

## G.14.2 Management strategies for people living with dementia and co-existing physical long term conditions

- What are the optimal management strategies (including treatments) for people living with dementia with co-existing physical long term conditions?

### G.14.2.1 Hypertension

Quality assessment							No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Other considerations	Telmisartan (n=10)	Amlodipine (n=10)	Summary of results	
<b>Clinical progression of comorbidity &amp; associated symptoms</b>										
<b>Mean difference in systolic BP at 6 months (PPAR versus CCB)</b>										
Kume (2012)	Randomised open label trial	Serious <sup>1</sup>	Not serious	N/A	Very serious <sup>2</sup>	None	10	10	MD 2.00 (-7.64, 11.64)	Very low
<b>Mean difference in diastolic BP at 6 months (PPAR versus CCB)</b>										
Kume (2012)	Randomised open label trial	Serious <sup>1</sup>	Not serious	N/A	Very serious <sup>2</sup>	None	10	10	MD -2.00 (-8.20, 4.20)	Very low
<b>Mean difference in pulse rate at 6 months (PPAR versus CCB)</b>										
Kume (2012)	Randomised open label trial	Serious <sup>1</sup>	Not serious	N/A	Very serious <sup>2</sup>	None	10	10	MD 2.00 (-1.61, 5.61)	Very low
<b>Clinical outcomes, including cognitive, functional, behavioural ability</b>										
<b>Mean difference in MMSE at 6 months (PPAR versus CCB)</b>										
Kume (2012)	Randomised open label trial	Serious <sup>1</sup>	Not serious	N/A	Very serious <sup>2</sup>	None	10	10	MD 0.00 (-3.10, 3.10)	Very low
<b>Mean difference in ADAS-Cog at 6 months (PPAR versus CCB)</b>										
Kume (2012)	Randomised open label trial	Serious <sup>1</sup>	Not serious	N/A	Very serious <sup>2</sup>	None	10	10	MD -1.10 (-6.32, 4.12)	Very low
<b>Mean difference in WMS-R (logical- memory) at 6 months (PPAR versus CCB)</b>										
Kume (2012)	Randomised open label trial	Serious <sup>1</sup>	Not serious	N/A	Very serious <sup>2</sup>	None	10	10	MD 3.00 (-0.18, 6.18)	Very low
1. Downgrade 1 level selective reporting of methods										

Quality assessment							No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Other considerations	Telmisartan (n=10)	Amlodipine (n=10)	Summary of results	

2. Downgrade 2 levels; small sample size and wide confidence intervals

Quality assessment							No of patients		Effect estimate	Quality
No of studies	Design	Risk of bias	Indirectness	Inconsistency	Imprecision	Other considerations	Relative-HBPM (n=60)	ABPM (n=60)	Summary of results	

#### Clinical progression of comorbidity & associated symptoms

##### Mean difference in systolic BP after 3 days (R-HBPM versus 24-h ABPM)

Plichart (2013)	Randomised open comparative cross over study	Serious <sup>1</sup>	Not serious	N/A	Serious <sup>2</sup>	None	60	60	MD 11.30 (4.61, 17.99)	Low
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##### Mean difference in diastolic BP after 3 days (R-HBPM versus 24-h ABPM)

Plichart (2013)	Randomised open comparative cross over study	Serious <sup>1</sup>	Not serious	N/A	Serious <sup>2</sup>	None	60	60	MD 1.00 (-2.76, 4.76)	Low
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##### Mean difference in systolic BP after 3 days (R-HBPM versus day ABPM)

Plichart (2013)	Randomised open comparative cross over study	Serious <sup>1</sup>	Not serious	N/A	Serious <sup>2</sup>	None	60	60	MD 9.70 (3.08, 16.32)	Low
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##### Mean difference in diastolic BP after 3 days (R-HBPM versus day ABPM)

Plichart (2013)	Randomised open comparative cross over study	Serious <sup>1</sup>	Not serious	N/A	Serious <sup>2</sup>	None	60	60	MD 0.00 (-3.76, 3.76)	Low
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1. Downgrade 1 level, crossover comparative design
2. Short follow up period, 3 days