



Guideline: “Diagnosis and treatment of dementia and Mild cognitive impairment”

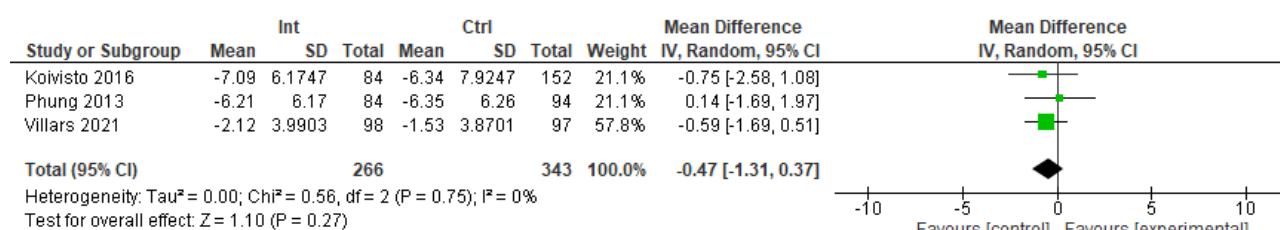
Supplementary material

Meta-analysis

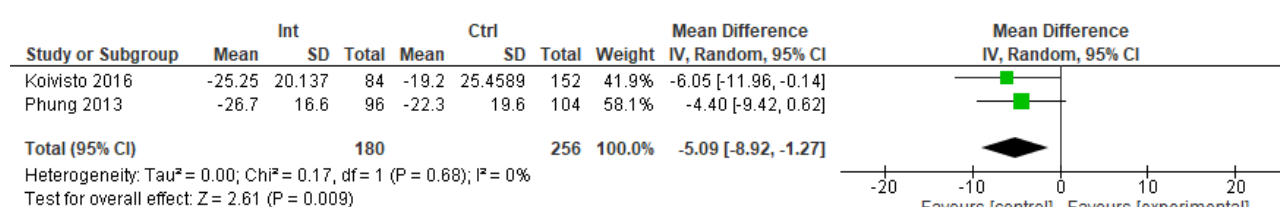
REVIEW QUESTION 5. How effective are pre-, peri- and post-diagnostic counselling and support on outcomes for people living with dementia and their caregivers?

Outcomes of people with dementia

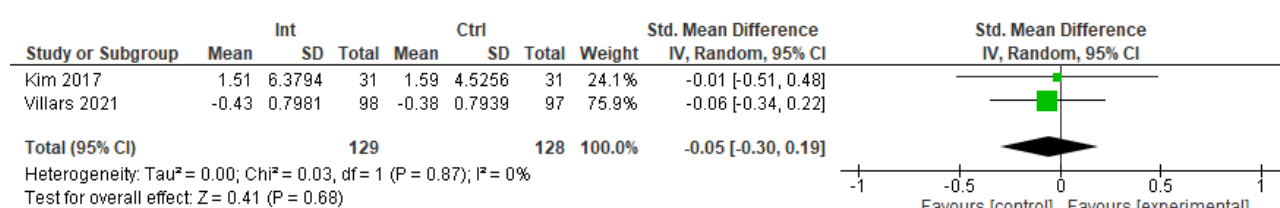
MMSE



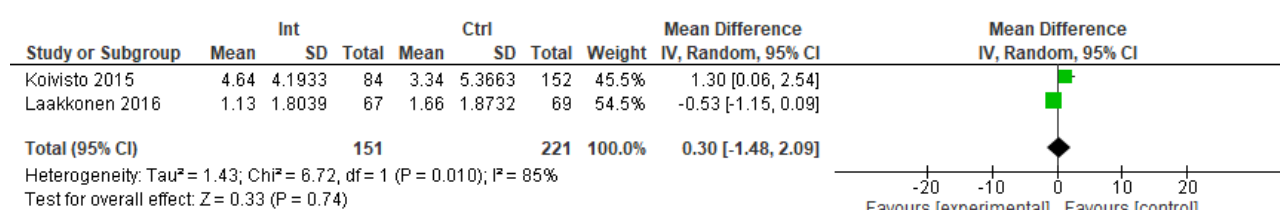
ADCS-ADL



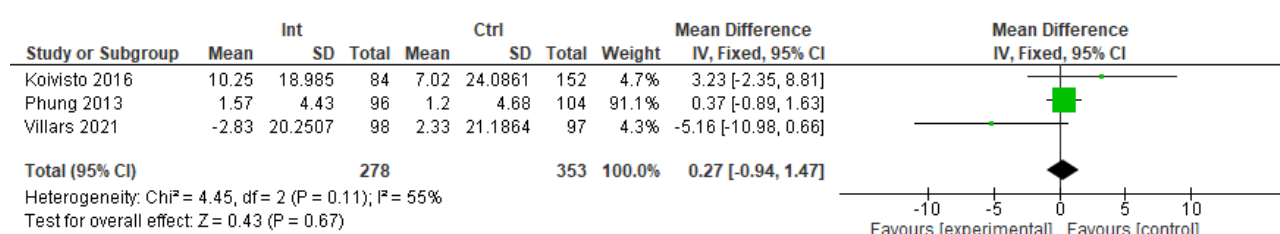
ADL

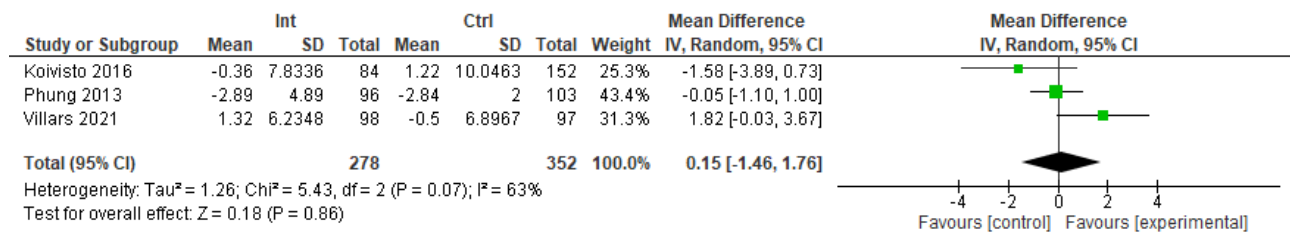


CDR-SB



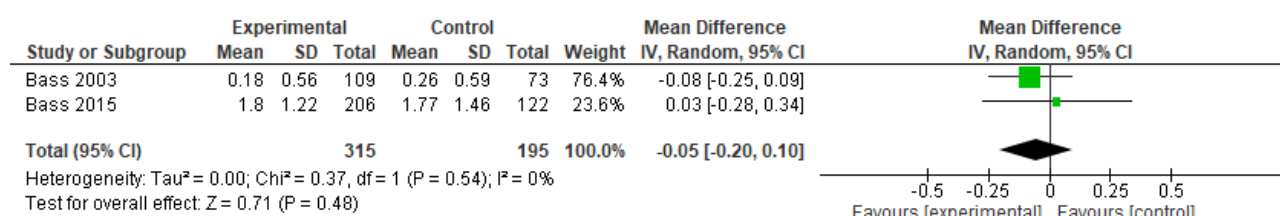
NPI



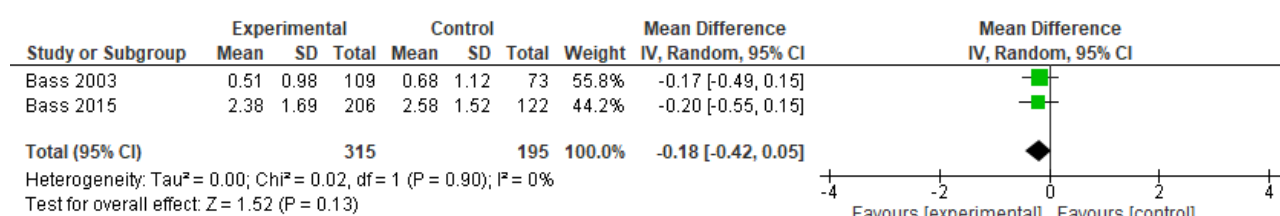
QoI-AD

REVIEW QUESTION 7a. What are the most effective methods of care planning, focusing upon improving outcomes for people with dementia and their carers?

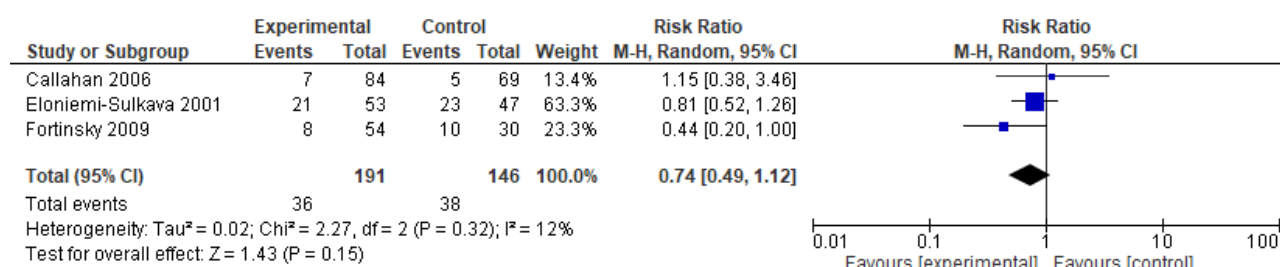
Care coordination/management using a protocol/action plan (including training for caregivers) and monthly meetings



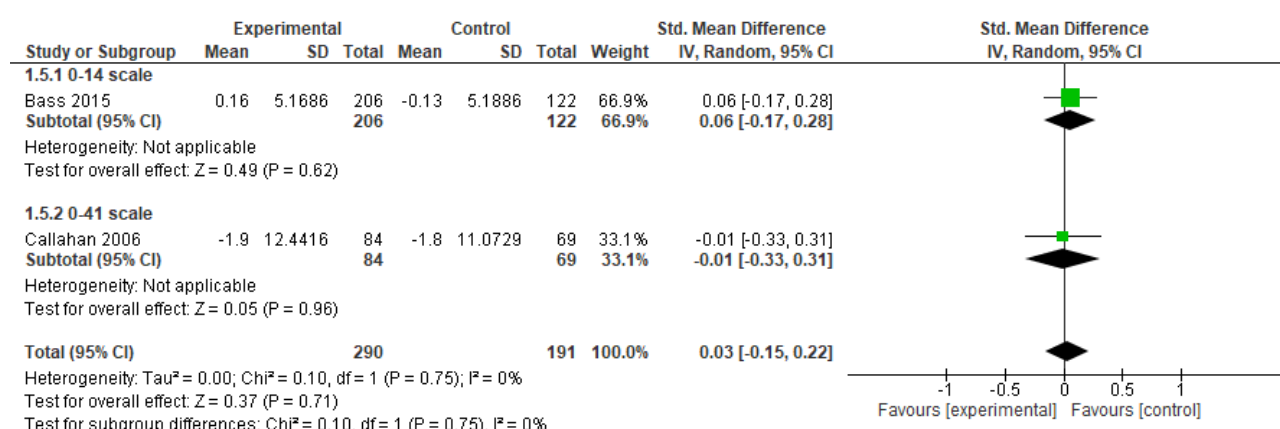
Care coordination/management using a protocol/action plan (including training for caregivers) and monthly meetings – ER admission



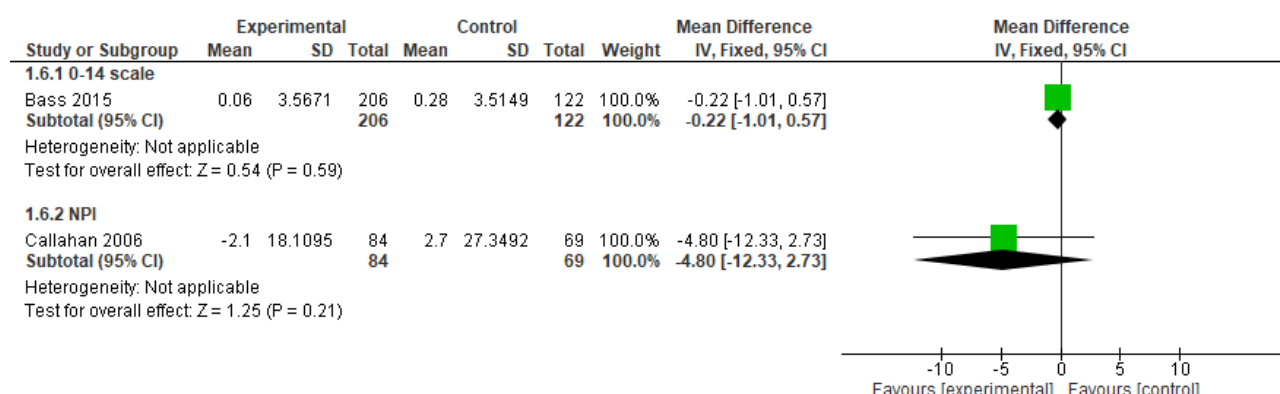
Care coordination/management using a protocol/action plan (including training for caregivers) and monthly meetings – institutionalization rate



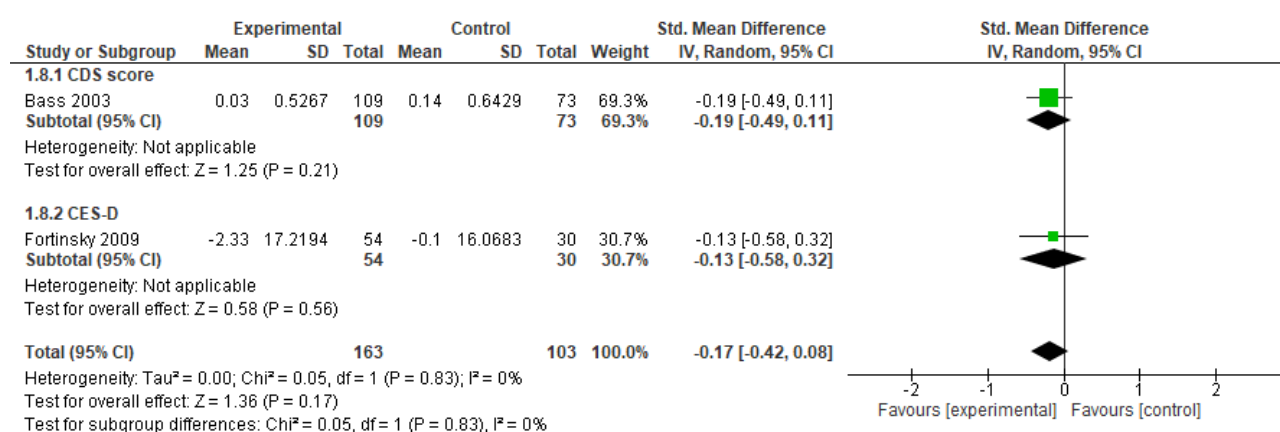
Care coordination/management using a protocol/action plan (including training for caregivers) and monthly meetings – cognitive symptoms



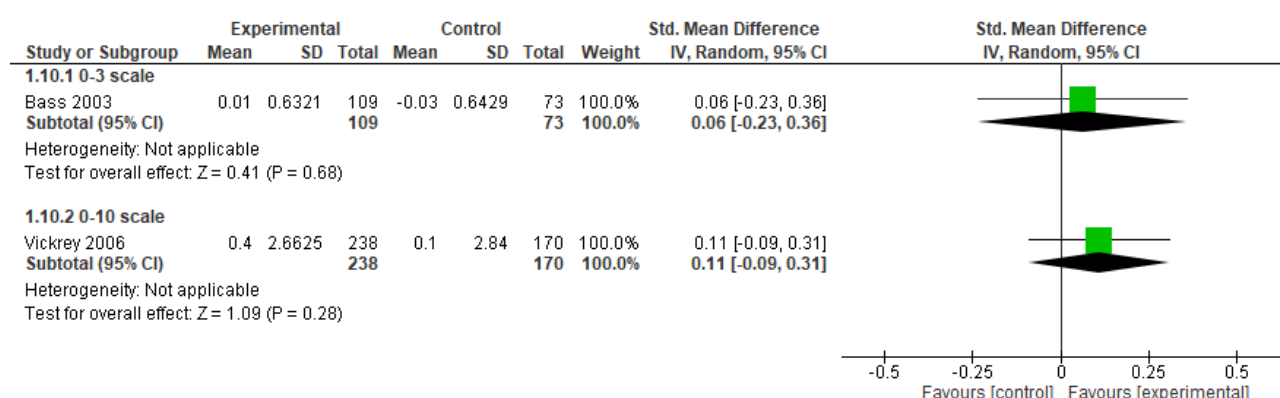
Care coordination/management using a protocol/action plan (including training for caregivers) and monthly meetings – behavioural symptoms

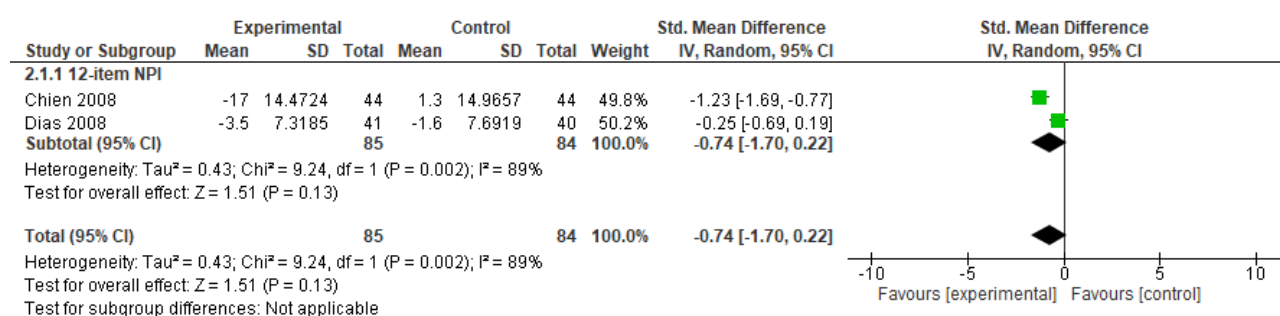
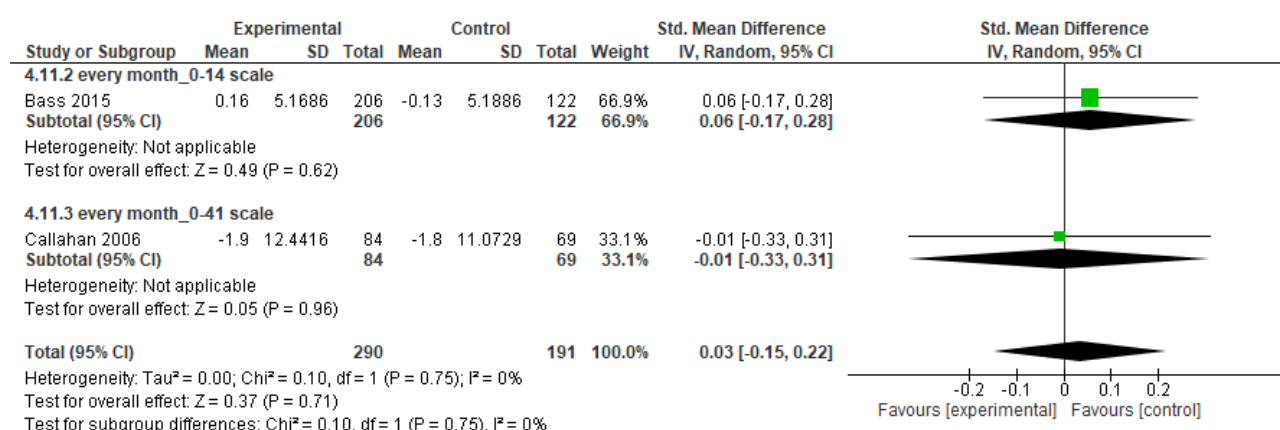
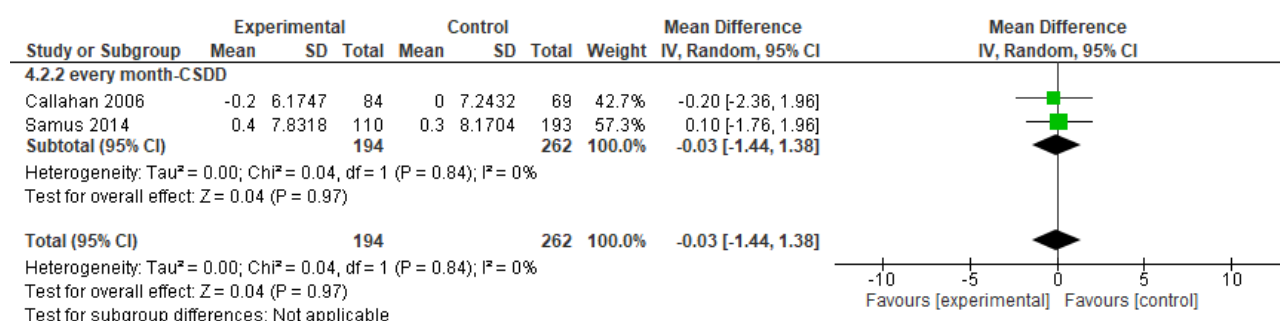
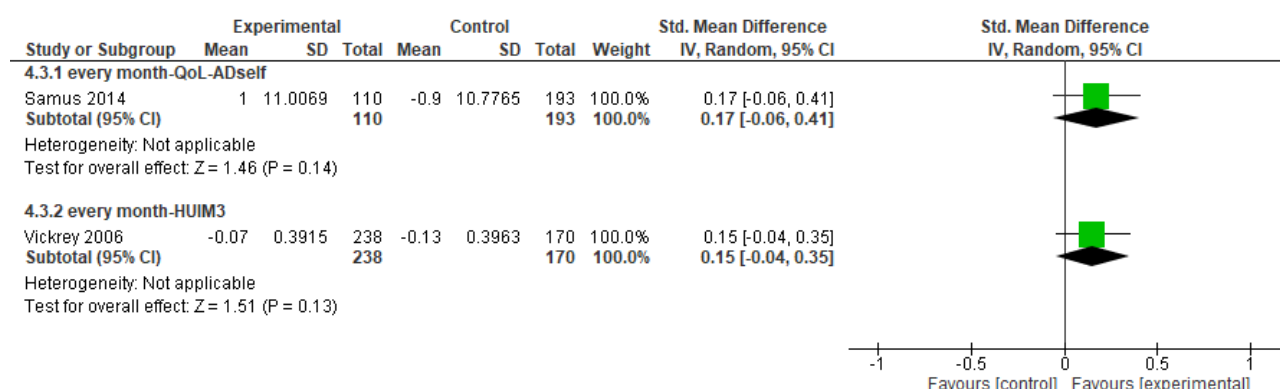


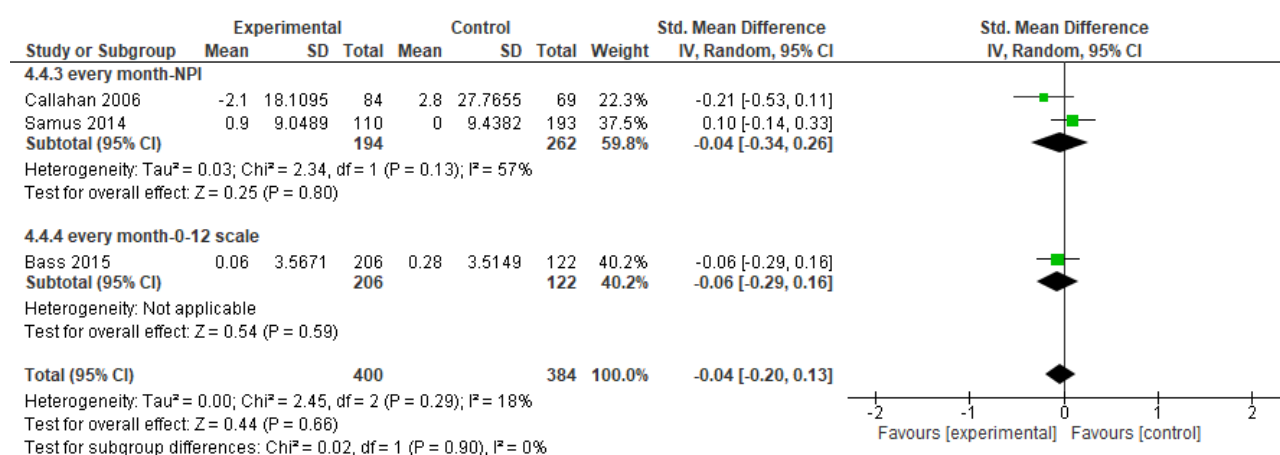
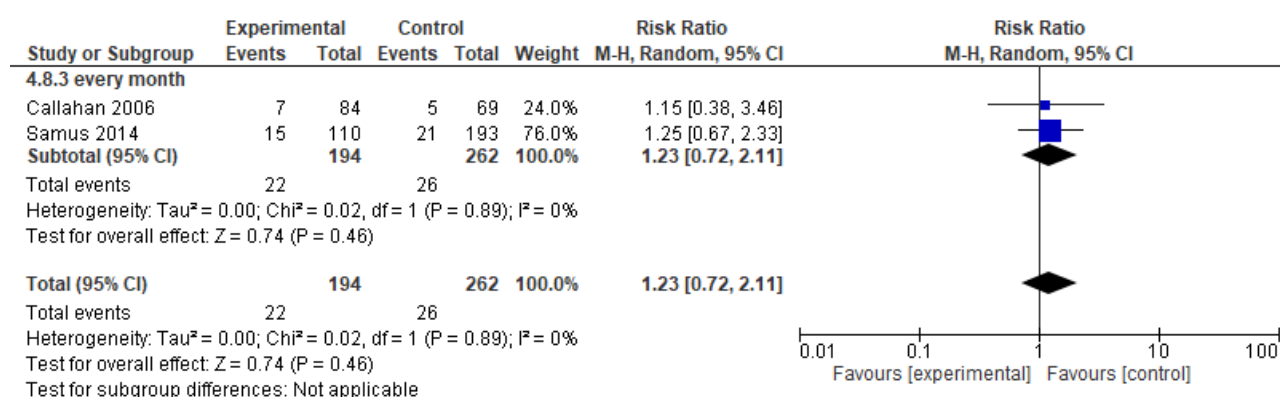
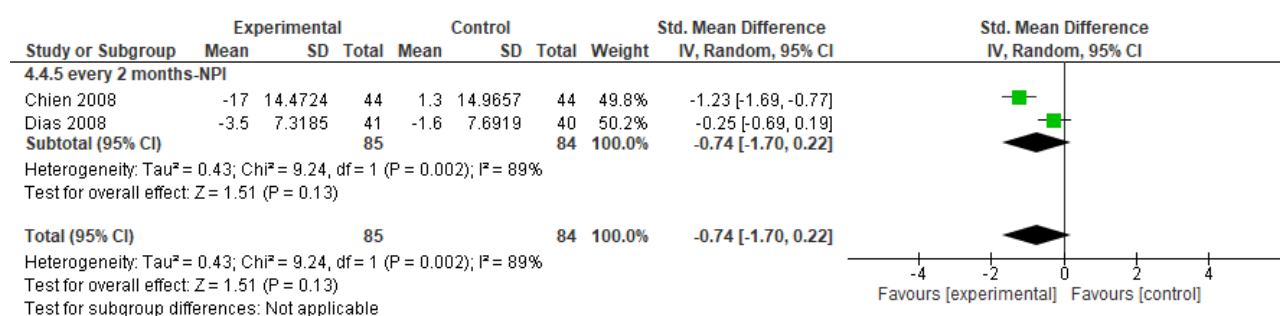
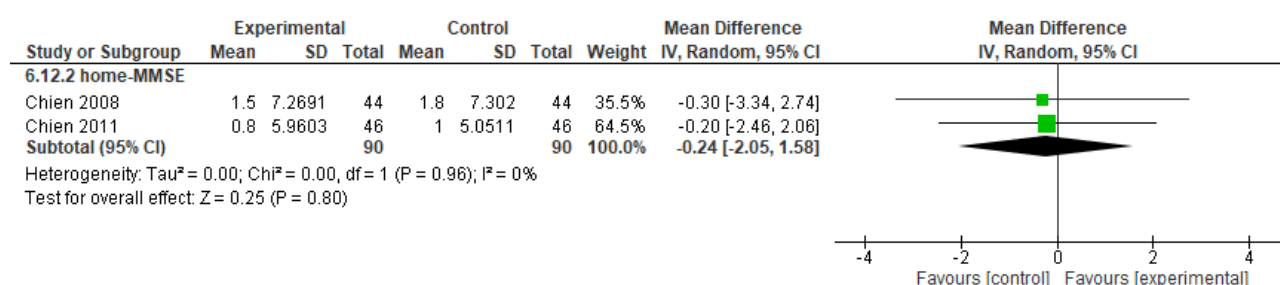
Care coordination/management using a protocol/action plan (including training for caregivers) and monthly meetings – caregivers' depressive symptoms

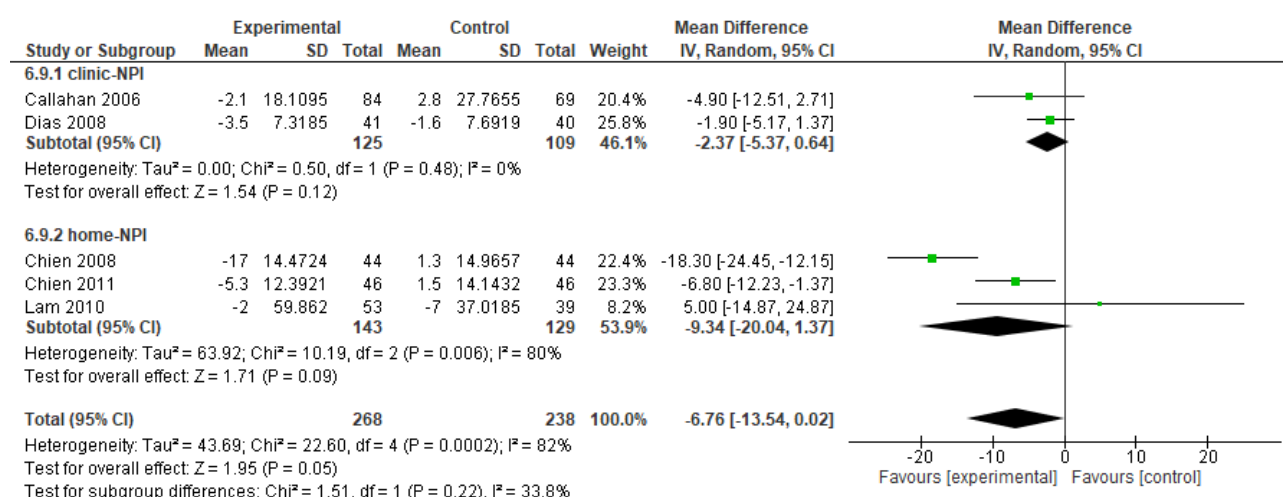
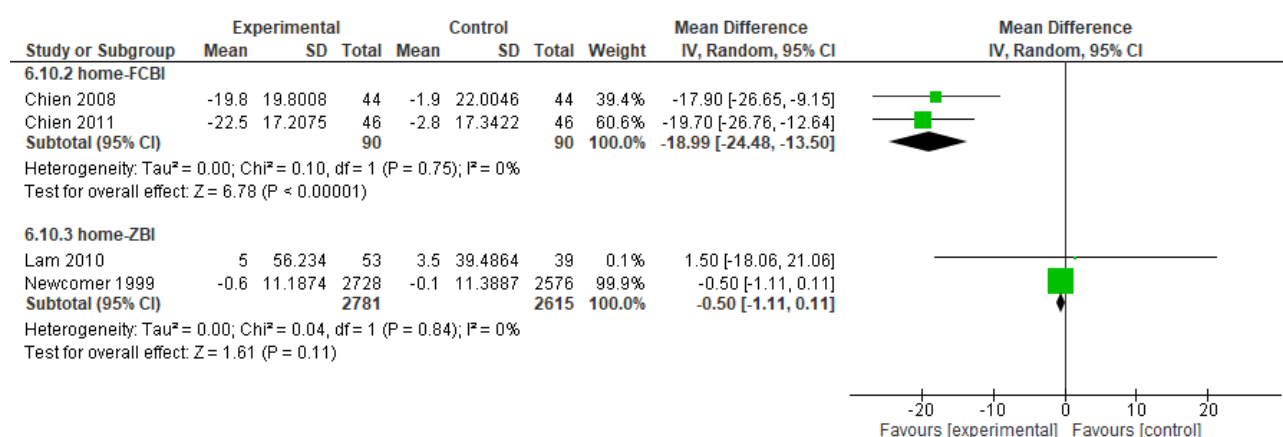
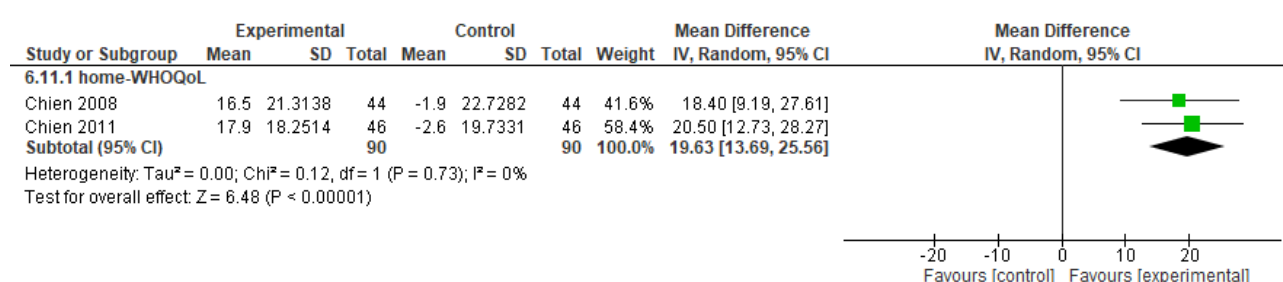


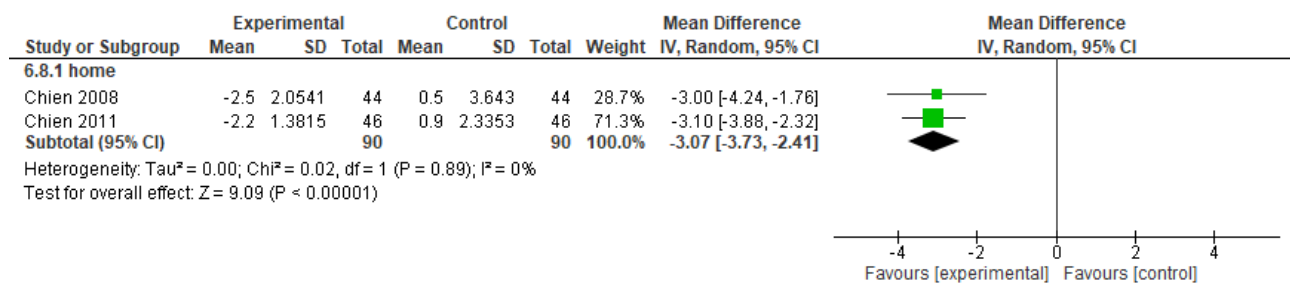
Care coordination/management using a protocol/action plan (including training for caregivers) and monthly meetings – caregivers' satisfaction on services quality



Case management, follow-up every 2 months – NPI**Case management: combined, follow-up every month – cognitive symptoms****Case management: combined, follow-up every month – CSDD****Case management: combined, follow-up every month – quality of life of people with dementia**

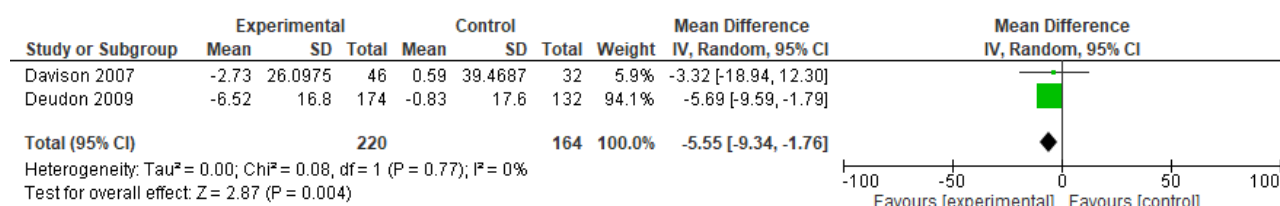
Case management: combined, follow-up every month – behavioural symptoms**Case management: combined, follow-up every month – institutionalization rate****Case management: combined, follow-up every 2 months – behavioural symptoms****Case management: follow-up visits at home – MMSE**

Case management: follow-up at home or in clinics– behavioural symptoms**Case management: follow-up visits at home – caregivers' burden****Case management: follow-up visits at home – caregivers' quality of life**

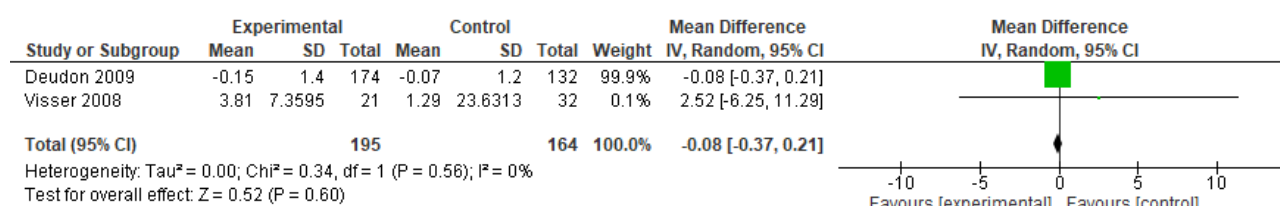
Case management: follow-up visits at home – institutionalization rate

REVIEW QUESTION 9. What effect does training for staff working with people living with dementia have upon the experiences of people living with dementia in their care?

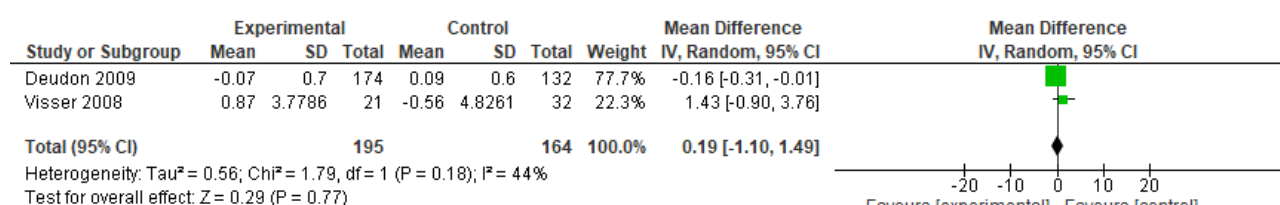
BPSD Training – CMAI



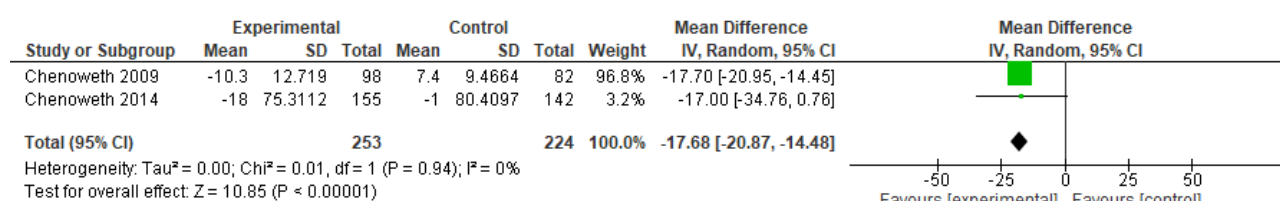
BPSD Training – CMAI-PA



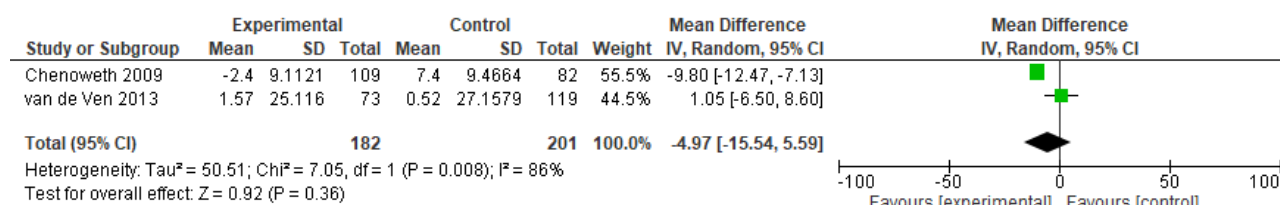
BPSD Training – CMAI-VA

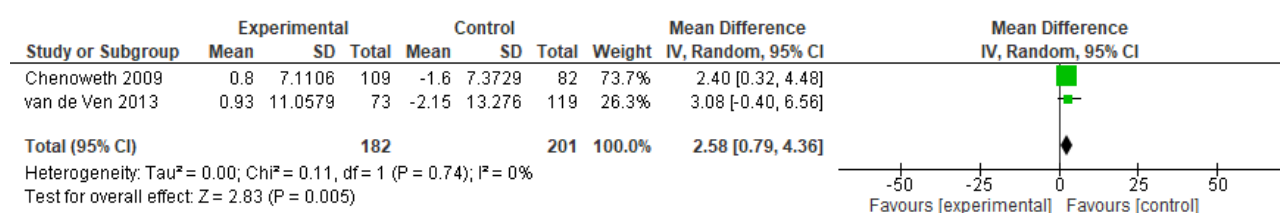
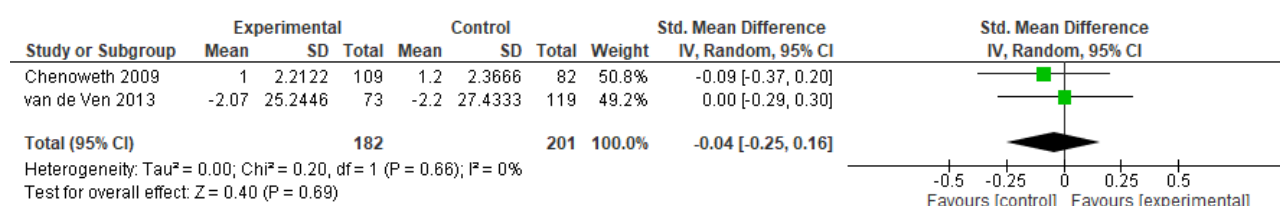
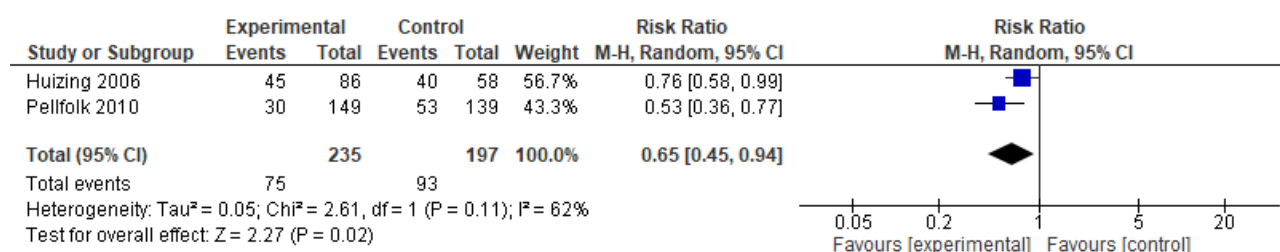


Person-Centered – CMAI



Care Mapping - CMAI

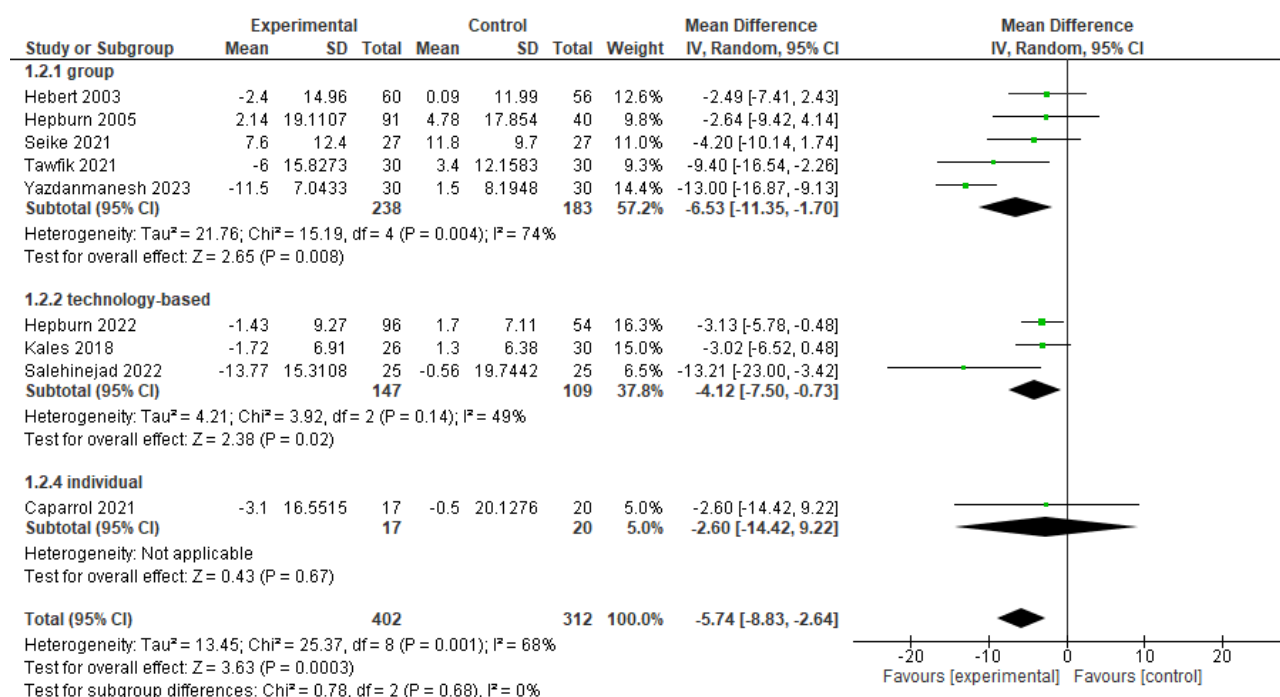


Care Mapping – NPI**Care Mapping – quality of life of people with dementia****Reducing physical restraint frequency use**

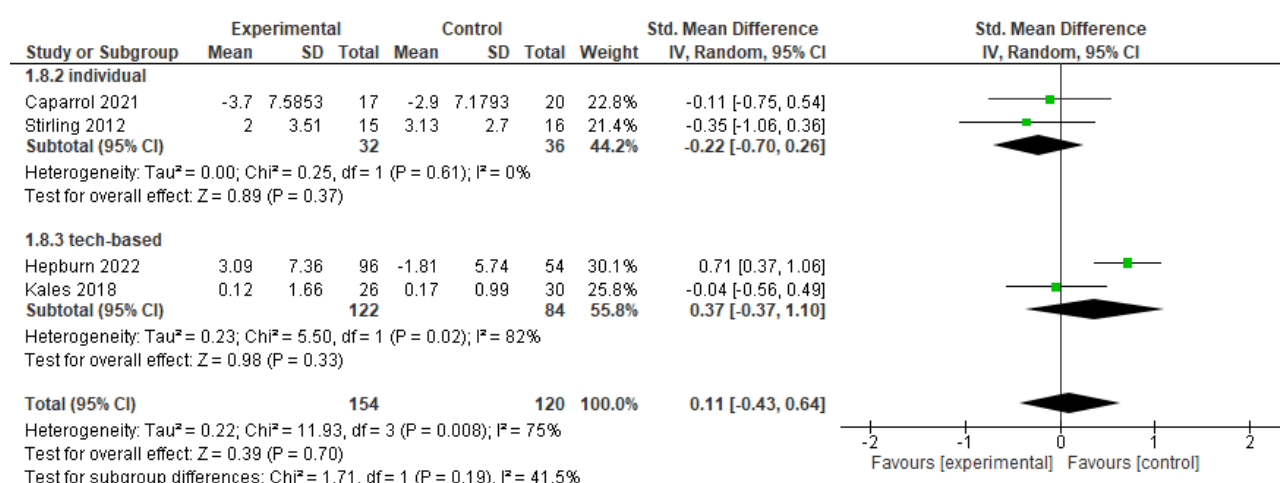
REVIEW QUESTION 14b. How effective are carers' assessments in identifying the needs of informal carers of people living with dementia?

PSYCHOEDUCATIONAL INTERVENTIONS

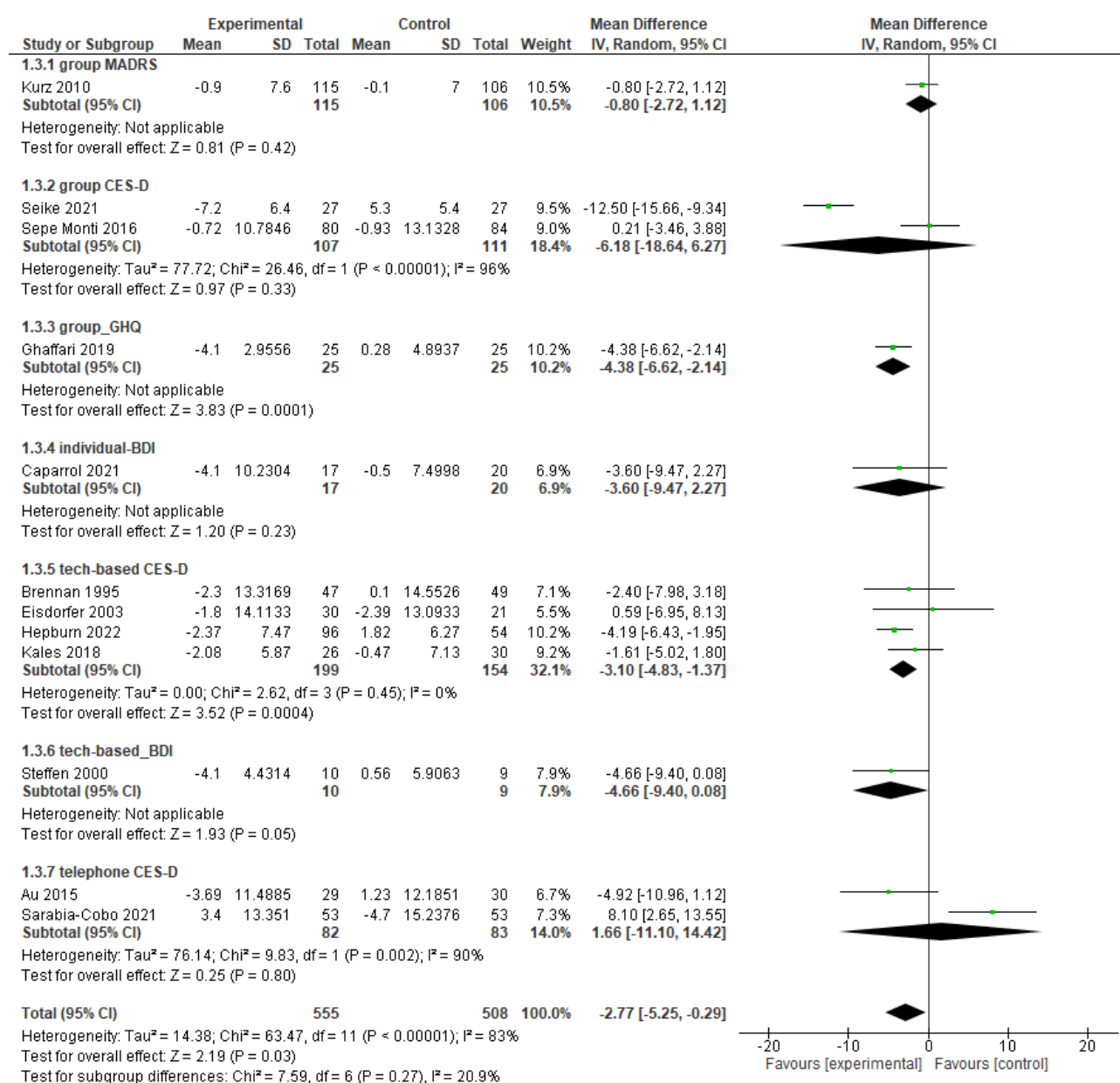
ZBI



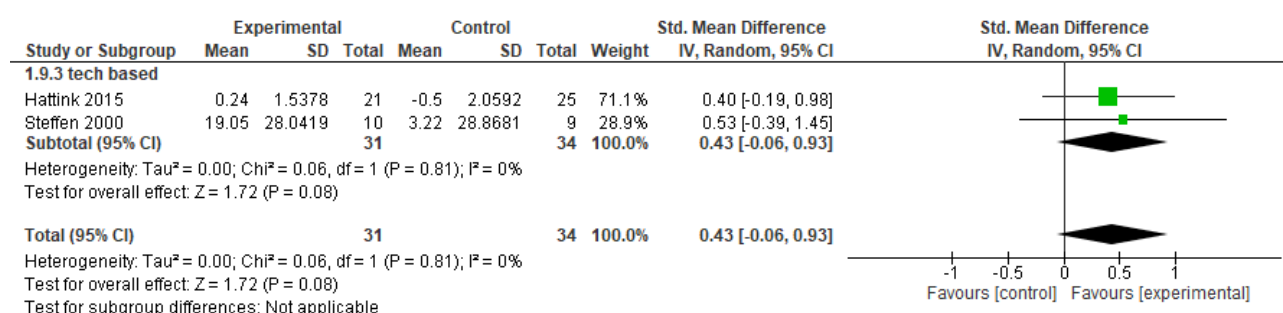
Stress



Depression

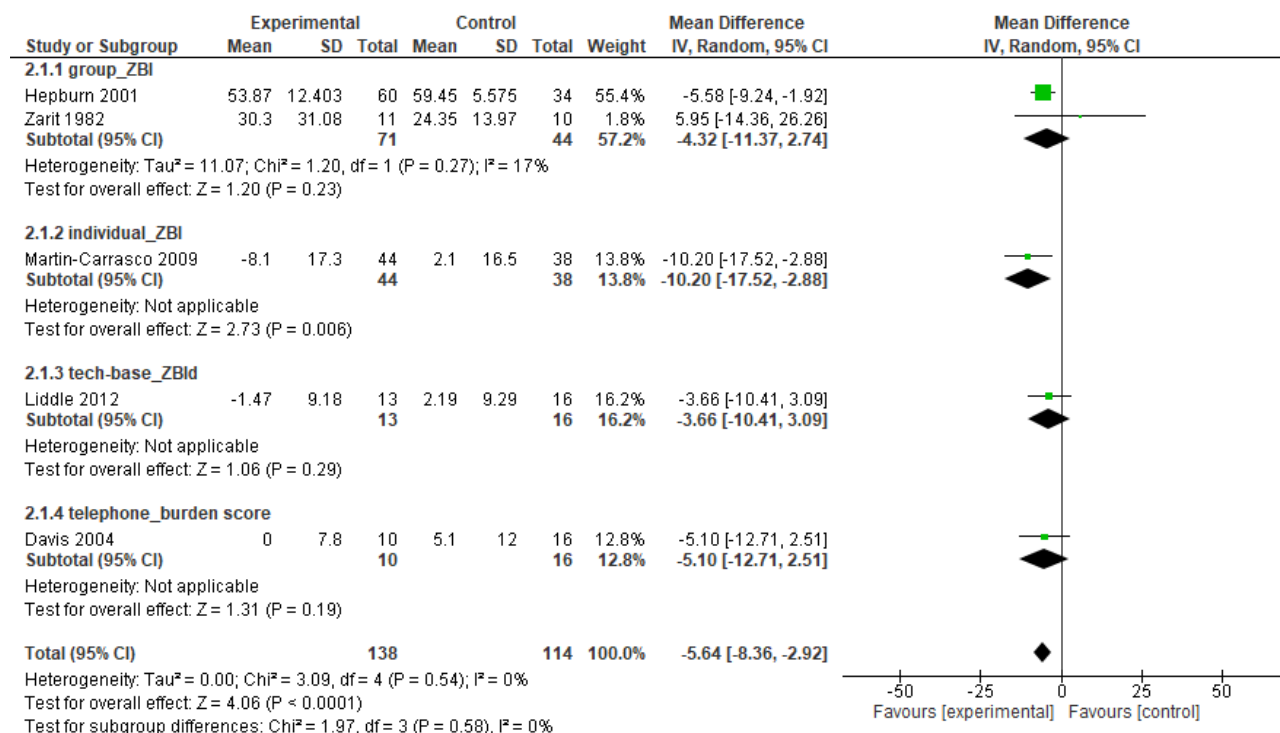


Self-efficacy

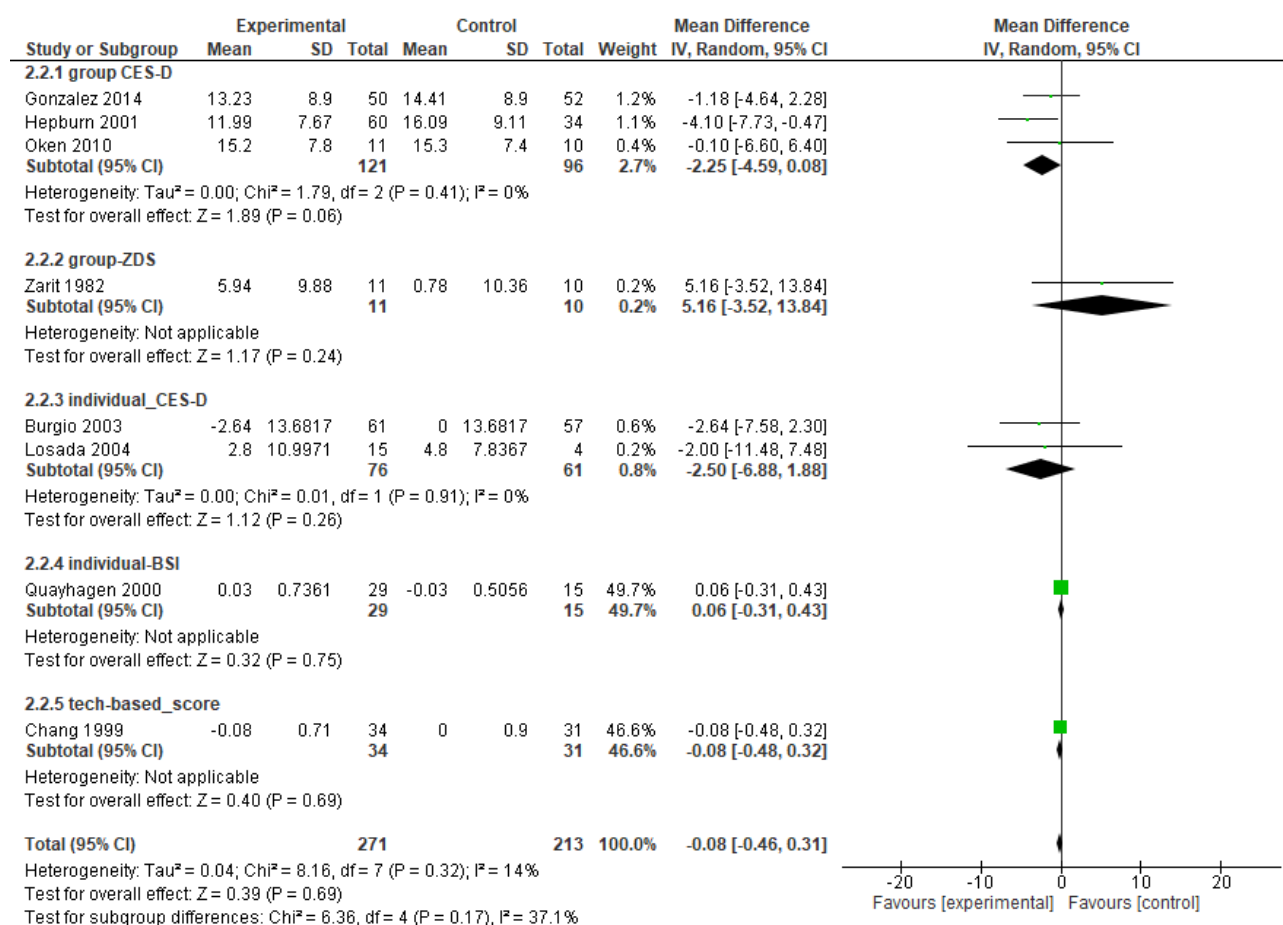


SKILL TRAINING

Caregiver burden

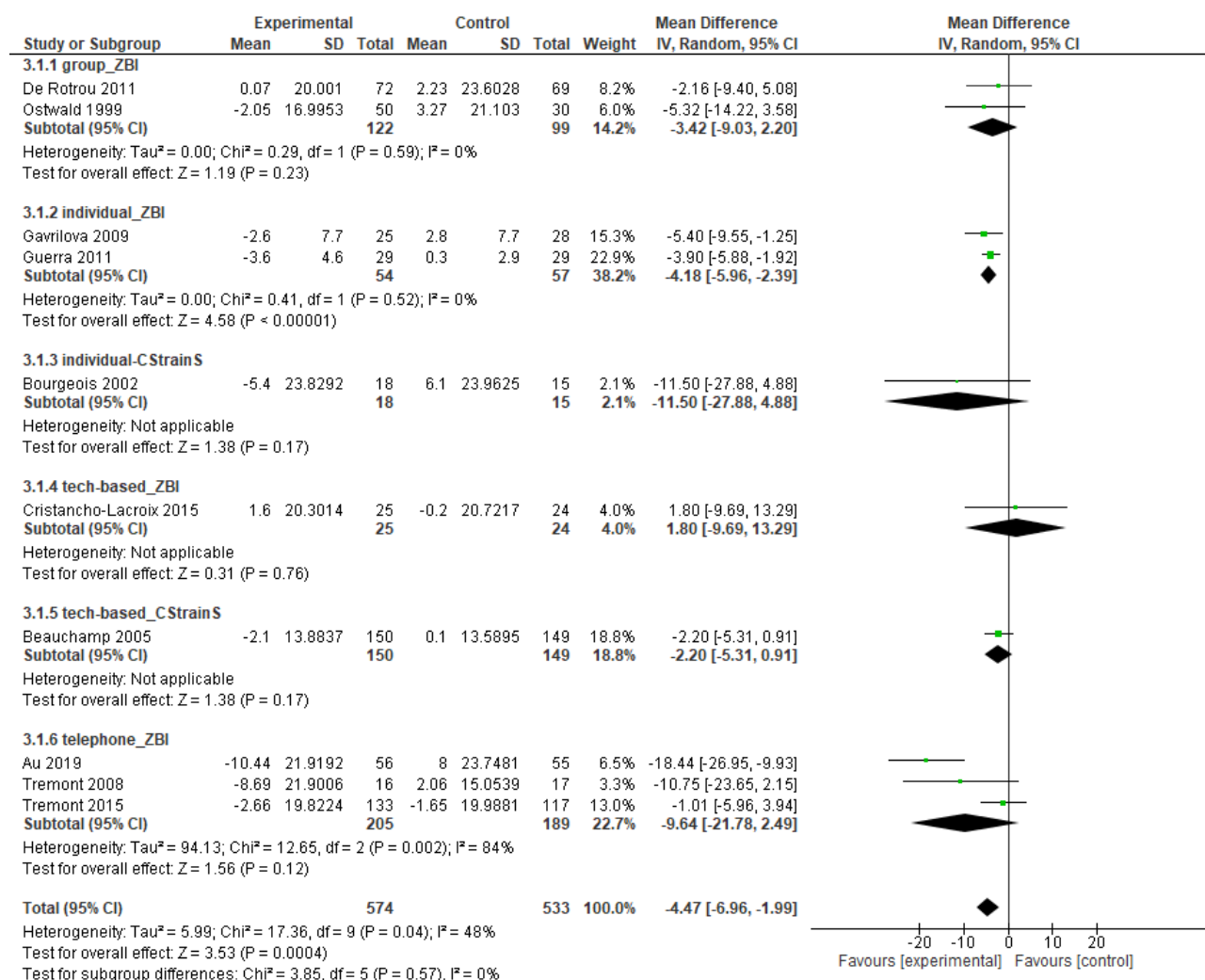


Depression

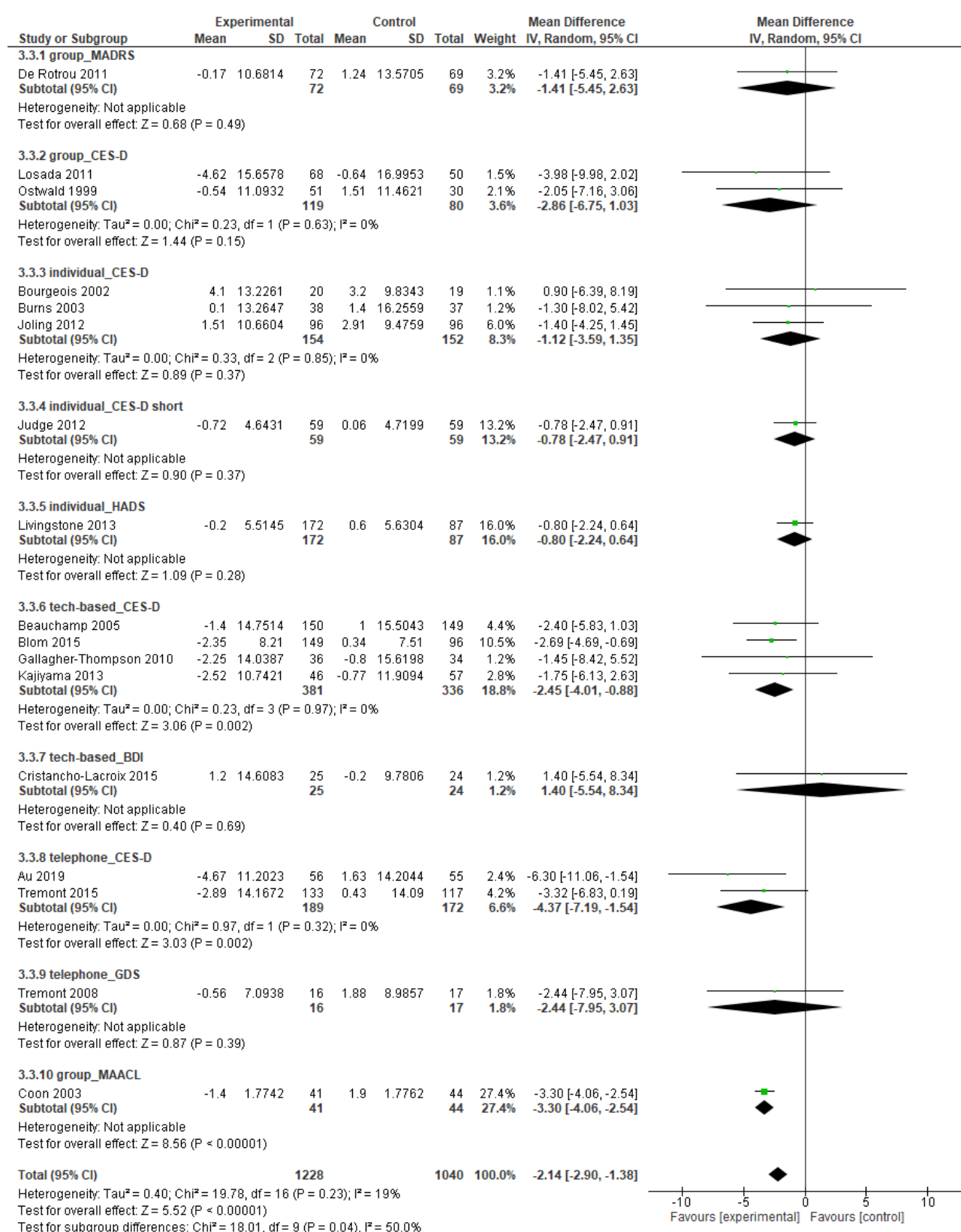


PSYCHOEDUCATIONAL INTERVENTIONS AND SKILL TRAINING

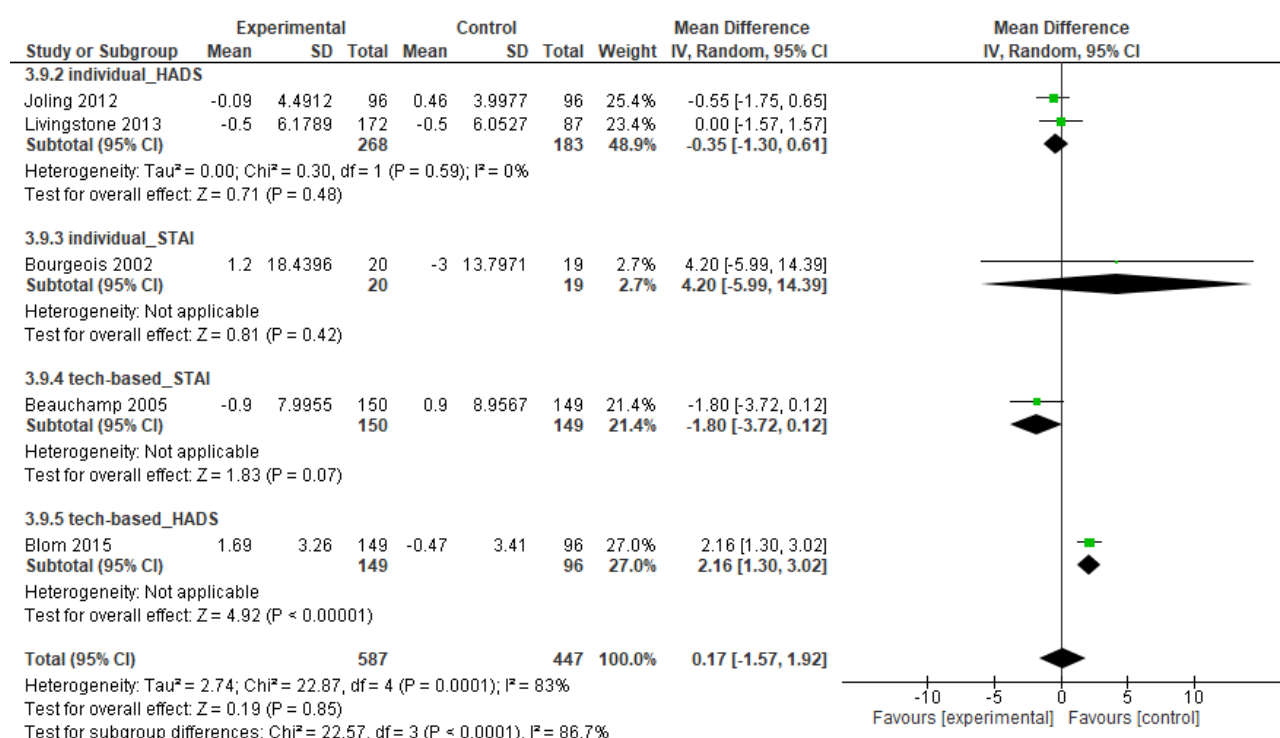
Caregiver burden



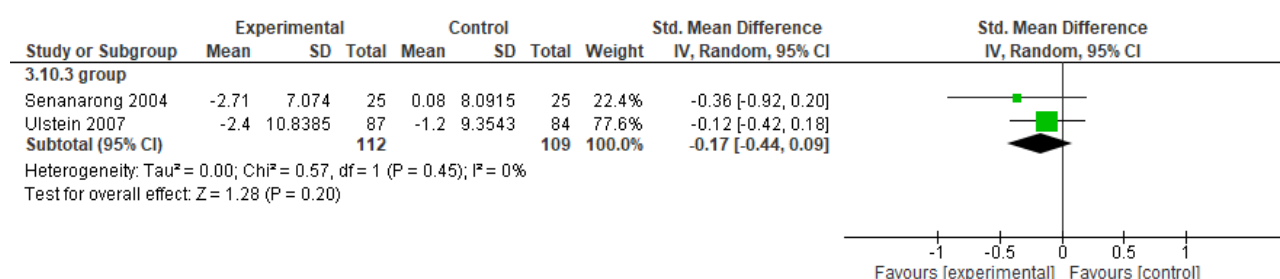
Depression



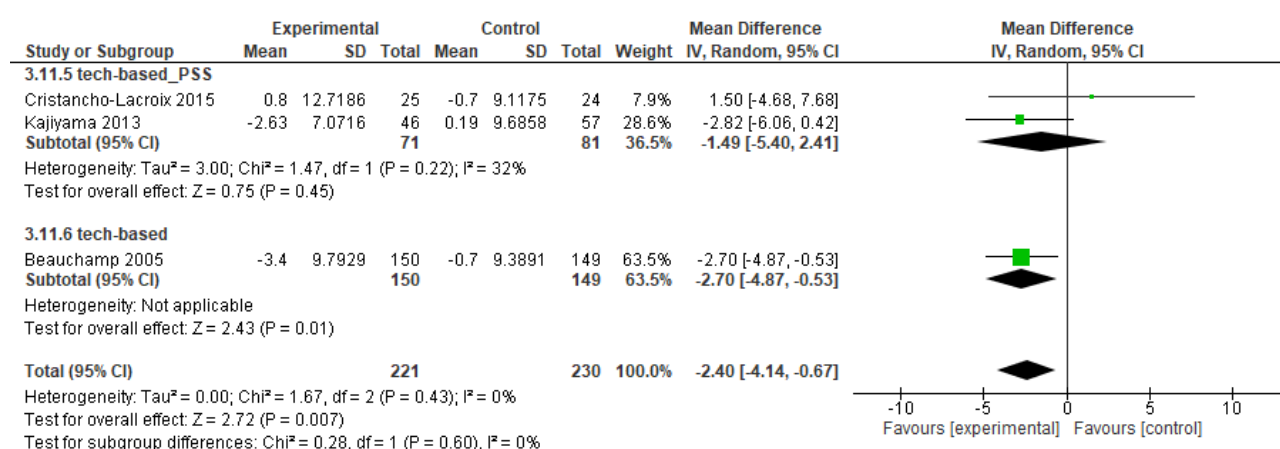
Anxiety



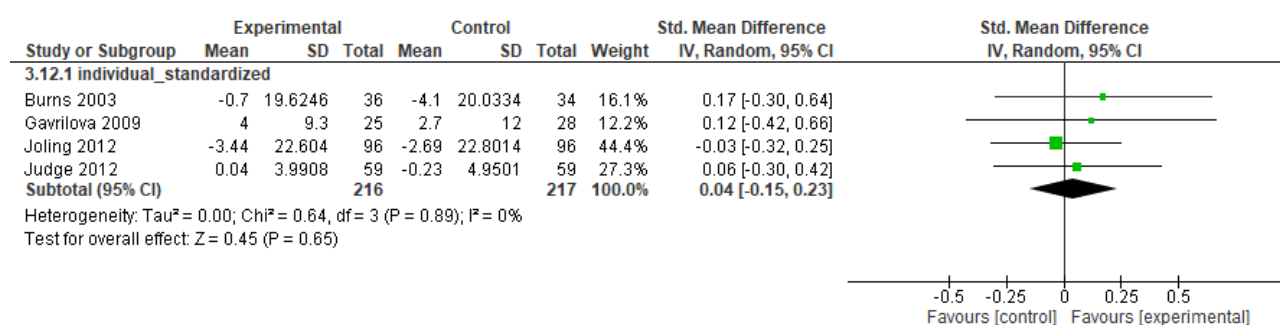
Caregiver stress – group interventions



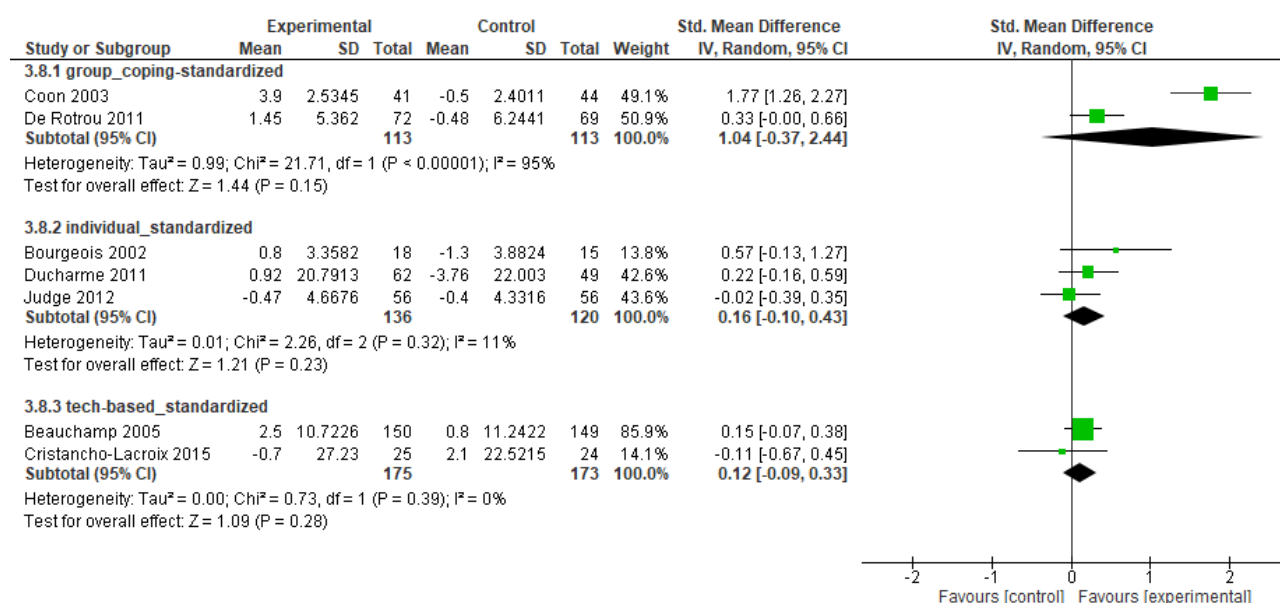
Caregiver stress – interventions on technological support



Quality of life - Interventi individuali

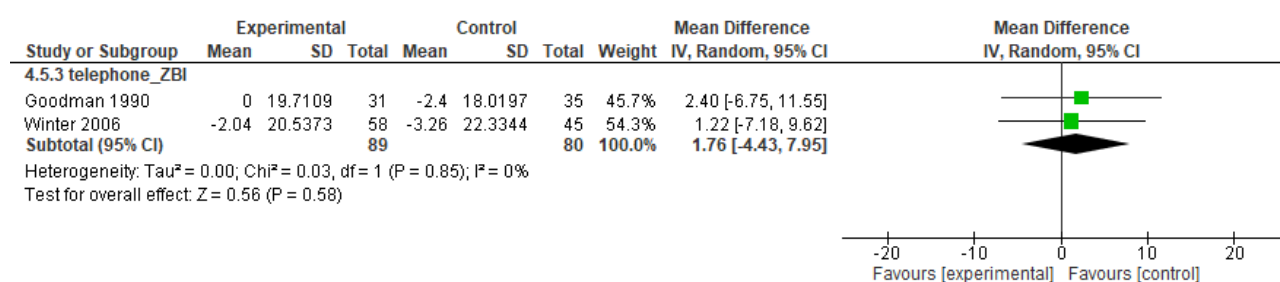


Self-efficacy

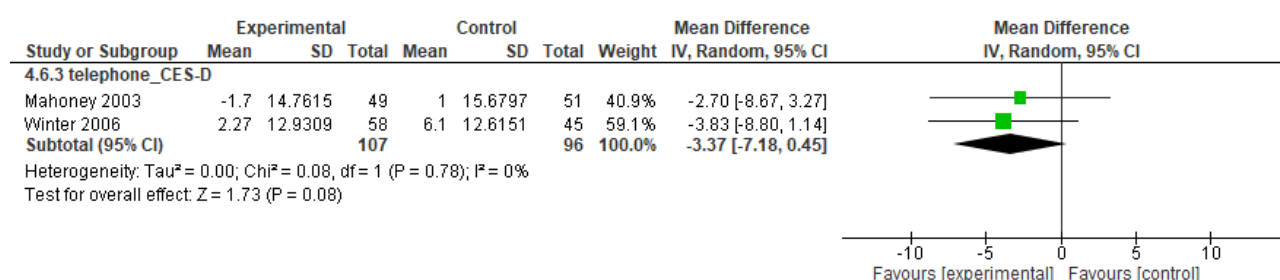


SUPPORTIVE INTERVENTIONS

Caregiver burden

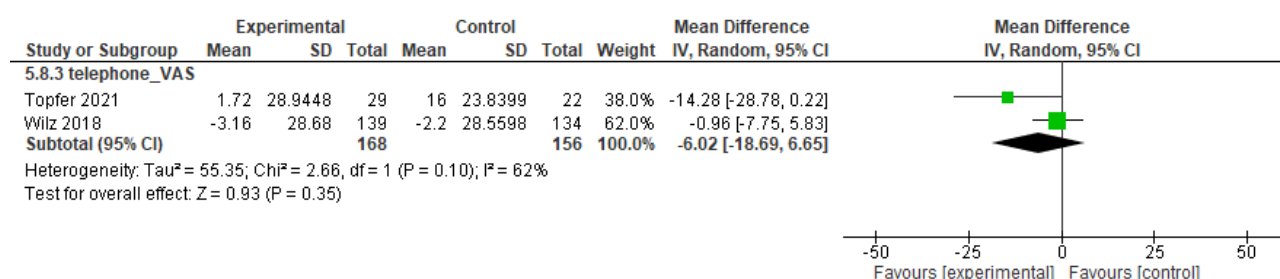


Depression

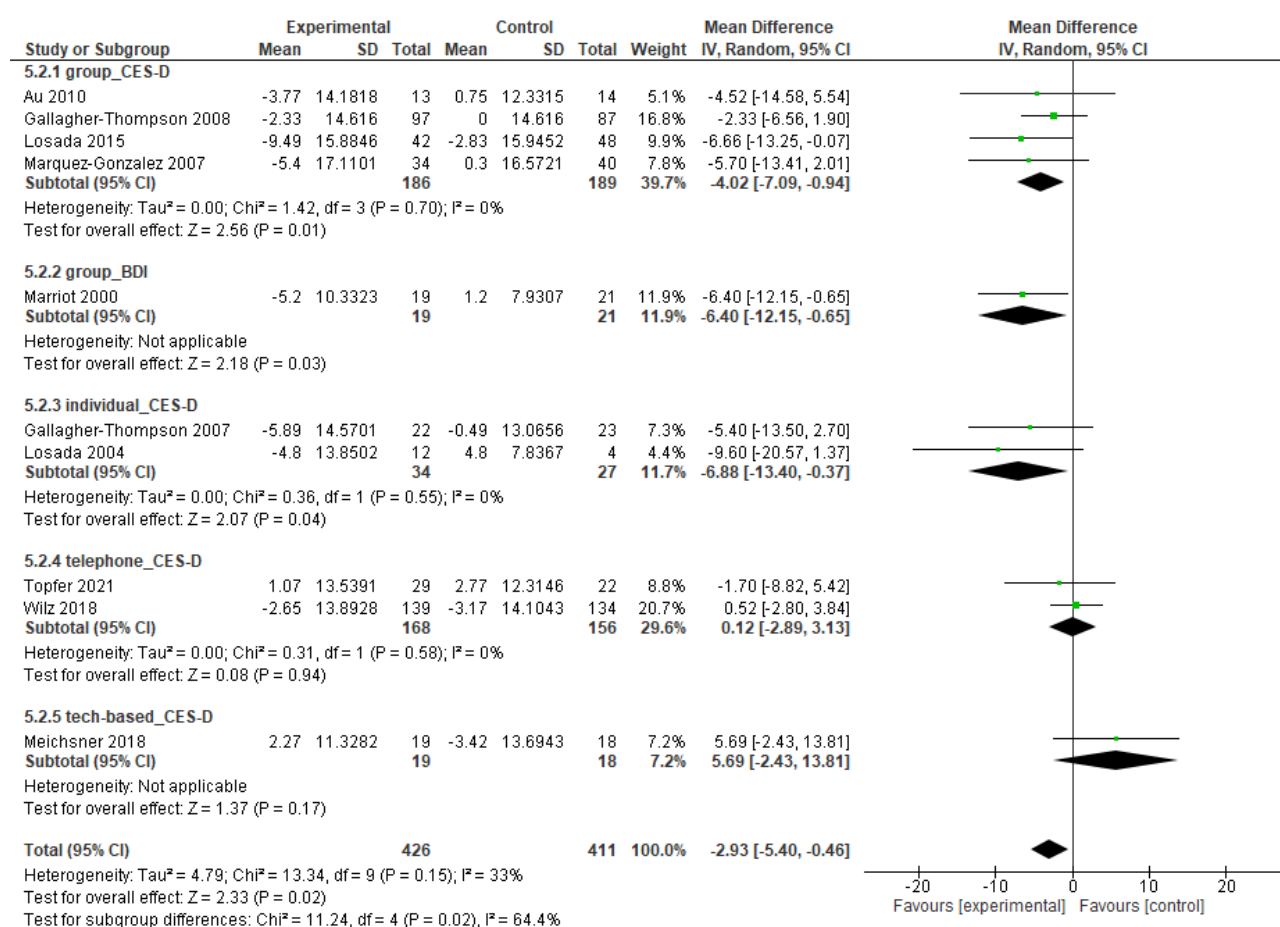


COGNITIVE BEHAVIORAL INTERVENTIONS

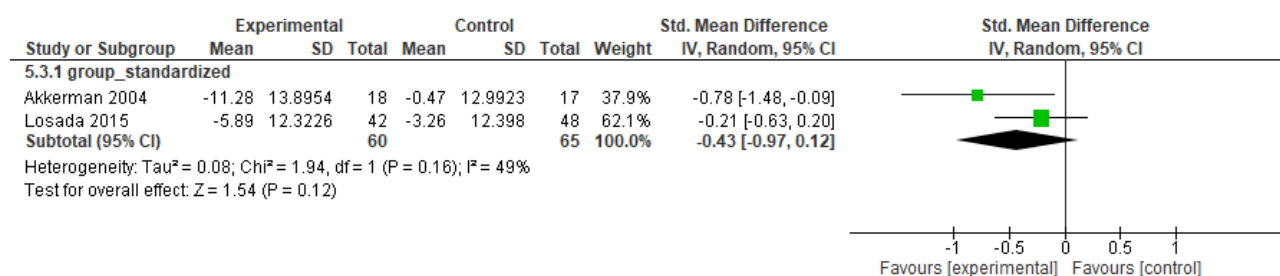
Caregiver burden



Depression

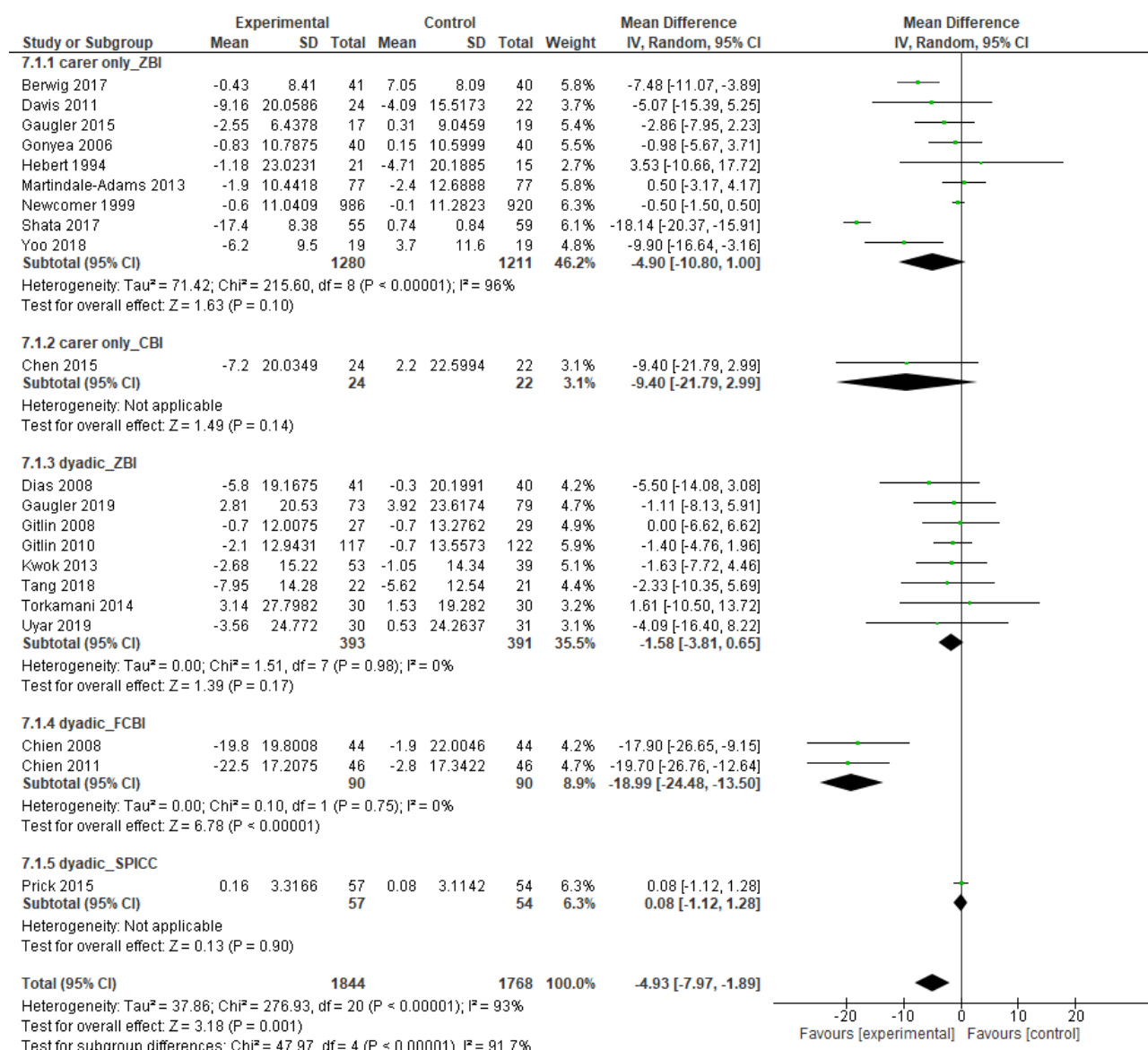


Anxiety

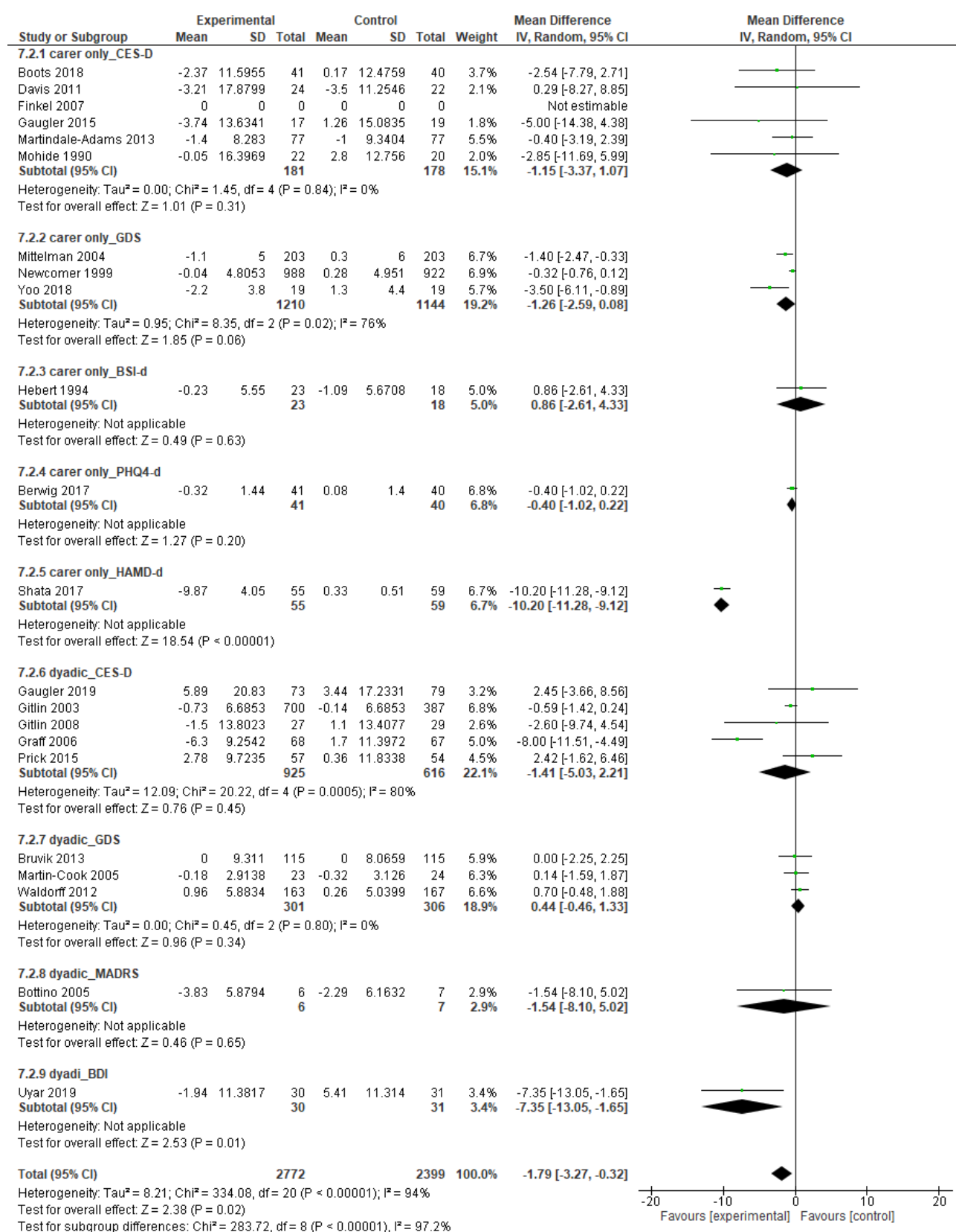


MULTICOMPONENT INTERVENTIONS

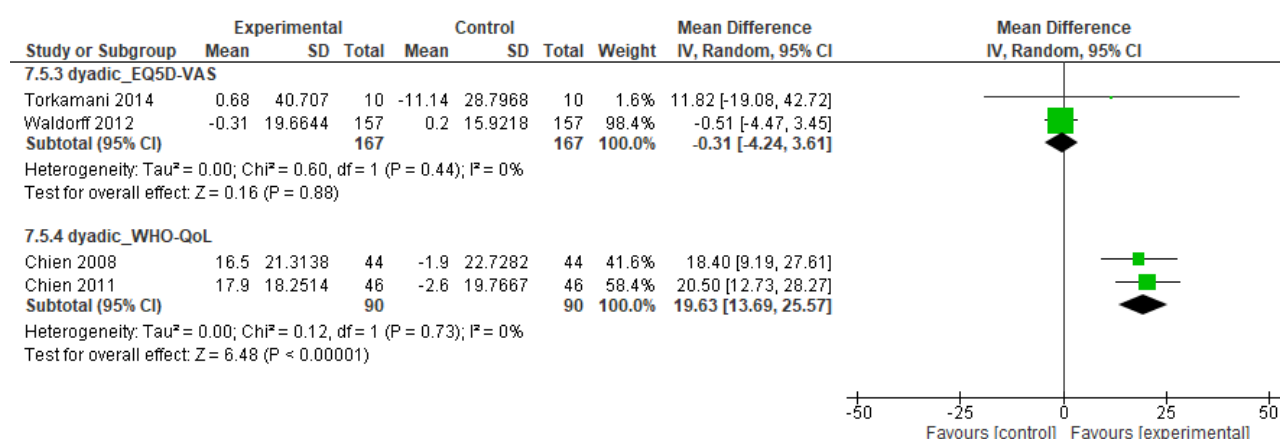
Caregiver burden



Depression

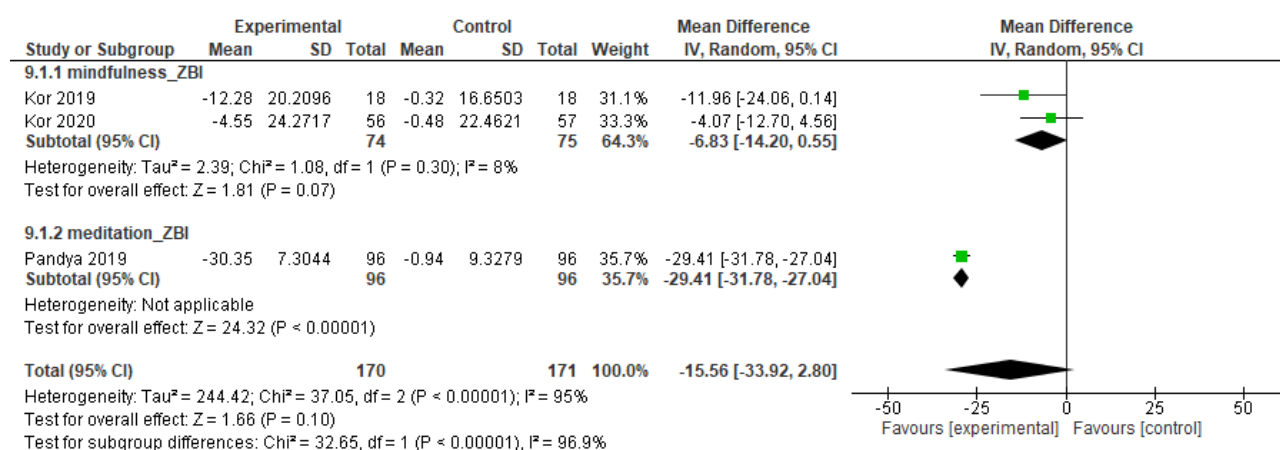


Quality of life

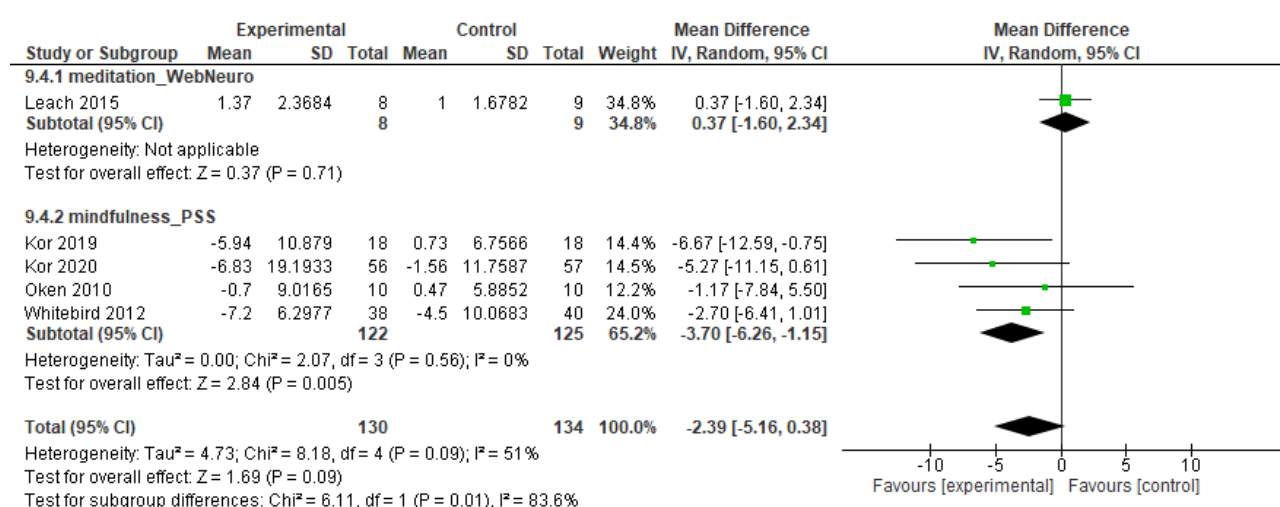


MEDITATION/MINDFULNESS

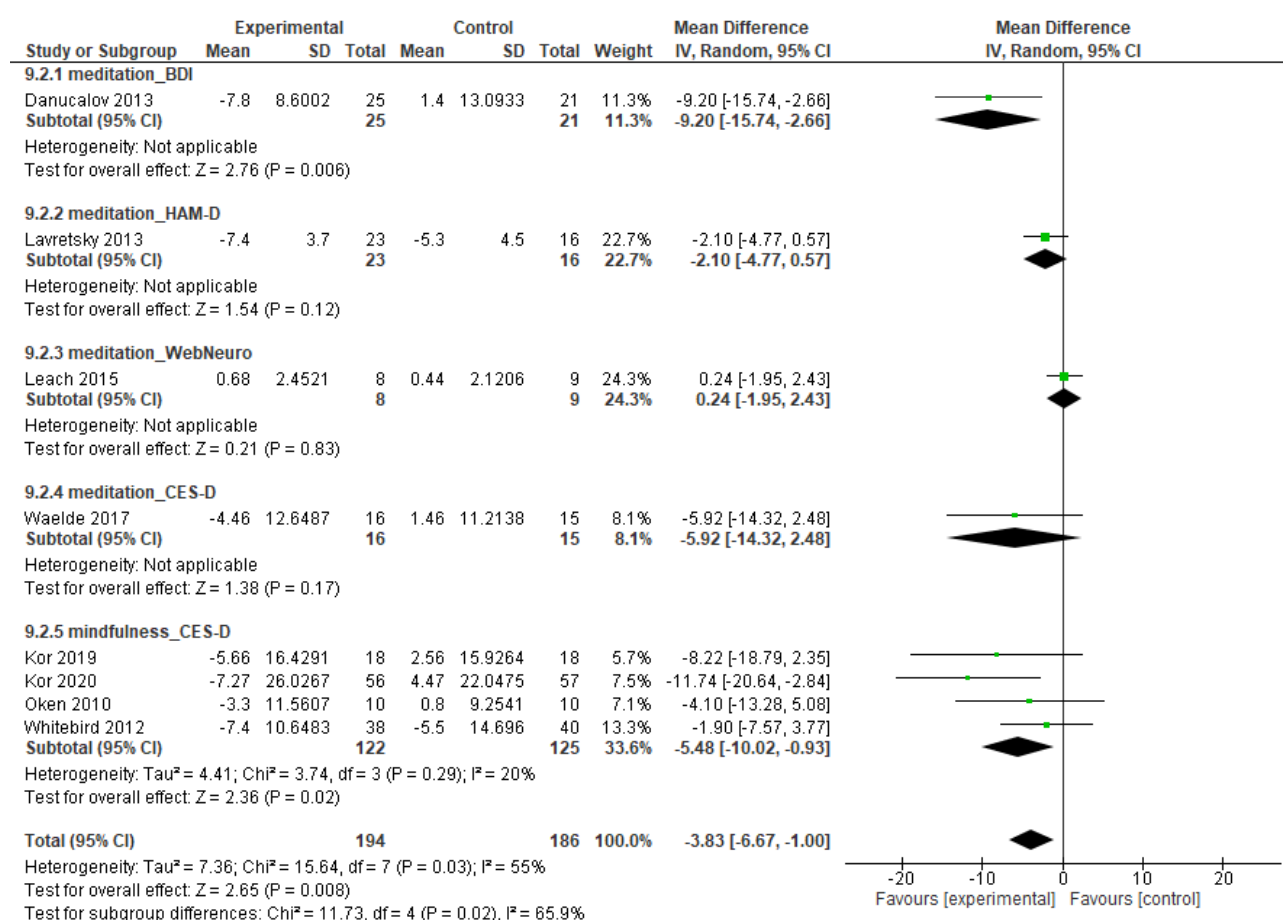
Caregiver burden



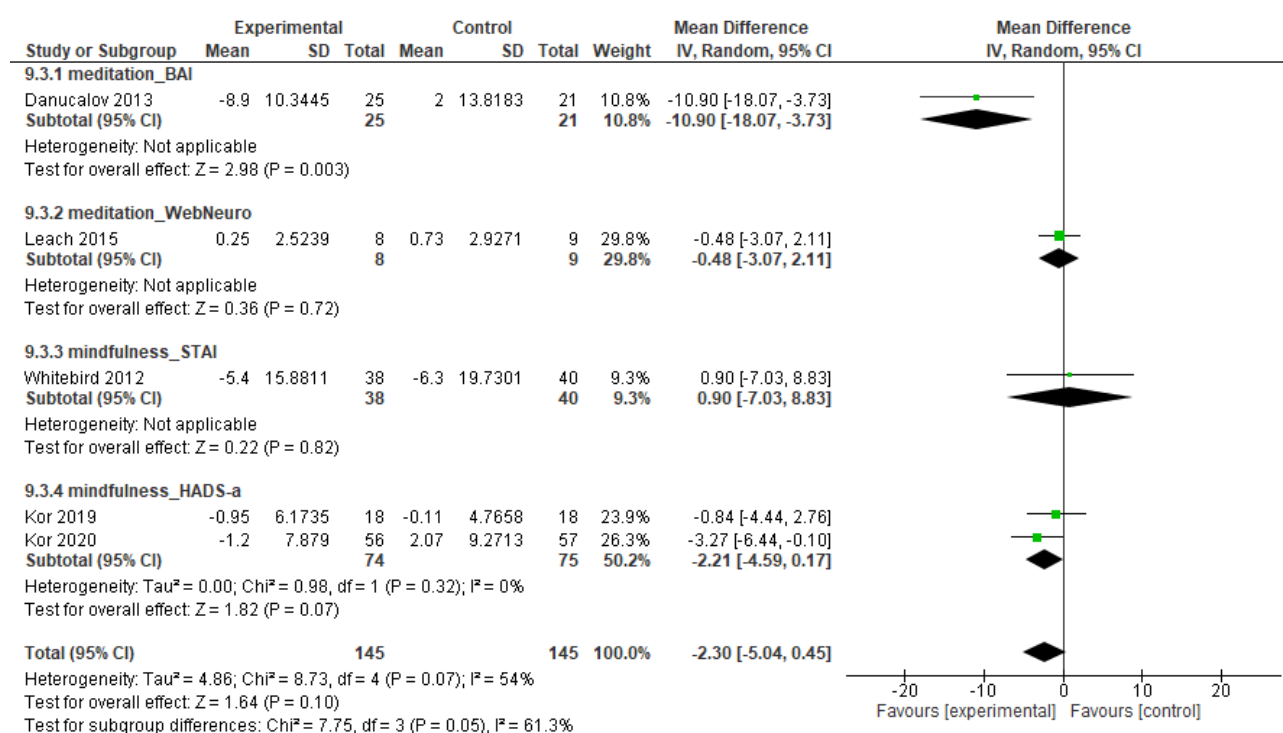
Caregiver stress



Depression

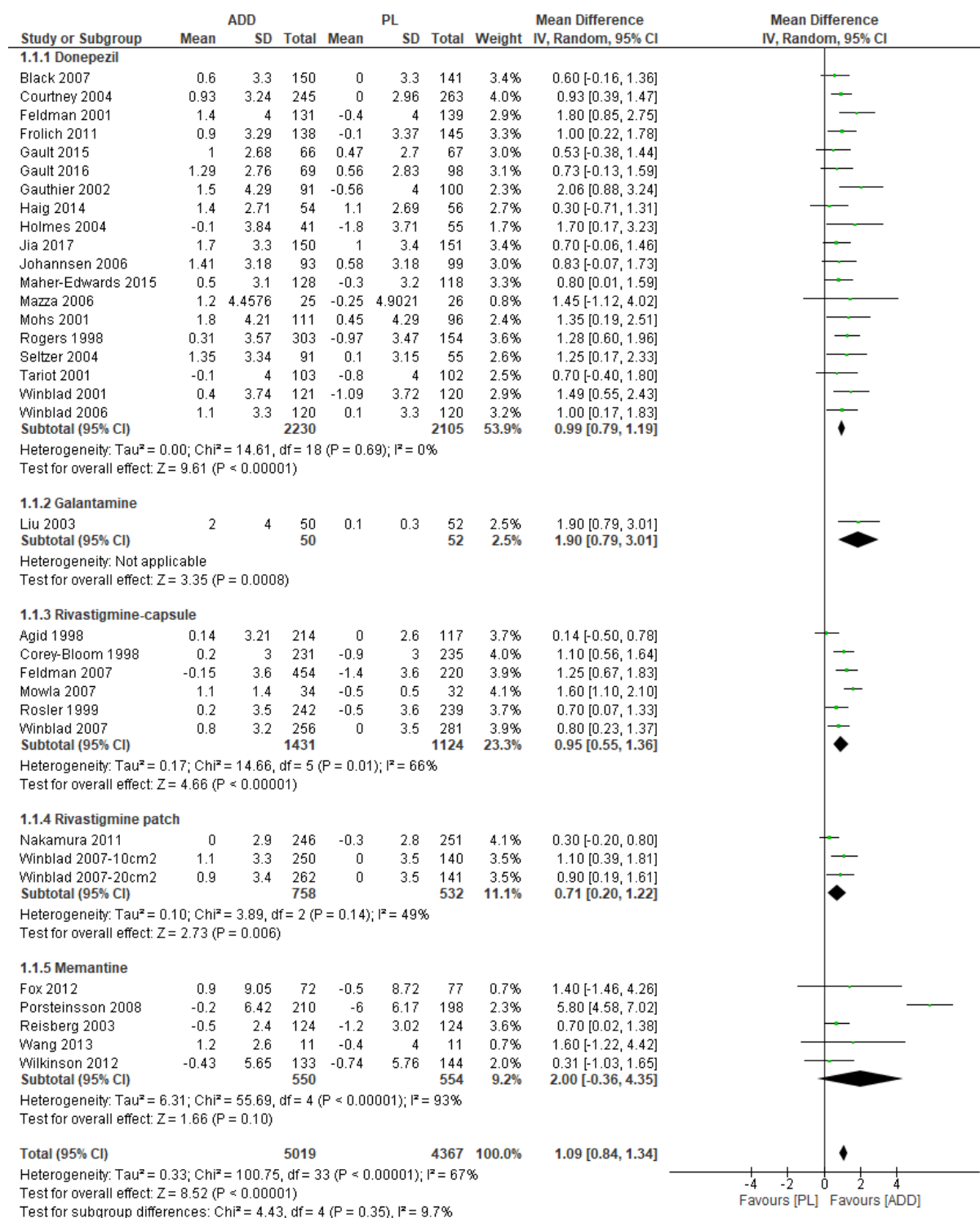


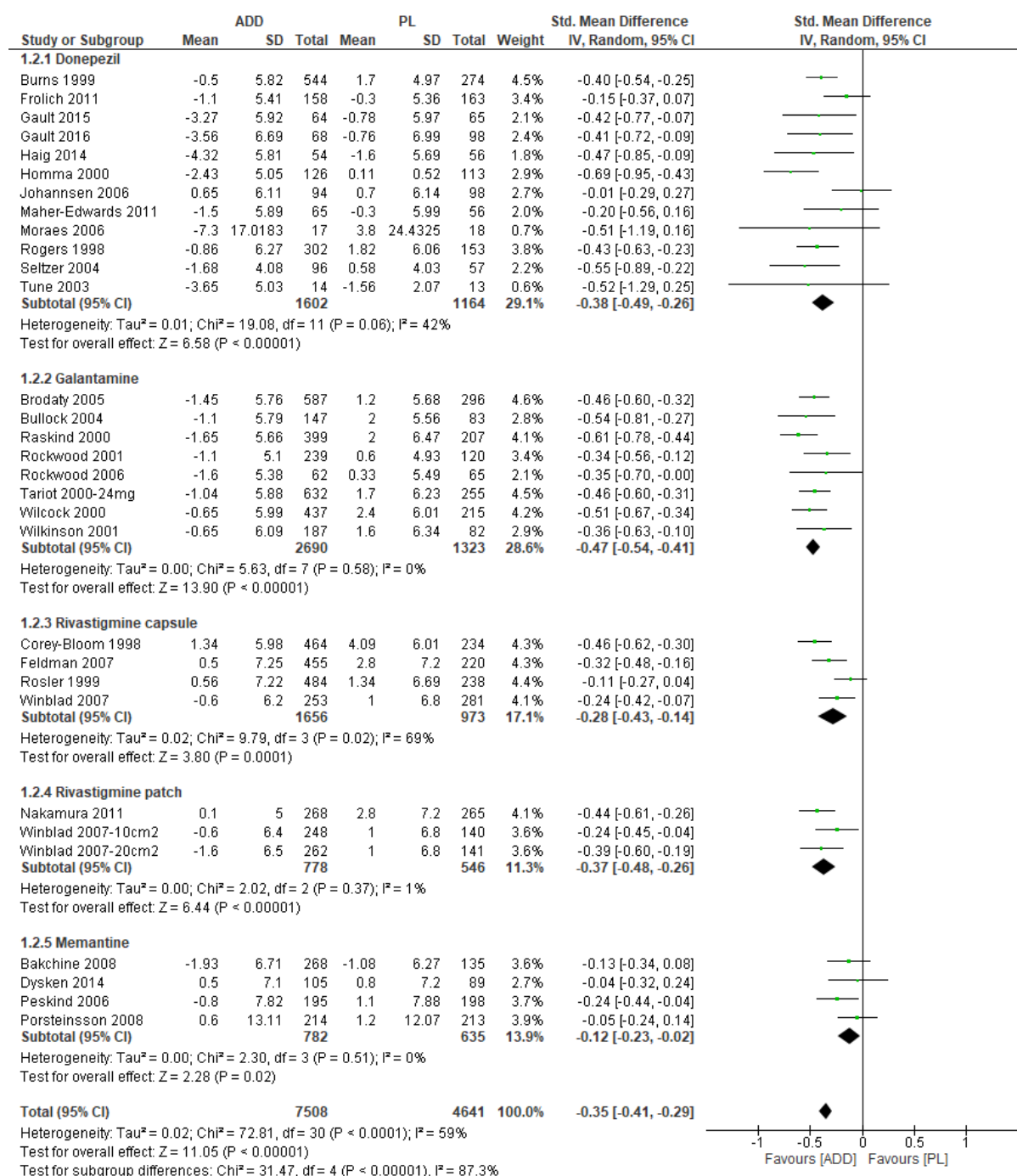
Anxiety

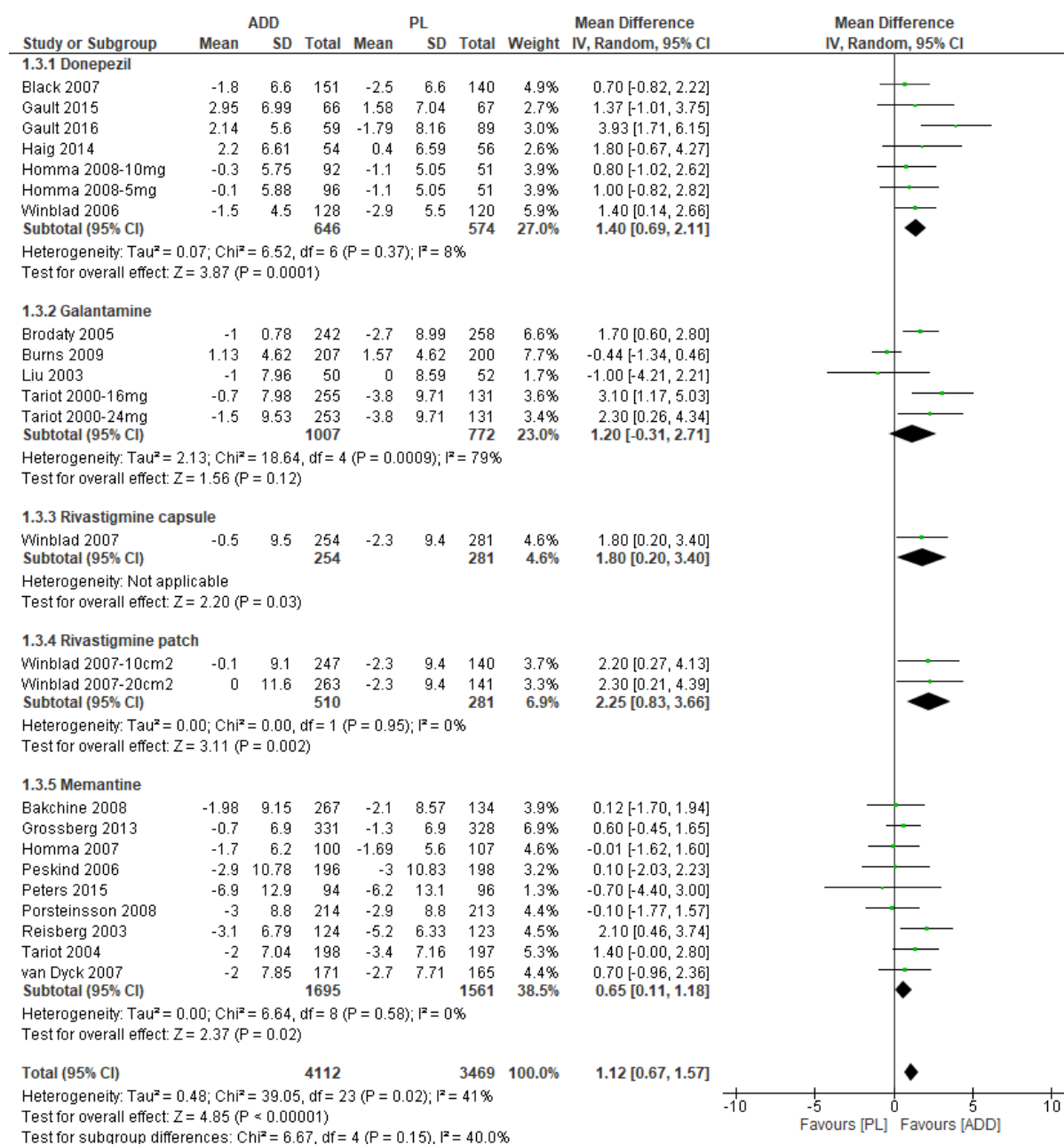


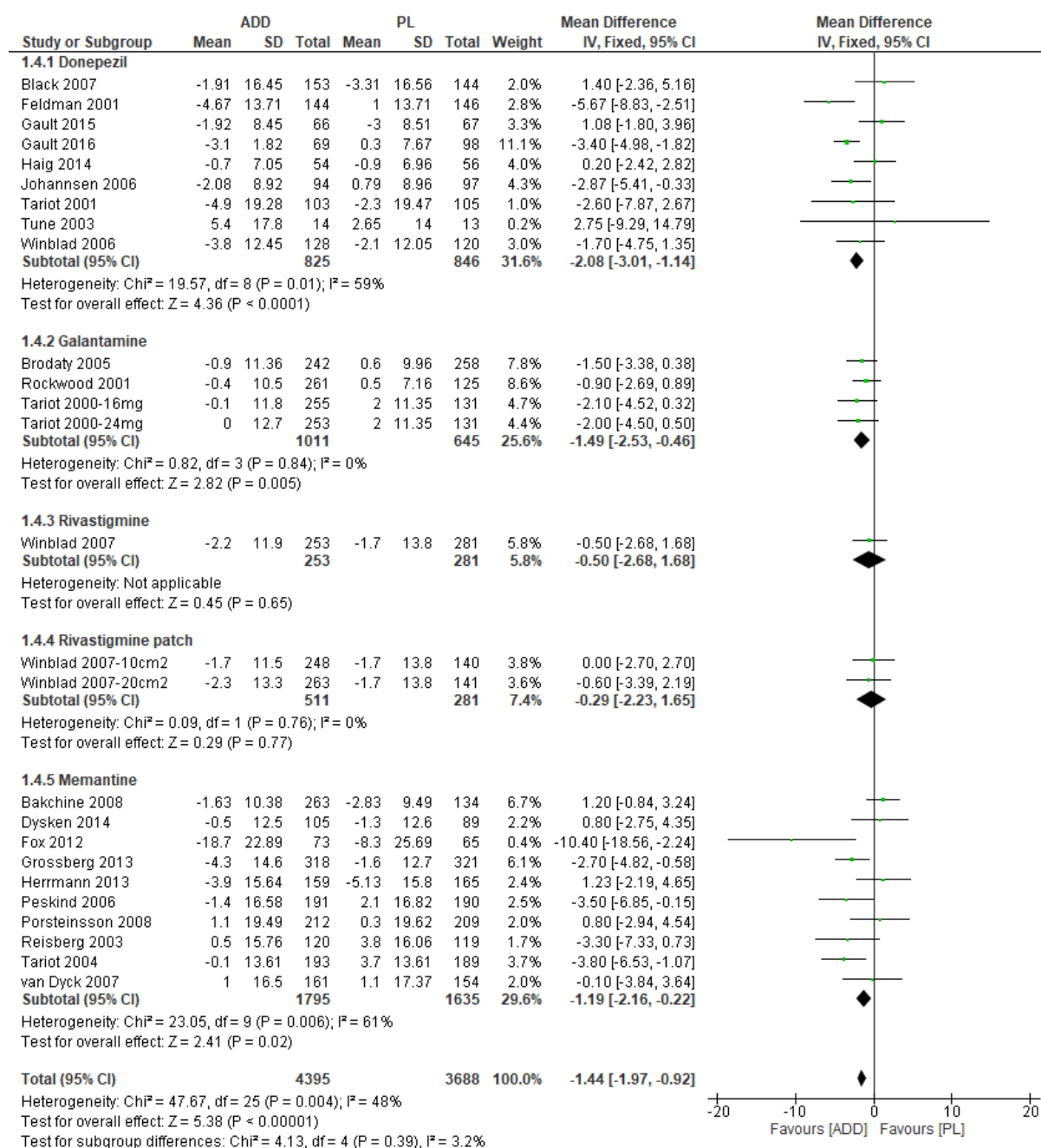
REVIEW QUESTION 15a. What is the safety and efficacy of acetylcholinesterase inhibitors and memantine for the treatment of cognitive symptoms in people with Alzheimer's dementia and how should they be monitored?

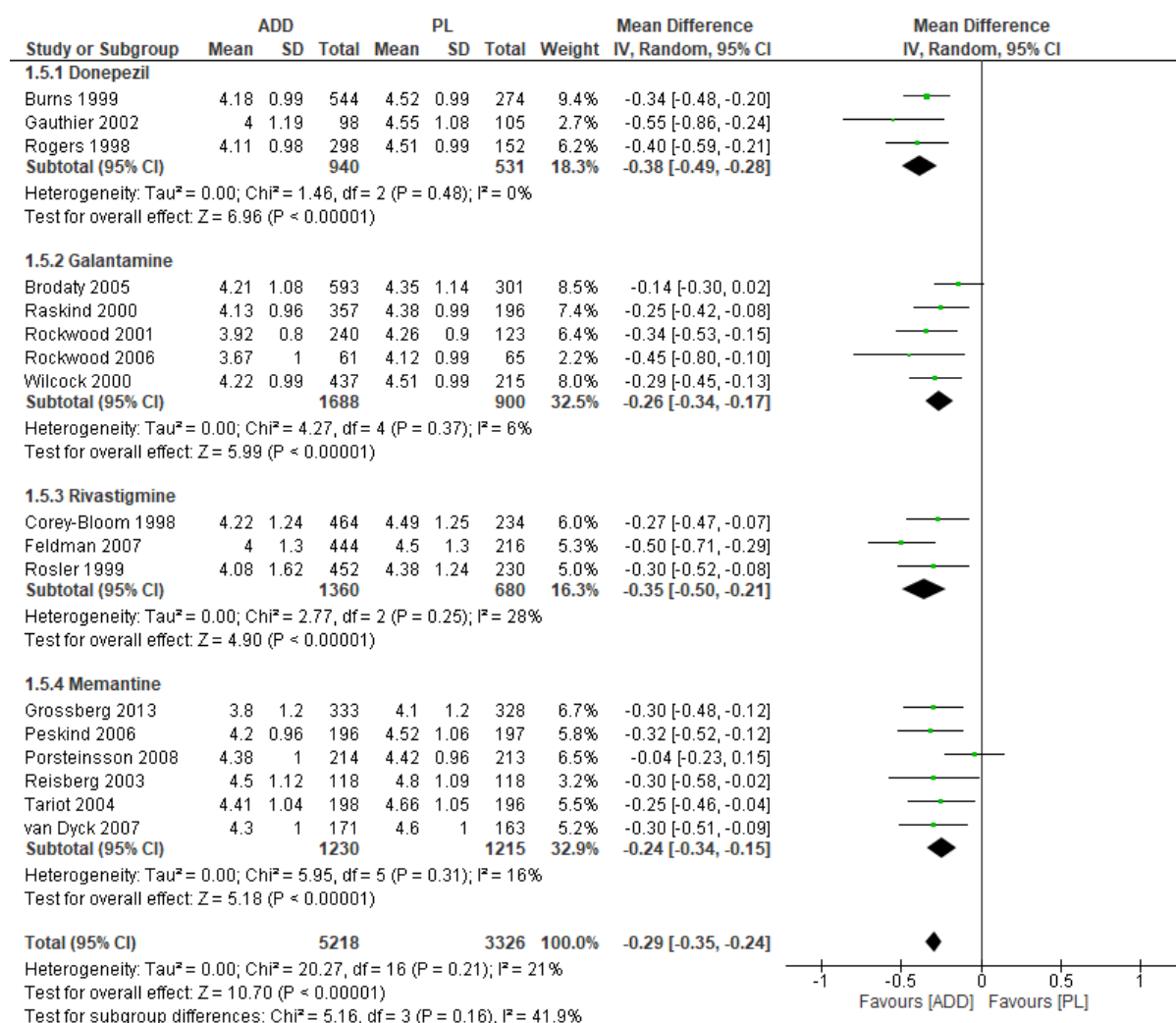
Acetylcholinesterase inhibitors vs placebo – MMSE (AD not stratified for severity)

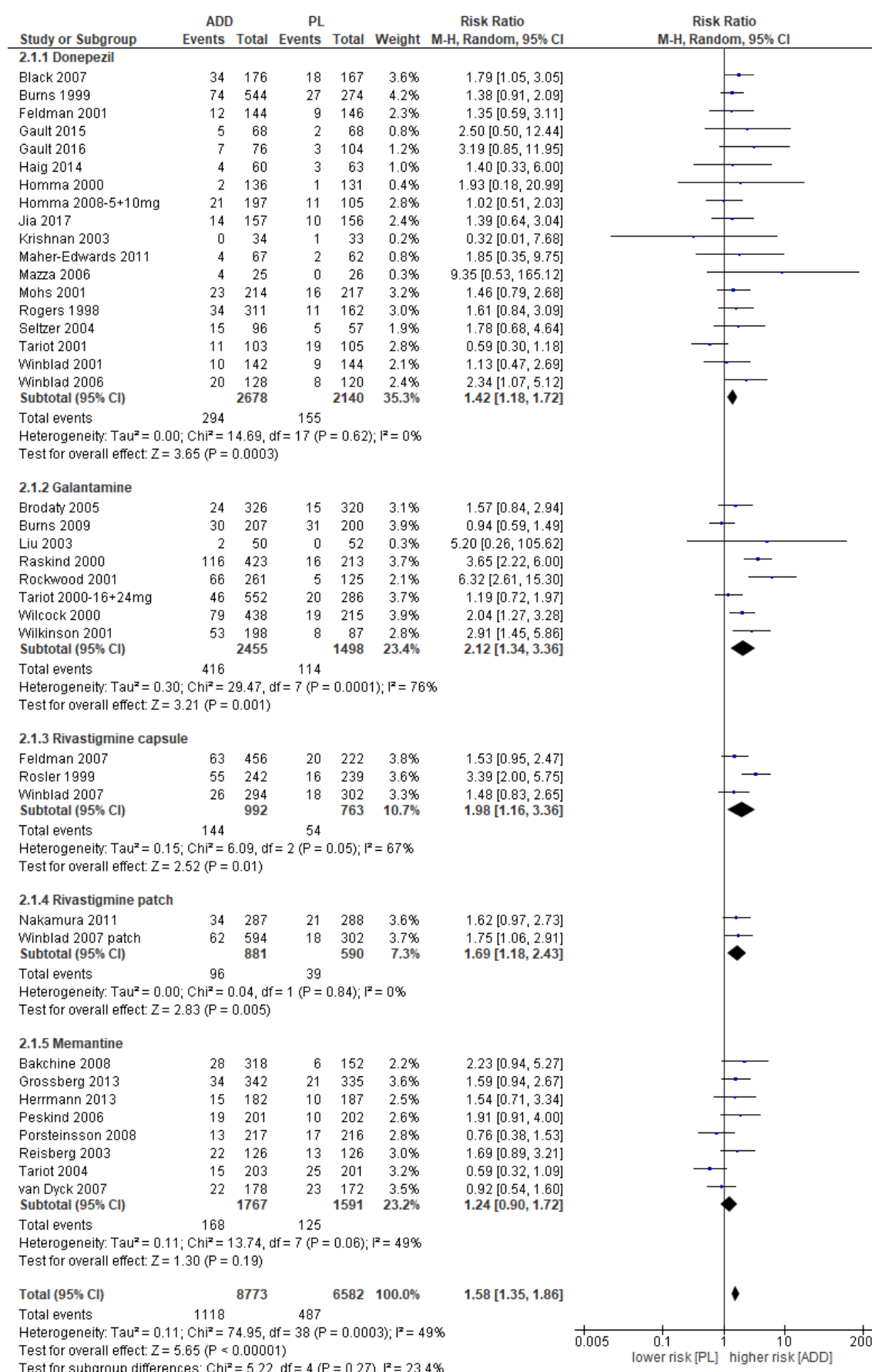


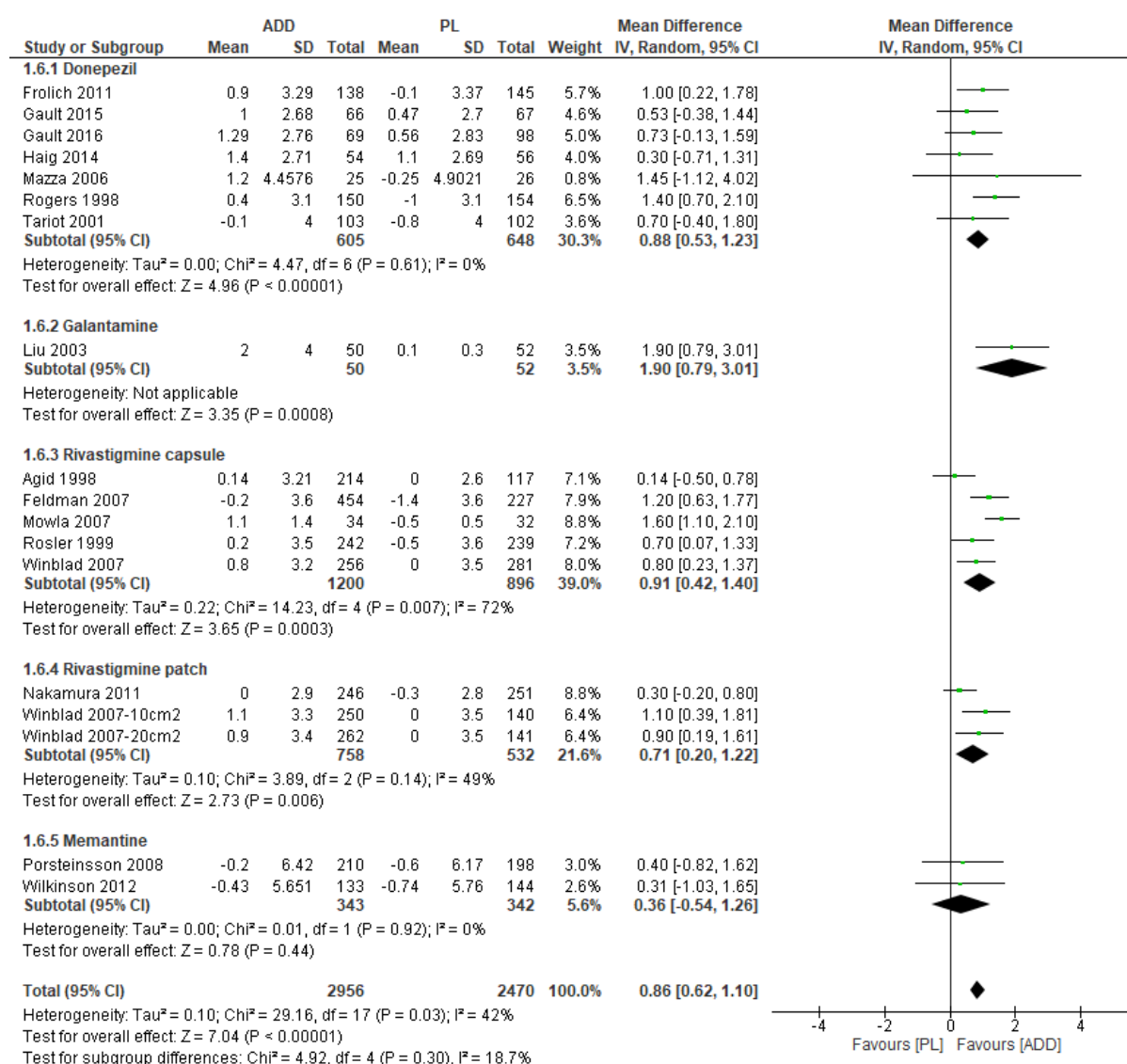
Acetylcholinesterase inhibitors vs placebo – ADAS-Cog (AD not stratified for severity)

Acetylcholinesterase inhibitors vs placebo – ADCS-ADL (AD not stratified for severity)

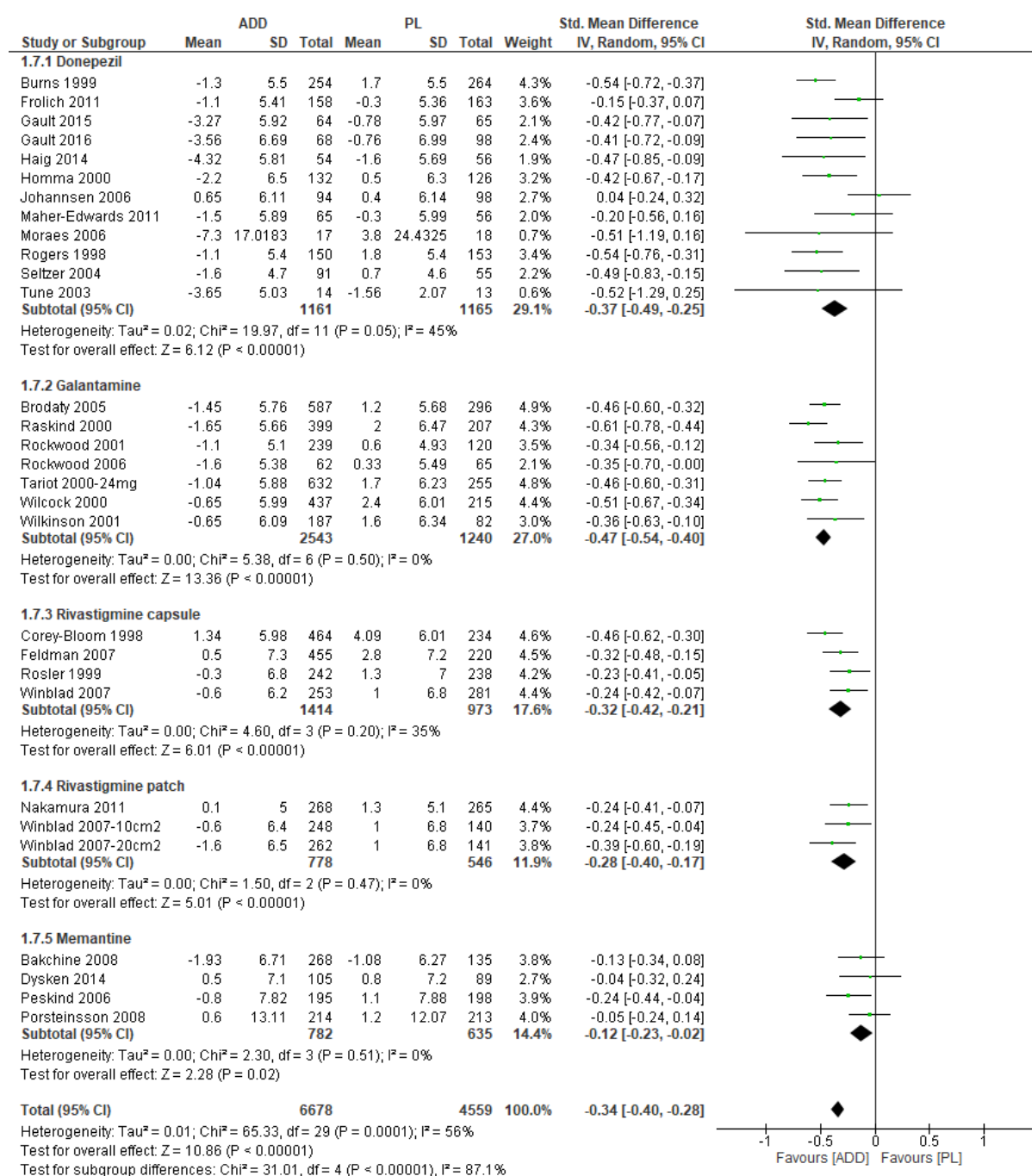
Acetylcholinesterase inhibitors vs placebo – NPI (AD not stratified for severity)

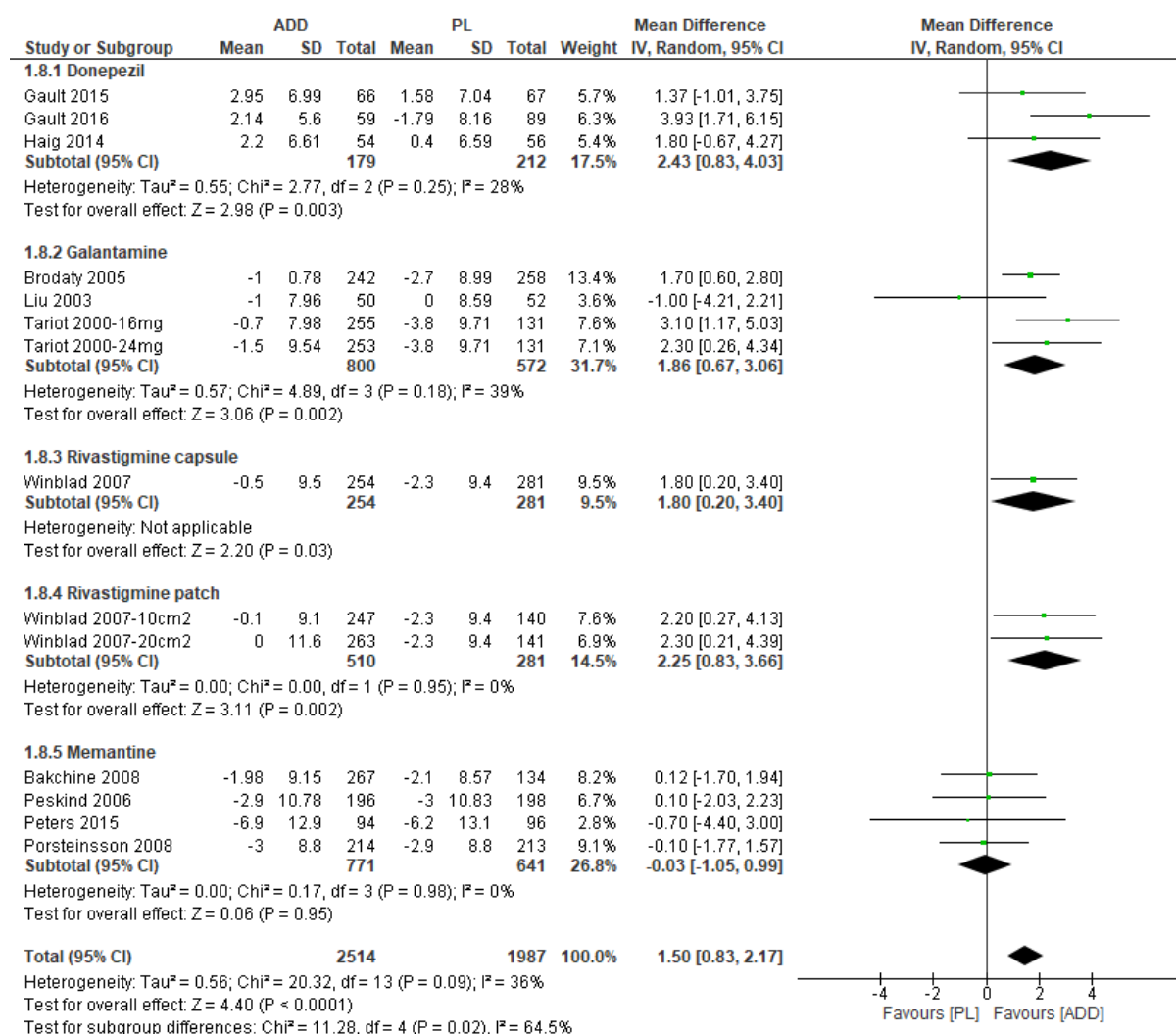
Acetylcholinesterase inhibitors vs placebo – CIBIC+ (AD not stratified for severity)

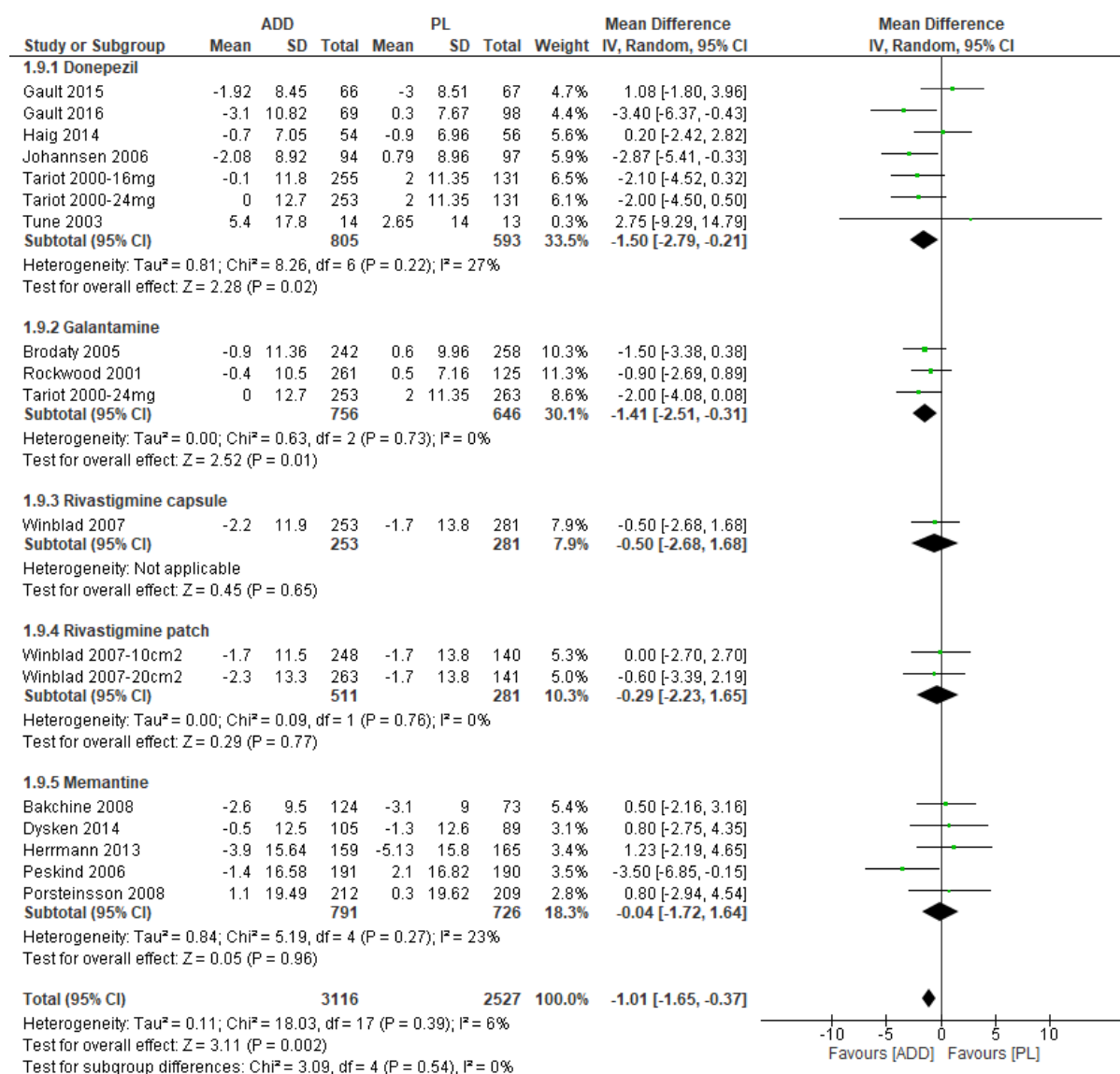
Acetylcholinesterase inhibitors vs placebo – adverse events (AD not stratified for severity)

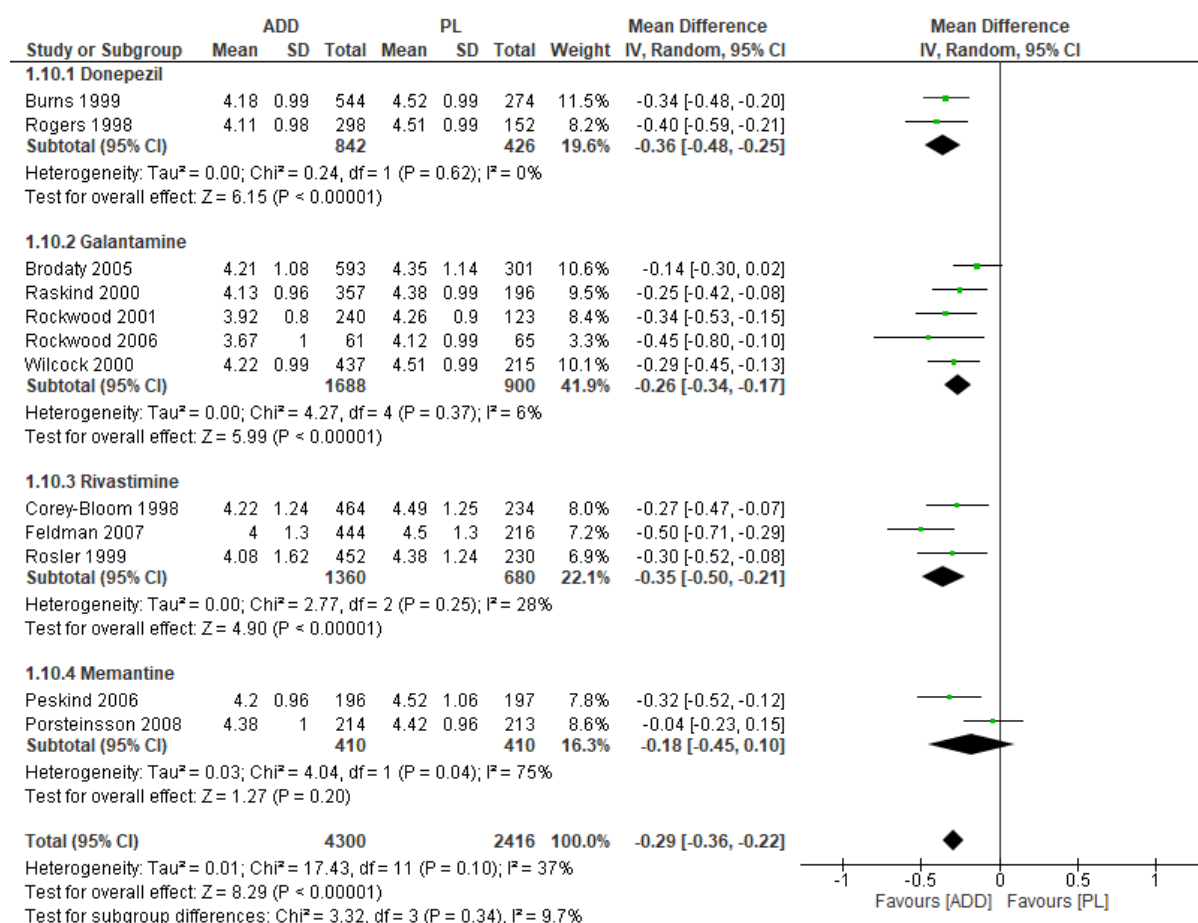
Acetylcholinesterase inhibitors vs placebo – MMSE (AD mild-moderate)

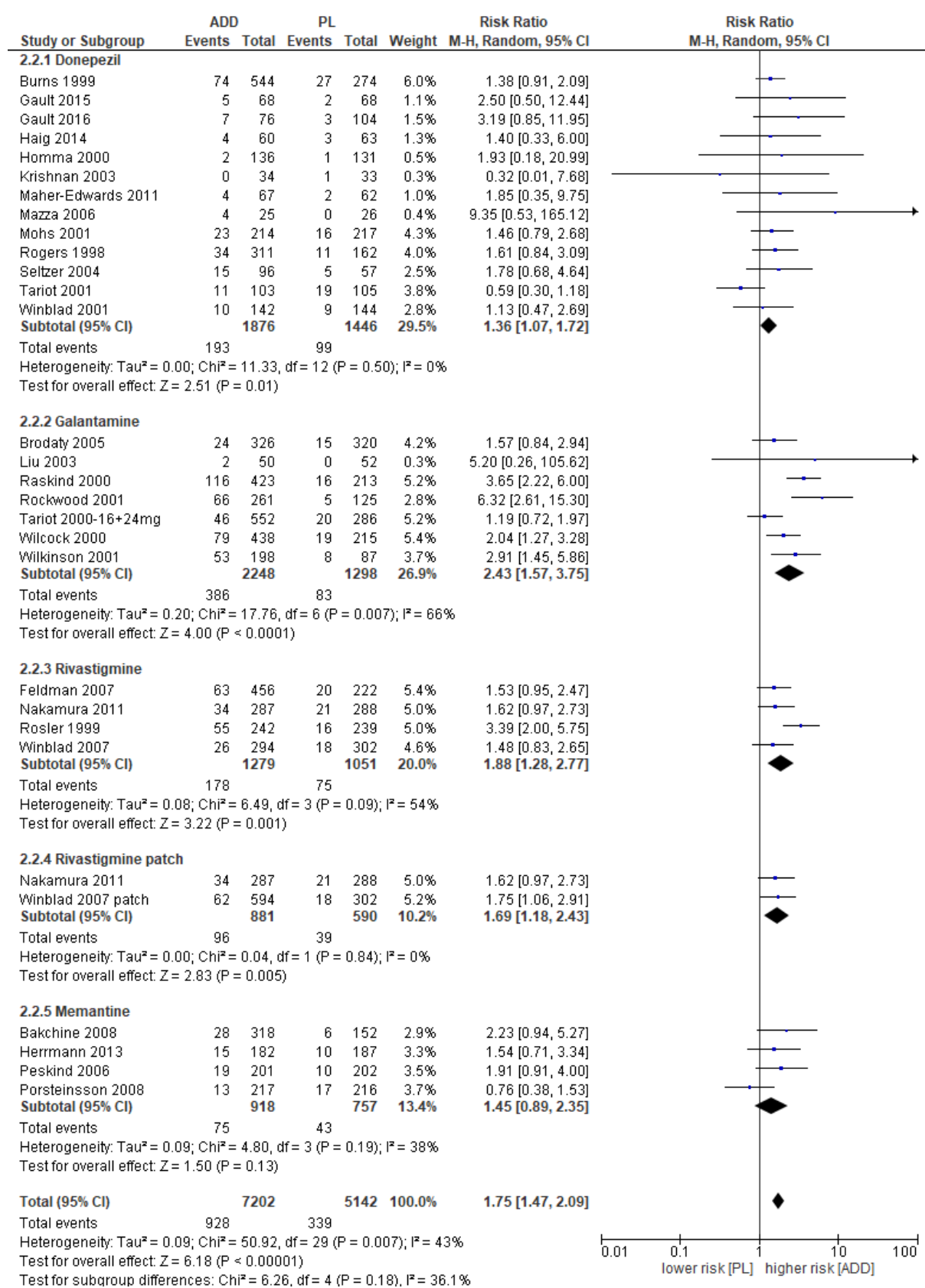
Acetylcholinesterase inhibitors vs placebo – ADAS-Cog (AD mild-moderate)

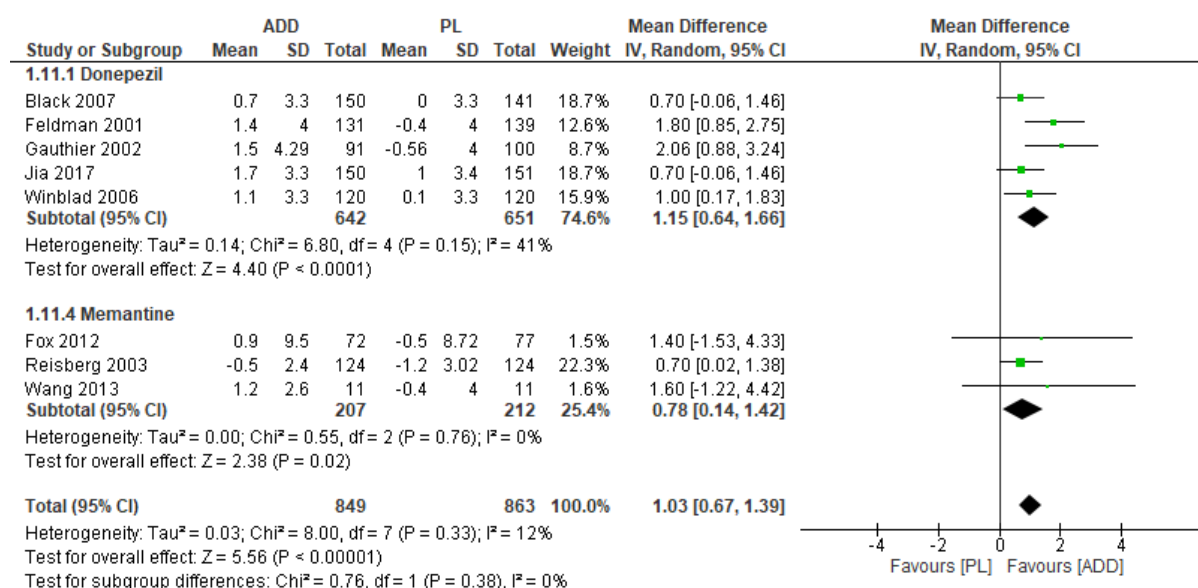
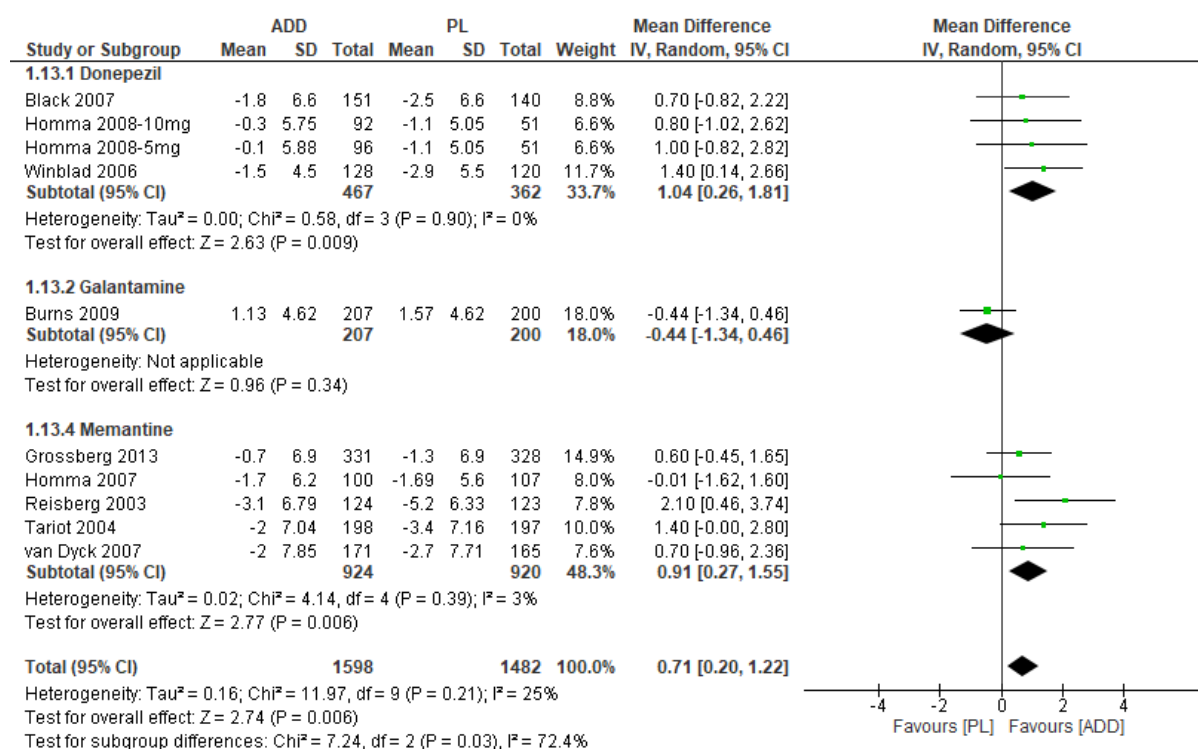


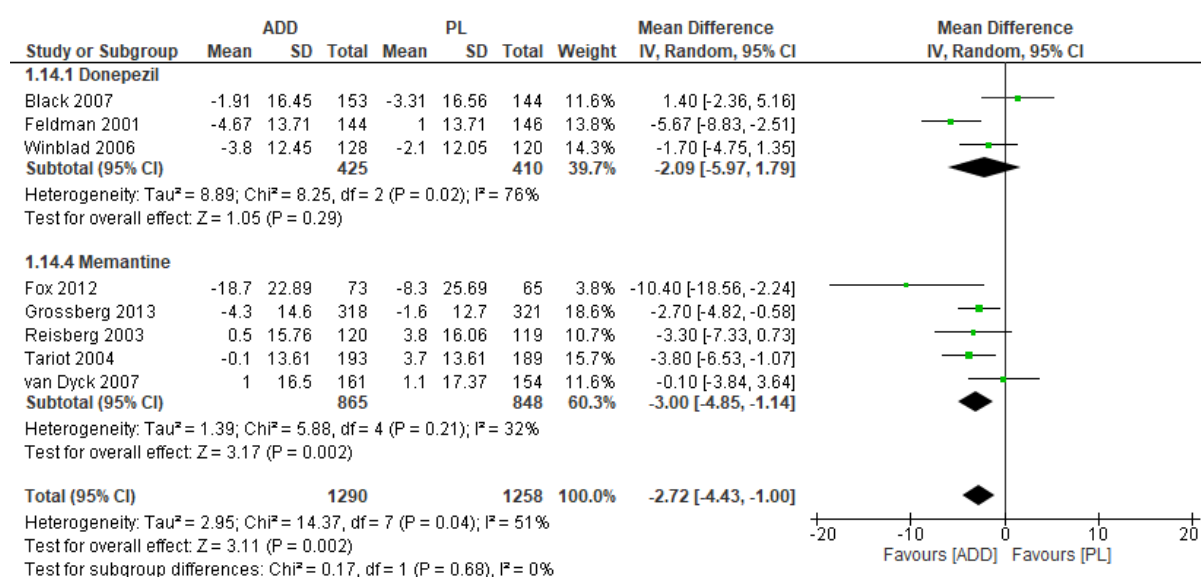
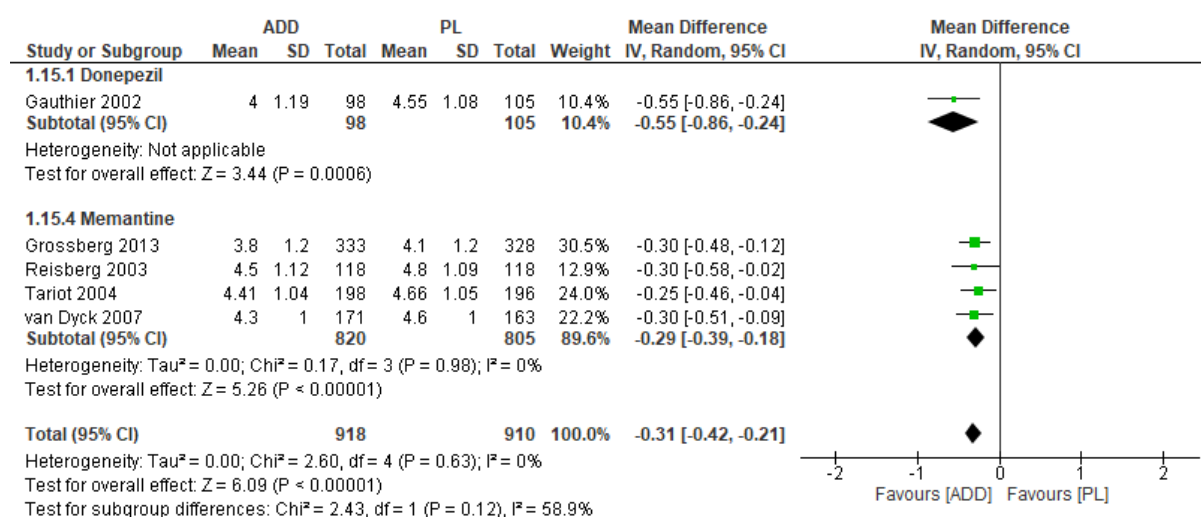
Acetylcholinesterase inhibitors vs placebo – ADCS-ADL (AD mild-moderate)

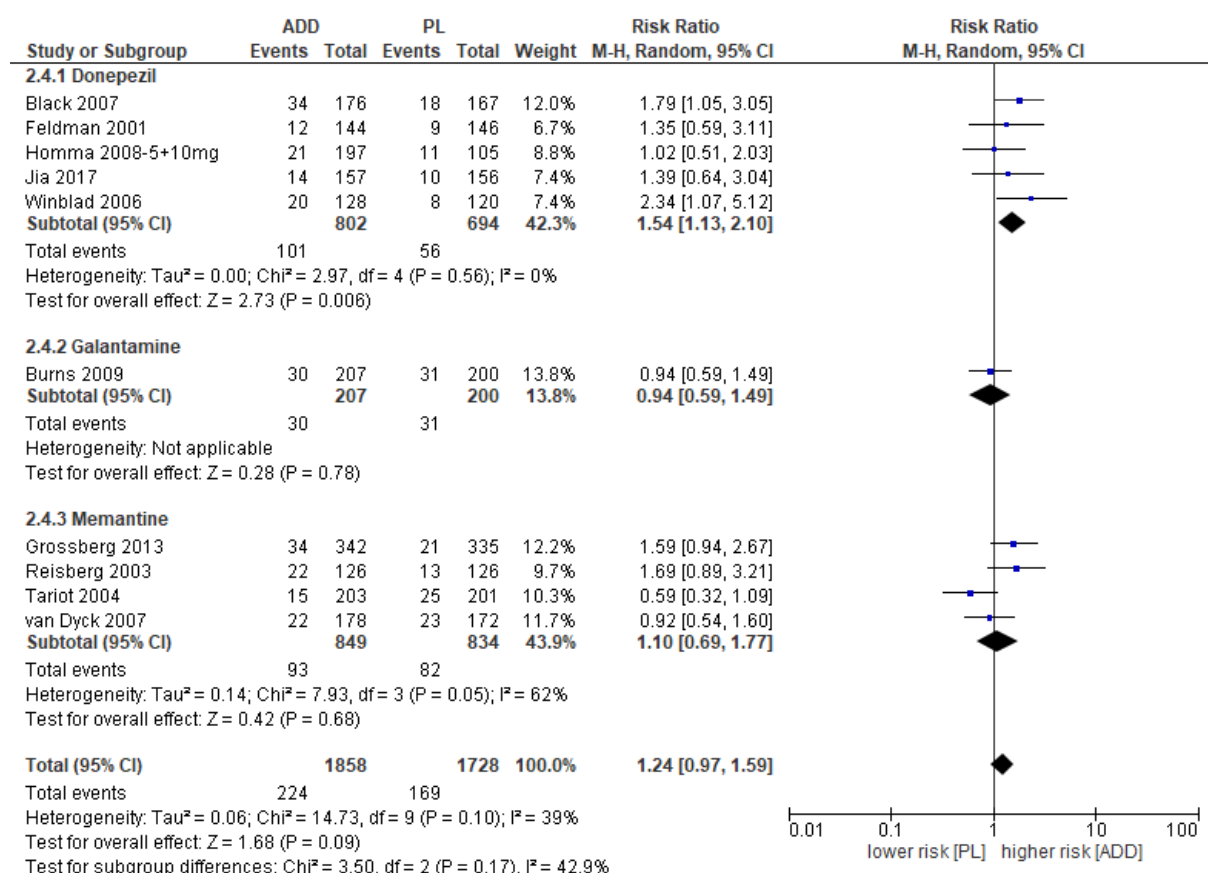
Acetylcholinesterase inhibitors vs placebo – NPI (AD mild-moderate)

Acetylcholinesterase inhibitors vs placebo – CIBIC+ (AD mild-moderate)

Acetylcholinesterase inhibitors vs placebo – Discontinuation due to adverse events (AD mild-moderate)

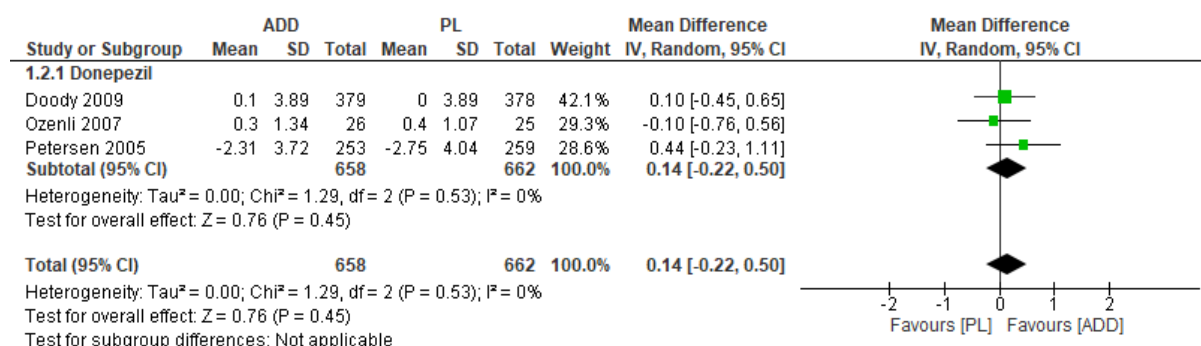
Acetylcholinesterase inhibitors vs placebo – MMSE (AD moderate-severe)**Acetylcholinesterase inhibitors vs placebo – ADCS-ADL (AD moderate-severe)**

Acetylcholinesterase inhibitors vs placebo – NPI (AD moderate-severe)**Acetylcholinesterase inhibitors vs placebo – CIBIC+ (AD moderate-severe)**

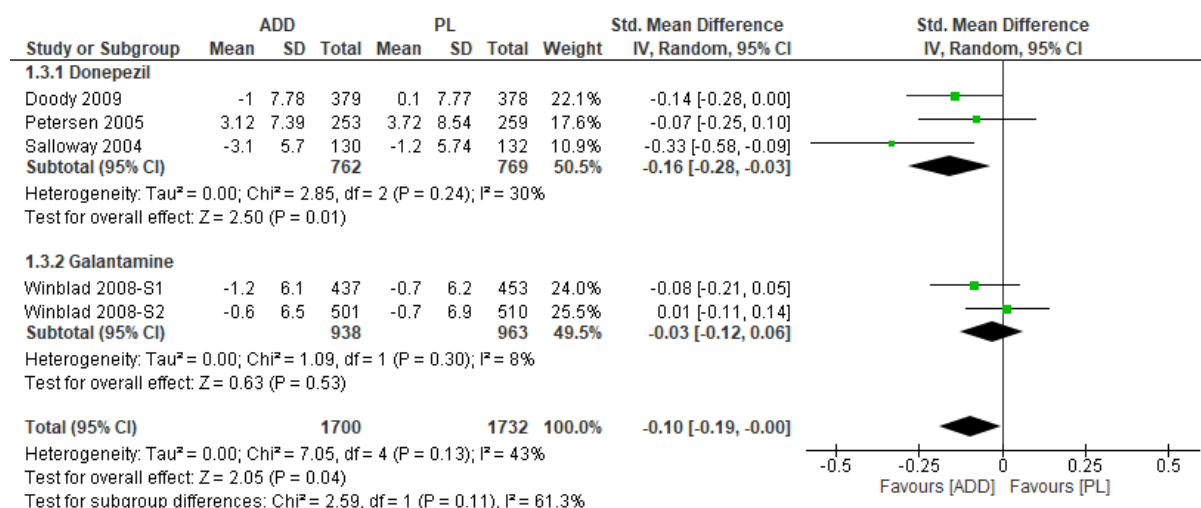
Acetylcholinesterase inhibitors vs placebo – Discontinuation due to adverse events (AD moderate-severe)

REVIEW QUESTION 15b. What is the safety and efficacy of acetylcholinesterase inhibitors and memantine for the treatment of cognitive symptoms in people with Mild cognitive impairment (MCI) and how should they be monitored?

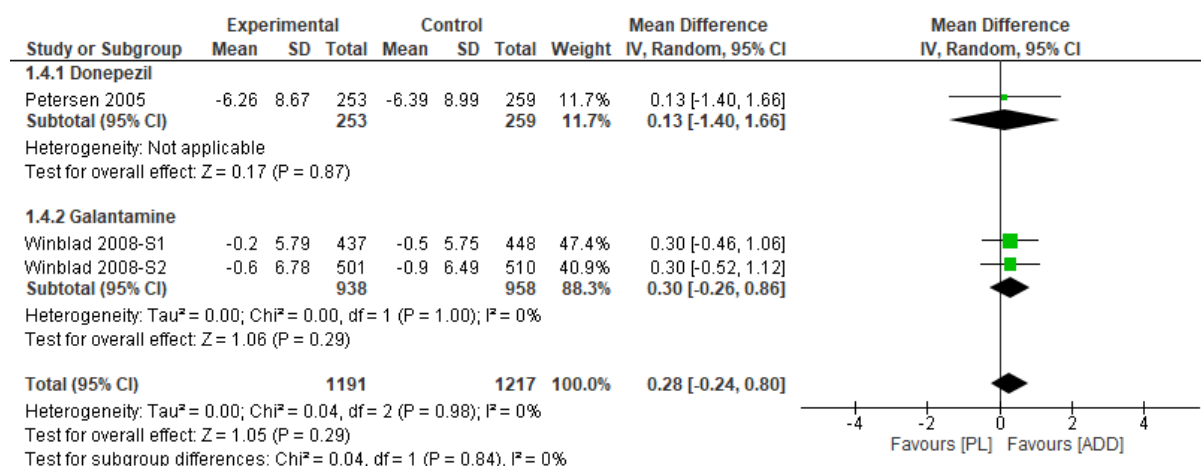
Donepezil for Mild cognitive impairment – MMSE

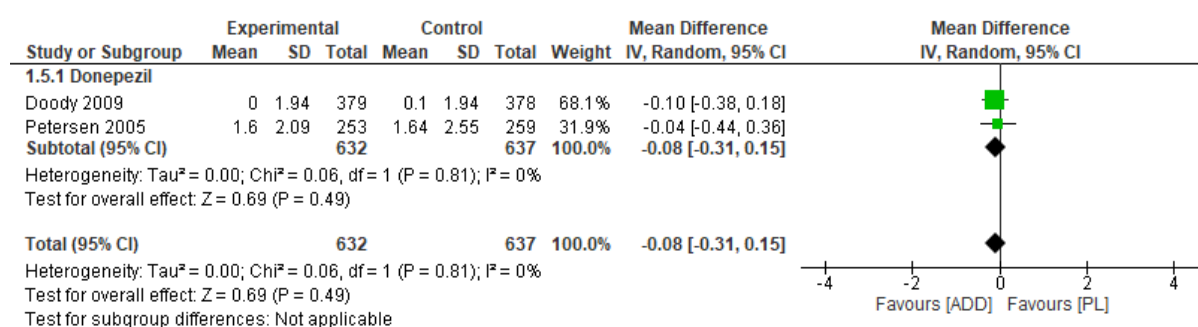
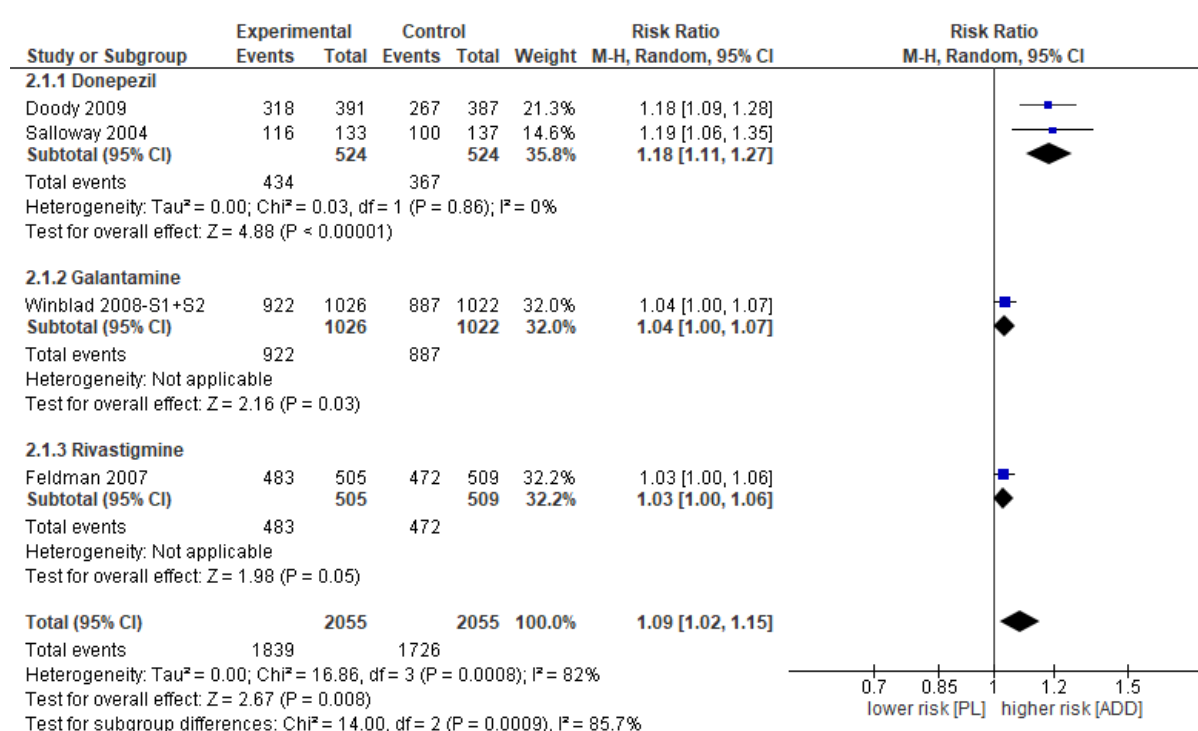


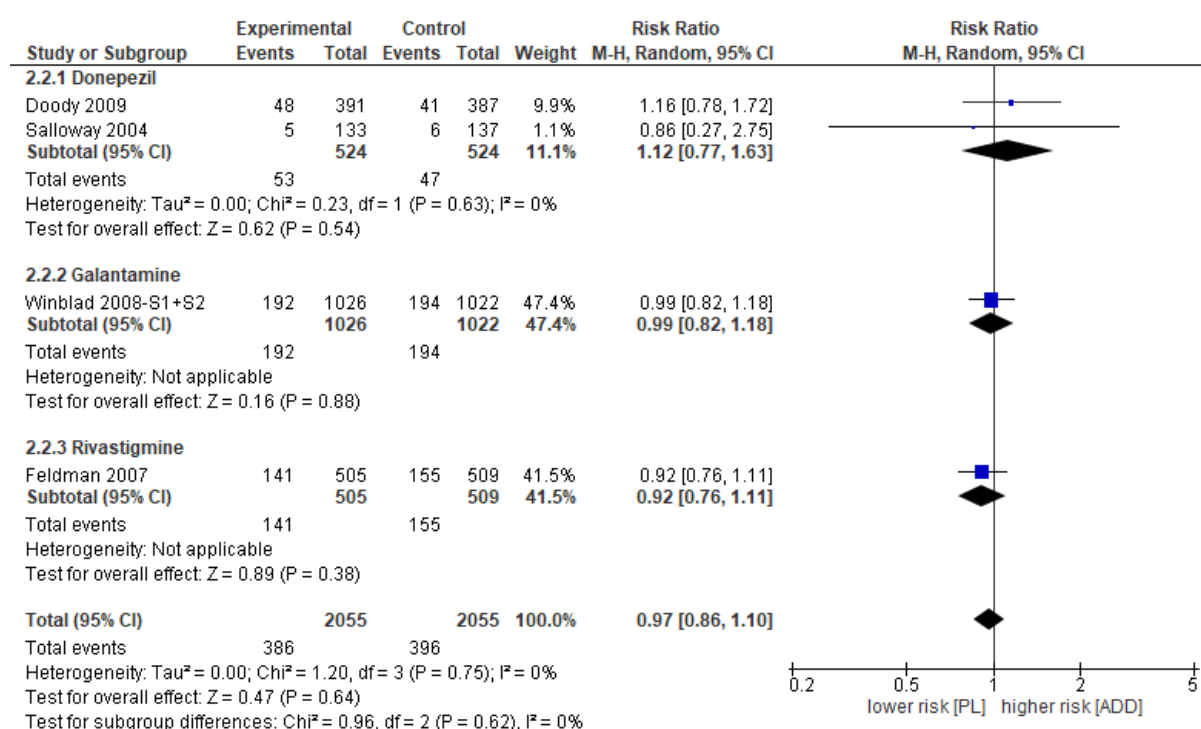
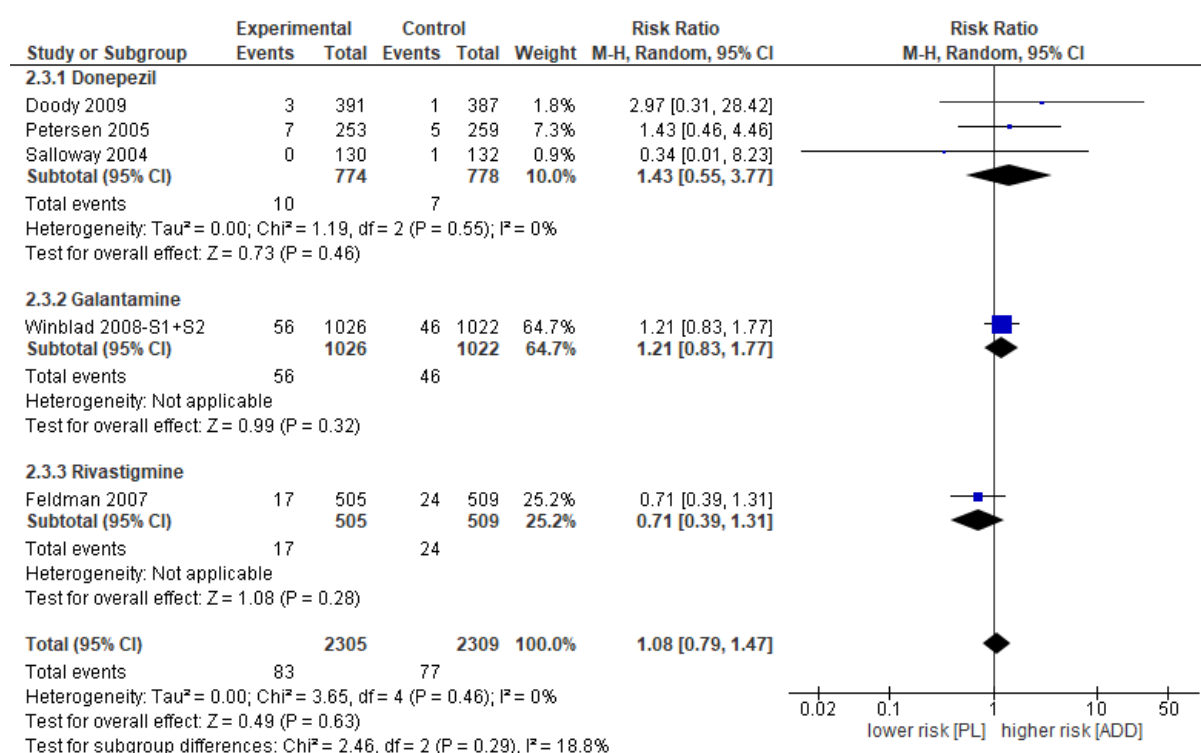
Acetylcholinesterase inhibitors for Mild cognitive impairment – ADAS-Cog

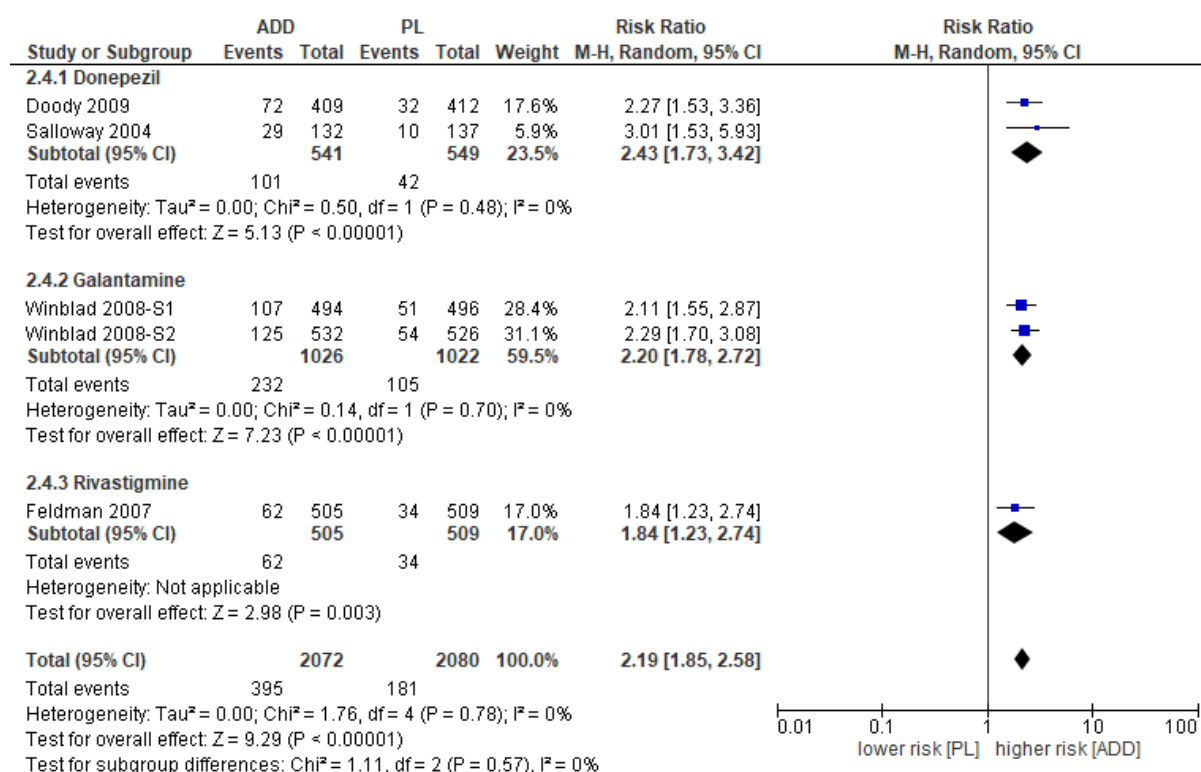


Acetylcholinesterase inhibitors for Mild cognitive impairment – ADCS-ADL-MCI



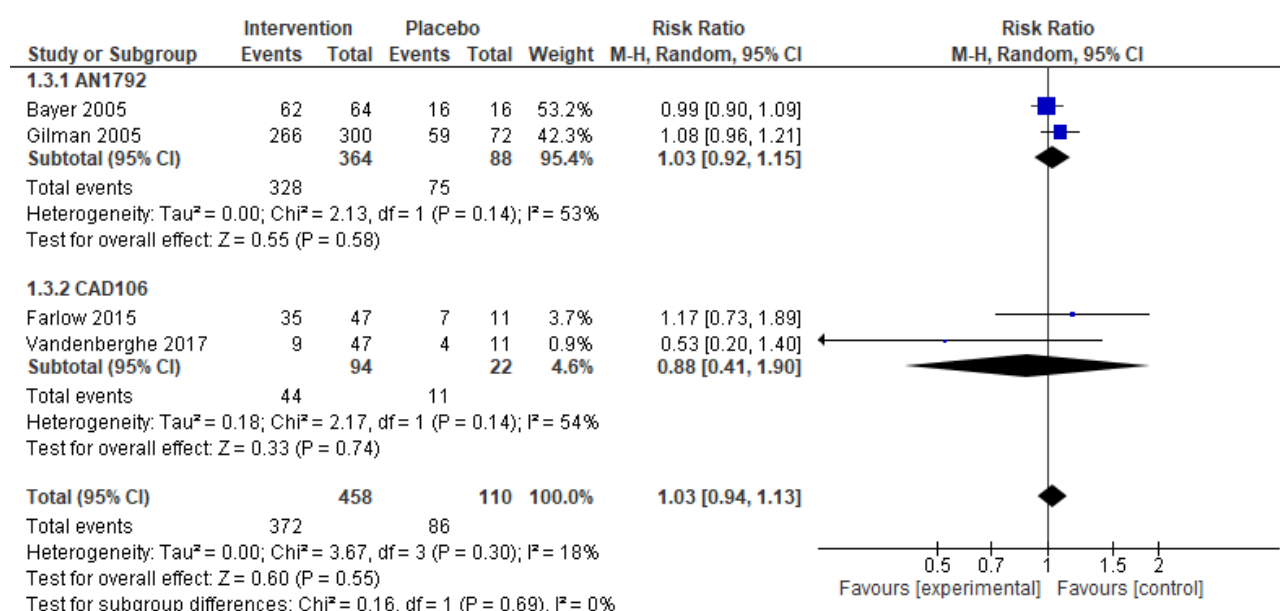
Donepezil for Mild cognitive impairment – CDR-SB**Acetylcholinesterase inhibitors for Mild cognitive impairment – adverse events**

Acetylcholinesterase inhibitors for Mild cognitive impairment – serious adverse events**Acetylcholinesterase inhibitors for Mild cognitive impairment – mortality**

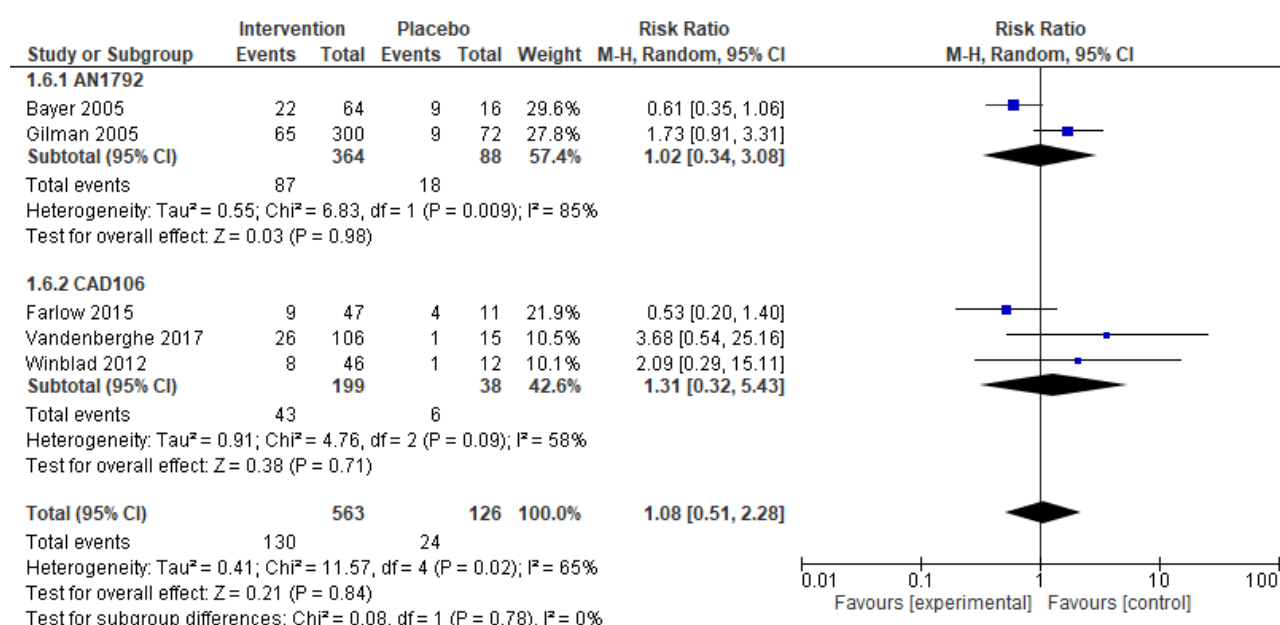
Acetylcholinesterase inhibitors for Mild cognitive impairment – withdrawal due to adverse events

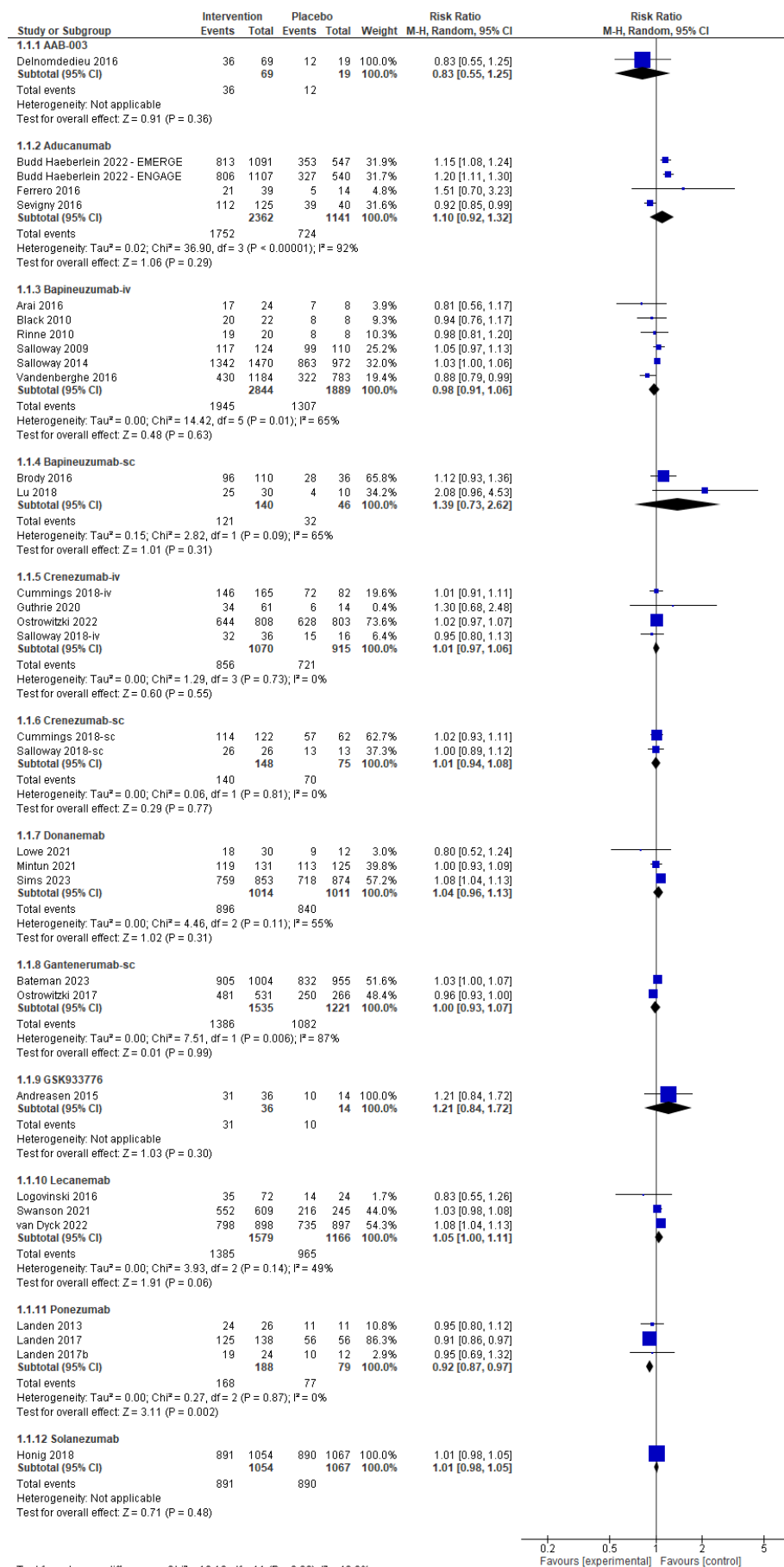
REVIEW QUESTION 15c. What is the safety and efficacy of biological drugs (active and passive immunotherapy) for the treatment of cognitive symptoms in people with Alzheimer's dementia or Mild cognitive impairment (MCI) and how should they be monitored?

Active immunotherapies against A β – adverse events

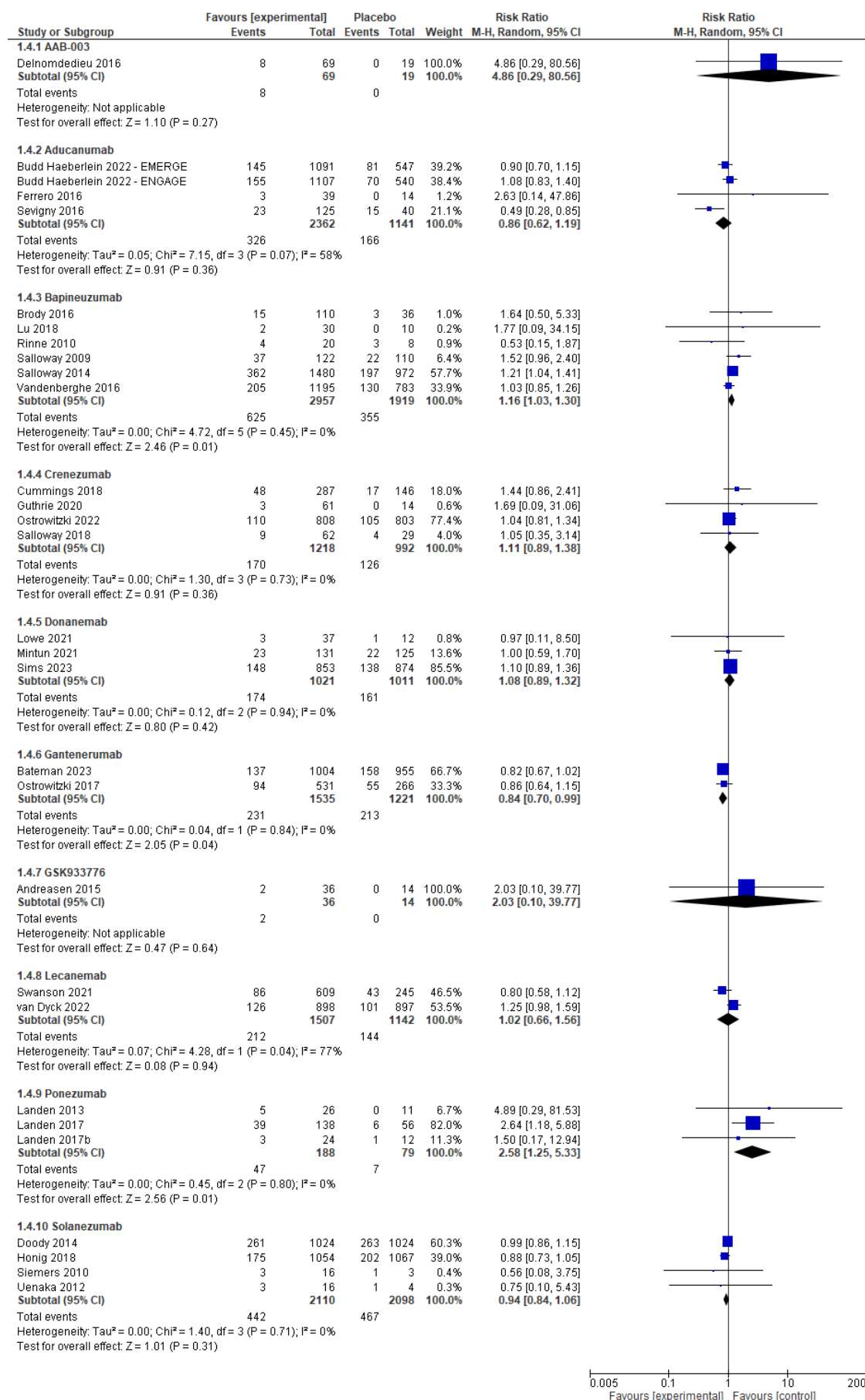


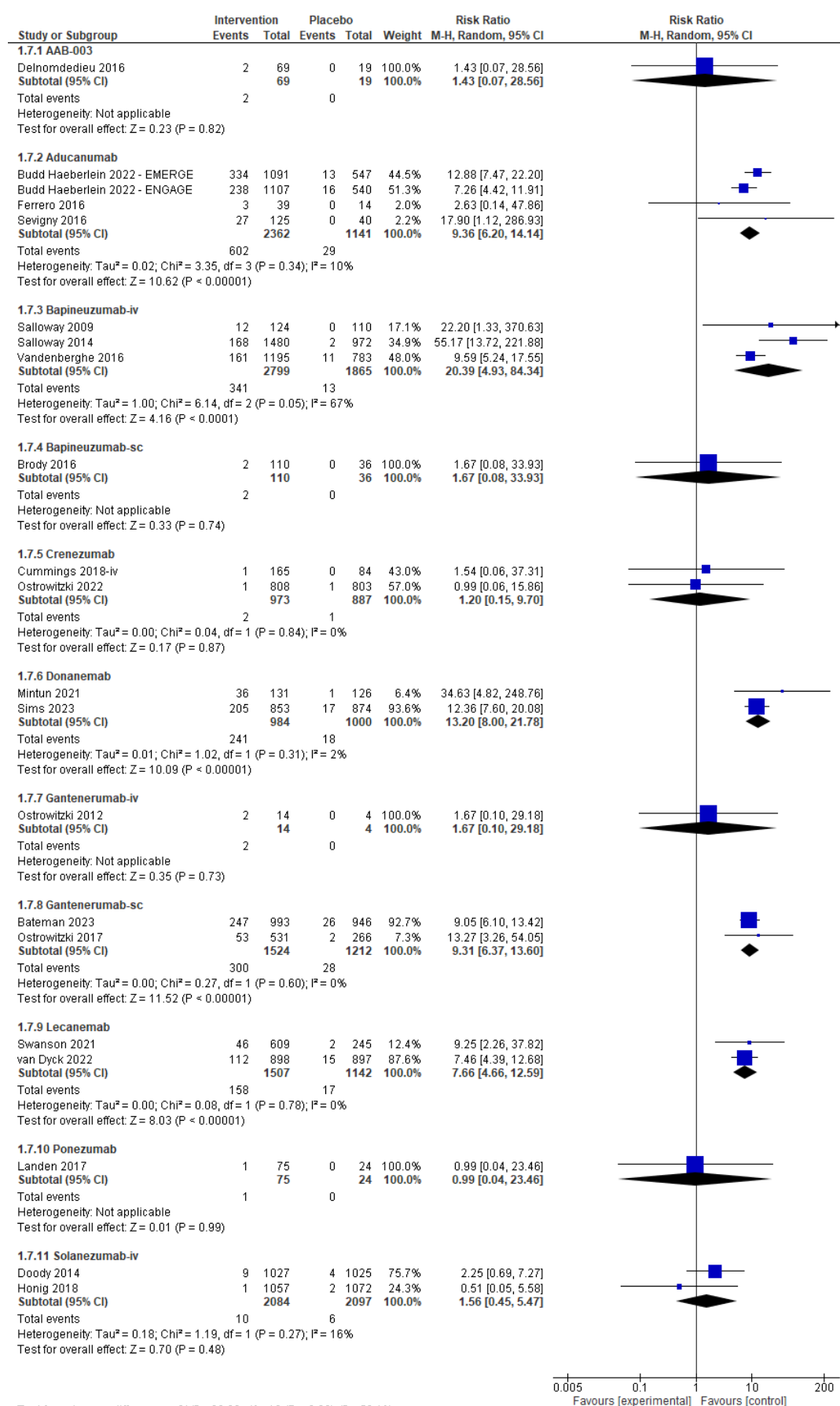
Active immunotherapies against A β – serious adverse events

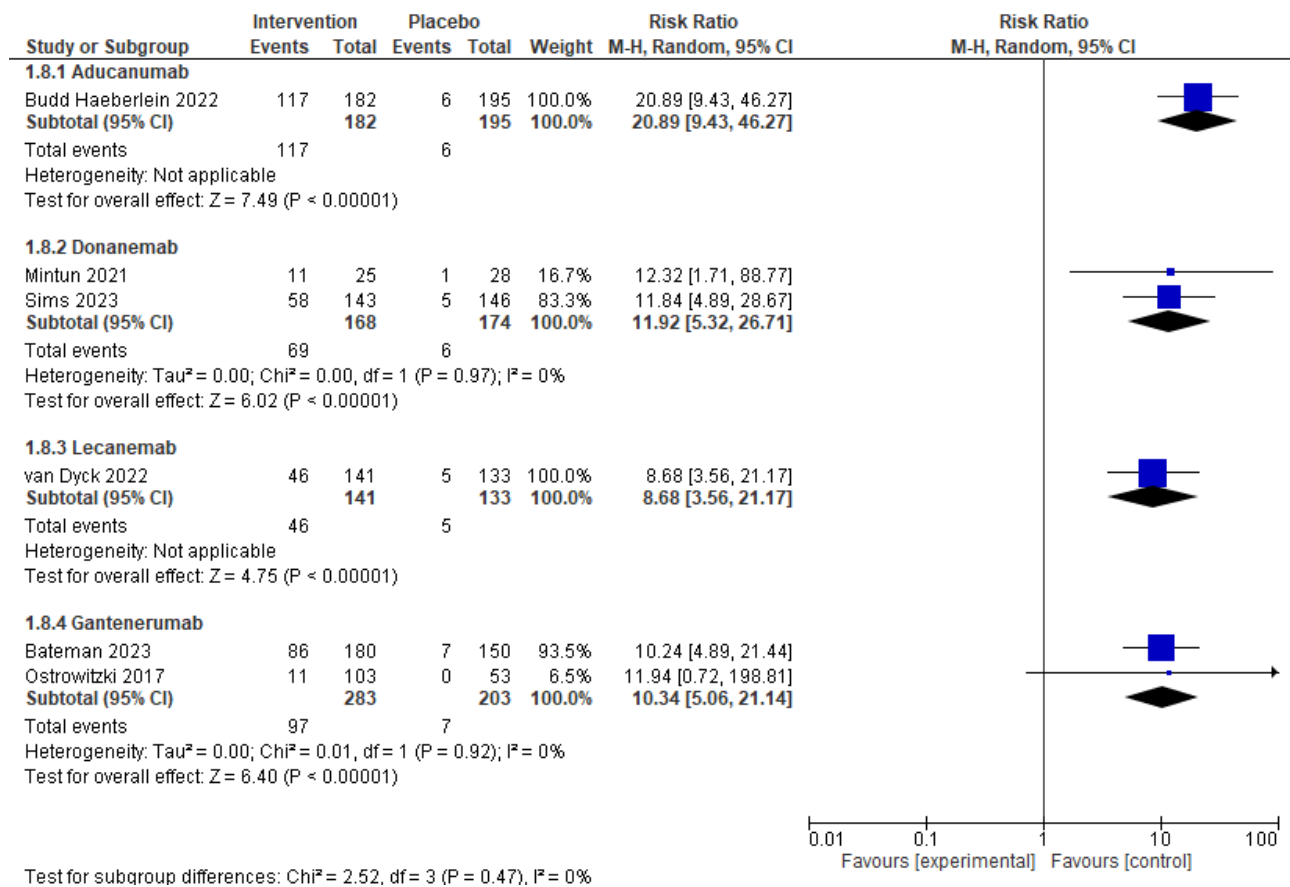


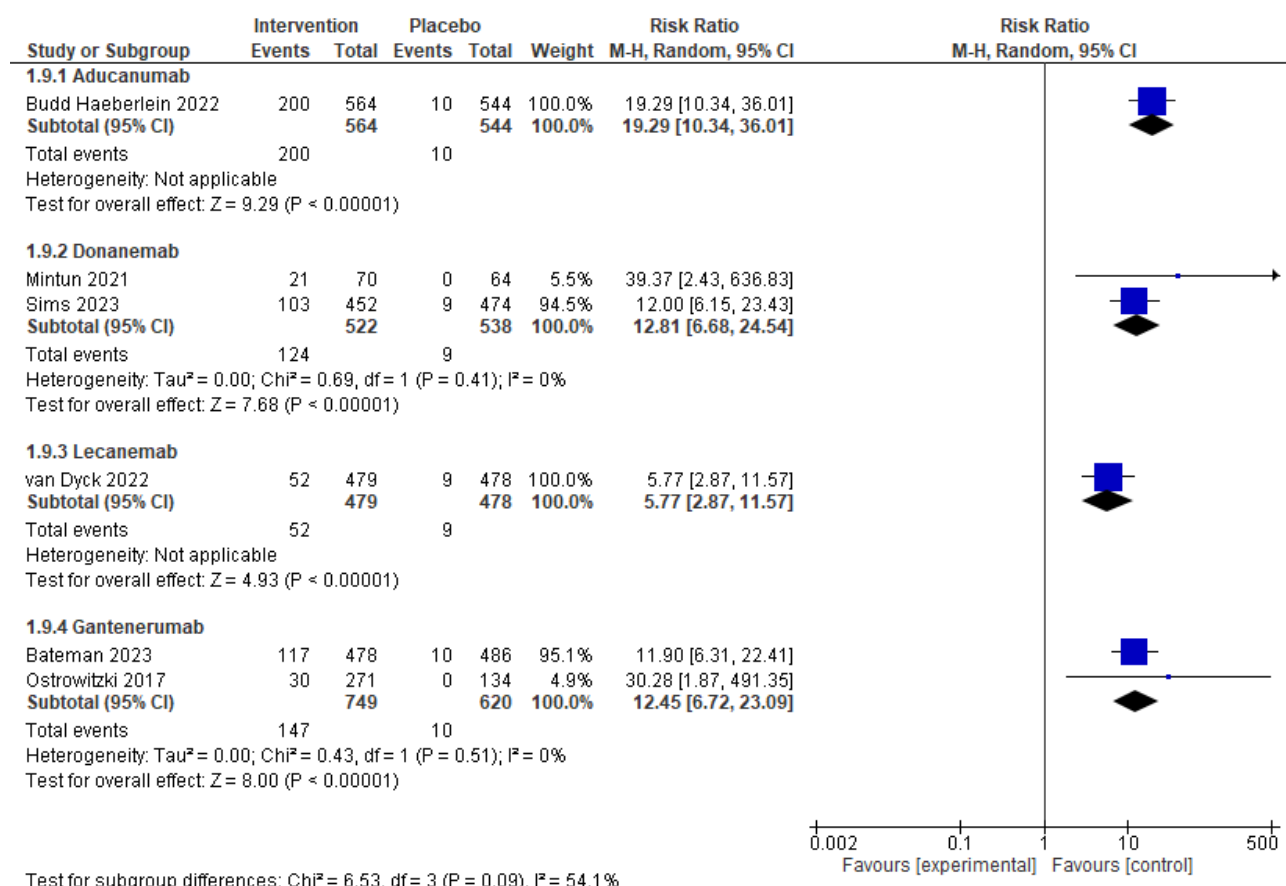
Passive immunotherapies against A β – adverse events

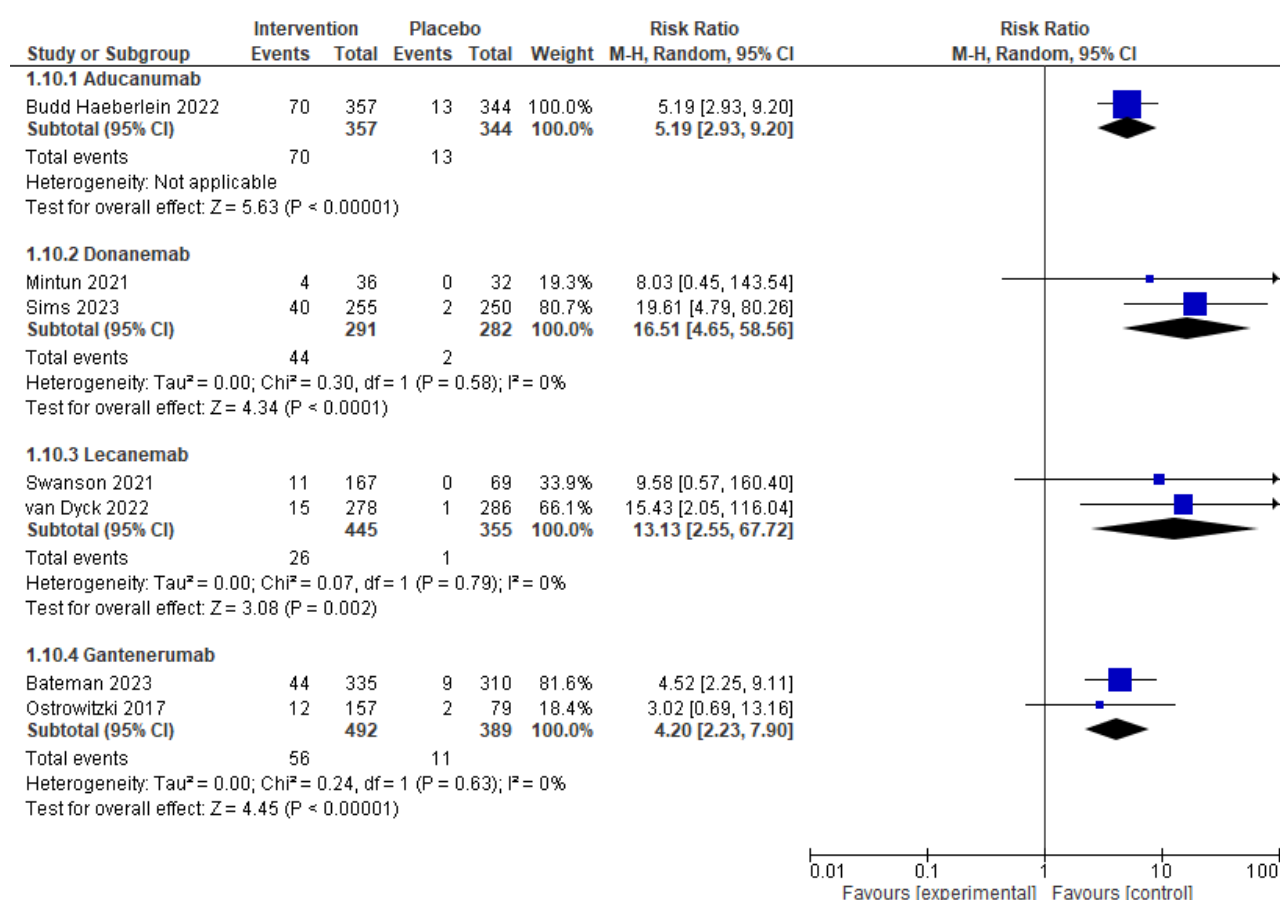
Passive immunotherapies against Aβ – serious adverse events

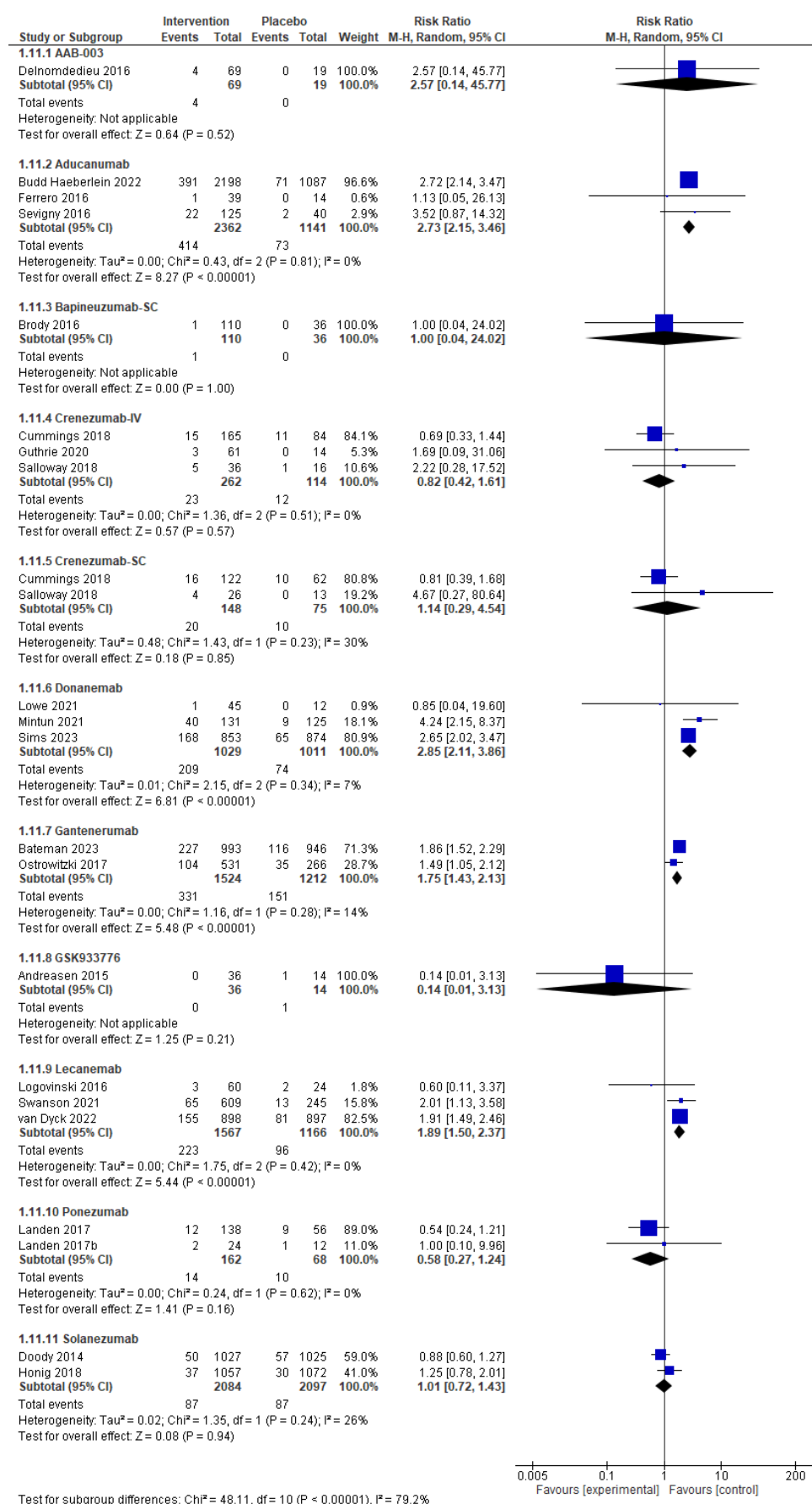


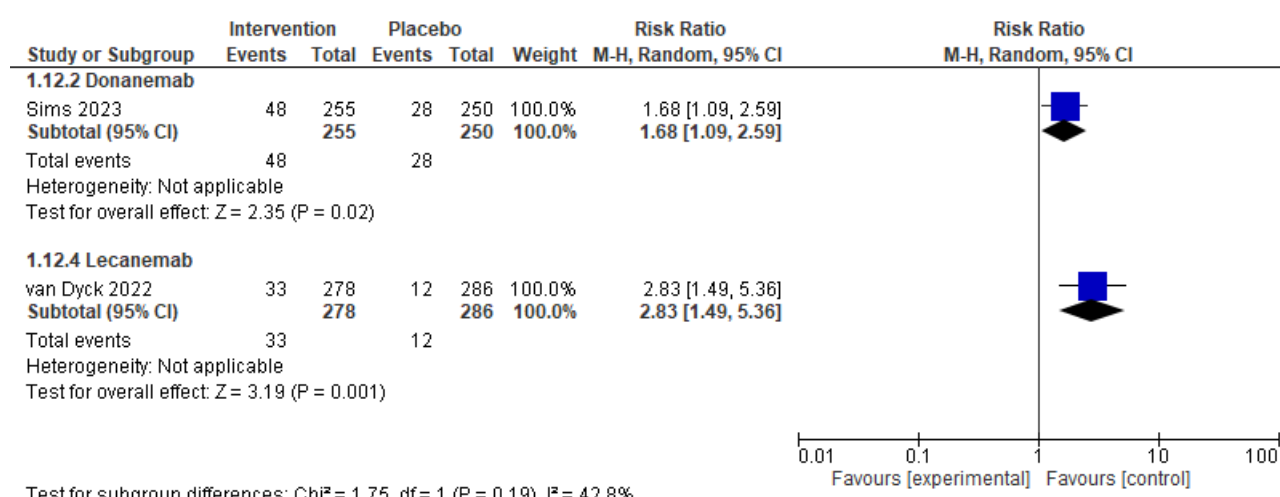
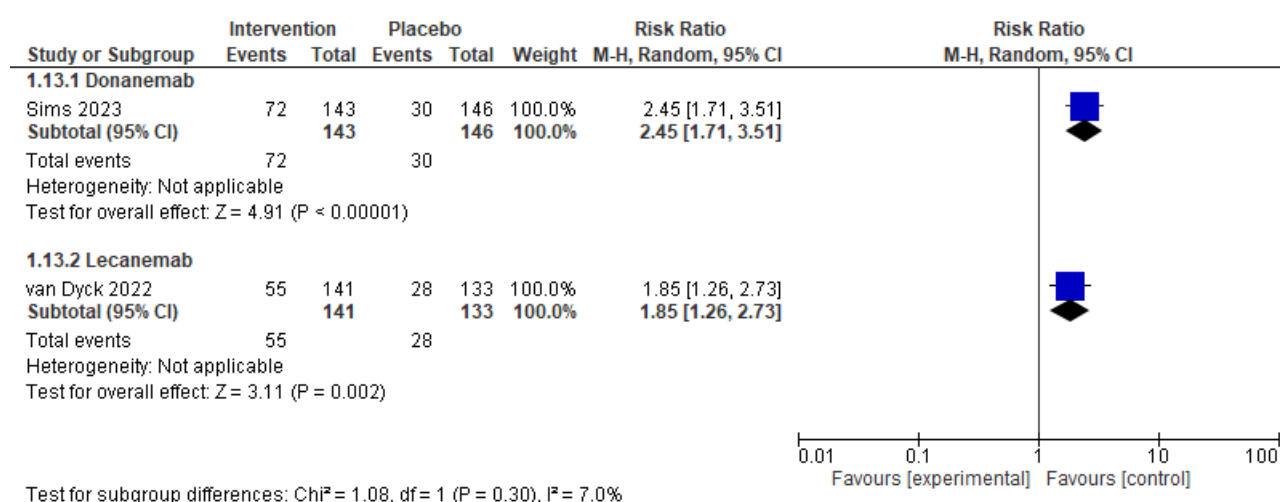
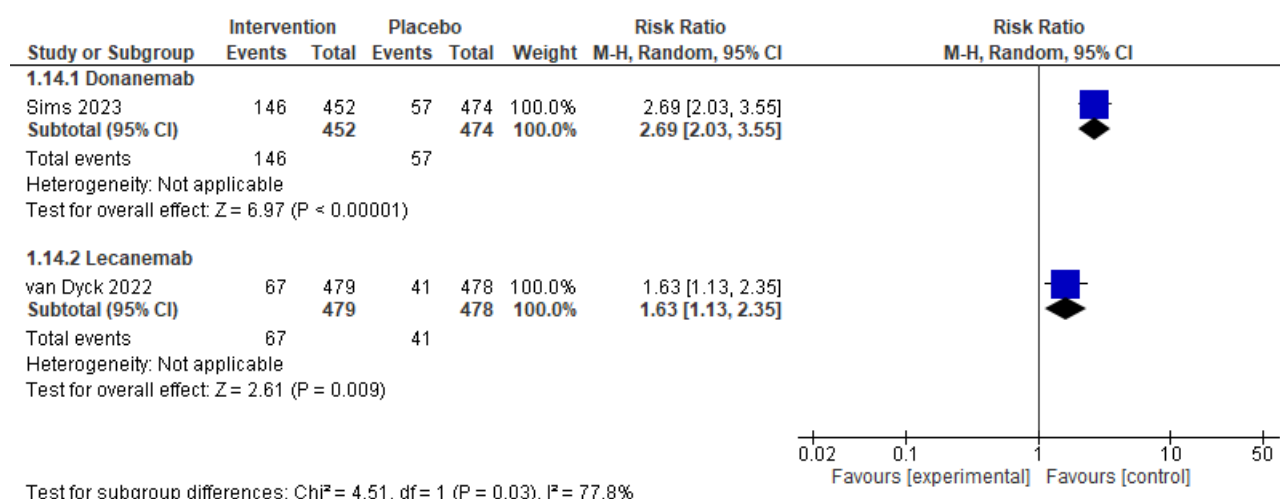
Passive immunotherapies against A β – ARIA-E

Passive immunotherapies against A β – ARIA-E in subjects homozygous for *ApoE* $\epsilon 4$ genotype

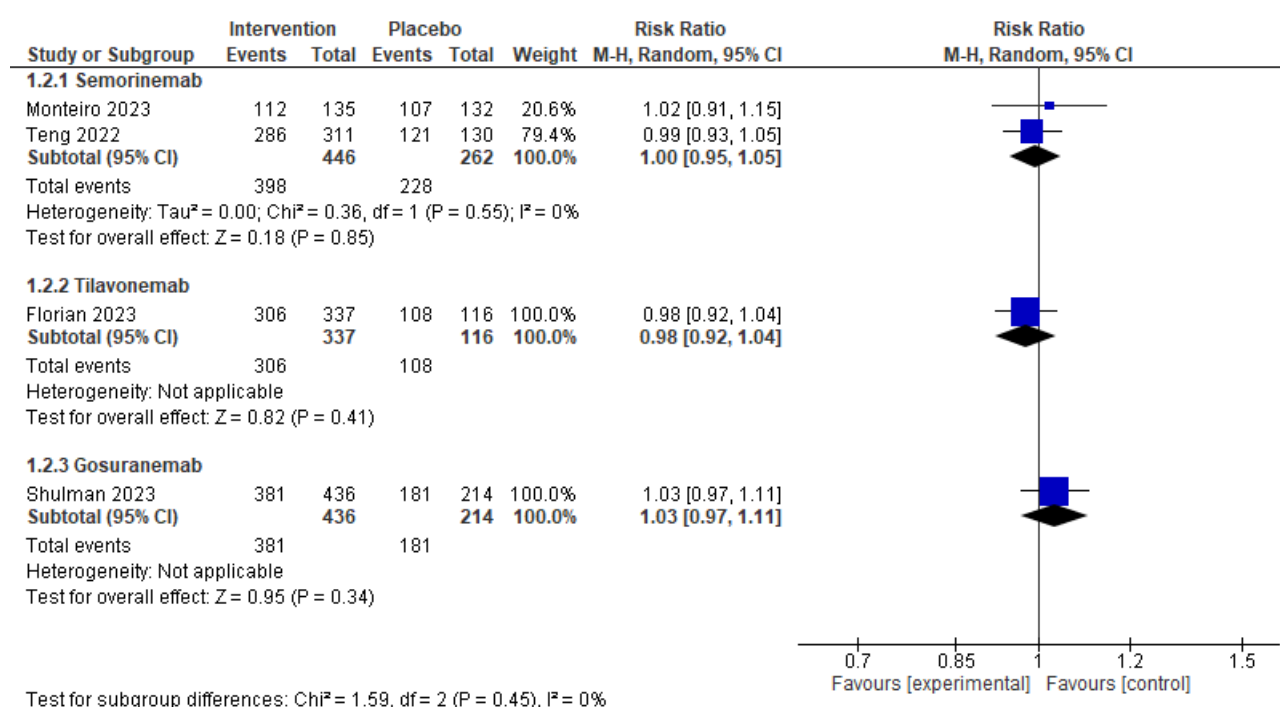
Passive immunotherapies against A β – ARIA-E in subjects heterozygotes for ApoE ϵ 4 genotype

Passive immunotherapies against A β – ARIA-E in subjects not carrying the ApoE ϵ 4 genotype

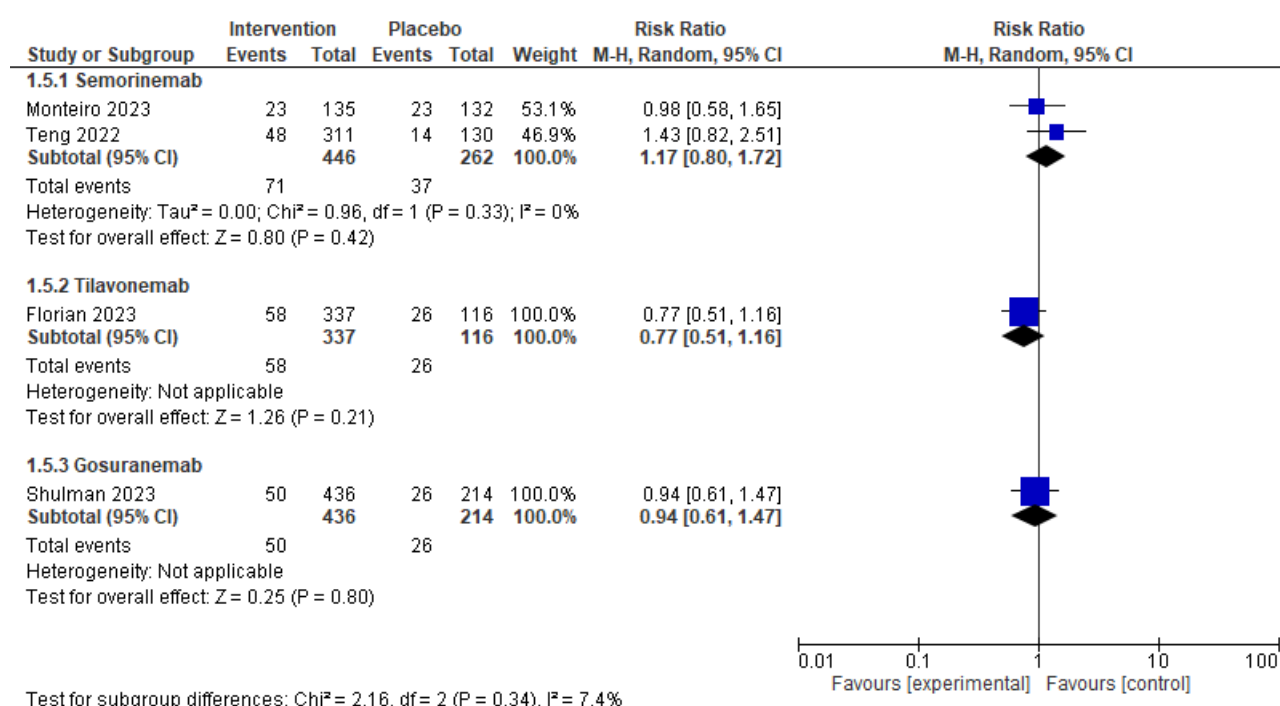
Passive immunotherapies against A β – ARIA-H

Passive immunotherapies against A β – ARIA-H in subjects not carrying the ApoE ϵ 4 genotype**Passive immunotherapies against A β – ARIA-H in subjects homozygous for ApoE ϵ 4 genotype****Passive immunotherapies against A β – ARIA-H subjects heterozygotes for ApoE ϵ 4 genotype**

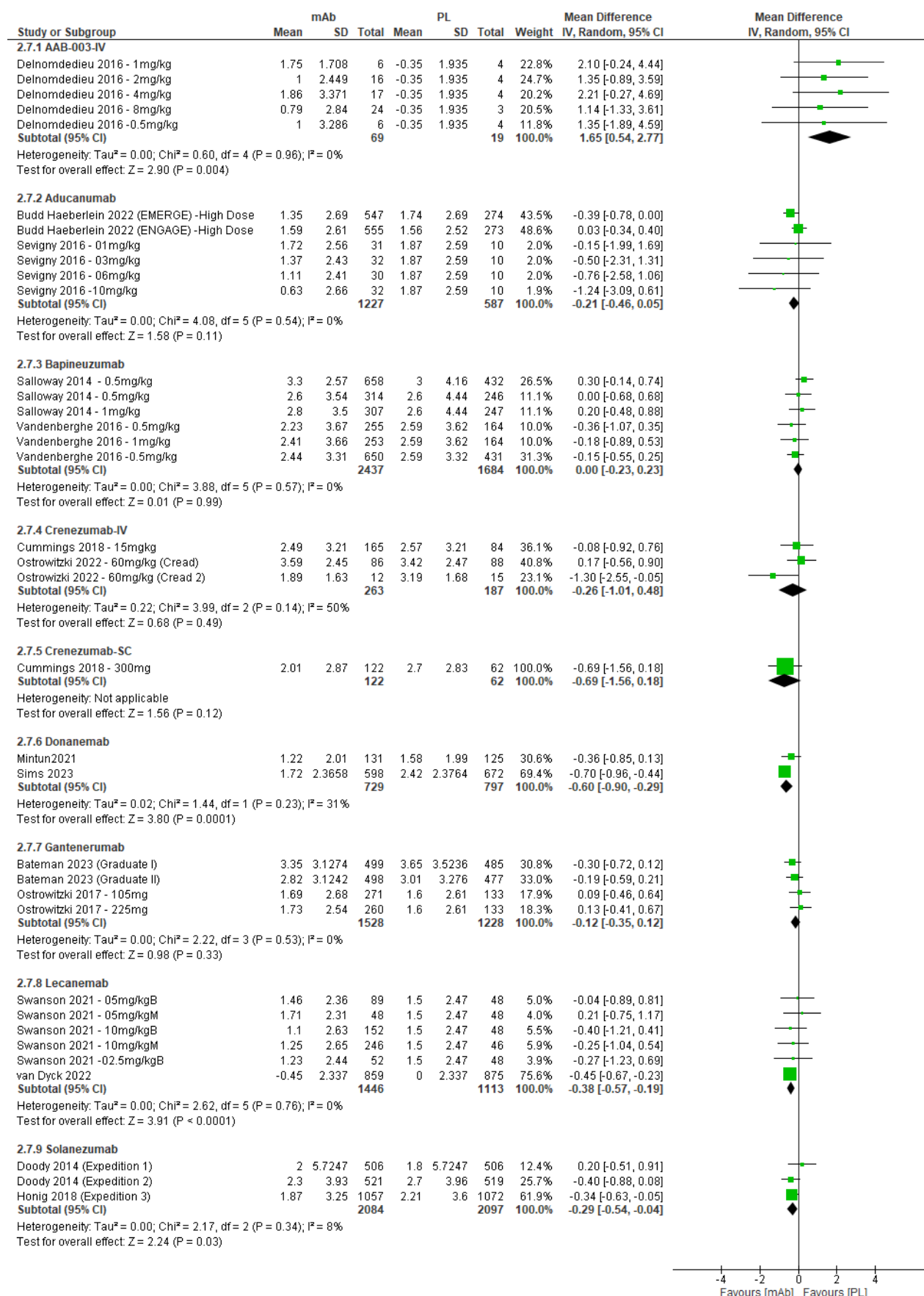
Passive immunotherapies against Tau protein – adverse events

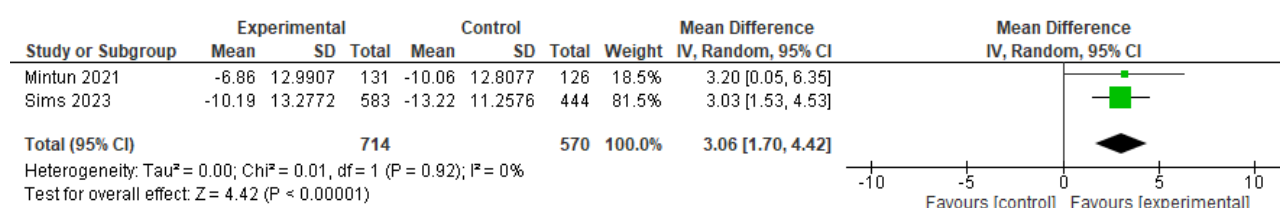
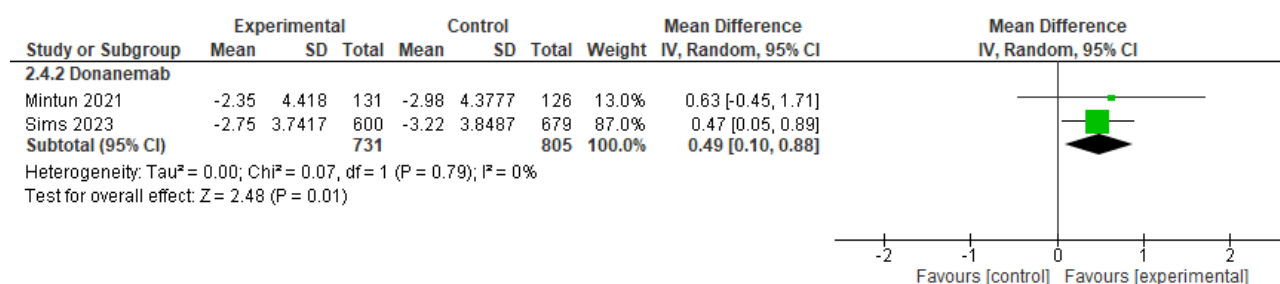
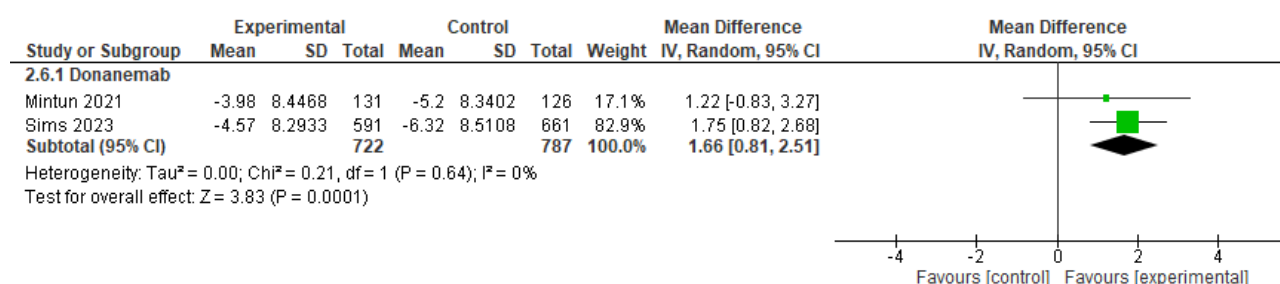


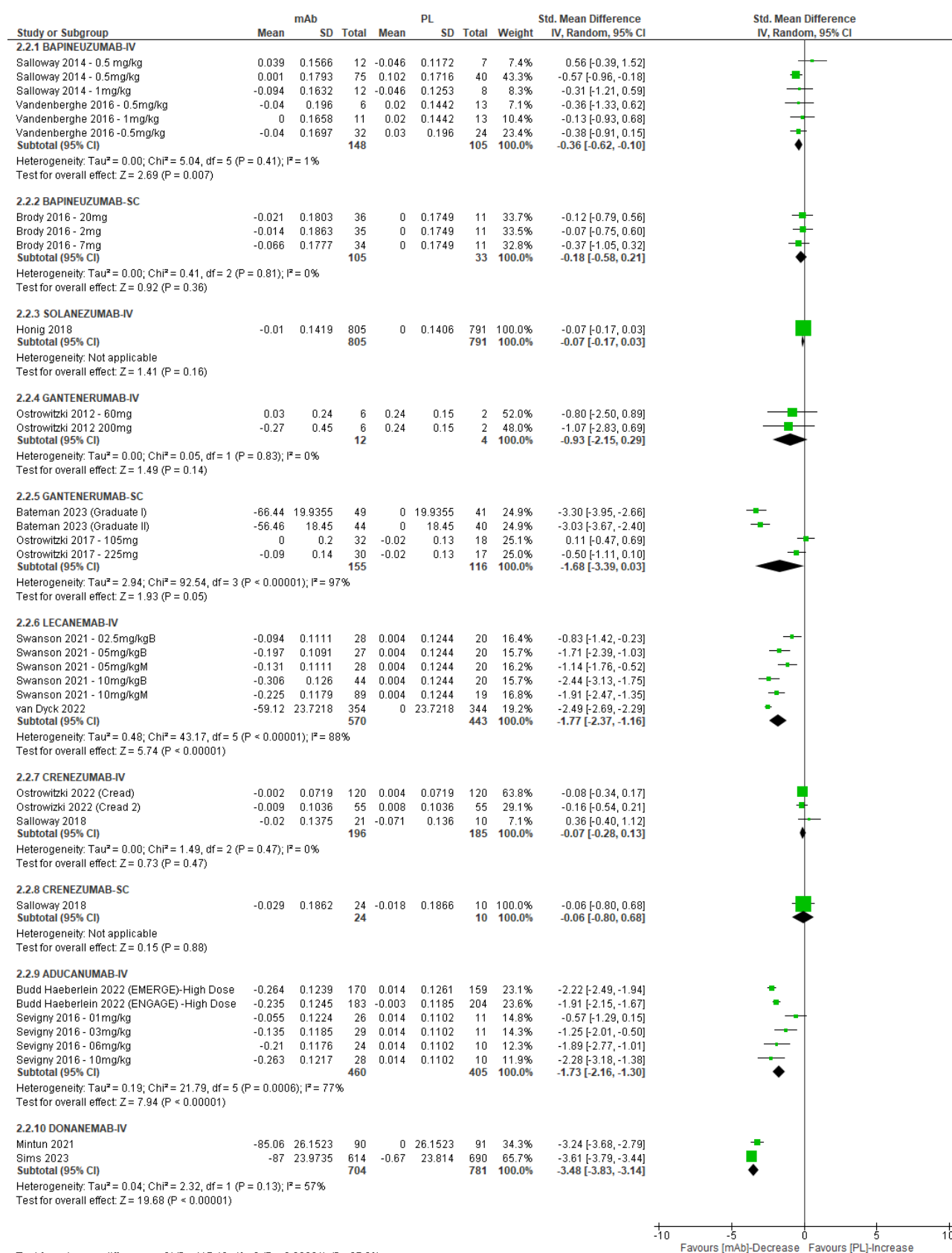
Passive immunotherapies against Tau protein – serious adverse events



Passive immunotherapies against Aβ – CDR-SB

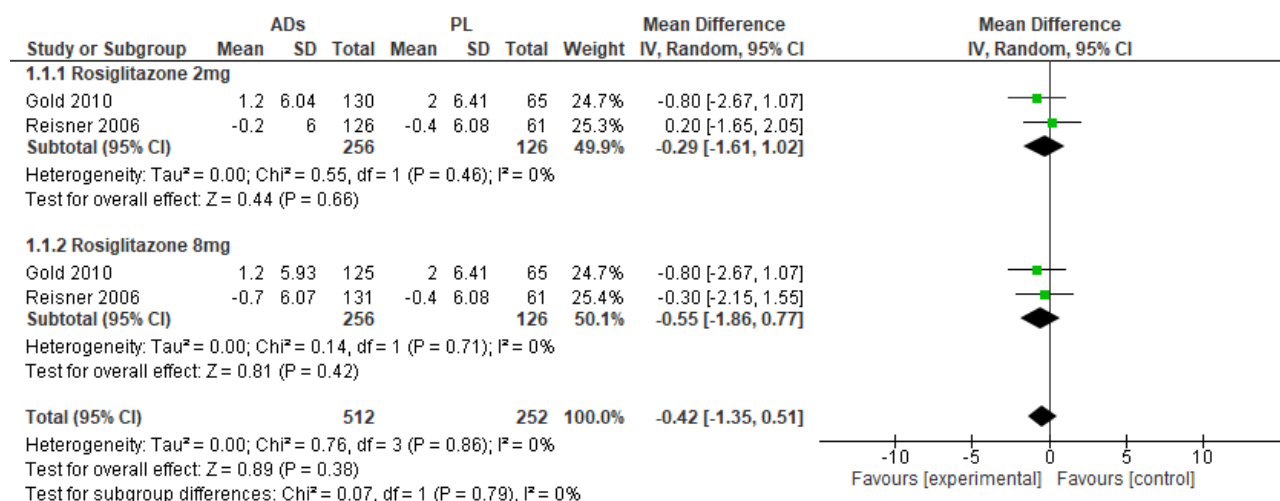


Donanemab – iADRS**Donanemab – MMSE****Donanemab – ADCS-ADL**

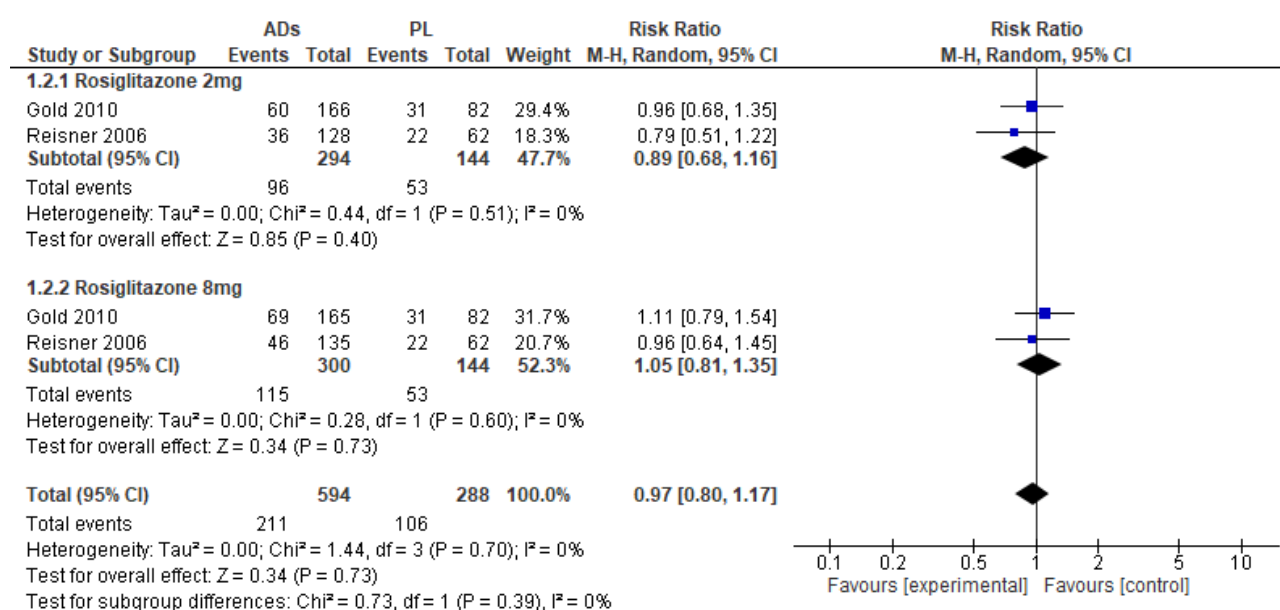
Passive immunotherapies against A β – amyloid PET

REVIEW QUESTION 16a. What effect does modifying risk factors (repositioning drugs acting on possible etiological causes of dementia) have on slowing the progression of dementia?

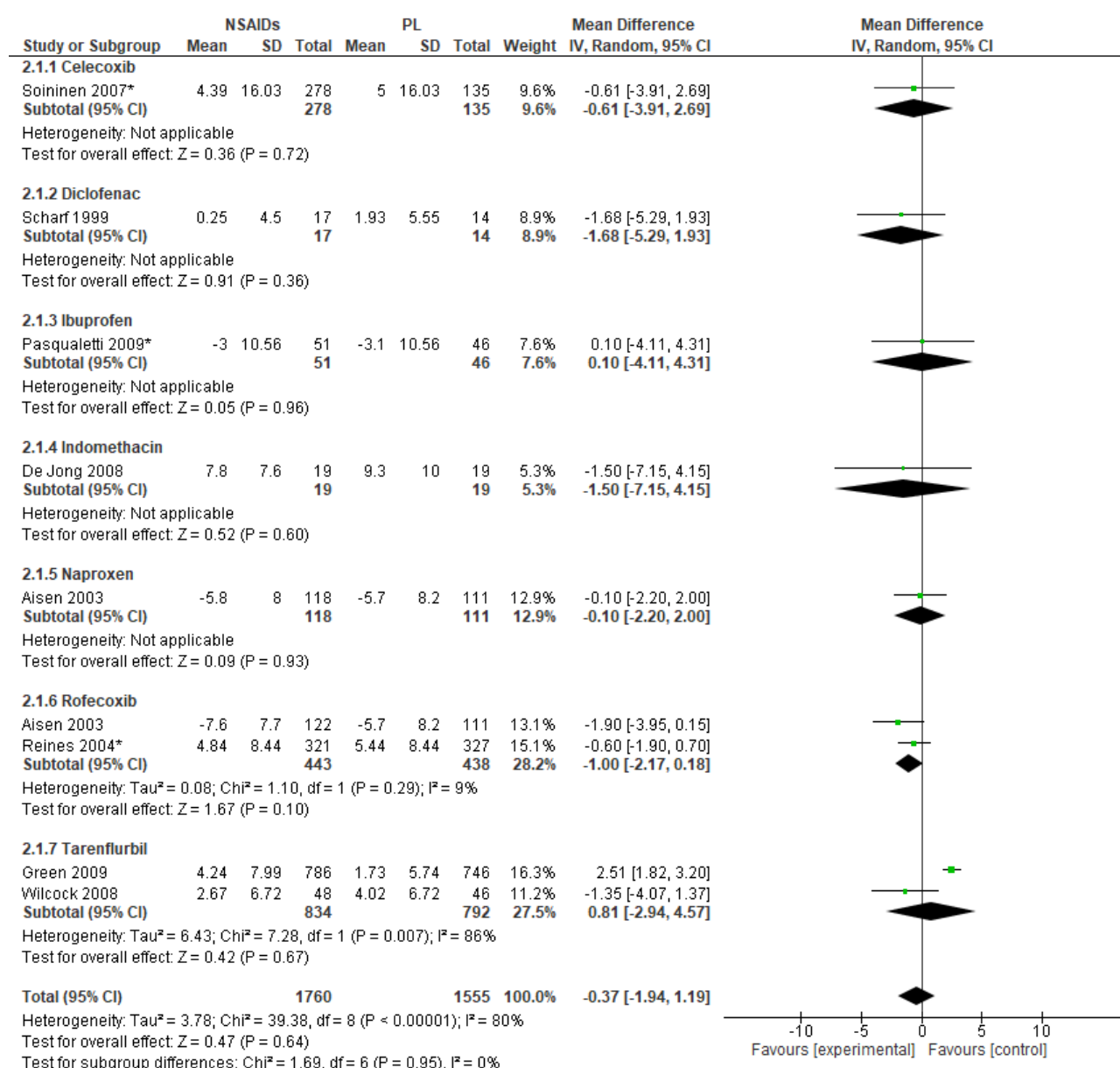
Antidiabetic drugs – ADAS-Cog



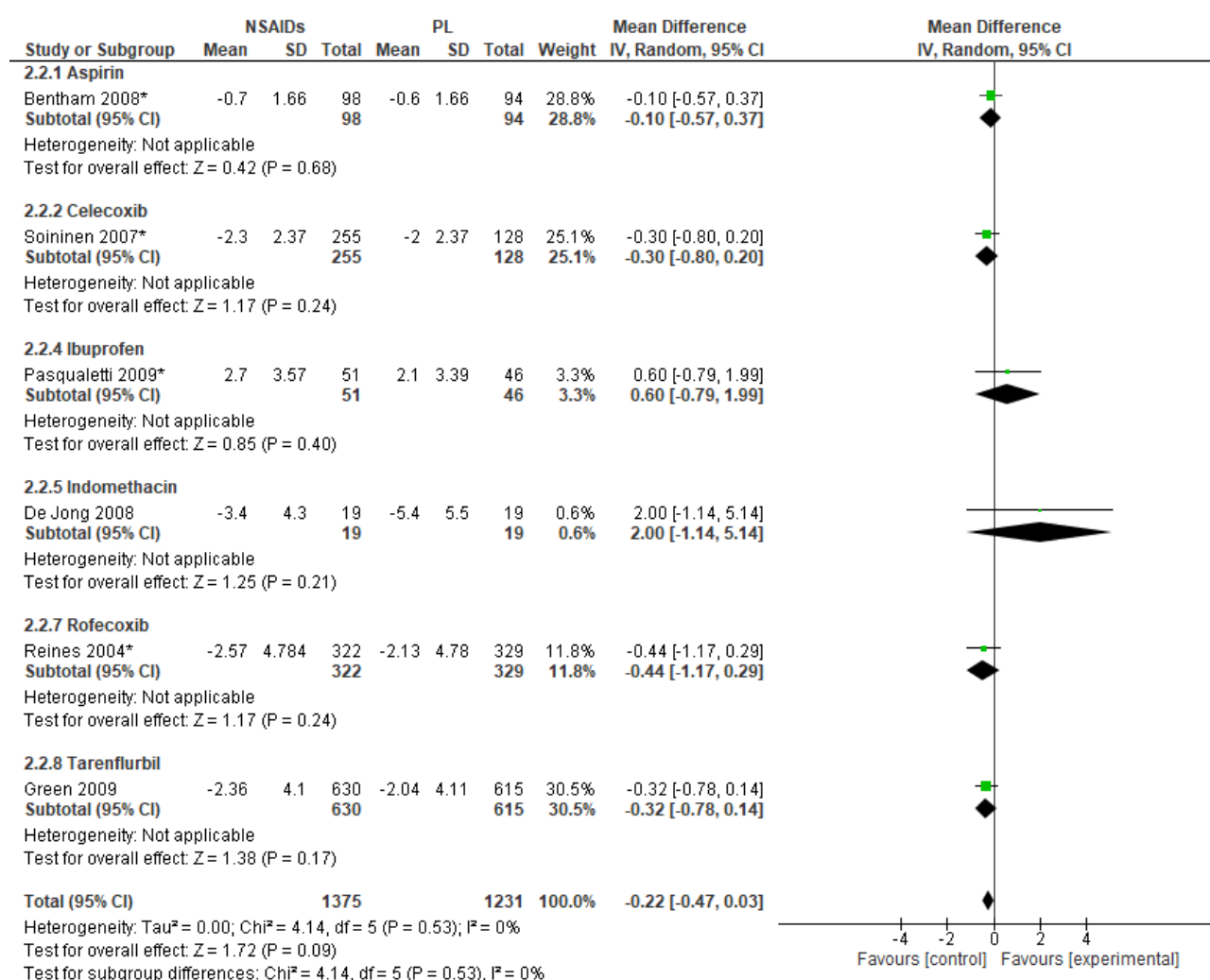
Antidiabetic drugs – adverse events



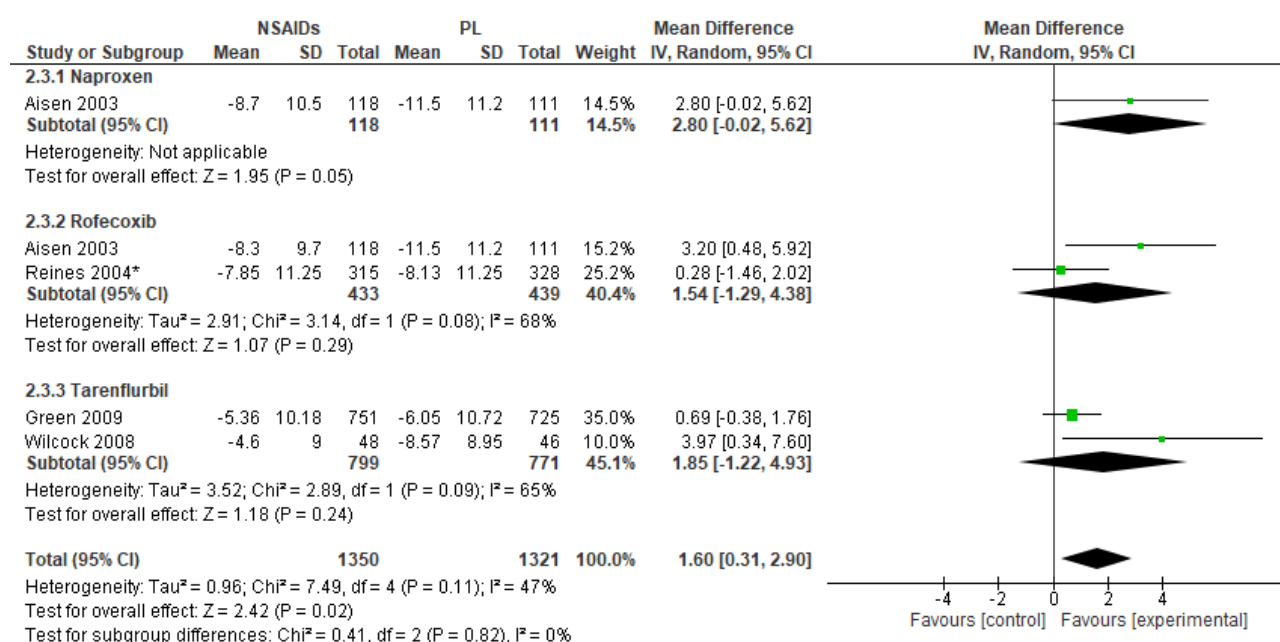
Non steroidal anti-inflammatory drugs – ADAS-Cog



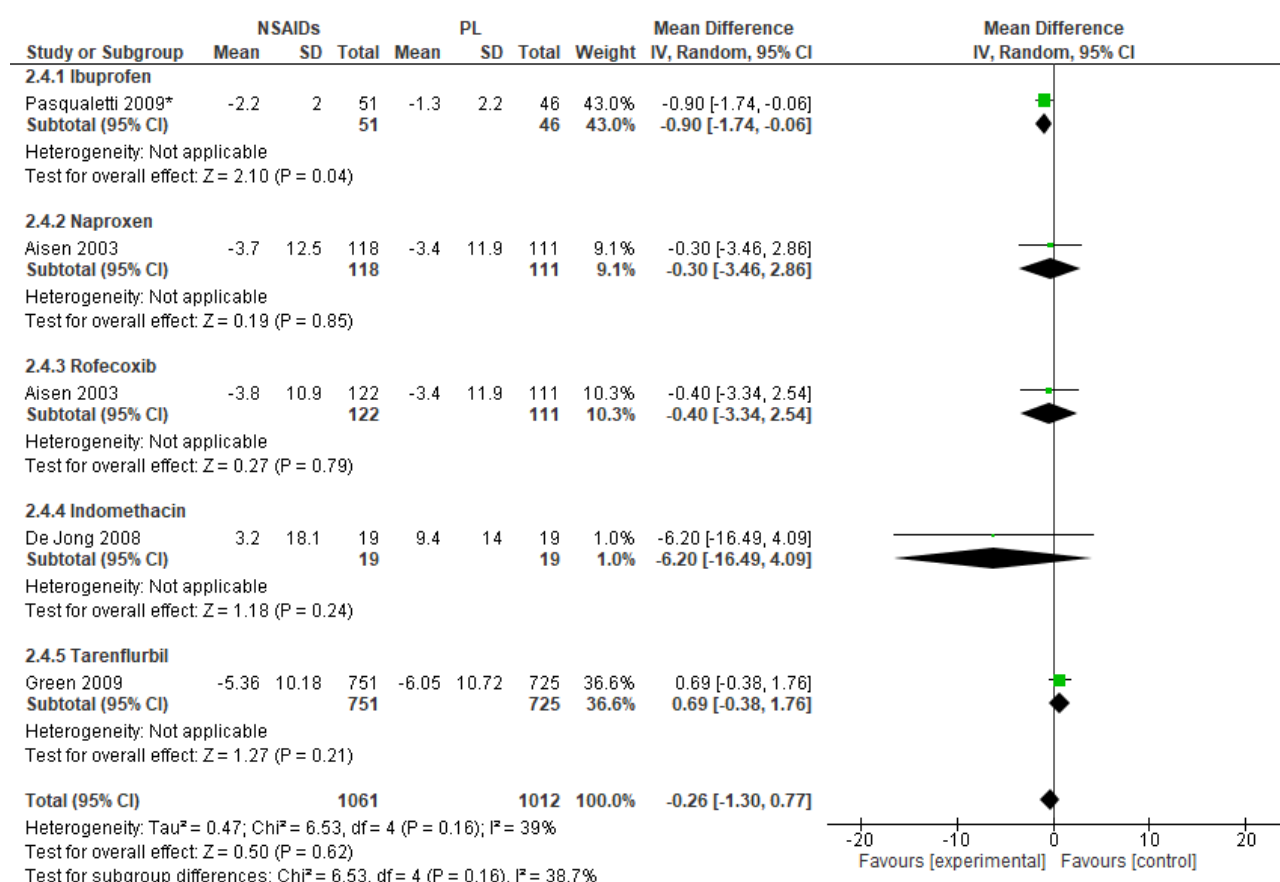
Non steroidal anti-inflammatory drugs – MMSE



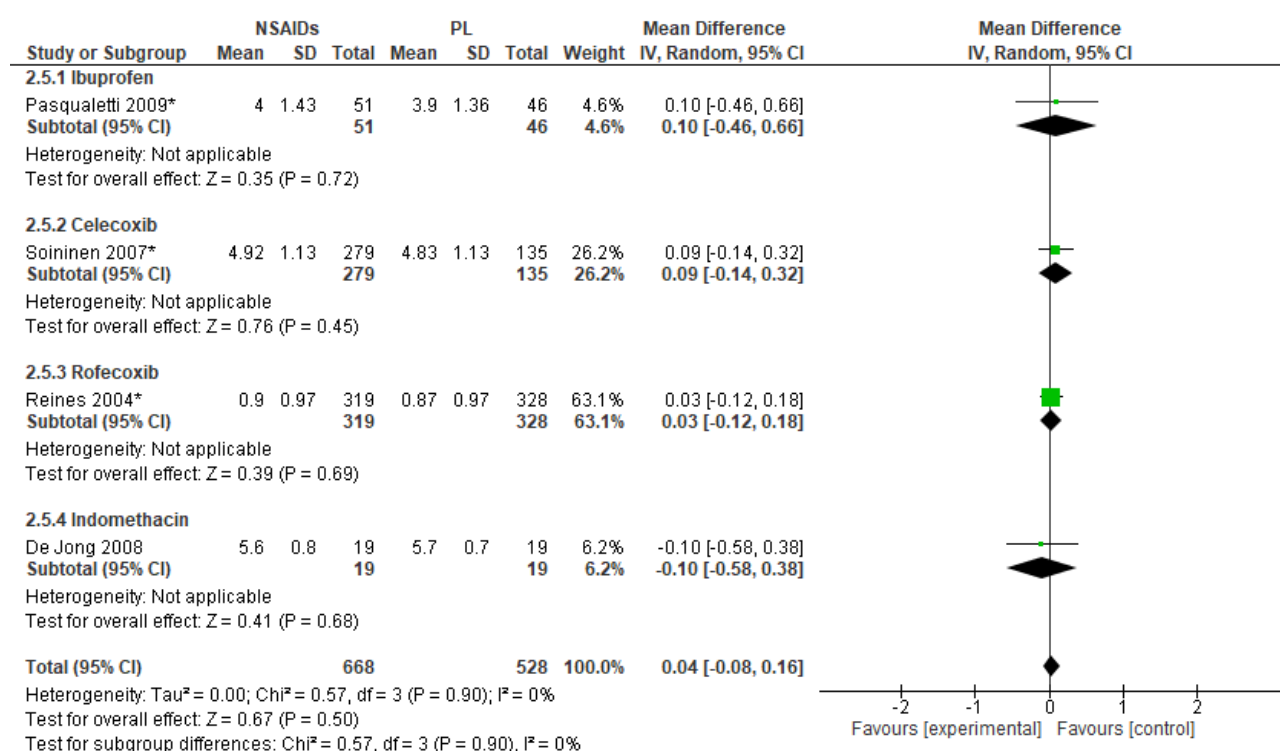
Non steroidal anti-inflammatory drugs – ADCS-ADL



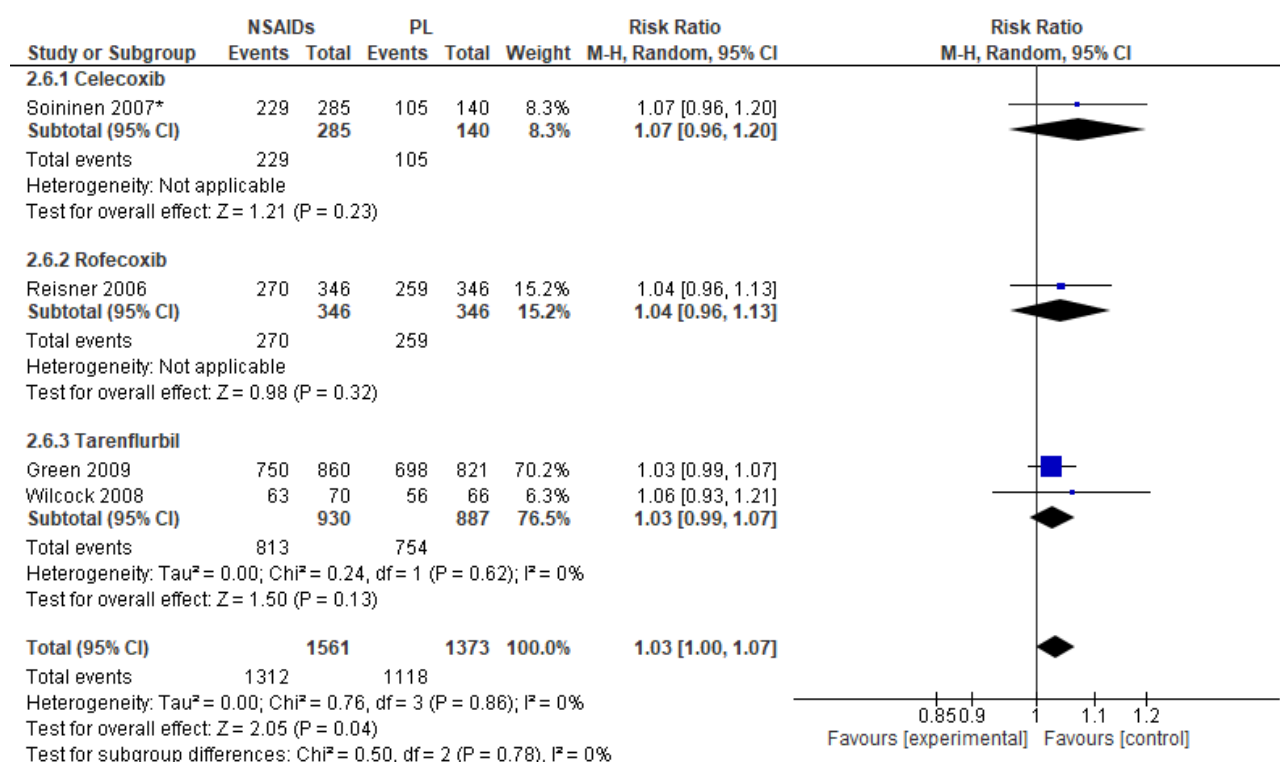
Non steroidal anti-inflammatory drugs – NPI



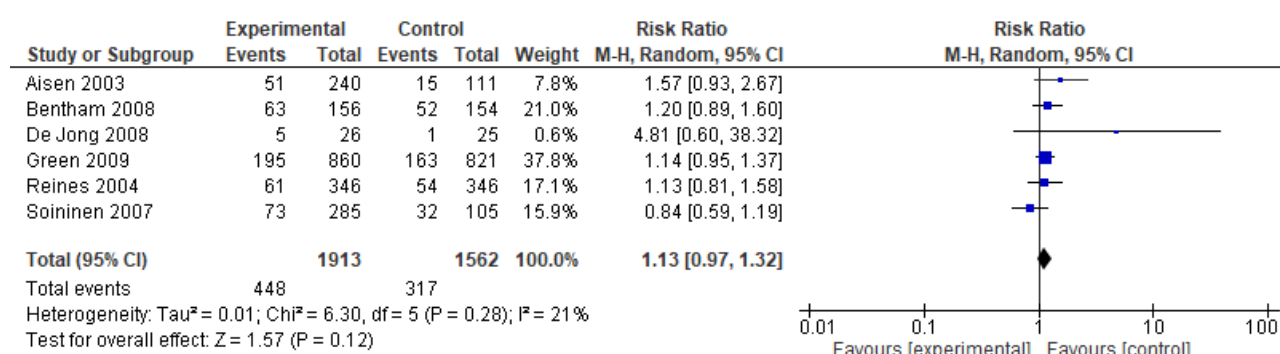
Non steroidal anti-inflammatory drugs – CIBIC+



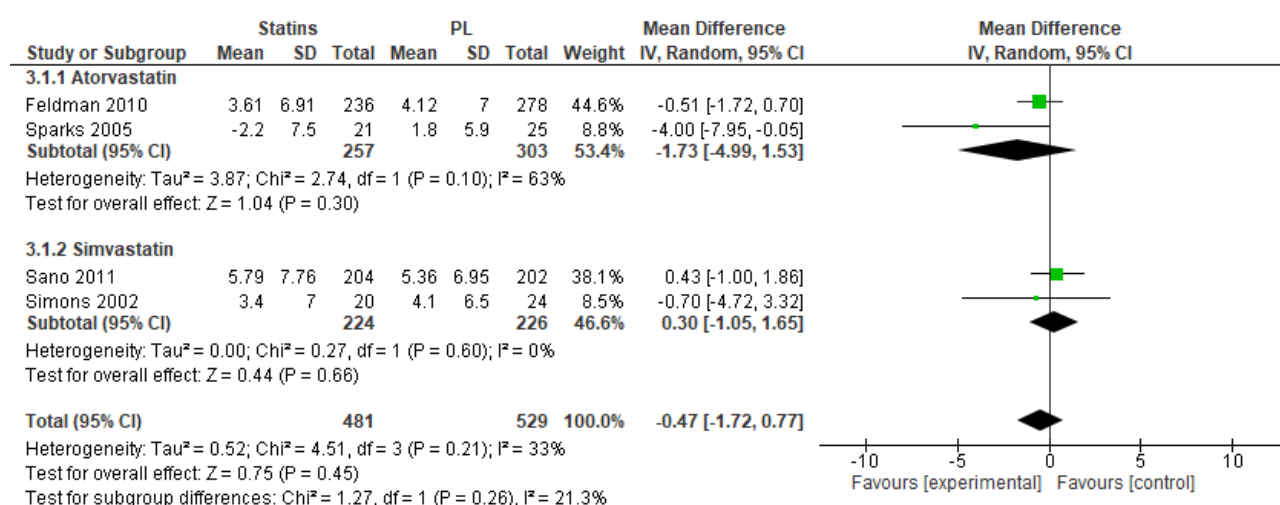
Non steroidal anti-inflammatory drugs – adverse events



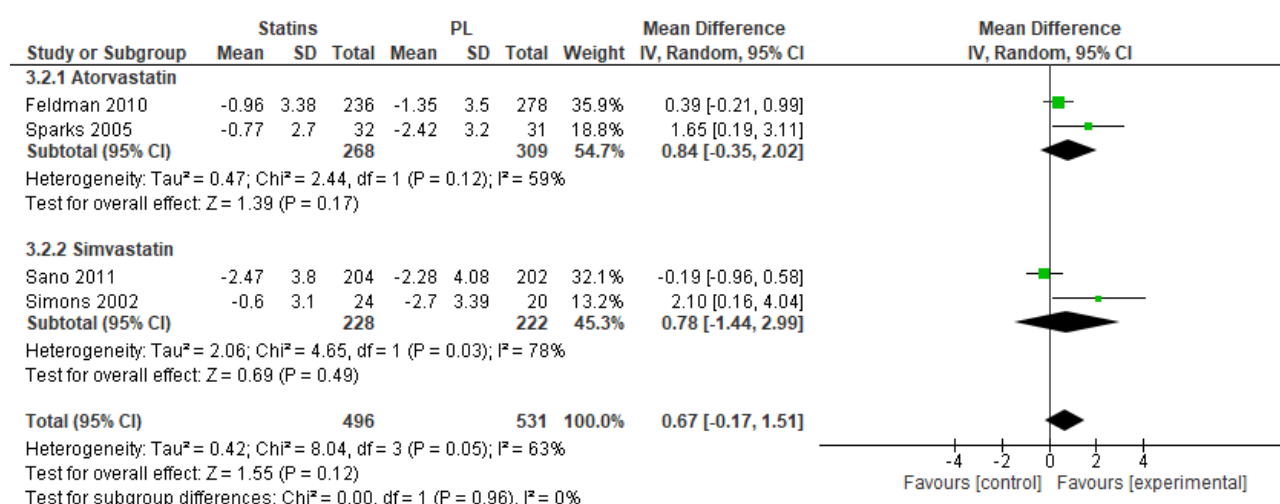
Non steroidal anti-inflammatory drugs – serious adverse events



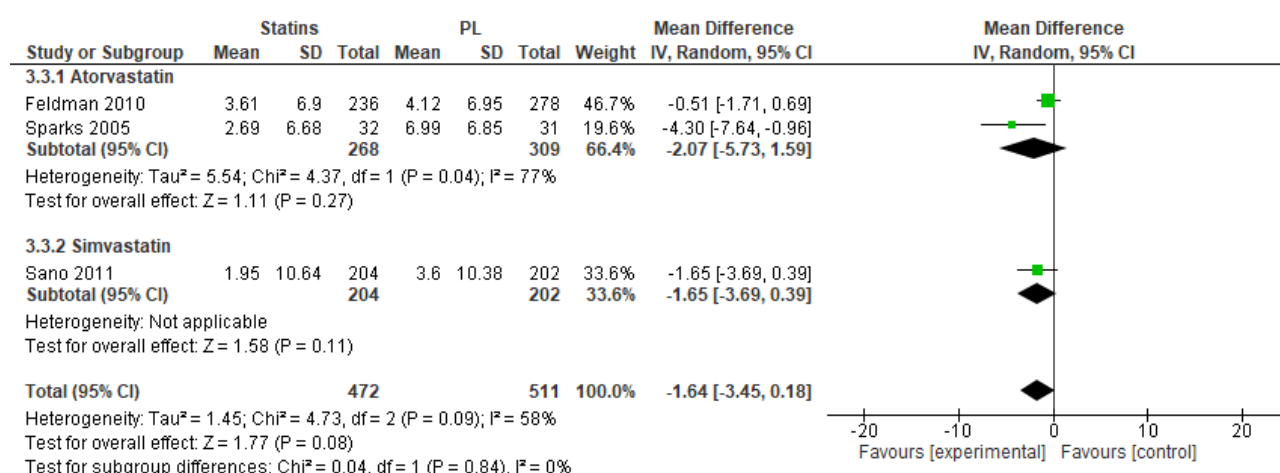
Statins – ADAS-Cog



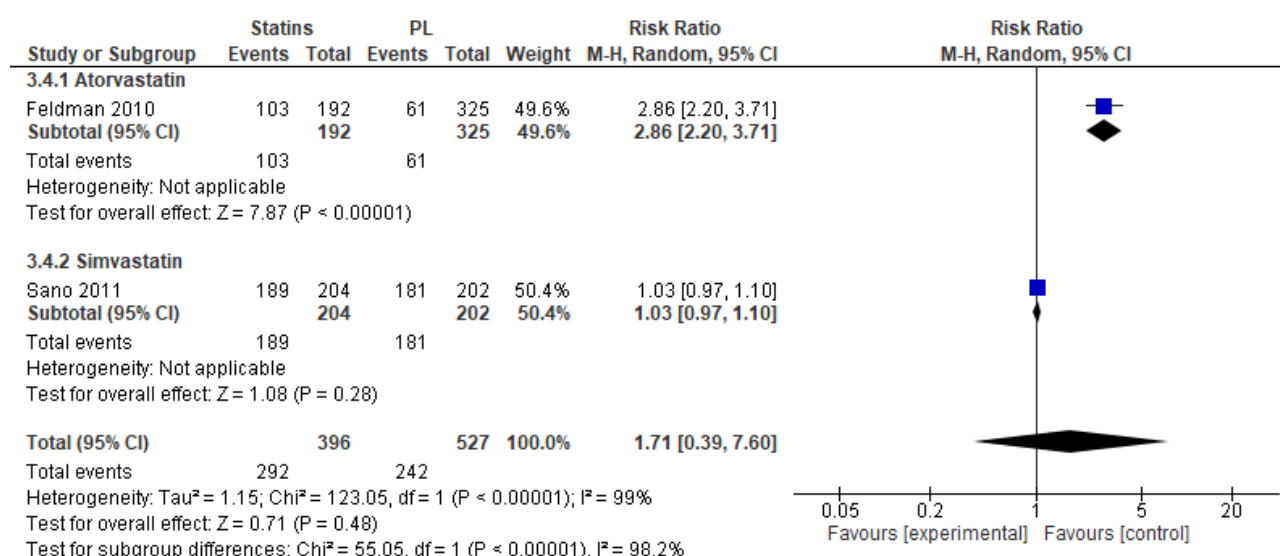
Statins – MMSE



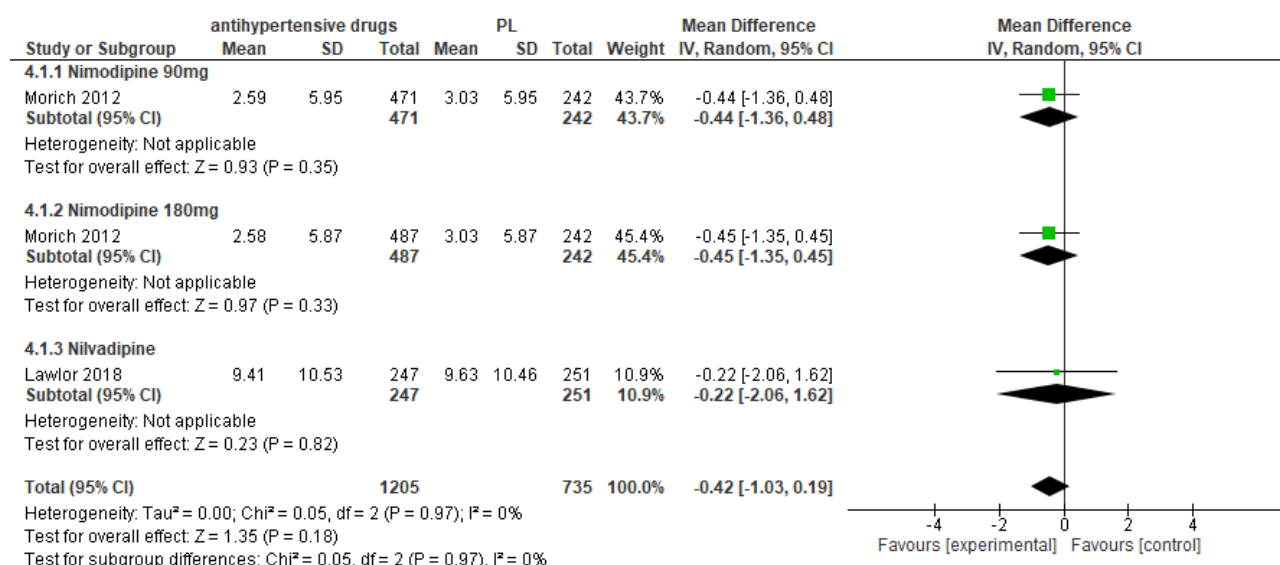
Statins – NPI

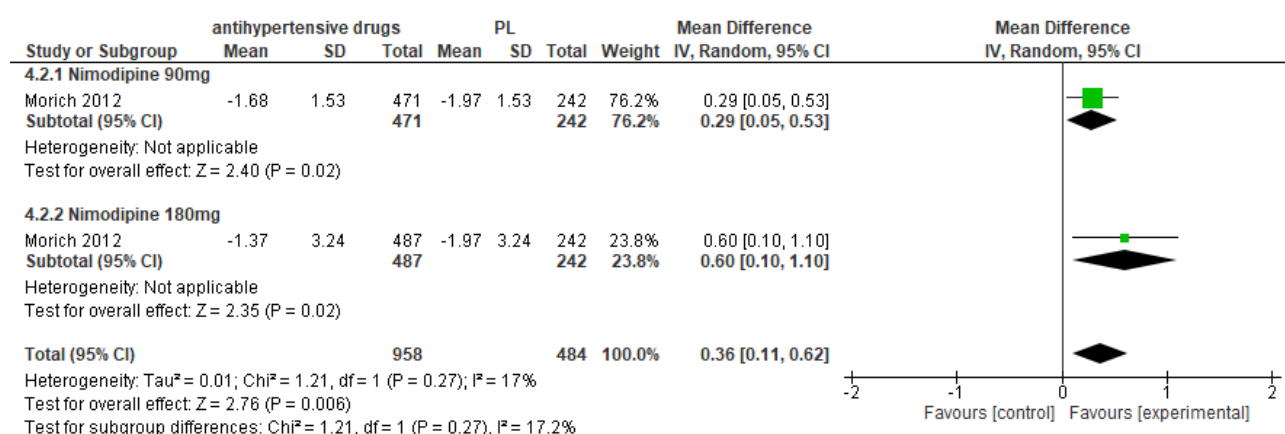
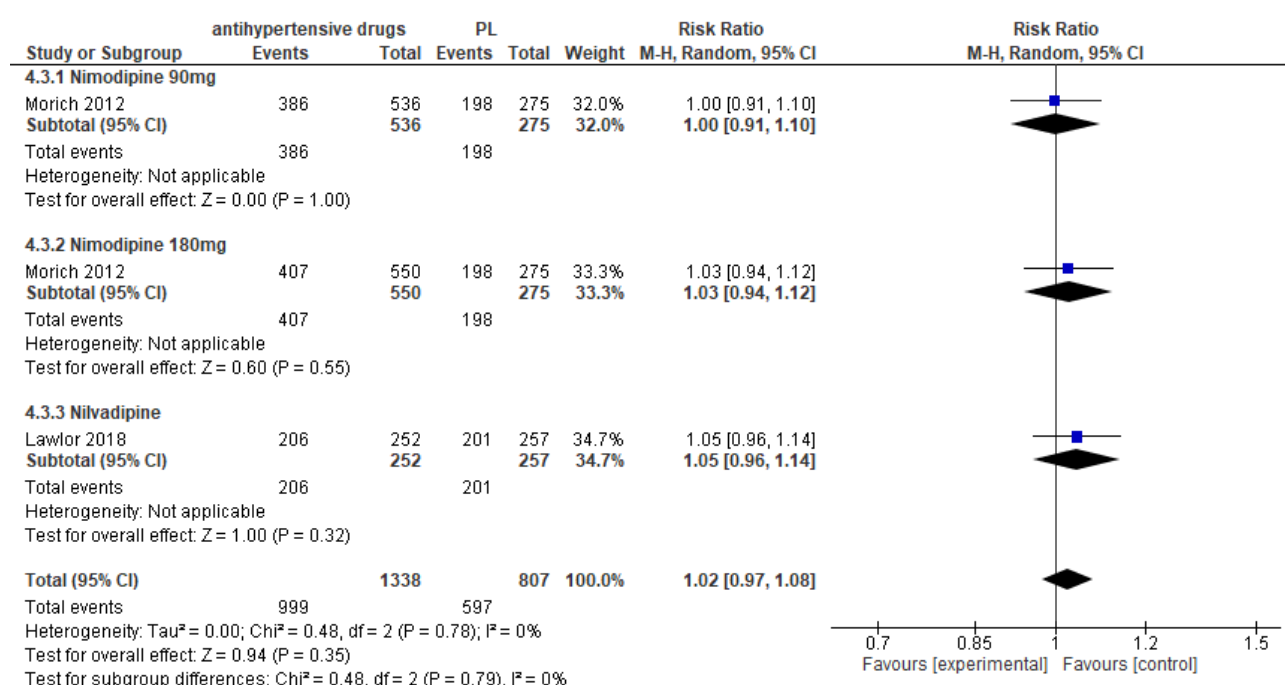


Statins – adverse events



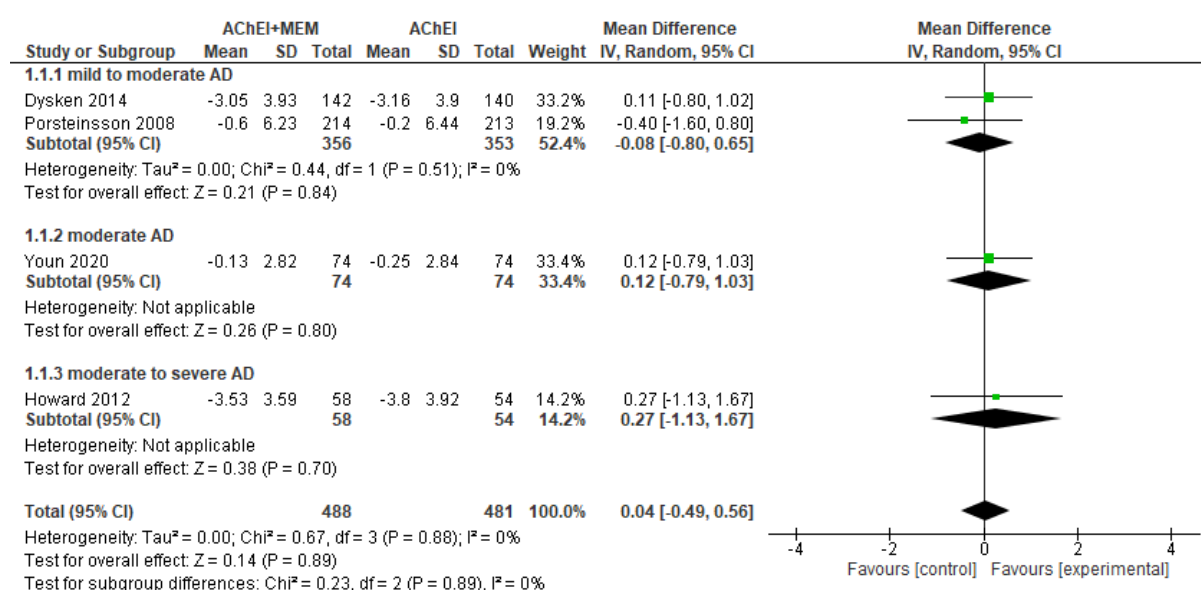
Antihypertensive drugs – ADAS-Cog



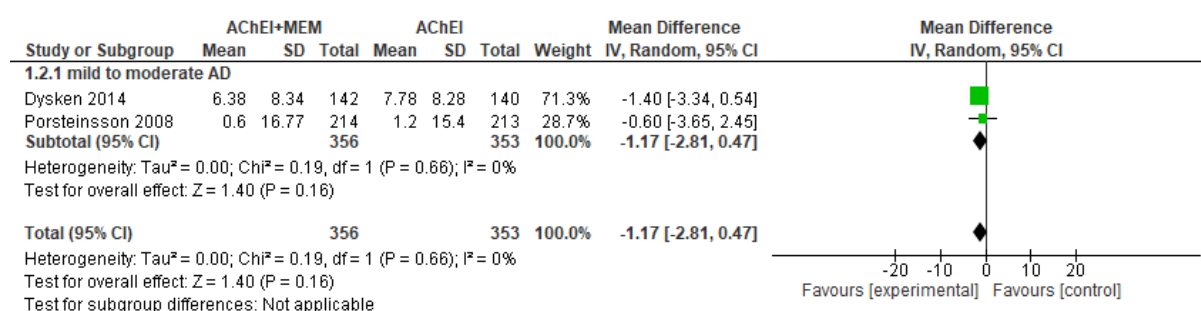
Antihypertensive drugs – MMSE**Antihypertensive drugs – adverse events**

REVIEW QUESTION 17a. How effective is the co-prescription of cholinesterase inhibitors and memantine for the treatment of Alzheimer's disease?

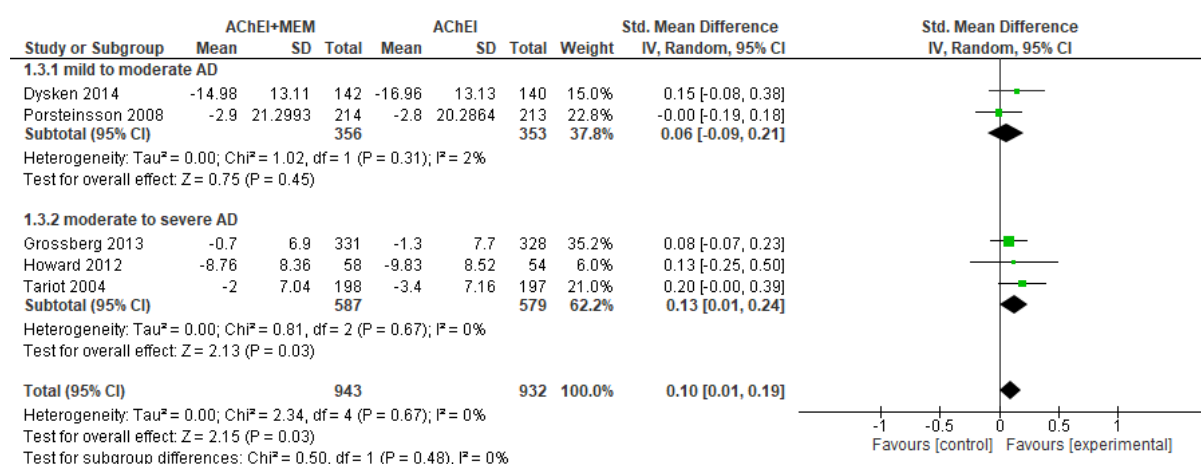
AChEI + memantine vs AChEI + placebo – MMSE

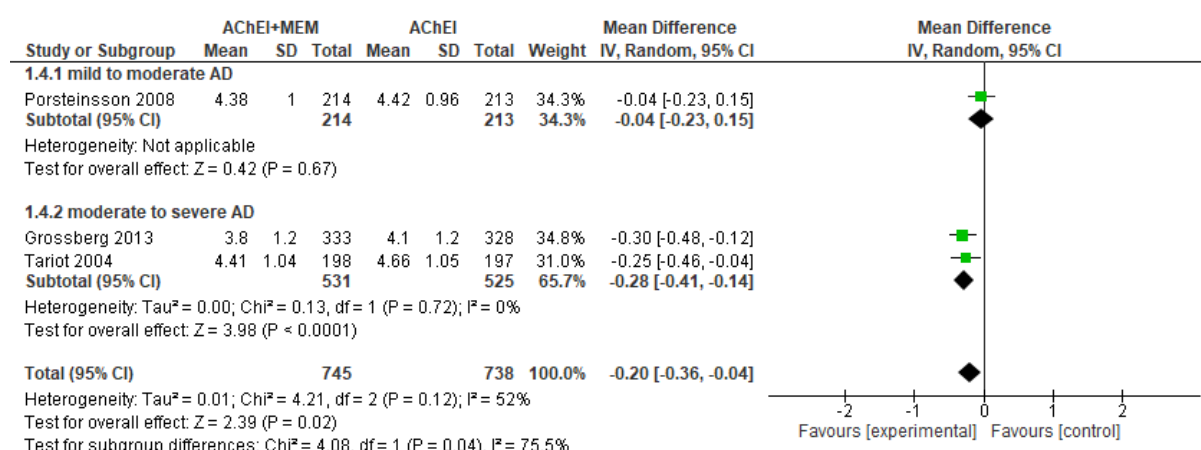
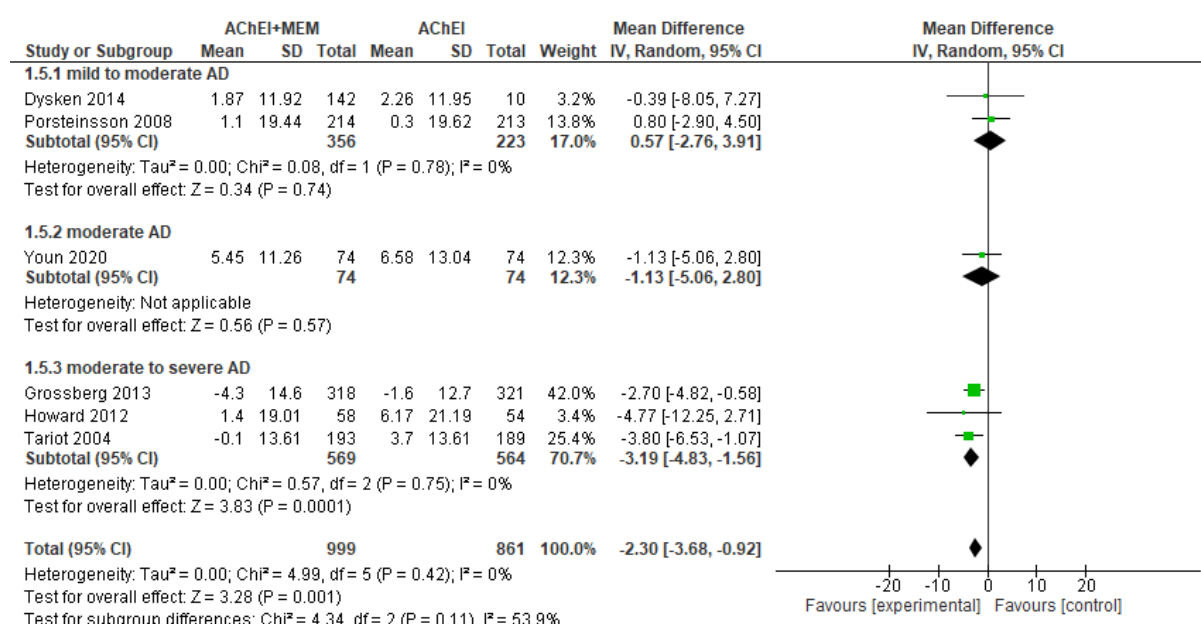
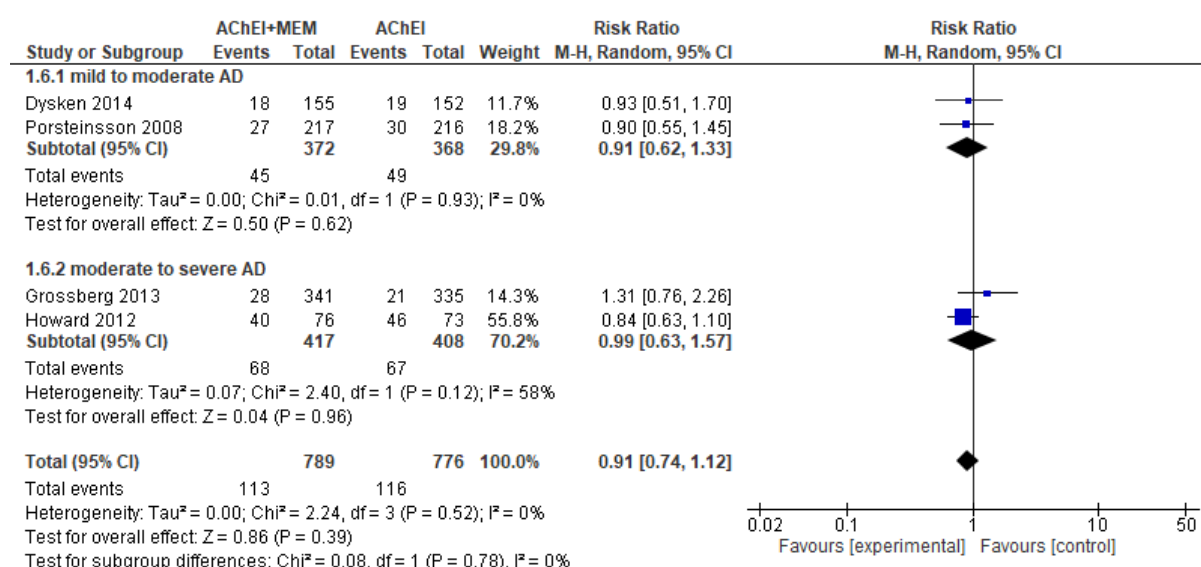


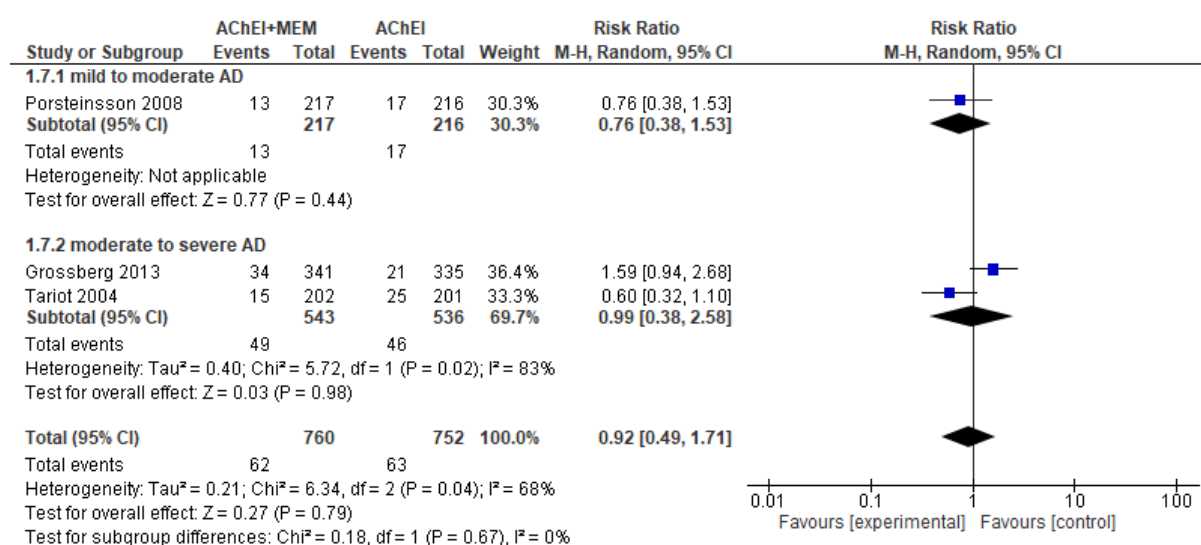
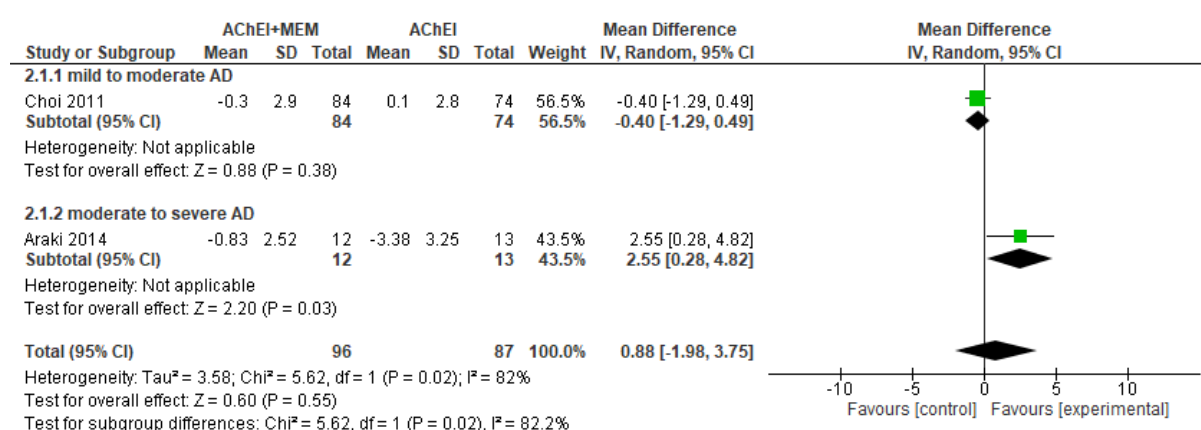
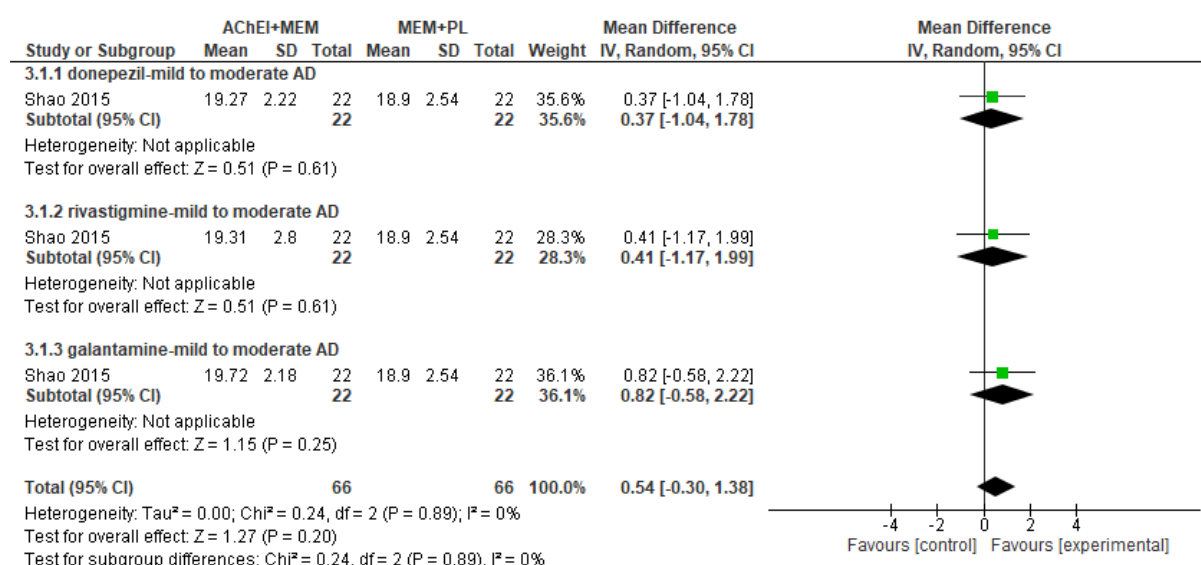
AChEI + memantine vs AChEI + placebo – ADAS-Cog

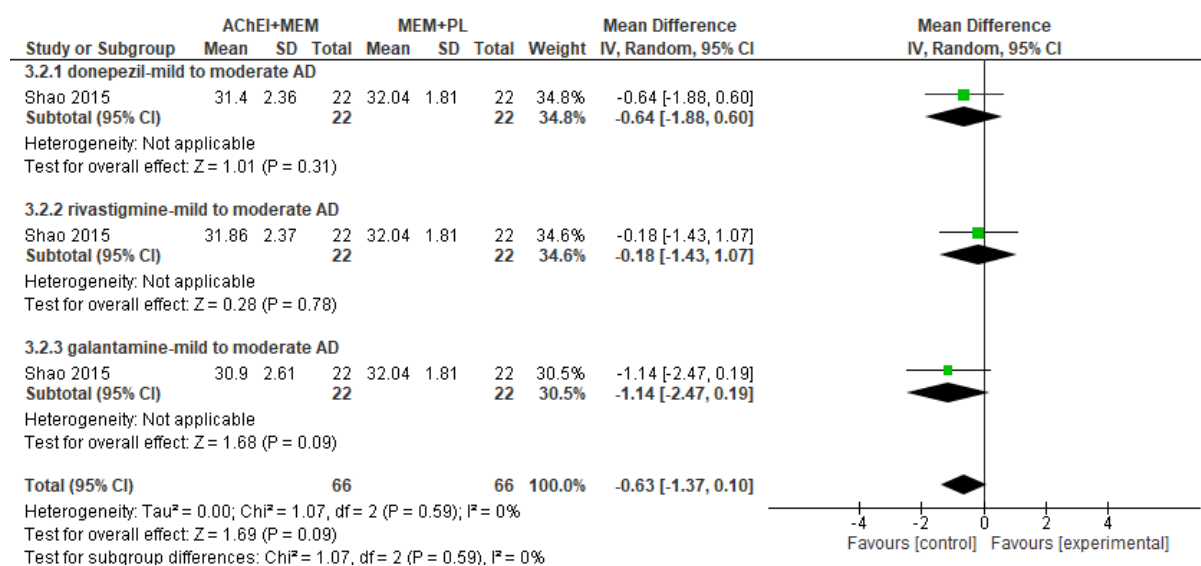
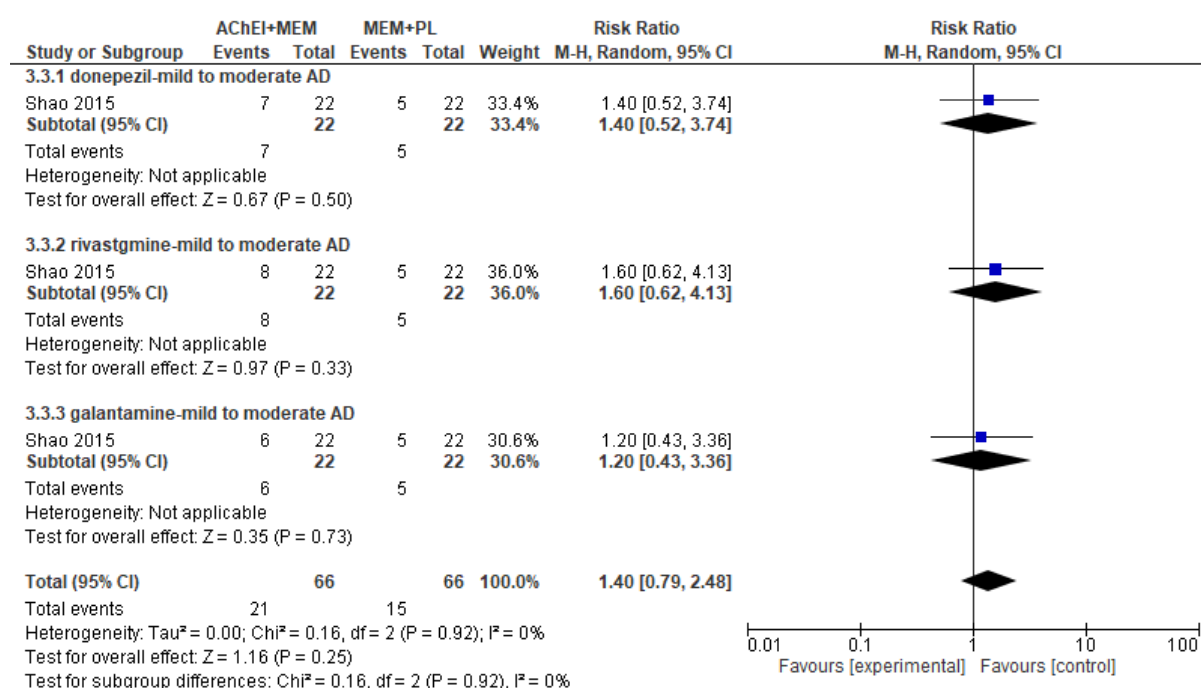


AChEI + memantine vs AChEI + placebo – ADL



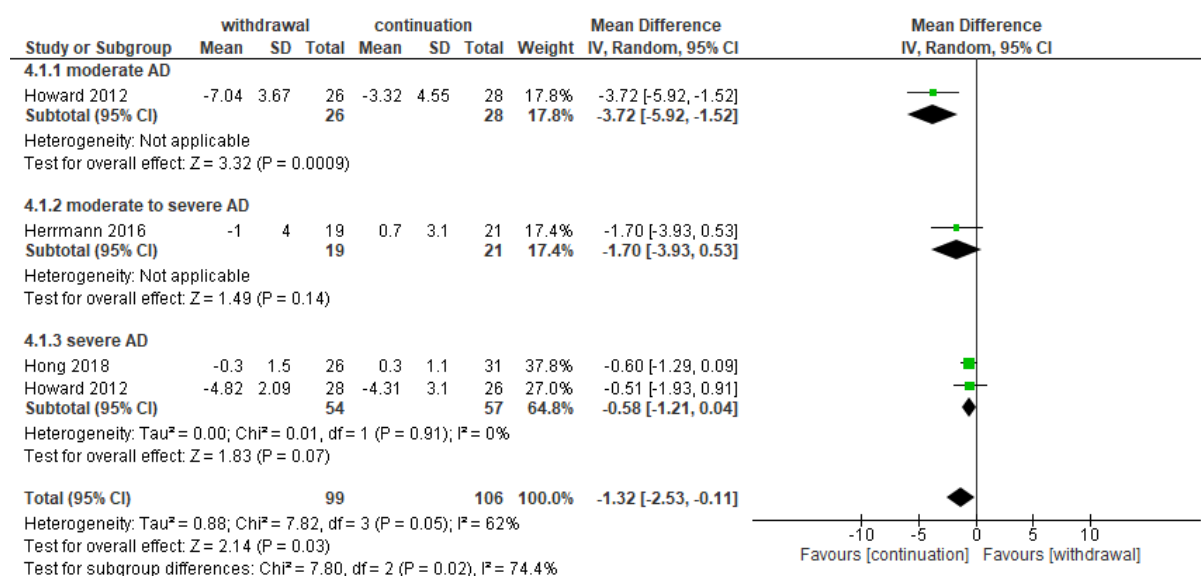
AChEI + memantine vs AChEI + placebo – CIBIC+**AChEI + memantine vs AChEI + placebo – NPI****AChEI + memantine vs AChEI + placebo – adverse events**

AChEI + memantine vs AChEI + placebo – withdrawal due to adverse events**AChEI + memantine vs AChEI as monotherapy – MMSE****AChEI + memantine vs memantina + placebo – MMSE**

ACHEI + memantine vs memantine + placebo – ADCS-ADL**ACHEI + memantine vs memantine + placebo – adverse events**

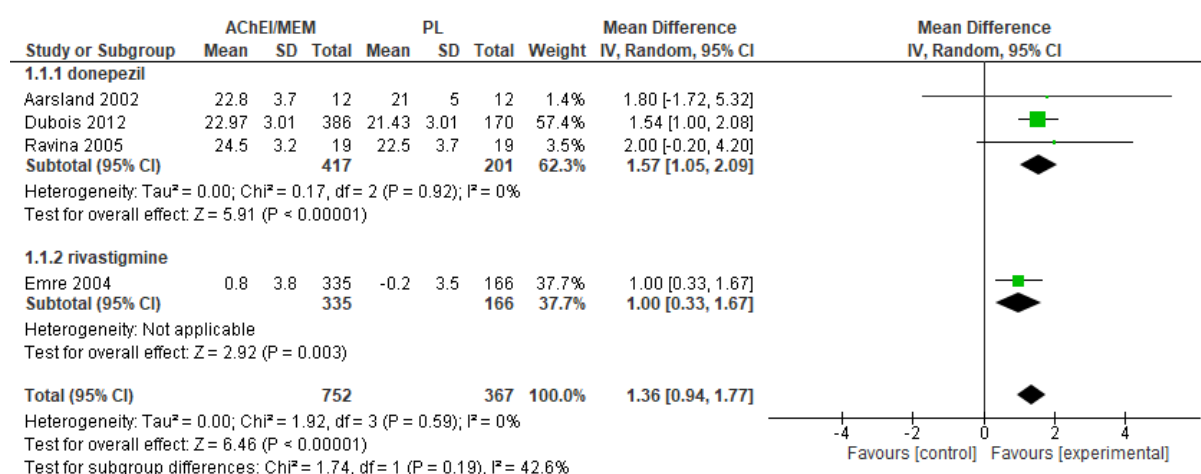
REVIEW QUESTION 17b. When should treatment with donepezil, galantamine, rivastigmine, memantine be withdrawn for people with Alzheimer's disease?

AChEI withdrawal vs continuation – MMSE

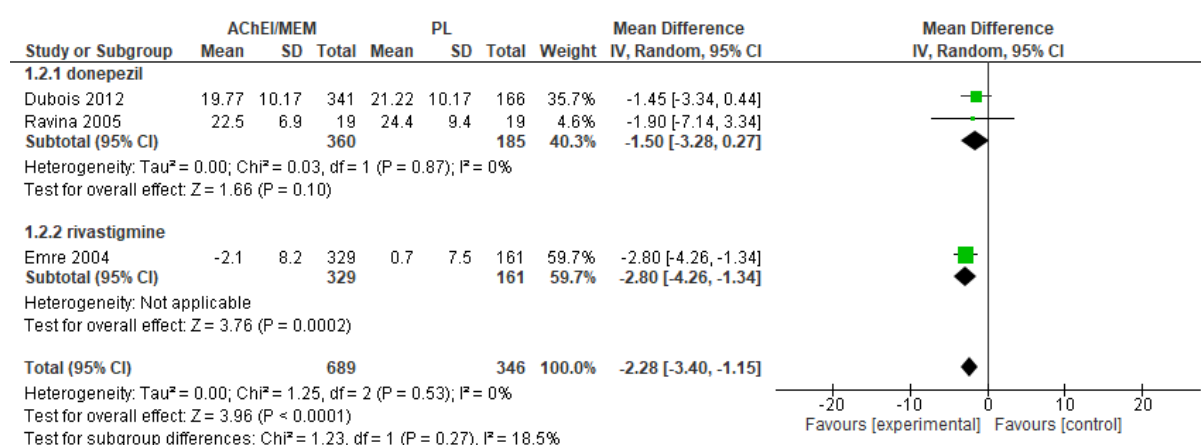


REVIEW QUESTION 18a. What is the comparative effectiveness of donepezil, galantamine, memantine and rivastigmine for cognitive enhancement in dementia associated with Parkinson's disease?

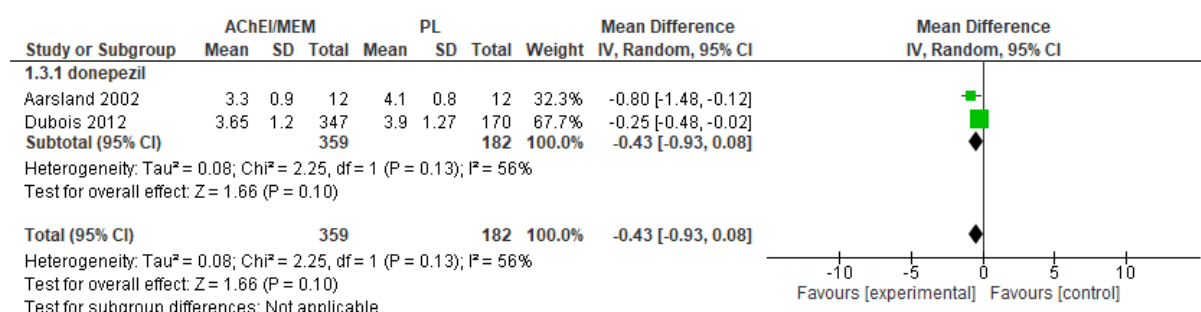
Acetylcholinesterase inhibitors and memantine for the treatment of PDD – MMSE

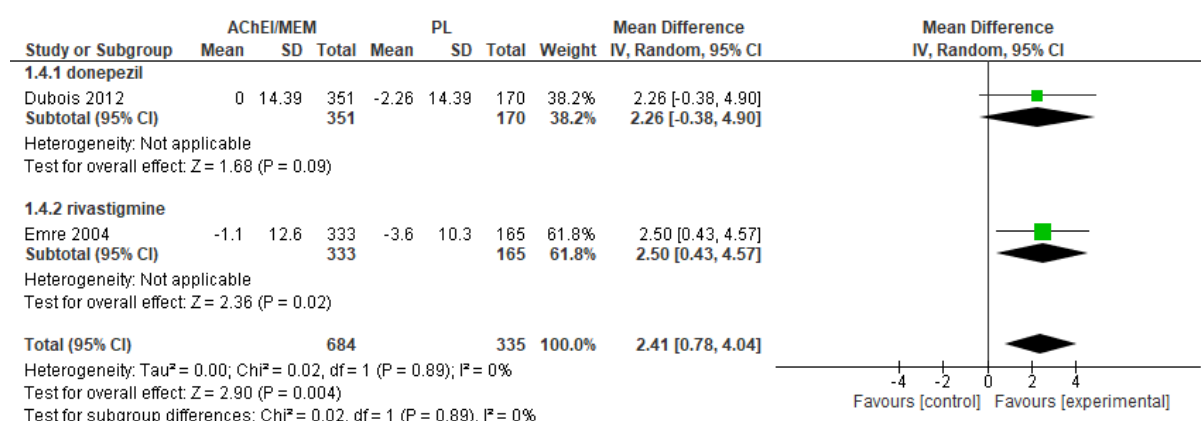
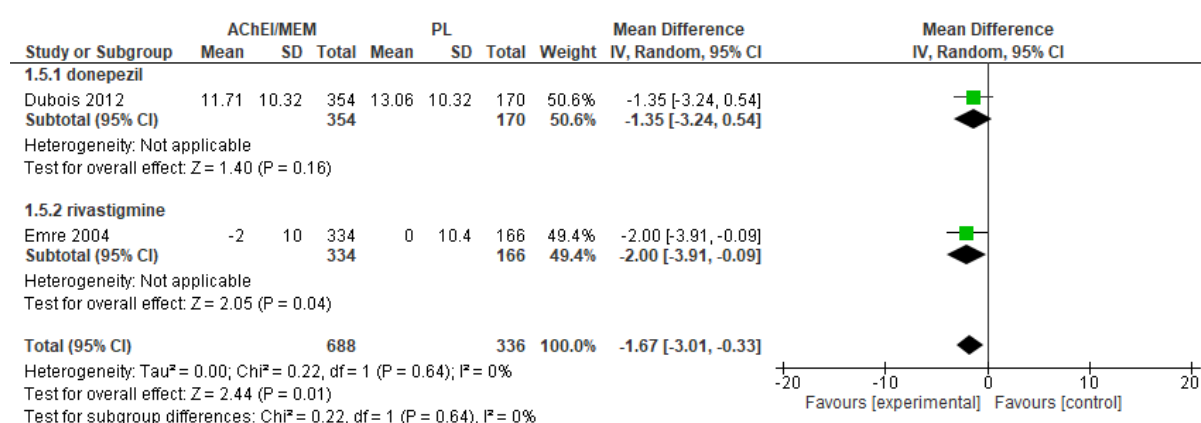
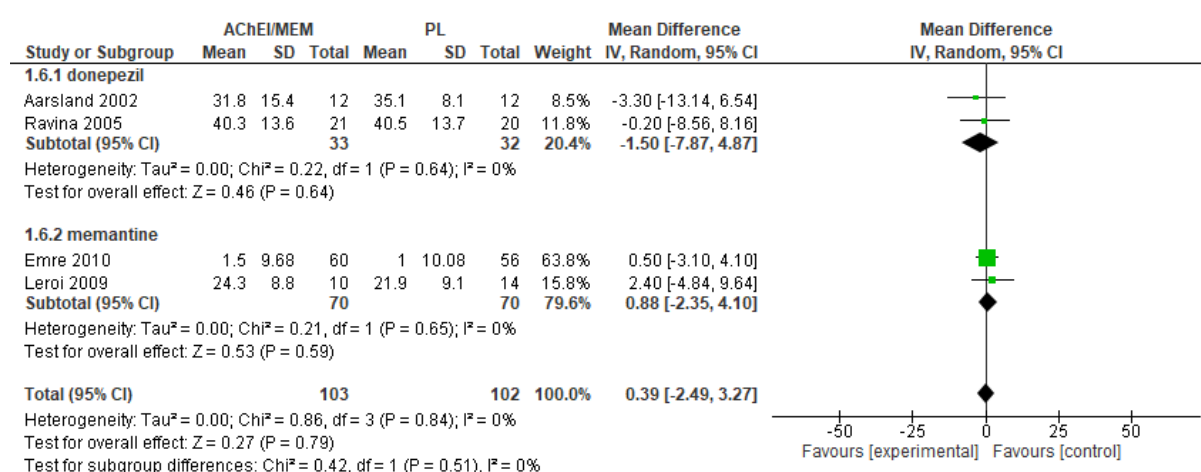


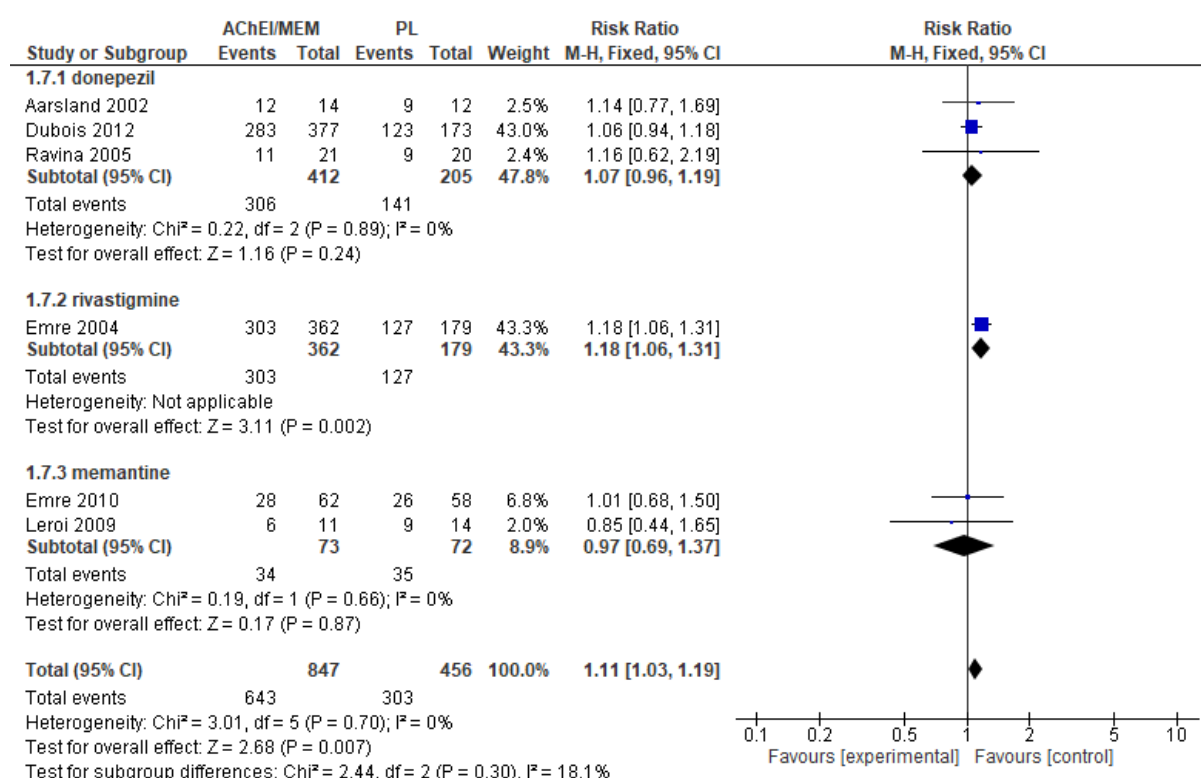
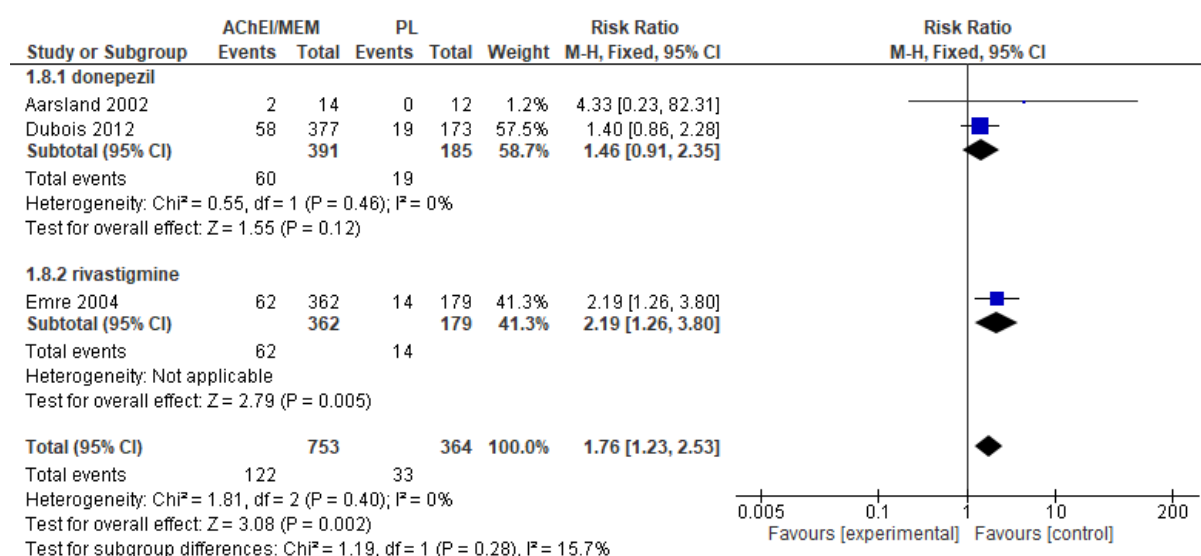
Acetylcholinesterase inhibitors and memantine for the treatment of PDD – ADAS-Cog



Acetylcholinesterase inhibitors and memantine for the treatment of PDD – CIBIC+

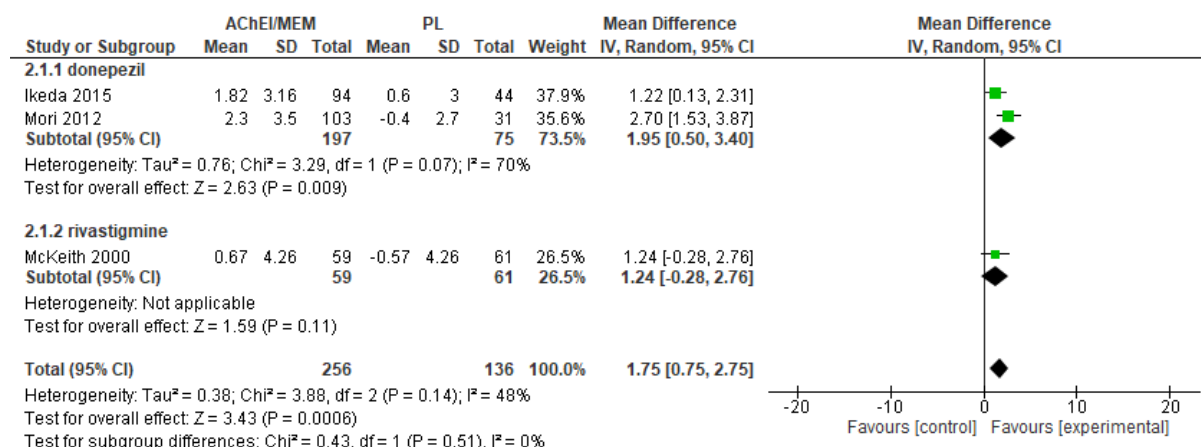


Acetylcholinesterase inhibitors and memantine for the treatment of PDD – ADL**Acetylcholinesterase inhibitors and memantine for the treatment of PDD – NPI-10 items****Acetylcholinesterase inhibitors and memantine for the treatment of PDD – UPDRS-III**

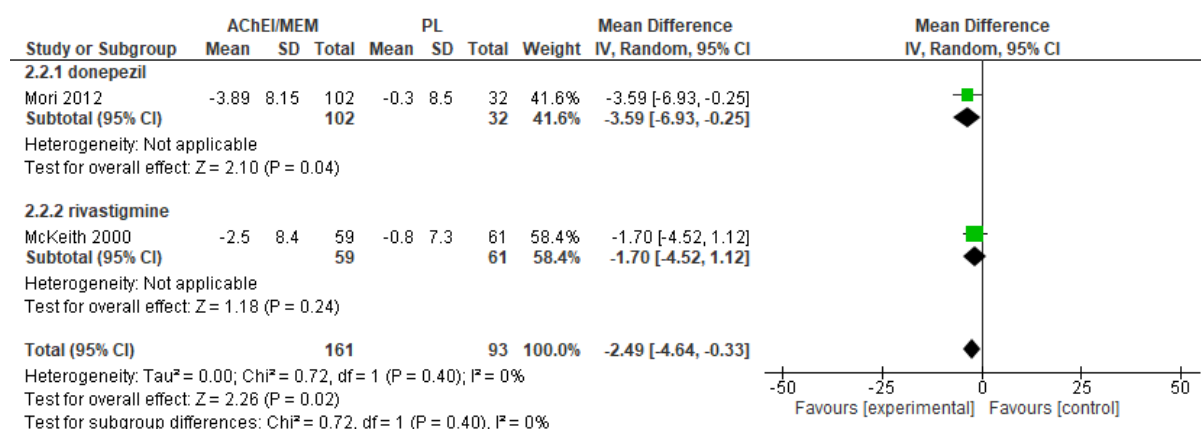
Acetylcholinesterase inhibitors and memantine for the treatment of PDD – adverse events**Acetylcholinesterase inhibitors and memantine for the treatment of PDD – withdrawal due to adverse events**

REVIEW QUESTION 18b. What is the comparative effectiveness of donepezil, galantamine, memantine and rivastigmine for cognitive enhancement in dementia with Lewy bodies?

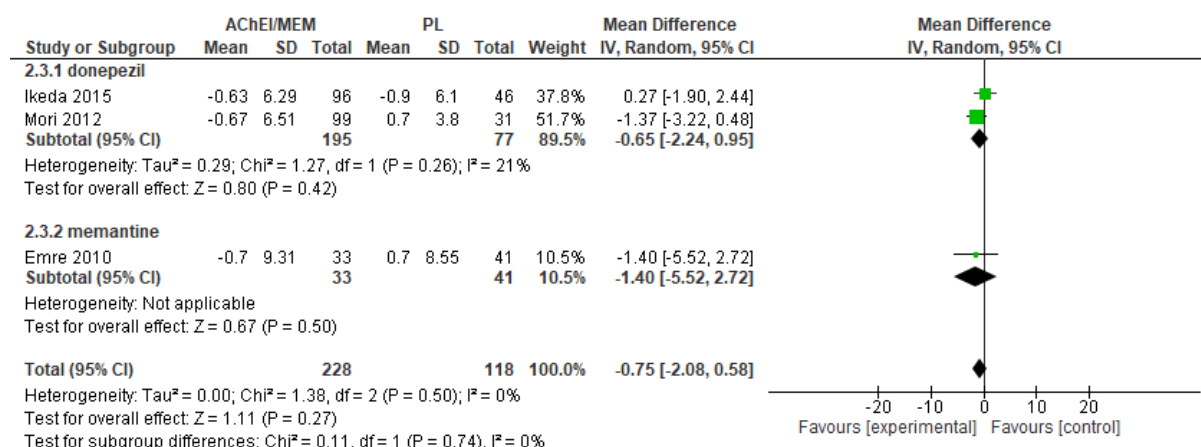
Acetylcholinesterase inhibitors and memantine for the treatment of DLB – MMSE

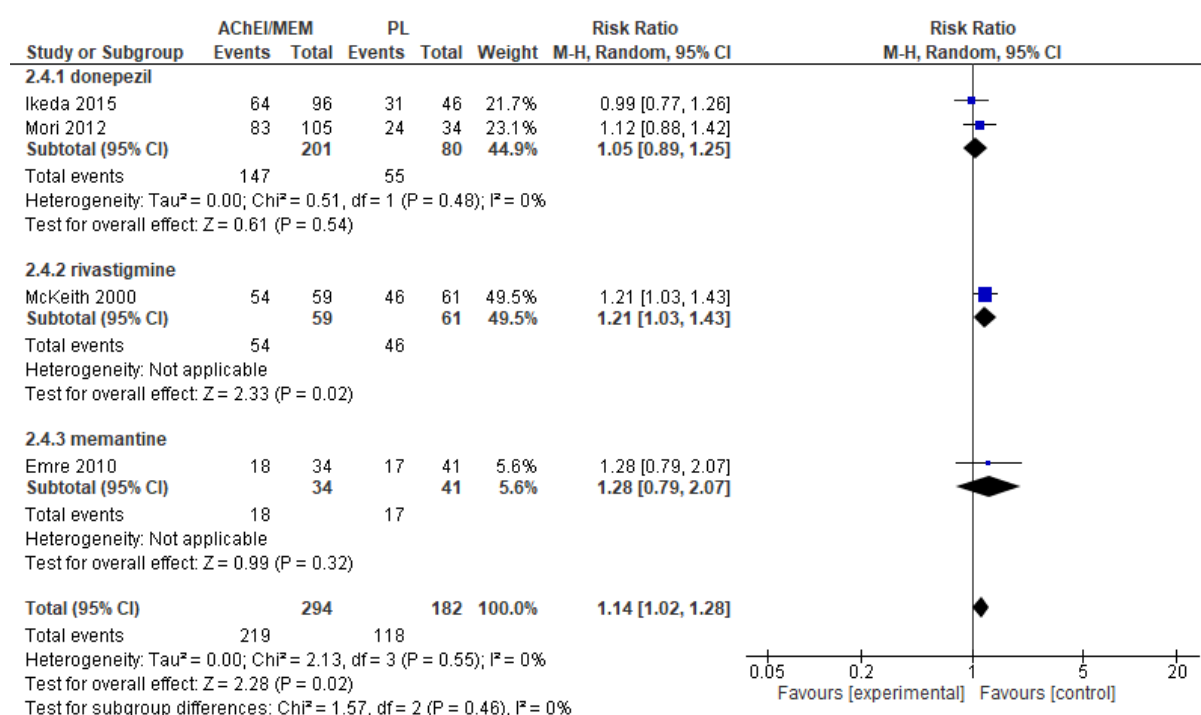
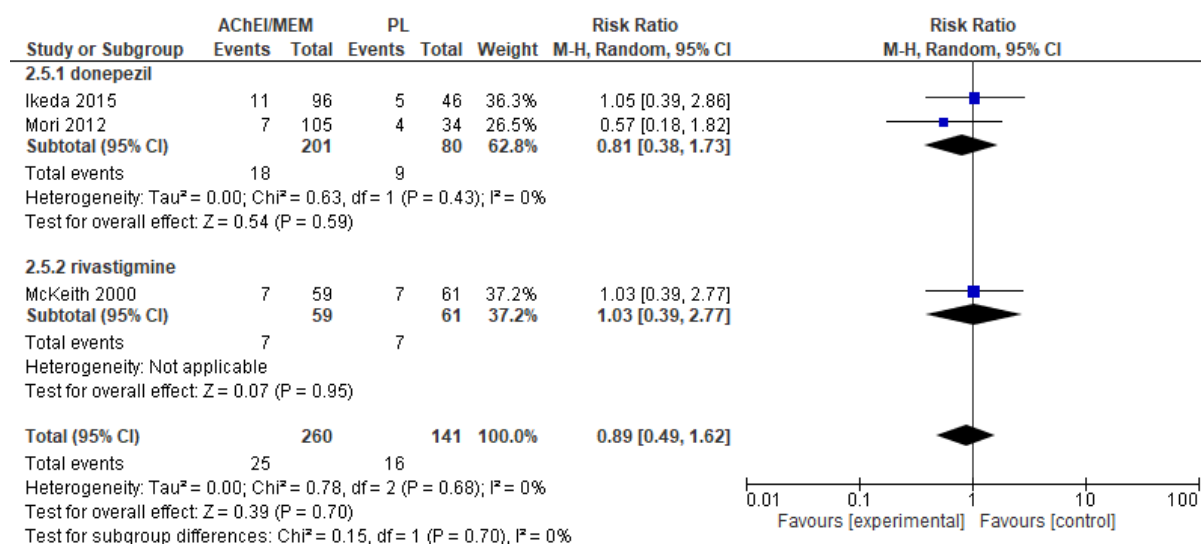


Acetylcholinesterase inhibitors and memantine for the treatment of DLB – NPI-10 items



Acetylcholinesterase inhibitors and memantine for the treatment of DLB – UPDRS-III



Acetylcholinesterase inhibitors and memantine for the treatment of DLB – adverse events**Acetylcholinesterase inhibitors and memantine for the treatment of DLB – withdrawal due to adverse events**

REVIEW QUESTION 20a. What are the most effective non-pharmacological interventions for supporting cognitive functioning in people living with dementia?

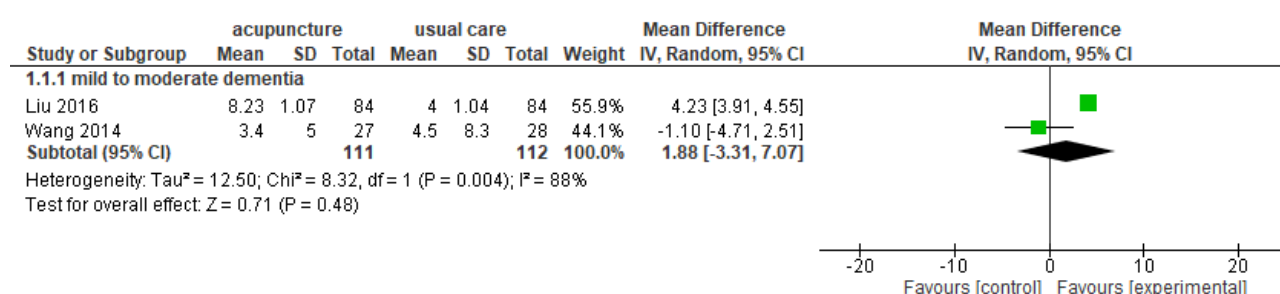
REVIEW QUESTION 20b. What are the most effective non-pharmacological interventions for supporting functional ability in people living with dementia?

REVIEW QUESTION 20c. What are the most effective non-pharmacological interventions to support wellbeing in people living with dementia?

REVIEW QUESTION 20d. What are the most effective methods of supporting people living with dementia to reduce harm and stay independent?

ACUPUNCTURE

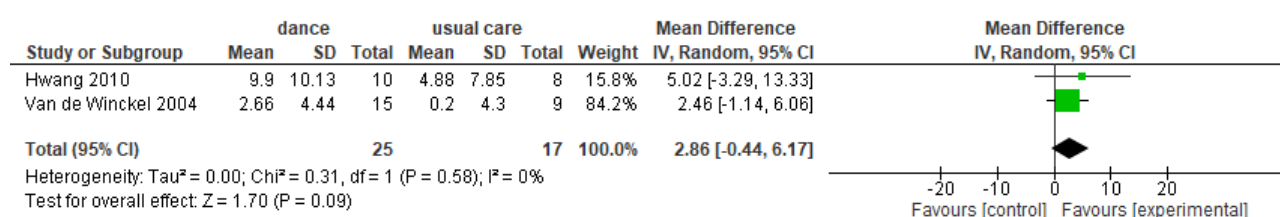
MMSE



PHYSICAL EXERCISE

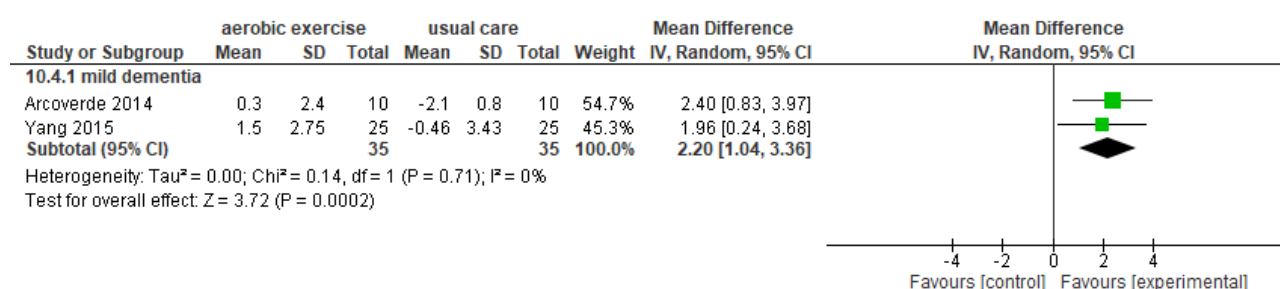
Dance

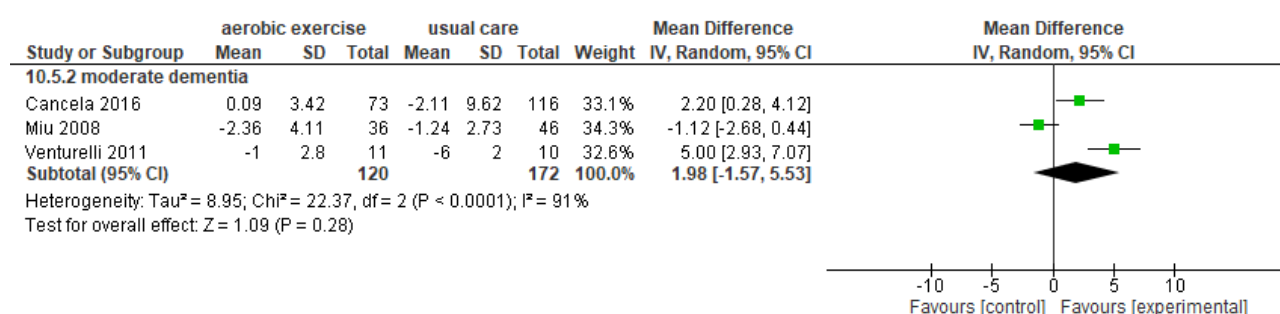
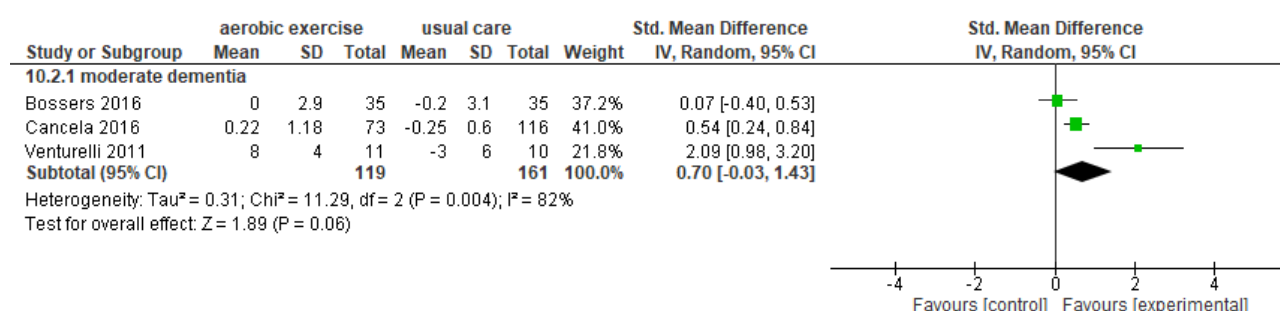
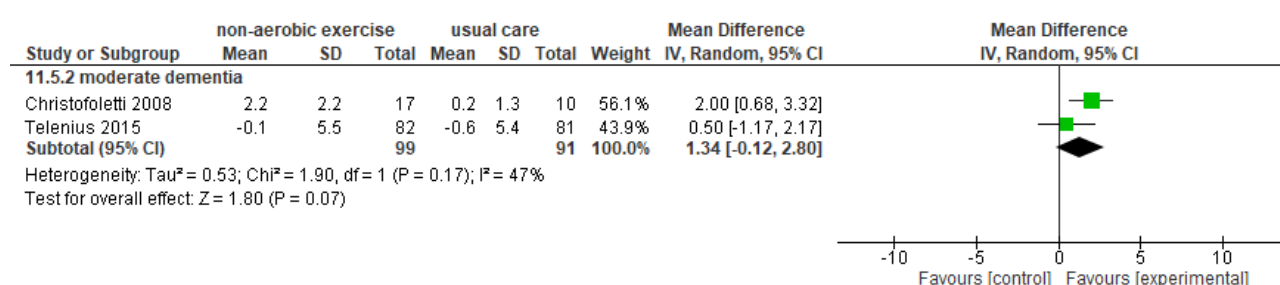
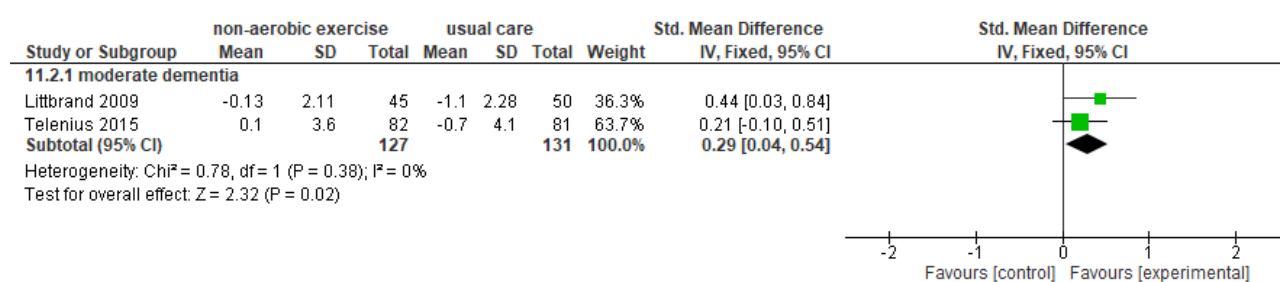
MMSE

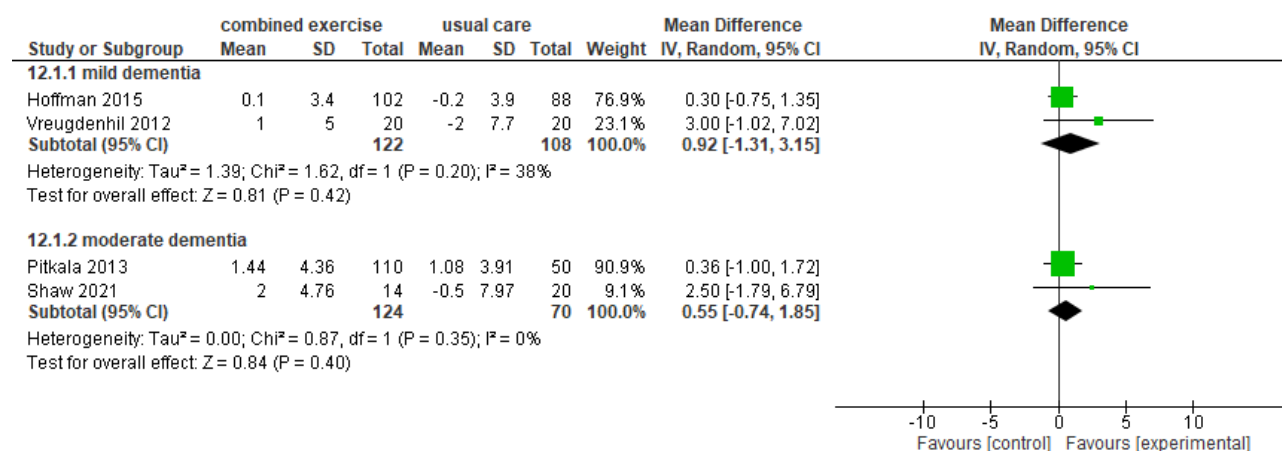
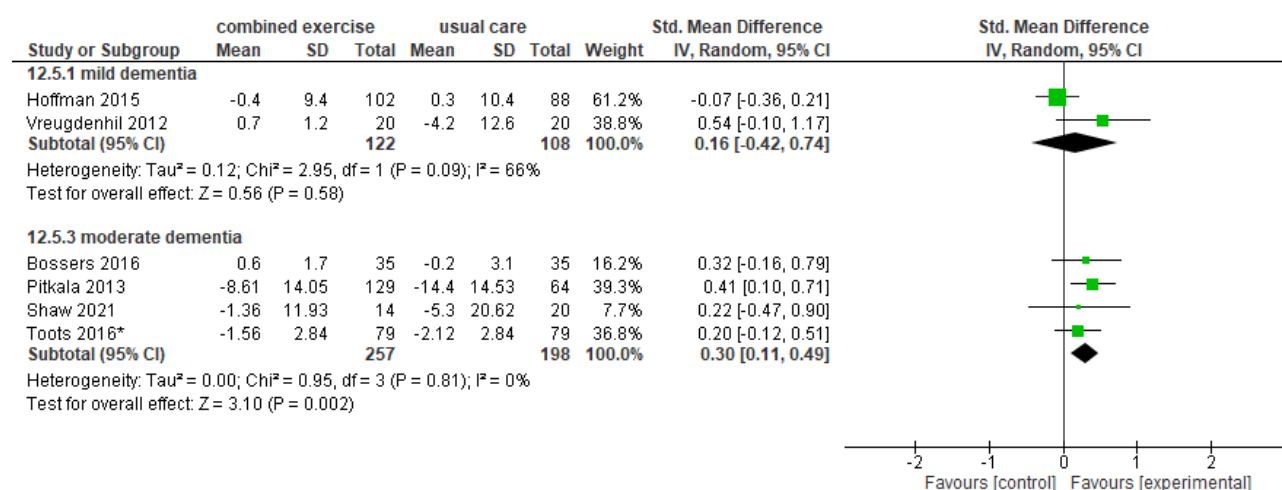
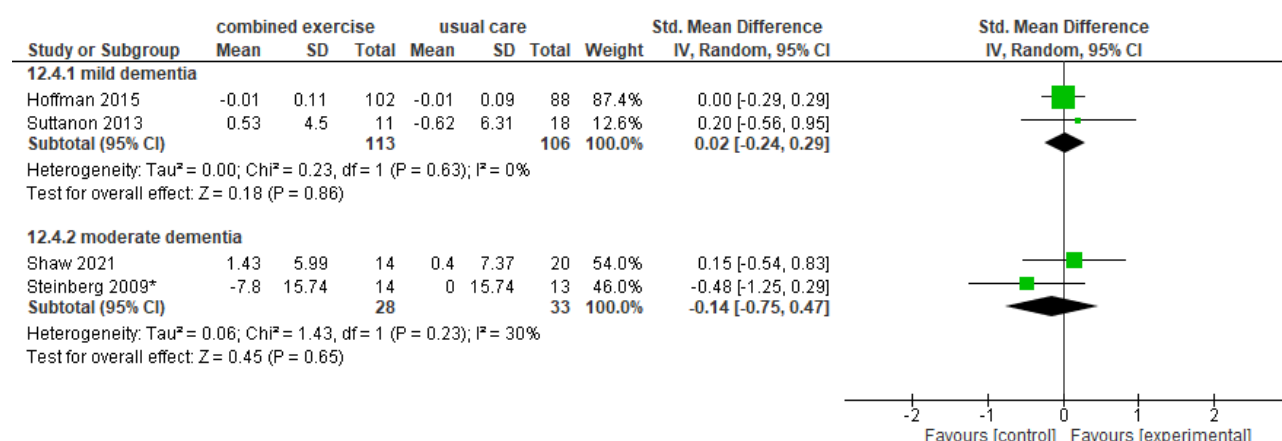


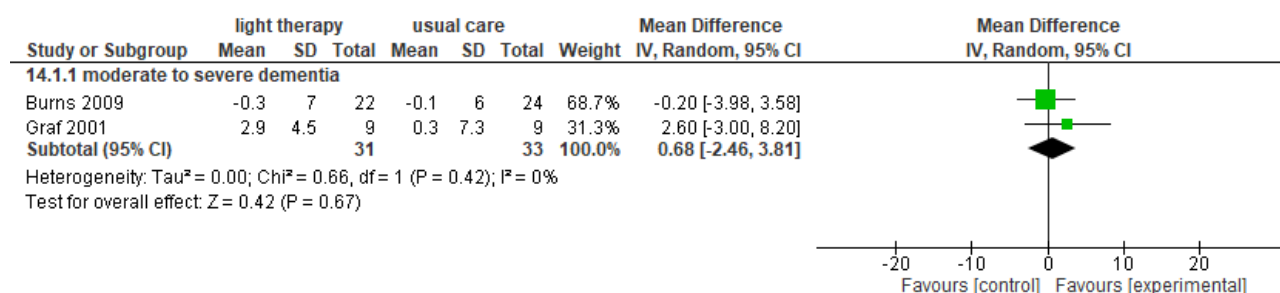
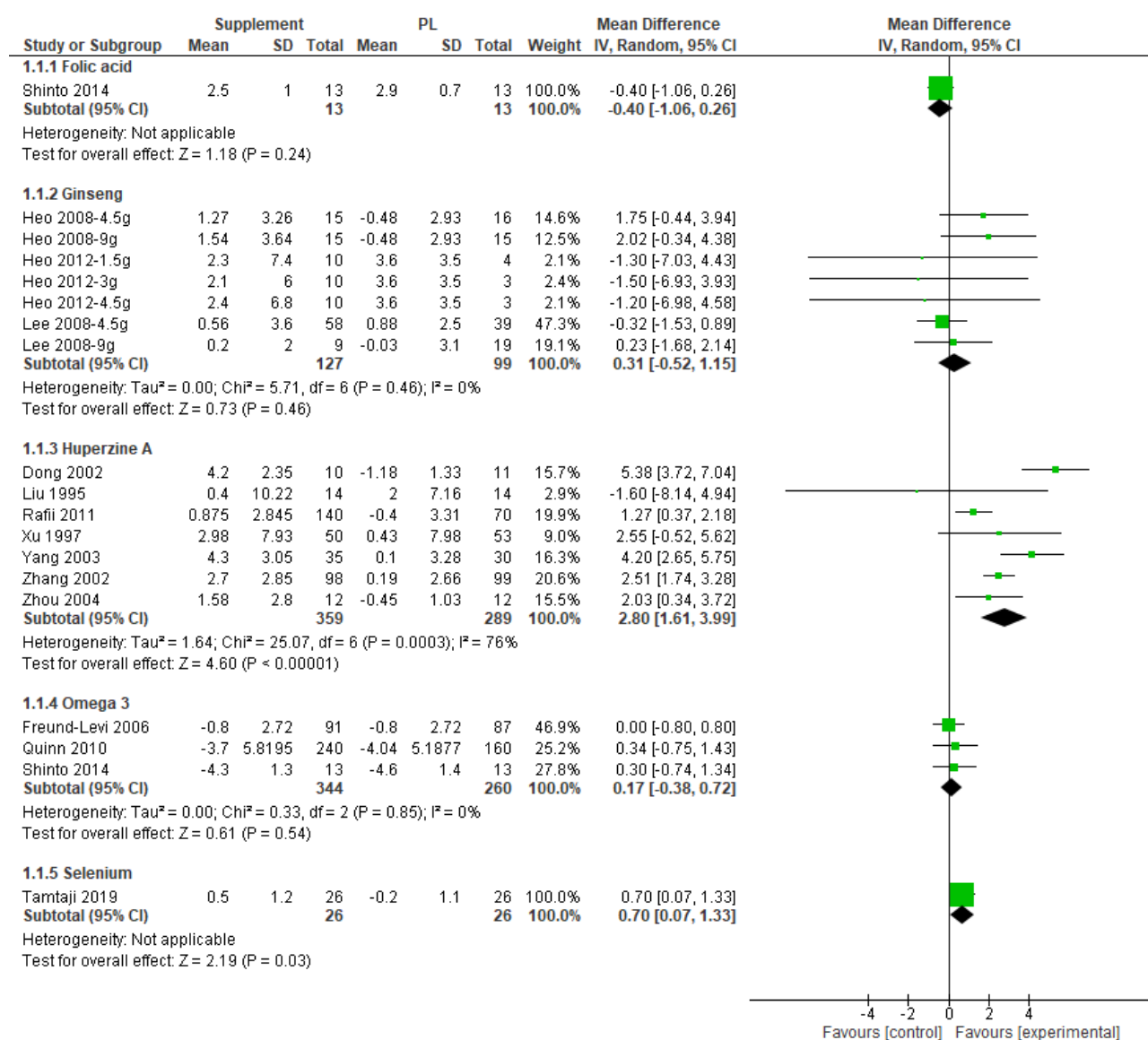
Aerobic exercise

MMSE

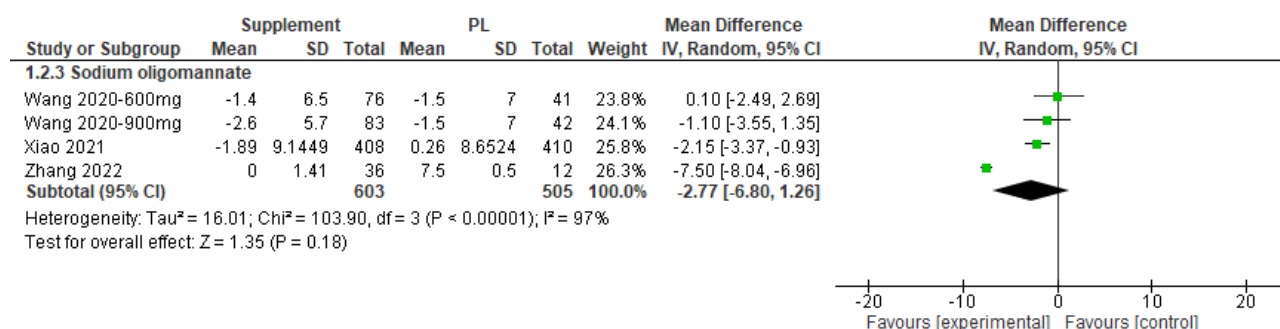


MMSE**Functional activities****Non-aerobic exercise****MMSE****Functional activities**

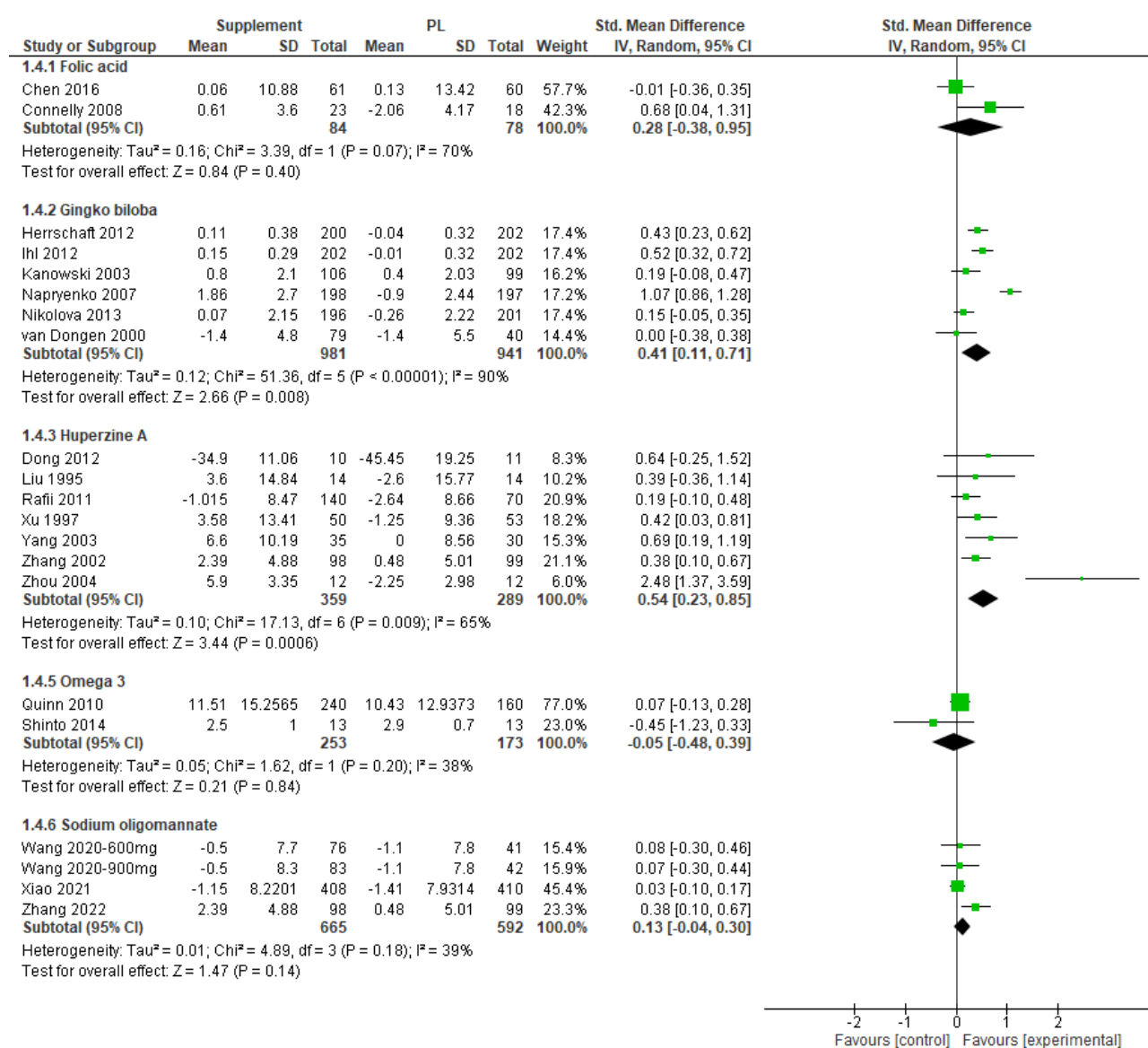
Aerobic/non-aerobic combined exercise**MMSE****Functional activities****Quality of life**

Light therapy**MMSE****NUTRITIONAL INTERVENTIONS****MMSE**

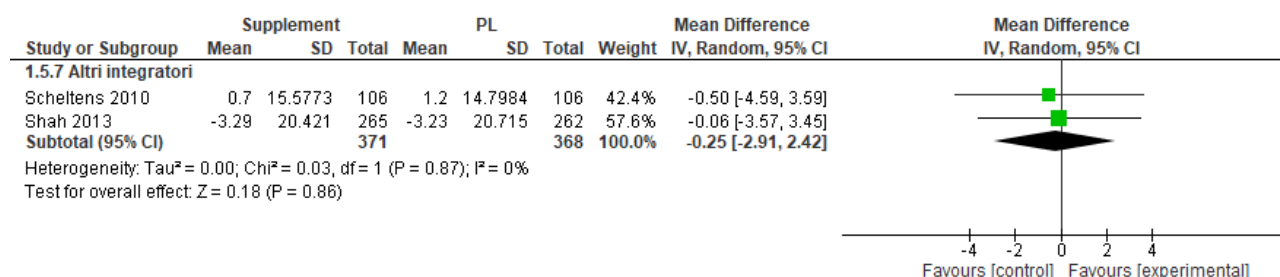
ADAS-Cog



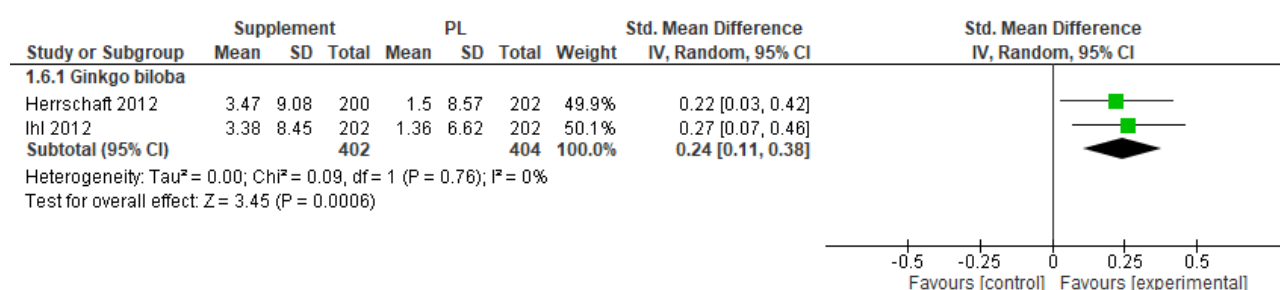
Functional abilities



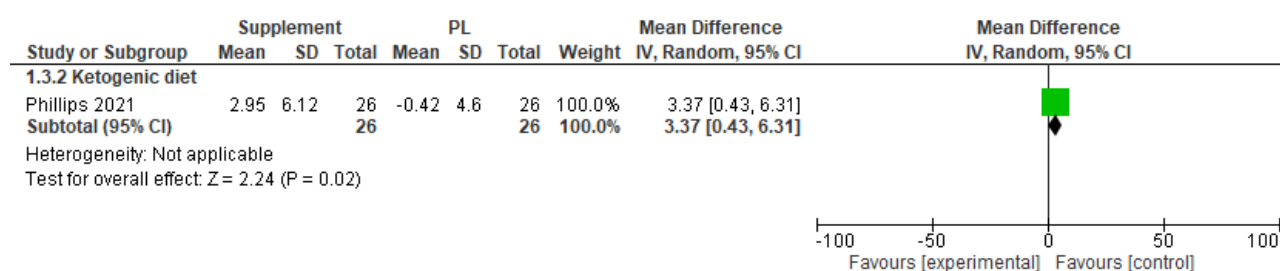
ADCS-ADL – other supplements



Quality of life - Ginkgo biloba



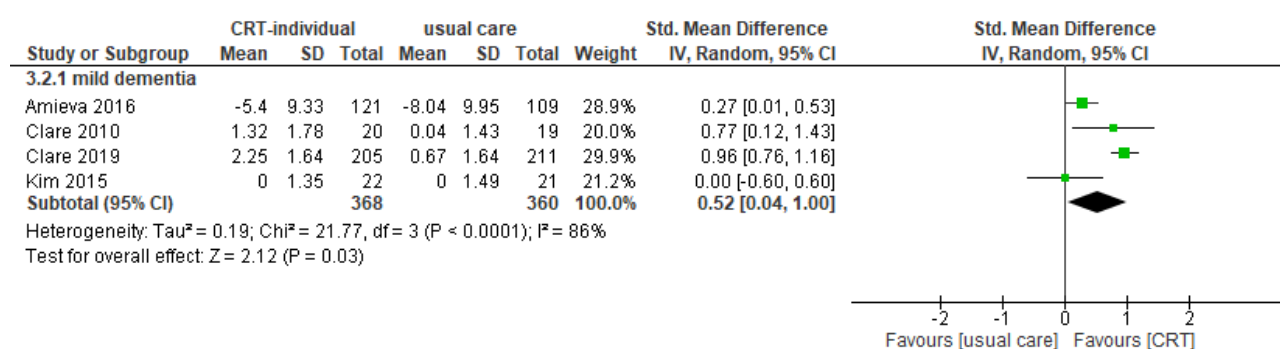
Quality of life – Ketogenic diet



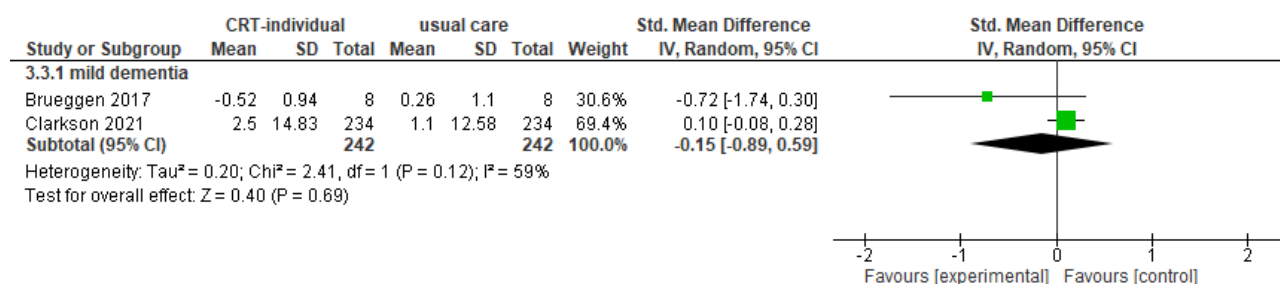
COGNITIVE INTERVENTIONS

Cognitive rehabilitation (individual)

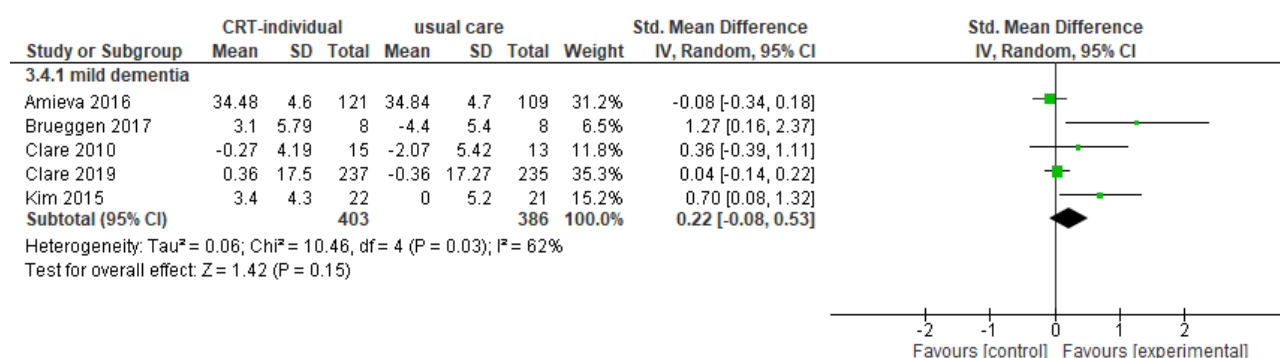
ADL



Functional activities

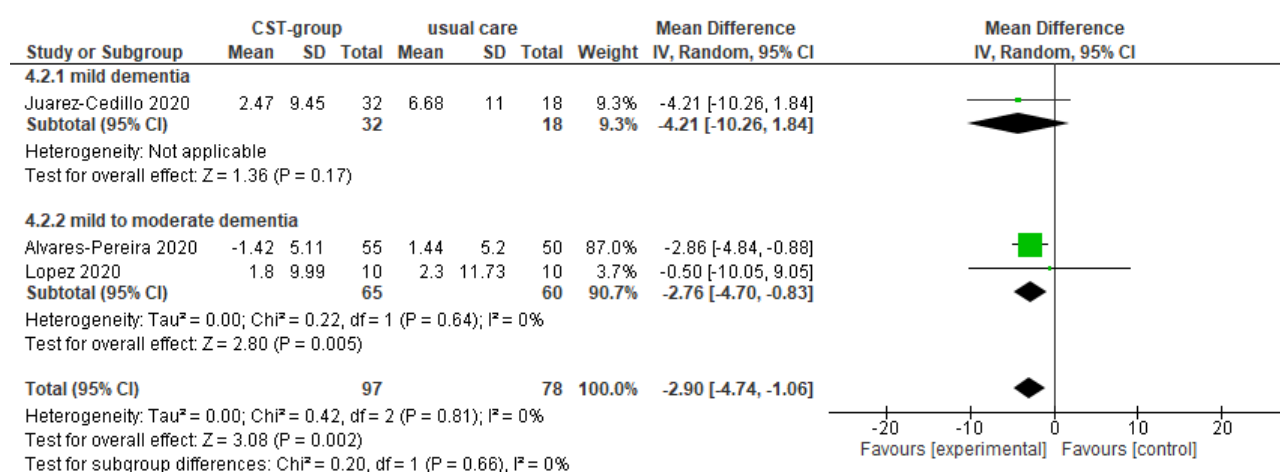


Quality of life

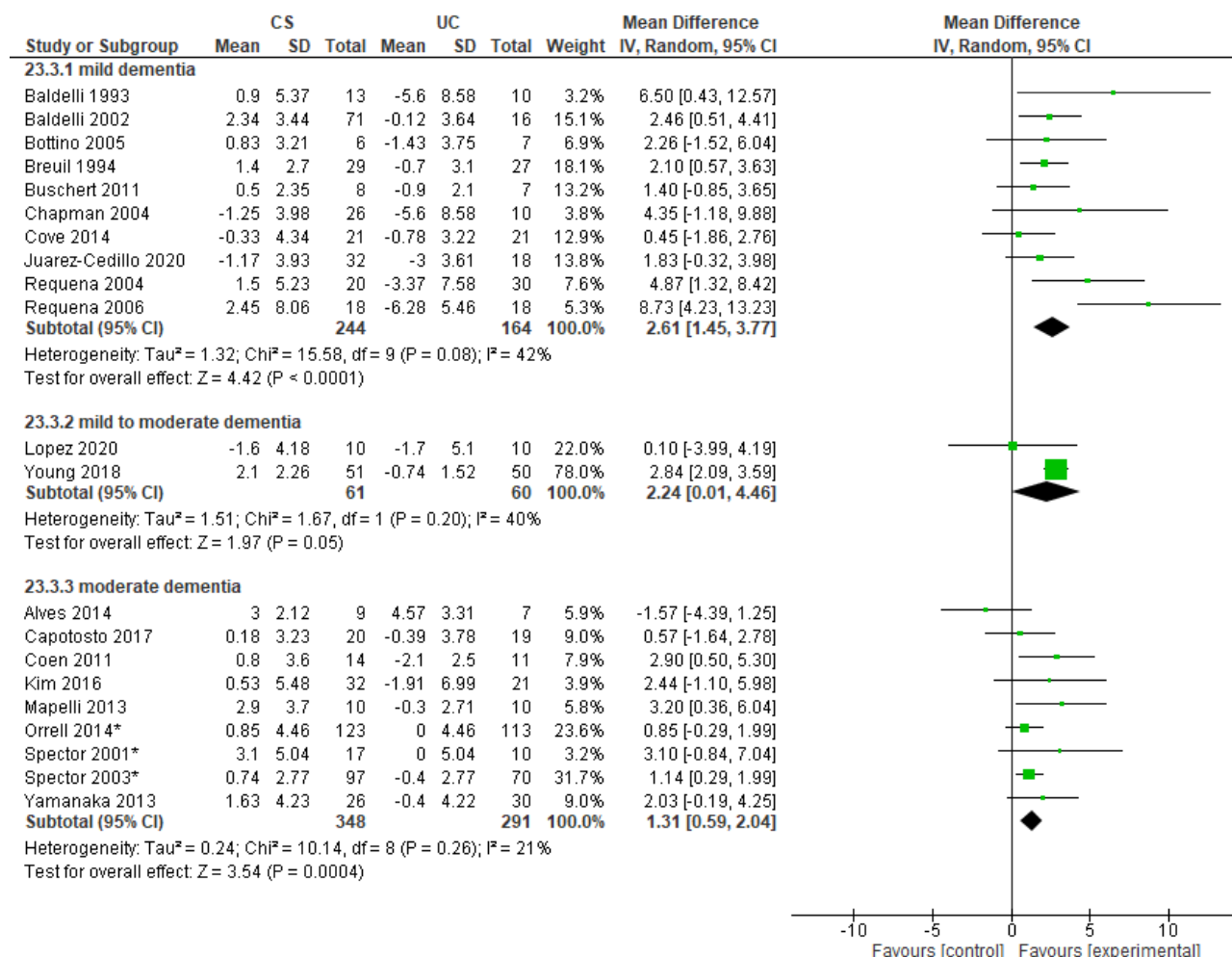


Cognitive stimulation (group)

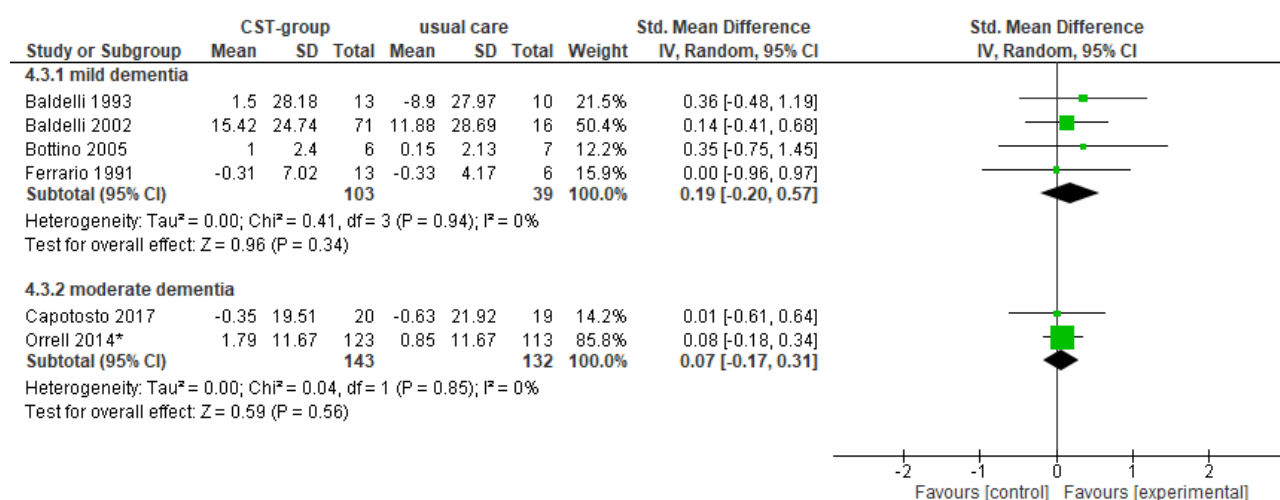
ADAS-Cog



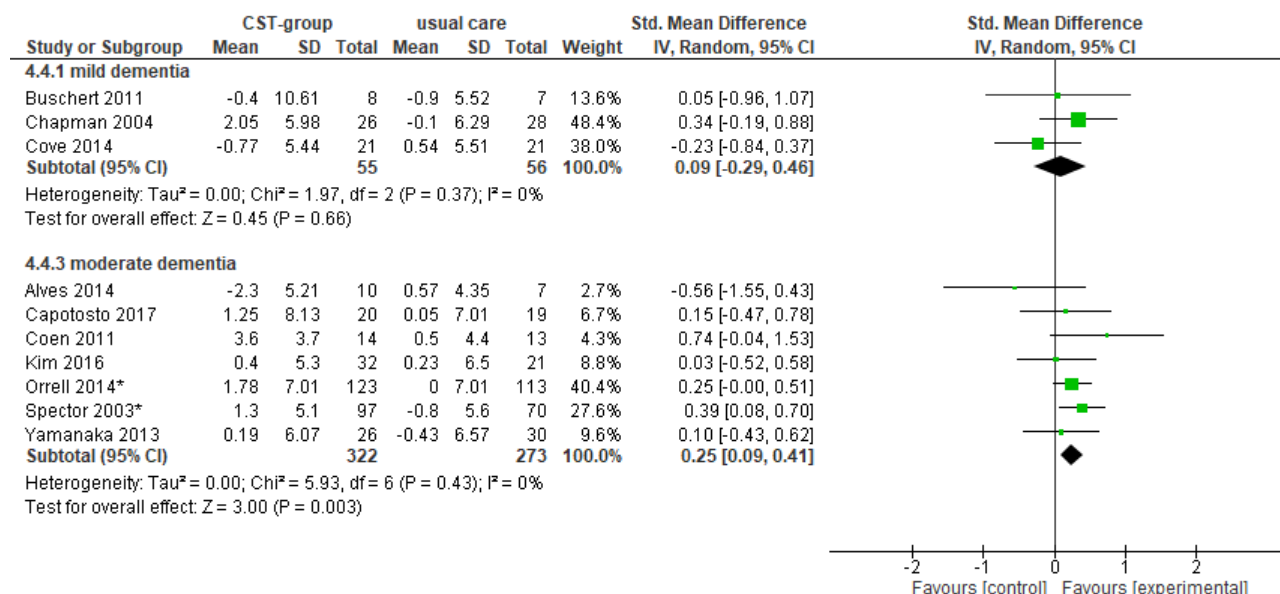
MMSE



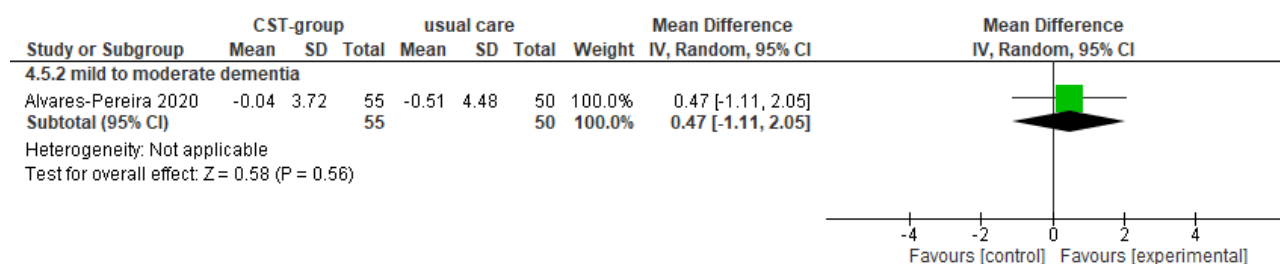
Functional abilities



Quality of life

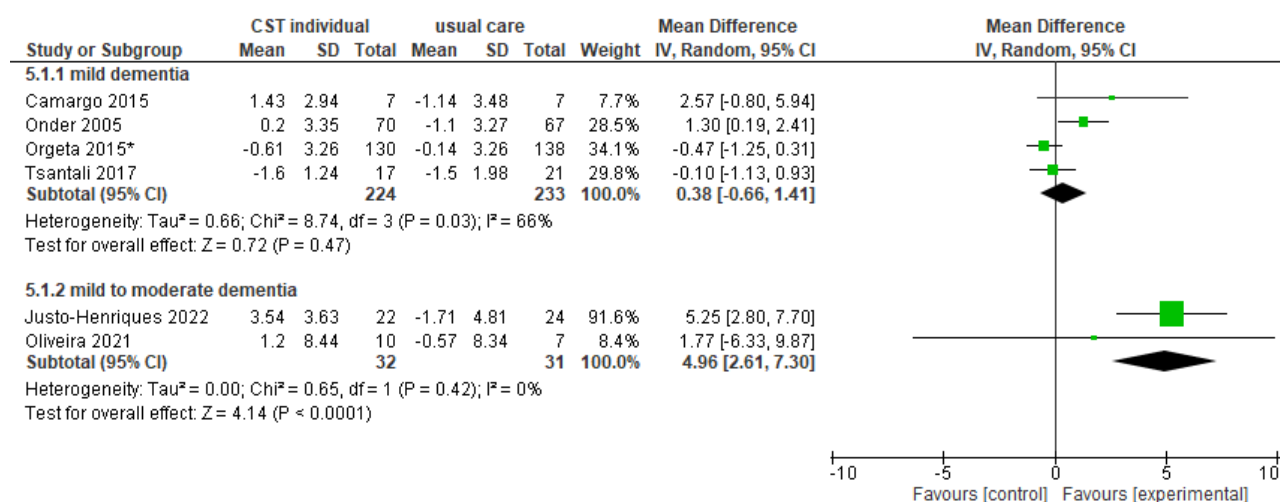


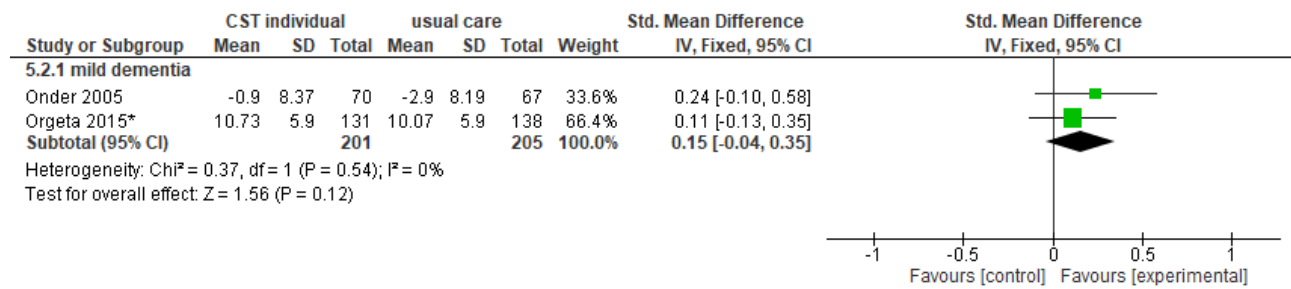
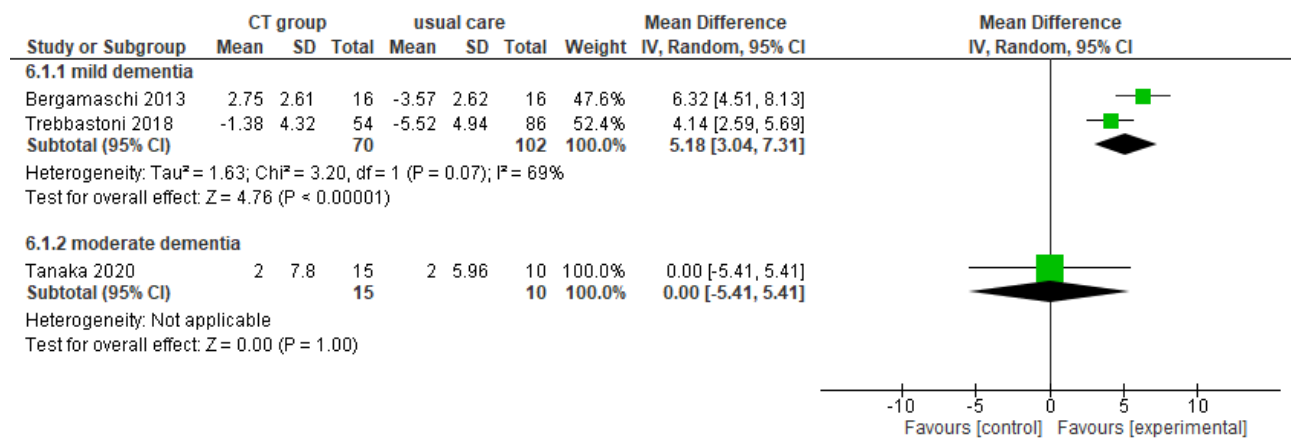
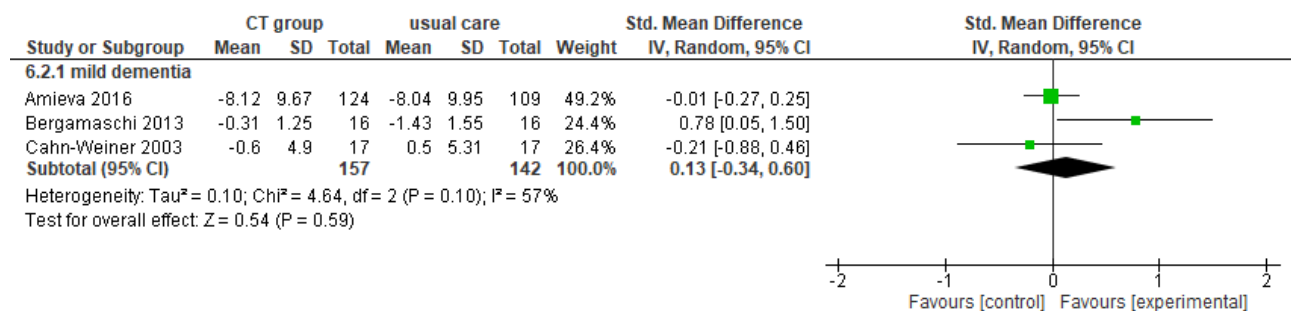
Quality of life

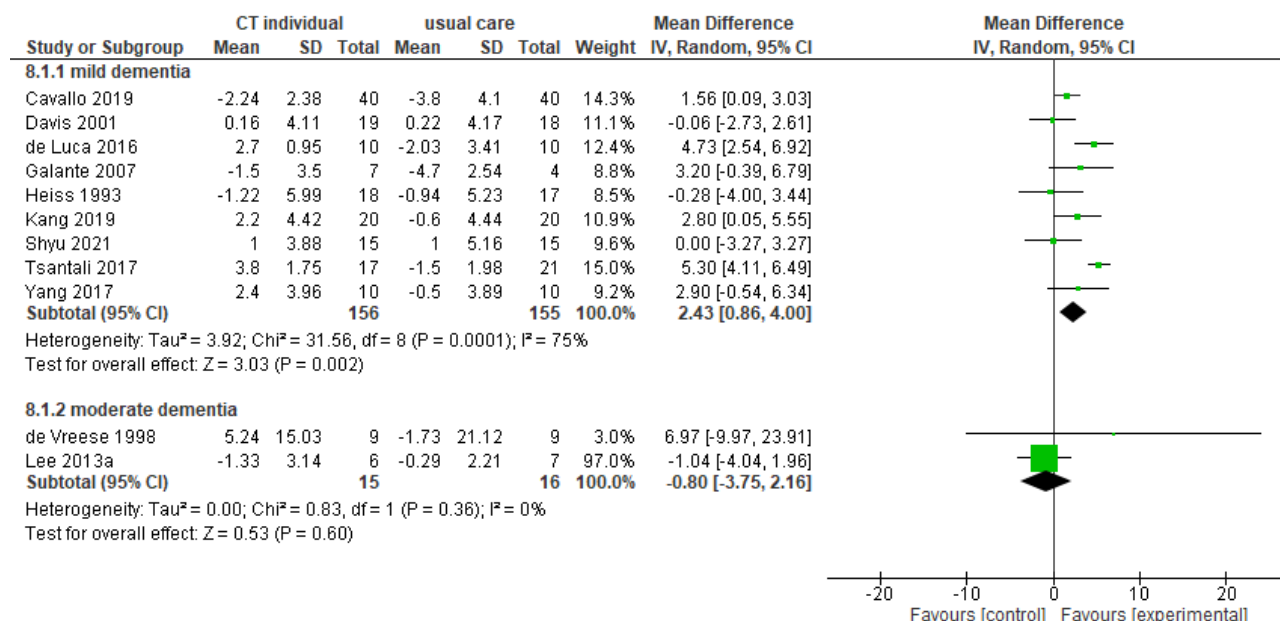
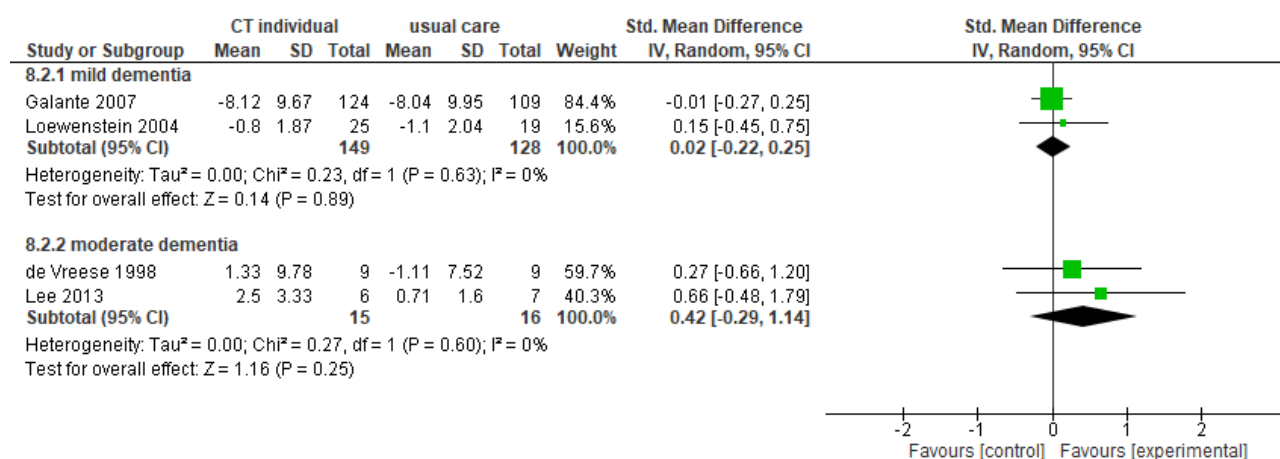
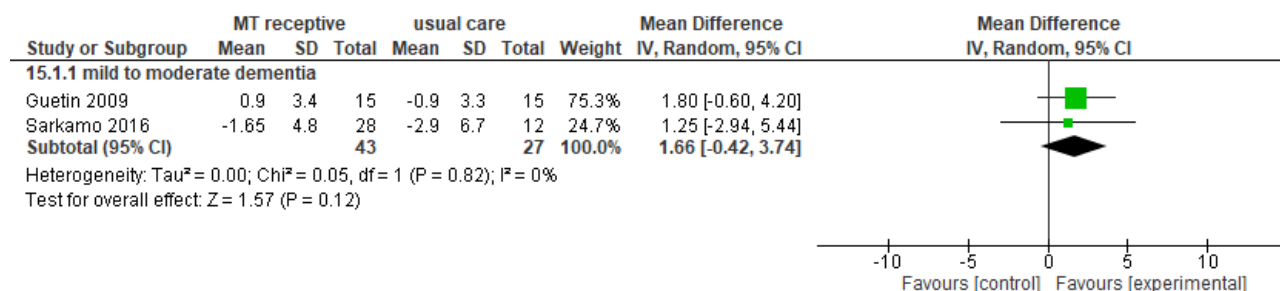


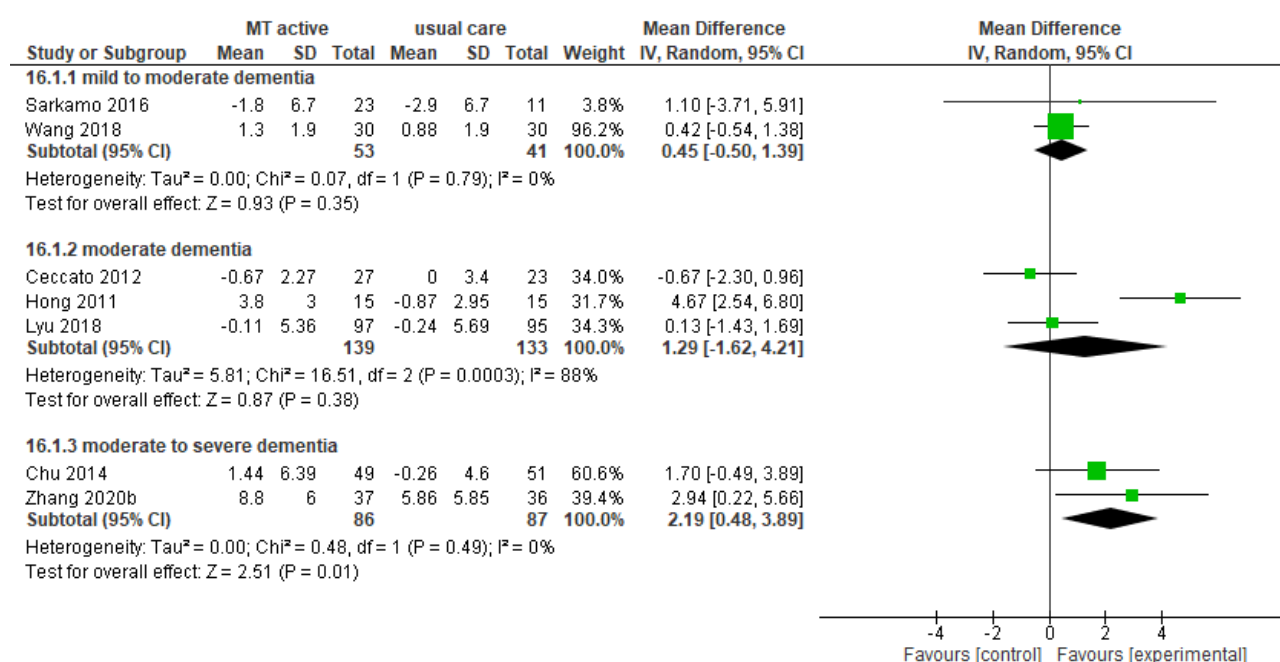
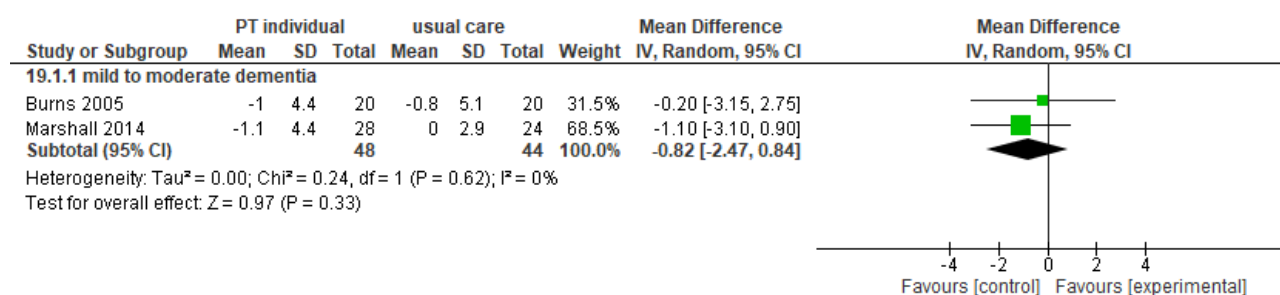
Cognitive stimulation (individual)

MMSE



ADL**Cognitive training (group)****MMSE****ADL**

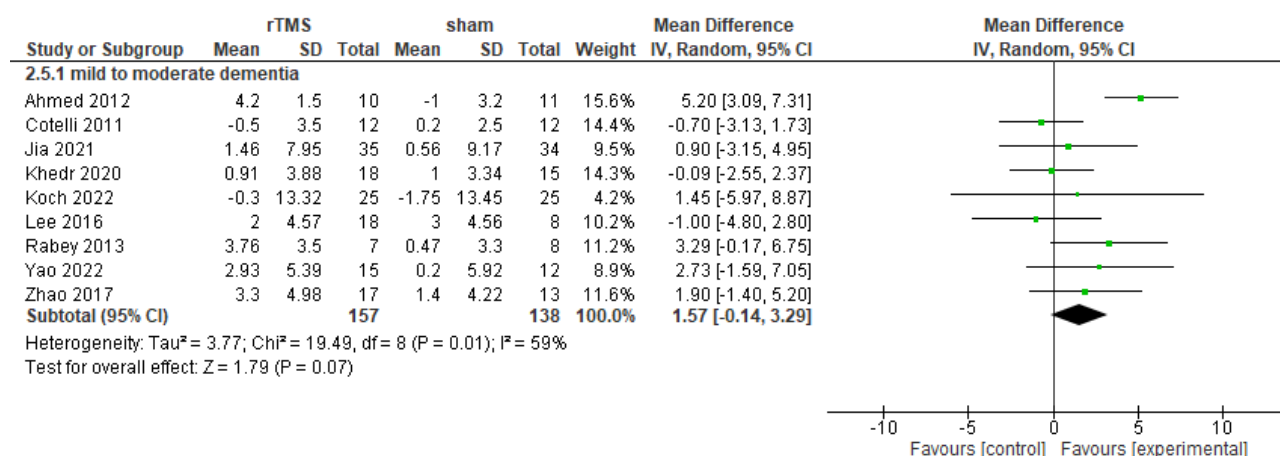
Cognitive training (individual)**MMSE****ADL****MUSIC THERAPY****MMSE - receptive music therapy**

MMSE - active music therapy**PSYCHOTHERAPY****MMSE**

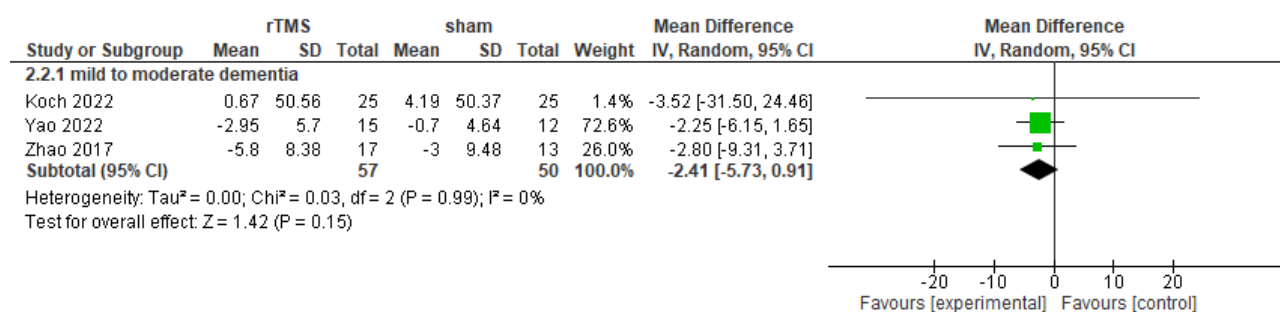
TRANSCRANICAL STIMULATION

Repetitive Transcranial Magnetic Stimulation

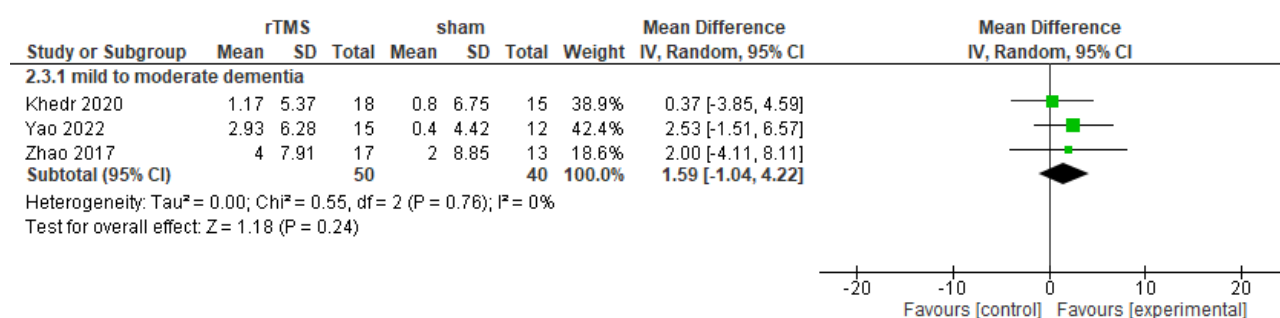
MMSE



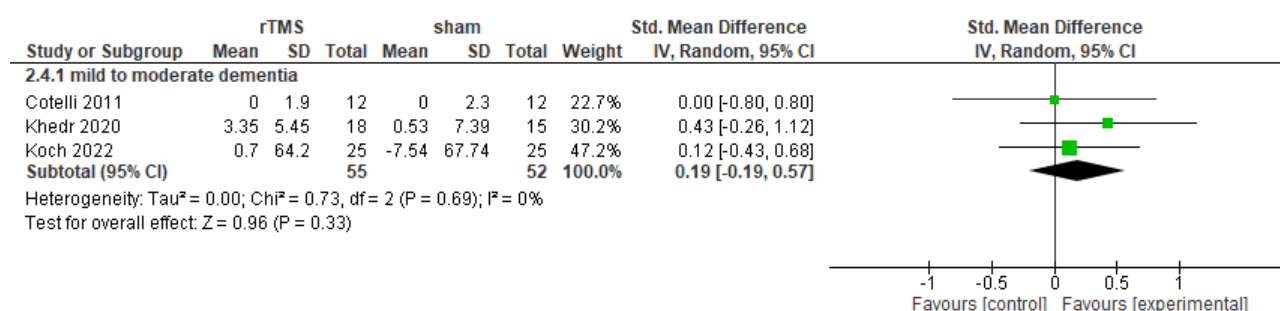
ADAS-Cog

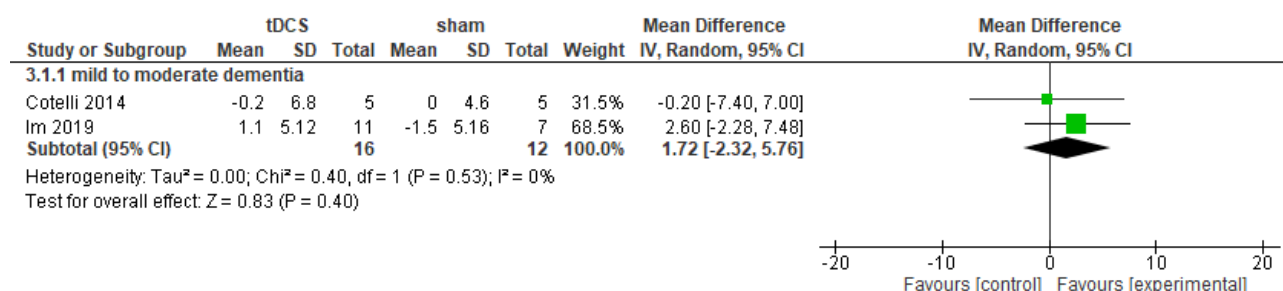
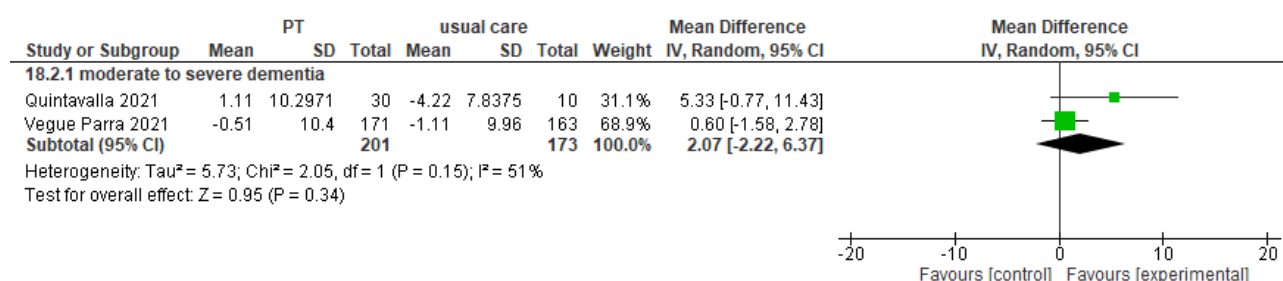
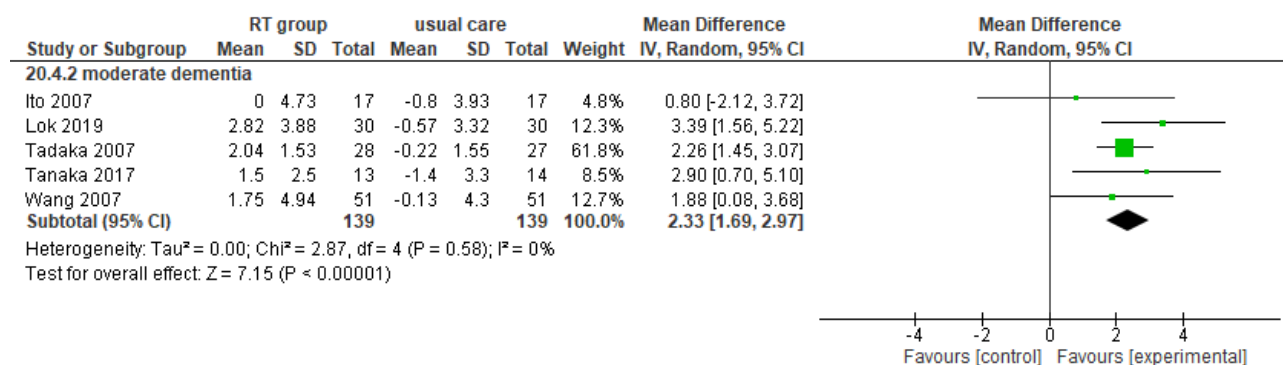
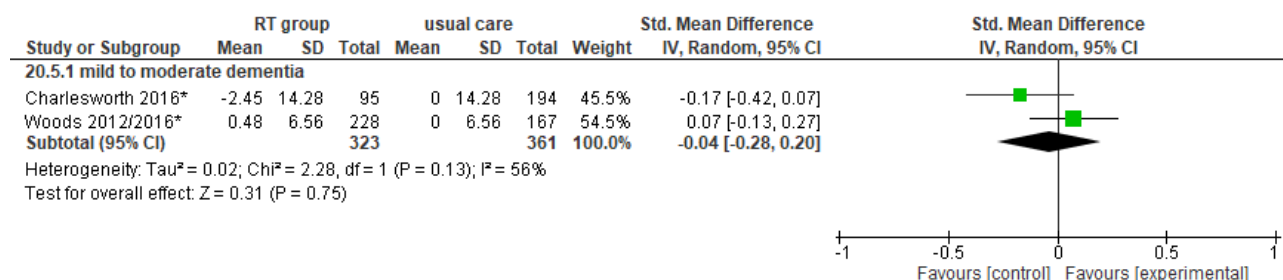


MoCA

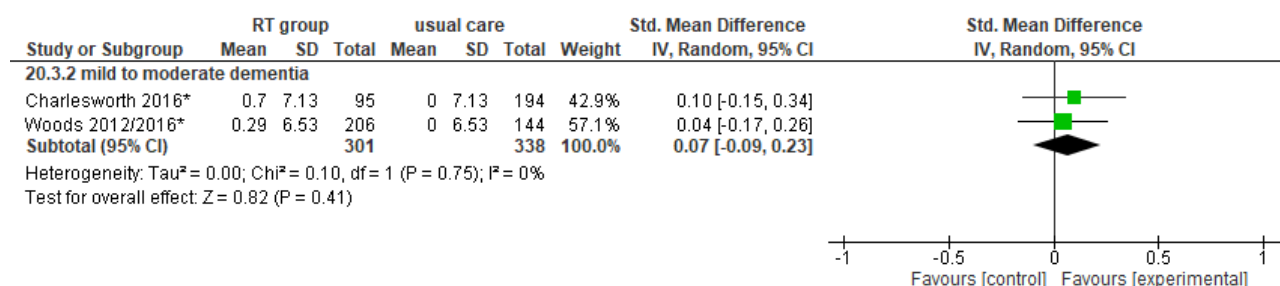


ADL



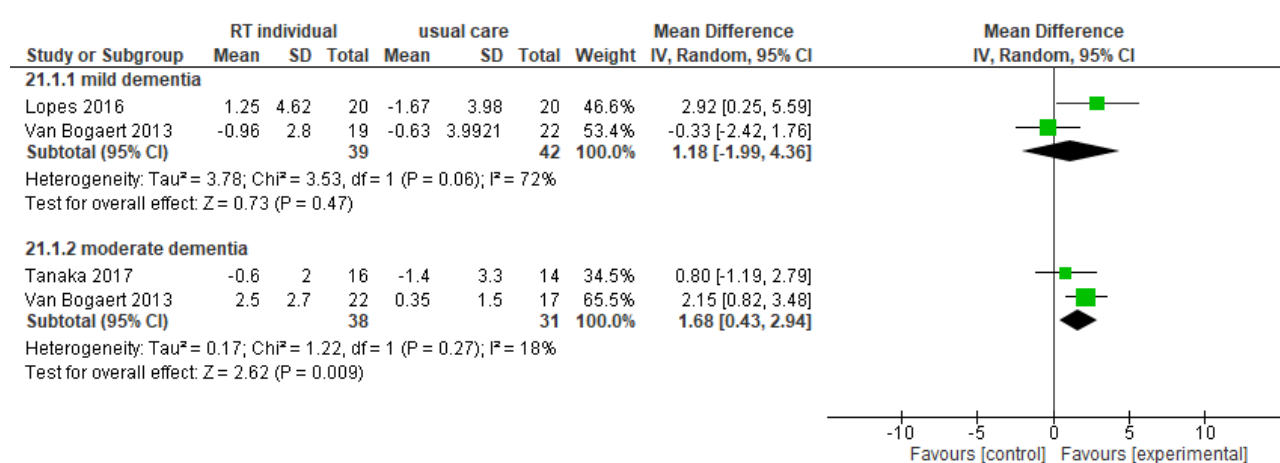
Transcranial Direct-Current Stimulation**MMSE****PET THERAPY****MMSE****REMINESCENCE THERAPY (group)****MMSE****Functional abilities**

Quality of life



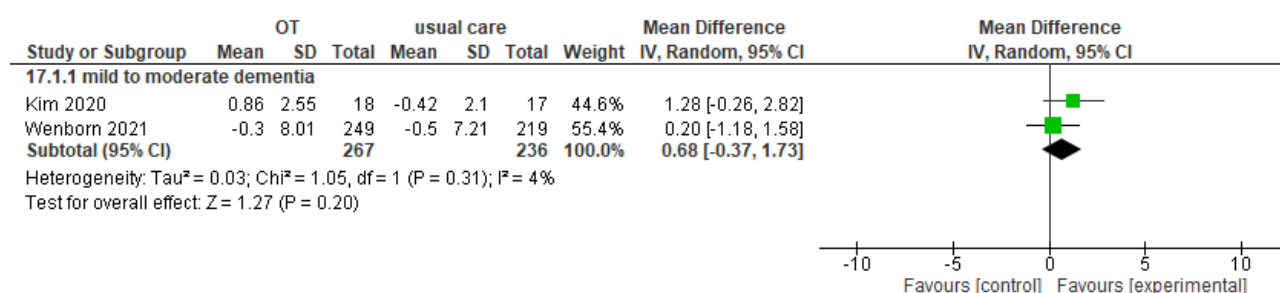
REMINESCENCE THERAPY (individual)

MMSE

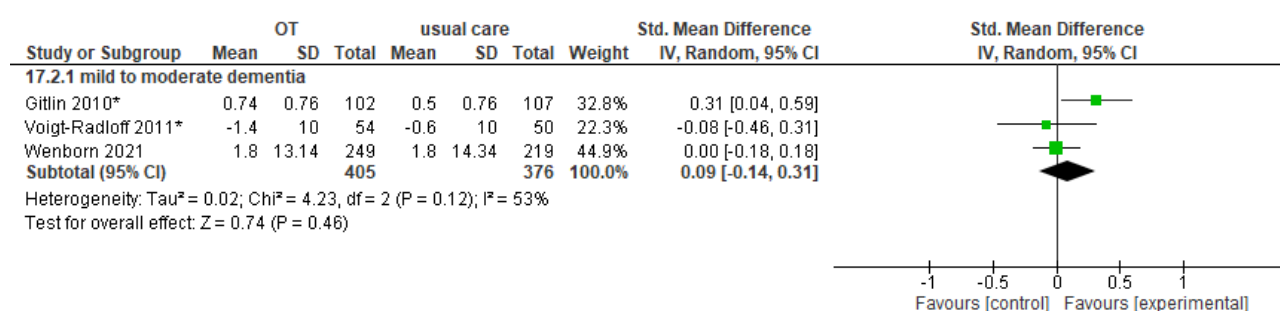


OCCUPATIONAL THERAPY

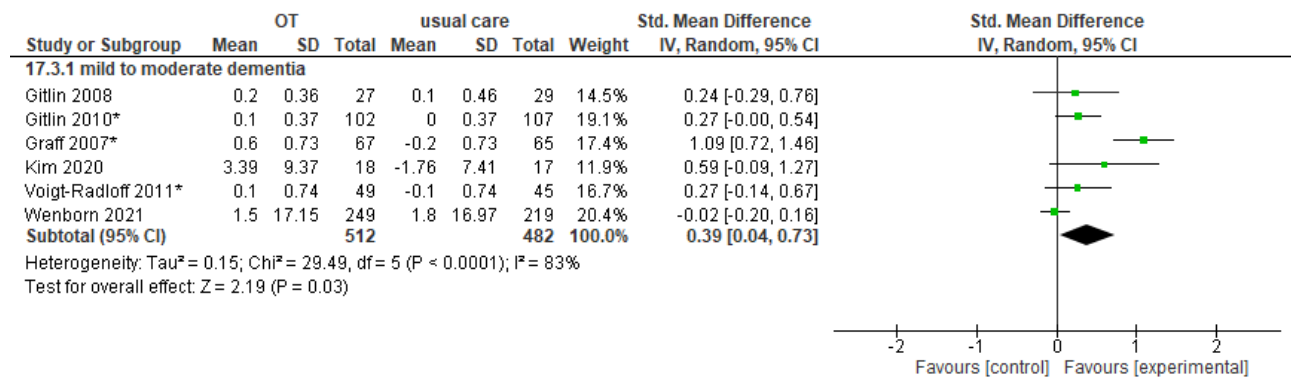
MMSE



ADL



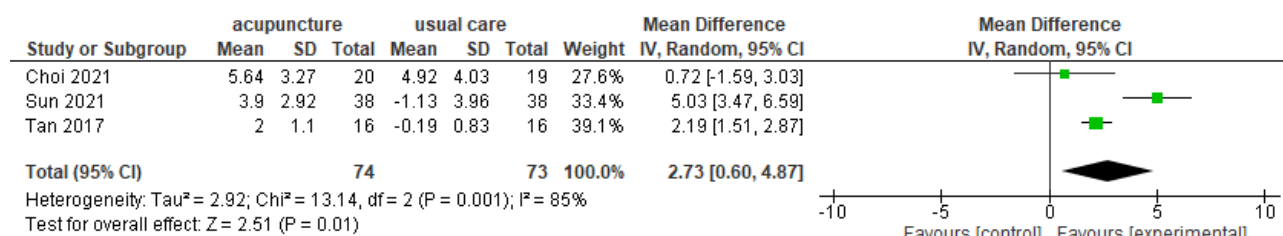
Quality of life



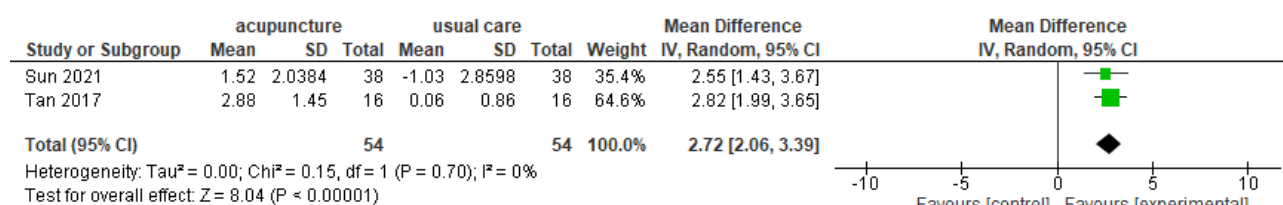
REVIEW QUESTION 20e. What are the most effective non-pharmacological interventions for supporting cognitive functioning, functional ability and wellbeing in people with Mild Cognitive Impairment?

ACUPUNCTURE

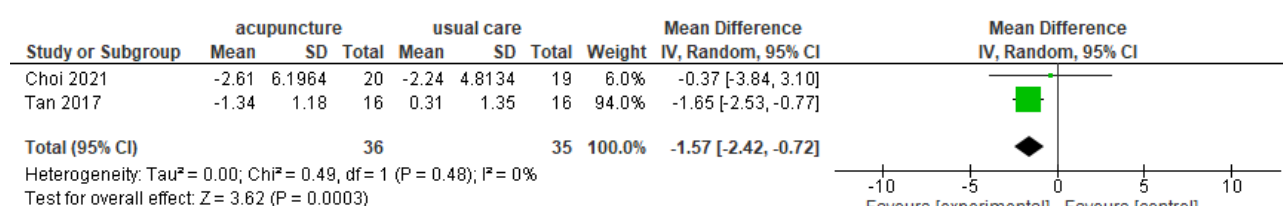
MoCA



MMSE

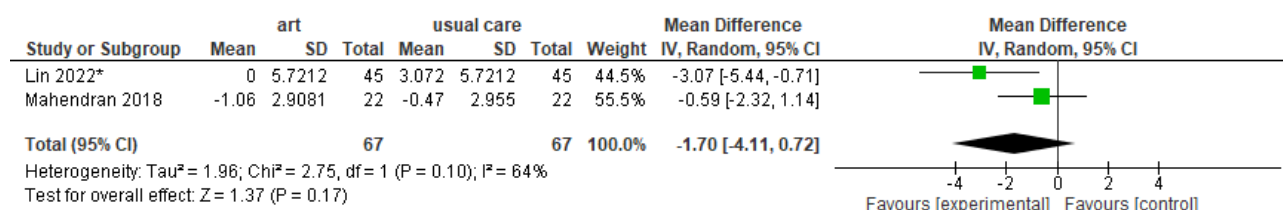


ADAS-Cog

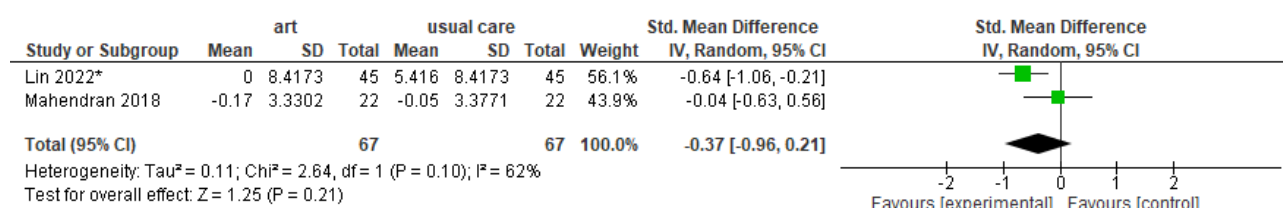


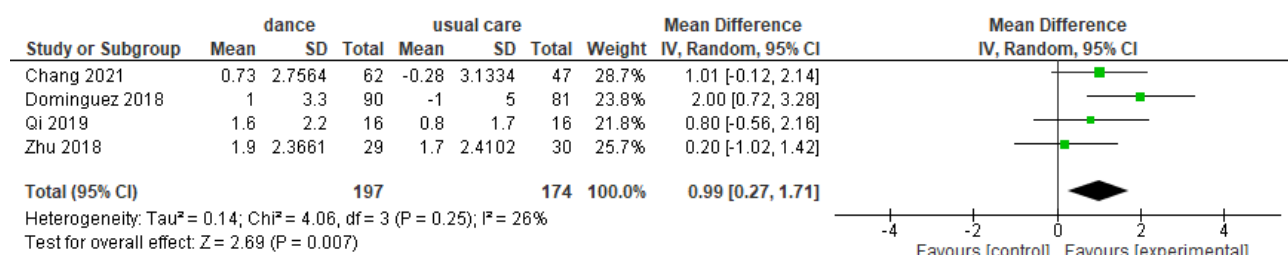
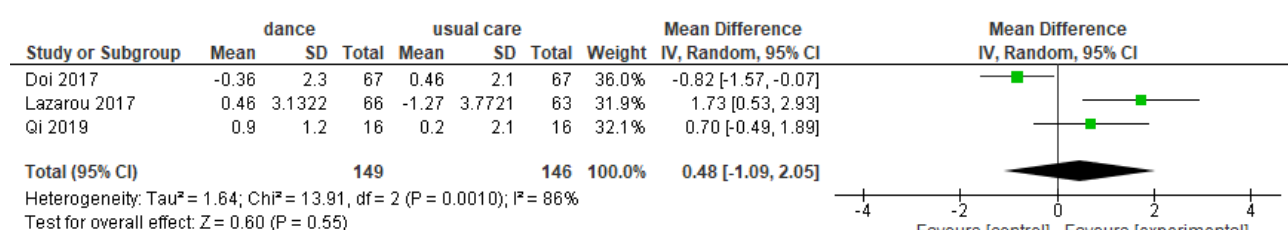
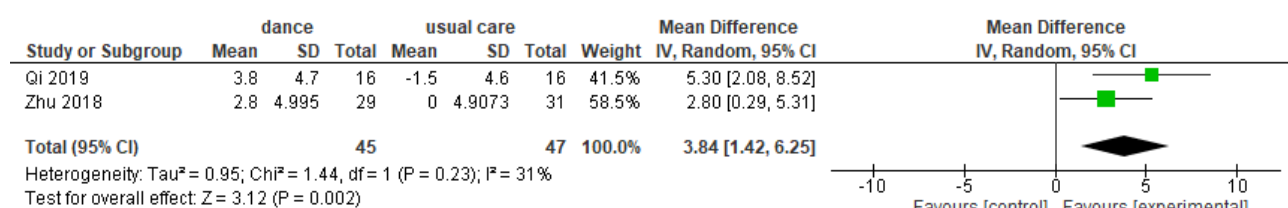
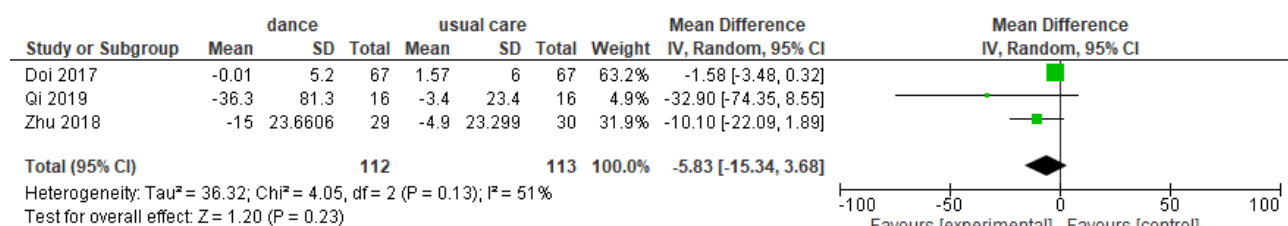
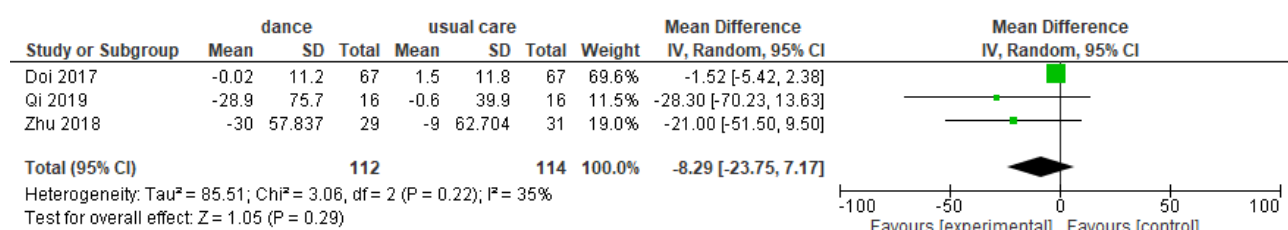
ART THERAPY

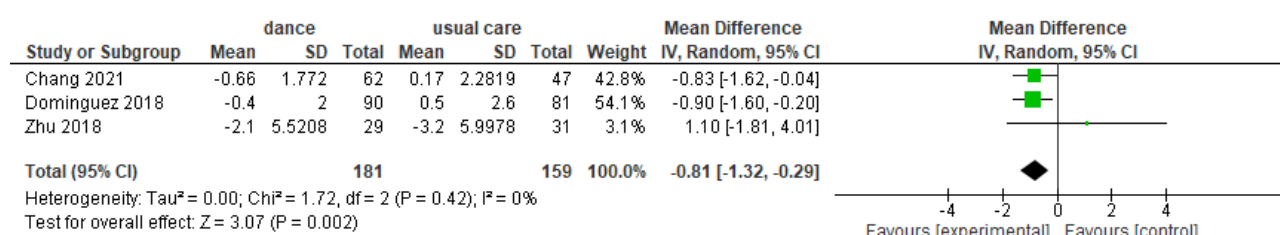
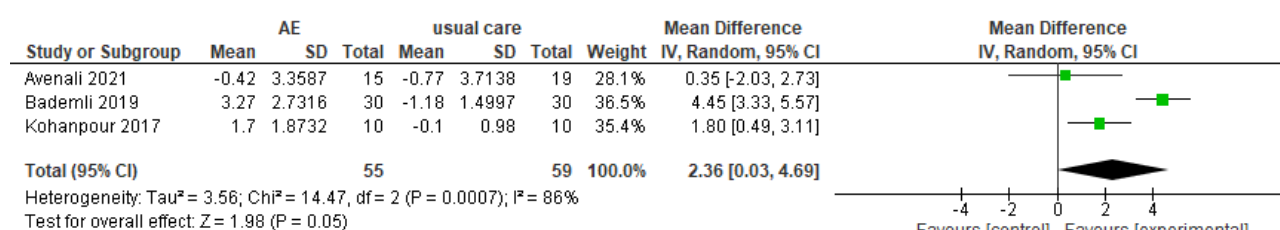
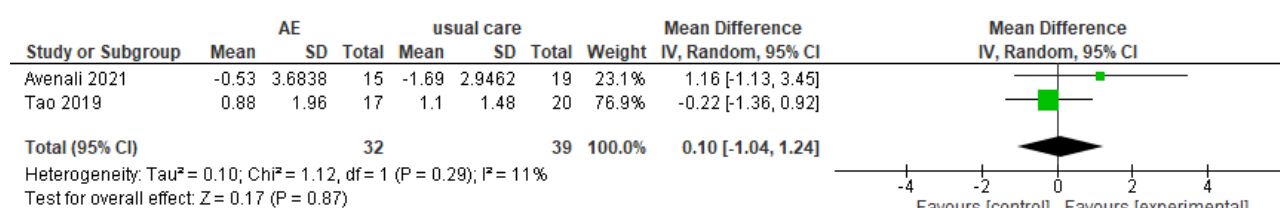
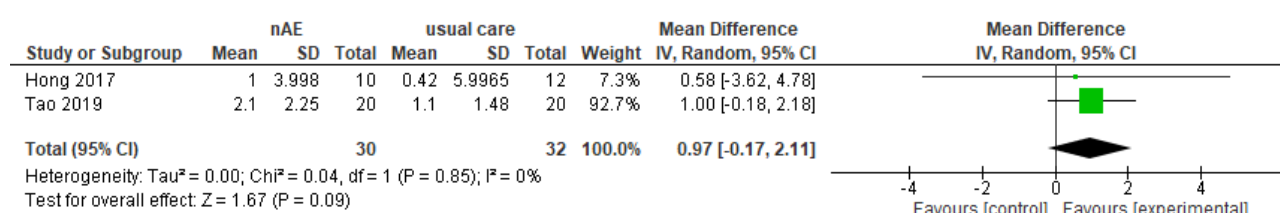
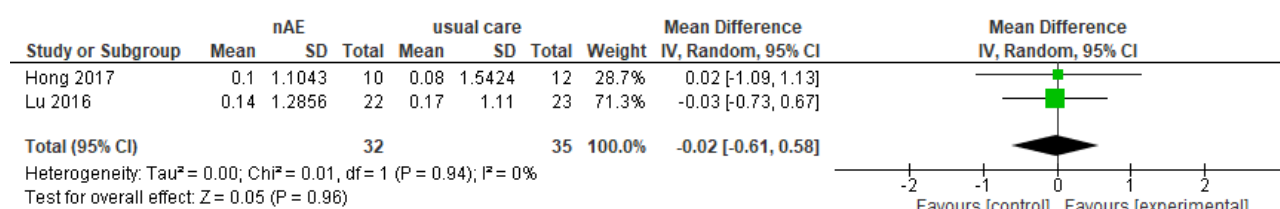
GDS

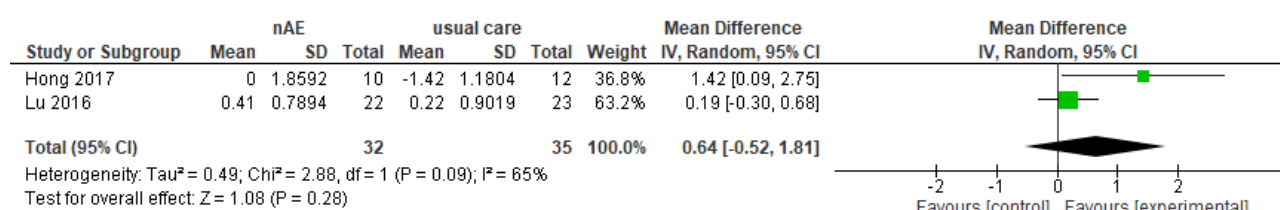
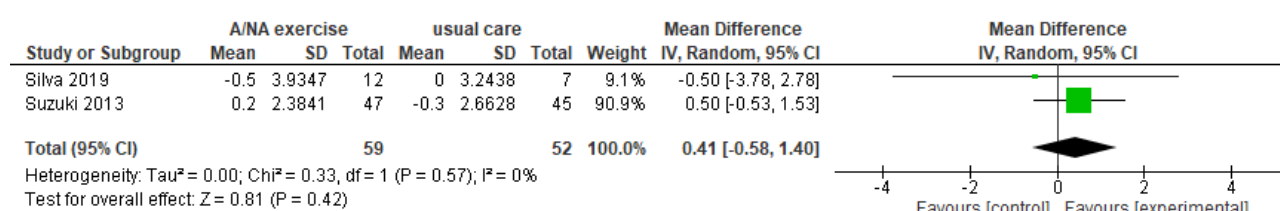
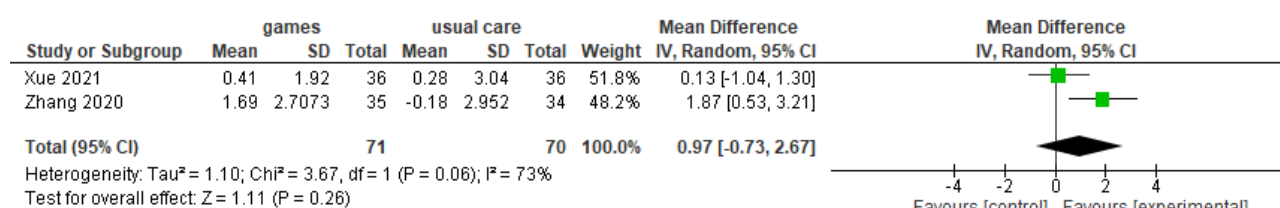
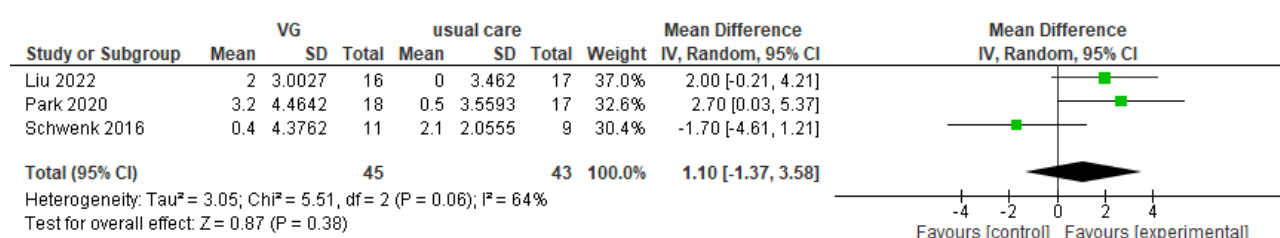
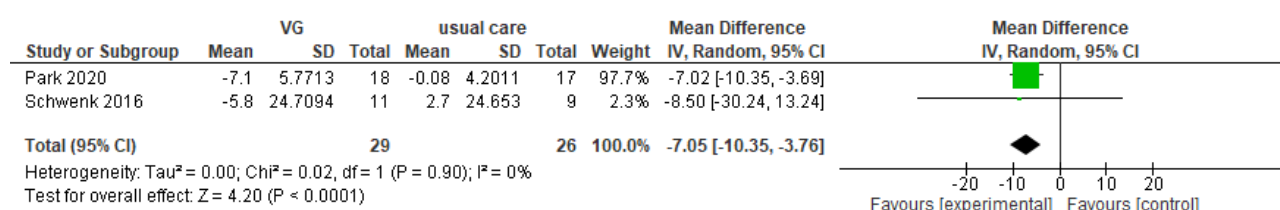


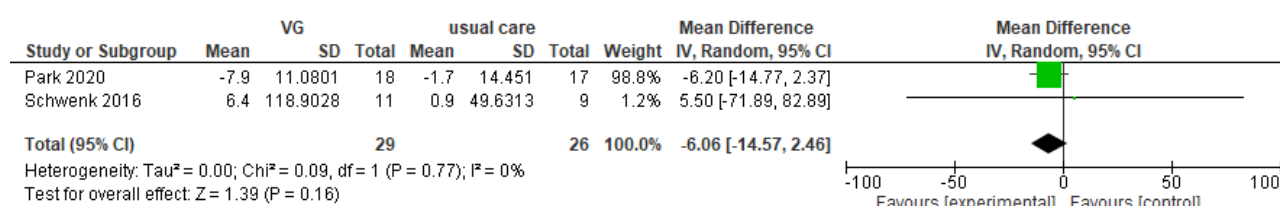
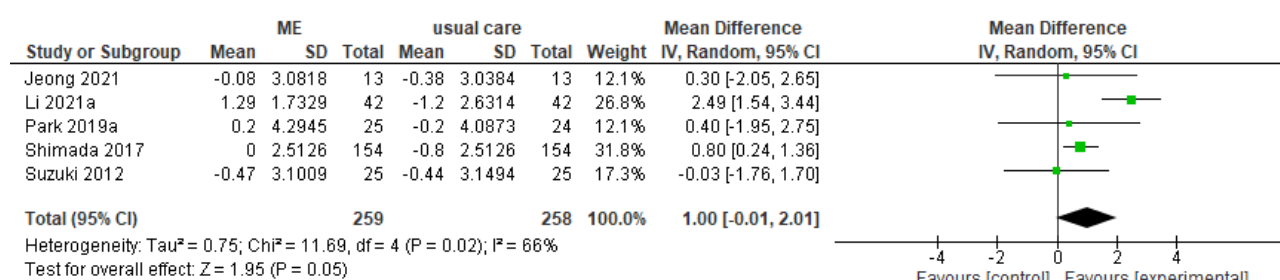
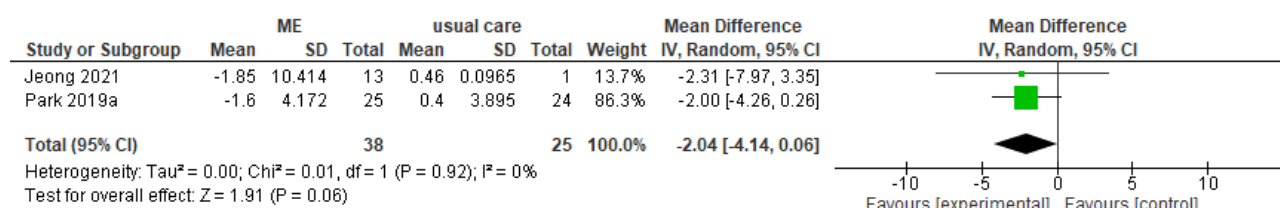
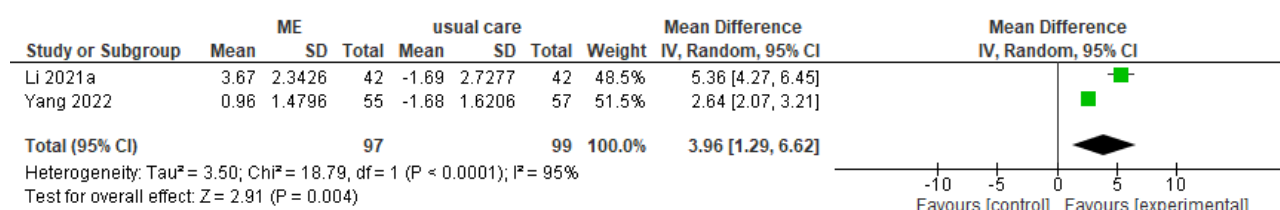
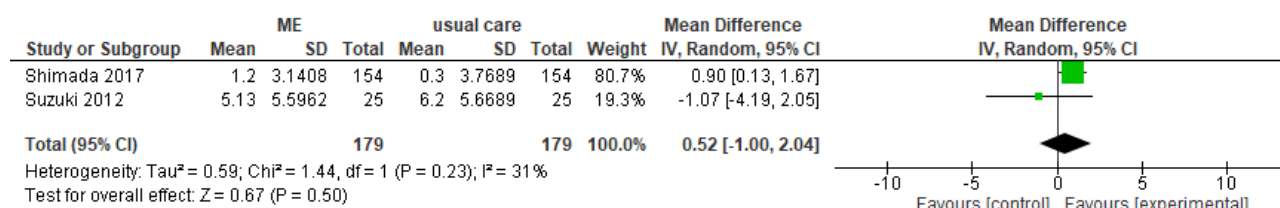
Anxiety

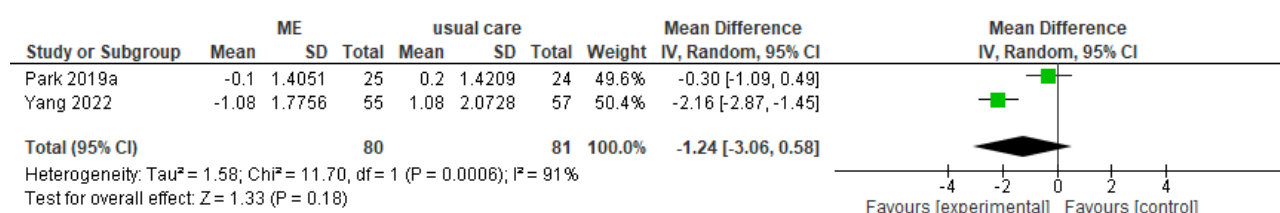
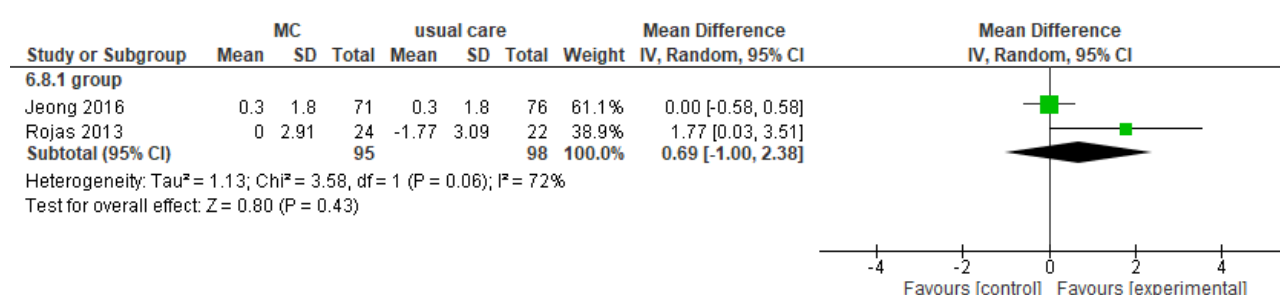
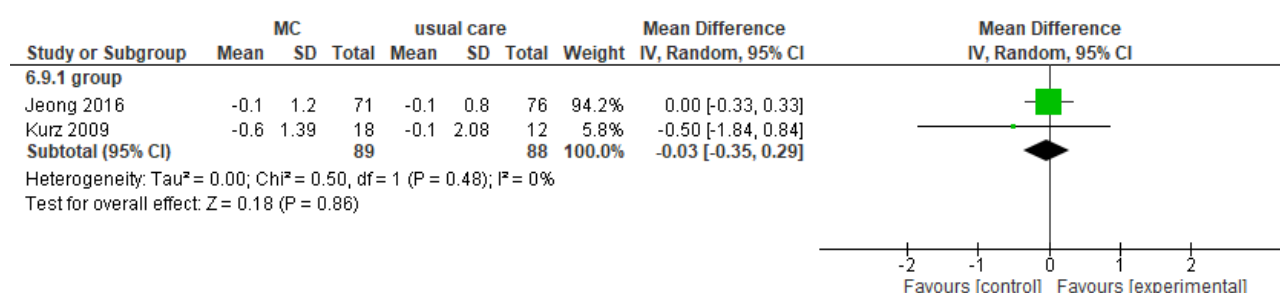
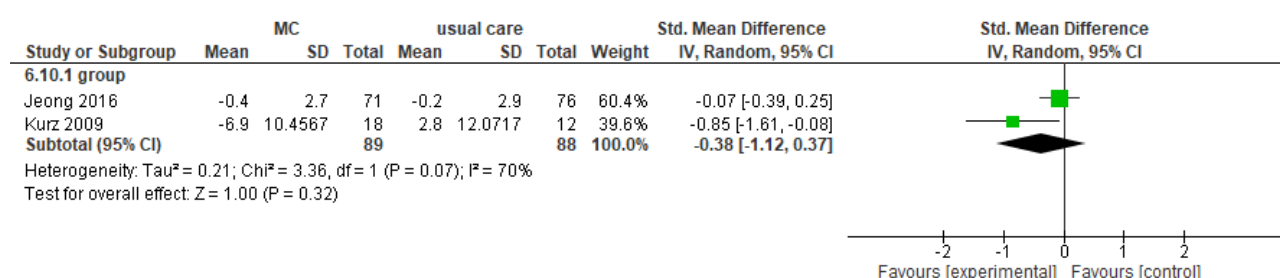


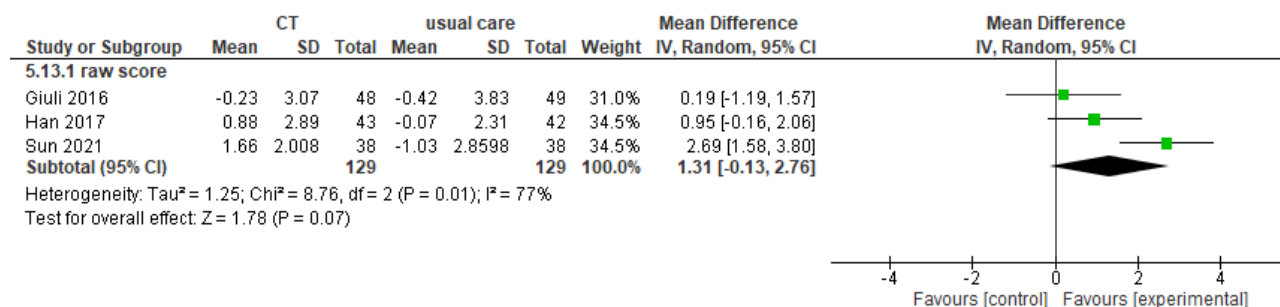
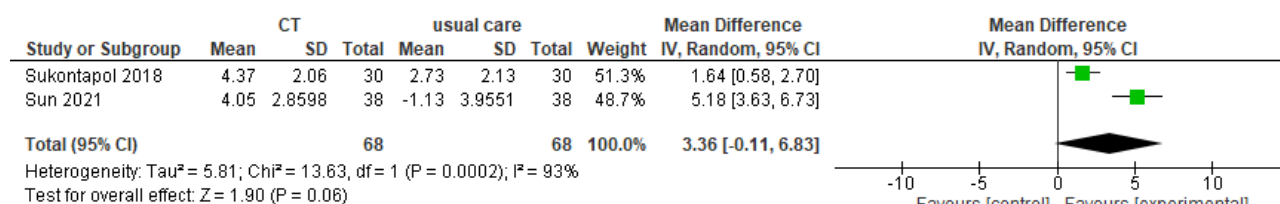
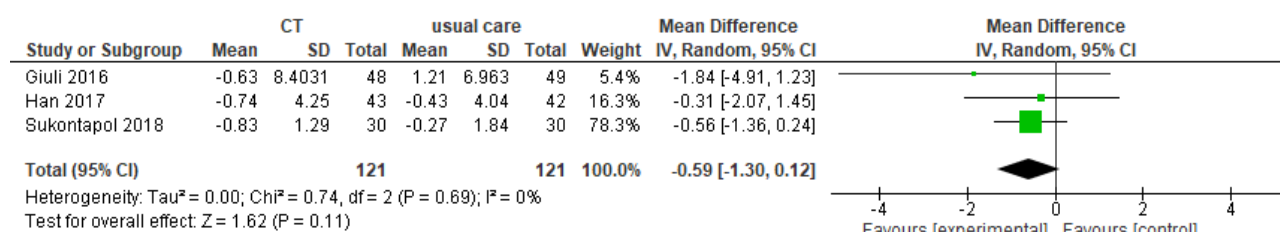
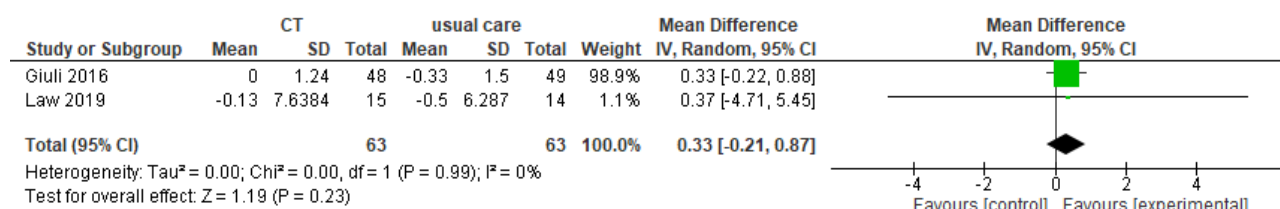
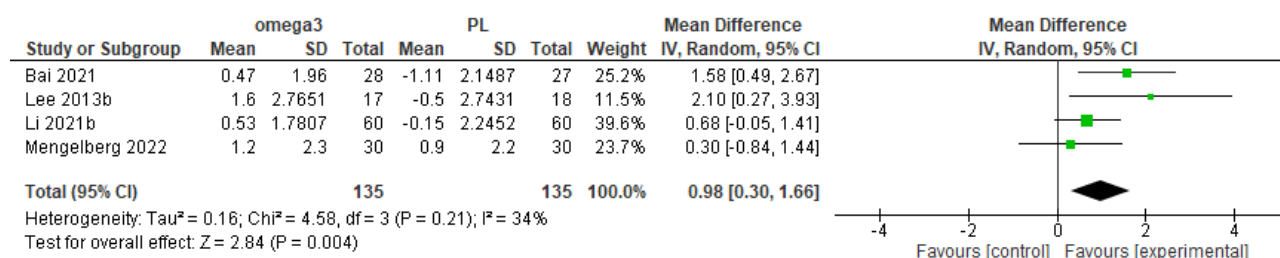
PHYSICAL EXERCISE**Dance****MoCA****MMSE****WMS-R LM****TMT-A****TMT-B**

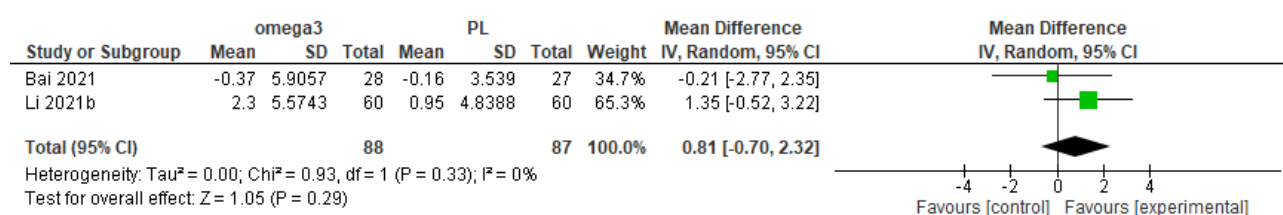
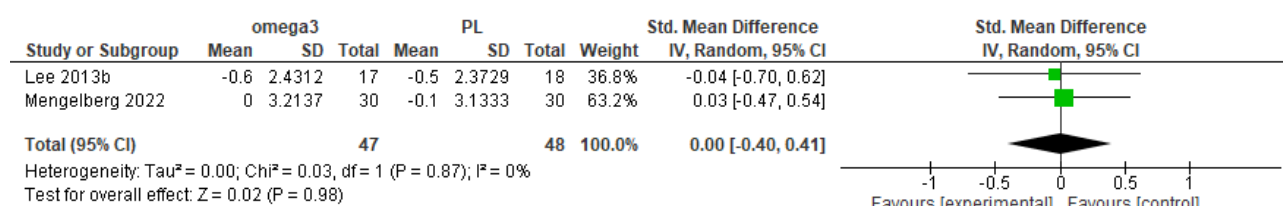
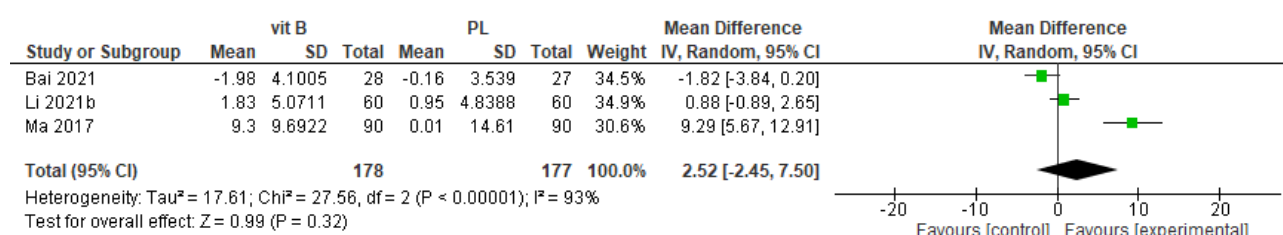
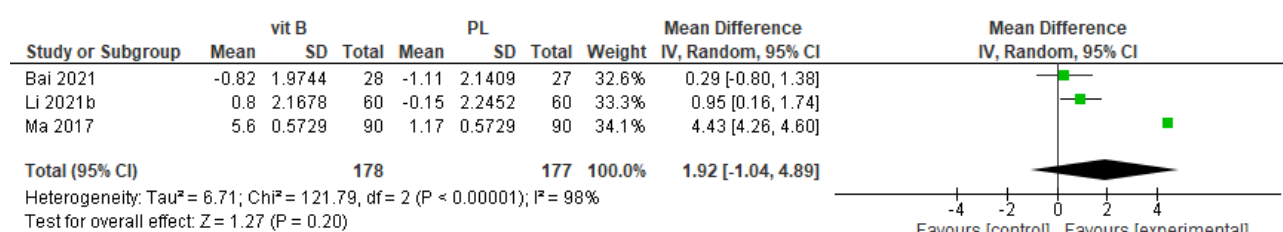
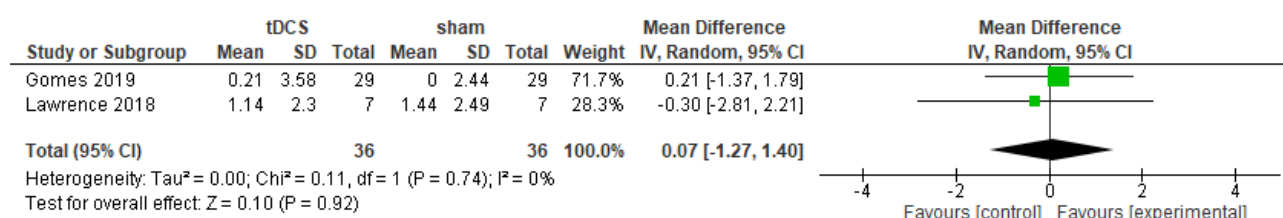
GDS**Aerobic exercise****MMSE****MoCA****Non-aerobic exercise****MoCA****Digit Span Forward**

Digit Span Backward**Aerobic/non-aerobic combined exercise****MMSE****GAMES AND VIDEOGAMES****Games and board games****MoCA****Videogames****MoCA****TMT-A**

TMT-B**MULTIMODAL INTERVENTIONS****MMSE****ADAS-Cog****MoCA****WMS-R LM**

GDS**COGNITIVE INTERVENTIONS****Multimodal cognitive intervention (group) in residential care setting****MMSE****BADL****GDS**

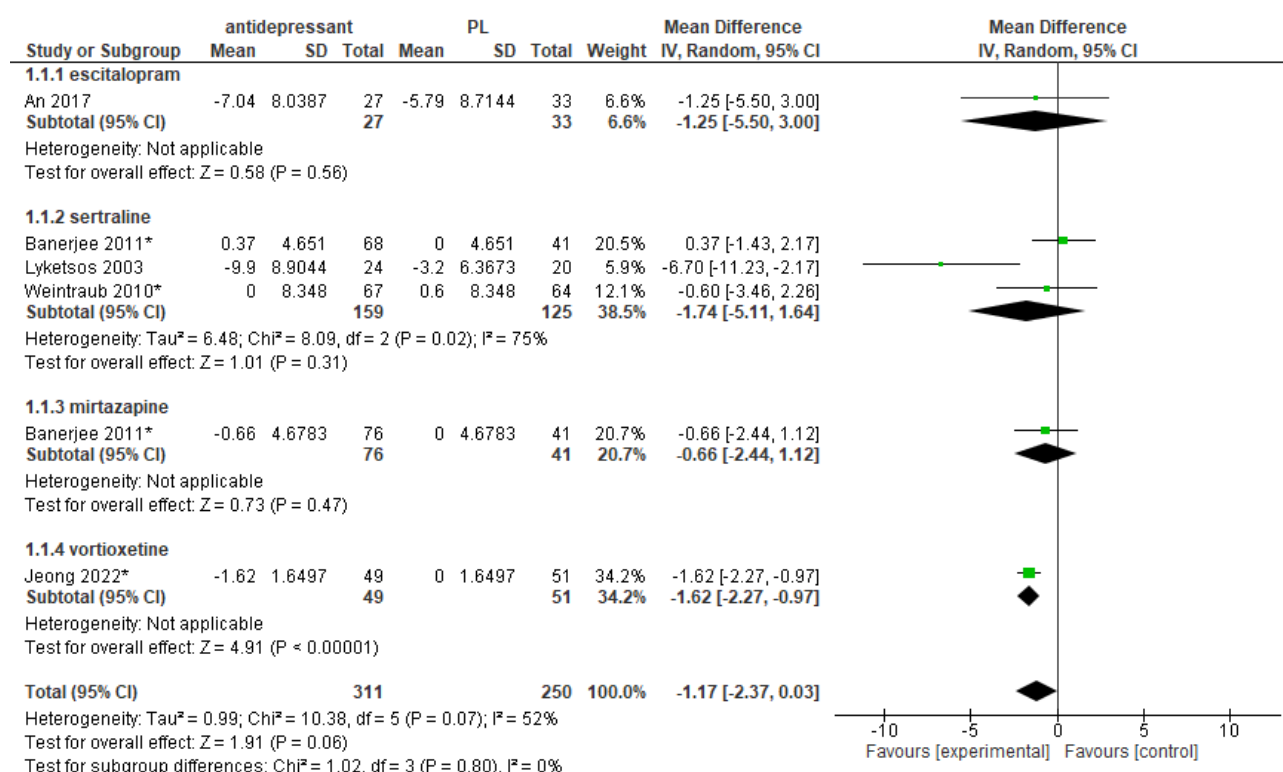
Cognitive training**MMSE****MoCA****GDS****IADL****NUTRITIONAL INTERVENTIONS****Polyunsaturated fatty acids****Digit Span**

WAIS**Depressive symptoms****Vitamin B****WAIS****Digit Span****TRANSCRANIAL DIRECT-CURRENT STIMULATION****MMSE**

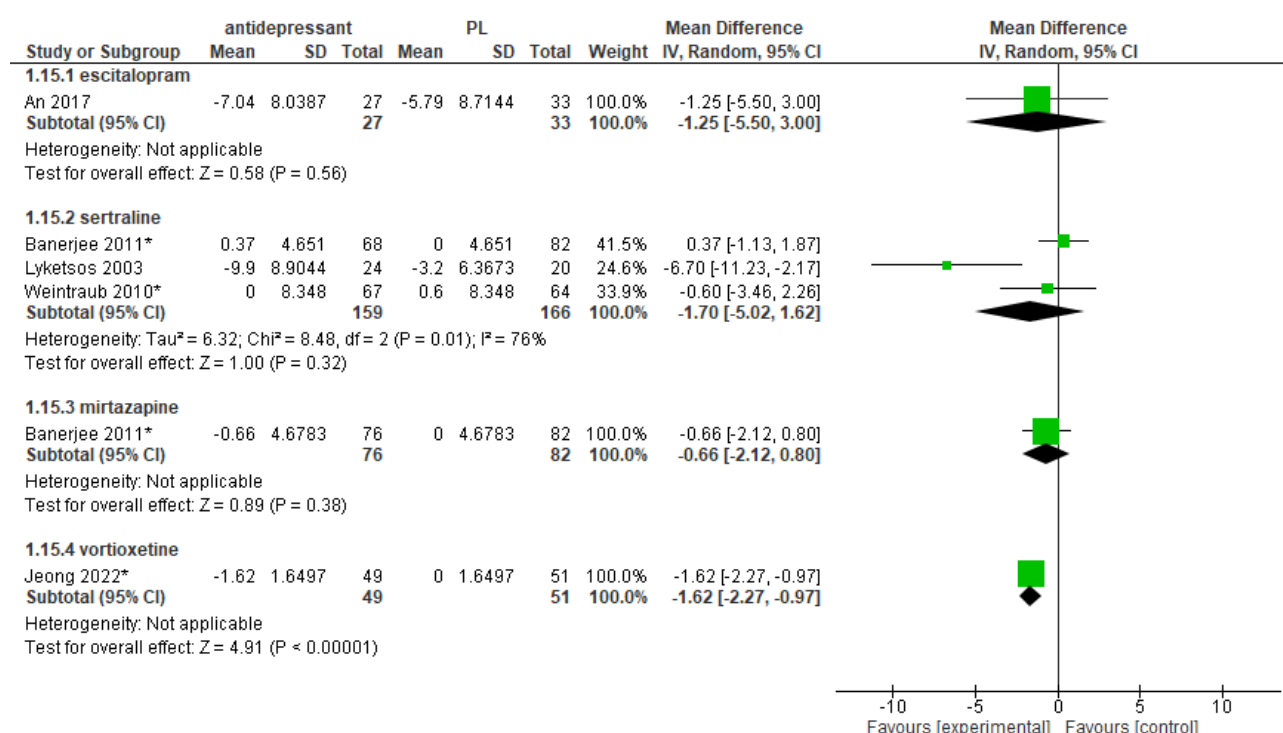
REVIEW QUESTION 21a. Quali sono gli interventi farmacologici più efficaci per gestire i sintomi non cognitivi della malattia, come disturbi dello spettro della schizofrenia e altri disturbi psicotici, disturbi depressivi, cambiamenti comportamentali in persone con demenza?

ANTIDEPRESSANTS

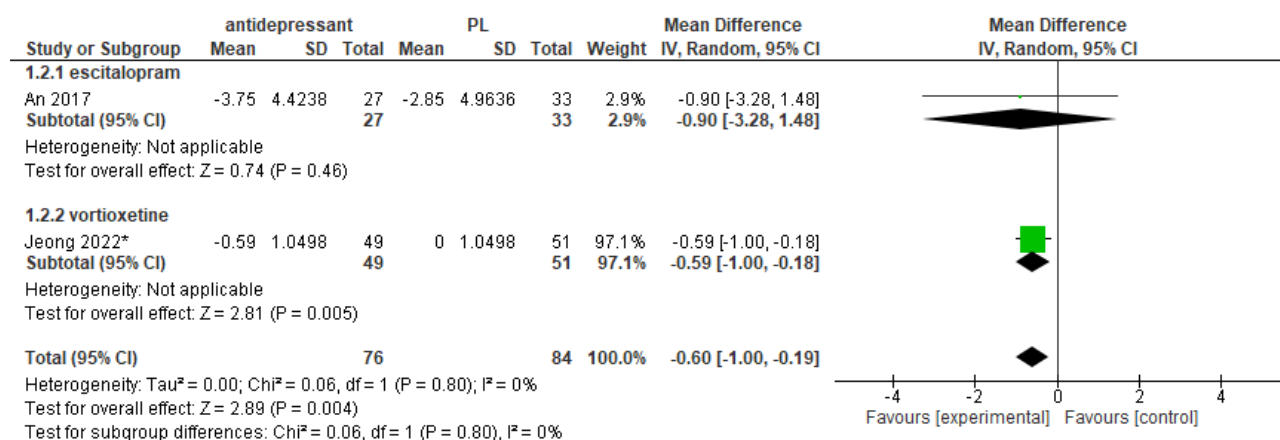
CSDD



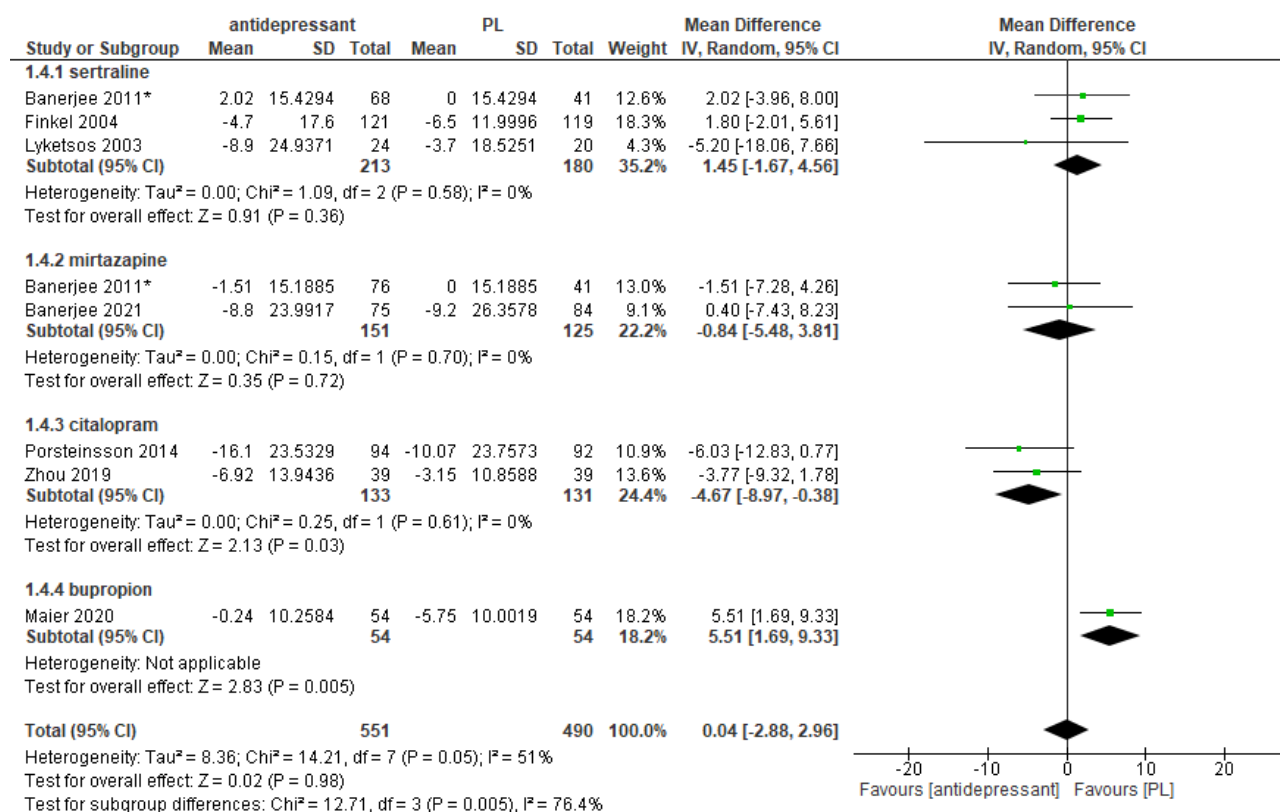
CSDD - stratified by drug



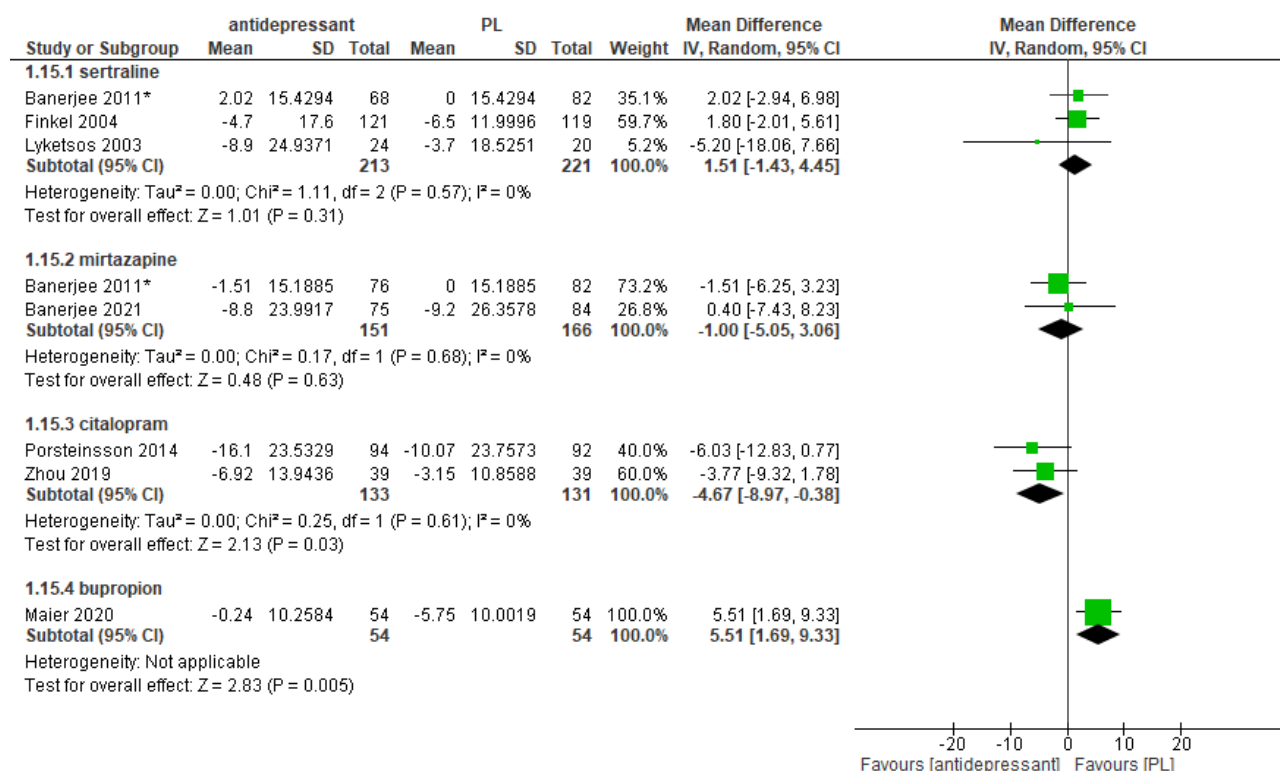
GDS



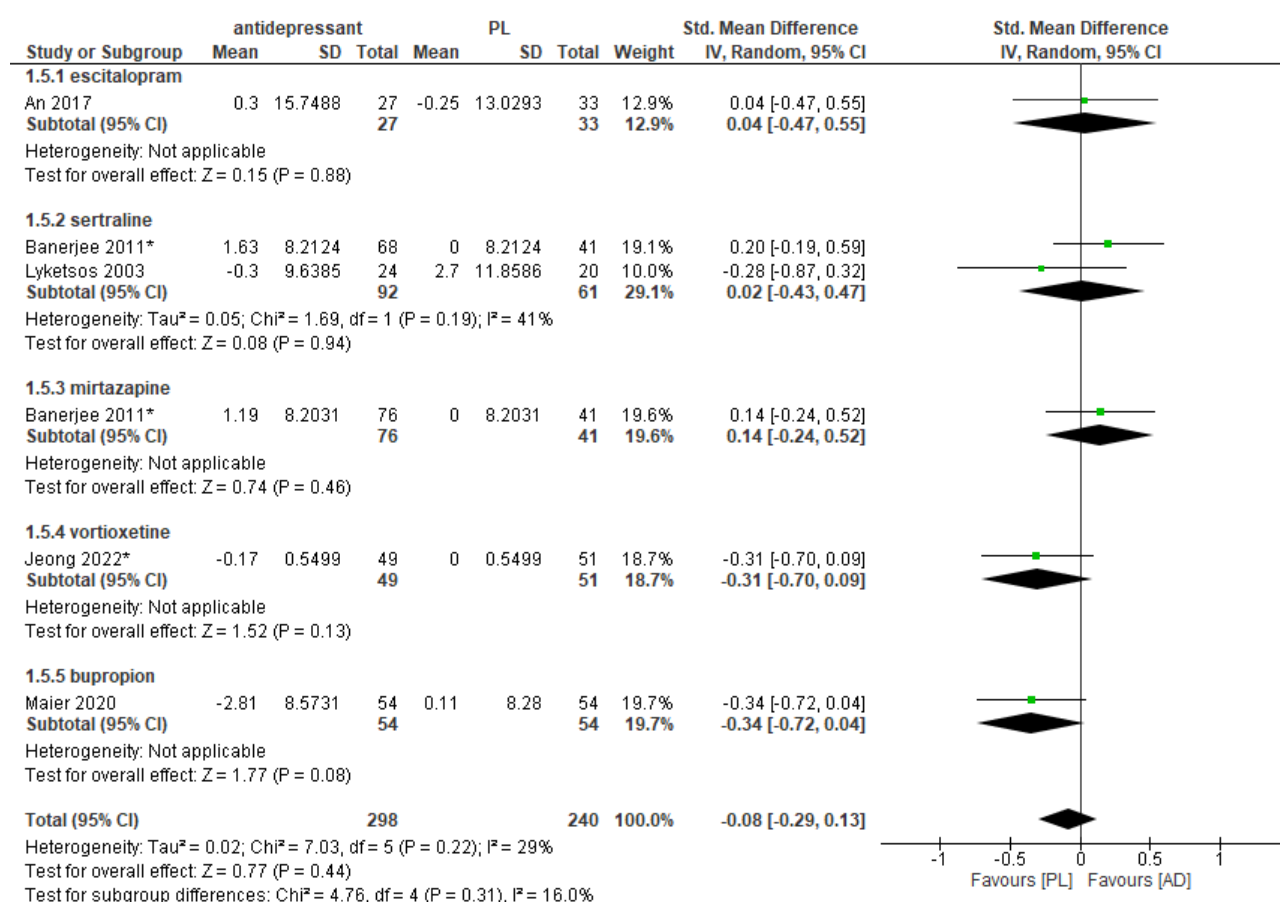
NPI

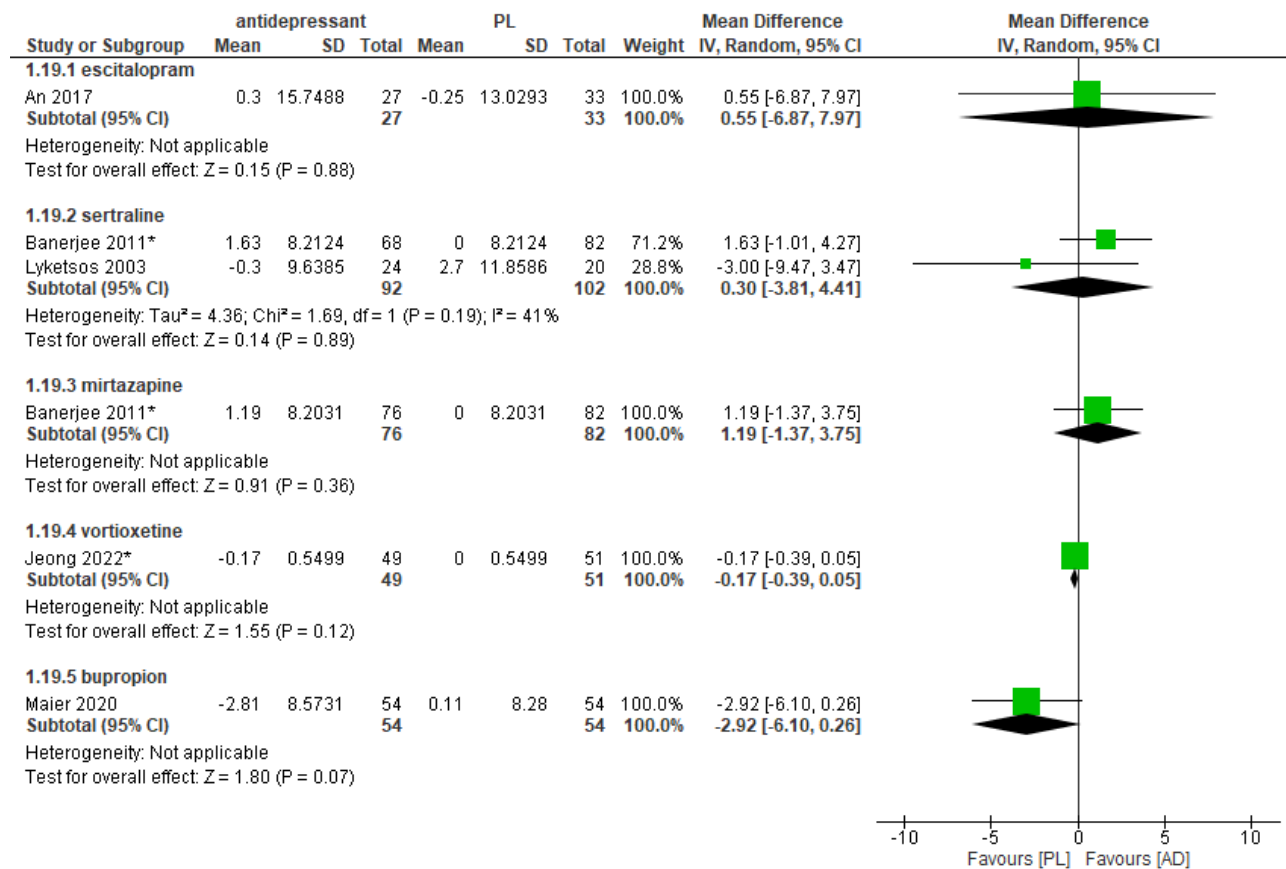


NPI - stratified by drug

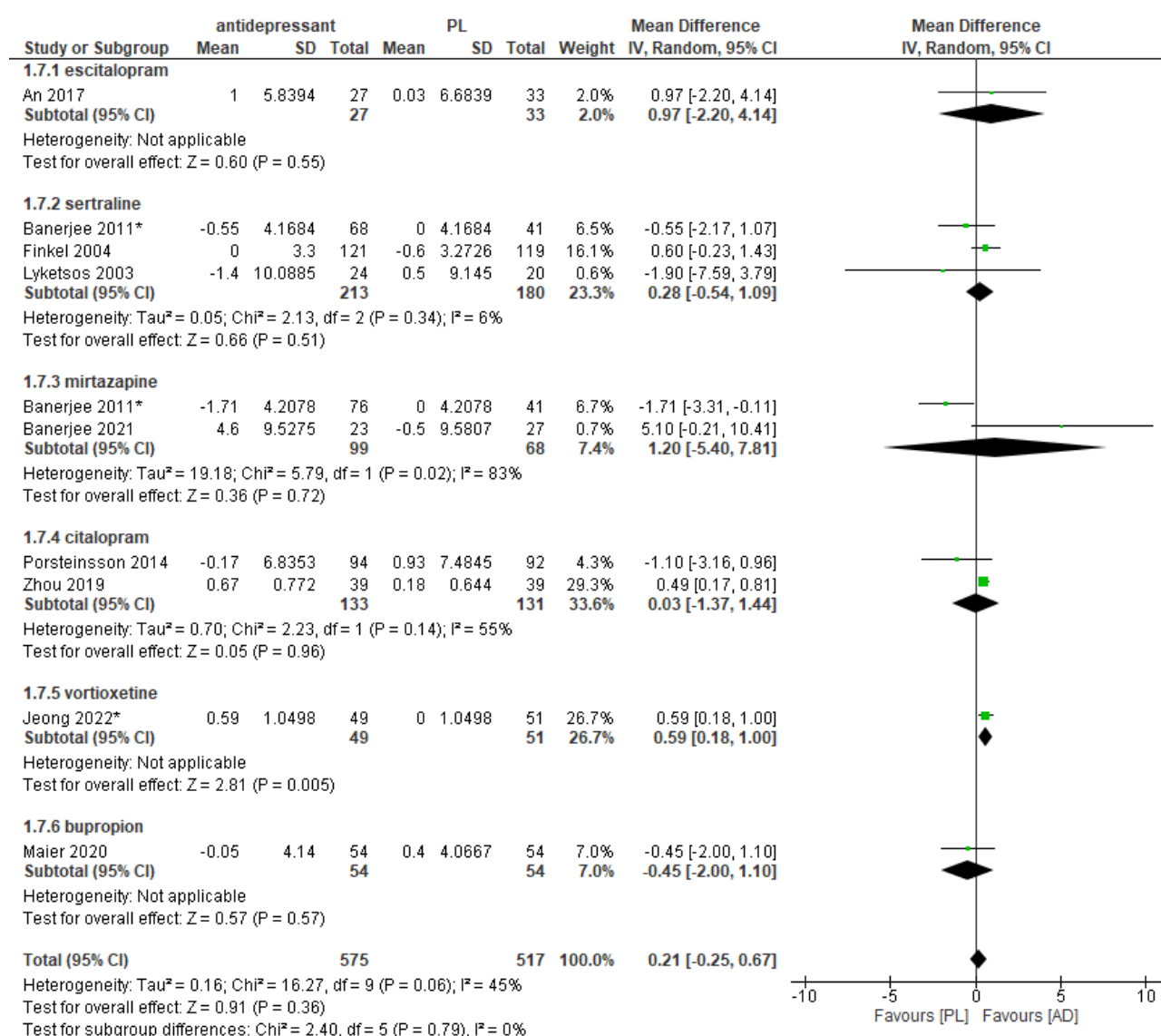


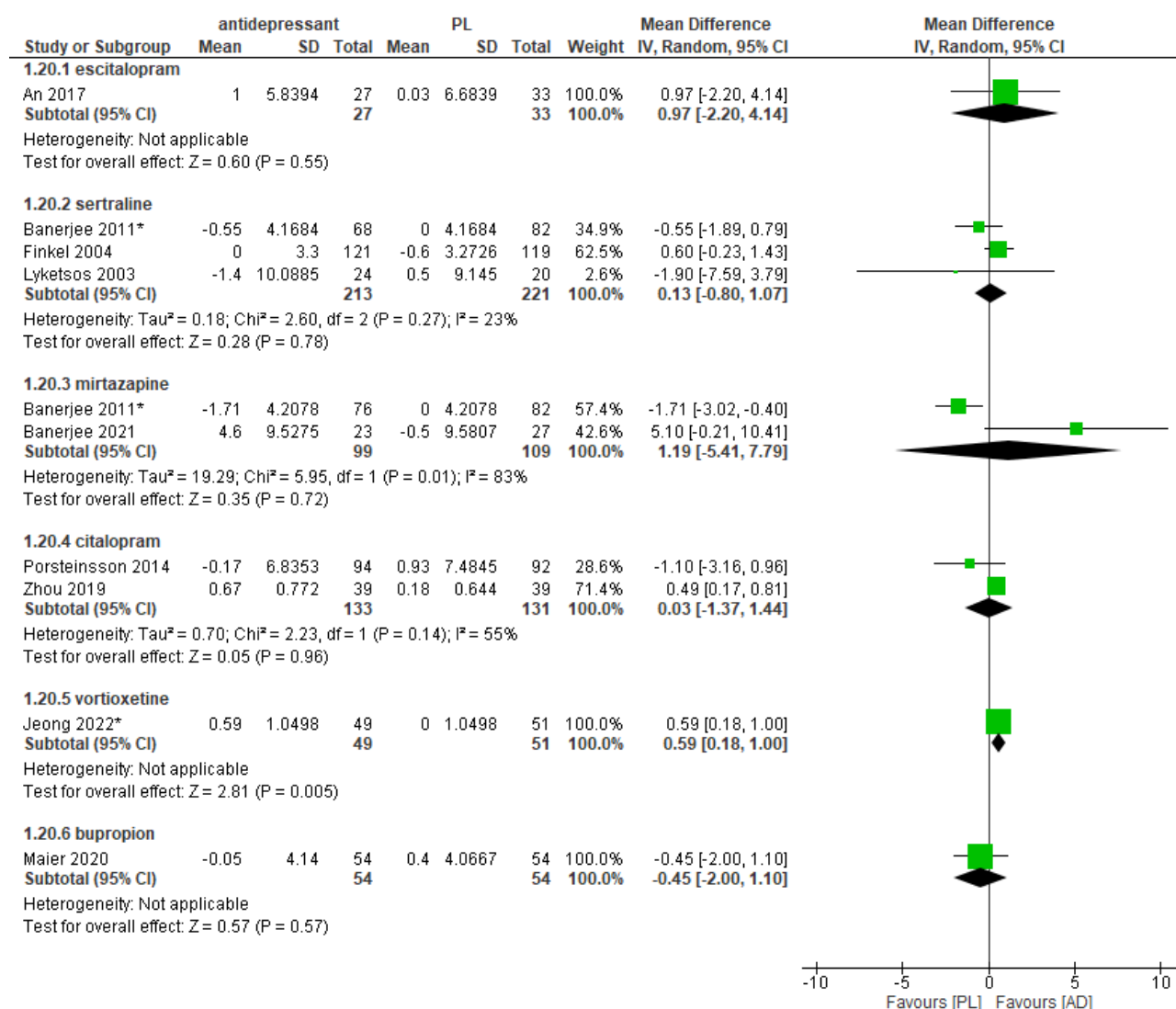
ADL

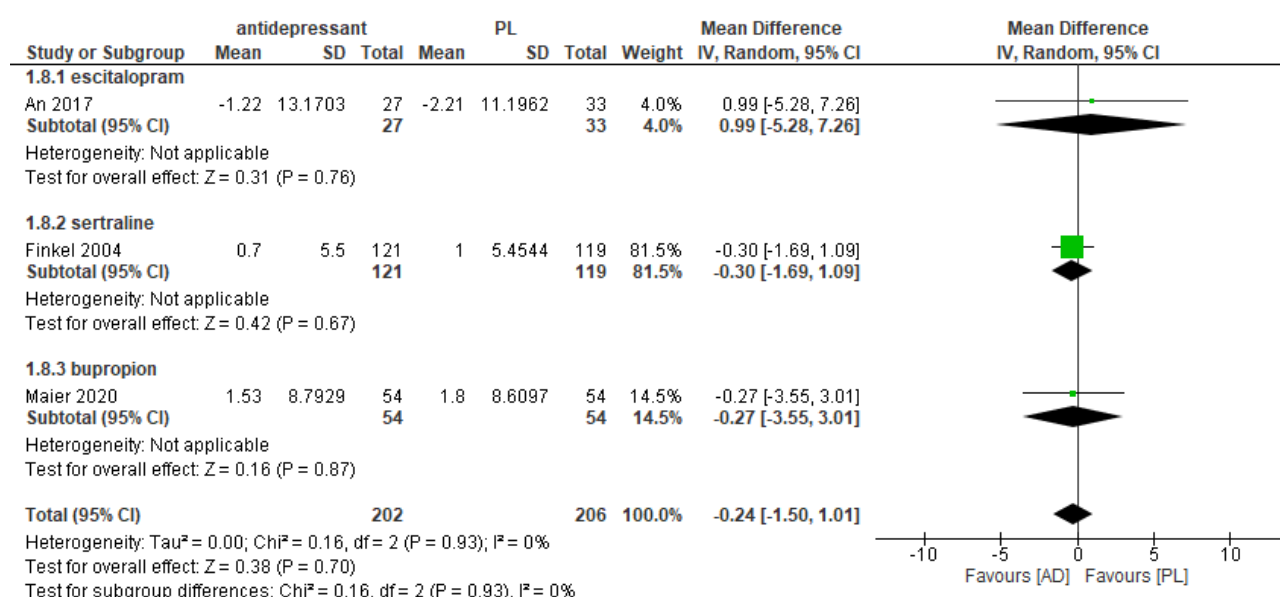
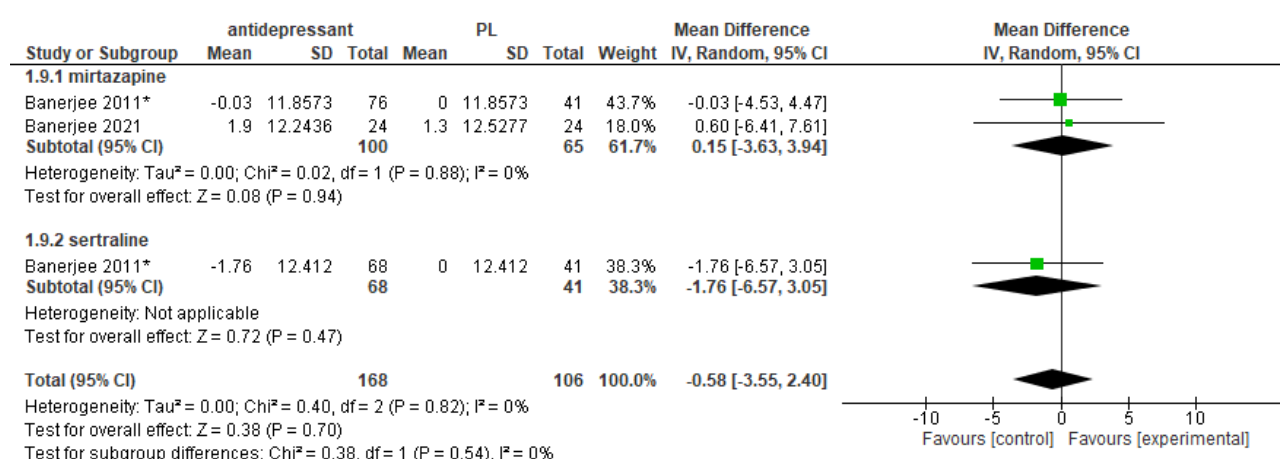
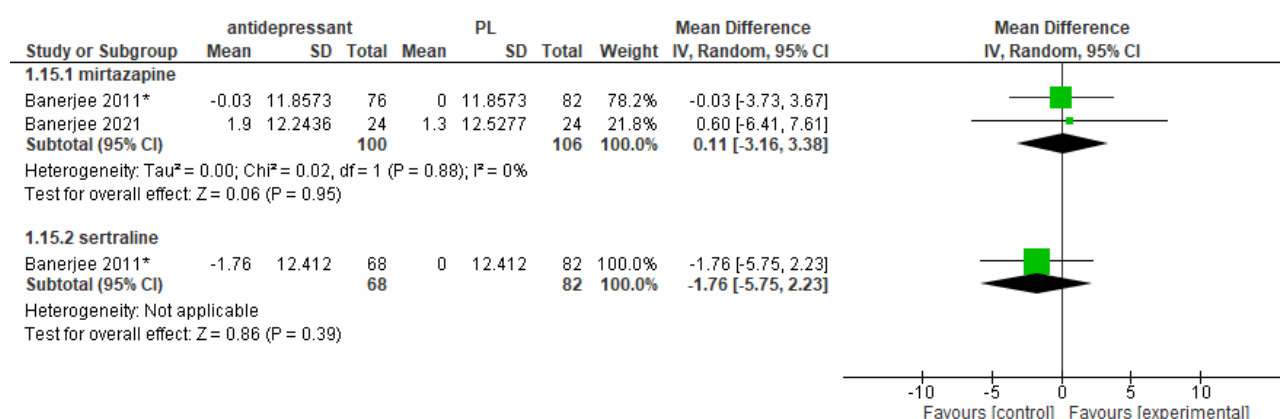


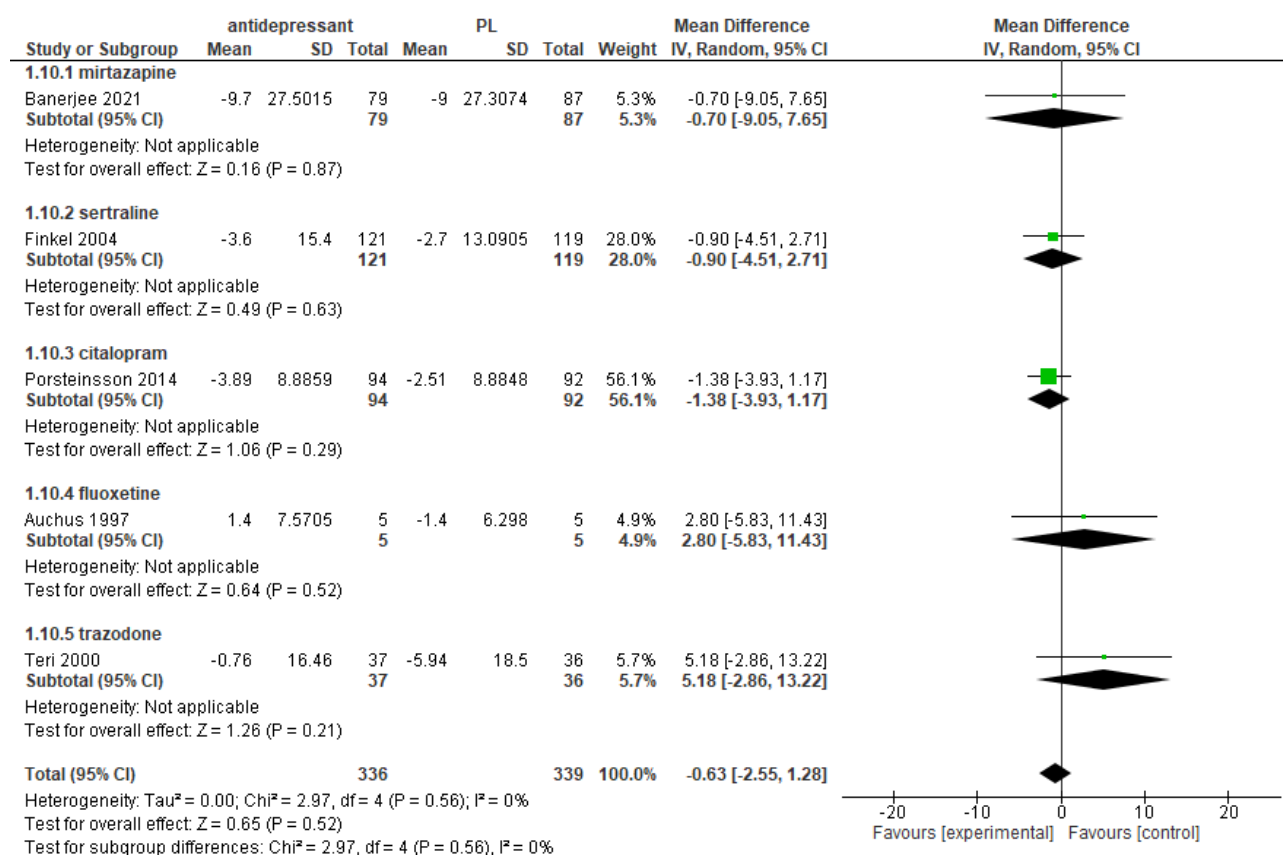
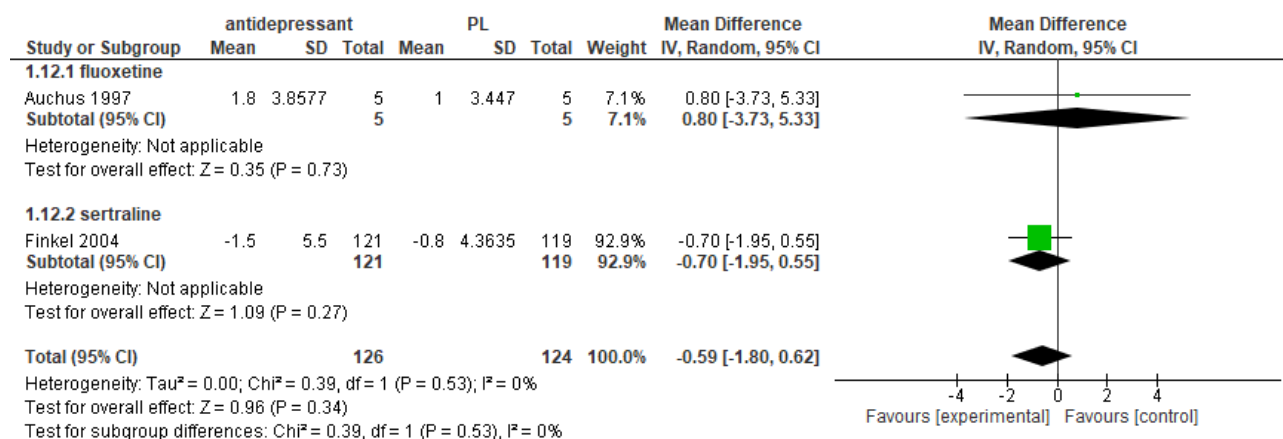
ADL - stratified by drug

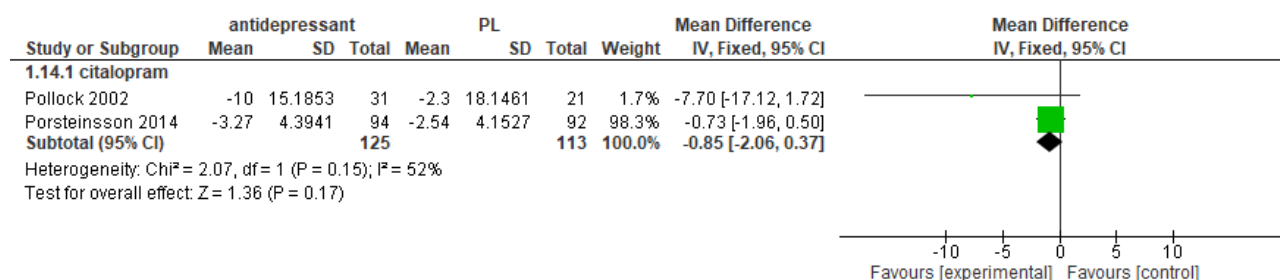
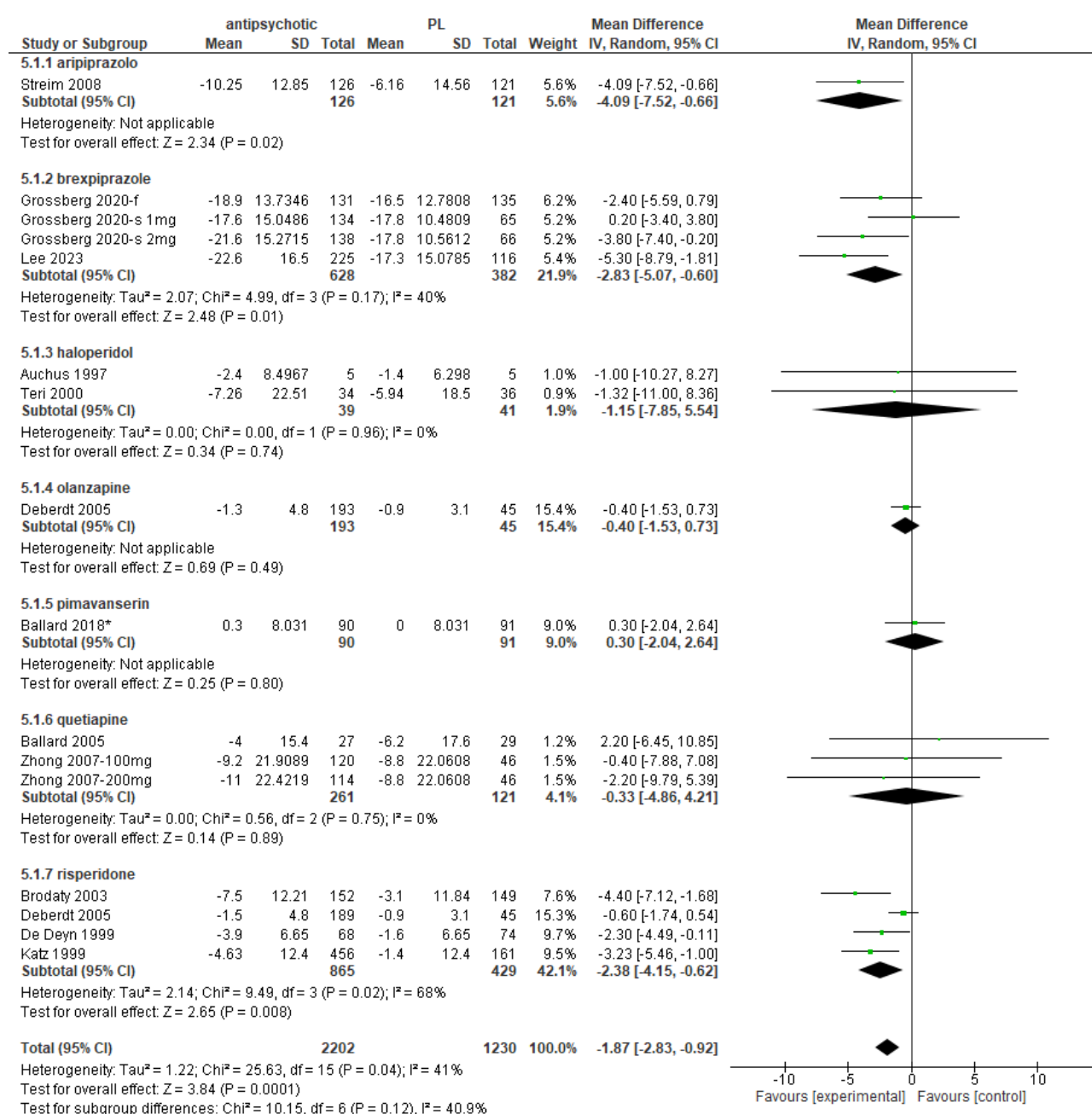
MMSE



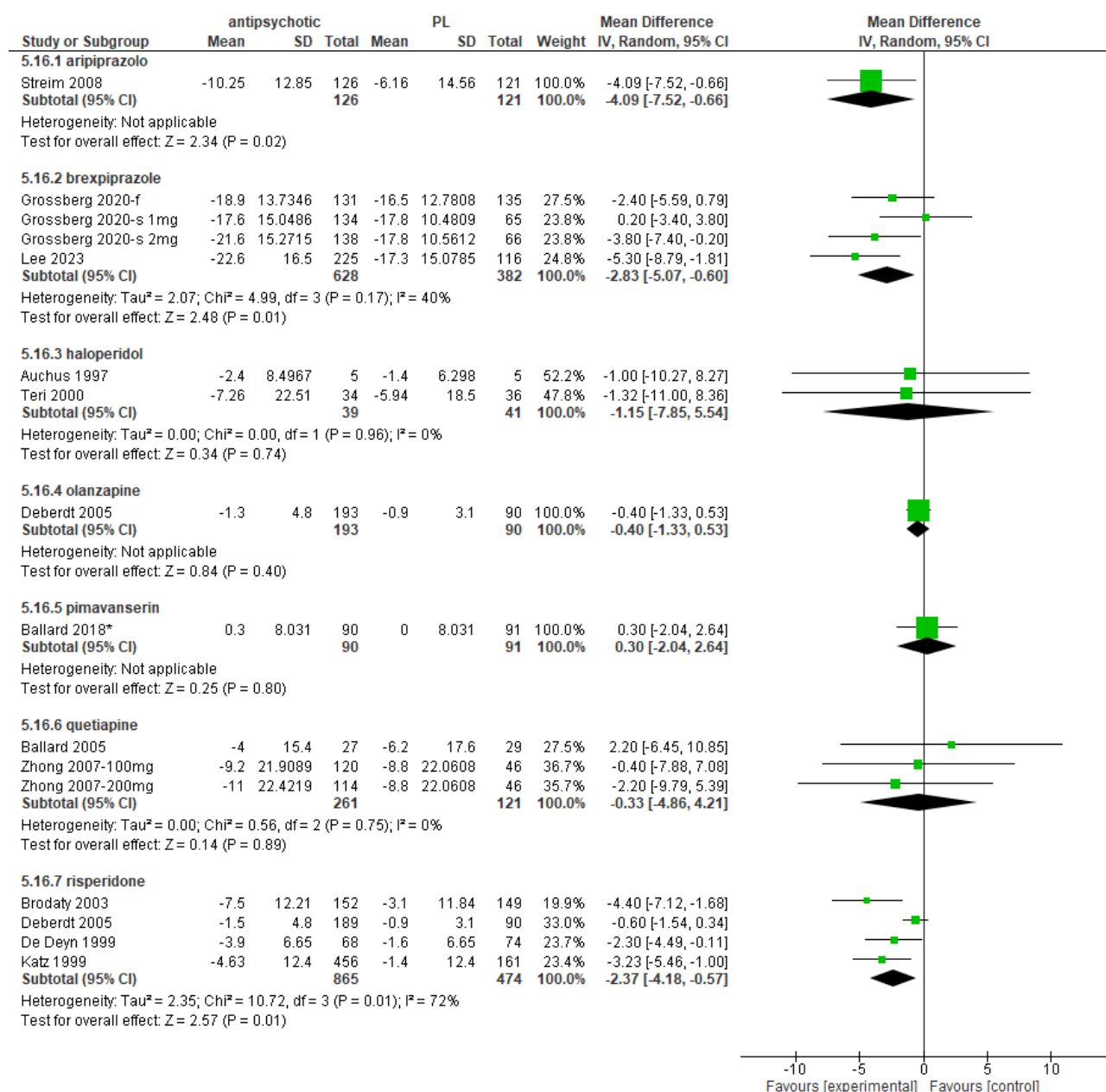
MMSE - stratified by drug

ADAS-Cog**DEM-QoL****DEM-QoL - stratified by drug**

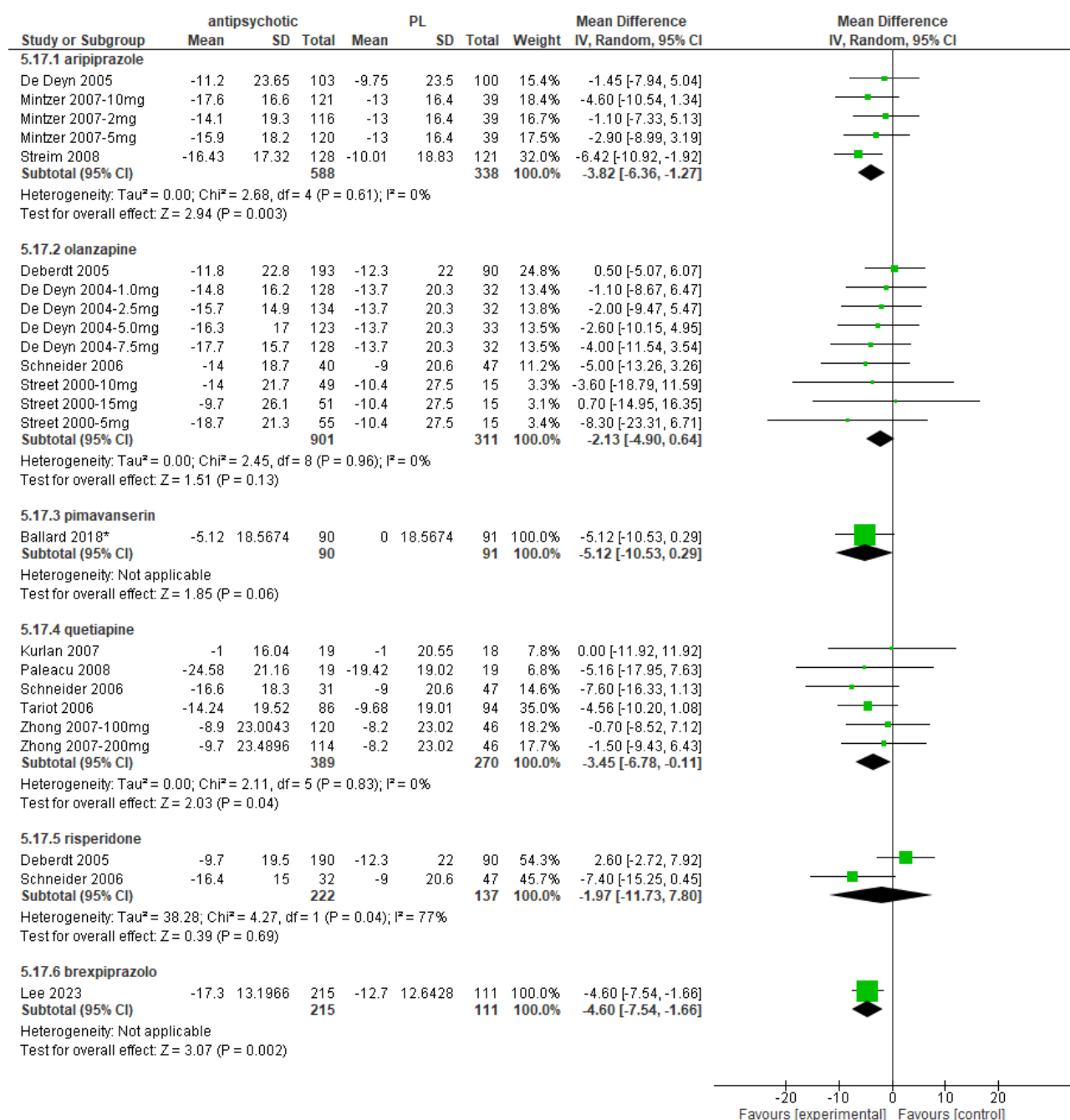
CMAI**BEHAVE-AD**

NBRS**ANTIPSYCHOTICS****CMAI**

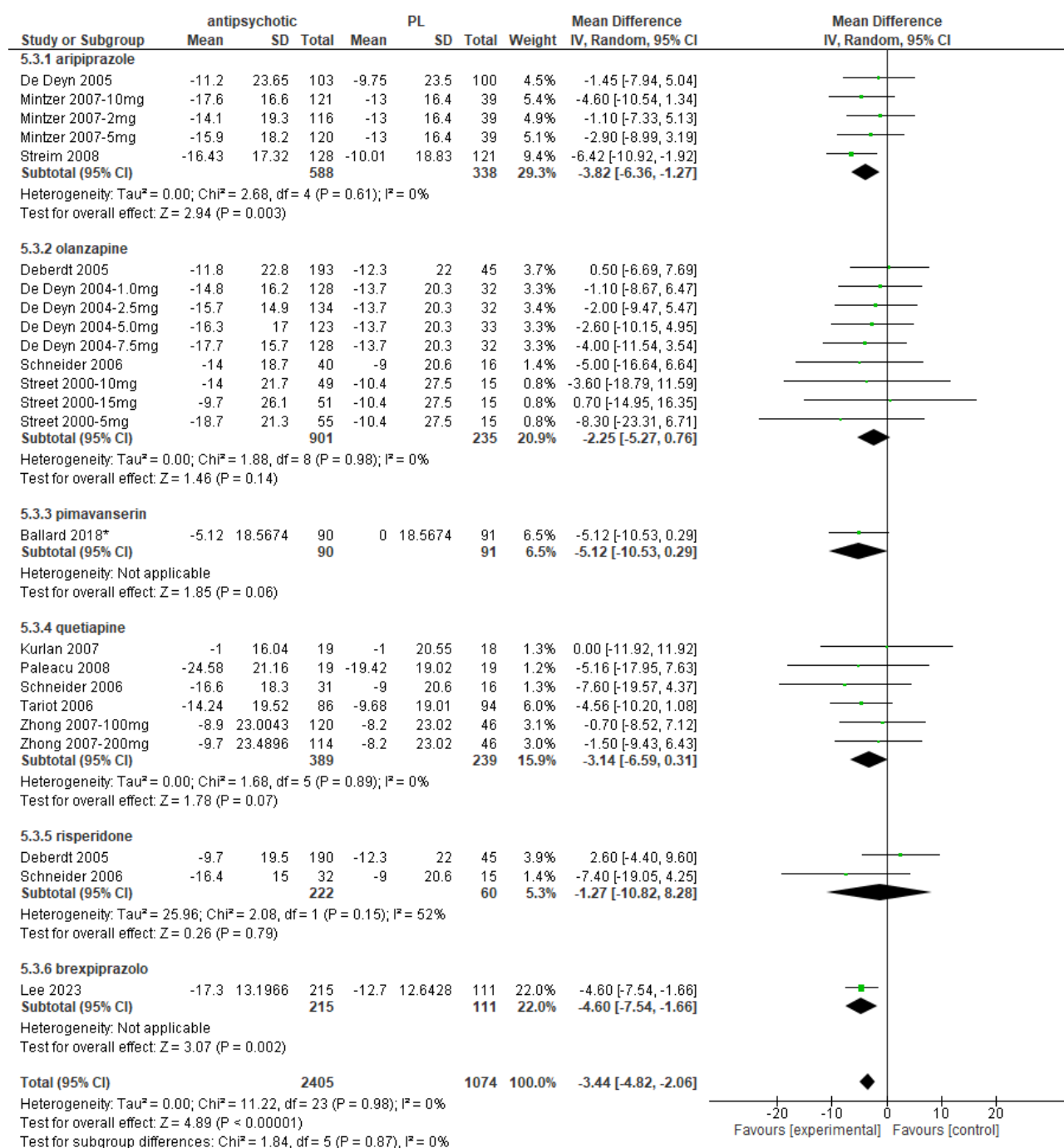
CMAI – stratified by drug



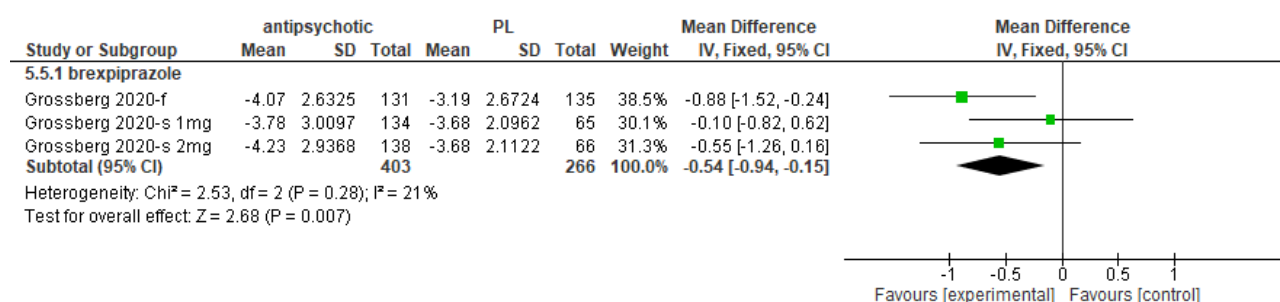
NPI

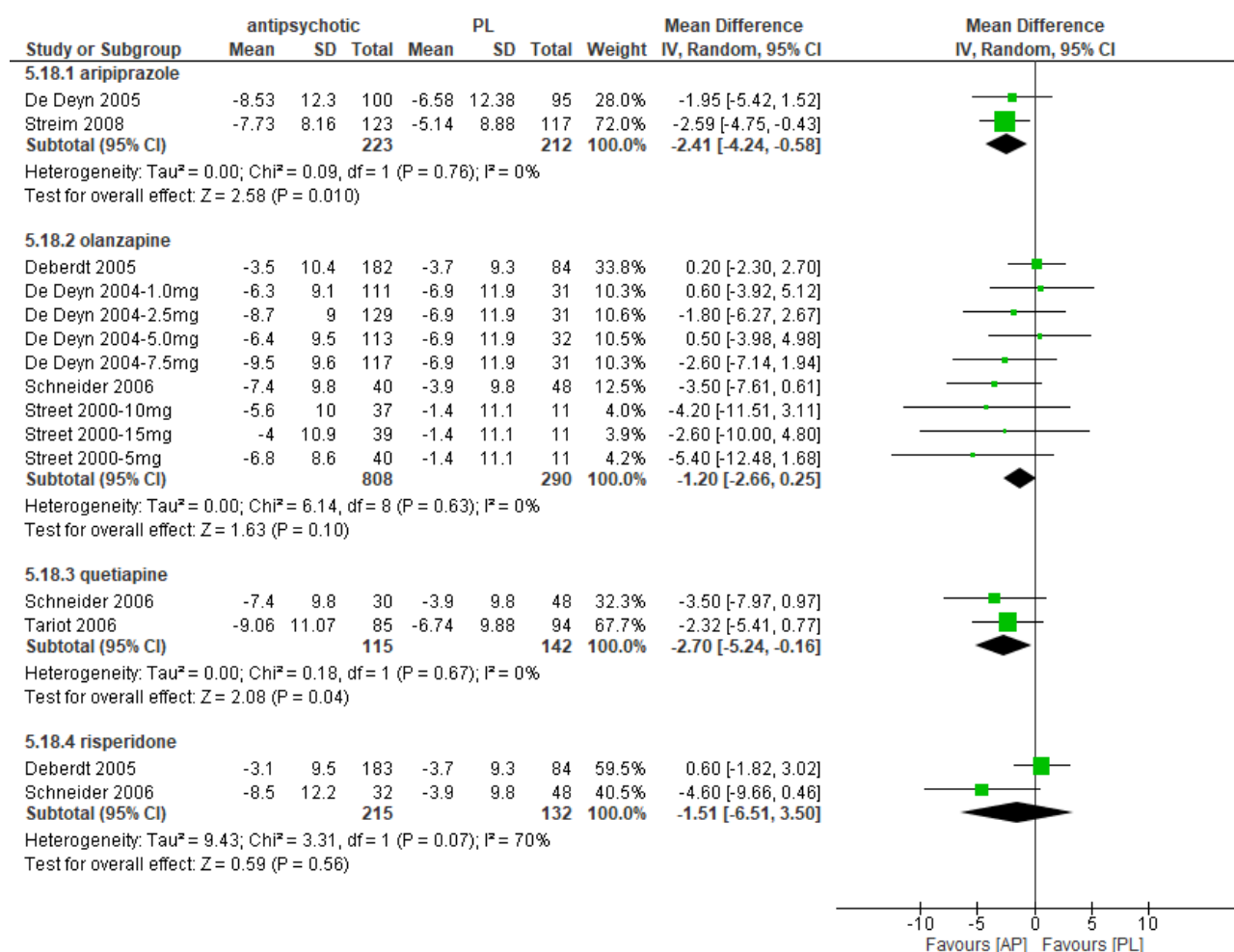


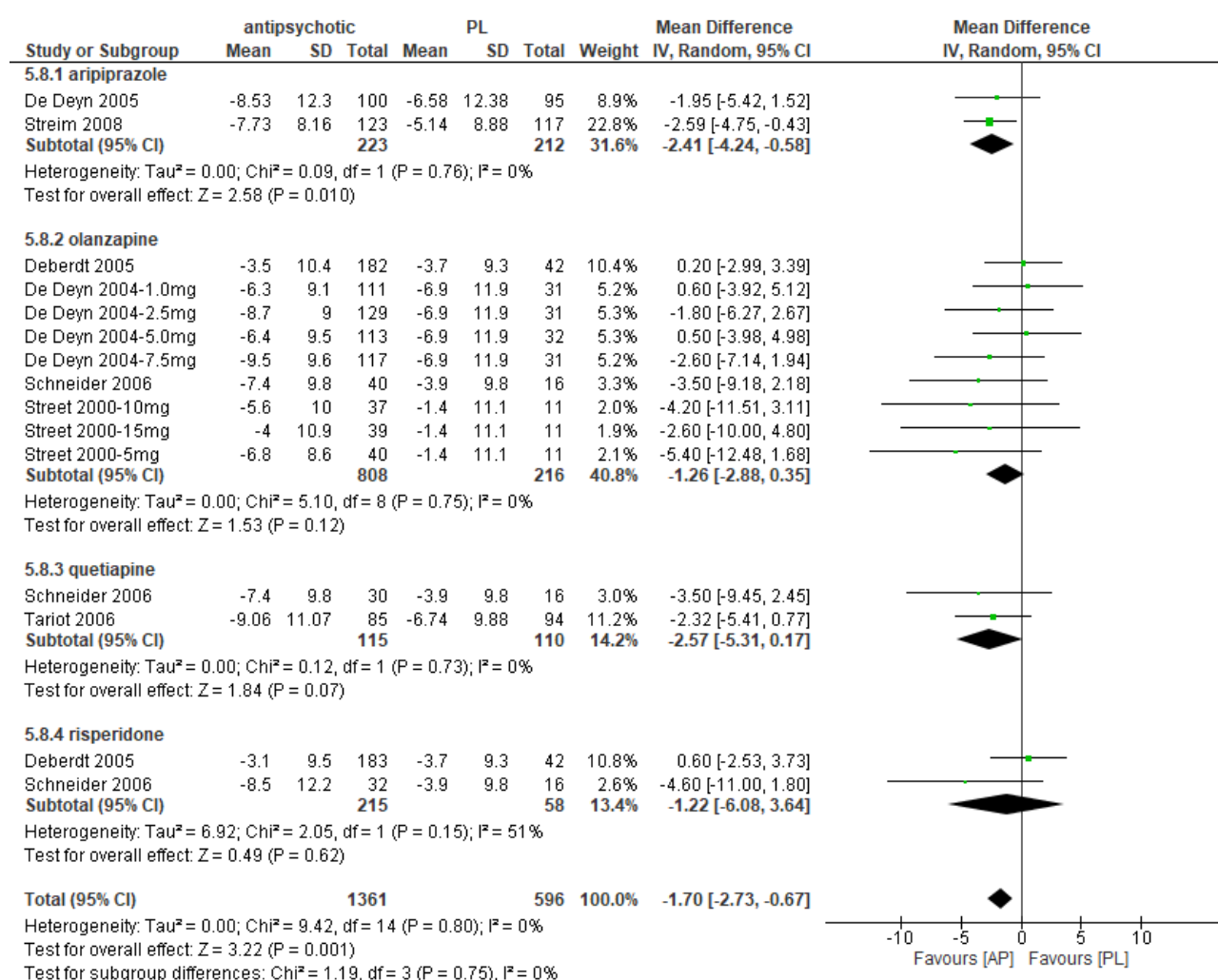
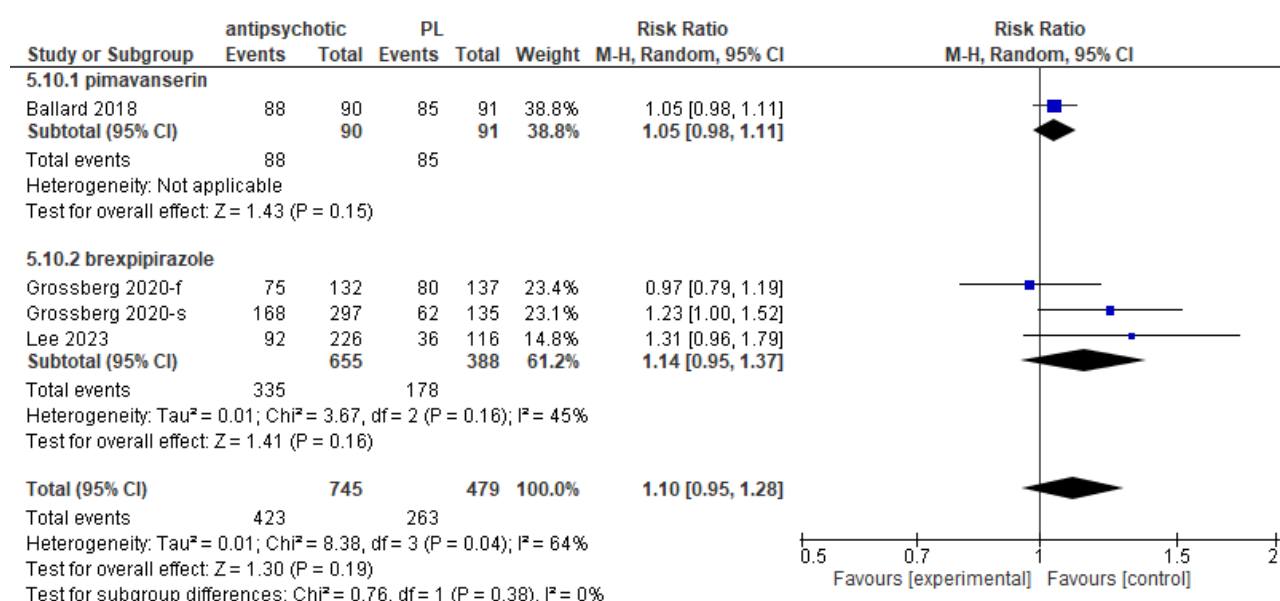
NPI - stratified by drug



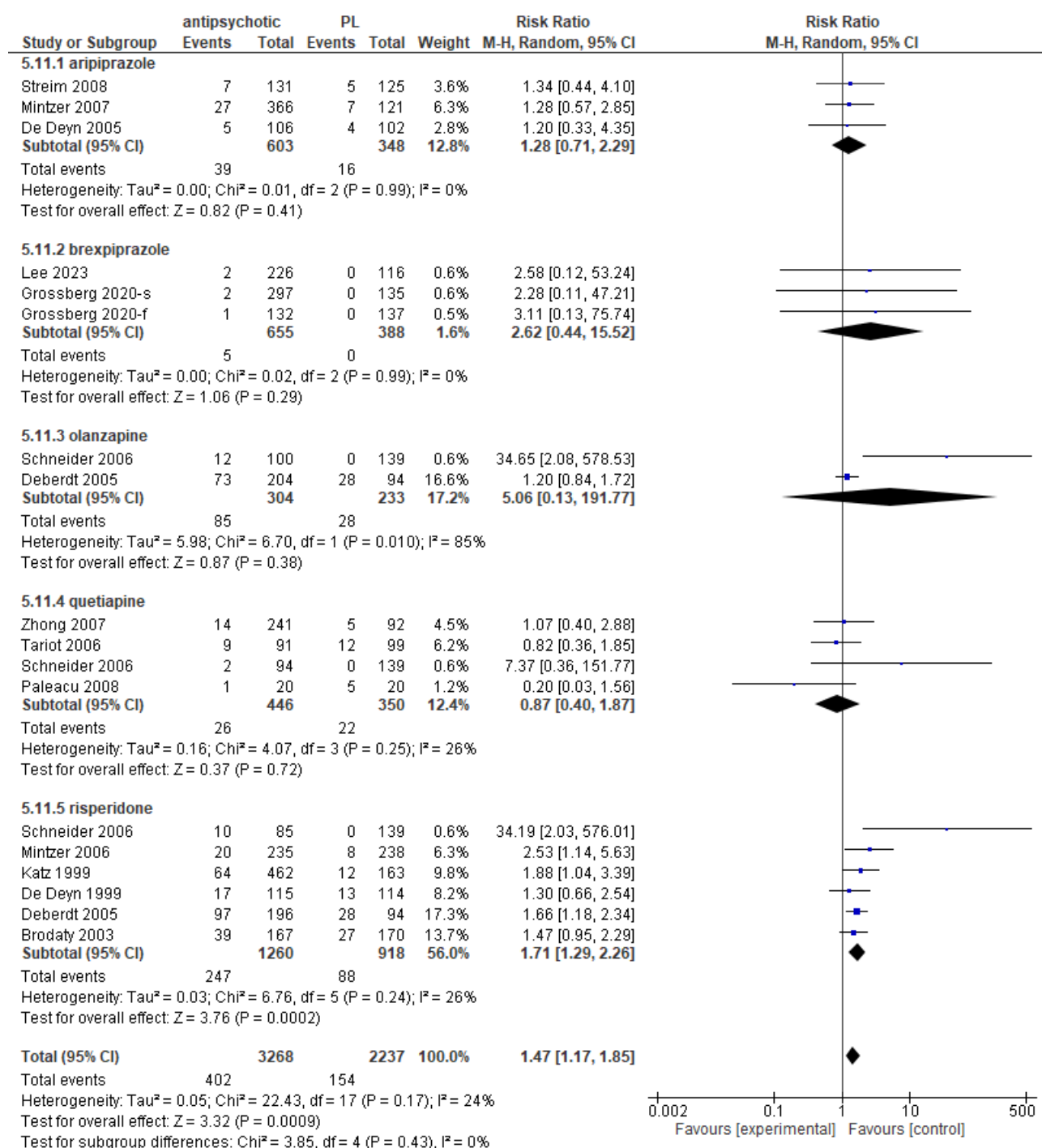
NPI-Ag



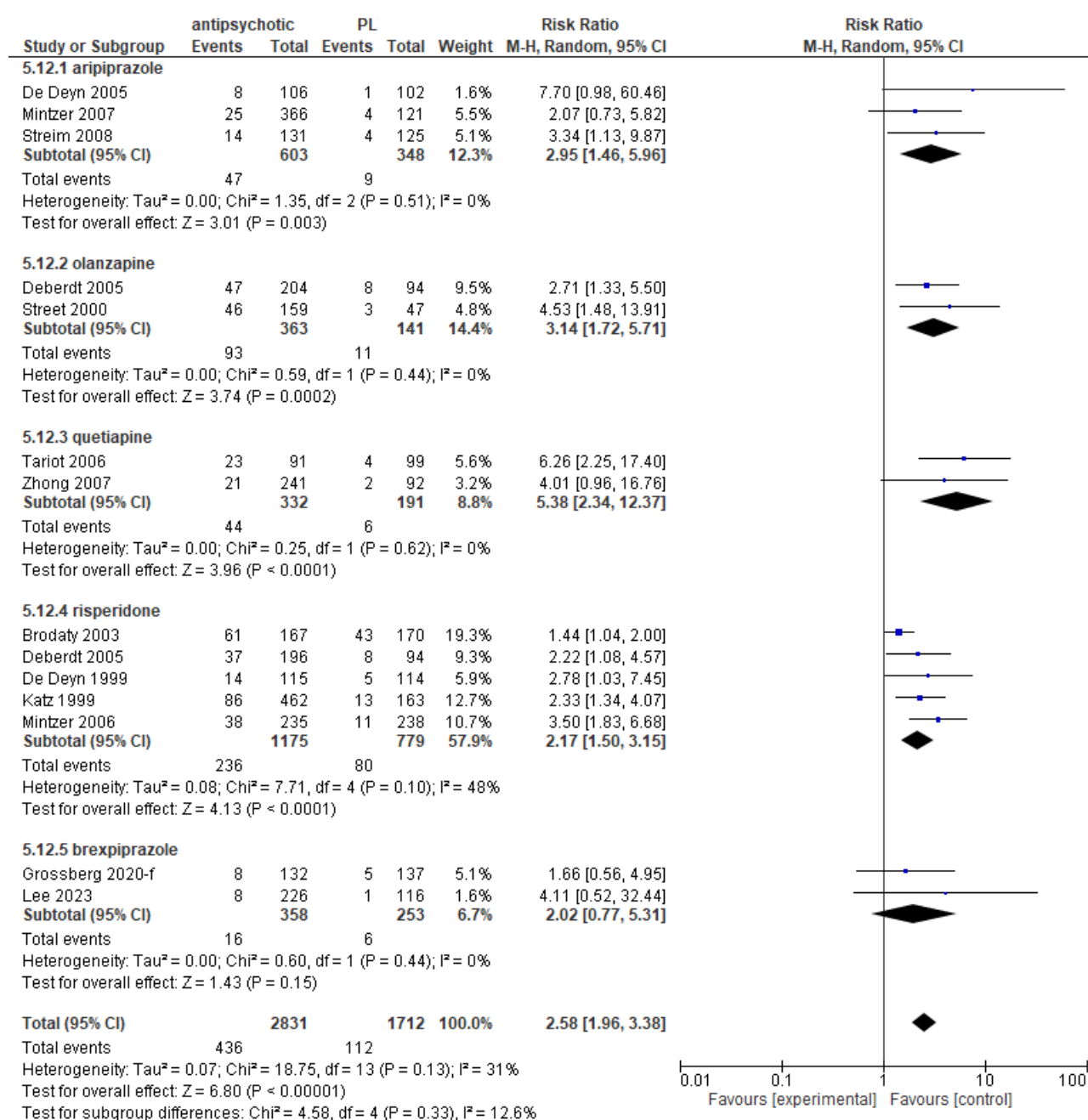
BPRS

BPRS - stratified by drug**Adverse events**

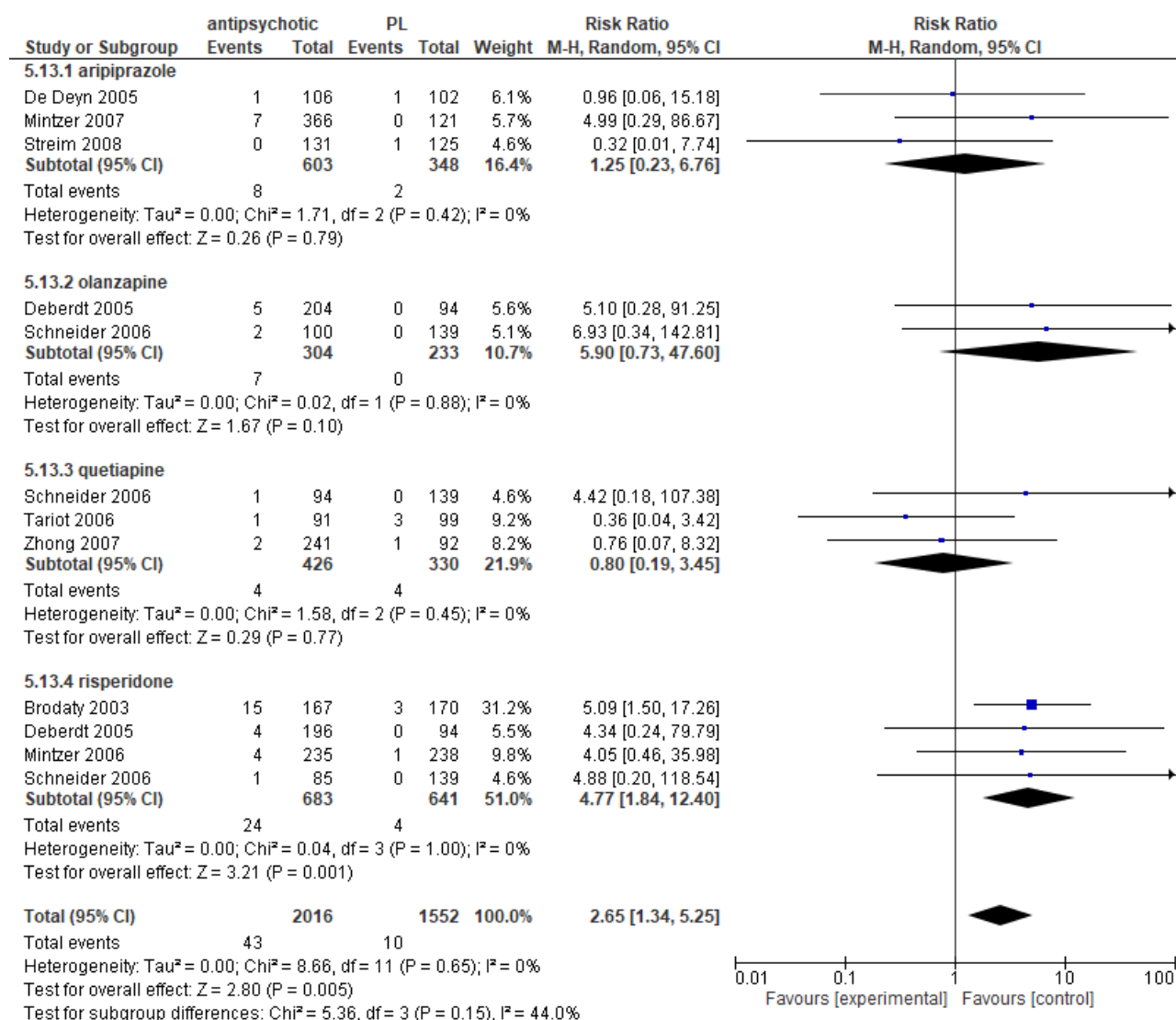
Adverse events - extrapyramidal



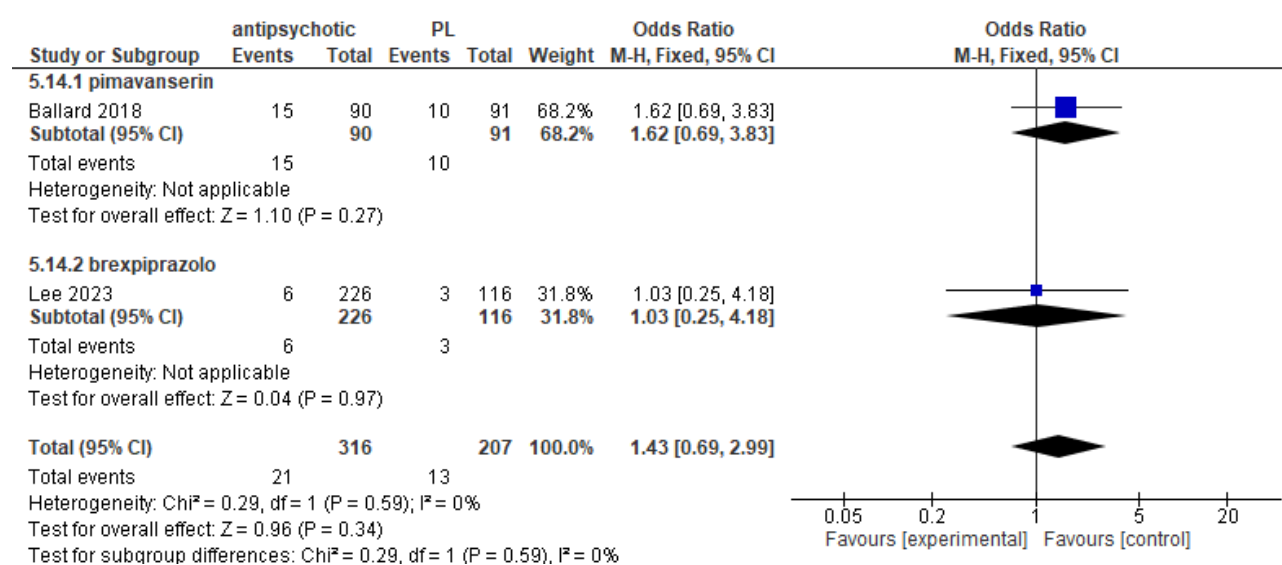
Adverse events – drowsiness



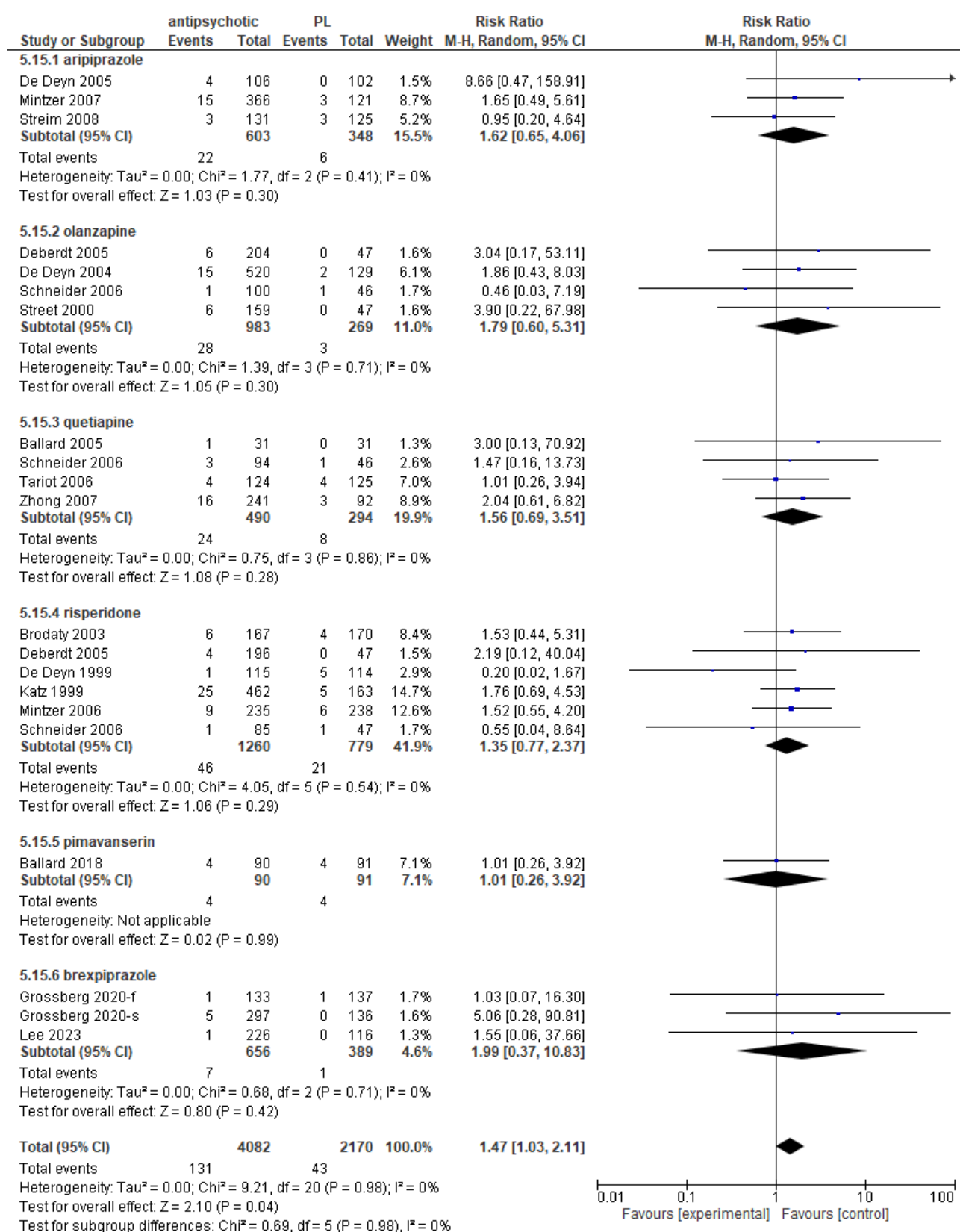
Adverse events – cerebrovascular



Serious adverse events

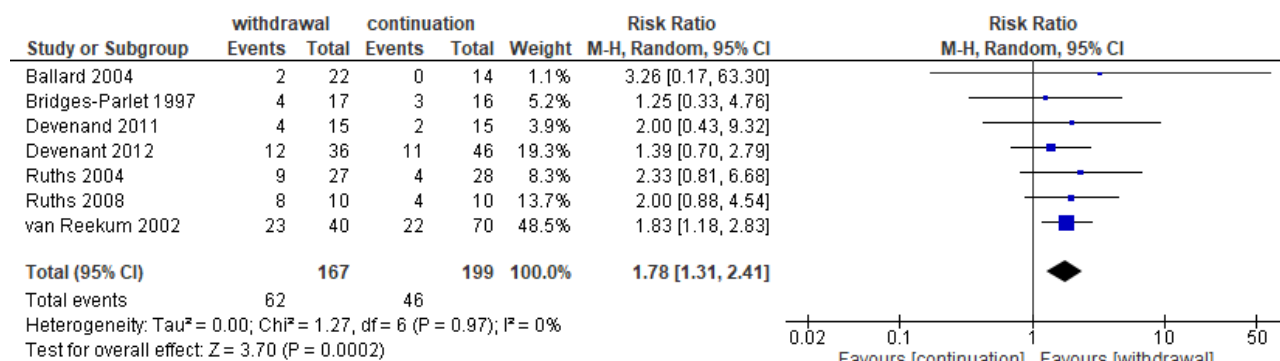


Mortality

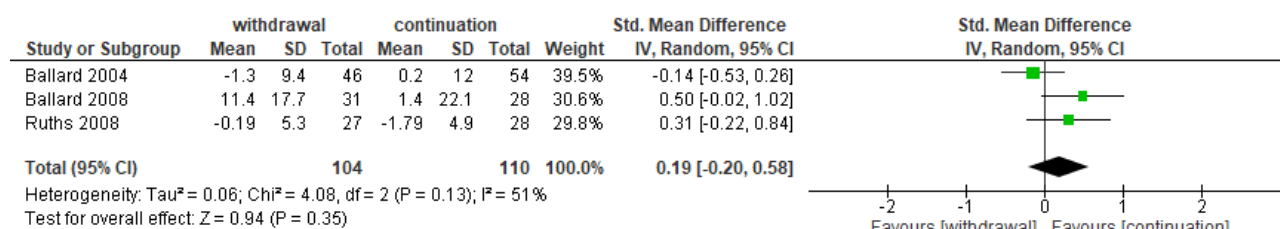


ANTIPSYCHOTIC SUSPENSION

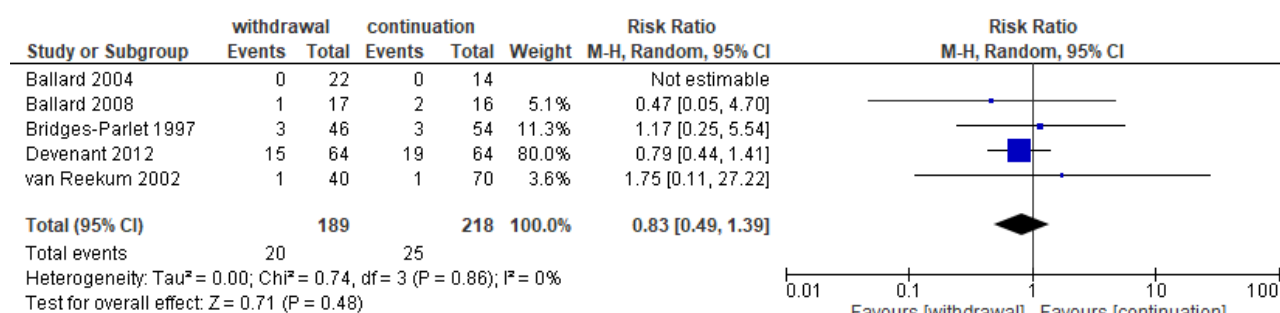
Behavioral symptoms worsening

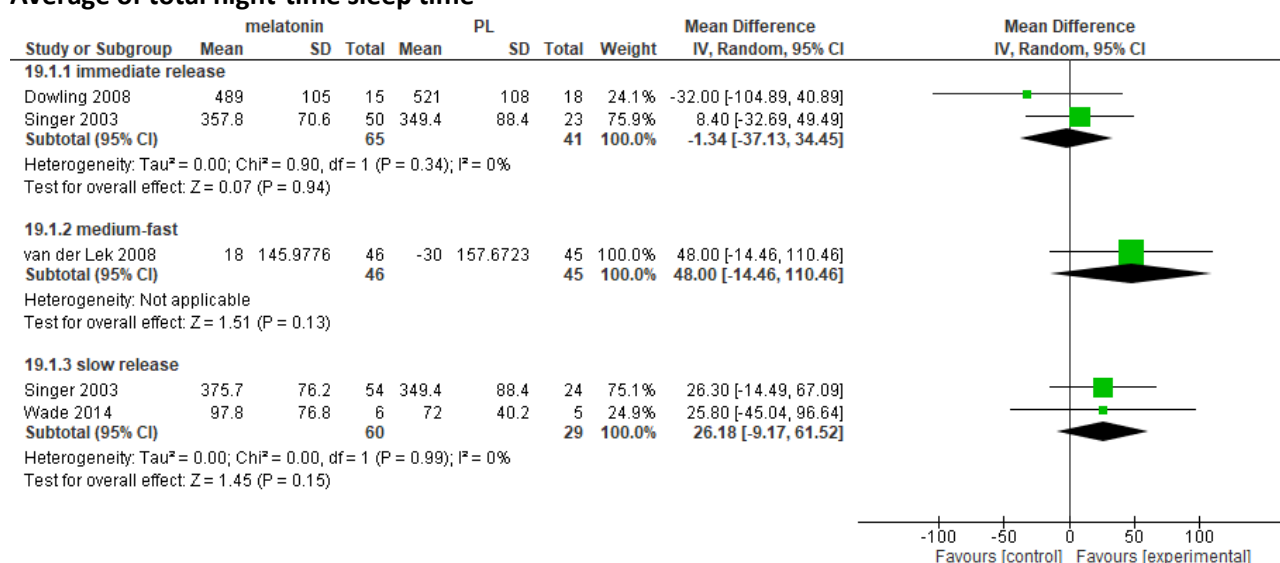
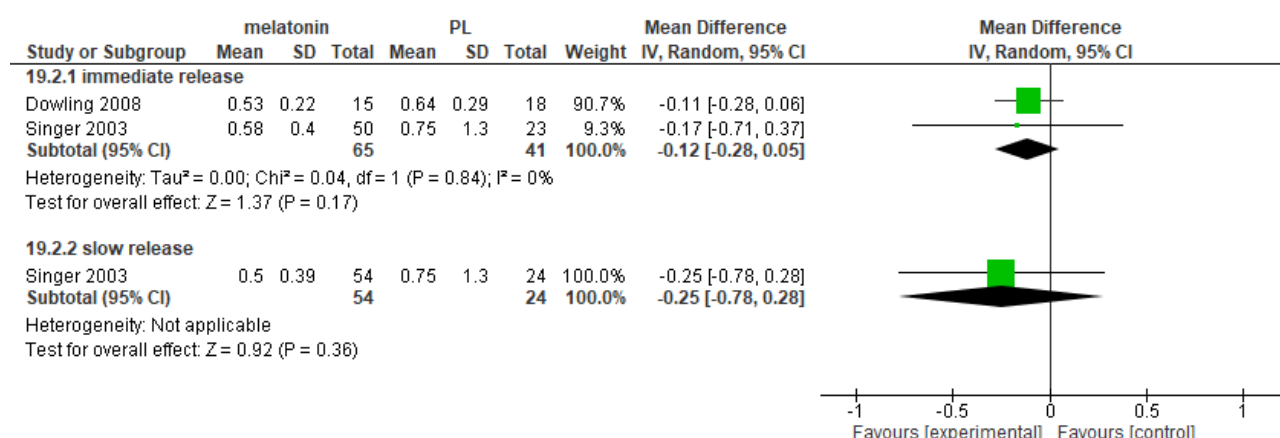
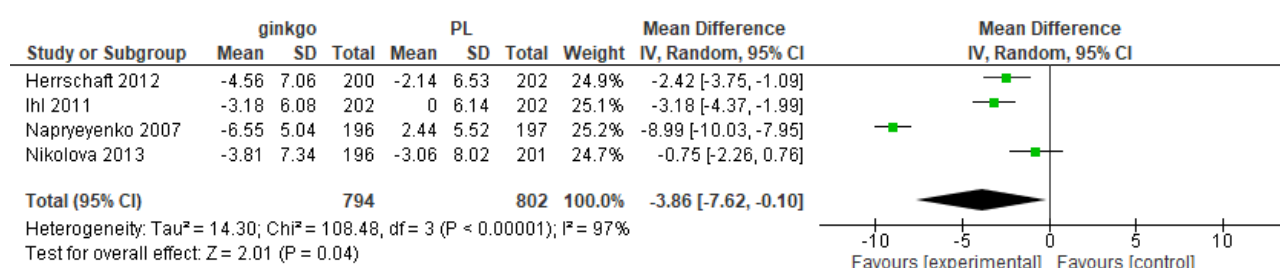


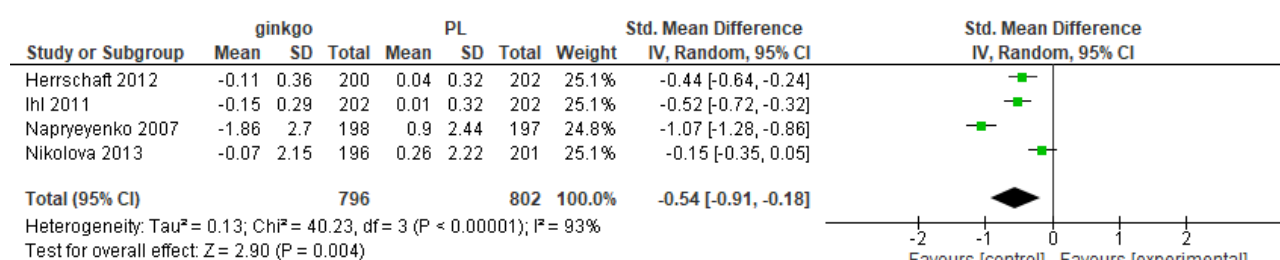
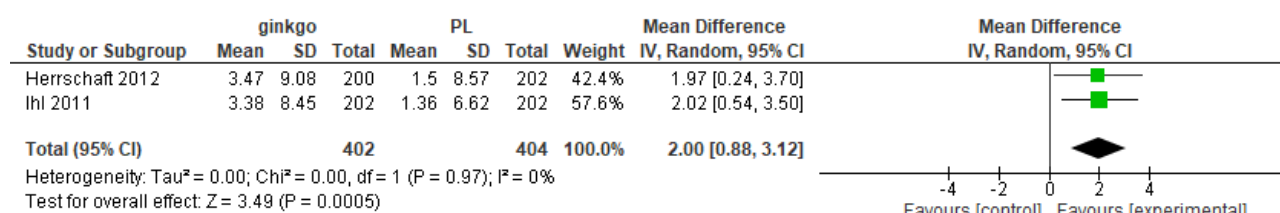
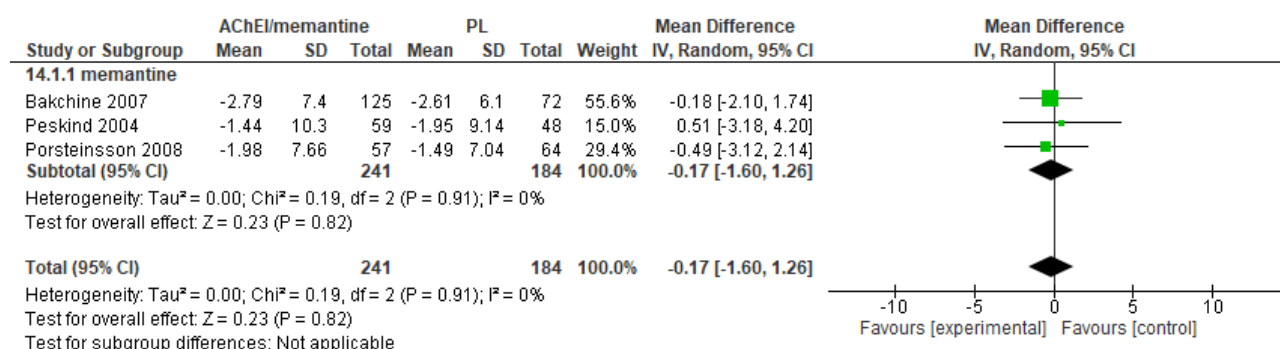
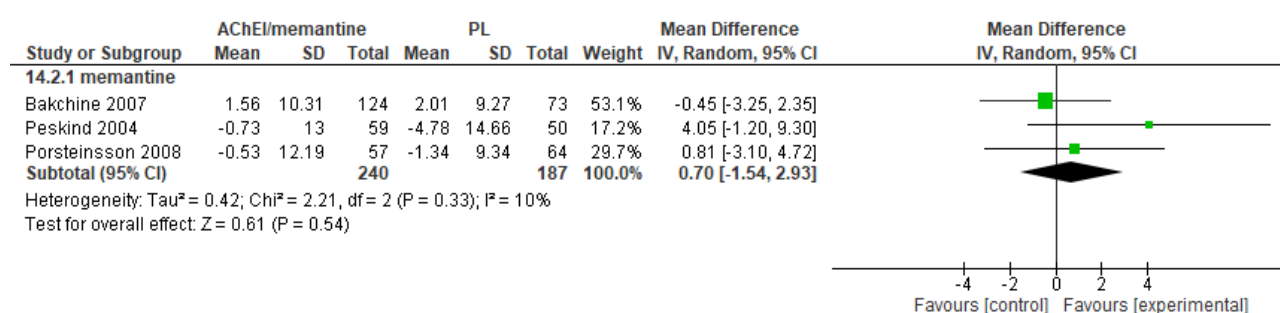
Behavioral symptoms severity

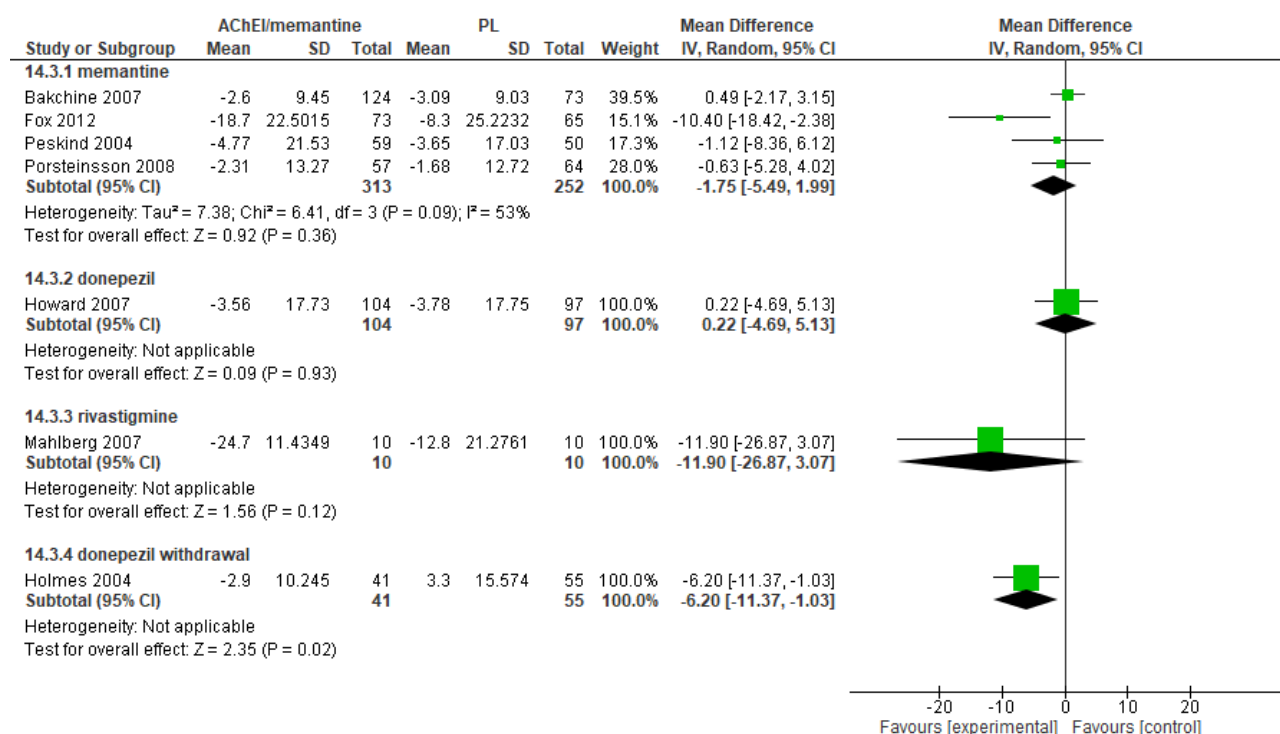
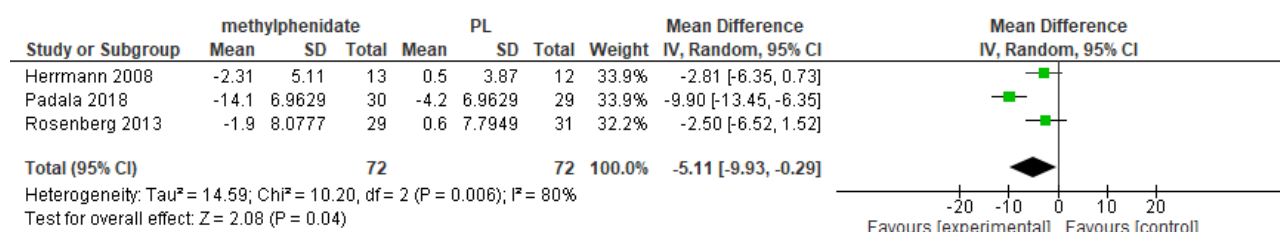
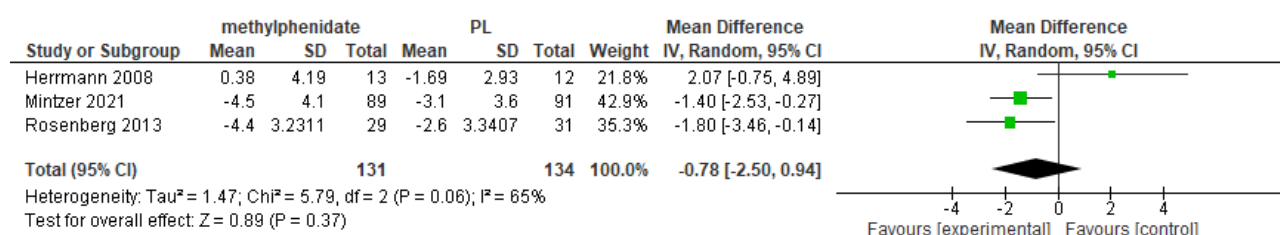
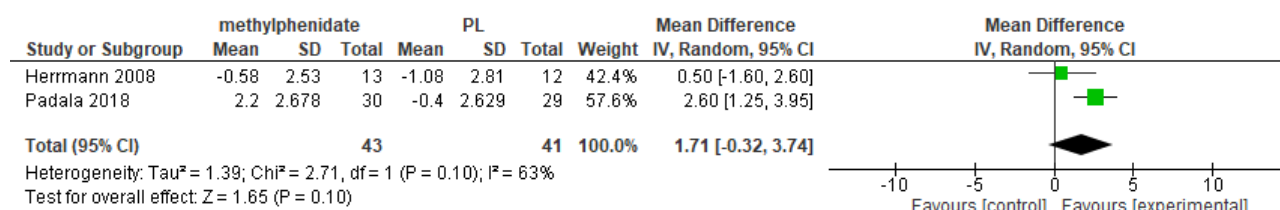


Mortality

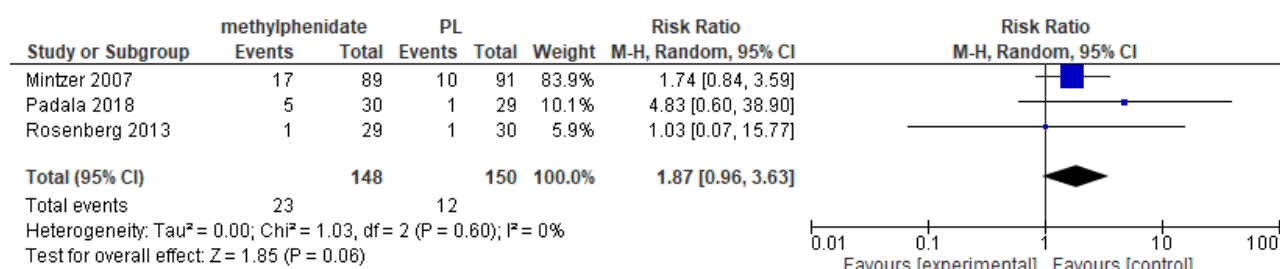


MELATONIN**Average of total night-time sleep time****Ratio between daytime and night-time sleep time****GINKGO BILOBA****NPI**

ADL**Quality of life****ACheI/MEMANTINE****ADAS-Cog****ADL**

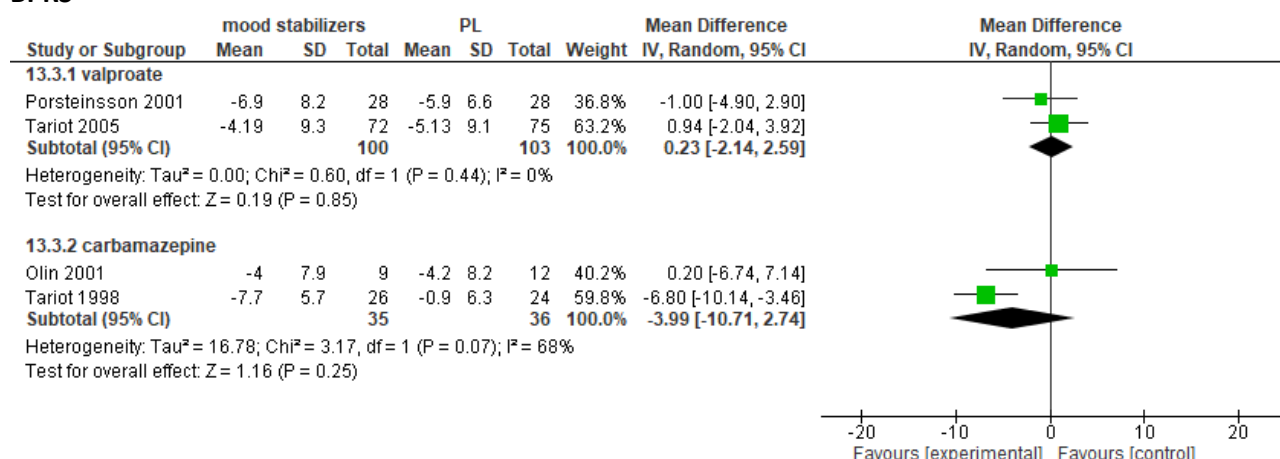
NPI**METHYLPHENIDATE****AES****NPI****MMSE**

Serious adverse events

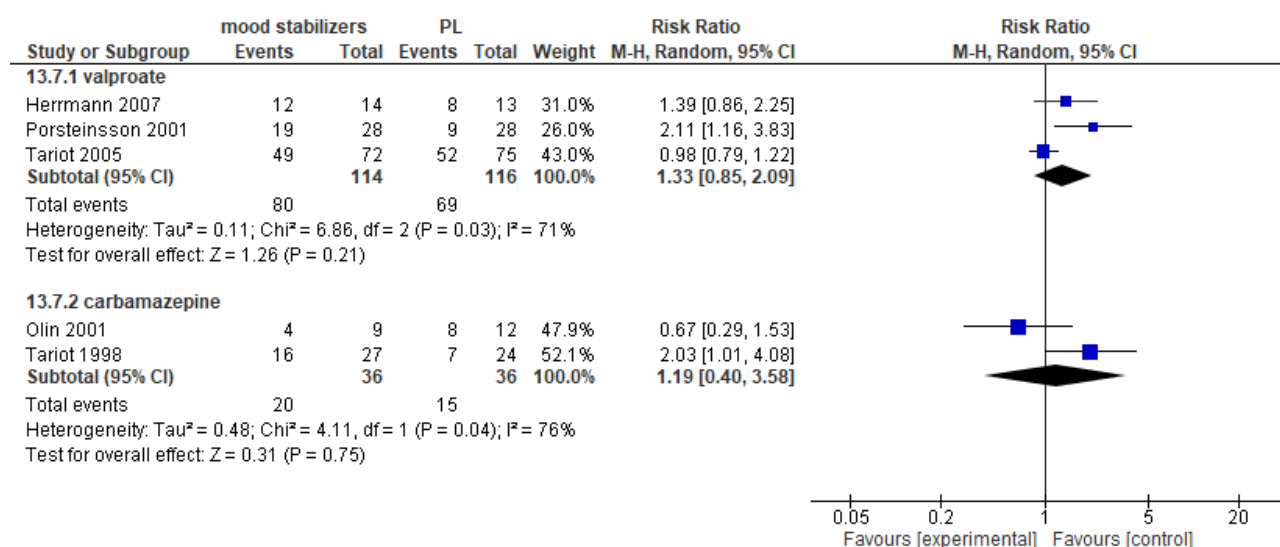


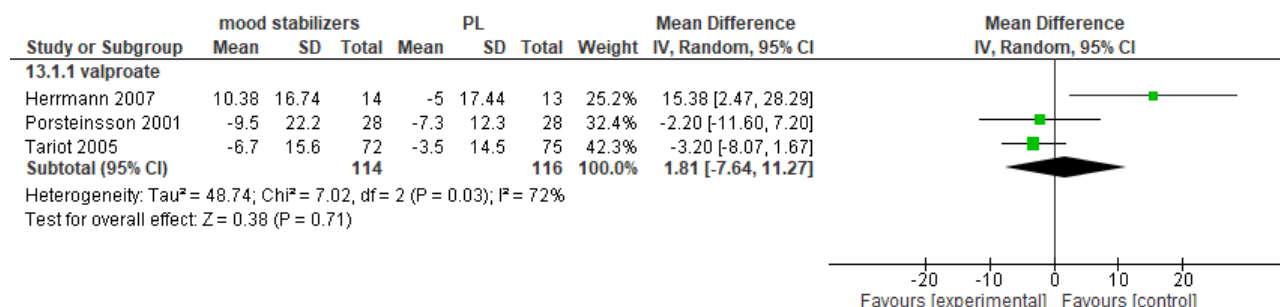
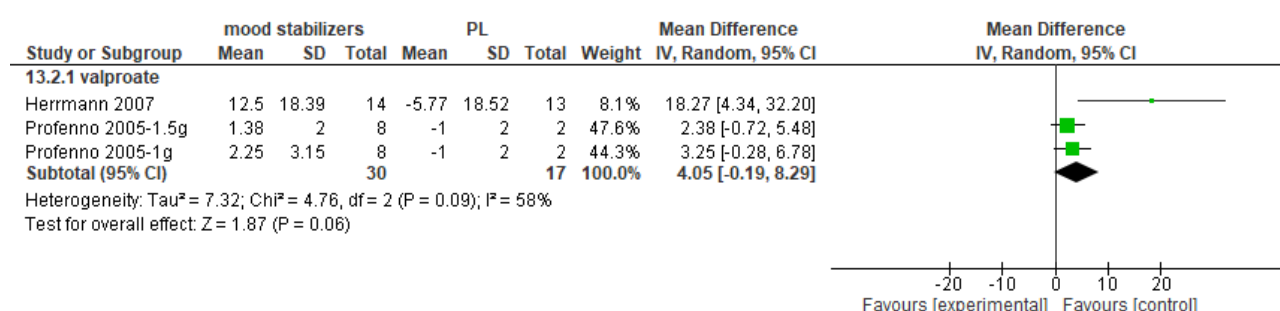
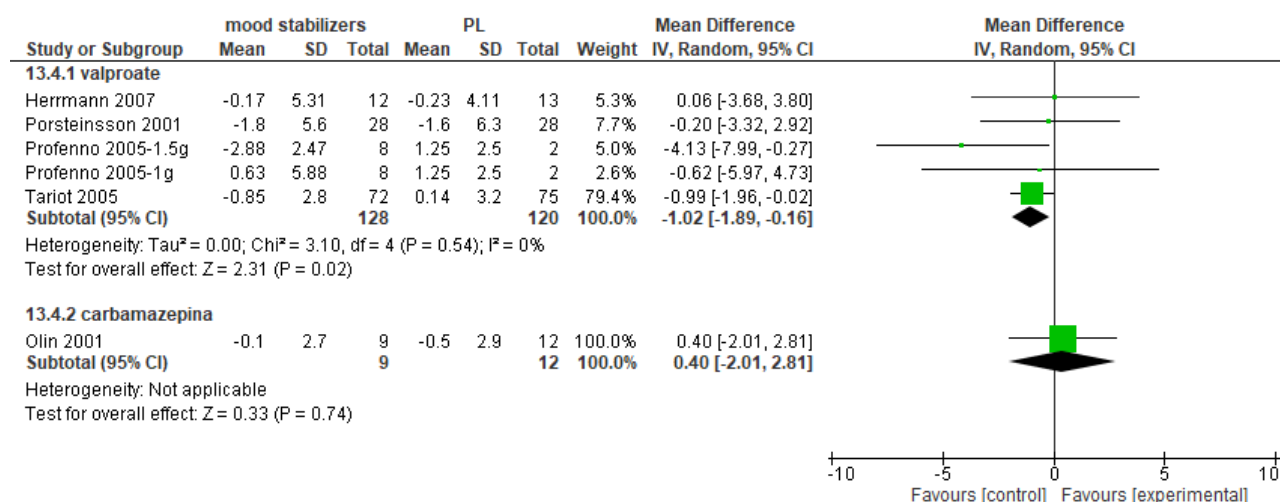
MOOD STABILIZERS

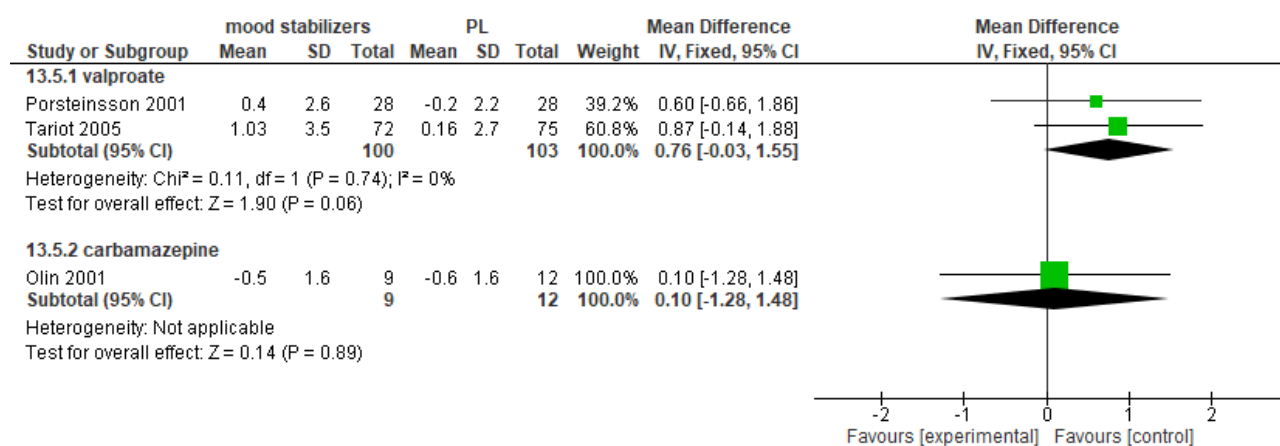
BPRS



Adverse events



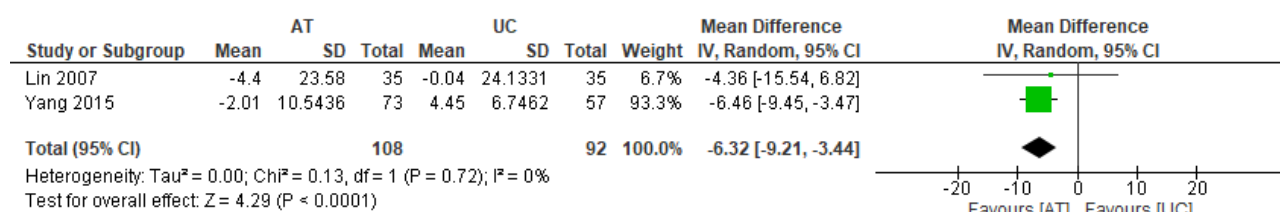
CMAI**NPI****MMSE**

PSMS

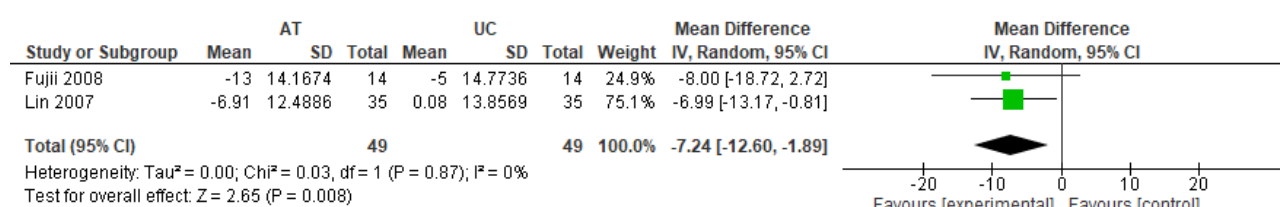
REVIEW QUESTION 21b. What are the most effective non-pharmacological interventions for managing illness emergent non-cognitive symptoms, such as psychosis, depression, behavioral changes in people living with dementia?

AROMATHERAPY (lavender)

CMAI

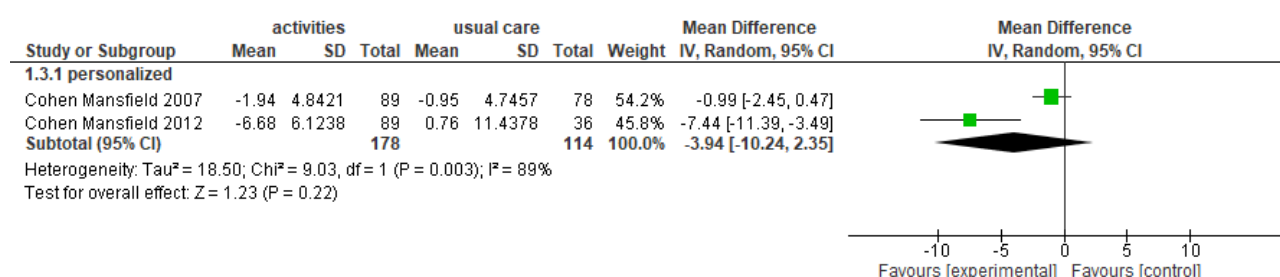


NPI



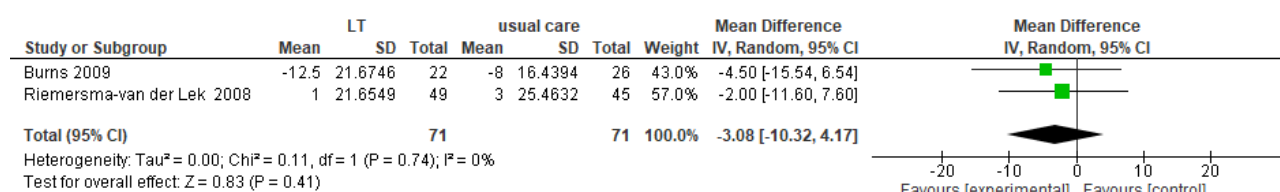
RECREATIONAL ACTIVITIES

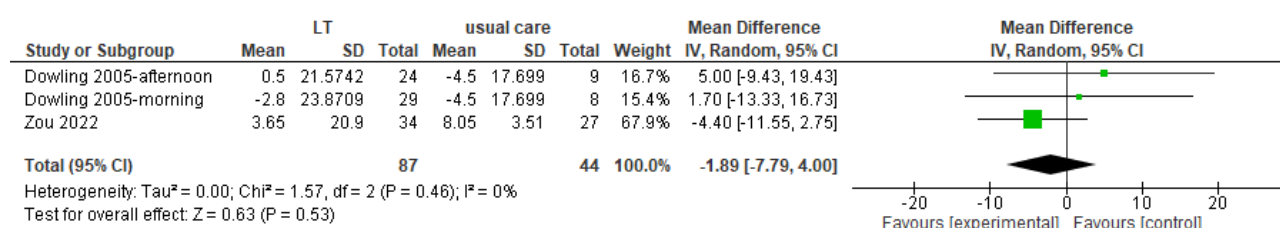
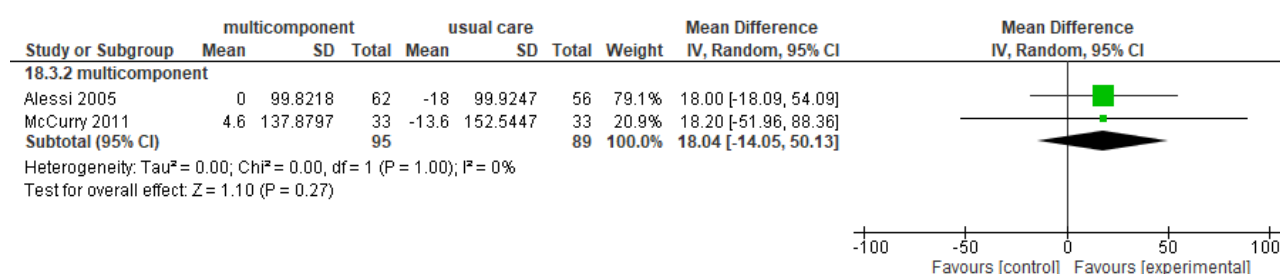
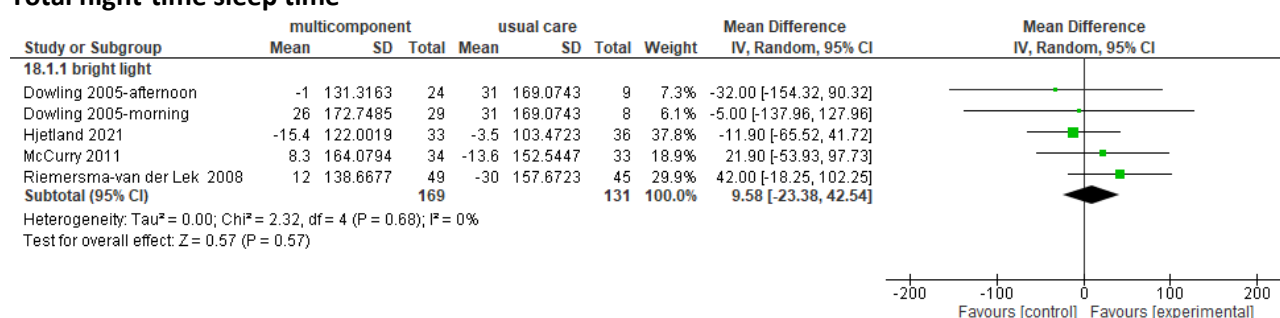
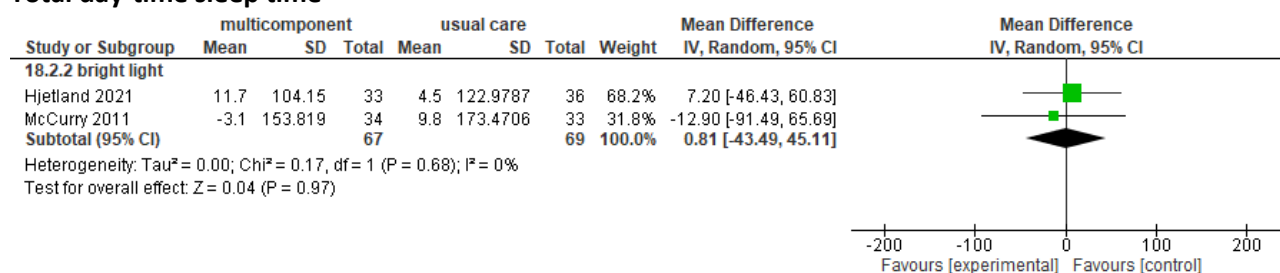
ABMI



LIGHT THERAPY

CMAI

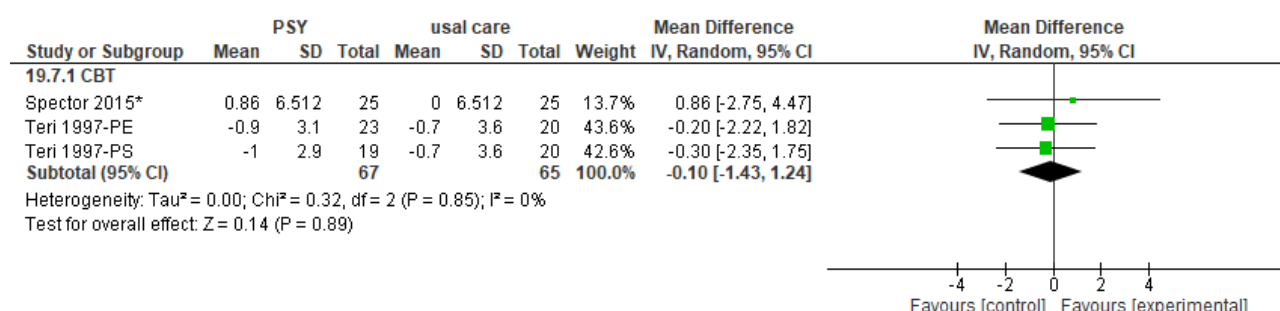


NPI**SLEEP INTERVENTIONS****Multicomponent interventions including improving sleep hygiene, exposure to light, and physical activity****Total night-time sleep time****Interventions based on exposure to bright light and controlled light****Total night-time sleep time****Total day-time sleep time**

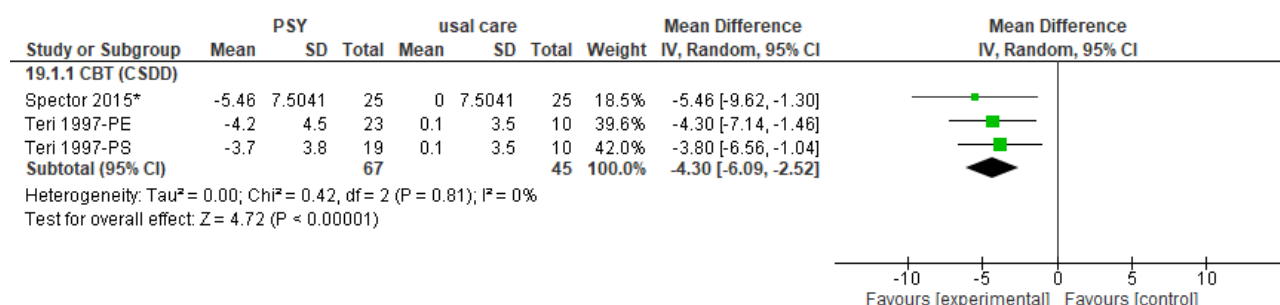
PSYCHOLOGICAL INTERVENTIONS

Cognitive Behavioral Therapy for the treatment of psychological and behavioral disorders

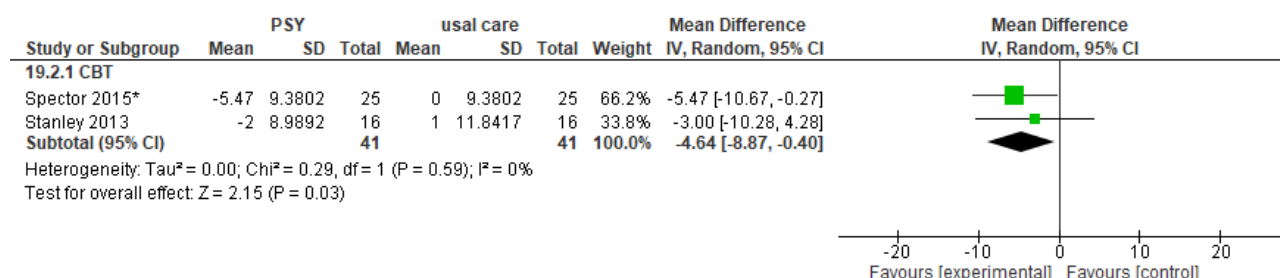
MMSE



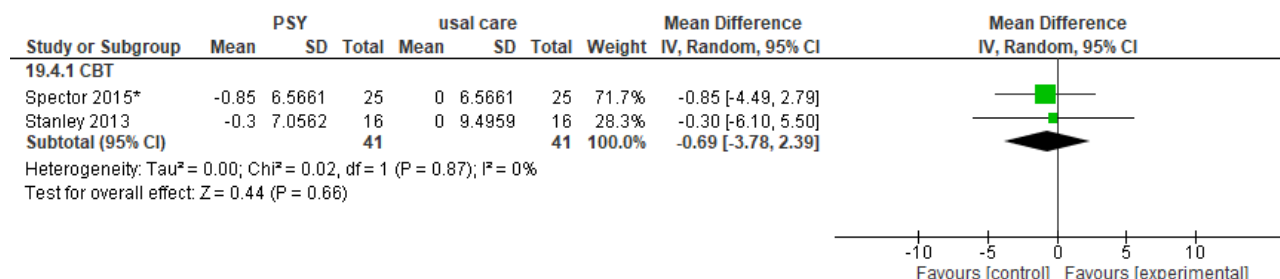
CSDD

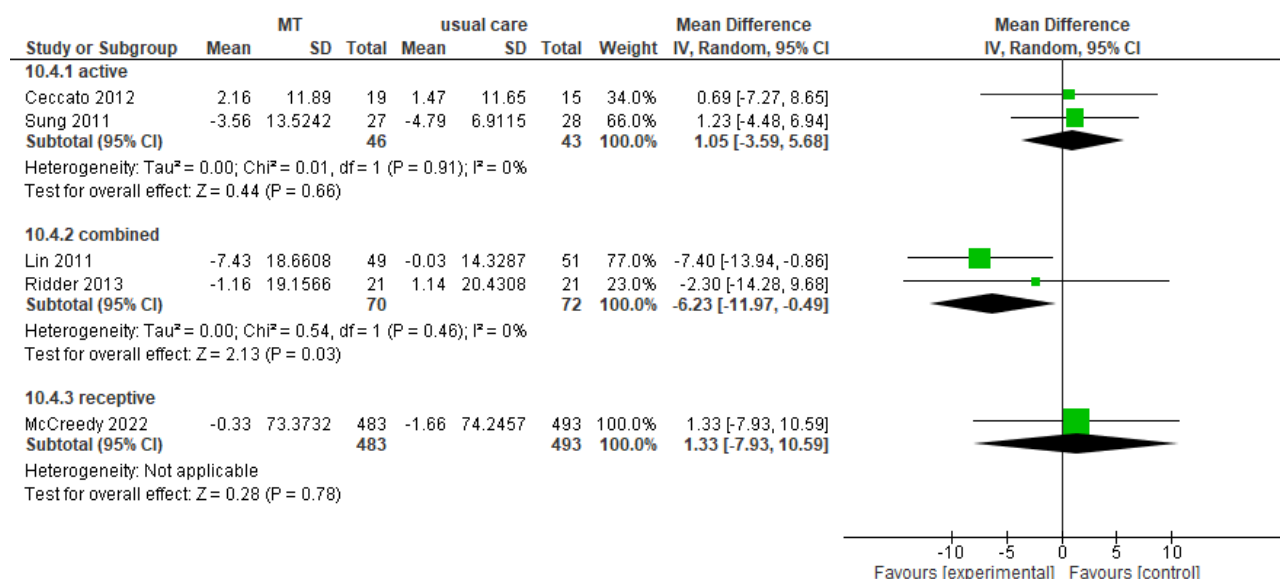
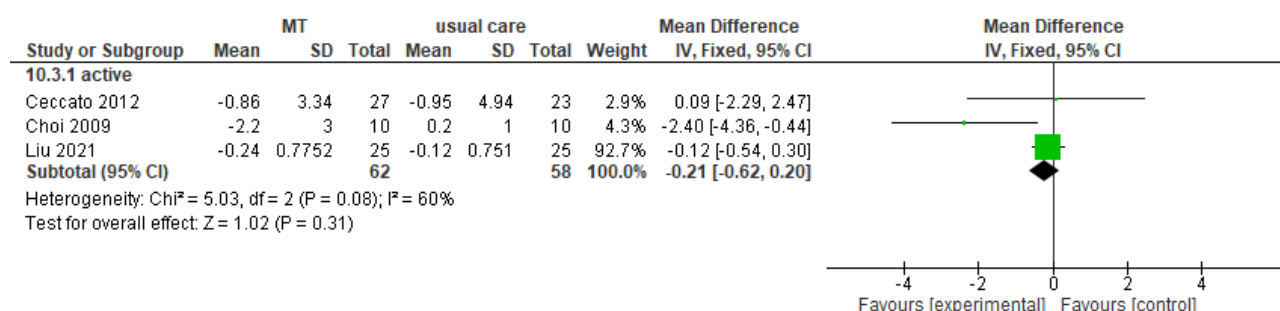
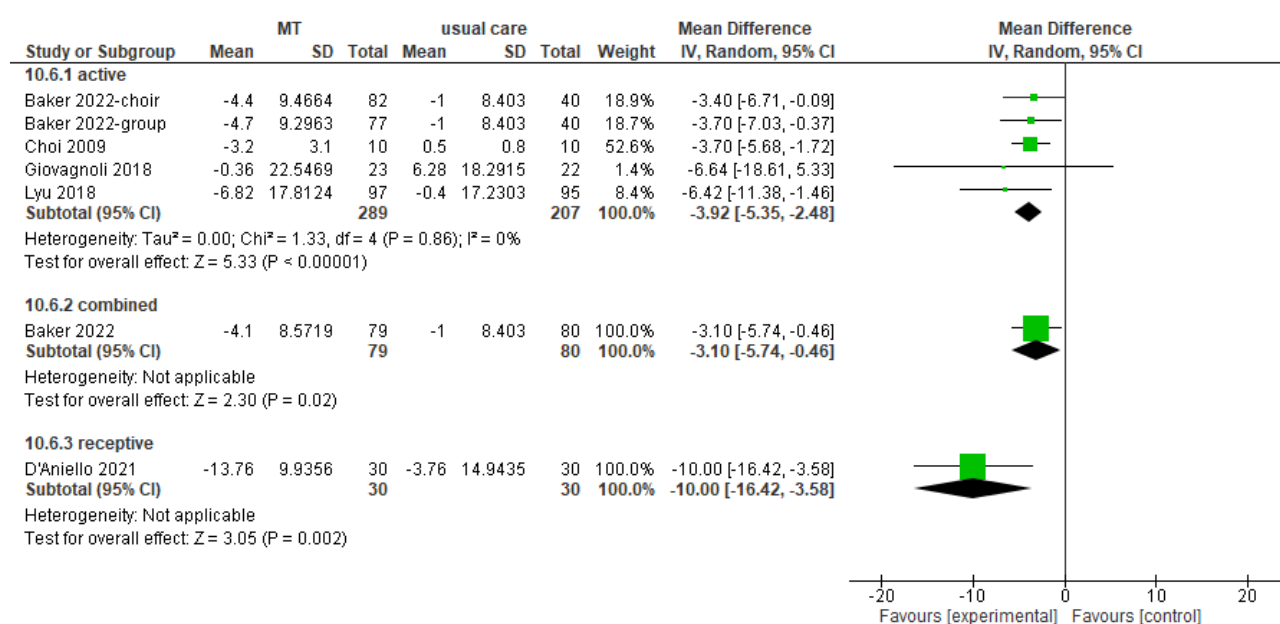


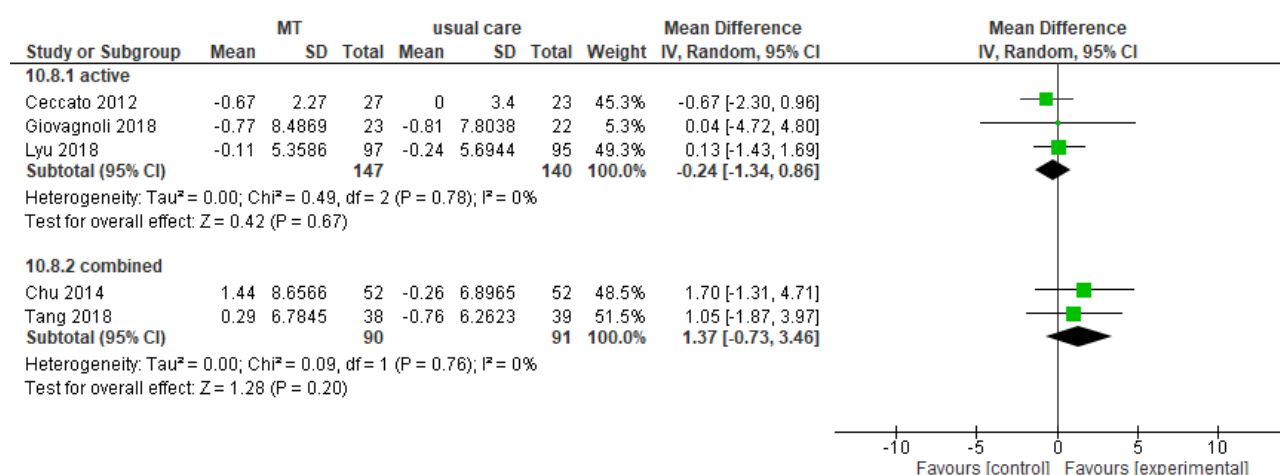
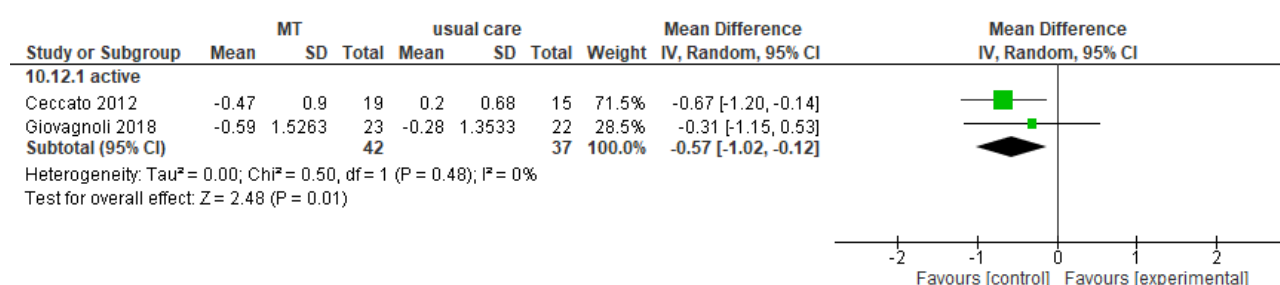
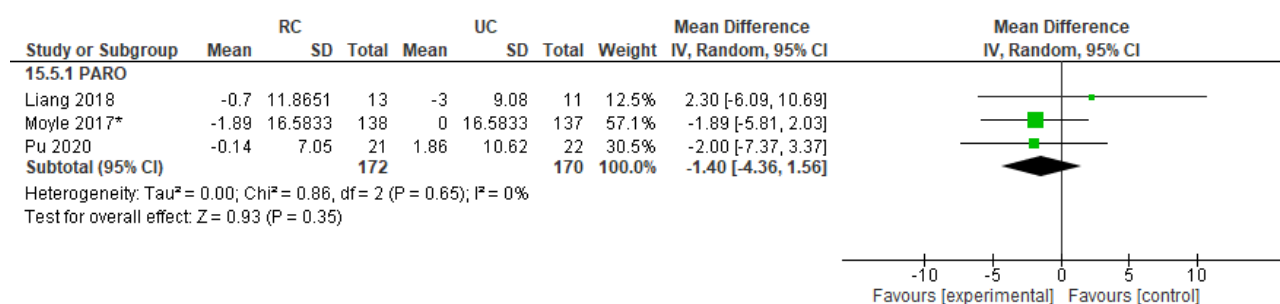
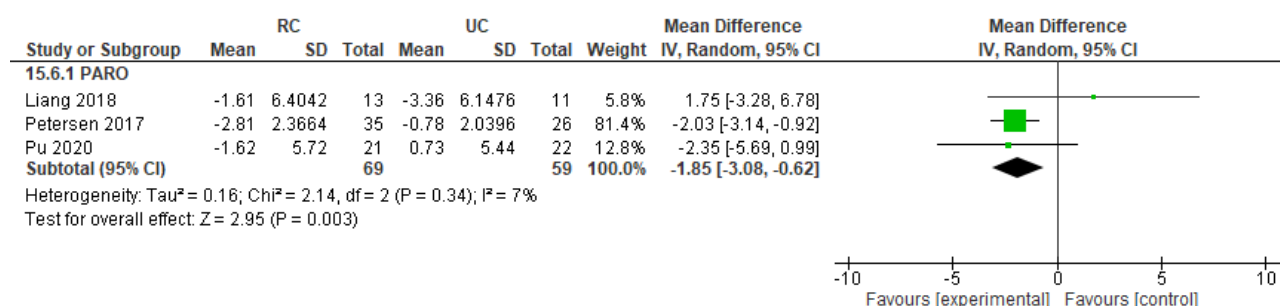
RAID



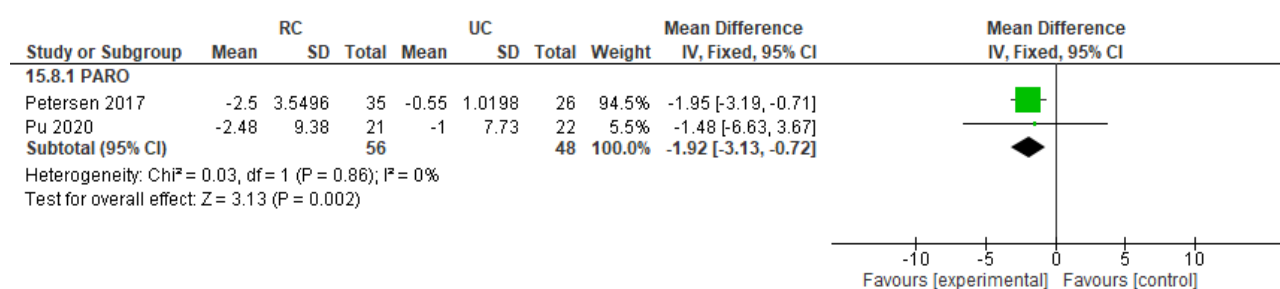
QoL-AD



MUSIC THERAPY**CMAI****GDS****NPI**

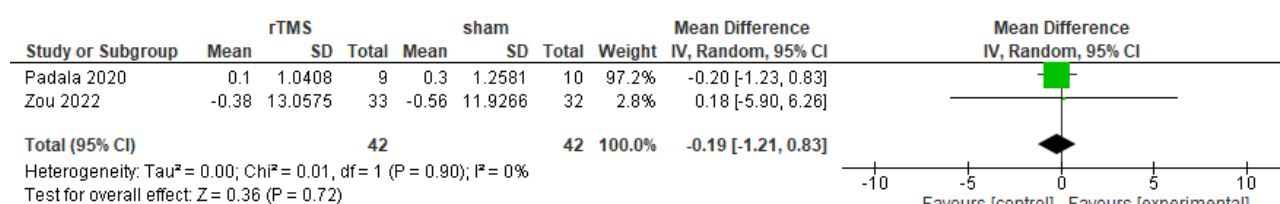
MMSE**ADL****ROBOT THERAPY****interactive robot with the appearance of a baby seal – CMAI-SF****interactive robot with the appearance of a baby seal – CSDD**

interactive robot with the appearance of a baby seal – RAID



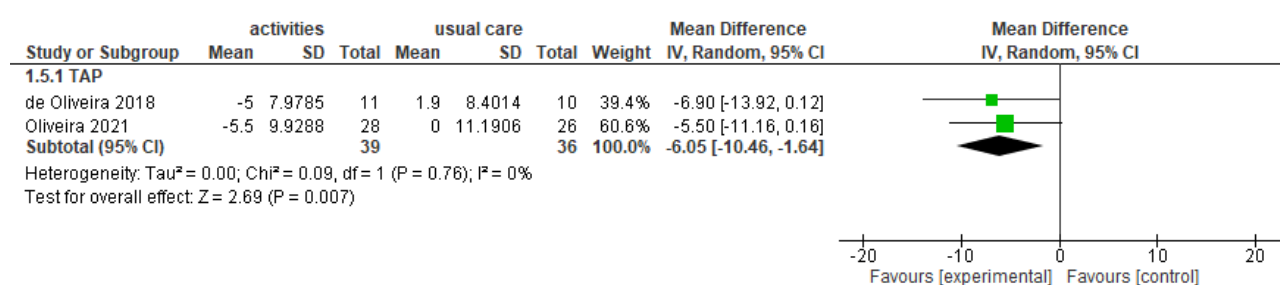
TRANSCRANIAL STIMULATION

ADL

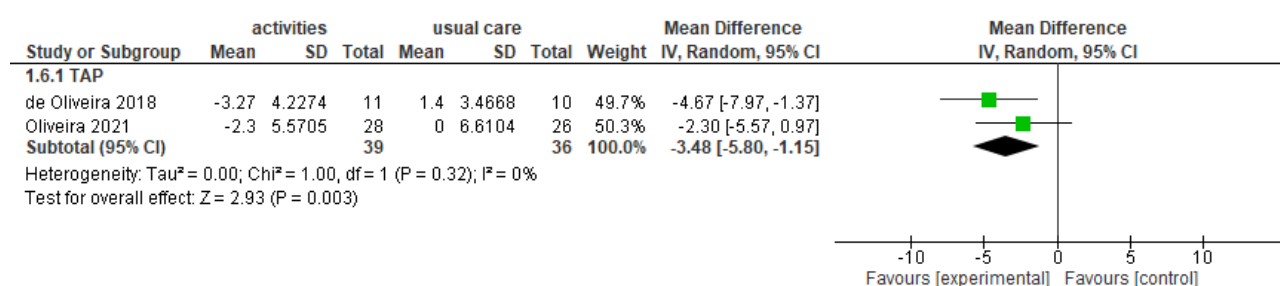


TAILORED ACTIVITY PROGRAM

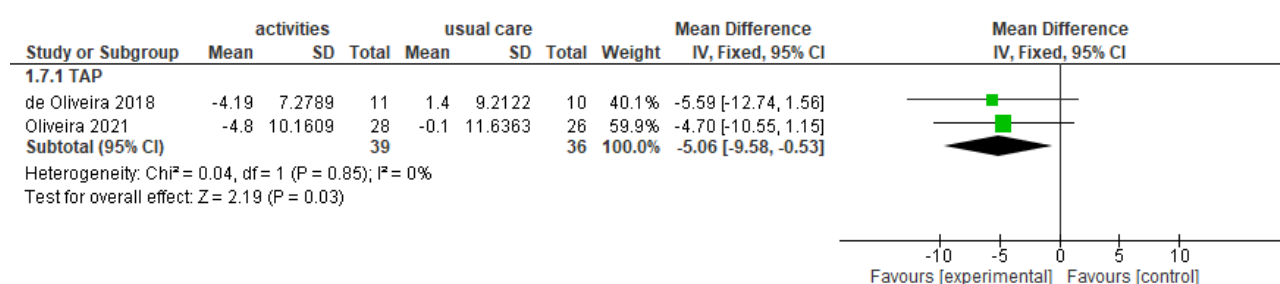
NPI-Ag



NPI-aggressività

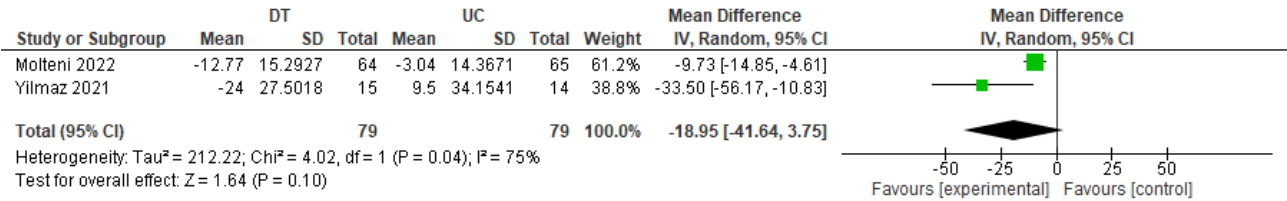


NPI-ansia



DOLL THERAPY

NPI

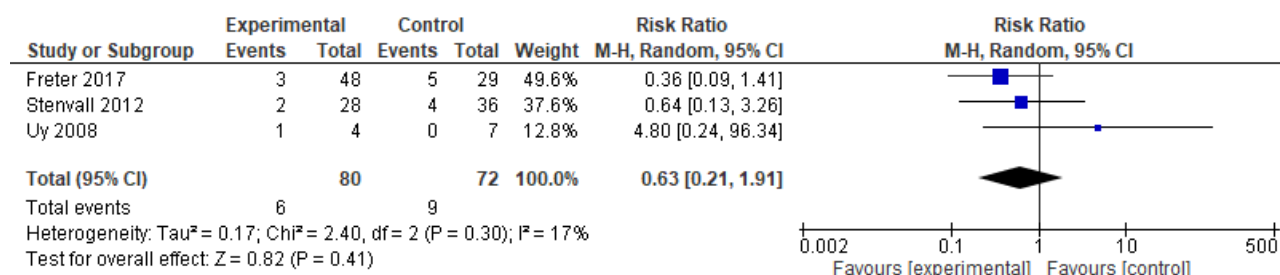


REVIEW QUESTION 22b. Are there effective methods for treating intercurrent illness in people living with dementia that are different from those already in use for people who do not have dementia?

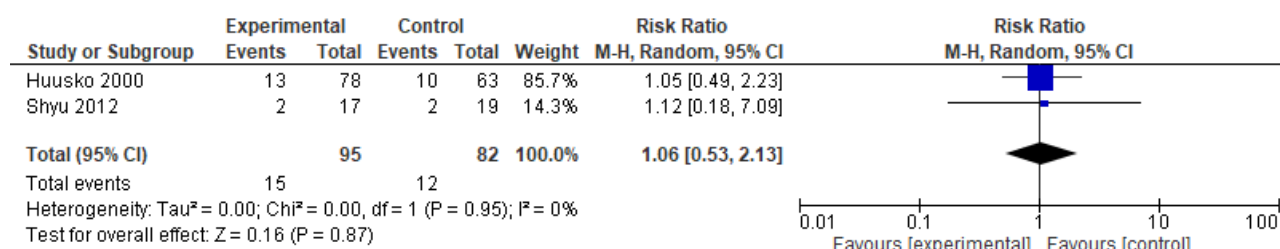
HIP FRACTURE REHABILITATION

Intervention to enhance inpatient and home care compared with standard care

In-hospital mortality

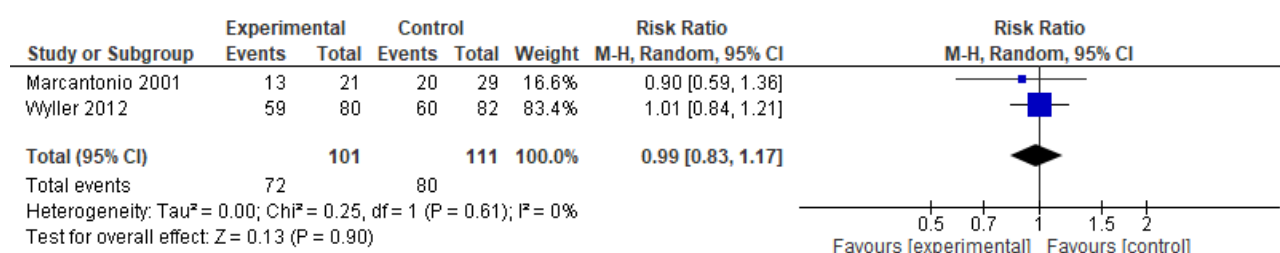


Mortality at 12 months



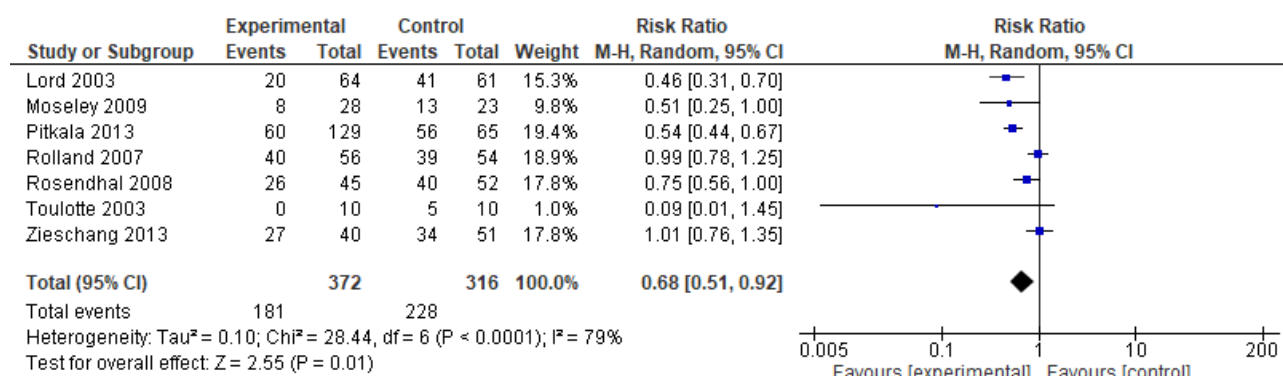
Implementation of inpatient care management coordinated by a geriatrician vs coordinated by an orthopedist

Incidence of delirium during hospitalization

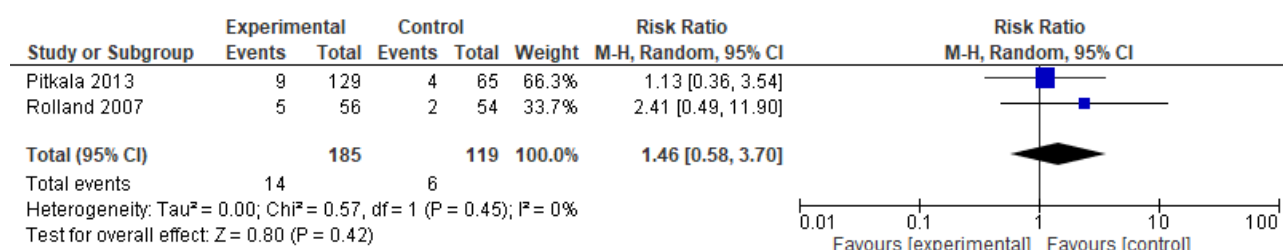


PHYSICAL EXERCISE FOR FALL PREVENTION

Fall risk

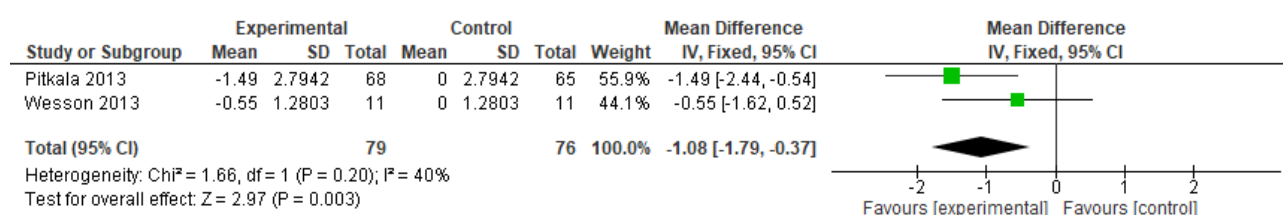


Hip fracture risk



PHYSICAL EXERCISE-BASED REHABILITATION AT HOME VS STANDARD CARE

Number of falls



REVIEW QUESTION 24. What models of palliative care are effective for people with dementia?**MULTIDIMENSIONAL AND MULTIDISCIPLINARY END-OF-LIFE EDUCATION INTERVENTIONS****FPCS**