

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 assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Care recipient's quality of life (DQoL): overall perception on quality of life (higher 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 competence: consequences of involvement in care (higher values favour intervention)									
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 of competence: satisfaction with the older adult (higher values favour intervention)									
1 (Jansen 2011)	RCT	Not serious	Not serious	N/A	Serious ¹	43	38	MD 0.50 (-1.63, 2.63)	Moderate
Caregiver's quality of life (SF-36): mental component summary (higher values favour intervention)									
1 (Jansen 2011)	RCT	Not serious	Not serious	N/A	Serious ¹	43	38	MD -2.50 (-6.82, 1.82)	Moderate
Caregiver's quality of life (SF-36): physical component summary (higher values favour intervention)									
1 (Jansen 2011)	RCT	Not serious	Not serious	N/A	Serious ¹	43	38	MD 2.00 (-2.20, 6.20)	Moderate
Caregiver's depressive symptoms (higher values favour control)									
1 (Jansen 2011)	RCT	Not serious	Not serious	N/A	Serious ¹	43	38	MD 0.60 (-0.25, 1.45)	Moderate
Caregiver's burden (higher values favour control)									
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 competence: satisfaction with one's own performance (higher 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-significant result									

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 assessment						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 assessment						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 assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Carer outcome: depression (values greater than 1 favour control)									
1 (Schoenmakers 2010)	RCT	Serious ¹	Not serious	N/A	Serious ²	23	23	OR 0.16 (0.03, 0.86)	Low
Carer outcome: burden (values 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: anxiety (values 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: emotional coping (values greater than 1 favour 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: supporting coping (values greater than 1 favour 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: problem solving (values greater than 1 favour control)									

Quality assessment						No of patients		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 with dementia outcome: frailty (values greater than 1 favour control)									
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 with dementia outcome: IADL dependency (values greater than 1 favour 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 with dementia outcome: incontinence (values greater than 1 favour 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 with dementia outcome: disruptive behaviour (values greater than 1 favour control)									
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 with dementia outcome: mood swings (values 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, 1.20)	Very low
Person living with dementia outcome: neurovegetative disturbances (values greater than 1 favour 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 with dementia outcome: psychotic features (values 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 assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
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 patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Care recipient depression in dementia (higher values favour control)									
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 admissions (higher values favour control)									
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 participants who had emergency department visits (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 favour 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 institutionalised by the end of the study (cumulative long-term institutionalisation) (higher values favour 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 people living with dementia who were placed by the end of the study (higher values favour control)									
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 (change from 6 months to 12 months) (higher values favour control)									
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 embarrassment - low six-month T2 cognitive impairment (0 to 3) (higher values favour 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 embarrassment - high six-month T2 cognitive impairment (0 to 3) (higher values favour control)									

Quality assessment						No of patients		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 participants who had hospital admissions (higher values favour control)									
1 (Bass 2015)	RCT	Serious ^{2,5}	Not serious	N/A	Serious ⁹	206	122	RR 1.27 (0.86, 1.87)	Low
Cognitive symptoms of person living with dementia (higher values favour control)									
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 person living with dementia) (higher values favour intervention)									
1 (Callahan 2006)	RCT	Not serious	Not serious	N/A	Serious ¹	65	49	MD 2.30 (-4.48, 9.08)	Moderate
Patient health-related quality of life (higher values favour intervention)									
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 visits (higher values 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 symptoms, such as NPI, of person living with dementia (higher values favour control)									
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 relationship strain (Bass 2013) (higher values favour 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 quality of life: mean caregiving attributable health strain (higher 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
Caregiver satisfaction with types of services (0 to 3) (higher values favour intervention)									
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 satisfaction with quality of services (different scales used) (higher values favour intervention)									
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 satisfaction with information (0 to 3) (higher values favour intervention)									
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 patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Caregiver depression (higher values favour control)									
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 captivity (0 to 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 quality of life (mean EuroQol-5D) (higher 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 symptoms, such as NPI, of caregiver (higher values 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 favour 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 burden (different versions of measurement were used) (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 health questionnaire (caregiver's opinion of the health of the person living with dementia) (higher values favour control)									
1 (Callahan 2006)	RCT	Not serious	Not serious	N/A	Serious ¹	65	49	MD -1.50 (-3.34, 0.34)	Moderate
Mean hours of home care services per month (including direct care, case management, respite, personal care assistance and homemaking) from the start of the study to the end of the study (higher values favour control)									
1 (Chu 2000)	RCT	Serious ^{2,3}	Not serious	N/A	Not serious	33	36	MD 28.60 (0.49, 56.71)	Moderate
Caregiver received as much help as needed with behaviour problem (higher values favour intervention)									
1 (Vickrey 2006)	RCT	Serious ^{5,8}	Not serious	N/A	Not serious	166	124	MD 15.00 (6.19, 23.81)	Moderate
Symptom management self-efficacy score (how confident the carers are in managing symptoms) (higher values favour intervention)									
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-efficacy (how confident are the carers in arranging support services) (higher values favour intervention)									

Quality assessment						No of patients		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 social support (higher values favour intervention)									
1 (Vickrey 2006)	RCT	Serious ^{5,8}	Not serious	N/A	Serious ¹	166	124	MD 3.70 (-2.81, 10.27)	Low
Caregiving quality: mean caregiver confidence in caregiving (baseline not measured) (higher values favour intervention)									
1 (Vickrey 2006)	RCT	Serious ^{5,8}	Not serious	N/A	Not serious	166	124	MD 6.90 (1.94, 11.86)	Moderate
Caregiving quality: mean caregiving mastery (baseline was measured) (higher values favour intervention)									
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-association information and support services (higher values favour control)									
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 services (higher values 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 management visit during the 1 year period? (0=no, 1=yes) (higher values favour 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
<ol style="list-style-type: none"> 1. Non-significant result 2. The method of randomisation is not given 3. Either no blinding or blinding is not mentioned 4. Baseline data is not provided 5. Not all participants were accounted for 6. $i^2 > 40\%$ 7. Not all clinically relevant outcomes were reported 8. It is unclear as to whether the groups were similar at the start of the trial 9. 95% CI crosses one line of a defined MID interval 10. 95% CI crosses two lines of a defined MID 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 assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Care recipient Cornell Scale for Depression in Dementia (higher values favour control)									
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Serious ¹	53	39	MD -0.50 (-3.26, 2.26)	Moderate
Care recipient psychiatric symptoms (NPI) (higher values favour 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 Personal Well-Being Index-Intellectual Disability (higher values favour intervention)									
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Serious ¹	53	39	MD 9.30 (-12.27, 30.87)	Moderate
Caregiver Personal Well-Being Index for Adult (higher values favour 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 values favour control)									
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Serious ¹	53	39	MD 1.50 (-14.09, 17.09)	Moderate
Caregiver General Health Questionnaire (mental health assessment) (higher values favour control)									
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Serious ¹	53	39	MD 1.00 (-3.51, 5.51)	Moderate
1. Non-significant 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 assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Care recipient total percent unmet care needs (higher values favour 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 dementia's quality of life (QoL-AD) (higher values favour intervention)									
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 dementia's quality of life (ADRQL-40) (higher values favour intervention)									
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 dementia's quality of life (QoL-AD-Informant) (higher values favour intervention)									

Quality assessment						No of patients		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 Scale for Depression in Dementia (higher 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 Neuropsychiatric Inventory – Questionnaire (higher values favour 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 (higher 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 favour 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 referral (higher values favour control)									
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 health care (higher values favour control)									
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 health care (higher values favour control)									
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ²	67	104	MD 4.51 (-2.01, 11.03)	Moderate
Caregiver QoL: physical health (higher values favour intervention)									
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ²	67	104	MD 1.54 (-1.62, 4.70)	Moderate
Caregiver QoL: mental health (higher values favour intervention)									
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ²	67	104	MD 0.66 (-2.43, 3.75)	Moderate
Caregiver burden (higher values favour control)									
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ²	67	104	MD -1.91 (-4.39, 0.57)	Moderate
Caregiver depression (higher values favour control)									
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 recipient hr/wk ('raw' data) (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 spent with care recipient hr/wk (after multiple comparison correction) (higher values favour control)									
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ²	67	104	MD 3.16 (-6.74, 13.06)	Moderate

Quality assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Caregiver work missed (hours/month) (higher values favour control)									
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ²	67	104	MD -1.41 (-11.79, 8.97)	Moderate
Caregiver difficulty caring for care recipient (higher values favour 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 (higher 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 caregiving (higher values favour control)									
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ²	67	104	MD 0.12 (-0.20, 0.44)	Moderate
1. Not blinded 2. Non-significant result									

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						No of patients		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 intervention)									
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 Neuro-psychiatric Inventory (different scales were used) (higher values favour control)									
2 (Chien 2008, Dias 2008)	RCT	Not serious	Not serious	Serious ²	Serious ³	75	69	SMD -0.95 (-2.07, 0.16)	Moderate
Institutionalisation over the past 6 months - number of times (residential placements or hospitalisations) (higher values favour control)									
1 (Chien 2008)	RCT	Not serious	Not serious	N/A	Not serious	42	43	MD -3.10 (-3.81, -2.39)	High
Institutionalisation over the past 6 months - duration (days per month) (higher values favour control)									
1 (Chien 2008)	RCT	Not serious	Not serious	N/A	Not serious	42	43	MD -6.70 (-8.40, -5.00)	High
Everyday functional abilities of the person living with dementia (higher values favour intervention)									
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-item social support questionnaire (0 to 30) (higher values favour intervention)									
1 (Chien 2008)	RCT	Not serious	Not serious	N/A	Not Serious	42	43	MD 1.50 (0.61, 2.39)	High

Quality assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Caregiver burden (higher values favour control)									
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 144) (higher values favour intervention)									
1 (Chien 2008)	RCT	Not serious	Not serious	N/A	Not serious	42	43	MD 18.40 (11.48, 25.32)	High
Caregiver mental health (general health questionnaire) (higher values favour control)									
1 (Dias 2008)	RCT	Not serious	Not serious	N/A	Not serious	33	26	MD -2.60 (-4.08, -1.12)	High
Caregiver distress due to problem behaviours (NPIQ-D) (higher values favour control)									
1 (Dias 2008)	RCT	Not serious	Not serious	N/A	Serious ¹	33	26	MD -2.10 (-4.88, 0.68)	Moderate
Family Support Services Index (0 to 16, with higher scores indicating greater varieties of service utilization. We have presented this as a bad thing because of potential cost) (higher values favour control)									
1 (Chien 2008)	RCT	Not serious	Not serious	N/A	Not serious	42	43	MD -1.90 (-2.58, -1.22)	High
<ol style="list-style-type: none"> 1. Non-significant result 2. $i^2 > 40\%$ 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 assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
MMSE (higher values 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 Inventory (higher values favour 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 institutionalisation - number institutionalised during the past 6 months (higher values favour 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 institutionalisation - duration of institutionalisation (days/month) over the past 6 months (higher values favour 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						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Caregiver WHO Quality of Life (28-144) (higher values favour intervention)									
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 support questionnaire (higher values favour 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 Burden Inventory (0-96) (higher values favour 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 Services Index (responses indicate the number and types of services that families were in need of and receiving) (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-significant 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 assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Telephone	In-person	Summary of results	
Care-recipient Health Utilities Index (a QoL measure) (higher values favour in-person 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 Behaviour Problem Checklist: total number of problems (higher values favour in-person follow-up)									
1 (Chodosh 2015)	RCT	Serious ¹	Not serious	N/A	Serious ²	23	20	MD 1.07 (-2.28, 4.42)	Low
Caregiver depression (PHQ-9) (higher values favour 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: spirituality and faith (higher values favour telephone follow-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: benefits of caregiving (higher values favour in-person follow-up)									

Quality assessment						No of patients		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) (higher values favour in-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 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 assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Patient outcome: QoL-AD, as rated by caregiver (higher values favour memory clinic)									
1 (Meeuwssen 2012)	RCT	Not serious	Not serious	N/A	Serious ¹	78	75	MD 0.49 (-0.65, 1.63)	Moderate
Patient outcome: NPI behaviour (higher values favour GP)									
1 (Meeuwssen 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 in Daily living activities in Dementia - help needed (higher values favour GP)									
1 (Meeuwssen 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 In Daily living activities in Dementia - take initiative (higher values favour GP)									
1 (Meeuwssen 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 favour GP)									
1 (Meeuwssen 2012)	RCT	Not serious	Not serious	N/A	Serious ¹	78	75	MD 0.25 (-0.36, 0.86)	Moderate
Patient outcome: QoL patient (higher values favour memory clinic)									
1 (Meeuwssen 2012)	RCT	Not serious	Not serious	N/A	Serious ¹	78	75	MD 0.25 (-0.74, 1.24)	Moderate

Quality assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Caregiver outcome: sense of competence questionnaire (higher values favour memory clinic)									
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Serious ¹	78	75	MD -2.43 (-5.82, 0.96)	Moderate
Caregiver outcome: QoL-AD caregiver (higher values favour memory clinic)									
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Serious ¹	78	75	MD 0.17 (-0.70, 1.04)	Moderate
Caregiver outcome: Center for Epidemiologic Studies Depression Scale (higher values favour GP)									
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Not serious	78	75	MD 2.09 (0.16, 4.02)	High
Caregiver outcome: Inventory for measuring Social Involvement (higher values favour memory clinic)									
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Serious ¹	78	75	MD -0.29 (-1.16, 0.58)	Moderate
Caregiver outcome: NPI – emotional (higher values 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 outcome: Eysenck Personality Questionnaire (higher values favour GP)									
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Serious ¹	78	75	MD 0.68 (0.00, 1.36)	Moderate
Caregiver outcome: State-Trait Anxiety Inventory – trait (higher values favour GP)									
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Not serious	78	75	MD 2.14 (0.25, 4.03)	High
Caregiver outcome: State-Trait Anxiety Inventory – state (higher values favour GP)									
1 (Meeuwsen 2012)	RCT	Not serious	Not serious	N/A	Not serious	78	75	MD 2.35 (0.35, 4.35)	High
Caregiver outcome: Pearlin Mastery Scale (higher values favour 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-significant result									

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

Quality assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Hazard ratio for entry into residential care (higher values favour control)									
1 (Miller 1999)	RCT	Serious ^{1,2,3}	Not serious	N/A	Not serious	4,005	3,798	OR 1.01 (0.92, 1.11)	Moderate
Caregiver burden (higher values favour control)									
1 (Newcomer 1999)	RCT	Serious ⁵	Not serious	N/A	Serious ⁴	986	920	MD -0.50 (-1.27, 0.27)	Low
Caregiver depression (higher values favour control)									
1 (Newcomer 1999)	RCT	Serious ⁵	Not serious	N/A	Serious ⁴	986	920	MD -0.32 (-0.64, 0.00)	Low
Likelihood of any caregiver hospitalisation during the study period (a value over 1 favours control)									
1 (Shelton 2001)	RCT	Serious ^{2,5,6}	Not serious	N/A	Serious ⁷	210	202	OR 0.58 (0.35, 0.97)	Low
Likelihood of any caregiver emergency department visit during the study period (a value over 1 favours control)									
1 (Shelton 2001)	RCT	Serious ^{2,5,6}	Not serious	N/A	Serious ⁷	210	202	OR 0.66 (0.40, 1.08)	Low
<ol style="list-style-type: none"> 1. It is unclear as to whether the trial addressed a clearly focused issue because the description of the intervention lacks detail compared to other studies 2. Details of the method of randomisation were not given 3. There is no mention of blinding 4. Non-significant result 5. Not blinded 6. The number of events in either group are not reported. Therefore, only the relative difference is reported, not the absolute difference. 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 assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Camberwell 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 Assessment of Needs for the Elderly: total needs (a value under 1 favours control)									

Quality assessment						No of patients		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 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	Serious ³	30	19	OR 1.55 (0.88, 2.75)	Low
1. Blinding is not mentioned, 32% of participants were lost to follow-up, and odds ratios were published so we only know relative differences rather than absolute 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 assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Caregiver: Short Sense of Competence Questionnaire (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: Physical components score (PCS in 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: Mental components score (MCS in SF-36) (higher values favour the intervention)									
1 (Xiao 2016)	RCT	Serious ¹	Not serious	N/A	Not serious	31	30	MD 12.70 (8.76, 16.64)	Moderate
Caregiver: Severity of care recipient's BPSD (higher values favour 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: Caregiver distress (higher values favour 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 values favour usual care)³									
1 (Xiao 2016)	RCT	Serious ¹	Not serious	N/A	Not serious	31	30	MD 1.40 (0.87, 1.93)	Moderate
Caregiver: Satisfaction with service providers (higher values favour the intervention)									
1 (Xiao 2016)	RCT	Serious ¹	Not serious	N/A	Not serious	31	30	MD 22.70 (16.38, 29.02)	Moderate
Caregiver: Usage of community aged care (higher values favour 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						No of patients		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 assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Caregiver's depressive symptoms (higher values favour unstructured coordination)									
1 (Kwak 2011)	RCT	Serious ¹	Not serious	N/A	Serious ²	41	32	MD 0.15 (-0.14, 0.44)	Low
Caregiver's burden (different scales used) (higher values favour unstructured coordination)									
1 (Kwak 2011)	RCT	Serious ¹	Not serious	N/A	Serious ²	41	32	MD 0.01 (-0.17, 0.19)	Low
Caregiver identity discrepancy (difference between currently perceived caregiving activities and the caregiver's ideal caregiving activities) (higher values favour unstructured coordination)									
1 (Kwak 2011)	RCT	Serious ¹	Not serious	N/A	Not serious	41	32	MD -0.30 (-0.57, -0.03)	Moderate
Caregiver relationship burden (higher values favour unstructured 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 (higher values favour unstructured coordination)									
1 (Kwak 2011)	RCT	Serious ¹	Not serious	N/A	Serious ²	41	32	MD -0.24 (-0.87, 0.39)	Low
1. Over 70% of care receivers were diagnosed with probable Alzheimer's disease, there was no blinding, and baseline data was not provided so it is not possible to assess whether the two groups were similar at the start. 2. Non-significant result									

Case management: combined, by follow-up frequency

Quality assessment						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 favour usual care)									

Quality assessment						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-up (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 usual 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 frequencies (higher values favour usual 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 the person living with dementia, 10-14 follow-ups over 4 months (higher values favour 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 the person living with dementia, monthly follow-ups (higher values favour usual 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 the person living with dementia, all follow-up frequencies (higher values favour usual 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 living with dementia, follow-up every month (which is all follow-up frequencies available) (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 psychological symptoms of dementia, follow-up every week (higher values favour 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 psychological symptoms of dementia, 10-14 follow-ups over 4 months (higher values favour usual care)									
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Very serious ¹	53	39	SMD 0.12 (-0.29, 0.54)	Low
Behavioural and psychological symptoms of dementia, monthly follow-ups (higher values favour usual care)									

Quality assessment						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 psychological symptoms of dementia, follow-ups every 2 months (higher values favour usual care)									
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 psychological symptoms of dementia, follow-ups of all frequencies (higher values favour usual 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 depression, follow-ups every month (higher values favour 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 depression, unclear frequency of follow-ups (higher values favour usual 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 depression, all follow-up frequencies (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-ups every week (higher values favour 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, 10-14 follow-ups over 4 months (higher values favour usual care)									
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-ups every month (higher values favour usual care)									

Quality assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
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-ups every 2 months (higher values favour 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-ups of unclear frequency (higher values favour usual care)									
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-ups of all frequencies (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 every month (higher values favour 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 every 2 weeks (higher values favour 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 every week (higher 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 of all frequencies (higher values favour 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 institutionalisation (number of people institutionalised during the past 6 months), follow-ups every week (higher values 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 institutionalisation (number of people institutionalised during the past 6 months), follow-ups every 2 weeks (higher values 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 assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Rate of institutionalisation (percentage of people institutionalised – cumulative long-term institutionalisation), follow-ups every 2 months (higher values favour usual care)									
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 institutionalisation (number of people institutionalised – cumulative long-term institutionalisation), follow-ups of all frequencies (higher values favour 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
<ol style="list-style-type: none"> 1. 95% CI crosses two lines of a defined MID interval 2. Method of randomisation is not given 3. No blinding 4. Not all clinically significant outcomes were reported 5. High rate of participant attrition 6. $i^2 > 40\%$ 7. Blinding is not mentioned 8. Unclear whether both groups were similar at the start of the trial 9. Description of the intervention lacks detail compared to other studies 10. Attrition rates of participants are not mentioned 11. 95% CI crosses one line of a defined MID interval 									

Case management: combined, by profession of coordinator

Quality assessment						No of patients		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 management: combined, by profession of coordinator, cognition, nurse as coordinator (higher values favour no case management)									
3 (Callahan 2006, Chien)	RCT	Not serious	Not serious	Not serious	Serious ⁴	153	138	SMD -0.04 (-0.27, 0.19)	Moderate

Quality assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
2008, Chien 2011)									
Case management: combined, by profession of coordinator, cognition, all professions (higher values favour no case management)									
4 (Bass 2015, Callahan 2006, Chien 2008, Chien 2011)	RCT	Serious ^{1,2,3}	Not serious	Not serious	Not serious	359	260	SMD 0.02 (-0.14, 0.18)	Moderate
Case management: combined, by profession of coordinator, depression of the person living with dementia, nurse (higher values favour no case management)									
1 (Callahan 2006)	RCT	Not serious	Not serious	N/A	Very serious ⁹	65	49	SMD -0.05 (-0.42, 0.32)	Low
Case management: combined, by profession of coordinator, depression of the person living with dementia, occupational therapist (higher values favour no case management)									
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Very serious ⁹	53	39	SMD -0.07 (-0.49, 0.34)	Low
Case management: combined, by profession of coordinator, depression of the person living with dementia, social worker (higher values favour no case management)									
1 (Samus 2014)	RCT	Not serious	Not serious	N/A	Very serious ⁹	74	114	SMD 0.02 (-0.27, 0.31)	Low
Case management: combined, by profession of coordinator, depression of the person living with dementia, all professions (higher values favour no case management)									
3 (Callahan 2006, Lam 2010, Samus 2014)	RCT	Not serious	Not serious	Not serious	Serious ⁴	192	202	SMD -0.02 (-0.22, 0.18)	Moderate
Case management: combined, by profession of coordinator, QoL of person living with dementia, social worker (this is the only group with this outcome) (higher values favour case management)									
2 (Samus 2014, Vickrey 2006)	RCT	Not serious	Not serious	Not serious	Serious ⁴	240	238	SMD 0.23 (0.05, 0.42)	Moderate
Case management: combined, by profession of coordinator, behavioural and psychological symptoms of dementia, home care adviser (higher values favour no case management)									
1 (Dias 2008)	RCT	Not serious	Not serious	N/A	Serious ⁴	33	26	SMD -0.38 (-0.90, 0.14)	Moderate
Case management: combined, by profession of coordinator, behavioural and psychological symptoms of dementia, mixed professions (higher values favour no case management)									
2 (Bass 2015, Chu 2000)	RCT	Serious ^{1,2,3,5}	Not serious	Serious ⁶	Very serious ⁹	239	158	SMD 0.15 (-0.39, 0.70)	Very low
Case management: combined, by profession of coordinator, behavioural and psychological symptoms of dementia, nurse (higher values favour no case management)									

Quality assessment						No of patients		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 management: combined, by profession of coordinator, behavioural and psychological symptoms of dementia, occupational therapist (higher values favour no case management)									
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Very serious ⁹	53	39	SMD 0.12 (-0.29, 0.54)	Low
Case management: combined, by profession of coordinator, behavioural and psychological symptoms of dementia, social worker (higher values favour no case management)									
1 (Samus 2014)	RCT	Not serious	Not serious	N/A	Serious ⁴	74	114	SMD 0.16 (-0.13, 0.45)	Moderate
Case management: combined, by profession of coordinator, behavioural and psychological symptoms of dementia, all professions (higher values favour no case management)									
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 management: combined, by profession of coordinator, caregiver depression, nurse (higher values favour no case management)									
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 management: combined, by profession of coordinator, caregiver depression, social worker (higher values favour no case 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 management: combined, by profession of coordinator, caregiver depression, all professions together (higher values favour no case management)									
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 management: combined, by profession of coordinator, caregiver burden, nurse (higher values favour no case management)									

Quality assessment						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, 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 management: combined, by profession of coordinator, caregiver burden, occupational therapist (higher values favour no case management)									
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Very serious ⁹	53	39	SMD 0.04 (-0.38, 0.45)	Low
Case management: combined, by profession of coordinator, caregiver burden, mixed (higher values favour no case management)									
1 (Chu 2000)	RCT	Serious ^{1,5}	Not serious	N/A	Serious ⁴	33	36	SMD -0.48 (-0.96, 0.00)	Low
Case management: combined, by profession of coordinator, caregiver burden, home care adviser (higher values favour no case management)									
1 (Dias 2008)	RCT	Not serious	Not serious	N/A	Serious ⁴	33	26	SMD -0.37 (-0.89, 0.14)	Moderate
Case management: combined, by profession of coordinator, caregiver burden, social worker (higher values favour no case management)									
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ⁴	67	104	SMD -0.24 (-0.54, 0.07)	Moderate
Case management: combined, by profession of coordinator, caregiver burden, all professions together (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 management: combined, by profession of coordinator, QoL of caregiver, social worker (higher values favour usual care)									
1 (Vickrey 2006)	RCT	Not serious	Not serious	N/A	Very serious ⁹	166	124	SMD 0.02 (-0.21, 0.26)	Low
Case management: combined, by profession of coordinator, QoL of caregiver, nurse (higher values favour usual 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 management: combined, by profession of coordinator, QoL of caregiver, all professions together (higher values favour usual 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
Case management: combined, by profession of coordinator, rate of institutionalisation (number of people institutionalised – cumulative long-term institutionalisations or number of institutionalisations over a 6 month period), nurse (which is all professions we have together) (higher values favour usual care)									
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 assessment						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)									
<ol style="list-style-type: none"> 1. Method of randomisation is not given 2. No blinding 3. There was a large attrition rate of participants because of reasons that were not provided 4. 95% CI crosses one line of a defined MID interval 5. Blinding is not mentioned 6. $i^2 > 40\%$ 7. The description of the intervention lacks detail compared to other studies 8. Attrition rates of participants are not provided 9. 95% CI crosses two lines of a defined MID interval 									

Case management: combined, follow-up contact method

Quality assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Case management: combined, by follow-up contact method, cognition, clinic follow-up (higher values favour no case management)									
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 serious	Not serious	Not serious	Very serious ¹	88	89	SMD -0.06 (-0.35, 0.24)	Low
Case management: combined, by follow-up contact method, cognition, telephone follow-up (higher values favour no case management)									
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 management: combined, by follow-up contact method, cognition, all follow-up methods combined (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
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 patients		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 management: combined, by follow-up contact method, depression of the person living with dementia, home visit follow-up (higher values favour no case management)									
1 (Lam 2010)	RCT	Not serious	Not serious	N/A	Very serious ¹	53	39	SMD -0.07 (-0.49, 0.34)	Low
Case management: combined, by follow-up contact method, depression of the person living with dementia, mixed methods follow-up (higher values favour no case management)									
1 (Samas 2014)	RCT	Not serious	Not serious	N/A	Very serious ¹	74	114	SMD 0.02 (-0.27, 0.31)	Low
Case management: combined, by follow-up contact method, depression of the person living with dementia, all follow-up methods results combined (higher values favour no case management)									
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 management: combined, by follow-up contact method, QoL of person living with dementia, mixed follow-up methods (higher values favour case management)									
1 (Samas 2014)	RCT	Not serious	Not serious	N/A	Serious ¹⁰	74	114	SMD 0.29 (-0.01, 0.58)	Moderate
Case management: combined, by follow-up contact method, QoL of person living with dementia, follow-up by telephone (higher values favour case management)									
1 (Vickrey 2006)	RCT	Not serious	Not serious	N/A	Serious ¹⁰	166	124	SMD 0.20 (-0.03, 0.44)	Moderate
Case management: combined, by follow-up contact method, QoL of person living with dementia, all follow-up methods results combined (higher values favour case management)									
2 (Samas 2014, Vickrey 2006)	RCT	Not serious	Not serious	Not serious	Serious ¹⁰	240	238	SMD 0.23 (0.05, 0.42)	Moderate
Case management: combined, by follow-up contact method, behavioural and psychological symptoms of dementia, clinic follow-up (higher values favour no case management)									
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 management: combined, by follow-up contact method, behavioural and psychological symptoms of dementia, home visit follow-up (higher values favour no case management)									
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 assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Case management: combined, by follow-up contact method, behavioural and psychological symptoms of dementia, mixed methods follow-up (higher values favour no case management)									
1 (Samas 2014)	RCT	Not serious	Not serious	N/A	Serious ¹⁰	74	114	SMD 0.16 (-0.13, 0.45)	Moderate
Case management: combined, by follow-up contact method, behavioural and psychological symptoms of dementia, telephone follow-up (higher values favour no case management)									
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 management: combined, by follow-up contact method, behavioural and psychological symptoms of dementia, all follow-up methods results combined (higher values favour no case management)									
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 management: combined, by follow-up contact method, caregiver depression, home visit follow-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 management: combined, by follow-up contact method, caregiver depression, mixed follow-up methods (higher values favour no case management)									
1 (Tanner 2015)	RCT	Not serious	Not serious	N/A	Serious ¹⁰	67	104	SMD -0.14 (-0.44, 0.17)	Moderate
Case management: combined, by follow-up contact method, caregiver depression, telephone follow-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 management: combined, by follow-up contact method, caregiver depression, all follow-up methods results combined (higher values favour no case management)									
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 management: combined, by follow-up contact method, caregiver burden, clinic follow-up (higher values favour 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 management: combined, by follow-up contact method, caregiver burden, home visit follow-up (higher values favour no case management)									

Quality 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 management: combined, by follow-up contact method, caregiver burden, mixed follow-up (higher values favour 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 management: combined, by follow-up contact method, caregiver burden, all follow-up methods results combined (higher values favour no case management)									
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 management: combined, by follow-up contact method, QoL of caregiver, home visit follow-up (higher values favour no case management)									
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 management: combined, by follow-up contact method, QoL of caregiver, telephone follow-up (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
Case management: combined, by follow-up contact method, QoL of caregiver, all follow-up methods results combined (higher values favour no case management)									
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 follow-up contact method, rate of institutionalisation (number of people institutionalised over a 6-month period), home visit follow-up (higher values favour no case management)									
2 (Chien 2008, Chien 2011)	RCT	Not serious	Not serious	Not serious	Not serious	88	89	SMD -3.07 (-3.65, -2.49)	High
Case management: combined, by follow-up contact method, rate of institutionalisation (number of people institutionalised – cumulative long-term institutionalisations), mixed follow-up (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 follow-up contact method, rate of institutionalisation (number of people institutionalised, cumulative long-term institutionalisations or number of institutionalisations over a 6-month period), all follow-up methods results combined (higher values favour no case management)									

Quality assessment						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
<ol style="list-style-type: none"> 1. 95% CI crosses two lines of a defined MID interval 2. Method of randomisation is not given 3. No blinding 4. Large rate of participant attrition with no explanation 5. Blinding not mentioned 6. $i^2 > 40\%$ 7. The description of the intervention lacks detail compared to other studies 8. Unclear whether both groups were similar at the start of the trail because baseline data is not provided 9. Attrition rates of participants are not mentioned 10. 95% CI crosses one line of a defined MID interval 									

Case management: combined, by country

Quality assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Case management: combined, by country, cognition, Hong Kong (higher values favour no case management)									
2 (Chien 2008, Chien 2011)	RCT	Not serious	Not serious	Not serious	Very serious ¹	88	89	SMD -0.06 (-0.35, 0.24)	Low
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 management: combined, by country, cognition, all follow-up methods results combined (higher values favour no case management)									
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 management: combined, by country, depression of the person living with dementia, Hong Kong (higher values favour no case management)									

Quality assessment						No of patients		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 management: combined, by country, depression of the person living with dementia, USA (higher values favour no case management)									
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 management: combined, by country, depression of the person living with dementia, all follow-up methods results combined (higher values favour no case management)									
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 management: combined, by country, QoL of the person living with dementia, USA (which is all follow-up methods results combined) (higher values favour no case management)									
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 management: combined, by country, behavioural and psychological symptoms of dementia, Canada (higher values favour 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 management: combined, by country, behavioural and psychological symptoms of dementia, Hong Kong (higher values favour no case management)									
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 management: combined, by country, behavioural and psychological symptoms of dementia, 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 management: combined, by country, behavioural and psychological symptoms of dementia, USA (higher values favour 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 management: combined, by country, behavioural and psychological symptoms of dementia, all countries combined (higher 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 assessment						No of patients		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 management: combined, by country, caregiver depression, USA (which is all countries combined) (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 management: combined, by country, caregiver burden, Canada (higher values favour no case management)									
1 (Chu 2000)	RCT	Serious ^{2,6}	Not serious	N/A	Serious ¹⁰	33	36	SMD -0.48 (-0.96, 0.00)	Low
Case management: combined, by country, caregiver burden, Hong Kong (higher values favour no case management)									
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 management: combined, by country, caregiver burden, India (higher values favour 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 management: combined, by country, caregiver burden, USA (higher values 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 management: combined, by country, caregiver burden, all countries combined (higher values favour no case management)									
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 management: combined, by country, QoL of caregiver, Hong Kong (higher values favour no case management)									
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 management: combined, by country, QoL of caregiver, USA (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 assessment						No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Intervention	Usual care	Summary of results	
Case management: combined, by country, QoL of caregiver, all countries combined (higher values favour no case management)									
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 serious	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
<ol style="list-style-type: none"> 1. 95% CI crosses two lines of a defined MID interval 2. Method of randomisation is not given 3. No blinding 4. Large rate of participant attrition with no explanation 5. $i^2 > 40\%$ 6. Blinding is not mentioned 7. Unclear whether both groups were similar at the start of the trial because baseline data is not provided 8. The description of the intervention lacks detail compared to other studies 9. Attrition rates of participants are not mentioned 10. 95% CI crosses one line of a defined MID interval 									