

Appendix C: Review Protocols

	Details
Review question 1	Who should start and review the following pharmacological interventions: <ul style="list-style-type: none"> • donepezil • galantamine • rivastigmine • memantine 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	<ul style="list-style-type: none"> • 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) • Shared care prescribing protocols
Comparator	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Clinical outcomes including cognitive, functional and behavioural ability • Over prescribing/under prescribing and potentially avoidable adverse effects (including hospital admission) • Medication errors • Access to health and social care support • Concordance and compliance • Patient and carer experience and satisfaction • 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	<ul style="list-style-type: none"> • Appropriate methodology checklists will be used as a guide to appraise the quality of individual studies • Data on all included studies will be extracted into evidence tables • 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

	Details
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	<ul style="list-style-type: none"> • RCTs of treatment withdrawal • RCTs of treatment stopping rules • 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	<ul style="list-style-type: none"> • Withdrawal of pharmacological treatment • Explicit stopping rule for pharmacological treatment
Comparator	<ul style="list-style-type: none"> • Continuation of previous treatment • Change of treatment drug (to another of the specified 4 drugs) • Change of treatment dose • Alternative stopping rules
Outcomes	<ul style="list-style-type: none"> • Clinical outcomes including cognition, function, behaviour and neuropsychiatric symptoms • Adverse events • Patient and carer experience and satisfaction • Patient and carer health-related quality of life • 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	<ul style="list-style-type: none"> • 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 RCT checklist will be used as a guide to appraise the quality of individual RCTs • 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

	Details
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	<ul style="list-style-type: none"> 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 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	<ul style="list-style-type: none"> People (aged 40 years and over) living with dementia Carers of people (aged 40 years and over) living with dementia
Phenomena of interest	<p>Any barriers and facilitators to involvement of people living with dementia in decisions about care, which may include:</p> <ul style="list-style-type: none"> Equity of access (financial, physical or geographic restrictions) Behaviours and attitudes of professionals Communication Loss of autonomy Information needs
Outcomes	<ul style="list-style-type: none"> Experiences and satisfaction of people living with dementia 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	<ul style="list-style-type: none"> 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

	Details
Review question 4	What barriers and facilitators have an impact on how people living with dementia can make use of advance planning?
Objectives	<ul style="list-style-type: none"> 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) 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	<ul style="list-style-type: none"> People (aged 40 years and over) living with dementia Carers of people (aged 40 years and over) living with dementia
Phenomena of interest	<p>Any barriers and facilitators to involvement of people living with dementia in decisions about care, which may include:</p> <ul style="list-style-type: none"> Equity of access (financial, physical or geographic restrictions) Behaviours and attitudes of professionals Communication Loss of autonomy Information needs
Outcomes	<ul style="list-style-type: none"> Experiences and satisfaction of people living with dementia 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	<ul style="list-style-type: none"> 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

	Details
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	<ul style="list-style-type: none"> • RCTs • Systematic reviews of RCTs If insufficient evidence is identified, consider lower quality intervention evidence, which may include: <ul style="list-style-type: none"> • Non-randomised comparative studies • Cohort studies • Before and after studies • Case-control studies
Status	Published studies only
Population	<ul style="list-style-type: none"> • People (aged 40 years and over) living with dementia • Carers of people (aged 40 years and over) living with dementia
Intervention	Methods and models of care planning for people living with dementia
Comparator	<ul style="list-style-type: none"> • Each other • Standard care
Outcomes	<ul style="list-style-type: none"> • Clinical outcomes including cognitive, functional and behavioural ability • Access to health and social care support • Patient and carer wellbeing, experience and satisfaction • Patient and carer health-related quality of life • Equity • Resource use and costs
Other criteria for inclusion / exclusion of studies	None
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> • 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 • 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

	Details
Review question 6	How should health and social care be co-ordinated for people living with dementia?
Objectives	<ul style="list-style-type: none"> 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 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	<ul style="list-style-type: none"> People (aged 40 years and over) living with dementia Carers of people (aged 40 years and over) living with dementia
Phenomena of interest	<p>Models of health and social care co-ordination, which may include features such as:</p> <ul style="list-style-type: none"> Configuration and integration of services Timing and delivery of services (e.g. transfers, referral pathways) Staff communication Location of services
Outcomes	<ul style="list-style-type: none"> Experiences and satisfaction of people living with dementia 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	<ul style="list-style-type: none"> 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

	Details
Review question 7	What are the most effective methods of supporting people living with dementia to reduce harm and stay independent?
Objectives	<ul style="list-style-type: none"> To determine which systems and interventions are effective and cost-effective for promoting independence and reducing harm in people living with dementia 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	<ul style="list-style-type: none"> RCTs Systematic reviews of RCTs <p>If insufficient evidence is identified, consider lower quality intervention evidence, which may include:</p> <ul style="list-style-type: none"> Non-randomised comparative studies Cohort studies Before and after studies Case-control studies
Status	Published studies only
Population	People (aged 40 years and over) living with dementia
Intervention	<p>Interventions designed to promote independence in people living with dementia, which may include:</p> <ul style="list-style-type: none"> Psychosocial interventions Environmental adaptations Assistive technology Physical exercise Community based rehabilitation Interpersonal communication Self-management Occupational therapy Nutrition and hydration (swallowing)
Comparator	<ul style="list-style-type: none"> Each other Standard care
Outcomes	<ul style="list-style-type: none"> Clinical outcomes including cognitive, functional and behavioural ability Admissions to hospitals/care homes Access to health and social care support Patient and carer experience and satisfaction Patient and carer health-related quality of life Resource use and costs
Other criteria for inclusion / exclusion of studies	None
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> 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 CASP checklists (chosen according to study type) will be used as a guide to appraise the quality of individual research studies

	Details
	<ul style="list-style-type: none">• 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

	Details
Review question 8	How effective is pre, peri & post-diagnostic counselling and support on outcomes for people living with dementia and their families?
Objectives	<ul style="list-style-type: none"> 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 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	<ul style="list-style-type: none"> RCTs Systematic reviews of RCTs <p>If insufficient evidence is identified, consider lower quality intervention evidence, which may include:</p> <ul style="list-style-type: none"> Non-randomised comparative studies Cohort studies Before and after studies Case-control studies
Status	Published studies only
Population	People (aged 40 years and over) living with dementia
Intervention	<p>Counselling and support for people living with dementia and their families, which may include elements such as:</p> <ul style="list-style-type: none"> Diagnostic counselling Psychosocial support Peer support groups Information and advice Signposting
Comparator	<ul style="list-style-type: none"> Each other Standard care
Outcomes	<ul style="list-style-type: none"> Clinical outcomes including cognitive, functional and behavioural ability Access to health and social care support Patient and carer experience and satisfaction Patient and carer health-related quality of life Resource use and costs
Other criteria for inclusion / exclusion of studies	None
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> 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 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

	Details
	<ul style="list-style-type: none">• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements

	Details
Review question 9	How should people living with dementia be reviewed post diagnosis?
Objectives	<ul style="list-style-type: none"> To identify the most appropriate ways and settings to review people living with dementia post diagnosis 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	<ul style="list-style-type: none"> RCTs Non-randomised comparative studies Cohort studies Before and after studies Systematic reviews of above study types
Status	Published studies only
Population	People (aged 40 years and over) living with dementia
Intervention	<p>Models of post diagnosis review for people living with dementia, which may include features such as:</p> <ul style="list-style-type: none"> Review of mental health (memory, mood, challenging behaviours) Review of physical health (including co-morbidities) Functional assessment (occupational therapy) Nutrition and hydration (swallowing) Lifestyle advice Medication review (including co-prescribing) Information needs Driving safety review Financial advice Future care planning needs Carer support and assessment
Comparator	Each other
Outcomes	<ul style="list-style-type: none"> Clinical outcomes including cognitive, functional and behavioural ability Process outcomes (e.g. adherence of staff to review protocols) Access to health and social care support Patient and carer experience and satisfaction Patient and carer health-related quality of life Equity of access to services Adverse events (medication related) Resource use and costs
Other criteria for inclusion / exclusion of studies	None
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> 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 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

	Details
	<ul style="list-style-type: none">• 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

	Details
Review question 10	How should people living with dementia be cared for when admitted to hospital?
Objectives	<ul style="list-style-type: none"> To identify the most appropriate ways to care for people living with dementia when they are admitted to hospital 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	<ul style="list-style-type: none"> RCTs Non-randomised comparative studies Cohort studies Before and after studies 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	<p>Models of hospital care for people living with dementia, which may include elements such as:</p> <ul style="list-style-type: none"> Additional support from hospital staff/others Information needs (both information for the person living with dementia and the information needs of the hospital staff) Person-centred assessment Assessment for hospital discharge (timing of discharge) Family/carer information needs, access and involvement in care Types of ward Environmental design Comprehensive geriatric assessment Medicines reconciliation and review
Comparator	Each other
Outcomes	<ul style="list-style-type: none"> Clinical outcomes including cognitive, functional and behavioural ability Process outcomes (e.g. adherence of staff to care protocols) Staff wellbeing and job satisfaction, skill levels Access to health and social care support Patient and carer experience and satisfaction Patient and carer health-related quality of life Co-patient experience Adverse events Equity of access to services Resource use and costs
Other criteria for inclusion / exclusion of studies	None
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> 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

	Details
	<ul style="list-style-type: none">• 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

	Details
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	<ul style="list-style-type: none"> To determine the most effective ways of managing the transition between care settings for people with dementia 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	<ul style="list-style-type: none"> RCTs Systematic reviews of RCTs <p>If insufficient evidence is identified, consider lower quality intervention evidence, which may include:</p> <ul style="list-style-type: none"> Non-randomised comparative studies Cohort studies Before and after studies Case-control studies
Status	Published studies only
Population	People (aged 40 years and over) living with dementia
Intervention	<p>Policies or systems for managing transfers between settings for people living with dementia, which may include elements such as:</p> <ul style="list-style-type: none"> Assessment of person's needs and living environment (destination environment) Systems for monitoring and adjusting plans as needs change Ways of confirming required services are in place pre-transfer Involvement of family members and carers Transfer of information (continuity of care) Maintaining relationships Timing of transfer
Comparator	Each other
Outcomes	<ul style="list-style-type: none"> Clinical outcomes including cognitive, functional and behavioural ability Rates of delayed discharge Access to health and social care support Patient and carer experience and satisfaction Patient and carer health-related quality of life Adverse events Resource use and costs
Other criteria for inclusion / exclusion of studies	None
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> 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 CASP checklists (chosen according to study type) will be used as a guide to appraise the quality of individual research studies

	Details
	<ul style="list-style-type: none">• 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

	Details
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	<ul style="list-style-type: none"> • To identify the most effective staff training interventions to improve outcomes for people living with dementia • 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: <ul style="list-style-type: none"> • RCTs Qualitative review: <ul style="list-style-type: none"> • All qualitative study designs
Status	Intervention review: <ul style="list-style-type: none"> • Published studies only Qualitative review: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • The natural history of dementia, different subtypes, prognosis etc. • Communication skills • Principles of person-centred care • Roles of different health and social care professionals, and how care should be co-ordinated between these different services • Adult protection policies and procedures • Awareness of abuse and neglect • Principles of palliative care • Appropriate prescribing (antipsychotics) • Avoiding unnecessary hospital admissions • Managing behaviour and non-cognitive symptoms • Enablement and reablement • Nutrition and swallowing difficulties • Legislative rights
Outcomes	Intervention review: <ul style="list-style-type: none"> • Pain reduction • Adverse events • Patient and carer experience and satisfaction • Patient and carer health-related quality of life • Equity of access to services • Resource use and costs Qualitative review: <ul style="list-style-type: none"> • Experiences and satisfaction of people living with dementia • Experiences and satisfaction of carers of people living with dementia

	Details
Other criteria for inclusion / exclusion of studies	None
Search strategies	See Appendix D
Review strategies	<p>Intervention review:</p> <ul style="list-style-type: none"> • 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 <p>Qualitative review:</p> <ul style="list-style-type: none"> • 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

	Details
Review question 13	What are the specific needs of younger people living with dementia?
Objectives	<ul style="list-style-type: none"> To identify the specific needs of younger people living with dementia that are different to those of older people living with dementia 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	<ul style="list-style-type: none"> People (aged between 40 years and 65 years) living with dementia Carers of people (aged between 40 years 65 years) living with dementia
Phenomena of interest	<p>Any factors which either uniquely impact on younger people living with dementia or have a disproportionate impact on this group, which may include:</p> <ul style="list-style-type: none"> Being in work at time of diagnosis Having a partner who still works Dependent children Caring for older relatives Large financial commitments (e.g. mortgage)
Outcomes	<ul style="list-style-type: none"> Experiences and satisfaction of people living with dementia 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	<ul style="list-style-type: none"> 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

	Details
Review question 14	What interventions and approaches to palliative care are most effective for people living with dementia?
Objectives	<ul style="list-style-type: none"> • To identify the most effectiveness palliative care interventions for people with advanced dementia • 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: <ul style="list-style-type: none"> • RCTs Qualitative review: <ul style="list-style-type: none"> • All qualitative study designs
Status	Intervention review: <ul style="list-style-type: none"> • Published studies only Qualitative review: <ul style="list-style-type: none"> • Published studies and identified grey literature
Population	<ul style="list-style-type: none"> • People (aged 40 years and over) living with dementia • Carers of people (aged 40 years and over) living with dementia
Intervention (intervention review)	Palliative care interventions, which may include: <ul style="list-style-type: none"> • Pain management • Life sustaining treatments or decisions to refuse treatment • Risk feeding • 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: <ul style="list-style-type: none"> • Meeting physical care needs • Psychological, social and spiritual care needs • Planning • Communication
Outcomes	Intervention review: <ul style="list-style-type: none"> • Pain reduction • Adverse events • Patient and carer experience and satisfaction • Patient and carer health-related quality of life • Equity of access to services • Resource use and costs Qualitative review: <ul style="list-style-type: none"> • Experiences and satisfaction of people living with dementia • 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:

	Details
	<ul style="list-style-type: none">• 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 <p>Qualitative review:</p> <ul style="list-style-type: none">• 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

	Details
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	<ul style="list-style-type: none"> • RCTs • Systematic reviews of RCTs If insufficient evidence is identified, consider lower quality intervention evidence, which may include: <ul style="list-style-type: none"> • Non-randomised comparative studies • Cohort studies • Before and after studies • 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	<ul style="list-style-type: none"> • Alternative assessment methods • No formal assessment
Outcomes	<ul style="list-style-type: none"> • Access to health and social care support • Carer burden and stress • Carer experience and satisfaction • Carer health-related quality of life • Resource use and costs
Other criteria for inclusion / exclusion of studies	None
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> • 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 • 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

	Details
Review question 16	What interventions/services are most effective for supporting the wellbeing of informal carers of people living with dementia?
Objectives	<ul style="list-style-type: none"> To determine what interventions and/or services are effective and cost-effective at supporting the wellbeing of informal carers of people living with dementia 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	<ul style="list-style-type: none"> RCTs 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: <ul style="list-style-type: none"> Peer support groups Training courses Information Psychosocial support Cognitive behavioural therapy Respite breaks
Comparator	<ul style="list-style-type: none"> Each other Standard care
Outcomes	<ul style="list-style-type: none"> Carer burden and stress Carer experience and satisfaction Carer health-related quality of life Resource use and costs
Other criteria for inclusion / exclusion of studies	None
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> 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 RCT checklist will be used as a guide to appraise the quality of individual RCTs 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

	Details
Review question 17	What are the most effective methods of differentiating dementia or dementia and delirium from delirium alone?
Objectives	<ul style="list-style-type: none"> To identify the most appropriate methods of differentiating dementia from other conditions that may mimic the signs and symptoms of dementia To ensure that people with symptoms of conditions that mimic dementia are correctly identified
Type of review	Differential diagnosis
Language	English only
Study design	<ul style="list-style-type: none"> Cross-sectional diagnostic accuracy studies 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: <ul style="list-style-type: none"> History data Duration of delirium IQ code
Outcomes	<ul style="list-style-type: none"> Incidence of accurately identified dementia Diagnostic accuracy measures Inappropriate discharge rates Inadequate care planning rates Resource use and costs
Other criteria for inclusion / exclusion of studies	No additional criteria
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> 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 QUADAS-2 checklist will be used as a guide to appraise the quality of individual 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

	Details
Review question 18	What drugs that may worsen cognitive decline are commonly prescribed in people diagnosed with dementia?
Objectives	<ul style="list-style-type: none"> • To identify which drugs that may cause cognitive decline are commonly in use for people living with dementia in the UK • 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

	Details
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	<ul style="list-style-type: none"> • Prospective or retrospective cohort studies • 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	<ul style="list-style-type: none"> • Standardised tools assessments, instruments and protocols used to identify drugs that cause cognitive decline • Anticholinergic burden scale • Clinical history
Outcomes	<ul style="list-style-type: none"> • Incidence of accurately identified dementia • Diagnostic accuracy measures • Change in prevalence of appropriate polypharmacy • Potentially avoidable hospital admissions • Resource use and costs
Other criteria for inclusion / exclusion of studies	No additional criteria
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> • 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 QUADAS-2 checklist will be used as a guide to appraise the quality of individual 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

	Details
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	<ul style="list-style-type: none"> • Diagnostic cross-sectional studies • 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: <ul style="list-style-type: none"> • Clinical history • Clinical cognitive assessment (e.g. MMSE) • Neuropsychological testing • Formal cognitive testing • Physical examination • Medication review
Outcomes	<ul style="list-style-type: none"> • Incidence of accurately identified dementia • Diagnostic accuracy measures • Resource use and costs
Other criteria for inclusion / exclusion of studies	No additional criteria
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> • 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 QUADAS-2 checklist will be used as a guide to appraise the quality of individual 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

	Details
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	<ul style="list-style-type: none"> • Diagnostic cross-sectional studies • 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	<p>Potential diagnostic variables include:</p> <ul style="list-style-type: none"> • Specified diagnostic criteria • Structural imaging (MRI and CT) • SPECT (blood flow, dopamine) • PET (FDG, amyloid) • Cerebrospinal fluid examination • Electroencephalography • Brain biopsy • Neuropsychological testing • Functional ability • Genetic testing • Neurological examination
Outcomes	<ul style="list-style-type: none"> • Incidence of accurately identified dementia • Diagnostic accuracy measures • Resource use and costs
Other criteria for inclusion / exclusion of studies	No additional criteria
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> • 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 QUADAS-2 checklist will be used as a guide to appraise the quality of individual 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

	Details
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	<ul style="list-style-type: none"> 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 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	<ul style="list-style-type: none"> Prospective and retrospective cohort studies Cross-sectional studies Systematic reviews of above study types
Status	Published studies only
Population	Studies containing both: <ul style="list-style-type: none"> people (aged 40 years and over) with a diagnosis of dementia and showing symptoms of an intercurrent illness 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	<ul style="list-style-type: none"> 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 Usual care
Outcomes	<ul style="list-style-type: none"> Rates of accurately identified intercurrent illness in people living with dementia Diagnostic test accuracy Clinical outcomes including cognitive, functional and behavioural ability Health-related quality of life of people living with dementia Resource use and cost
Other criteria for inclusion / exclusion of studies	None
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> 10% of excluded studies will be double checked by a second reviewer A CASP checklist appropriate to the study design will be used 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

	Details
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	<ul style="list-style-type: none"> To identify the most effective interventions and strategies for treating the symptoms and severity of intercurrent illness in people living with dementia 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	<ul style="list-style-type: none"> RCTs Systematic reviews of RCTs <p>If insufficient evidence is identified, consider lower quality intervention evidence, which may include:</p> <ul style="list-style-type: none"> Non-randomised comparative studies Cohort studies Before and after studies 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	<ul style="list-style-type: none"> Pharmacological interventions/self-care strategies/monitoring or observational strategies for people with an intercurrent illness but not specific to people living with dementia Standard care
Outcomes	<ul style="list-style-type: none"> Symptom resolution/ reduction of intercurrent illness in people living with dementia Clinical outcomes including cognitive, functional and behavioural ability Change in prevalence of appropriate polypharmacy Intervention related problems such as potentially avoidable hospital admissions and re-admissions, errors, poor adherence and potentially avoidable adverse effects (e.g. pressure sores) Intervention related outcomes including concordance, compliance satisfaction of person living with dementia and their informal carers Health-related quality of life of person living with dementia and their informal carers Resource use and cost
Other criteria for inclusion / exclusion of studies	No additional criteria
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> 10% of excluded studies will be double checked by a second reviewer The CASP RCT checklist will be used as a guide to appraise the quality of individual studies

	Details
	<ul style="list-style-type: none">• 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

	Details
Review question 24	What are the optimal management strategies (including treatments) for people with dementia with co-existing physical long term conditions?
Objectives	<ul style="list-style-type: none"> To identify the most effective interventions/ strategies to manage medical comorbidities (for example diabetes, cardiovascular disease etc.) in people living with dementia 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	<ul style="list-style-type: none"> RCTs Systematic reviews of RCTs <p>If insufficient evidence is identified, consider lower quality intervention evidence, which may include:</p> <ul style="list-style-type: none"> Non-randomised comparative studies Cohort studies Before and after studies 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	<ul style="list-style-type: none"> 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 Standard care
Outcomes	<ul style="list-style-type: none"> Clinical progression of comorbidity and associated symptoms Clinical outcomes including cognitive, functional and behavioural ability Change in prevalence of appropriate polypharmacy Intervention related problems such as potentially avoidable hospital admissions and re-admissions, errors, poor adherence and potentially avoidable adverse effects Intervention related outcomes including concordance, compliance satisfaction of person living with dementia and their carers Health related quality of life of person living with dementia and their informal carers Resource use and cost
Other criteria for inclusion / exclusion of studies	No additional criteria
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> 10% of excluded studies will be double checked by a second reviewer 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

	Details
	<ul style="list-style-type: none">• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements

	Details
Review question 25	What are the optimal management strategies (including treatments) for people with dementia and an enduring mental health condition?
Objectives	<ul style="list-style-type: none"> To identify the most effective interventions/ strategies to manage psychiatric comorbidities (for example schizophrenia) in people living with dementia 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	<ul style="list-style-type: none"> RCTs Systematic reviews of RCTs <p>If insufficient evidence is identified, consider lower quality intervention evidence, which may include:</p> <ul style="list-style-type: none"> Non-randomised comparative studies Cohort studies Before and after studies 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	<ul style="list-style-type: none"> 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 Standard care
Outcomes	<ul style="list-style-type: none"> Clinical progression of mental health condition and associated symptoms Clinical outcomes including cognitive, functional and behavioural ability Change in prevalence of appropriate polypharmacy Intervention related problems such as potentially avoidable hospital admissions and re-admissions, errors, poor adherence and potentially avoidable adverse effects Intervention related outcomes including concordance, compliance satisfaction of person living with dementia and their carers Health related quality of life of person living with dementia and their informal carers Resource use and cost
Other criteria for inclusion / exclusion of studies	No additional criteria
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> 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 The CASP RCT checklist will be used as a guide to appraise the quality of individual studies

	Details
	<ul style="list-style-type: none">• 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

	Details
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	<ul style="list-style-type: none"> • RCTs • Systematic reviews of RCTs <p>If insufficient evidence is identified, consider lower quality intervention evidence, which may include:</p> <ul style="list-style-type: none"> • Non-randomised comparative studies • Cohort studies • Before and after studies • Case-control studies
Status	Published studies only
Population	People (aged 40 years and over) living with dementia
Intervention	<p>Interventions to modify risk factors for dementia progression. Potentially modifiable risk factors may include:</p> <ul style="list-style-type: none"> • Alcohol consumption • Smoking • Obesity • Diabetes • Hypertension • Hypercholesterolaemia • Diet • Non-steroidal anti-inflammatory drugs • Antipsychotics
Comparator	No intervention
Outcomes	<ul style="list-style-type: none"> • Rates of dementia progression • Clinical outcomes including cognitive, functional and behavioural ability • Patient and carer experience and satisfaction • Patient and carer health-related quality of life • Adverse events • Resource use and costs
Other criteria for inclusion / exclusion of studies	None
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> • 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 • 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

	Details
Review question 27b	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	<ul style="list-style-type: none"> • Systematic review of randomised controlled trials (RCTs) • RCTs If insufficient evidence is available progress to: <ul style="list-style-type: none"> • Systematic reviews of non-randomised controlled trials • Non-randomised controlled trials • Observational studies • Economic analyses
Status	Published papers only
Population	People with a diagnosis of Parkinson's disease dementia (PDD) or dementia with Lewy bodies (DLB)
Intervention	<ul style="list-style-type: none"> • Donepezil • Galantamine • Memantine • Rivastigmine • Memantine plus cholinesterase inhibitor
Comparator	<ul style="list-style-type: none"> • Each other • Combination of memantine plus cholinesterase inhibitor • Placebo
Outcomes	Cognitive outcomes, including: <ul style="list-style-type: none"> • Mini Mental State Examination (MMSE) • Alzheimer's Disease Assessment Scale –cognitive subscale (ADAS-cog) • Montreal Cognitive Assessment (MoCA) Global outcomes, including: <ul style="list-style-type: none"> • Global impression of change • ADL • Non-cognitive outcomes, e.g. NPI • Adverse events, such as hallucinations • Study withdrawal • Health-related quality of life • Carer-reported outcomes • Resource use and cost • Time to institutionalised care
Other criteria for inclusion / exclusion of studies	Exclusions: <ul style="list-style-type: none"> • People with a diagnosis of non Lewy body dementia, for example: <ul style="list-style-type: none"> ○ Alzheimer's disease ○ Frontotemporal dementia ○ Vascular dementia

	Details
	<ul style="list-style-type: none"> • People with mild cognitive impairment associated with Parkinson's disease
Search strategies	See Appendix D
Review strategies	<p>Appraisal of evidence quality:</p> <ul style="list-style-type: none"> • 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. <p>Synthesis of data:</p> <ul style="list-style-type: none"> • 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. <p>Presentation of data:</p> <ul style="list-style-type: none"> • Where possible, results will be stratified according to diagnosis (e.g. 'pure' PDD, DLB, and mixed populations)

	Details
Review question 27a	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	<ul style="list-style-type: none"> • Systematic review of randomised controlled trials (RCTs) • RCTs If insufficient evidence is available progress to: <ul style="list-style-type: none"> • Systematic reviews of non-randomised controlled trials • Non-randomised controlled trials • Observational studies • Economic analyses
Status	Published papers only
Population	People with a diagnosis of dementia which is not typical Alzheimer's disease
Intervention	<ul style="list-style-type: none"> • Donepezil • Galantamine • Memantine • Rivastigmine • Memantine plus cholinesterase inhibitor
Comparator	<ul style="list-style-type: none"> • Each other • Combination of memantine plus cholinesterase inhibitor • Placebo
Outcomes	Cognitive outcomes, including: <ul style="list-style-type: none"> • Mini Mental State Examination (MMSE) • Alzheimer's Disease Assessment Scale –cognitive subscale (ADAS-cog) • Montreal Cognitive Assessment (MoCA) Global outcomes, including: <ul style="list-style-type: none"> • Global impression of change • ADL • Non-cognitive outcomes, e.g. NPI • Adverse events, such as hallucinations • Study withdrawal • Health-related quality of life • Carer-reported outcomes • Resource use and cost • 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	<ul style="list-style-type: none"> • 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

	Details
	<ul style="list-style-type: none">• 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

	Details
Review question 28	What are the most effective non-pharmacological interventions for supporting cognitive functioning in people living with dementia?
Objectives	<ul style="list-style-type: none"> To determine which non-pharmacological interventions are effective and cost-effective for supporting cognitive functioning in people living with dementia 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	<ul style="list-style-type: none"> RCTs 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	<ul style="list-style-type: none"> Each other Standard care
Outcomes	<ul style="list-style-type: none"> Cognitive functioning Clinical outcomes including cognitive, functional and behavioural ability Adverse events Access to health and social care support Patient and carer experience and satisfaction Patient and carer health-related quality of life Resource use and costs
Other criteria for inclusion / exclusion of studies	None
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> 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 RCT checklist will be used as a guide to appraise the quality of individual RCTs 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

	Details
Review question 29	What are the most effective non-pharmacological interventions for supporting functional ability in people living with dementia?
Objectives	<ul style="list-style-type: none"> To determine which non-pharmacological interventions are effective and cost-effective for supporting functional ability in people living with dementia 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	<ul style="list-style-type: none"> RCTs 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	<ul style="list-style-type: none"> Each other Standard care
Outcomes	<ul style="list-style-type: none"> Clinical outcomes including cognitive, functional and behavioural ability Adverse events Access to health and social care support Patient and carer experience and satisfaction Patient and carer health-related quality of life Resource use and costs
Other criteria for inclusion / exclusion of studies	None
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> 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 RCT checklist will be used as a guide to appraise the quality of individual RCTs 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

	Details
Review question 30	What are the most effective non-pharmacological interventions to support wellbeing in people living with dementia?
Objectives	<ul style="list-style-type: none"> To determine which non-pharmacological interventions are effective and cost-effective for supporting wellbeing in people living with dementia 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	<ul style="list-style-type: none"> RCTs 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	<ul style="list-style-type: none"> Each other Standard care
Outcomes	<ul style="list-style-type: none"> Quality of life/mood Clinical outcomes including cognitive, functional and behavioural ability Adverse events Access to health and social care support Patient and carer experience and satisfaction Patient and carer health-related quality of life Resource use and costs
Other criteria for inclusion / exclusion of studies	None
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> 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 RCT checklist will be used as a guide to appraise the quality of individual RCTs 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

	Details
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	<ul style="list-style-type: none"> To determine which pharmacological interventions are effective and cost-effective for treating illness emergent non-cognitive symptoms in people living with dementia 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	<ul style="list-style-type: none"> RCTs Systematic reviews of RCTs
Status	Published studies only
Population	People (aged 40 years and over) living with dementia
Intervention	<p>Pharmacological interventions for treating illness emergent non-cognitive symptoms, which may include:</p> <ul style="list-style-type: none"> Antipsychotics Acetylcholinesterase inhibitors Memantine Carbamazepine Valproate (mood stabilisers) Antidepressants Anxiolytics Propranolol Hypnotics
Comparator	<ul style="list-style-type: none"> Each other Standard care
Outcomes	<ul style="list-style-type: none"> Change in/resolution of non-cognitive symptoms Clinical outcomes including cognitive, functional and behavioural ability Adverse events Access to health and social care support Patient and carer experience and satisfaction Patient and carer health-related quality of life Resource use and costs
Other criteria for inclusion / exclusion of studies	None
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> 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 RCT checklist will be used as a guide to appraise the quality of individual RCTs 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

	Details
	<ul style="list-style-type: none">• All key outcomes from evidence will be presented in GRADE profiles or modified profiles and further summarised in evidence statements

	Details
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	<ul style="list-style-type: none"> To determine which non-pharmacological interventions are effective and cost-effective for treating illness emergent non-cognitive symptoms in people living with dementia 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	<ul style="list-style-type: none"> RCTs 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	<ul style="list-style-type: none"> Each other Standard care
Outcomes	<ul style="list-style-type: none"> Change in/resolution of non-cognitive symptoms Clinical outcomes including cognitive, functional and behavioural ability Adverse events Access to health and social care support Patient and carer experience and satisfaction Patient and carer health-related quality of life Resource use and costs
Other criteria for inclusion / exclusion of studies	None
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> 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 RCT checklist will be used as a guide to appraise the quality of individual RCTs 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

	Details
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	<ul style="list-style-type: none"> • Systematic review of randomised controlled trials (RCTs) • RCTs If insufficient evidence is available progress to: <ul style="list-style-type: none"> • Systematic reviews of non-randomised controlled trials • 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	<ul style="list-style-type: none"> • Memantine • Cholinesterase inhibitors • Placebo
Outcomes	<ul style="list-style-type: none"> • Clinical outcomes including cognitive, functional and behavioural ability • Adverse events • Patient and carer experience and satisfaction • Patient and carer health-related quality of life • 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	<ul style="list-style-type: none"> • 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 RCT checklist will be used as a guide to appraise the quality of individual RCTs • 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

	Details
Review question 34	What are the most effective methods of case finding for people at high risk of dementia?
Objectives	<ul style="list-style-type: none"> To establish the main factors that identify people at risk of dementia and what signs and symptoms would prompt an assessment 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	<ul style="list-style-type: none"> RCTs of case finding approaches Prospective cohort studies
Status	Published studies only
Population	People (aged 40 years and over) who are at risk of dementia in: <ul style="list-style-type: none"> Primary care Acute hospitals Care homes People over 60 at high vascular risk (prior stroke) People with learning disabilities People with other neurological disorders (MS)
Intervention	Standard cognitive tests
Comparator	Standard care (no testing)
Outcomes	<ul style="list-style-type: none"> Incidence of dementia (and other conditions) correctly identified in people classified as at risk Delay to diagnosis Sensitivity, Specificity, NPV, PPV Health related quality of life Overtreatment Resource use and cost
Subgroups	<ul style="list-style-type: none"> Aphasia/dysphasia Setting of case finding
Other criteria for inclusion / exclusion of studies	None
Search strategies	See Appendix D
Review strategies	<ul style="list-style-type: none"> 10% of excluded studies will be double checked by a second reviewer A CASP checklist appropriate to the study design will be used 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