G.14.1.2 Management of intercurrent illness

Pain Management

Quality as	Quality assessment								Effect estimate			
No of studies	Design	Risk of bias	Indirectnes s	Inconsistenc y	Imprecisio n	Other considerations	Interventio n	Contro I	Summary of results	Quality		
	Change in PRN medication quantification scores per unit of assessment time (PACSLAC vs activity log) – 3 months											

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Quality as	sessment						No of patient	s	Effect estimate			
No of studies	Design	Risk of bias	Indirectnes s	Inconsistenc y	Imprecisio n	Other considerations	Interventio n	Contro I	Summary of results	Quality		
Fuchs- Lacelle (2008)	Cluster RCT	Serious ¹	Not serious	N/A	Not serious	None	89	84	MD 0.005 (p value = 0.00)	Low		
Nursing st	Nursing stress scale: total score (PACSLAC vs activity log) – 3 months											
Fuchs- Lacelle (2008)	Cluster RCT	Serious ¹	Not serious	N/A	Not serious	None	89	84	MD -6.10 (p value = 0.04)	Low		
Overall pa	in intensity	v: MOBID-2 (stepwise-treatı	ment vs usual ca	re) – 8 weeks							
Sandvik (2014)	Cluster RCT	Serious ²	Not serious	N/A	Not serious	None	164	163	-1.393 (p value < 0.001)	Moderate		
NPI-NH tot	tal score (s	tepwise-trea	ntment vs usua	l care) – 8 weeks	3							
Husebo (2014)	Cluster RCT	Serious ²	Not serious	N/A	Not serious	None	142	156	-9.6 (p value < 0.001)	Moderate		

¹No blinding of intervention or assessment, high dropout rate ²No adequate description of usual care

Delirium

Quality asses	Quality assessment								Effect estimate	
No of studies	Design	Risk of bias	Indirectnes s	Inconsistenc y	Imprecisio n	Other considerations	Interventio n	Contro I	Summary of results	Quality
Barthel Index	(Interver	ntion versus	control) – 30 d	lays						
Kolanowski (2011)	RCT	Serious ¹	Not serious	N/A	Serious ²	None	11	5	MD 4.33 (p value (group/time	Very low

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Quality asses	ssment						No of patients		Effect estimate	
No of studies	Design	Risk of bias	Indirectnes s	Inconsistenc y	Imprecisio n	Other considerations	Interventio n	Contro I	Summary of results	Quality
									interaction) = 0.001)	
Confusion A	ssessmen	it Method (li	ntervention ver	sus control) – 30	0 days					
Kolanowski (2011)	RCT	Serious ¹	Not serious	N/A	Serious ²	None	11	5	MD -0.17 (p value (group/time interaction) = 0.1128)	Very low
Delirium Rati	ing Scale	(Interventio	n versus contr	ol) – 30 days						
Kolanowski (2011)	RCT	Serious ¹	Not serious	N/A	Serious ²	None	11	5	MD -1.80 (p value (group/time interaction) = 0.0842)	Very low
MMSE (Interv	ention ve	rsus contro	ol) – 30 days							
Kolanowski (2011)	RCT	Serious ¹	Not serious	N/A	Serious ²	None	11	5	MD 0.59 (p value (group/time interaction) = 0.0298)	Very low

¹No blinding of intervention or assessment, lack of clarity in methods ²Sample size of only 16 people

Hip fracture

Quality ass	essment							Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectnes s	Inconsistenc y	Imprecisio n	Other considerations	No of patients	Summary of results	
Barthel Ind	ex (Intervention v	ersus contr	ol) – 30 days						
Stenvall (2007)	Cluster RCT	Not serious	Not serious	N/A	Serious ²	None	199	Full population: IRR 0.38 (0.20, 0.76) Dementia sub- population: IRR 0.07 (0.01, 0.57)	Moderate
Mortality (E	nhanced inpatien	it care vs co	onventional ca	re) - 12 months					
1: Smith (2015)	SR of RCTs	Serious ¹	Not serious	N/A	Serious ²	None	47	OR 2.25 (0.67, 7.61)	Low
Personal ad	ctivities of daily liv	ving indepe	ndence (Enhai	nced inpatient c	are vs conven	tional care) – 12 m	onths		
1: Smith (2015)	SR of RCTs	Serious ¹	Not serious	N/A	Very serious ³	None	47	OR 4.62 (0.18, 119.63)	Very low
Mortality (E	nhanced inpatien	it and home	care vs conve	entional care) – 1	12 months				
2: Smith (2015)	SR of RCTs	Serious ¹	Not serious	N/A	Very serious ³	None	177	OR 1.07 (0.47, 2.45)	Very low
Activities o	f daily living (Enh	anced inpa	tient and home	care vs conver	itional care) –	12 months			
1: Smith (2015)	SR of RCTs	Serious ¹	Not serious	N/A	Not serious	None	36	MD 25.40 (10.89, 39.91)	Moderate
Incidence of	of falls (Enhanced	inpatient a	nd home care	vs conventional	care) - 12 mo	nths			
1: Smith (2015)	SR of RCTs	Serious ¹	Not serious	N/A	Very serious ³	None	36	OR 0.20 (0.01, 4.47)	Very low
Cumulative	incidence of deli	rium (Geria	trician-led inpa	atient manageme	ent vs orthopa	edic-led inpatient	managemen	t) – acute hospitalis	ation
1: Smith (2015)	SR of RCTs	Serious ¹	Not serious	N/A	Very serious ³	None	126	OR 0.73 (0.22, 2.38)	Very low

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Falls

Quality asse	ssment						No of patients		Effect estimate	
No of studies	Desig n	Risk of bias	Indirectne ss	Inconsisten cy	Imprecisi on	Other considerations	Interventi on	Contr	Summary of results	Quality
Community:	Home-b	ased exercis	se versus usu	ial care – mear	number of	falls				
2 (Pitkälä, Wesson)	RCT	Serious	Not serious	Not serious	Not serious	None	74	74	MD -1.07 (-1.78, -0.36)	Moderate
Community:	Home-b	ased exercis	se versus usu	al care – prop	ortion of pec	ple falling				
2 (Pitkälä, Wesson)	RCT	Serious	Not serious	Not serious	Serious ²	None	74	74	RR 0.69 (0.51, 0.93)	Low
Community:	Home-b	ased exercis	se versus usu	ıal care – Zarit	Burden Sco	re				
2 (Suttanon, Wesson)	RCT	Serious	Not serious	Not serious	Serious ³	None	26	32	MD 4.02 (-3.16, 11.19)	Low
Community:	Group-b	ased exerci	se versus usi	ual care – mea	n number of	falls				
Pitkälä (2013)	RCT	Not serious	Not serious	N/A	Serious ³	None	60	63	MD -1.03 (-2.19, 0.13)	Moderate
Community:	Group-b	ased exerci	se versus usi	ual care – prop	ortion of peo	ople falling				
Pitkälä (2013)	RCT	Not serious	Not serious	N/A	Serious ²	None	60	63	RR 0.68 (0.50, 0.94)	Moderate
Exercise ver	sus usua	al care – pro	portion of pe	ople falling						
7: Chan (2015)	SR of RCTs	Not serious	Not serious	Serious	Serious ²	Some contacted authors did not return study data	372	316	RR 0.68 (0.51, 0.91)	Moderate
Exercise ver	sus usua	al care - pro	portion of pe	ople with fract	ures					

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¹Lack of reporting of trial methods ²Non-significant result ³95% CI crosses two lines of a defined MID interval

Quality ass	essment						No of patie	nts	Effect estimate	
No of studies	Desig n	Risk of bias	Indirectne ss	Inconsisten cy	Imprecisi on	Other considerations	Interventi on	Contr	Summary of results	Quality
2: Chan (2015)	SR of RCTs	Serious	Not serious	Not serious	Very serious ⁴	Some contacted authors did not return study data	185	119	RR 1.47 (0.56, 3.81)	Very low
Meta-regre	ssion for	effect of pre	valence of de	mentia on effe	ct size of int	erventions				
43: Oliver (2006)	SR	Serious	Not serious	Serious	Serious ³	None	Not reported		p value - rate ratio for falls: 0.72 p value – relative risk for fallers: 0.87 p value - rate ratio for fractures: 0.18	Very low
Multifactor	ial interve	ntion versu	s usual care –	proportion of	people fallin	g				
Shaw (2003)	RCT	Not serious	Serious ¹	N/A	Not serious	None	130	144	RR 0.92 (0.81, 1.05)	Moderat
Multifactor	ial interve	ntion versu	s usual care –	fractured nec	k of femur					
Shaw (2003)	RCT	Not serious	Serious ¹	N/A	Very serious ⁴	None	130	144	RR 0.55 (0.21, 1.43)	Very low
Multifactor	ial interve	ntion versu	s usual care -	fall-related A	&E attendand	e				
Shaw (2003)	RCT	Not serious	Serious ¹	N/A	Serious ²	None	130	144	RR 1.25 (0.91, 1.72)	Low
Multifactor	ial interve	ntion versu	s usual care -	fall-related ho	spital admis	sion				
Shaw (2003)	RCT	Not serious	Serious ¹	N/A	Very serious ⁴	None	130	144	RR 1.11 (0.61, 2.00)	Very low
Multifactor	ial interve	ntion versu	s usual care -	- mortality						
Maithactor	RCT	Not	Serious ¹	N/A	Very	None	130	144	RR 1.03 (0.65,	Very low

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Quality asse	Quality assessment								Effect estimate	
No of studies	Desig n	Risk of bias	Indirectne ss	Inconsisten cy	Imprecisi on	Other considerations	Interventi on	Contr	Summary of results	Quality
Tchalla (2013)	RCT	Not serious	Not serious	N/A	Serious ²	None	49	47	OR 0.37 (0.15, 0.88)	Moderate

¹Contains patients with cognitive impairment but no diagnosis of dementia ²95% CI crosses one line of a defined MID interval

³Non-significant result ⁴95% CI crosses one line of a defined MID interval