G.3.1.2 GRADE tables

Care coordination/management using a protocol/action plan (that involves educating the carers) and meeting every 3 months vs usual care

		Quality a	ssessment			No of pa	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Care recipient's o	quality of lif	e (DQoL): overall	perception on qu	ality of life (highe	r values favour	intervention)			
1 (Jansen 2011)	RCT	Not serious	Not serious	N/A	Serious ¹	43	38	MD 0.40 (-0.50, 1.30)	Moderate
Caregiver sense	of compete	nce: consequence	s of involvement	t in care (higher va	alues favour inte	ervention)			
1 (Jansen 2011)	RCT	Not serious	Not serious	N/A	Serious ¹	43	38	MD 0.10 (-0.19, 0.39)	Moderate
Caregiver's sense	e of compe	tence: satisfaction	with the older a	dult (higher values	s favour interve	ntion)			
1 (Jansen 2011)	RCT	Not serious	Not serious	N/A	Serious ¹	43	38	MD 0.50 (-1.63, 2.63)	Moderate
Caregiver's quali	ty of life (S	F-36): mental com	ponent summary	(higher values fav	vour interventio	n)			
1 (Jansen 2011)	RCT	Not serious	Not serious	N/A	Serious ¹	43	38	MD -2.50 (-6.82, 1.82)	Moderate
Caregiver's quali	ty of life (S	F-36): physical cor	nponent summa	ry (higher values f	avour intervent	ion)			
1 (Jansen 2011)	RCT	Not serious	Not serious	N/A	Serious ¹	43	38	MD 2.00 (-2.20, 6.20)	Moderate
Caregiver's depre	essive sym	ptoms (higher valı	ies favour contro	ol)					
1 (Jansen 2011)	RCT	Not serious	Not serious	N/A	Serious ¹	43	38	MD 0.60 (-0.25, 1.45)	Moderate
Caregiver's burde	en (higher v	values favour cont	rol)						
1 (Jansen 2011)	RCT	Not serious	Not serious	N/A	Serious ¹	43	38	MD 0.30 (-0.55, 1.15)	Moderate
Caregiver sense	of compete	nce: satisfaction v	vith one's own pe	erformance (highe	r values favour	intervention)			
1 (Jansen 2011)	RCT	Not serious	Not serious	N/A	Serious ¹	43	38	MD 0.10 (-0.02, 0.22)	Moderate
1. Non-sign	ificant result	t							

Care coordination/management using a protocol/action plan (that involves educating the carers) and peer support group meetings every 2 months vs usual care

	Quality a	ssessment			No of patients		Effect estimate	Quality
No of studies Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	

Percentage of people living with dementia who had been admitted to long-term institutional care by the end of the study (higher values favour control)

		Quality a	ssessment		No of patients		Effect estimate	Quality	
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
1 (Eloniemi- Sulkava 2009)	RCT	Serious ¹	Not serious	N/A	Serious ²	63	62	MD -4.10 (-21.69, 13.49)	Low

1. No blinding, attrition rates are not mentioned, not all clinically relevant outcomes were reported (e.g. caregiver burden, ADLs, NPI)

2. Non-significant result

Care coordination/management with monthly follow-up calls and visits every 3 months

		Quality a	assessment			No of pa	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Carer outcome: o	depression	(values greater the	an 1 favour contr	ol)					
1 (Schoenmakers 2010)	RCT	Serious ¹	Not serious	N/A	Serious ²	23	23	OR 0.16 (0.03, 0.86)	Low
Carer outcome: k	ourden (val	ues greater than 1	favour control)						
1 (Schoenmakers 2010)	RCT	Serious ¹	Not serious	N/A	Serious ²	23	23	OR 0.09 (0.01, 1.10)	Low
Carer outcome: a	anxiety (val	ues greater than 1	favour control)						
1 (Schoenmakers 2010)	RCT	Serious ¹	Not serious	N/A	Very serious ³	23	23	OR 0.30 (0.05, 2.30)	Very low
Carer outcome: e	emotional c	oping (values grea	ater than 1 favou	r control)					
1 (Schoenmakers 2010)	RCT	Serious ¹	Not serious	N/A	Serious ²	23	23	OR 0.10 (0.01, 1.20)	Low
Carer outcome: s	supporting	coping (values gre	eater than 1 favou	ur control)					
1 (Schoenmakers 2010)	RCT	Serious ¹	Not serious	N/A	Serious ²	23	23	OR 0.20 (0.03, 1.10)	Low
Carer outcome: p	problem so	lving (values great	er than 1 favour	control)					

		Quality a	assessment			No of p	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
1 (Schoenmakers 2010)	RCT	Serious ¹	Not serious	N/A	Very serious ³	23	23	OR 0.20 (0.03, 1.60)	Very low
Person living wit	h dementia	outcome: frailty (values greater th	an 1 favour contro	ol)				
1 (Schoenmakers 2010)	RCT	Serious ¹	Not serious	N/A	Very serious ³	23	23	OR 0.20 (0.03, 1.30)	Very low
Person living wit	h dementia	outcome: IADL de	ependency (value	es greater than 1 f	avour control)				
1 (Schoenmakers 2010)	RCT	Serious ¹	Not serious	N/A	Serious ²	23	23	OR 0.20 (0.02, 1.10)	Low
Person living wit	h dementia	outcome: inconti	nence (values gro	eater than 1 favou	r control)				
1 (Schoenmakers 2010)	RCT	Serious ¹	Not serious	N/A	Serious ²	23	23	OR 0.20 (0.03, 1.04)	Low
Person living wit	h dementia	outcome: disrupt	ive behaviour (va	alues greater than	1 favour control	I)			
1 (Schoenmakers 2010)	RCT	Serious ¹	Not serious	N/A	Very serious ³	23	23	OR 0.10 (0.03, 1.90)	Very low
Person living wit	h dementia	outcome: mood s	wings (values gr	eater than 1 favou	ir control)				
1 (Schoenmakers 2010)	RCT	Serious ¹	Not serious	N/A	Very serious ³	23	23	OR 0.10 (0.01, 1.20)	Very low
Person living wit	h dementia	outcome: neurov	egetative disturb	ances (values gre	ater than 1 favo	ur control)			
1 (Schoenmakers 2010)	RCT	Serious ¹	Not serious	N/A	Serious ²	23	23	OR 0.10 (0.01, 0.98)	Low
Person living wit	h dementia	outcome: psycho	tic features (valu	es greater than 1	favour control)				
1 (Schoenmakers 2010)	RCT	Serious ¹	Not serious	N/A	Very serious ³	23	23	OR 0.10 (0.01, 1.40)	Very low

1. The number of events in either group are not reported. Therefore, only the relative difference is reported, not the absolute difference.

		Quality a	ssessment			No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
2 05% CL a	2 05% Clarences and line of a defined MID interval								

2. 95% CI crosses one line of a defined MID interval

3. 95% CI crosses two lines of a defined MID interval

Care coordination/management using a protocol/action plan (that involves educating the carers) and monthly meetings vs usual care

		Quality	assessment			No of p	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Care recipient de	pression i	n dementia (highe	r values favour c	ontrol)					
1 (Callahan 2006)	RCT	Not serious	Not serious	N/A	Serious ¹	65	49	MD -0.20 (-1.75, 1.35)	Moderate
Mean number of	hospital ad	Imissions (higher	values favour co	ntrol)					
2 (Bass 2003, Bass 2015)	RCT	Serious ^{2,3,4,5}	Not serious	Not serious	Serious ¹	298	187	MD 0.01 (-0.15, 0.17)	Low
Percentage of pa	articipants v	who had emergen	cy department vis	sits (higher values	favour control)				
1 (Bass 2015)	RCT	Serious ^{2,5}	Not serious	N/A	Serious ⁹	206	122	RR 0.95 (0.74, 1.21)	Low
Mean number of	emergency	department visits	(higher values f	avour control)					
2 (Bass 2003, Bass 2015)	RCT	Serious ^{2,3,4,5}	Not serious	Not serious	Serious ¹	298	187	MD -0.13 (-0.38, 0.11)	Low
Percentage instit	tutionalised	d by the end of the	study (cumulativ	ve long-term instit	utionalisation) (higher values fa	vour control)		
2 (Eloniemi- Sulkava 2001, Fortinsky 2009)	RCT	Serious ^{2,3,5}	Not serious	Serious ⁶	Very serious ¹⁰	107	77	RR 0.73 (0.34, 1.59)	Very low
Percentage of pe	ople living	with dementia wh	o were placed by	the end of the stu	ıdy (higher valu	es favour contro	ol)		
1 (Chu 2000)	RCT	Serious ^{2,3}	Not serious	N/A	Not serious	33	36	OR 0.35 (0.17, 0.74)	Moderate
Unmet needs (ch	ange from	6 months to 12 m	onths) (higher va	lues favour contro	ol)				
2 (Bass 2013, Bass 2014)	RCT	Serious ^{2,3,7}	Not serious	Not serious	Serious ⁹	421	259	SMD -0.28 (-0.44, -0.13)	Low
Care recipient er	nbarrassme	ent - low six-mont	h T2 cognitive im	pairment (0 to 3) (higher values fa	vour control)			
1 (Bass 2014)	RCT	Serious ^{2,3,7}	Not serious	N/A	Not serious	122	72	MD 0.20 (0.03, 0.37)	Moderate
Care recipient er	nbarrassmo	ent - high six-mon	th T2 cognitive in	npairment (0 to 3)	(higher values f	avour control)			

		Quality a	assessment			No of p	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
1 (Bass 2014)	RCT	Serious ^{2,3,7}	Not serious	N/A	Serious ¹	122	72	MD 0.00 (-0.29, 0.29)	Low
Percentage of pa	rticipants v	vho had hospital a	dmissions (high	er values favour c	ontrol)				
1 (Bass 2015)	RCT	Serious ^{2,5}	Not serious	N/A	Serious ⁹	206	122	RR 1.27 (0.86, 1.87)	Low
Cognitive sympto	oms of pers	son living with den	nentia (higher va	lues favour contro	ol)				
2 (Bass 2015, Callahan 2006)	RCT	Serious ^{2,5}	Not serious	Not serious	Serious ⁹	271	171	SMD 0.06 (-0.14, 0.25)	Low
Activities of daily	living (of I	person living with	dementia) (highe	r values favour in	tervention)				
1 (Callahan 2006)	RCT	Not serious	Not serious	N/A	Serious ¹	65	49	MD 2.30 (-4.48, 9.08)	Moderate
Patient health-re	lated qualit	y of life (higher va	lues favour inter	vention)					
1 (Vickrey 2006)	RCT	Serious ^{5,8}	Not serious	N/A	Serious ¹	166	124	MD 0.06 (-0.01, 0.13)	Low
Mean number of	physician v	visits (higher value	es favour control)					
1 (Bass 2003)	RCT	Serious ^{2,3,4,}	Not serious	N/A	Serious ¹	92	65	MD 0.01 (-1.35, 1.37)	Low
Behavioural sym	ptoms, suc	h as NPI, of perso	n living with dem	nentia (higher valu	es favour contro	ol)			
3 (Bass 2015, Callahan 2006, Chu 2000)	RCT	Serious ^{2,3,5}	Not serious	Serious ⁹	Very serious ¹⁰	304	207	SMD -0.02 (-0.39, 0.36)	Very low
Caregiver relatio	nship strai	n (Bass 2013) (higi	her values favou	r control)					
2 (Bass 2003, Bass 2013)	RCT	Serious ^{2,3,4}	Not serious	Serious ⁹	Very serious ¹⁰	391	252	SMD -0.06 (-0.34, 0.23)	Very low
Caregiver health	-related qua	ality of life: mean o	caregiving attribu	table health strair	n (higher values	favour interven	tion)		
1 (Vickrey 2006)	RCT	Serious ^{5,8}	Not serious	N/A	Serious ¹	166	124	MD 0.01 (-0.04, 0.06)	Low
Caregiver satisfa	ction with	types of services (0 to 3) (higher va	lues favour interv	ention)				
1 (Bass 2003)	RCT	Serious ^{2,3,4,}	Not serious	N/A	Serious ¹	92	65	MD 0.02 (-0.18, 0.22)	Low
Caregiver satisfa	ction with	quality of services	(different scales	used) (higher val	ues favour inter	vention)			
2 (Bass 2003, Vickrey 2006)	RCT	Serious ^{2,3,4,5,8}	Not serious	Not serious	Serious ⁹	258	189	SMD 0.13 (-0.06, 0.32)	Low
Caregiver satisfa	ction with	information (0 to 3) (higher values f	avour intervention	n)				
1 (Bass 2003)	RCT	Serious ^{2,3,4,}	Not serious	N/A	Serious ⁹	92	65	OR 1.15 (0.83, 1.59)	Low

		Quality	assessment			No of p	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Caregiver depres	sion (high	er values favour c	ontrol)						
2 (Bass 2003, Fortinsky 2009)	RCT	Serious ^{2,3,4,5}	Not serious	Not serious	Serious ⁹	146	95	SMD -0.23 (-0.49, 0.03)	Low
Caregiver role ca	ptivity (0 to	o 3) (higher values	favour control)						
1 (Bass 2003)	RCT	Serious ^{2,3,4}	Not serious	N/A	Serious ¹	92	65	MD 0.02 (-0.21, 0.25)	Low
Caregiver health	-related qua	ality of life (mean l	EuroQol-5D) (hig	her values favour	intervention)				
1 (Vickrey 2006)	RCT	Serious ^{5,8}	Not serious	N/A	Serious ¹	166	124	MD 0.01 (-0.04, 0.06)	Low
Behavioural sym	ptoms, suc	h as NPI, of careg	iver (higher value	es favour control)					
1 (Callahan 2006)	RCT	Not serious	Not serious	N/A	Serious ¹	65	49	MD -0.50 (-3.62, 2.62)	Moderate
Caregiver health/	/symptoms	(higher values fav	our control)						
2 (Bass 2003, Fortinsky 2009)	RCT	Serious ^{2,3,4,5}	Not serious	Not serious	Very serious ¹⁰	146	95	SMD 0.01 (-0.25, 0.27)	Very low
Caregiver burder	n (different	versions of measu	urement were use	ed) (higher values	favour control)				
2 (Chu 2000, Fortinsky 2009)	RCT	Serious ^{2,3,5}	Not serious	Serious ⁹	Very serious ¹⁰	87	66	SMD -0.19 (-0.73, 0.13)	Very low
Caregiver patient	t health que	estionnaire (careg	iver's opinion of	the health of the p	erson living wit	h dementia) (hig	her values fav	our control)	
1 (Callahan 2006)	RCT	Not serious	Not serious	N/A	Serious ¹	65	49	MD -1.50 (-3.34, 0.34)	Moderate
		ervices per month values favour cor		care, case manag	jement, respite,	personal care a	ssistance and	homemaking) from the st	art of the stud
1 (Chu 2000)	RCT	Serious ^{2,3}	Not serious	N/A	Not serious	33	36	MD 28.60 (0.49, 56.71)	Moderate
Caregiver receive	ed as much	help as needed w	vith behaviour pre	oblem (higher valı	ies favour interv	vention)			
1 (Vickrey 2006)	RCT	Serious ^{5,8}	Not serious	N/A	Not serious	166	124	MD 15.00 (6.19, 23.81)	Moderate
Symptom manag	ement self	-efficacy score (ho	w confident the	carers are in mana	aging symptoms	s) (higher values	favour intervo	ention)	
1 (Fortinsky 2009)	RCT	Serious ^{2,3,5}	Not serious	N/A	Serious ¹	54	30	MD -0.34 (-8.92, 8.24)	Low
Support service	self-efficac	y (how confident a	are the carers in a	arranging support	services) (highe	er values favour	intervention)		

		Quality a	assessment			No of p	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
1 (Fortinsky 2009)	RCT	Serious ^{2,3,5}	Not serious	N/A	Serious ¹	54	30	MD 0.70 (-4.13, 5.53)	Low
Caregiver rating	of their soc	ial support (highe	r values favour i	ntervention)					
1 (Vickrey 2006)	RCT	Serious ^{5,8}	Not serious	N/A	Serious ¹	166	124	MD 3.70 (-2.81, 10.27)	Low
Caregiving qualit	ty: mean ca	regiver confidence	e in caregiving (b	aseline not measu	ured) (higher va	lues favour inte	rvention)		
1 (Vickrey 2006)	RCT	Serious ^{5,8}	Not serious	N/A	Not serious	166	124	MD 6.90 (1.94, 11.86)	Moderate
Caregiving qualit	ty: mean ca	regiving mastery	baseline was me	asured) (higher va	alues favour inte	ervention)			
1 (Vickrey 2006)	RCT	Serious ^{5,8}	Not serious	N/A	Not serious	166	124	MD 8.70 (2.96, 14.44)	Moderate
Mean number of	non-associ	iation information	and support serv	vices (higher value	es favour contro	el)			
1 (Bass 2003)	RCT	Serious ^{2,3,4}	Not serious	N/A	Serious ¹	92	65	MD -0.18 (-0.58, 0.22)	Low
Mean number of	direct care	community servic	es (higher values	s favour control)					
1 (Bass 2003)	RCT	Serious ^{2,3,4}	Not serious	N/A	Serious ¹	92	65	MD -0.26 (-0.75, 0.23)	Low
Was there a case	e managem	ent visit during the	e 1 year period? (0=no, 1=yes) (higł	her values favou	ır control)			
1 (Bass 2003)	RCT	Serious ^{2,3,4}	Not serious	N/A	Not serious	92	65	MD -0.16 (-0.29, -0.03)	Moderate
1. Non-sign	ificant resul	t							
2. The meth	nod of rando	misation is not give	n						
Either no	blinding or	blinding is not ment	ioned						
4. Baseline	data is not	provided							
		ere accounted for							
6. i ² > 40%									
7. Not all cl	inically relev	ant outcomes were	reported						
8. It is uncle	ear as to wh	ether the groups we	ere similar at the s	tart of the trial					
9. 95% CI c	crosses one	line of a defined MI	D interval						
10. 95% CI c	crosses two	lines of a defined M	ID interval						

Care coordination/management using a protocol/action plan (that involves educating the carers) and approx 10-14 meetings over 4 months vs usual care

		Quality a	ssessment			No of p	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Care recipient Co	rnell Scale	for Depression in	Dementia (highe	r values favour co	ontrol)				
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Serious ¹	53	39	MD -0.50 (-3.26, 2.26)	Moderate
Care recipient ps	ychiatric sy	/mptoms (NPI) (hig	her values favou	ır control)					
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Serious ¹	53	39	MD 5.00 (-10.50, 20.50)	Moderate
Care recipient Pe	rsonal Wel	I-Being Index-Intell	lectual Disability	(higher values fav	vour interventio	n)			
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Serious ¹	53	39	MD 9.30 (-12.27, 30.87)	Moderate
Caregiver Person	al Well-Bei	ng Index for Adult	(higher values fa	avour intervention)				
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Serious ¹	53	39	MD 2.90 (-9.47, 15.27)	Moderate
Caregiver burden	(higher va	lues favour contro	I)						
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Serious ¹	53	39	MD 1.50 (-14.09, 17.09)	Moderate
Caregiver Genera	I Health Qu	estionnaire (menta	al health assessr	nent) (higher valu	es favour contr	ol)			
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Serious ¹	53	39	MD 1.00 (-3.51, 5.51)	Moderate
1. Non-signi	ficant result								

Care coordination/management using a protocol/action plan (that involves educating the carers) and 1 meeting per month for 18 months with additional meetings as required vs augmented usual care

		Quality as	ssessment			No of pa	atients	Effect estimate	Quality	
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results		
Care recipient tot	al percent	unmet care needs	(higher values fa	vour control)						
1 (Samus 2014)	RCT	Serious ¹	Not serious	N/A	Not serious	74	114	MD -1.50 (-2.75, -0.25)	Moderate	
Person living with	n dementia	's quality of life (Qo	oL-AD) (higher va	alues favour inter	vention)					
1 (Samus 2014)	RCT	Not serious	Not serious	N/A	Serious ²	74	114	MD 1.90 (-0.06, 3.86)	Moderate	
Person living with	n dementia	's quality of life (AI	DRQL-40) (highe	r values favour int	tervention)					
1 (Samus 2014)	RCT	Not serious	Not serious	N/A	Serious ²	74	114	MD 0.50 (-2.01, 3.01)	Moderate	
Person living with	erson living with dementia's quality of life (QoL-AD-Informant) (higher values favour intervention)									

		Quality a	assessment			No of p	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
1 (Samus 2014)	RCT	Not serious	Not serious	N/A	Serious ²	74	114	MD -0.40 (-2.21, 1.41)	Moderate
Care recipient's	Cornell Sca	ale for Depression	in Dementia (higł	ner values favour	control)				
1 (Samus 2014)	RCT	Not serious	Not serious	N/A	Serious ²	74	114	MD 0.10 (-1.35, 1.55)	Moderate
Care recipient's l	Neuropsycl	hiatric Inventory –	Questionnaire (h	igher values favo	ur control)				
1 (Samus 2014)	RCT	Not serious	Not serious	N/A	Serious ²	74	114	MD 0.90 (-0.73, 2.53)	Moderate
Unmet caregiver	needs (hig	her values favour	control)						
1 (Tanner 2015)	RCT	Serious ¹	Not serious	N/A	Serious ²	67	104	MD -0.98 (-4.82, 2.86)	Low
Unmet caregiver	education	(higher values fav	our control)						
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ²	67	104	MD -6.98 (-17.56, 3.60)	Moderate
Unmet caregiver	resource r	eferral (higher valu	ies favour contro	I)					
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ²	67	104	MD -4.45 (-10.91, 2.01)	Moderate
Unmet caregiver	mental hea	alth care (higher va	lues favour cont	rol)					
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ²	67	104	MD -0.39 (-6.98, 6.20)	Moderate
Unmet caregiver	medical he	ealth care (higher v	alues favour con	trol)					
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ²	67	104	MD 4.51 (-2.01, 11.03)	Moderate
Caregiver QoL: p	hysical he	alth (higher values	favour interventi	on)					
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ²	67	104	MD 1.54 (-1.62, 4.70)	Moderate
Caregiver QoL: n	nental heal	th (higher values f	avour interventio	n)					
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ²	67	104	MD 0.66 (-2.43, 3.75)	Moderate
Caregiver burder	n (higher va	alues favour contro	ol)						
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ²	67	104	MD -1.91 (-4.39, 0.57)	Moderate
Caregiver depres	sion (high	er values favour co	ontrol)						
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ²	67	104	MD -0.39 (-1.25, 0.47)	Moderate
Time spent with	care recipie	ent hr/wk ('raw' dat	a) (higher values	favour control)					
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Not serious	67	104	MD -16.91 (-33.14, - 0.68)	High
Caregiver time s	pent with c	are recipient hr/wk	(after multiple co	omparison correc	tion) (higher val	ues favour cont	rol)		
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ²	67	104	MD 3.16 (-6.74, 13.06)	Moderate

55

		Quality a	ssessment			No of p	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	1
Caregiver work n	nissed (hou	rs/month) (higher	values favour co	ntrol)					
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ²	67	104	MD -1.41 (-11.79, 8.97)	Moderate
Caregiver difficul	Ity caring fo	or care recipient (h	igher values favo	our control)					
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ²	67	104	MD -0.21 (-0.56, 0.14)	Moderate
Overall caregiver	[,] health (hig	her values favour	intervention)						
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ²	67	104	MD 0.16 (-0.15, 0.47)	Moderate
Stress from care	giving (higł	ner values favour c	ontrol)						
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious2	67	104	MD 0.12 (-0.20, 0.44)	Moderate
1. Not blind									
1. Not blind	-		Not serious	N/A	Serious2	67	104	MD 0.12 (-0.20, 0.44)	Moderate

Care coordination/management using a protocol/action plan (that involves educating the carers) and approx 2 meetings per month for 6 months vs usual care

	Quality assessment						atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Care recipient's	MMSE (0 to	30) (higher values	favour intervent	ion)					
1 (Chien 2008)	RCT	Not serious	Not serious	N/A	Serious ¹	42	43	MD -0.30 (-2.57, 1.97)	Moderate
Care recipient's I	Neuro-psyc	hiatric Inventory (c	lifferent scales w	vere used) (higher	values favour o	ontrol)			
2 (Chien 2008, Dias 2008)	RCT	Not serious	Not serious	Serious ²	Serious ³	75	69	SMD -0.95 (-2.07, 0.16)	Moderate
Institutionalisatio	on over the	past 6 months - nu	umber of times (r	esidential placem	ents or hospital	isations) (highe	r values favou	r control)	
1 (Chien 2008)	RCT	Not serious	Not serious	N/A	Not serious	42	43	MD -3.10 (-3.81, -2.39)	High
Institutionalisatio	on over the	past 6 months - du	uration (days per	month) (higher va	alues favour cor	ntrol)			
1 (Chien 2008)	RCT	Not serious	Not serious	N/A	Not serious	42	43	MD -6.70 (-8.40, -5.00)	High
Everyday functio	nal abilities	s of the person livi	ng with dementia	(higher values fa	vour interventio	on)			
1 (Dias 2008)	RCT	Not serious	Not serious	N/A	Serious ¹	33	26	MD -0.20 (-1.35, 0.95)	Moderate
Caregiver's 6-iter	n social su	pport questionnair	e (0 to 30) (highe	er values favour in	itervention)				
1 (Chien 2008)	RCT	Not serious	Not serious	N/A	Not Serious	42	43	MD 1.50 (0.61, 2.39)	High
									•

	Quality assessment						atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Caregiver burder	n (higher va	lues favour contro	I)						
2 (Chien 2008, Dias 2008)	RCT	Not serious	Not serious	Serious ²	Serious ³	75	69	SMD -0.78 (-1.56, -0.00)	Moderate
Caregiver's WHO	Quality of	Life Scale (28 to 14	4) (higher value	s favour intervent	ion)				
1 (Chien 2008)	RCT	Not serious	Not serious	N/A	Not serious	42	43	MD 18.40 (11.48, 25.32)	High
Caregiver mental	l health (ge	neral health questi	onnaire) (higher	values favour cor	itrol)				
1 (Dias 2008)	RCT	Not serious	Not serious	N/A	Not serious	33	26	MD -2.60 (-4.08, -1.12)	High
Caregiver distres	s due to pr	oblem behaviours	(NPIQ-D) (higher	values favour co	ntrol)				
1 (Dias 2008)	RCT	Not serious	Not serious	N/A	Serious ¹	33	26	MD -2.10 (-4.88, 0.68)	Moderate
Family Support S cost) (higher valu			gher scores indi	cating greater var	ieties of service	utilization. We	have presente	d this as a bad thing beca	use of potential
1 (Chien 2008)	RCT	Not serious	Not serious	N/A	Not serious	42	43	MD -1.90 (-2.58, -1.22)	High
1. Non-sign 2. i ² > 40%	ificant result	t							

3. 95% CI crosses one line of a defined MID interval

Care coordination/management using a protocol/action plan (that involves educating the carers) and weekly meetings for a month, followed by a meeting every 2 weeks for 5 months

		Quality a	ssessment			No of pa	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
MMSE (higher va	lues favour	intervention)							
1 (Chien 2011)	RCT	Not serious	Not serious	N/A	Serious ¹	45	45	MD -0.20 (-1.70, 1.30)	Moderate
Neuro-psychiatric	c Inventory	(higher values fav	our control)						
1 (Chien 2011)	RCT	Not serious	Not serious	N/A	Not serious	45	45	MD -6.80 (-10.89, -2.71)	High
Rate of institution	nalisation -	number institution	alised during the	e past 6 months (higher values fa	vour control)			
1 (Chien 2011)	RCT	Not serious	Not serious	N/A	Not serious	45	45	MD -3.00 (-4.00, -2.00)	High
Rate of institution	nalisation -	duration of institut	tionalisation (day	ys/month) over th	e past 6 months	(higher values	avour control		
1 (Chien 2011)	RCT	Not serious	Not serious	N/A	Not serious	45	45	MD -4.50 (-7.61, -1.39)	High

	Quality assessment						atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Caregiver WHO C	Quality of Li	fe (28-144) (higher	values favour in	tervention)					
1 (Chien 2011)	RCT	Not serious	Not serious	N/A	Not serious	45	45	MD 20.50 (15.06, 25.94)	High
Caregiver 6-item	social supp	oort questionnaire	(higher values fa	vour intervention)				
1 (Chien 2011)	RCT	Not serious	Not serious	N/A	Serious ¹	45	45	MD 0.90 (-0.10, 1.90)	Moderate
Family Caregiving	g Burden Ir	ventory (0-96) (hig	her values favou	ur control)					
1 (Chien 2011)	RCT	Not serious	Not serious	N/A	Not serious	45	45	MD -19.70 (-24.08, - 15.32)	High
Family Support S	ervices Ind	lex (responses indi	icate the number	and types of serv	vices that familie	es were in need	of and receivin	ng) (higher values favour	control)
1 (Chien 2011)	RCT	Not serious	Not serious	N/A	Not serious	45	45	MD -1.50 (-2.16, -0.84)	High
1. Non-signi	ificant result								

Care coordination by telephone ('experimental') vs care coordination in-person ('control'). Follow-up frequency was monthly for the first 3 months and quarterly thereafter

		Quality a	ssessment			No of pa	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Telephone	In-person	Summary of results	
Care-recipient He	ealth Utilitie	es Index (a QoL me	asure) (higher va	alues favour in-pe	rson follow-up)				
1 (Chodosh 2015)	RCT	Serious ¹	Not serious	N/A	Serious ²	23	20	MD 0.02 (-0.11, 0.15)	Low
Revised Memory	and Behav	viour Problem Chec	klist: total numb	er of problems (h	igher values fav	our in-person fo	ollow-up)		
1 (Chodosh 2015)	RCT	Serious ¹	Not serious	N/A	Serious ²	23	20	MD 1.07 (-2.28, 4.42)	Low
Caregiver depres	sion (PHQ	-9) (higher values f	avour in-person	follow-up)					
1 (Chodosh 2015)	RCT	Serious ¹	Not serious	N/A	Serious ²	23	20	MD -0.24 (-7.02, 6.54)	Low
Caregiver quality	/ of life: spi	rituality and faith (I	higher values fav	our telephone fol	low-up)				
1 (Chodosh 2015)	RCT	Serious ¹	Not serious	N/A	Serious ²	23	20	MD -0.57 (-14.08, 12.94)	Low
Caregiver quality	of life: ber	nefits of caregiving	(higher values f	avour in-person fo	ollow-up)				

		Quality a	ssessment			No of pa	atients	Effect estimate	Quality	
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Telephone	In-person	Summary of results		
1 (Chodosh 2015)	RCT	Serious ¹	Not serious	N/A	Not serious	23	20	MD 5.15 (2.23, 8.07)	Moderate	
Caregiver burden	(ZBI) (high	ner values favour in	n-person follow-	up)						
1 (Chodosh 2015)	RCT	Serious ¹	Not serious	N/A	Serious ²	23	20	MD -0.81 (-10.26, 8.64)	Low	
1. By the en	1. By the end of the trial, not all patients were accounted for: 28% of participants became "unreachable" as time progressed									

2. Non-significant result

Follow-up organised by memory clinic vs GP

		Quality a	assessment			No of p	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Patient outcome:	QoL-AD, a	s rated by caregiv	er (higher values	favour memory c	linic)				
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Serious ¹	78	75	MD 0.49 (-0.65, 1.63)	Moderate
Patient outcome:	NPI behav	iour (higher values	s favour GP)						
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Serious ¹	78	75	MD 1.13 (-0.51, 2.77)	Moderate
Patient outcome:	Interview	for Deterioration ir	Daily living acti	vities in Dementia	- help needed (higher values fa	vour GP)		
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Serious ¹	78	75	MD 0.66 (-1.88, 3.20)	Moderate
Patient outcome:	Interview	for Deterioration Ir	Daily living acti	vities in Dementia	- take initiative	(higher values f	avour GP)		
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Serious ¹	78	75	MD 1.69 (-0.18, 3.56)	Moderate
Patient outcome:	Geriatric	Depression Scale (higher values fav	/our GP)					
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Serious ¹	78	75	MD 0.25 (-0.36, 0.86)	Moderate
Patient outcome:	QoL patie	nt (higher values fa	avour memory cl	inic)					
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Serious ¹	78	75	MD 0.25 (-0.74, 1.24)	Moderate

		Quality	assessment			No of p	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Caregiver outcor	ne: sense o	of competence que	estionnaire (high	er values favour m	emory clinic)				
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Serious ¹	78	75	MD -2.43 (-5.82, 0.96)	Moderate
Caregiver outcor	ne: QoL-AD) caregiver (highe	r values favour m	emory clinic)					
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Serious ¹	78	75	MD 0.17 (-0.70, 1.04)	Moderate
Caregiver outcor	ne: Center	for Epidemiologic	Studies Depress	ion Scale (higher	values favour G	P)			
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Not serious	78	75	MD 2.09 (0.16, 4.02)	High
Caregiver outcor	ne: Invento	ry for measuring \$	Social Involveme	nt (higher values f	avour memory o	clinic)			
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Serious ¹	78	75	MD -0.29 (-1.16, 0.58)	Moderate
Caregiver outcor	me: NPI – e	motional (higher v	alues favour GP)						
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Serious ¹	78	75	MD 1.43 (-0.94, 3.80)	Moderate
Caregiver outcor	ne: Eysenc	k Personality Que	stionnaire (highe	r values favour G	P)				
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Serious ¹	78	75	MD 0.68 (0.00, 1.36)	Moderate
Caregiver outcor	ne: State-T	rait Anxiety Invent	ory – trait (highe	r values favour Gl	>)				
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Not serious	78	75	MD 2.14 (0.25, 4.03)	High
Caregiver outcor	ne: State-T	rait Anxiety Invent	ory – state (high	er values favour G	iP)				
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Not serious	78	75	MD 2.35 (0.35, 4.35)	High
Caregiver outcor	me: Pearlin	Mastery Scale (hig	gher values favor	ur GP)					
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Serious ¹	78	75	MD 0.65 (-0.50, 1.80)	Moderate
1. Non-sign	ificant resul	t							

The Medicare Alzheimer's Disease Demonstration (care coordination/management with unspecified follow-up frequency) vs usual care

	Quality a	assessment			No of p	atients	Effect estimate	Quality
Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
ntry into re	sidential care (hig	gher values favou	ur control)					
RCT	Serious ^{1,2,3}	Not serious	N/A	Not serious	4,005	3,798	OR 1.01 (0.92, 1.11)	Moderate
(higher val	ues favour contro	ol)						
RCT	Serious ⁵	Not serious	N/A	Serious ⁴	986	920	MD -0.50 (-1.27, 0.27)	Low
sion (highe	r values favour co	ontrol)						
RCT	Serious ⁵	Not serious	N/A	Serious ⁴	986	920	MD -0.32 (-0.64, 0.00)	Low
caregiver l	nospitalisation du	ring the study pe	eriod (a value over	1 favours contr	ol)			
RCT	Serious ^{2,5,6}	Not serious	N/A	Serious ⁷	210	202	OR 0.58 (0.35, 0.97)	Low
caregiver e	emergency depart	tment visit during	g the study period	(a value over 1	favours control))		
RCT	Serious ^{2,5,6}	Not serious	N/A	Serious ⁷	210	202	OR 0.66 (0.40, 1.08)	Low
the method to mention c ficant result ed	of randomisation v of blinding	vere not given						
	ntry into rear RCT (higher val RCT sion (highe RCT caregiver h RCT caregiver h RCT ar as to whe the method to mention c ficant result	Design Risk of bias ntry into residential care (higher values favour control RCT Serious ^{1,2,3} (higher values favour control RCT Serious ^{1,2,3} (higher values favour control RCT Serious ⁵ sion (higher values favour control RCT Serious ⁵ sion (higher values favour control RCT Serious ⁵ caregiver hospitalisation du RCT Serious ^{2,5,6} caregiver emergency depart RCT Serious ^{2,5,6} ar as to whether the trial addree the method of randomisation value of blinding ficant result Serious ^{2,5,6}	Intry into residential care (higher values favour control) RCT Serious ^{1,2,3} Not serious (higher values favour control) RCT Serious ⁵ Not serious sion (higher values favour control) RCT Serious ⁵ Not serious RCT Serious ⁵ Not serious sion (higher values favour control) RCT Serious ⁵ Not serious RCT Serious ⁵ Not serious RCT RCT Serious ^{2,5,6} Not serious RCT ar as to whether the trial addressed a clearly foc the method of randomisation were not given to mention of blinding ficant result Serious	Design Risk of bias Indirectness Inconsistency ntry into residential care (higher values favour control) RCT Serious ^{1,2,3} Not serious N/A (higher values favour control) RCT Serious ^{1,2,3} Not serious N/A (higher values favour control) RCT Serious ⁵ Not serious N/A sion (higher values favour control) RCT Serious ⁵ Not serious N/A storn (higher values favour control) RCT Serious ⁵ Not serious N/A RCT Serious ⁵ Not serious N/A caregiver hospitalisation during the study period (a value over RCT Serious ^{2,5,6} Not serious N/A RCT Serious ^{2,5,6} Not serious N/A Serious and the serious N/A ar as to whether the trial addressed a clearly focused issue because the method of randomisation were not given to mention of blinding ficant result addressed a clearly focused issue because the method of randomisation were not given to mention of blinding ficant result addressed a clearly focused issue because ficant result addressed a clearly focused issue because ficant result addressed a clearly focus of blinding ficant result addressed a clearly focus and the blinding ficant result addressed aclearly focus of blind	DesignRisk of biasIndirectnessInconsistencyImprecisionntry into residential care (higher values favour control)RCTSerious ^{1,2,3} Not seriousN/ANot seriousRCTSerious ^{1,2,3} Not seriousN/ANot seriousIndirectnessNot serious(higher values favour control)RCTSerious ⁵ Not seriousN/ASerious ⁴ sion (higher values favour control)RCTSerious ⁵ Not seriousN/ASerious ⁴ caregiver values favour control)RCTSerious ⁵ Not seriousN/ASerious ⁴ caregiver hospitalisation during the study period (a value over 1 favours controlRCTSerious ^{2,5,6} Not seriousN/ASerious ⁷ caregiver emergency department visit during the study period (a value over 1RCTSerious ^{2,5,6} Not seriousN/ASerious ⁷ ar as to whether the trial addressed a clearly focused 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resultseriousseriousserious7210serious7210	DesignRisk of biasIndirectnessInconsistencyImprecisionInterventionUsual carentry into residential care (higher values favour control)RCTSerious ^{1,2,3} Not seriousN/ANot serious4,0053,798RCTSerious ^{1,2,3} Not seriousN/ANot serious4,0053,798(higher values favour control)RCTSerious ⁵ Not seriousN/ASerious ⁴ 986920sion (higher values favour control)RCTSerious ⁵ Not seriousN/ASerious ⁴ 986920RCTSerious ⁵ Not seriousN/ASerious ⁴ 986920920caregiver hospitalisation during the study period (a value over 1 favours control)RCTSerious ^{2,5,6} Not seriousN/ASerious ⁷ 210202caregiver emergency department visit during the study period (a value over 1 favours control)RCTSerious ^{2,5,6} Not seriousN/ASerious ⁷ 210202ar as to whether the trial addressed a clearly focused issue because the description of the intervention lacks detail control the method of randomisation were not given to mention of blindingIntervention of blindingIntervention of blindingif cant resultIndice the set of	DesignRisk of biasIndirectnessInconsistencyImprecisionInterventionUsual careSummary of resultsntry into residential care (higher values favour control)RCTSerious ^{1,2,3} Not seriousN/ANot serious4,0053,798OR 1.01 (0.92, 1.11)(higher values favour control)RCTSerious ⁵ Not seriousN/ASerious ⁴ 986920MD -0.50 (-1.27, 0.27)sion (higher values favour control)RCTSerious ⁵ Not seriousN/ASerious ⁴ 986920MD -0.32 (-0.64, 0.00)sion (higher values favour control)RCTSerious ⁵ Not seriousN/ASerious ⁴ 986920MD -0.32 (-0.64, 0.00)caregiver hospitalisation during the study period (a value over 1 favours control)RCTSerious ^{2,5,6} Not seriousN/ASerious ⁷ 210202OR 0.58 (0.35, 0.97)RCTSerious ^{2,5,6} Not seriousN/ASerious ⁷ 210202OR 0.66 (0.40, 1.08)ar as to whether the trial addressed a clearly focuse dissue because the description of the intervention lacks detail compared to other studiesthe method of randomisation were not given on mention of bilindingficant result

7. 95% CI crosses one line of a defined MID interval

Care coordination/management using DEM-DISC vs care coordination/management without DEM-DISC

		Quality a	ssessment			No of pa	atients	Effect estimate	Quality				
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results					
Camberwell Ass	amberwell Assessment of Needs for the Elderly: total needs (a value over 1 favours control)												
1 (Van Mierlo 2015)	RCT	Serious ¹	Not serious	N/A	Very serious ²	30	19	OR 0.85 (0.38, 1.31)	Very low				
Camberwell Ass	essment of	Needs for the Elde	rly: total needs (a value under 1 fa	vours control)								

		Quality a	ssessment		No of p	atients	Effect estimate	Quality	
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
1 (Van Mierlo 2015)	RCT	Serious ¹	Not serious	N/A	Very serious ²	30	19	OR 0.81 (0.36, 1.82)	Very low
Camberwell Asse	essment of	Needs for the Elde	erly: total needs (a value over 1 fav	ours control)				
1 (Van Mierlo 2015)	RCT	Serious ¹	Not serious	N/A	Serious ³	30	19	OR 1.55 (0.88, 2.75)	Low
/	s not mentio	oned. 32% of partici	oants were lost to	follow-up, and odd	s ratios were pub	lished so we only	v know relative	differences rather than abso	olute differences

2. 95% CI crosses two lines of a defined MID interval

3. 95% CI crosses one line of a defined MID interval

Personalised caregiver support for minority groups vs usual care for minority groups

		Quality a	issessment			No of p	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Caregiver: Short	Sense of C	ompetence Questi	onnaire (higher	values favour the	intervention)				
1 (Xiao 2016)	RCT	Serious ¹	Not serious	N/A	Not serious	31	30	MD 9.00 (5.78, 12.22)	Moderate
Caregiver: Physic	cal compor	ents score (PCS in	n SF-36) (higher	values favour the	intervention)				
1 (Xiao 2016)	RCT	Serious ¹	Not serious	N/A	Serious ²	31	30	MD 2.20 (-1.93, 6.33)	Low
Caregiver: Menta	I compone	nts score (MCS in	SF-36) (higher va	alues favour the in	tervention)				
1 (Xiao 2016)	RCT	Serious ¹	Not serious	N/A	Not serious	31	30	MD 12.70 (8.76, 16.64)	Moderate
Caregiver: Sever	ity of care r	ecipient's BPSD (I	nigher values fav	our usual care)					
1 (Xiao 2016)	RCT	Serious ¹	Not serious	N/A	Not serious	31	30	MD -3.30 (-6.21, -0.39)	Moderate
Caregiver: Careg	iver distres	s (higher values fa	avour usual care)					
1 (Xiao 2016)	RCT	Serious ¹	Not serious	N/A	Not serious	31	30	MD -6.40 (-11.25, -1.55)	Moderate
Caregiver: Usage	of respite	care (higher value	s favour usual ca	are) ³					
1 (Xiao 2016)	RCT	Serious ¹	Not serious	N/A	Not serious	31	30	MD 1.40 (0.87, 1.93)	Moderate
Caregiver: Satisf	action with	service providers	(higher values fa	avour the interven	tion)				
1 (Xiao 2016)	RCT	Serious ¹	Not serious	N/A	Not serious	31	30	MD 22.70 (16.38, 29.02)	Moderate
Caregiver: Usage	e of commu	nity aged care (hig	gher values favou	ur usual care) ³					
1 (Xiao 2016)	RCT	Serious ¹	Not serious	N/A	Serious ¹	31	30	MD -0.30 (-1.03, 0.43)	Low

	Quality assessment							Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	

1. Not blinded, randomisation method not given, unclear if both groups were similar at baseline, minority groups differ compared to minority groups in the UK

2. Non-significant result

3. For this review, a greater usage of resources for the effect estimate favours usual care

Care coordination/management using a specific structured protocol vs care coordination/management that is unstructured

Quality assessm	ent					No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Caregiver's depr	essive sym	ptoms (higher valu	ies favour unstru	ctured coordinati	on)				
1 (Kwak 2011)	RCT	Serious ¹	Not serious	N/A	Serious ²	41	32	MD 0.15 (-0.14, 0.44)	Low
Caregiver's burd	en (differen	t scales used) (hig	her values favou	ir unstructured co	ordination)				
1 (Kwak 2011)	RCT	Serious ¹	Not serious	N/A	Serious ²	41	32	MD 0.01 (-0.17, 0.19)	Low
Caregiver identit unstructured coo		icy (difference betw	ween currently p	erceived caregivir	ng activities and	the caregiver's	ideal caregivii	ng activities) (higher valu	es favour
1 (Kwak 2011)	RCT	Serious ¹	Not serious	N/A	Not serious	41	32	MD -0.30 (-0.57, -0.03)	Moderate
Caregiver relatio	nship burde	en (higher values f	avour unstructur	red coordination)					
1 (Kwak 2011)	RCT	Serious ¹	Not serious	N/A	Serious ²	41	32	MD -0.07 (-0.25, 0.11)	Low
Caregiver stress	burden (hig	gher values favour	unstructured co	ordination)					
		Serious ¹		N/A	Serious ²	41	32	MD -0.24 (-0.87, 0.39)	Low

whether the two groups were similar at the start.

2. Non-significant result

Case management: combined, by follow-up frequency

Quality assessme	ent					No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Patient outcome:	Cognition,	weekly follow-up	higher values fa	vour usual care)					

Quality assessm	ent					No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
1 (Chien 2011)	RCT	Not serious	Not serious	N/A	Very serious ¹	46	46	SMD -0.05 (-0.46, 0.35)	Low
Patient outcome	: Cognition,	, monthly follow-u	p (higher values	favour usual care)					
2 (Bass 2015, Callahan 2006)	RCT	Serious ^{2,3,4}	Not serious	Not serious	Serious ¹¹	271	171	SMD 0.06 (-0.14, 0.25)	Low
Patient outcome	: Cognition,	, follow-up every 2	months (higher	values favour usu	al care)				
1 (Chien 2008)	RCT	Not serious	Not serious	N/A	Very serious ¹	42	43	SMD -0.06 (-0.48, 0.37)	Low
Patient outcome	: Cognition,	, all follow-up frequ	uencies (higher v	alues favour usua	al care)				
4 (Chien 2011, Bass 2015, Callahan 2006, Chien 2008)	RCT	Not serious	Not serious	Not serious	Not serious	359	260	SMD 0.02 (-0.14, 0.18)	High
Depression of th	e person liv	ving with dementia	, 10-14 follow-up	os over 4 months (higher values fa	vour usual care)		
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Very serious ¹	53	39	SMD -0.07 (-0.49, 0.34)	Low
Depression of th	e person liv	ving with dementia	, monthly follow	-ups (higher value	s favour usual o	care)			
2 (Callahan 2006, Samus 2014)	RCT	Not serious	Not serious	Not serious	Very serious ¹	139	163	SMD -0.01 (-0.24, 0.22)	Low
Depression of th	e person liv	ing with dementia	, all follow-up fre	equencies (higher	values favour u	sual care)			
3 (Lam 2010, Callahan 2006, Samus 2014)	RCT	Not serious	Not serious	Not serious	Serious ¹¹	192	202	SMD -0.02 (-0.22, 0.18)	Moderate
QoL of person liv	ving with de	ementia, follow-up	every month (wh	nich is all follow-u	p frequencies a	vailable) (higher	values favour	case management)	
2 (Samus 2014, Vickrey 2006)	RCT	Not serious	Not serious	Not serious	Serious ¹¹	240	238	SMD 0.23 (0.05, 0.42)	Moderate
Behavioural and	psychologi	ical symptoms of c	lementia, follow-	up every week (hi	gher values fav	our usual care)			
1 (Chien 2011)	RCT	Not serious	Not serious	N/A	Not serious	46	46	SMD -0.67 (-1.09, -0.25)	High
Behavioural and	psychologi	ical symptoms of c	lementia, 10-14 f	ollow-ups over 4 r	nonths (higher	values favour us	ual care)		
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Very serious ¹	53	39	SMD 0.12 (-0.29, 0.54)	Low

	4					N. 6. 0. 0			
Quality assessme		Diek of hise	In dive studies	Inconsistence	Incompaciation	No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
4 (Bass 2015, Callahan 2006, Chu 2000, Samus 2014)	RCT	Serious ^{2,3,5}	Not serious	Serious ⁶	Very serious ¹	378	321	SMD 0.03 (-0.25, 0.30)	Very low
Behavioural and	psycholog	ical symptoms of o	dementia, follow-	ups every 2 montl	ns (higher value	s favour usual o	are)		
2 (Chien 2008, Dias 2008)	RCT	Not serious	Not serious	Serious ⁶	Serious ¹¹	75	69	SMD -0.95 (-2.07, 0.16)	Low
Behavioural and	psycholog	ical symptoms of o	dementia, follow-	ups of all frequen	cies (higher val	ues favour usua	l care)		
8 (Chien 2011, Lam 2010, Bass 2015, Callahan 2006, Chu 2000, Samus 2014, Chien 2008, Dias 2008)	RCT	Serious ^{2,3,5}	Not serious	Serious ⁶	Serious ¹¹	552	475	SMD -0.27 (-0.62, 0.09)	Very low
Caregiver depres	sion, follo	w-ups every month	n (higher values f	avour usual care)					
2 (Bass 2003, Tanner 2015)	RCT	Serious ^{2,7,8}	Not serious	Not serious	Serious ¹¹	159	169	SMD -0.20 (-0.42, 0.03)	Low
Caregiver depres	sion, uncle	ear frequency of fo	llow-ups (higher	values favour usu	ial care)				
1 (Newcomer 1999)	RCT	Serious ^{2,5,7,9}	Not serious	N/A	Not serious	988	922	SMD -0.09 (-0.18, 0.00)	Moderate
Caregiver depres	sion, all fo	llow-up frequencie	es (higher values	favour usual care)				
3 (Bass 2003, Tanner 2015, Newcomer 1999	RCT	Serious ^{2,5,7,8,9}	Not serious	Not serious	Not serious	1,147	1,091	SMD -0.10 (-0.19, -0.02)	Moderate
Caregiver burden	, follow-up	os every week (hig	her values favou	r usual care)					
1 (Chien 2011)	RCT	Not serious	Not serious	N/A	Not serious	46	46	SMD -1.82 (-2.31, -1.33)	High
Caregiver burden	i, 10-14 foll	low-ups over 4 mo	nths (higher valu	es favour usual ca	are)				
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Very serious ¹	53	39	SMD 0.04 (-0.38, 0.45)	Low
Caregiver burden	, follow-up	os every month (hig	gher values favor	ur usual care)					

Quality assessme	ant					No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	Quanty
2 (Chu 2000, Tanner 2015)	RCT	Serious ^{2,7}	Not serious	Not serious	Serious ¹¹	100	140	SMD -0.31 (-0.56, -0.05)	Low
Caregiver burden	, follow-up	s every 2 months	(higher values fa	vour usual care)					
2 (Chien 2008, Dias 2008)	RCT	Serious ^{2,8}	Not serious	Serious ⁶	Serious ¹¹	75	69	SMD -0.78 (-1.56, -0.00)	Very low
Caregiver burden	, follow-up	s of unclear freque	ency (higher valu	ies favour usual c	are)				
1 (Newcomer 1999)	RCT	Serious ^{2,5,7,9}	Not serious	N/A	Not serious	986	920	SMD -0.06 (-0.15, 0.03)	Moderate
Caregiver burden	, follow-up	s of all frequencie	s (higher values	favour usual care))				
7 (Chien 2011, Lam 2010, Chu 2000, Tanner 2015, Chien 2008, Dias 2008, Newcomer 1999)	RCT	Serious ^{2,5,7,8,9}	Not serious	Serious ⁶	Not serious	1,260	1,214	SMD -0.56 (-0.99, -0.13)	Low
QoL of caregiver,	follow-ups	s every month (hig	her values favou	r usual care)					
1 (Vickrey 2006)	RCT	Not serious	Not serious	N/A	Very serious ¹	166	124	SMD 0.02 (-0.21, 0.26)	Low
QoL of caregiver,	follow-ups	s every 2 weeks (h	igher values favo	our usual care)					
1 (Chien 2008)	RCT	Not serious	Not serious	N/A	Not serious	42	43	SMD 1.12 (0.66, 1.58)	High
QoL of caregiver,	follow-ups	s every week (high	er values favour	usual care)					
1 (Chien 2011)	RCT	Not serious	Not serious	N/A	Not serious	46	46	SMD 1.53 (1.06, 2.00)	High
QoL of caregiver,	follow-ups	s of all frequencies	(higher values f	avour usual care)					
3 (Vickrey 2006, Chien 2008, Chien 2011)	RCT	Not serious	Not serious	Serious ⁶	Serious ¹¹	254	213	SMD 0.87 (-0.12, 1.87)	Low
Rate of institution	nalisation (number of people	institutionalised	during the past 6	months), follow	-ups every week	(higher value	s favour usual care)	
1 (Chien 2011)	RCT	Not serious	Not serious	N/A	Not serious	46	46	SMD -3.00 (-4.00, -2.00)	High
Rate of institution	nalisation (number of people	institutionalised	during the past 6	months), follow	-ups every 2 we	eks (higher va	lues favour usual care)	
1 (Chien 2008)	RCT	Not serious	Not serious	N/A	Not serious	42	43	SMD -3.10 (-3.81, -2.39)	High

Quality assessme	ent					No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Rate of institution care)	alisation (percentage of peol	ple institutionalis	sed – cumulative l	ong-term institu	tionalisation), f	ollow-ups ever	y 2 months (higher values	s favour usual
1 (Eloniemi- Sulkava 2009)	RCT	Serious ^{3,10}	Not serious	N/A	Very serious ¹	63	32	SMD -4.10 (21.69, 13.49)	Very low
Rate of institution	alisation (number of people i	institutionalised	- cumulative long	-term institutior	nalisation), follo	w-ups of all fre	equencies (higher values f	avour usual care
3 (Chien 2011, Chien 2008, Eloniemi- Sulkava 2009)	RCT	Serious ^{3,10}	Not serious	Not serious	Not serious	151	151	SMD -3.07 (-3.65, -2.49)	Moderate
 Method or No blindir Not all clin High rate i² > 40% Blinding is Unclear w Description Attrition rate 	f randomisa ng nically signi of participa s not mentic whether both on of the inte ates of parti		re reported ar at the start of th il compared to oth tioned						

Case management: combined, by profession of coordinator

		Quality as	ssessment			No of pa	atients	Effect estimate	Quality	
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results		
Case management: combined, by profession of coordinator, cognition, mixed professions (higher values favour no case management)										
1 (Bass 2015)	RCT	Serious ^{1,2,3}	Not serious	N/A	Serious ⁴	206	122	SMD 0.08 (-0.14, 0.30)	Low	
Case manageme	nt: combine	ed, by profession o	f coordinator, co	ognition, nurse as	coordinator (hig	gher values favo	ur no case ma	inagement)		
3 (Callahan 2006, Chien	RCT	Not serious	Not serious	Not serious	Serious ⁴	153	138	SMD -0.04 (-0.27, 0.19)	Moderate	

CT Not serious	Not serious n of coordinator, d Not serious	Not serious	Not serious	359	Usual care case manager 260	Summary of results nent) SMD 0.02 (-0.14, 0.18)	Moderate
CT Serious ^{1,2,3} combined, by profession CT Not serious	Not serious n of coordinator, d Not serious	Not serious epression of the p	Not serious	359	-		Moderate
CT Serious ^{1,2,3} combined, by profession CT Not serious	Not serious n of coordinator, d Not serious	Not serious epression of the p	Not serious	359	-		Moderate
combined, by profession CT Not serious	n of coordinator, d Not serious	epression of the p	erson living with		260	SMD 0.02 (-0.14, 0.18)	Moderate
CT Not serious	Not serious		-				
		N/A		n dementía, nurs	se (higher valu	es favour no case manag	ement)
combined, by profession			Very serious9	65	49	SMD -0.05 (-0.42, 0.32)	Low
	n of coordinator, d	epression of the p	erson living with	n dementia, occ	upational thera	apist (higher values favou	r no case
CT Not serious	Not serious	N/A	Very serious9	53	39	SMD -0.07 (-0.49, 0.34)	Low
combined, by profession	n of coordinator, d	epression of the p	erson living with	n dementia, soc	al worker (hig	her values favour no case	management)
CT Not serious	Not serious	N/A	Very serious9	74	114	SMD 0.02 (-0.27, 0.31)	Low
combined, by profession	n of coordinator, d	epression of the p	erson living with	n dementia, all p	rofessions (hi	gher values favour no cas	se management
CT Not serious	Not serious	Not serious	Serious ⁴	192	202	SMD -0.02 (-0.22, 0.18)	Moderate
combined, by profession ment)	n of coordinator, Q	oL of person livin	g with dementia	, social worker (this is the only	y group with this outcome) (higher values
CT Not serious	Not serious	Not serious	Serious ⁴	240	238	SMD 0.23 (0.05, 0.42)	Moderate
combined, by profession	n of coordinator, b	ehavioural and ps	ychological sym	ptoms of deme	ntia, home car	e adviser (higher values fa	avour no case
CT Not serious	Not serious	N/A	Serious ⁴	33	26	SMD -0.38 (-0.90, 0.14)	Moderate
combined, by profession	n of coordinator, b	ehavioural and ps	ychological sym	ptoms of deme	ntia, mixed pro	ofessions (higher values fa	avour no case
CT Serious ^{1,2,3,5}	Not serious	Serious ⁶	Very serious ⁹	239	158	SMD 0.15 (-0.39, 0.70)	Very low
	TNot seriousOmbined, by professionTNot seriousTSeriousTSerious	TNot seriousNot seriousombined, by profession of coordinator, dTNot seriousNot seriousombined, by profession of coordinator, dTNot seriousNot seriousombined, by profession of coordinator, Qombined, by profession of coordinator, Qombined, by profession of coordinator, Qombined, by profession of coordinator, bTNot seriousNot seriousNot seriousombined, by profession of coordinator, bTNot seriousOmbined, by profession of coordinator, bTNot seriousOmbined, by profession of coordinator, bTNot seriousNot seriousNot seriousTSerious ^{1,2,3,5} Not serious	T Not serious Not serious N/A ombined, by profession of coordinator, depression of the p Not serious N/A T Not serious Not serious N/A ombined, by profession of coordinator, depression of the p T Not serious Not serious T Not serious Not serious Not serious Not serious T Not serious Not serious Not serious ombined, by profession of coordinator, QoL of person livin ombined, by profession of coordinator, behavioural and ps T Not serious Not serious T Not serious Not serious N/A T Not serious Not serious N/A T Not serious Not serious N/A T Serious ^{1,2,3,5} Not serious Serious ⁶	TNot seriousNot seriousN/AVery serious9ombined, by profession of coordinator, depression of the person living with TNot seriousN/AVery serious9ombined, by profession of coordinator, depression of the person living with TNot seriousN/AVery serious9ombined, by profession of coordinator, depression of the person living with TNot seriousN/AVery serious9TNot seriousNot seriousNot seriousSerious4ombined, by profession of coordinator, QoL of person living with dementia nent)Serious4Serious4TNot seriousNot seriousNot seriousSerious4TNot seriousNot seriousN/ASerious4ombined, by profession of coordinator, behavioural and psychological symNot seriousN/ASerious4TNot seriousNot seriousN/ASerious4TNot seriousNot seriousN/ASerious4TNot seriousNot seriousN/ASerious4TNot seriousNot seriousN/ASerious4TNot seriousNot seriousN/ASerious4TSerious1.2.3.5Not seriousSerious6Very serious9	TNot seriousNot seriousN/AVery serious53ombined, by profession of coordinator, depression of the person living with dementia, socialNot seriousN/AVery serious74TNot seriousNot seriousN/AVery serious74ombined, by profession of coordinator, depression of the person living with dementia, all pTNot seriousNot seriousNot seriousSerious192Ombined, by profession of coordinator, QoL of person living with dementia, social worker (nent)Not seriousNot seriousSerious240TNot seriousNot seriousNot seriousNot seriousSerious33Ombined, by profession of coordinator, behavioural and psychological symptoms of dementiation3333Ombined, by profession of coordinator, behavioural and psychological symptoms of dementiation33TNot seriousNot seriousN/ASerious33TSeriousNot seriousSerious239	TNot seriousNot seriousN/AVery serious5339ombined, by profession of coordinator, depression of the person living with dementia, social worker (hig TNot seriousN/AVery serious74114ombined, by profession of coordinator, depression of the person living with dementia, all professions of to seriousN/AVery serious74114ombined, by profession of coordinator, depression of the person living with dementia, all professions (hi TNot seriousNot seriousSerious192202ombined, by profession of coordinator, QoL of person living with dementia, social worker (this is the only nent)Not seriousNot seriousSerious240238TNot seriousNot seriousNot seriousSeriousSerious3326TNot seriousNot seriousN/ASerious3326TNot seriousNot seriousN/ASerious3326TNot seriousNot seriousN/ASerious3326TNot seriousN/ASerious3326TNot seriousN/ASerious3326TNot seriousN/ASerious239158	Dembined, by profession of coordinator, depression of the person living with dementia, social worker (higher values favour no case T Not serious Not serious N/A Very serious ⁹ 74 114 SMD 0.02 (-0.27, 0.31)TNot seriousNot serious of coordinator, depression of the person living with dementia, all professions (higher values favour no case T Not serious Not serious Not serious Serious ⁴ 192 202 SMD -0.02 (-0.22, 0.18)TNot seriousNot serious Not serious Serious ⁴ 192 202 SMD -0.02 (-0.22, 0.18)Dembined, by profession of coordinator, QoL of person living with dementia, social worker (this is the only group with this outcome tent)TNot seriousNot serious Not seriousTNot seriousNot seriousSerious ⁴ 240238SMD 0.23 (0.05, 0.42)Dembined, by profession of coordinator, behavioural and psychological symptoms of dementia, home care adviser (higher values favour no case Serious ⁴ 33TNot seriousNot serious N/ASerious ⁴ 3326SMD -0.38 (-0.90, 0.14)Dembined, by profession of coordinator, behavioural and psychological symptoms of dementia, mixed professions (higher values favour no case to profession of coordinator, behavioural and psychological symptoms of dementia, mixed professions (higher values favour no case to profession of coordinator, behavioural and psychological symptoms of dementia, mixed professions (higher values favour no case to profession of coordinator, behavioural and psychological symptoms of dementia, mixed professions (higher values favour no case to profession of coordinator, behavioural and psychological symptoms of dementia, mixed professions (higher values favour no case to profession of coordinator, behavioural and

Case management: combined, by profession of coordinator, behavioural and psychological symptoms of dementia, nurse (higher values favour no case management)

		Quality a	assessment			No of p	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
3 (Callahan 2006, Chien 2008, Chien 2011)	RCT	Not serious	Not serious	Serious ⁶	Serious ⁴	153	138	SMD -0.83 (-1.49, -0.17)	Low
Case manageme management)	nt: combin	ed, by profession	of coordinator, b	ehavioural and ps	ychological sym	ptoms of deme	ntia, occupatio	onal therapist (higher valu	es favour no case
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Very serious9	53	39	SMD 0.12 (-0.29, 0.54)	Low
Case manageme management)	nt: combin	ed, by profession	of coordinator, b	ehavioural and ps	ychological sym	ptoms of deme	ntia, social wo	rker (higher values favour	no case
1 (Samus 2014)	RCT	Not serious	Not serious	N/A	Serious ⁴	74	114	SMD 0.16 (-0.13, 0.45)	Moderate
Case manageme management)	nt: combin	ed, by profession	of coordinator, b	ehavioural and ps	ychological sym	ptoms of deme	ntia, all profes	sions (higher values favor	ur no case
8 (Dias 2008, Bass 2015, Chu 2000, Callahan 2006, Chien 2008, Chien 2011, Lam 2010, Samus 2014)	RCT	Serious ^{1,2,3,5}	Not serious	Serious ⁶	Serious ⁴	552	475	SMD -0.27 (-0.62, 0.09)	Very low
Case manageme	nt: combin	ed, by profession	of coordinator, c	aregiver depressio	on, nurse (highe	r values favour	no case manag	gement)	
1 (Newcomer 1999)	RCT	Serious ^{1,2,3,7}	Not serious	N/A	Not serious	988	922	SMD -0.09 (-0.18, 0.00)	Moderate
Case manageme	nt: combin	ed, by profession	of coordinator, c	aregiver depressio	on, social worke	r (higher values	favour no cas	e management)	
2 (Bass 2003, Tanner 2015)	RCT	Not serious	Not serious	Not serious	Serious ⁴	159	169	SMD -0.20 (-0.42, 0.03)	Moderate
Case manageme	nt: combin	ed, by profession	of coordinator, c	aregiver depressio	on, all professio	ns together (hig	her values fav	our no case management)	1
3 (Newcomer 1999, Bass 2003, Tanner 2015)	RCT	Serious ^{1,2,3,7}	Not serious	Not serious	Not serious	1,147	1,091	SMD -0.10 (-0.19, -0.02)	Moderate
Case manageme	nt: combin	ed, by profession	of coordinator, c	aregiver burden, n	urse (higher val	ues favour no c	ase managem	ent)	

		Quality a	assessment			No of pa	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
3 (Chien 2008, Chien 2011, Newcomer 1999)	RCT	Serious ^{1,2,3,7}	Not serious	Serious ⁶	Serious ⁴	1,074	1,009	SMD -1.00 (-2.16, 0.16)	Very low
Case managemer	nt: combin	ed, by profession o	of coordinator, c	aregiver burden, o	ccupational the	rapist (higher va	alues favour no	o case management)	
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Very serious9	53	39	SMD 0.04 (-0.38, 0.45)	Low
Case managemer	nt: combin	ed, by profession o	of coordinator, c	aregiver burden, n	nixed (higher va	lues favour no c	ase managem	ent)	
1 (Chu 2000)	RCT	Serious ^{1,5}	Not serious	N/A	Serious ⁴	33	36	SMD -0.48 (-0.96, 0.00)	Low
Case managemer	nt: combin	ed, by profession o	of coordinator, c	aregiver burden, h	ome care advis	er (higher values	s favour no ca	se management)	
1 (Dias 2008)	RCT	Not serious	Not serious	N/A	Serious ⁴	33	26	SMD -0.37 (-0.89, 0.14)	Moderate
Case managemer	nt: combin	ed, by profession o	of coordinator, c	aregiver burden, s	ocial worker (hi	gher values favo	our no case ma	anagement)	
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ⁴	67	104	SMD -0.24 (-0.54, 0.07)	Moderate
Case managemer	nt: combine	ed, by profession o	of coordinator, c	aregiver burden, a	II professions to	ogether (higher	values favour	no case management)	
7 (Chien 2008, Chien 2011, Newcomer 1999, Lam 2010, Chu 2000, Dias 2008, Tanner 2015)	RCT	Serious ^{1,2,3,5,7}	Not serious	Serious ⁶	Serious ⁴	1,260	1,214	SMD -0.56 (-0.99, -0.13)	Very low
Case managemer	nt: combine	ed, by profession o	of coordinator, Q	oL of caregiver, s	ocial worker (hig	gher values favo	our usual care)		
1 (Vickrey 2006)	RCT	Not serious	Not serious	N/A	Very serious9	166	124	SMD 0.02 (-0.21, 0.26)	Low
Case managemer	nt: combine	ed, by profession o	of coordinator, Q	oL of caregiver, n	urse (higher val	ues favour usua	l care)		
2 (Chien 2008, Chien 2011)	RCT	Not serious	Not serious	Not serious	Not serious	88	89	SMD 1.32 (0.92, 1.72)	High
Case managemer	nt: combin	ed, by profession o	of coordinator, Q	oL of caregiver, a	II professions to	gether (higher v	alues favour ι	isual care)	
3 (Vickrey 2006, Chien 2008, Chien 2011)	RCT	Not serious	Not serious	Serious ⁶	Serious ⁴	254	213	SMD 0.87 (-0.12, 1.87)	Low
		ed, by profession on sover a 6 month						umulative long-term instit r usual care)	utionalisations of
3 (Chien 2008, Chien 2011,	RCT	Serious ^{2,8}	Not serious	Not serious	Not serious	151	151	SMD -3.07 (-3.65, -2.49)	Moderate

		Quality a	ssessment			No of patients		Effect estimate	Quality	
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results		
Eloniemi- Sulkava 2009)										
 No blinding There was 95% CI comparison 	ng s a large att rosses one s not mentic	ition is not given trition rate of particip line of a defined MII pned		easons that were r	not provided					
	 The description of the intervention lacks detail compared to other studies Attrition rates of participants are not provided 									
	95% CI crosses two lines of a defined MID interval									

Case management: combined, follow-up contact method

		Quality a	issessment			No of patients		Effect estimate	Quality	
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results		
Case manageme	nt: combin	ed, by follow-up co	ontact method, co	ognition, clinic fol	low-up (higher v	alues favour no	case manage	ment)		
1 (Callahan 2006)	RCT	Not serious	Not serious	N/A	Very serious ¹	65	49	SMD -0.01 (-0.38, 0.36)	Low	
Case management: combined, by follow-up contact method, cognition, home visit follow-up (higher values favour no case management)										
2 (Chien 2008, Chien 2011)	RCT	Not serous	Not serious	Not serious	Very serious ¹	88	89	SMD -0.06 (-0.35, 0.24)	Low	
Case manageme	nt: combin	ed, by follow-up co	ontact method, co	ognition, telephon	e follow-up (hig	her values favo	ur no case mar	nagement)		
1 (Bass 2015)	RCT	Serious ^{2,3,4}	Not serious	N/A	Serious ¹⁰	206	122	SMD 0.08 (-0.14, 0.30)	Low	
Case manageme	nt: combin	ed, by follow-up co	ontact method, co	ognition, all follow	-up methods co	ombined (higher	values favour	no case management)		
4 (Callahan 2006, Chien 2008, Chien 2011, Bass 2015)	RCT	Serious ^{2,3,4}	Not serious	Not serious	Not serious	359	260	SMD 0.02 (-0.14, 0.18)	Moderate	
2006, Chien 2008, Chien 2011, Bass 2015)								SMD 0.02 (-0.14, 0.18)		

Case management: combined, by follow-up contact method, depression of the person living with dementia, clinic follow-up (higher values favour no case management)

		Quality	assessment			No of p	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
1 (Callahan 2006)	RCT	Not serious	Not serious	N/A	Very serious ¹	65	49	SMD -0.05 (-0.42, 0.32)	Low
Case managemei management)	nt: combine	ed, by follow-up c	ontact method, d	epression of the p	erson living wit	h dementia, hon	ne visit follow-	up (higher values favour r	no case
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Very serious ¹	53	39	SMD -0.07 (-0.49, 0.34)	Low
Case managemei management)	nt: combine	ed, by follow-up c	ontact method, d	epression of the p	erson living wit	h dementia, mix	ed methods fo	llow-up (higher values fav	our no case
1 (Samas 2014)	RCT	Not serious	Not serious	N/A	Very serious ¹	74	114	SMD 0.02 (-0.27, 0.31)	Low
Case managemei favour no case m			ontact method, d	epression of the p	erson living wit	h dementia, all f	ollow-up meth	ods results combined (hig	gher values
3 (Callahan 2006, Lam 2010, Samas 2014)	RCT	Not serious	Not serious	Not serious	Serious ¹⁰	192	202	SMD -0.02 (-0.22, 0.18)	Moderate
Case managemei	nt: combine	ed, by follow-up c	ontact method, Q	oL of person livin	g with dementia	, mixed follow-u	p methods (hi	gher values favour case n	nanagement)
1 (Samas 2014)	RCT	Not serious	Not serious	N/A	Serious ¹⁰	74	114	SMD 0.29 (-0.01, 0.58)	Moderate
Case managemei	nt: combine	ed, by follow-up c	ontact method, Q	oL of person livin	g with dementia	, follow-up by te	lephone (high	er values favour case mai	nagement)
1 (Vickrey 2006)	RCT	Not serious	Not serious	N/A	Serious ¹⁰	166	124	SMD 0.20 (-0.03, 0.44)	Moderate
Case managemei management)	nt: combine	ed, by follow-up c	ontact method, Q	oL of person livin	g with dementia	, all follow-up m	ethods results	s combined (higher values	favour case
2 (Samas 2014, Vickrey 2006)	RCT	Not serious	Not serious	Not serous	Serious ¹⁰	240	238	SMD 0.23 (0.05, 0.42)	Moderate
Case managemei management)	nt: combine	ed, by follow-up c	ontact method, b	ehavioural and ps	ychological sym	ptoms of deme	ntia, clinic foll	ow-up (higher values favo	our no case
2 (Callahan 2006, Dias 2008)	RCT	Not serious	Not serious	Not serious	Serious ¹⁰	98	75	SMD -0.35 (-0.65, -0.05)	Moderate
Case managemei management)	nt: combine	ed, by follow-up c	ontact method, b	ehavioural and ps	ychological sym	ptoms of deme	ntia, home visi	it follow-up (higher values	favour no cas
4 (Chien 2008, Chien 2011, Chu 2000, Lam 2010)	RCT	Serious ^{2,5}	Not serious	Serious ⁶	Very serious ¹	174	164	SMD -0.40 (-1.22, 0.43)	Very low

		Quality a	assessment			No of p	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Case managemer case managemen		ed, by follow-up co	ontact method, b	ehavioural and ps	ychological sym	ptoms of deme	ntia, mixed me	thods follow-up (higher v	alues favour no
1 (Samas 2014)	RCT	Not serious	Not serious	N/A	Serious ¹⁰	74	114	SMD 0.16 (-0.13, 0.45)	Moderate
Case managemer management)	nt: combine	ed, by follow-up co	ontact method, b	ehavioural and ps	ychological sym	ptoms of deme	ntia, telephone	e follow-up (higher values	favour no case
1 (Bass 2015)	RCT	Serious ^{2,3,4}	Not serious	N/A	Serious ¹⁰	206	122	SMD -0.09 (-0.31, 0.14)	Low
Case managemer values favour no			ontact method, b	ehavioural and ps	ychological sym	ptoms of deme	ntia, all follow⊦	-up methods results comb	oined (higher
8 (Callahan 2006, Dias 2008, Chien 2008, Chien 2011, Chu 2000, Lam 2010, Samas 2014, Bass 2015)	RCT	Serious ^{2,3,4,5}	Not serious	Serious ⁶	Serious ¹⁰	552	475	SMD -0.27 (-0.62, 0.09)	Very low
Case managemer	nt: combine	ed, by follow-up co	ontact method, c	aregiver depressio	on, home visit fo	ollow-up (higher	values favour	no case management)	
1 (Newcomer 1999)	RCT	Serious ^{2,4,5,7}	Not serious	N/A	Not serious	988	922	SMD -0.09 (-0.18, 0.00)	Moderate
Case managemer	nt: combine	ed, by follow-up co	ontact method, c	aregiver depressio	on, mixed follow	-up methods (hi	gher values fa	vour no case managemer	nt)
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ¹⁰	67	104	SMD -0.14 (-0.44, 0.17)	Moderate
Case managemer	nt: combine	ed, by follow-up co	ontact method, c	aregiver depressio	on, telephone fo	llow-up (higher	values favour	no case management)	
1 (Bass 2003)	RCT	Serious ^{2,5,8}	Not serious	N/A	Serious ¹⁰	92	65	SMD -0.26 (-0.58, 0.06)	Low
Case managemer	nt: combine	ed, by follow-up co	ontact method, c	aregiver depressio	on, all follow-up	methods results	s combined (hi	igher values favour no ca	se managemen
3 (Newcomer 1999, Tanner 2015, Bass 2003)	RCT	Serious ^{2,5,8}	Not serious	Not serious	Not serious	1147	1091	SMD -0.10 (-0.19, -0.02)	Moderate
Case managemer	nt: combine	ed, by follow-up co	ontact method, c	aregiver burden, c	linic follow-up (higher values fa	vour no case	management)	
1 (Dias 2008)	RCT	Not serious	Not serious	N/A	Serious ¹⁰	33	26	SMD -0.37 (-0.89, 0.14)	Moderate
Case managemer	nt: combine	ed, by follow-up co	ontact method. c	aregiver burden. h	ome visit follow	-up (higher valu	es favour no d	case management)	

		Quality a	assessment			No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
4 (Chien 2008, Chien 2011, Chu 2000, Lam 2010)	RCT	Serious ^{2,5}	Not serious	Serious ⁶	Serious ¹⁰	1,160	1,084	SMD -0.68 (-1.32, -0.04)	Very low
Case manageme	nt: combin	ed, by follow-up co	ontact method, ca	aregiver burden, n	nixed follow-up	(higher values fa	avour no case	management)	
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ¹⁰	67	104	SMD -0.24 (-0.54, 0.07)	Moderate
Case manageme	nt: combin	ed, by follow-up co	ontact method, ca	aregiver burden, a	II follow-up met	hods results co	mbined (highe	r values favour no case m	anagement)
6 (Dias 2008, Chien 2008, Chien 2011, Chu 2000, Lam 2010, Tanner 2015)	RCT	Serious ^{2,5}	Not serious	Serious ⁶	Serious ¹⁰	1,260	1,214	SMD -0.56 (-0.99, -0.13)	Very low
Case manageme	nt: combin	ed, by follow-up co	ontact method, Q	oL of caregiver, h	ome visit follow	-up (higher valu	es favour no c	ase management)	
2 (Chien 2008, Chien 2011)	RCT	Not serous	Not serious	Not serious	Not serious	88	89	SMD 1.32 (0.92, 1.72)	High
Case manageme	nt: combin	ed, by follow-up co	ontact method, Q	oL of caregiver, te	elephone follow-	up (higher value	es favour no ca	ase management)	
I (Vickrey 2006)	RCT	Not serious	Not serious	N/A	Very serious ¹	166	124	SMD 0.02 (-0.21, 0.26)	Low
Case manageme	nt: combin	ed, by follow-up co	ontact method, Q	oL of caregiver, a	ll follow-up meth	nods results cor	nbined (highei	r values favour no case m	anagement)
3 (Chien 2008, Chien 2011, /ickrey 2006)	RCT	Not serious	Not serious	Serious ⁶	Serious ¹⁰	254	213	SMD 0.87 (-0.12, 1.87)	Low
		ed, by follow-up co se management)	ontact method, ra	ate of institutionali	isation (number	of people institu	utionalised ove	er a 6-month period), hom	e visit follow-u
2 (Chien 2008, Chien 2011)	RCT	Not serous	Not serious	Not serious	Not serious	88	89	SMD -3.07 (-3.65, -2.49)	High
		ed, by follow-up co ues favour no case		ate of institutionali	isation (number	of people institu	utionalised – c	umulative long-term instit	utionalisations
(Eloniemi- Sulkava 2009)	RCT	Serious ^{3,9}	Not serious	N/A	Very serious ¹	63	62	SMD -4.10 (-21.69, 13.49)	Very low

		Quality a	ssessment			No of patients		Effect estimate	Quality		
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results			
3 (Chien 2008, Chien 2011, Eloniemi- Sulkava 2009)	RCT	Serious ^{3,9}	Not serious	Not serious	Not serious	151	151	SMD -3.07 (-3.65, -2.49)	Moderate		
 Method o No blindii Large rat Blinding r i² > 40% 	 95% CI crosses two lines of a defined MID interval Method of randomisation is not given No blinding Large rate of participant attrition with no explanation Blinding not mentioned 										
8. Unclear w											
9. Attrition r	Attrition rates of participants are not mentioned										
10. 95% CI c	95% CI crosses one line of a defined MID interval										

Case management: combined, by country

<u> </u>		Quality a	ssessment			No of p	atients	Effect estimate	Quality		
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results			
Case managemen	Case management: combined, by country, cognition, Hong Kong (higher values favour no case management)										
2 (Chien 2008, Chien 2011)	RCT	Not serous	Not serious	Not serious	Very serious ¹	88	89	SMD -0.06 (-0.35, 0.24)	Low		
Case managemen	Case management: combined, by country, cognition, USA (higher values favour no case management)										
2 (Bass 2015, Callahan 2006)	RCT	Serious ^{2,3,4}	Not serious	N/A	Serious ¹⁰	271	171	SMD 0.06 (-0.14, 0.25)	Low		
Case managemen	nt: combine	ed, by country, cog	nition, all follow	-up methods resu	Its combined (h	igher values fav	our no case m	anagement)			
4 (Chien 2008, Chien 2011, Bass 2015, Callahan 2006)	RCT	Serious ^{2,3,4}	Not serious	Not serious	Not serious	359	260	SMD 0.02 (-0.14, 0.18)	Moderate		
Case managemen	Case management: combined, by country, depression of the person living with dementia, Hong Kong (higher values favour no case management)										

		Quality a	issessment			No of p	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Very serious ¹	53	39	SMD -0.07 (-0.49, 0.34)	Low
Case managemen	nt: combin	ed, by country, de	pression of the p	erson living with o	lementia, USA (higher values fa	vour no case i	nanagement)	
2 (Callahan 2006, Samus 2014)	RCT	Not serious	Not serious	Not serious	Very serious ¹	139	163	SMD -0.01 (-0.24, 0.22)	Low
Case managemen management)	nt: combin	ed, by country, de	pression of the p	erson living with o	lementia, all foll	ow-up methods	results combi	ned (higher values favour	no case
3 (Lam 2010, Callahan 2006, Samus 2014)	RCT	Not serious	Not serious	Serious ⁶	Serious ¹⁰	192	202	SMD -0.02 (-0.22, 0.18)	Low
Case managemen management)	nt: combin	ed, by country, Qo	L of the person I	iving with dement	ia, USA (which i	s all follow-up n	nethods result	s combined) (higher value	es favour no cas
2 (Samus 2014, Vickrey 2006)	RCT	Not serious	Not serious	Not serious	Serious ¹⁰	240	238	SMD 0.23 (0.05, 0.42)	Moderate
Case manageme	nt: combin	ed, by country, bel	navioural and ps	ychological sympt	oms of dementi	a, Canada (high	er values favo	ur no case management)	
1 (Chu 2000)	RCT	Serious ^{2,6}	Not serious	N/A	Serious ¹⁰	33	36	SMD 0.48 (-0.00, 0.96)	Low
Case manageme	nt: combin	ed, by country, bel	navioural and ps	ychological sympt	oms of dementi	a, Hong Kong (I	nigher values f	avour no case manageme	ent)
3 (Chien 2008, Chien 2011, Lam 2010)	RCT	Not serious	Not serious	Serious ⁶	Very serious ¹	141	128	SMD -0.68 (-1.59, 0.22)	Very low
Case manageme	nt: combin	ed, by country, bel	navioural and ps	ychological sympt	oms of dementi	a, India (higher	values favour	no case management)	
1 (Dias 2008)	RCT	Not serious	Not serious	N/A	Serious ¹⁰	33	26	SMD -0.38 (-0.90, 0.14)	Moderate
Case manageme	nt: combin	ed, by country, bel	navioural and ps	ychological sympt	oms of dementi	a, USA (higher v	values favour i	no case management)	
3 (Bass 2015, Callahan 2006, Samus 2014)	RCT	Serious ^{2,3,4}	Not serious	Serious ⁶	Serious ¹⁰	345	285	SMD -0.07 (-0.32, 0.18)	Very low
Case manageme	nt: combin	ed, by country, bel	navioural and ps	ychological sympt	oms of dementi	a, all countries	combined (hig	her values favour no case	management)
8 (Chu 2000, Chien 2008, Chien 2011, Lam 2010, Dias 2008,	RCT	Serious ^{2,3,4}	Not serious	Serious ⁶	Serious ¹⁰	552	475	SMD -0.27 (-0.62, 0.09)	Very low

		Quality a	assessment			No of p	atients	Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Bass 2015, Callahan 2006, Samus 2014)									
Case managemer	nt: combine	ed, by country, car	regiver depressio	on, USA (which is	all countries cor	nbined) (higher	values favour	no case management)	
3 (Bass 2003, Newcomer 1999, Tanner 2015)	RCT	Serious ^{2,4,7}	Not serious	Not serious	Not serious	1,147	1,091	SMD -0.10 (-0.19, -0.02)	Moderate
Case managemer	nt: combine	ed, by country, car	regiver burden, C	anada (higher val	ues favour no ca	ase managemen	t)		
1 (Chu 2000)	RCT	Serious ^{2,6}	Not serious	N/A	Serious ¹⁰	33	36	SMD -0.48 (-0.96, 0.00)	Low
Case managemer	nt: combine	ed, by country, car	regiver burden, H	long Kong (higher	values favour r	no case manage	ment)		
3 (Chien 2008, Chien 2011, Lam 2010)	RCT	Not serious	Not serious	Serious ⁶	Serious ¹⁰	141	128	SMD -0.98 (-2.07, 0.11)	Low
Case managemer	nt: combine	ed, by country, car	regiver burden, Ir	ndia (higher value	s favour no case	e management)			
1 (Dias 2008)	RCT	Not serious	Not serious	N/A	Serious ¹⁰	33	26	SMD -0.37 (-0.89, 0.14)	Moderate
Case managemer	nt: combine	ed, by country, car	regiver burden, U	ISA (higher values	s favour no case	management)			
2 (Newcomer 1999, Tanner 2015)	RCT	Serious ^{2,6,8}	Not serious	Not serious	Serious ¹⁰	1053	1024	SMD -0.08 (-0.20, 0.04)	Low
Case managemer	nt: combine	ed, by country, car	regiver burden, a	II countries combi	ined (higher valu	ues favour no ca	ise manageme	ent)	
7 (Chu 2000, Chien 2008, Chien 2011, Lam 2010, Dias 2008, Newcomer 1999, Tanner 2015)	RCT	Serious ^{2,6,8}	Not serious	Serious ⁶	Serious ¹⁰	1,260	1,214	SMD -0.56 (-0.99, -0.13)	Very low
Case managemer	nt: combine	ed, by country, Qo	L of caregiver, H	ong Kong (higher	values favour n	o case manager	nent)		
2 (Chien 2008, Chien 2011)	RCT	Not serous	Not serious	Not serious	Not serious	88	89	SMD 1.32 (0.92, 1.72)	High
Case managemer	nt: combine	ed, by country, Qo	L of caregiver, U	SA (higher values	favour no case	management)			
1 (Vickrey 2006)	RCT	Not serious	Not serious	N/A	Very serious ¹	166	124	SMD 0.02 (-0.21, 0.26)	Low

		Quality a	issessment			No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Case manageme	nt: combine	ed, by country, Qo	L of caregiver, al	I countries combi	ned (higher valu	ies favour no ca	se manageme	nt)	
3 (Chien 2008, Chien 2011, Vickrey 2006)	RCT	Not serious	Not serious	Serious ⁶	Serious ¹⁰	254	213	SMD 0.87 (-0.12, 1.87)	Low
Case management: combined, by country, rate of institutionalisation (number of people institutionalised – cumulative long-term institutionalisations), Finland (higher values favour no case management)									
1 (Eloniemi- Sulkava 2009)	RCT	Serious ^{3,9}	Not serious	N/A	Very serious ¹	63	62	SMD -4.10 (-21.69, 13.49)	Very low
Case management: combined, by country, rate of institutionalisation (number of people institutionalised – number of institutionalisations over a 6-month period), Hong Kong (higher values favour no case management)									
2 (Chien 2008, Chien 2011)	RCT	Not serous	Not serious	Not serious	Not serious	88	89	SMD -3.07 (-3.65, -2.49)	High
Case management: combined, by country, rate of institutionalisation (number of people institutionalised – cumulative long-term institutionalisations and number of institutionalisations over a 6-month period), all countries combined (higher values favour no case management)									
3 (Eloniemi- Sulkava 2009, Chien 2008, Chien 2011)	RCT	Serious ^{3,9}	Not serious	Not serious	Not serious	151	151	SMD -3.07 (-3.65, -2.49)	Moderate
 Method of No blindi Large rat i² > 40% Blinding i Unclear v The desc Attrition r 	of randomisa ng e of particip is not mentio whether both cription of the ates of parti	lines of a defined M ation is not given ant attrition with no oned n groups were simila e intervention lacks icipants are not mer line of a defined MI	explanation ar at the start of th detail compared to ttioned		eline data is not p	provided			