# Appendix C:  Review Protocols

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| Review question 1 | Who should start and review the following pharmacological interventions:<br>• donepezil<br>• galantamine<br>• rivastigmine<br>• memantine<br>for people with Alzheimer's disease and how should a review be carried out? |
| Objectives | To determine if it is clinically appropriate for non-specialists to initiate and review donepezil, galantamine, rivastigmine or memantine for the cognitive symptoms of dementia in people diagnosed with Alzheimer's disease |
| Type of review | Intervention |
| Language | English only |
| Study design | No restriction on study design |
| Status | Published studies only |
| Population | People (aged 40 years and over) with a diagnosis of Alzheimer's disease |
| Intervention | • The initiation and review of donepezil, galantamine, rivastigmine, memantine by non-specialists in any setting (for example secondary care; mental health services; community mental health services, including memory clinics; GP outreach clinics; primary care)<br>• Shared care prescribing protocols |
| Comparator | • The initiation and review of donepezil, galantamine, rivastigmine, memantine by psychiatrists including those specialising in learning disability, neurologists, and physicians specialising in the care of older people |
| Outcomes | • Clinical outcomes including cognitive, functional and behavioural ability<br>• Over prescribing/under prescribing and potentially avoidable adverse effects (including hospital admission)<br>• Medication errors<br>• Access to health and social care support<br>• Concordance and compliance<br>• Patient and carer experience and satisfaction<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | Studies will be included if they report on the proportion of patients who experience any of the outcomes listed above |
| Search strategies | See Appendix D |
| Review strategies | • Appropriate methodology checklists will be used as a guide to appraise the quality of individual studies<br>• Data on all included studies will be extracted into evidence tables<br>• Where statistically possible, a meta-analytical approach will be used to give an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| Review question 2 | When should treatment with donepezil, galantamine, rivastigmine, memantine be withdrawn for people with Alzheimer's disease? |
| Objectives | To determine the clinically appropriate points to withdraw treatment with donepezil, galantamine, rivastigmine and memantine for people with Alzheimer's disease |
| Type of review | Intervention |
| Language | English only |
| Study design | • RCTs of treatment withdrawal<br>• RCTs of treatment stopping rules<br>• Systematic reviews of RCTs of treatment withdrawal or stopping rules |
| Status | Published studies only |
| Population | People aged (40 years and over) with a diagnosis of Alzheimer's disease and currently being treated with donepezil, galantamine, rivastigmine and/or memantine |
| Intervention | • Withdrawal of pharmacological treatment<br>• Explicit stopping rule for pharmacological treatment |
| Comparator | • Continuation of previous treatment<br>• Change of treatment drug (to another of the specified 4 drugs)<br>• Change of treatment dose<br>• Alternative stopping rules |
| Outcomes | • Clinical outcomes including cognition, function, behaviour and neuropsychiatric symptoms<br>• Adverse events<br>• Patient and carer experience and satisfaction<br>• Patient and carer health-related quality of life<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | Studies will be included if they report either differences in specified outcomes between groups, or proportions of people in each group where the outcome changes by a certain amount/percentage |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• The CASP RCT checklist will be used as a guide to appraise the quality of individual RCTs<br>• The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews<br>• Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| Review question 3 | What barriers and facilitators have an impact on involving people living with dementia in decisions about their present and future care? |
| Objectives | • To consider if there are certain points, events or other triggers that impact upon people living with dementia being involved in decisions about their care<br>• To establish if the identified overarching issues can be addressed by those caring for people living with dementia |
| Type of review | Qualitative |
| Language | English only |
| Study design | All qualitative study designs |
| Status | Published studies and identified grey literature |
| Population | • People (aged 40 years and over) living with dementia<br>• Carers of people (aged 40 years and over) living with dementia |
| Phenomena of interest | Any barriers and facilitators to involvement of people living with dementia in decisions about care, which may include:<br>• Equity of access (financial, physical or geographic restrictions)<br>• Behaviours and attitudes of professionals<br>• Communication<br>• Loss of autonomy<br>• Information needs |
| Outcomes | • Experiences and satisfaction of people living with dementia<br>• Experiences and satisfaction of carers of people living with dementia |
| Other criteria for inclusion / exclusion of studies | Mixed-methods studies will also be included, provided they contain at least some relevant qualitative data |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• The CASP qualitative checklist will be used as a guide to appraise the quality of individual studies<br>• Data on all included studies will be extracted into standardised evidence tables<br>• A thematic analysis will be taken to analyse and synthesise data<br>• The CERQual approach will be used for assessing how much confidence to place in the findings of the qualitative evidence synthesis<br>• All key outcomes from evidence will be further summarised in evidence statements |

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| Review question 4 | What barriers and facilitators have an impact on how people living with dementia can make use of advance planning? |
| Objectives | • To consider if there are certain points, events or other triggers that impact upon people living with dementia being involved in decisions about non-healthcare matters (including lasting power of attorney)<br>• To establish if the identified overarching issues can be addressed by those caring for people living with dementia |
| Type of review | Qualitative |
| Language | English only |
| Study design | All qualitative study designs |
| Status | Published studies and identified grey literature |
| Population | • People (aged 40 years and over) living with dementia<br>• Carers of people (aged 40 years and over) living with dementia |
| Phenomena of interest | Any barriers and facilitators to involvement of people living with dementia in decisions about care, which may include:<br>• Equity of access (financial, physical or geographic restrictions)<br>• Behaviours and attitudes of professionals<br>• Communication<br>• Loss of autonomy<br>• Information needs |
| Outcomes | • Experiences and satisfaction of people living with dementia<br>• Experiences and satisfaction of carers of people living with dementia |
| Other criteria for inclusion / exclusion of studies | Mixed-methods studies will also be included, provided they contain at least some relevant qualitative data |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• The CASP qualitative checklist will be used as a guide to appraise the quality of individual studies<br>• Data on all included studies will be extracted into standardised evidence tables<br>• A thematic analysis will be taken to analyse and synthesise data<br>• The CERQual approach will be used for assessing how much confidence to place in the findings of the qualitative evidence synthesis<br>• All key outcomes from evidence will be further summarised in evidence statements |

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| Review question 5 | What are the most effective methods of care planning, focussing upon improving outcomes for people with dementia and their carers? |
| Objectives | To identify the methods and model of care planning which are the most effective and cost-effective at improving outcomes for people living with dementia and their carers |
| Type of review | Intervention (qualitative evidence relevant to this question will be captured in review question 6 below) |
| Language | English only |
| Study design | • RCTs<br>• Systematic reviews of RCTs<br>If insufficient evidence is identified, consider lower quality intervention evidence, which may include:<br>• Non-randomised comparative studies<br>• Cohort studies<br>• Before and after studies<br>• Case-control studies |
| Status | Published studies only |
| Population | • People (aged 40 years and over) living with dementia<br>• Carers of people (aged 40 years and over) living with dementia |
| Intervention | Methods and models of care planning for people living with dementia |
| Comparator | • Each other<br>• Standard care |
| Outcomes | • Clinical outcomes including cognitive, functional and behavioural ability<br>• Access to health and social care support<br>• Patient and carer wellbeing, experience and satisfaction<br>• Patient and carer health-related quality of life<br>• Equity<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | None |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• CASP checklists (chosen according to study type) will be used as a guide to appraise the quality of individual research studies<br>• The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews<br>• Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| Review question 6 | How should health and social care be co-ordinated for people living with dementia? |
| Objectives | • To identify the most appropriate ways to co-ordinate health and social care to maximise positive outcomes for people living with dementia and their carers<br>• To identify the harms caused by failures in or inappropriate models of health and social care co-ordination |
| Type of review | Qualitative (quantitative evidence relevant to this question will be captured in review question 5 above) |
| Language | English only |
| Study design | All qualitative study designs |
| Status | Published studies and identified grey literature |
| Population | • People (aged 40 years and over) living with dementia<br>• Carers of people (aged 40 years and over) living with dementia |
| Phenomena of interest | Models of health and social care co-ordination, which may include features such as:<br>• Configuration and integration of services<br>• Timing and delivery of services (e.g. transfers, referral pathways)<br>• Staff communication<br>• Location of services |
| Outcomes | • Experiences and satisfaction of people living with dementia<br>• Experiences and satisfaction of carers of people living with dementia |
| Other criteria for inclusion / exclusion of studies | Mixed-methods studies will also be included, provided they contain at least some relevant qualitative data |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• The CASP qualitative checklist will be used as a guide to appraise the quality of individual studies<br>• Data on all included studies will be extracted into standardised evidence tables<br>• A thematic analysis will be taken to analyse and synthesise data<br>• The CERQual approach will be used for assessing how much confidence to place in the findings of the qualitative evidence synthesis<br>• All key outcomes from evidence will be further summarised in evidence statements |

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| Review question 7 | What are the most effective methods of supporting people living with dementia to reduce harm and stay independent? |
| Objectives | • To determine which systems and interventions are effective and cost-effective for promoting independence and reducing harm in people living with dementia<br>• To compare the effectiveness and cost-effectiveness of systems and interventions for promoting independence and reducing harm in people living with dementia |
| Type of review | Intervention |
| Language | English only |
| Study design | • RCTs<br>• Systematic reviews of RCTs<br>If insufficient evidence is identified, consider lower quality intervention evidence, which may include:<br>• Non-randomised comparative studies<br>• Cohort studies<br>• Before and after studies<br>• Case-control studies |
| Status | Published studies only |
| Population | People (aged 40 years and over) living with dementia |
| Intervention | Interventions designed to promote independence in people living with dementia, which may include:<br>• Psychosocial interventions<br>• Environmental adaptations<br>• Assistive technology<br>• Physical exercise<br>• Community based rehabilitation<br>• Interpersonal communication<br>• Self-management<br>• Occupational therapy<br>• Nutrition and hydration (swallowing) |
| Comparator | • Each other<br>• Standard care |
| Outcomes | • Clinical outcomes including cognitive, functional and behavioural ability<br>• Admissions to hospitals/care homes<br>• Access to health and social care support<br>• Patient and carer experience and satisfaction<br>• Patient and carer health-related quality of life<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | None |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• CASP checklists (chosen according to study type) will be used as a guide to appraise the quality of individual research studies |

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| | • The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews<br>• Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| Review question 8 | How effective is pre, peri & post-diagnostic counselling and support on outcomes for people living with dementia and their families? |
| Objectives | • To determine the effectiveness and cost-effectiveness of pre, peri and post-diagnostic counselling and support for improving outcomes for people living with dementia and their families<br>• To identify the most effective and cost-effective ways of providing pre, peri and post-diagnostic counselling and support for people living with dementia and their families |
| Type of review | Intervention |
| Language | English only |
| Study design | • RCTs<br>• Systematic reviews of RCTs<br>If insufficient evidence is identified, consider lower quality intervention evidence, which may include:<br>• Non-randomised comparative studies<br>• Cohort studies<br>• Before and after studies<br>• Case-control studies |
| Status | Published studies only |
| Population | People (aged 40 years and over) living with dementia |
| Intervention | Counselling and support for people living with dementia and their families, which may include elements such as:<br>• Diagnostic counselling<br>• Psychosocial support<br>• Peer support groups<br>• Information and advice<br>• Signposting |
| Comparator | • Each other<br>• Standard care |
| Outcomes | • Clinical outcomes including cognitive, functional and behavioural ability<br>• Access to health and social care support<br>• Patient and carer experience and satisfaction<br>• Patient and carer health-related quality of life<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | None |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• CASP checklists (chosen according to study type) will be used as a guide to appraise the quality of individual research studies<br>• The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews<br>• Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect |

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| | • All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| Review question 9 | How should people living with dementia be reviewed post diagnosis? |
| Objectives | • To identify the most appropriate ways and settings to review people living with dementia post diagnosis<br>• To identify the harms caused by failures in or inappropriate models of post diagnosis review for people living with dementia |
| Type of review | Service organisation |
| Language | English only |
| Study design | • RCTs<br>• Non-randomised comparative studies<br>• Cohort studies<br>• Before and after studies<br>• Systematic reviews of above study types |
| Status | Published studies only |
| Population | People (aged 40 years and over) living with dementia |
| Intervention | Models of post diagnosis review for people living with dementia, which may include features such as:<br>• Review of mental health (memory, mood, challenging behaviours)<br>• Review of physical health (including co-morbidities)<br>• Functional assessment (occupational therapy)<br>• Nutrition and hydration (swallowing)<br>• Lifestyle advice<br>• Medication review (including co-prescribing)<br>• Information needs<br>• Driving safety review<br>• Financial advice<br>• Future care planning needs<br>• Carer support and assessment |
| Comparator | Each other |
| Outcomes | • Clinical outcomes including cognitive, functional and behavioural ability<br>• Process outcomes (e.g. adherence of staff to review protocols)<br>• Access to health and social care support<br>• Patient and carer experience and satisfaction<br>• Patient and carer health-related quality of life<br>• Equity of access to services<br>• Adverse events (medication related)<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | None |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• CASP checklists (chosen according to study type) will be used as a guide to appraise the quality of individual research studies<br>• The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews |

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| | • Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect |
| | • All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| Review question 10 | How should people living with dementia be cared for when admitted to hospital? |
| Objectives | • To identify the most appropriate ways to care for people living with dementia when they are admitted to hospital<br>• To identify the harms caused by failures in or inappropriate models of hospital care for people living with dementia |
| Type of review | Service organisation |
| Language | English only |
| Study design | • RCTs<br>• Non-randomised comparative studies<br>• Cohort studies<br>• Before and after studies<br>• Systematic reviews of above study types |
| Status | Published studies and identified grey literature |
| Population | People (aged 40 years and over) living with dementia and admitted to hospital |
| Intervention | Models of hospital care for people living with dementia, which may include elements such as:<br>• Additional support from hospital staff/others<br>• Information needs (both information for the person living with dementia and the information needs of the hospital staff)<br>• Person-centred assessment<br>• Assessment for hospital discharge (timing of discharge)<br>• Family/carer information needs, access and involvement in care<br>• Types of ward<br>• Environmental design<br>• Comprehensive geriatric assessment<br>• Medicines reconciliation and review |
| Comparator | Each other |
| Outcomes | • Clinical outcomes including cognitive, functional and behavioural ability<br>• Process outcomes (e.g. adherence of staff to care protocols)<br>• Staff wellbeing and job satisfaction, skill levels<br>• Access to health and social care support<br>• Patient and carer experience and satisfaction<br>• Patient and carer health-related quality of life<br>• Co-patient experience<br>• Adverse events<br>• Equity of access to services<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | None |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved |

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| • CASP checklists (chosen according to study type) will be used as a guide to appraise the quality of individual research studies |
| • The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews |
| • Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect |
| • All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| Review question 11 | What are the most effective ways of managing the transition between different settings (home, care home, hospital, and respite) for people living with dementia? |
| Objectives | • To determine the most effective ways of managing the transition between care settings for people with dementia<br>• To identify the harms caused by failures in or inappropriate ways of managing transitions between care settings for people living with dementia |
| Type of review | Intervention |
| Language | English only |
| Study design | • RCTs<br>• Systematic reviews of RCTs<br>If insufficient evidence is identified, consider lower quality intervention evidence, which may include:<br>• Non-randomised comparative studies<br>• Cohort studies<br>• Before and after studies<br>• Case-control studies |
| Status | Published studies only |
| Population | People (aged 40 years and over) living with dementia |
| Intervention | Policies or systems for managing transfers between settings for people living with dementia, which may include elements such as:<br>• Assessment of person's needs and living environment (destination environment)<br>• Systems for monitoring and adjusting plans as needs change<br>• Ways of confirming required services are in place pre-transfer<br>• Involvement of family members and carers<br>• Transfer of information (continuity of care)<br>• Maintaining relationships<br>• Timing of transfer |
| Comparator | Each other |
| Outcomes | • Clinical outcomes including cognitive, functional and behavioural ability<br>• Rates of delayed discharge<br>• Access to health and social care support<br>• Patient and carer experience and satisfaction<br>• Patient and carer health-related quality of life<br>• Adverse events<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | None |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• CASP checklists (chosen according to study type) will be used as a guide to appraise the quality of individual research studies |

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| | • The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews |
| | • Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect |
| | • All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| Review question 12 | What effect does training for staff working with people living with dementia have upon the experiences of people living with dementia in their care? |
| Objectives | • To identify the most effective staff training interventions to improve outcomes for people living with dementia<br>• To identify the impact of staff training on the experiences of people living with dementia who interact with those staff |
| Type of review | Intervention/Qualitative |
| Language | English only |
| Study design | Intervention review:<br>• RCTs<br>Qualitative review:<br>• All qualitative study designs |
| Status | Intervention review:<br>• Published studies only<br>Qualitative review:<br>• Published studies and identified grey literature |
| Population | People (aged 40 years and over) living with dementia |
| Intervention (intervention review) | Interventions to train staff in particular aspects of dementia care |
| Comparator (intervention review) | No specific training |
| Phenomena of interest (qualitative review) | Any aspects of training programmes for staff caring for people living with dementia, which may include training on:<br>• The natural history of dementia, different subtypes, prognosis etc.<br>• Communication skills<br>• Principles of person-centred care<br>• Rolls of different health and social care professionals, and how care should be co-ordinated between these different services<br>• Adult protection policies and procedures<br>• Awareness of abuse and neglect<br>• Principles of palliative care<br>• Appropriate prescribing (antipsychotics)<br>• Avoiding unnecessary hospital admissions<br>• Managing behaviour and non-cognitive symptoms<br>• Enablement and reablement<br>• Nutrition and swallowing difficulties<br>• Legislative rights |
| Outcomes | Intervention review:<br>• Pain reduction<br>• Adverse events<br>• Patient and carer experience and satisfaction<br>• Patient and carer health-related quality of life<br>• Equity of access to services<br>• Resource use and costs<br>Qualitative review:<br>• Experiences and satisfaction of people living with dementia<br>• Experiences and satisfaction of carers of people living with dementia |

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| Other criteria for inclusion / exclusion of studies | None |
| Search strategies | See Appendix D |
| Review strategies | Intervention review:<br>• Since the intervention review is intended to be undertaken in collaboration with the Cochrane Group, it will follow their standard approaches, which involved using the Cochrane risk of bias tool and presenting results in GRADE tables<br>Qualitative review:<br>• The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• The CASP qualitative checklist will be used as a guide to appraise the quality of individual studies<br>• Data on all included studies will be extracted into standardised evidence tables<br>• A thematic analysis will be taken to analyse and synthesise data<br>• The CERQual approach will be used for assessing how much confidence to place in the findings of the qualitative evidence synthesis<br>• All key outcomes from evidence will be further summarised in evidence statements |

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| Review question 13 | What are the specific needs of younger people living with dementia? |
| Objectives | • To identify the specific needs of younger people living with dementia that are different to those of older people living with dementia<br>• To identify what additional support younger people living with dementia may require as a result of those needs |
| Type of review | Qualitative |
| Language | English only |
| Study design | All qualitative study designs |
| Status | Published studies and identified grey literature |
| Population | • People (aged between 40 years and 65 years) living with dementia<br>• Carers of people (aged between 40 years 65 years) living with dementia |
| Phenomena of interest | Any factors which either uniquely impact on younger people living with dementia or have a disproportionate impact on this group, which may include:<br>• Being in work at time of diagnosis<br>• Having a partner who still works<br>• Dependent children<br>• Caring for older relatives<br>• Large financial commitments (e.g. mortgage) |
| Outcomes | • Experiences and satisfaction of people living with dementia<br>• Experiences and satisfaction of carers of people living with dementia |
| Other criteria for inclusion / exclusion of studies | Mixed-methods studies will also be included, provided they contain at least some relevant qualitative data |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• The CASP qualitative checklist will be used as a guide to appraise the quality of individual studies<br>• Data on all included studies will be extracted into standardised evidence tables<br>• A thematic analysis will be taken to analyse and synthesise data<br>• The CERQual approach will be used for assessing how much confidence to place in the findings of the qualitative evidence synthesis<br>• All key outcomes from evidence will be further summarised in evidence statements |

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| Review question 14 | What interventions and approaches to palliative care are most effective for people living with dementia? |
| Objectives | • To identify the most effectiveness palliative care interventions for people with advanced dementia<br>• To identify the impact of different approaches to palliative care on the experiences of people living with dementia and their carers |
| Type of review | Intervention/Qualitative |
| Language | English only |
| Study design | Intervention review:<br>• RCTs<br>Qualitative review:<br>• All qualitative study designs |
| Status | Intervention review:<br>• Published studies only<br>Qualitative review:<br>• Published studies and identified grey literature |
| Population | • People (aged 40 years and over) living with dementia<br>• Carers of people (aged 40 years and over) living with dementia |
| Intervention (intervention review) | Palliative care interventions, which may include:<br>• Pain management<br>• Life sustaining treatments or decisions to refuse treatment<br>• Risk feeding<br>• IV antibiotics |
| Comparator (intervention review) | Standard care |
| Phenomena of interest (qualitative review) | Aspects of palliative care approaches impacting on people living with dementia, which may include:<br>• Meeting physical care needs<br>• Psychological, social and spiritual care needs<br>• Planning<br>• Communication |
| Outcomes | Intervention review:<br>• Pain reduction<br>• Adverse events<br>• Patient and carer experience and satisfaction<br>• Patient and carer health-related quality of life<br>• Equity of access to services<br>• Resource use and costs<br>Qualitative review:<br>• Experiences and satisfaction of people living with dementia<br>• Experiences and satisfaction of carers of people living with dementia |
| Other criteria for inclusion / exclusion of studies | None |
| Search strategies | See Appendix D |
| Review strategies | Intervention review: |

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| | • Since the intervention review is intended to be undertaken in collaboration with the Cochrane Group, it will follow their standard approaches, which involved using the Cochrane risk of bias tool and presenting results in GRADE tables |
| | Qualitative review: |
| | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved |
| | • The CASP qualitative checklist will be used as a guide to appraise the quality of individual studies |
| | • Data on all included studies will be extracted into standardised evidence tables |
| | • A thematic analysis will be taken to analyse and synthesise data |
| | • The CERQual approach will be used for assessing how much confidence to place in the findings of the qualitative evidence synthesis |
| | • All key outcomes from evidence will be further summarised in evidence statements |

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| Review question 15 | How effective are carers' assessments in identifying the needs of carers of people living with dementia? |
| Objectives | To determine the effectiveness of carers' assessments in identifying the needs of carers of people living with dementia |
| Type of review | Intervention |
| Language | English only |
| Study design | • RCTs<br>• Systematic reviews of RCTs<br>If insufficient evidence is identified, consider lower quality intervention evidence, which may include:<br>• Non-randomised comparative studies<br>• Cohort studies<br>• Before and after studies<br>• Case-control studies |
| Status | Published studies only |
| Population | Carers of people (aged 40 years and over) living with dementia |
| Intervention | Structured assessments of the needs of carers of people living with dementia |
| Comparator | • Alternative assessment methods<br>• No formal assessment |
| Outcomes | • Access to health and social care support<br>• Carer burden and stress<br>• Carer experience and satisfaction<br>• Carer health-related quality of life<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | None |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• CASP checklists (chosen according to study type) will be used as a guide to appraise the quality of individual research studies<br>• The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews<br>• Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| | Details |
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| Review question 16 | What interventions/services are most effective for supporting the wellbeing of informal carers of people living with dementia? |
| Objectives | • To determine what interventions and/or services are effective and cost-effective at supporting the wellbeing of informal carers of people living with dementia<br>• To compare the effectiveness and cost-effectiveness of interventions and/or services are effective and cost-effective at supporting the wellbeing of informal carers of people living with dementia |
| Type of review | Intervention |
| Language | English only |
| Study design | • RCTs<br>• Systematic reviews of RCTs |
| Status | Published studies only |
| Population | Carers of people (aged 40 years and over) living with dementia |
| Intervention | Interventions or services designed to improve the wellbeing of informal carers of people living with dementia, which may include:<br>• Peer support groups<br>• Training courses<br>• Information<br>• Psychosocial support<br>• Cognitive behavioural therapy<br>• Respite breaks |
| Comparator | • Each other<br>• Standard care |
| Outcomes | • Carer burden and stress<br>• Carer experience and satisfaction<br>• Carer health-related quality of life<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | None |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• The CASP RCT checklist will be used as a guide to appraise the quality of individual RCTs<br>• The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews<br>• Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| | Details |
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| Review question 17 | What are the most effective methods of differentiating dementia or dementia and delirium from delirium alone? |
| Objectives | • To identify the most appropriate methods of differentiating dementia from other conditions that may mimic the signs and symptoms of dementia<br>• To ensure that people with symptoms of conditions that mimic dementia are correctly identified |
| Type of review | Differential diagnosis |
| Language | English only |
| Study design | • Cross-sectional diagnostic accuracy studies<br>• Systematic reviews of diagnostic accuracy studies |
| Status | Published studies only |
| Population | People (aged 40 years and over) with cognitive impairment and no current diagnosis of dementia |
| Diagnostic variables | Relevant diagnostic variables may include:<br>• History data<br>• Duration of delirium<br>• IQ code |
| Outcomes | • Incidence of accurately identified dementia<br>• Diagnostic accuracy measures<br>• Inappropriate discharge rates<br>• Inadequate care planning rates<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | No additional criteria |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• The QUADAS-2 checklist will be used as a guide to appraise the quality of individual studies<br>• The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews<br>• Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| Review question 18 | What drugs that may worsen cognitive decline are commonly prescribed in people diagnosed with dementia? |
| Objectives | • To identify which drugs that may cause cognitive decline are commonly in use for people living with dementia in the UK<br>• To identify inappropriate prescribing of drugs that may worsen cognitive decline |
| Type of review | Clinical audit data |
| Language | English only |
| Study design | Audit data on commonly prescribed drugs in the UK |
| Status | Published studies only |
| Population | People (aged 40 years and over) living with dementia |
| Outcomes | A list of drugs that may cause cognitive decline which are commonly prescribed in the UK |
| Other criteria for inclusion / exclusion of studies | None |
| Search strategies | See Appendix D |
| Review strategies | Report on prescribing data supplied by an expert witness (the UK Prescribing Observatory for Mental Health) and quality assured by the Guideline Updates Team at NICE |

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| | Details |
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| Review question 19 | What are the most effective tools to identify whether drugs may be the cause of cognitive decline in someone suspect of having dementia? |
| Objectives | To identify if there are appropriate tools available to recognise medications that may be the cause of cognitive decline in a person suspected of having dementia |
| Type of review | Differential diagnosis |
| Language | English only |
| Study design | • Prospective or retrospective cohort studies<br>• Systematic reviews of diagnostic accuracy studies |
| Status | Published studies only |
| Population | People (aged 40 years and over) with a suspected diagnosis of dementia |
| Assessment tools | • Standardised tools assessments, instruments and protocols used to identify drugs that cause cognitive decline<br>• Anticholinergic burden scale<br>• Clinical history |
| Outcomes | • Incidence of accurately identified dementia<br>• Diagnostic accuracy measures<br>• Change in prevalence of appropriate polypharmacy<br>• Potentially avoidable hospital admissions<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | No additional criteria |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• The QUADAS-2 checklist will be used as a guide to appraise the quality of individual studies<br>• The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews<br>• Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| | Details |
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| Review question 20 | What are the most effective methods of primary assessment to decide whether a person with suspected dementia should be referred to a dementia diagnostic service |
| Objectives | To identify which tools and tests are the most accurate for determining which people suspected of having dementia should be referred to a specialist dementia diagnostic service |
| Type of review | Diagnostic |
| Language | English only |
| Study design | • Diagnostic cross-sectional studies<br>• Systematic reviews of diagnostic accuracy studies |
| Status | Publish studies only |
| Population | People (aged 40 years and over) with a suspected diagnosis of dementia |
| Diagnostic variables | Potential diagnostic variables include:<br>• Clinical history<br>• Clinical cognitive assessment (e.g. MMSE)<br>• Neuropsychological testing<br>• Formal cognitive testing<br>• Physical examination<br>• Medication review |
| Outcomes | • Incidence of accurately identified dementia<br>• Diagnostic accuracy measures<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | No additional criteria |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• The QUADAS-2 checklist will be used as a guide to appraise the quality of individual studies<br>• The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews<br>• Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| | Details |
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| Review question 21 | What are the most effective methods of diagnosing dementia and dementia subtypes in specialist dementia diagnostic services? |
| Objectives | To identify which tools and tests are the most accurate for diagnosis dementia and dementia subtypes |
| Type of review | Diagnostic |
| Language | English only |
| Study design | • Diagnostic cross-sectional studies<br>• Systematic reviews of diagnostic accuracy studies |
| Status | Publish studies only |
| Population | People (aged 40 years and over) with a suspected diagnosis of dementia |
| Diagnostic variables | Potential diagnostic variables include:<br>• Specified diagnostic criteria<br>• Structural imaging (MRI and CT)<br>• SPECT (blood flow, dopamine)<br>• PET (FDG, amyloid)<br>• Cerebrospinal fluid examination<br>• Electroencephalography<br>• Brain biopsy<br>• Neuropsychological testing<br>• Functional ability<br>• Genetic testing<br>• Neurological examination |
| Outcomes | • Incidence of accurately identified dementia<br>• Diagnostic accuracy measures<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | No additional criteria |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• The QUADAS-2 checklist will be used as a guide to appraise the quality of individual studies<br>• The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews<br>• Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| | Details |
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| Review question 22 | Are there effective methods for assessing intercurrent illness in people living with dementia that are different from those already in use for people who do not have dementia? |
| Objectives | • To identify the most effective methods (observations/ assessment scales or tools) for assessing the symptoms and severity of intercurrent illness in people living with dementia<br>• To identify if the effective methods (observations/ assessment scales or tools) used for assessing intercurrent illness in people living with dementia are different from the assessments used for people with an intercurrent illness who do not have dementia |
| Type of review | Diagnostic/assessment |
| Language | English only |
| Study design | • Prospective and retrospective cohort studies<br>• Cross-sectional studies<br>• Systematic reviews of above study types |
| Status | Published studies only |
| Population | Studies containing both:<br>• people (aged 40 years and over) with a diagnosis of dementia and showing symptoms of an intercurrent illness<br>• people (aged 40 years and over) without a diagnosis of dementia and showing symptoms of an intercurrent illness |
| Intervention | Standardised observations, assessments, scales or tools used to assess the presentation and severity of an acute condition specifically for people living with dementia |
| Comparator | • Standardised observations, assessment scales or tools used to assess the presentation and severity of an acute condition for people with an intercurrent illness who do not have dementia<br>• Usual care |
| Outcomes | • Rates of accurately identified intercurrent illness in people living with dementia<br>• Diagnostic test accuracy<br>• Clinical outcomes including cognitive, functional and behavioural ability<br>• Health-related quality of life of people living with dementia<br>• Resource use and cost |
| Other criteria for inclusion / exclusion of studies | None |
| Search strategies | See Appendix D |
| Review strategies | • 10% of excluded studies will be double checked by a second reviewer<br>• A CASP checklist appropriate to the study design will be used to appraise the quality of individual studies<br>• Where statistically possible, a meta-analytical approach will be used to give an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| | Details |
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| Review question 23 | Are there effective methods for treating intercurrent illness in people living with dementia that are different from those already in use for people who do not have dementia? |
| Objectives | • To identify the most effective interventions and strategies for treating the symptoms and severity of intercurrent illness in people living with dementia<br>• To identify if the interventions and strategies used for treating intercurrent illness in people living with dementia are different from the interventions and strategies used for people with an intercurrent illness who do not have dementia |
| Type of review | Intervention |
| Language | English only |
| Study design | • RCTs<br>• Systematic reviews of RCTs<br>If insufficient evidence is identified, consider lower quality intervention evidence, which may include:<br>• Non-randomised comparative studies<br>• Cohort studies<br>• Before and after studies<br>• Case-control studies |
| Status | Published studies only |
| Population | People (aged 40 years and over) with a diagnosis of dementia and showing symptoms of an intercurrent illness |
| Intervention | Pharmacological interventions/ self- care strategies /monitoring or observational strategies specific for people living with dementia and an intercurrent illness |
| Comparator | • Pharmacological interventions/self-care strategies/monitoring or observational strategies for people with an intercurrent illness but not specific to people living with dementia<br>• Standard care |
| Outcomes | • Symptom resolution/ reduction of intercurrent illness in people living with dementia<br>• Clinical outcomes including cognitive, functional and behavioural ability<br>• Change in prevalence of appropriate polypharmacy<br>• Intervention related problems such as potentially avoidable hospital admissions and re-admissions, errors, poor adherence and potentially avoidable adverse effects (e.g. pressure sores)<br>• Intervention related outcomes including concordance, compliance satisfaction of person living with dementia and their informal carers<br>• Health-related quality of life of person living with dementia and their informal carers<br>• Resource use and cost |
| Other criteria for inclusion / exclusion of studies | No additional criteria |
| Search strategies | See Appendix D |
| Review strategies | • 10% of excluded studies will be double checked by a second reviewer<br>• The CASP RCT checklist will be used as a guide to appraise the quality of individual studies |

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| | • Where statistically possible, a meta-analytical approach will be used to give an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| | Details |
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| Review question 24 | What are the optimal management strategies (including treatments) for people with dementia with co-existing physical long term conditions? |
| Objectives | • To identify the most effective interventions/ strategies to manage medical comorbidities (for example diabetes, cardiovascular disease etc.) in people living with dementia<br>• To identify if the most effective interventions and strategies used for treating medical comorbidities in people living with dementia are different from the interventions and strategies used for people with medical comorbidities who do not have dementia |
| Type of review | Intervention |
| Language | English only |
| Study design | • RCTs<br>• Systematic reviews of RCTs<br>If insufficient evidence is identified, consider lower quality intervention evidence, which may include:<br>• Non-randomised comparative studies<br>• Cohort studies<br>• Before and after studies<br>• Case-control studies |
| Status | Published studies only |
| Population | People (aged 40 years and over) with a diagnosis of dementia and living with a co-existing long term condition |
| Intervention | Pharmacological interventions/ self-care strategies/ observational or monitoring strategies specific to people living with dementia and a coexisting long term condition |
| Comparator | • Pharmacological interventions/ self- care strategies, monitoring or observational strategies for people living with a coexisting long term condition but not specific to people living with dementia<br>• Standard care |
| Outcomes | • Clinical progression of comorbidity and associated symptoms<br>• Clinical outcomes including cognitive, functional and behavioural ability<br>• Change in prevalence of appropriate polypharmacy<br>• Intervention related problems such as potentially avoidable hospital admissions and re-admissions, errors, poor adherence and potentially avoidable adverse effects<br>• Intervention related outcomes including concordance, compliance satisfaction of person living with dementia and their carers<br>• Health related quality of life of person living with dementia and their informal carers<br>• Resource use and cost |
| Other criteria for inclusion / exclusion of studies | No additional criteria |
| Search strategies | See Appendix D |
| Review strategies | • 10% of excluded studies will be double checked by a second reviewer<br>• The CASP RCT checklist will be used as a guide to appraise the quality of individual studies<br>• Where statistically possible, a meta-analytical approach will be used to give an overall summary effect |

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| | • All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| | Details |
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| Review question 25 | What are the optimal management strategies (including treatments) for people with dementia and an enduring mental health condition? |
| Objectives | • To identify the most effective interventions/ strategies to manage psychiatric comorbidities (for example schizophrenia) in people living with dementia<br>• To identify if the interventions and strategies used for treating psychiatric comorbidities in people living with dementia are different from the interventions and strategies used for people with psychiatric comorbidities who do not have dementia |
| Type of review | Intervention |
| Language | English only |
| Study design | • RCTs<br>• Systematic reviews of RCTs<br>If insufficient evidence is identified, consider lower quality intervention evidence, which may include:<br>• Non-randomised comparative studies<br>• Cohort studies<br>• Before and after studies<br>• Case-control studies |
| Status | Published studies only |
| Population | People (aged 40 years and over) with a diagnosis of dementia and living with a psychiatric comorbidity/multimorbidity |
| Intervention | Pharmacological interventions/non pharmacological interventions/self-care strategies/observational or monitoring strategies specific to people living with dementia and a comorbid psychiatric illness |
| Comparator | • Pharmacological interventions/ non pharmacological/self- care strategies/monitoring or observational strategies for people living with a comorbid psychiatric illness but not specific to people living with dementia<br>• Standard care |
| Outcomes | • Clinical progression of mental health condition and associated symptoms<br>• Clinical outcomes including cognitive, functional and behavioural ability<br>• Change in prevalence of appropriate polypharmacy<br>• Intervention related problems such as potentially avoidable hospital admissions and re-admissions, errors, poor adherence and potentially avoidable adverse effects<br>• Intervention related outcomes including concordance, compliance satisfaction of person living with dementia and their carers<br>• Health related quality of life of person living with dementia and their informal carers<br>• Resource use and cost |
| Other criteria for inclusion / exclusion of studies | No additional criteria |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, the full sample will be screened by two reviewers<br>• The CASP RCT checklist will be used as a guide to appraise the quality of individual studies |

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| | • Where statistically possible, a meta-analytical approach will be used to give an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| | Details |
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| Review question 26 | What effect does modifying risk factors have on slowing the progression of dementia? |
| Type of review | Intervention |
| Language | English only |
| Study design | • RCTs<br>• Systematic reviews of RCTs<br>If insufficient evidence is identified, consider lower quality intervention evidence, which may include:<br>• Non-randomised comparative studies<br>• Cohort studies<br>• Before and after studies<br>• Case-control studies |
| Status | Published studies only |
| Population | People (aged 40 years and over) living with dementia |
| Intervention | Interventions to modify risk factors for dementia progression. Potentially modifiable risk factors may include:<br>• Alcohol consumption<br>• Smoking<br>• Obesity<br>• Diabetes<br>• Hypertension<br>• Hypercholesterolaemia<br>• Diet<br>• Non-steroidal anti-inflammatory drugs<br>• Antipsychotics |
| Comparator | No intervention |
| Outcomes | • Rates of dementia progression<br>• Clinical outcomes including cognitive, functional and behavioural ability<br>• Patient and carer experience and satisfaction<br>• Patient and carer health-related quality of life<br>• Adverse events<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | None |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• CASP checklists (chosen according to study type) will be used as a guide to appraise the quality of individual research studies<br>• The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews<br>• Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| | Details |
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| Review question 27a | What is the comparative effectiveness of donepezil, galantamine, memantine and rivastigmine for cognitive enhancement in dementia associated with Parkinson's disease? |
| Objectives | To determine the comparative effectiveness and cost-effectiveness of donepezil, galantamine, memantine and rivastigmine for cognitive enhancement in dementia with Lewy bodies. |
| Type of review | Intervention review |
| Language | English only |
| Study design | • Systematic review of randomised controlled trials (RCTs)<br>• RCTs<br>If insufficient evidence is available progress to:<br>• Systematic reviews of non-randomised controlled trials<br>• Non-randomised controlled trials<br>• Observational studies<br>• Economic analyses |
| Status | Published papers only |
| Population | People with a diagnosis of Parkinson's disease dementia (PDD) or dementia with Lewy bodies (DLB) |
| Intervention | • Donepezil<br>• Galantamine<br>• Memantine<br>• Rivastigmine<br>• Memantine plus cholinesterase inhibitor |
| Comparator | • Each other<br>• Combination of memantine plus cholinesterase inhibitor<br>• Placebo |
| Outcomes | Cognitive outcomes, including:<br>• Mini Mental State Examination (MMSE)<br>• Alzheimer's Disease Assessment Scale –cognitive subscale (ADAS-cog)<br>• Montreal Cognitive Assessment (MoCA)<br>Global outcomes, including:<br>• Global impression of change<br>• ADL<br>• Non-cognitive outcomes, e.g. NPI<br>• Adverse events, such as hallucinations<br>• Study withdrawal<br>• Health-related quality of life<br>• Carer-reported outcomes<br>• Resource use and cost<br>• Time to institutionalised care |
| Other criteria for inclusion / exclusion of studies | Exclusions:<br>• People with a diagnosis of non Lewy body dementia, for example:<br>  o Alzheimer's disease<br>  o Frontotemporal dementia<br>  o Vascular dementia |

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| | • People with mild cognitive impairment associated with Parkinson's disease |
| Search strategies | See Appendix D |
| Review strategies | Appraisal of evidence quality:<br>• For studies, NICE methodology checklists will be used to appraise the quality of individual studies, where appropriate. All key outcomes from evidence will be presented in GRADE profiles, where possible.<br>Synthesis of data:<br>• Data on all included studies will be extracted into evidence tables. Data will be pooled to give an overall summary effect. Network meta-analyses will be conducted to determine the comparative clinical effectiveness of these pharmacological interventions, if appropriate data are available.<br>Presentation of data:<br>• Where possible, results will be stratified according to diagnosis (e.g. 'pure' PDD, DLB, and mixed populations) |

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| | Details |
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| Review question 27b | How effective are cholinesterase inhibitors and memantine for types of dementia other than typical Alzheimer's disease? |
| Objectives | To determine the comparative effectiveness and cost-effectiveness of donepezil, galantamine, memantine and rivastigmine for cognitive enhancement in dementia types other than typical Alzheimer's disease |
| Type of review | Intervention review |
| Language | English only |
| Study design | • Systematic review of randomised controlled trials (RCTs)<br>• RCTs<br>If insufficient evidence is available progress to:<br>• Systematic reviews of non-randomised controlled trials<br>• Non-randomised controlled trials<br>• Observational studies<br>• Economic analyses |
| Status | Published papers only |
| Population | People with a diagnosis of dementia which is not typical Alzheimer's disease |
| Intervention | • Donepezil<br>• Galantamine<br>• Memantine<br>• Rivastigmine<br>• Memantine plus cholinesterase inhibitor |
| Comparator | • Each other<br>• Combination of memantine plus cholinesterase inhibitor<br>• Placebo |
| Outcomes | Cognitive outcomes, including:<br>• Mini Mental State Examination (MMSE)<br>• Alzheimer's Disease Assessment Scale –cognitive subscale (ADAS-cog)<br>• Montreal Cognitive Assessment (MoCA)<br>Global outcomes, including:<br>• Global impression of change<br>• ADL<br>• Non-cognitive outcomes, e.g. NPI<br>• Adverse events, such as hallucinations<br>• Study withdrawal<br>• Health-related quality of life<br>• Carer-reported outcomes<br>• Resource use and cost<br>• Time to institutionalised care |
| Other criteria for inclusion / exclusion of studies | People with a diagnosis of typical Alzheimer's disease |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, the full sample will be screened by two reviewers |

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| | • The CASP RCT checklist will be used as a guide to appraise the quality of individual studies |
| | • Where statistically possible, a meta-analytical approach will be used to give an overall summary effect |
| | • All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| | Details |
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| Review question 28 | What are the most effective non-pharmacological interventions for supporting cognitive functioning in people living with dementia? |
| Objectives | • To determine which non-pharmacological interventions are effective and cost-effective for supporting cognitive functioning in people living with dementia<br>• To compare the effectiveness and cost-effectiveness of interventions to support cognitive functioning in people living with dementia |
| Type of review | Intervention |
| Language | English only |
| Study design | • RCTs<br>• Systematic reviews of RCTs |
| Status | Published studies only |
| Population | People (aged 40 years and over) living with dementia |
| Intervention | Non-pharmacological interventions which may have a positive impact on cognitive functioning |
| Comparator | • Each other<br>• Standard care |
| Outcomes | • Cognitive functioning<br>• Clinical outcomes including cognitive, functional and behavioural ability<br>• Adverse events<br>• Access to health and social care support<br>• Patient and carer experience and satisfaction<br>• Patient and carer health-related quality of life<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | None |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• The CASP RCT checklist will be used as a guide to appraise the quality of individual RCTs<br>• The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews<br>• Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| | Details |
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| Review question 29 | What are the most effective non-pharmacological interventions for supporting functional ability in people living with dementia? |
| Objectives | • To determine which non-pharmacological interventions are effective and cost-effective for supporting functional ability in people living with dementia<br>• To compare the effectiveness and cost-effectiveness of interventions to support functional ability in people living with dementia |
| Type of review | Intervention |
| Language | English only |
| Study design | • RCTs<br>• Systematic reviews of RCTs |
| Status | Published studies only |
| Population | People (aged 40 years and over) living with dementia |
| Intervention | Non-pharmacological interventions which may have a positive impact on functional ability |
| Comparator | • Each other<br>• Standard care |
| Outcomes | • Clinical outcomes including cognitive, functional and behavioural ability<br>• Adverse events<br>• Access to health and social care support<br>• Patient and carer experience and satisfaction<br>• Patient and carer health-related quality of life<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | None |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• The CASP RCT checklist will be used as a guide to appraise the quality of individual RCTs<br>• The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews<br>• Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| | Details |
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| Review question 30 | What are the most effective non-pharmacological interventions to support wellbeing in people living with dementia? |
| Objectives | • To determine which non-pharmacological interventions are effective and cost-effective for supporting wellbeing in people living with dementia<br>• To compare the effectiveness and cost-effectiveness of interventions to support wellbeing in people living with dementia |
| Type of review | Intervention |
| Language | English only |
| Study design | • RCTs<br>• Systematic reviews of RCTs |
| Status | Published studies only |
| Population | People (aged 40 years and over) living with dementia |
| Intervention | Non-pharmacological interventions which may have a positive impact on wellbeing |
| Comparator | • Each other<br>• Standard care |
| Outcomes | • Quality of life/mood<br>• Clinical outcomes including cognitive, functional and behavioural ability<br>• Adverse events<br>• Access to health and social care support<br>• Patient and carer experience and satisfaction<br>• Patient and carer health-related quality of life<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | None |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• The CASP RCT checklist will be used as a guide to appraise the quality of individual RCTs<br>• The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews<br>• Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| | Details |
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| Review question 31 | What are the most effective pharmacological interventions for managing illness emergent non-cognitive symptoms, such as psychosis, depression, behavioural changes in people living with dementia? |
| Objectives | • To determine which pharmacological interventions are effective and cost-effective for treating illness emergent non-cognitive symptoms in people living with dementia<br>• To compare the effectiveness and cost-effectiveness of pharmacological interventions for treating illness emergent non-cognitive symptoms in people living with dementia |
| Type of review | Intervention |
| Language | English only |
| Study design | • RCTs<br>• Systematic reviews of RCTs |
| Status | Published studies only |
| Population | People (aged 40 years and over) living with dementia |
| Intervention | Pharmacological interventions for treating illness emergent non-cognitive symptoms, which may include:<br>• Antipsychotics<br>• Acetylcholinesterase inhibitors<br>• Memantine<br>• Carbamazepine<br>• Valproate (mood stabilisers)<br>• Antidepressants<br>• Anxiolytics<br>• Propranolol<br>• Hypnotics |
| Comparator | • Each other<br>• Standard care |
| Outcomes | • Change in/resolution of non-cognitive symptoms<br>• Clinical outcomes including cognitive, functional and behavioural ability<br>• Adverse events<br>• Access to health and social care support<br>• Patient and carer experience and satisfaction<br>• Patient and carer health-related quality of life<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | None |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• The CASP RCT checklist will be used as a guide to appraise the quality of individual RCTs<br>• The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews<br>• Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect |

| | Details |
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| | • All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| Review question 32 | What are the most effective non-pharmacological interventions for managing illness emergent non-cognitive symptoms, such as psychosis, depression, behavioural changes in people living with dementia? |
| Objectives | • To determine which non-pharmacological interventions are effective and cost-effective for treating illness emergent non-cognitive symptoms in people living with dementia<br>• To compare the effectiveness and cost-effectiveness of non-pharmacological interventions for treating illness emergent non-cognitive symptoms in people living with dementia |
| Type of review | Intervention |
| Language | English only |
| Study design | • RCTs<br>• Systematic reviews of RCTs |
| Status | Published studies only |
| Population | People (aged 40 years and over) living with dementia |
| Intervention | Non-pharmacological interventions for treating illness emergent non-cognitive symptoms |
| Comparator | • Each other<br>• Standard care |
| Outcomes | • Change in/resolution of non-cognitive symptoms<br>• Clinical outcomes including cognitive, functional and behavioural ability<br>• Adverse events<br>• Access to health and social care support<br>• Patient and carer experience and satisfaction<br>• Patient and carer health-related quality of life<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | None |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• The CASP RCT checklist will be used as a guide to appraise the quality of individual RCTs<br>• The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews<br>• Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| Review question 33 | How effective is the co-prescription of anticholinesterase inhibitors and memantine for the treatment of Alzheimer's disease? |
| Objectives | To determine the effectiveness and cost-effectiveness of memantine plus a cholinesterase inhibitor for cognitive enhancement in Alzheimer's disease |
| Type of review | Intervention review |
| Language | English only |
| Study design | • Systematic review of randomised controlled trials (RCTs)<br>• RCTs<br>If insufficient evidence is available progress to:<br>• Systematic reviews of non-randomised controlled trials<br>• Non-randomised controlled trials |
| Status | Published papers only (full text) |
| Population | People with a diagnosis of Alzheimer's disease |
| Intervention | Memantine plus a cholinesterase inhibitor |
| Comparator | • Memantine<br>• Cholinesterase inhibitors<br>• Placebo |
| Outcomes | • Clinical outcomes including cognitive, functional and behavioural ability<br>• Adverse events<br>• Patient and carer experience and satisfaction<br>• Patient and carer health-related quality of life<br>• Resource use and costs |
| Other criteria for inclusion / exclusion of studies | Studies will be included if they report either differences in specified outcomes between groups, or proportions of people in each group where the outcome changes by a certain amount/percentage |
| Search strategies | See Appendix D |
| Review strategies | • The first 10% of titles and abstracts will be screened by two reviewers to ensure consistency. If major disagreements are found, further 10% samples will be screened by two reviewers until consistency is achieved<br>• The CASP RCT checklist will be used as a guide to appraise the quality of individual RCTs<br>• The AMSTAR checklist will be used as a guide to appraise the quality of individual systematic reviews<br>• Where statistically possible, a meta-analytical approach will be used to estimate an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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| Review question 34 | What are the most effective methods of case finding for people at high risk of dementia? |
| Objectives | • To establish the main factors that identify people at risk of dementia and what signs and symptoms would prompt an assessment<br>• To identify what is the most appropriate method of identifying people at risk of dementia according to different care settings |
| Type of review | Intervention |
| Language | English only |
| Study design | • RCTs of case finding approaches<br>• Prospective cohort studies |
| Status | Published studies only |
| Population | People (aged 40 years and over) who are at risk of dementia in:<br>• Primary care<br>• Acute hospitals<br>• Care homes<br>• People over 60 at high vascular risk (prior stroke)<br>• People with learning disabilities<br>• People with other neurological disorders (MS) |
| Intervention | Standard cognitive tests |
| Comparator | Standard care (no testing) |
| Outcomes | • Incidence of dementia (and other conditions) correctly identified in people classified as at risk<br>• Delay to diagnosis<br>• Sensitivity, Specificity, NPV, PPV<br>• Health related quality of life<br>• Overtreatment<br>• Resource use and cost |
| Subgroups | • Aphasia/dysphasia<br>• Setting of case finding |
| Other criteria for inclusion / exclusion of studies | None |
| Search strategies | See Appendix D |
| Review strategies | • 10% of excluded studies will be double checked by a second reviewer<br>• A CASP checklist appropriate to the study design will be used to appraise the quality of individual studies<br>• Where statistically possible, a meta-analytical approach will be used to give an overall summary effect<br>• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements |

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