholar, covering articles published during January 2005 and January 2020. Over three hundred articles were identified, of which 23 met the inclusion criteria and were included in the review. Meta-analyses for characteristics of included technology interventions had various benefits for both people with dementia and informal caregivers living in the community. For instance, technology interventions improved their performance and mental conditions, and kept them safe at home, which could delay institutionalization. These interventions have potential to tend to improve their psychological conditions and productivity. For people with dementia, these interventions have potential to increase worries and anxieties. Caregivers who received these sessions indicated great satisfaction with this program, increased confidence, and decreased problems when caring for a PLWD. These results indicate that technology interventions are useful help when caring for people with dementia. For future research, studies need to be designed to test the effectiveness of these interventions and to make sure that they can be used independently by people with dementia, to help them get care from informal caregivers. To support people with dementia and informal caregivers, a series of technology interventions were developed and selected according to the progression of dementia. More assessment studies and caregivers were interviewed to identify their unmet service needs when their PLWD visited the clinic or were admitted to the inpatient unit. Most caregivers reported a knowledge deficit in dementia treatment and care and expected to receive training and support to improve their understanding. Geropsychiatric doctors, in particular, championed person-centered care for the PLWD, self-care for the caregiver, and transition care needed for community living. Geropsychiatric doctors, in particular, championed person-centered care for the PLWD, self-care for the caregiver, and transition care needed for community living. Geropsychiatric doctors, in particular, championed person-centered care for the PLWD, self-care for the caregiver, and transition care needed for community living. Geropsychiatric doctors, in particular, championed person-centered care for the PLWD, self-care for the caregiver, and transition care needed for community living.