G.10 Managing non-cognitive symptoms

G.10.1 Interventions for treating illness emergent non-cognitive symptoms in people living with dementia

- What are the most effective pharmacological interventions for managing illness emergent non-cognitive symptoms, such as psychosis, depression, behavioural changes in people living with dementia?
- What are the most effective non-pharmacological interventions for managing illness emergent non-cognitive symptoms, such as psychosis, depression, behavioural changes in people living with dementia?

G.10.1.1 Anxiety and depression

Sertraline vs placebo (12-13 weeks)

ertrainie vs placebo	(12 10 Wooks)						
Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality
Depression (Cornell S	cale) – lower num	bers favour sertralir	ne				
3 (Banerjee, Lyketos, Weintraub)	Not serious	Serious ²	Not serious	Serious ³	348	MD -1.12 (-4.26, 2.01)	Low
Hamilton Depression I	Rating Scale – low	er numbers favour	sertraline				
1 (Lyketos)	Not serious	N/A	Not serious	Serious ³	44	MD -4.10 (-8.77, 0.57)	Low
Improvement in mADO	CS-CGIC - higher	numbers favour se	rtraline				
1 (Weintraub)	Not serious	N/A	Not serious	Serious ³	131	OR 1.01 (0.52, 1.97)	Moderate
Mini Mental State Exa	mination – higher	numbers favour ser	traline				
2 (Banerjee, Lyketos)	Not serious	Not serious	Not serious	Serious ³	217	MD -0.25 (-1.48, 0.97)	Moderate
Activities of daily living	g – lower numbers	favour sertraline					
2 (Banerjee, Lyketos)	Not serious	Serious ²	Not serious	Serious ³	217	SMD 0.10 (-0.46, 0.65)	Low
NPI – lower numbers	favour sertraline						
2 (Banerjee, Lyketos)	Not serious	Not serious	Not serious	Serious ³	217	MD 1.35 (-2.88, 5.58)	Moderate

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Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality
Quality of life (patien	t-reported DEMQo	L) – higher numbers	s favour sertraline				
1 (Banerjee)	Not serious	N/A	Not serious	Serious ³	173	MD 0.30 (-3.40, 4.01)	Moderate
Quality of life (carer-	reported DEMQoL) – higher numbers t	favour sertraline				
1 (Banerjee)	Serious ¹	N/A	Not serious	Serious ³	173	MD -1.98 (-6.16, 2.21)	Low
Quality of life (patien	t-reported EQ-5D)	– higher numbers fa	avour sertraline				
1 (Banerjee)	Not serious	N/A	Not serious	Serious ³	173	MD -3.44 (-10.86, 3.98)	Moderate
Quality of life (carer-	reported EQ-5D) –	higher numbers fav	our sertraline				
1 (Banerjee)	Serious ¹	N/A	Not serious	Serious ³	173	MD 0.61 (-5.8, 6.59)	Low
Carer burden (Zarit)	– lower numbers fa	avour sertraline					
1 (Banerjee)	Not serious	N/A	Not serious	Serious ³	173	MD -0.50 (-4.28, 3.27)	Moderate
Carer mental health	(GHQ) – lower nur	nbers favour sertrali	ne				
1 (Banerjee)	Not serious	Not serious	Not serious	Not serious	173	MD 1.47 (0.06, 2.89)	High
SF-12 (physical) - h	igher numbers favo	our sertraline					
1 (Banerjee)	Not serious	Not serious	Not serious	Serious ³	173	MD 1.28 (-1.48, 4.03)	Moderate
SF-12 (mental) - hig	her numbers favou	ır sertraline					
1 (Banerjee)	Not serious	Not serious	Not serious	Not serious	173	MD -2.99 (-5.87, -0.11)	High
	ed outcomes.						
2. i² value > 40							
Non-signification	ant result.						

Sertraline vs placebo (24-39 weeks)

Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality			
Depression (Cornell S	Depression (Cornell Scale) – lower numbers favour sertraline									
2 (Banerjee, Weintraub)	Not serious	Not serious	Not serious	Serious ³	281	MD 0.16 (-1.16, 1.49)	Low			
Improvement in mADC	S-CGIC – higher	numbers favour ser	traline							
1 (Weintraub)	Not serious	N/A	Not serious	Serious ³	131	OR 1.23 (0.64, 2.35)	Moderate			
Mini Mental State Exa	mination – higher r	numbers favour sert	raline							

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Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality
1 (Banerjee)	Not serious	N/A	Not serious	Serious ³	150	MD -0.55 (-1.89, 0.79)	Moderate
Bristol Activities of Da	nily Living – lower r	numbers favour serf	raline				
1 (Banerjee)	Not serious	N/A	Not serious	Serious ³	150	MD 1.63 (-1.01, 4.27)	Moderate
NPI – lower numbers	favour sertraline						
1 (Banerjee)	Not serious	N/A	Not serious	Serious ³	150	MD 2.02 (-294, 6.97)	Moderate
Quality of life (patient-	reported DEMQol	_) – higher numbers	favour sertraline				
1 (Banerjee)	Not serious	N/A	Not serious	Serious ³	150	MD -1.76 (-5.75, 2.23)	Moderate
Quality of life (carer-re	eported DEMQoL)	 higher numbers f 	avour sertraline				
1 (Banerjee)	Serious ¹	N/A	Not serious	Serious ³	150	MD 2.69 (-1.77, 7.15)	Low
Quality of life (patient-	-reported EQ-5D)	– higher numbers fa	avour sertraline				
1 (Banerjee)	Not serious	N/A	Not serious	Serious ³	150	MD -4.34 (-12.56, 3.88)	Moderate
Quality of life (carer-re	eported EQ-5D) –	higher numbers fav	our sertraline				
1 (Banerjee)	Serious ¹	N/A	Not serious	Serious ³	150	MD -0.27 (-6.77, 6.24)	Low
Carer burden (Zarit) -	- lower numbers fa	vour sertraline					
1 (Banerjee)	Not serious	N/A	Not serious	Serious ³	150	MD -0.09 (-4.15, 3.98)	Moderate
Carer mental health (GHQ) – lower num	bers favour sertrali	ne				
1 (Banerjee)	Not serious	N/A	Not serious	Serious ³	150	MD 0.43 (-1.09, 1.95)	Moderate
SF-12 (physical) - hig	her numbers favo	ur sertraline					
1 (Banerjee)	Not serious	N/A	Not serious	Serious ³	150	MD -1.68 (-4.58, 1.22)	Moderate
SF-12 (mental) - high	er numbers favou	r sertraline					
1 (Banerjee)	Not serious	N/A	Not serious	Serious ³	150	MD 0.09 (-2.94, 3.11)	Moderate
Any adverse events –	lower numbers fa	vour sertraline					
3 (Banerjee, Lyketos, Weintraub)	Not serious	Not serious	Not serious	Serious ⁴	385	RR 1.59 (1.24, 2.05)	Moderate
Serious adverse even	its – lower number	s favour sertraline					
2 (Banerjee, Weintraub)	Not serious	Serious ²	Not serious	Very serious ⁵	347	RR 1.34 (0.51, 3.54)	Very low

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Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality
 Proxy-reporte 	ed outcomes.						
2. i ² value > 40%	% .						
Non-significal	nt result.						
4. 95% CI cross	es one line of a de	efined MID interval.					
5 95% Cl cross	es two line of a de	efined MID interval					

Mirtazapine vs placebo (13 weeks)

Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality				
Depression (Cornell S	cale) – lower numb	oers favour sertralin	е								
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	180	MD 0.01 (-1.37, 1.38)	Moderate				
Mini Mental State Exa	Mini Mental State Examination – higher numbers favour sertraline										
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	180	MD -0.27 (-1.48, 0.94)	Moderate				
Bristol Activities of Da	ly Living – lower n	umbers favour sertr	aline								
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	180	MD -0.04 (-2.44, 2.36)	Moderate				
NPI – lower numbers t	avour sertraline										
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	180	MD -3.56 (-8.07, 0.96)	Moderate				
Quality of life (patient-	reported DEMQoL) – higher numbers	favour sertraline								
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	180	MD -0.06 (-3.52, 3.39)	Moderate				
Quality of life (carer-re	ported DEMQoL) -	- higher numbers fa	avour sertraline								
1 (Banerjee)	Serious ¹	N/A	Not serious	Serious ²	180	MD 3.13 (-1.09, 7.35)	Low				
Quality of life (patient-	reported EQ-5D) –	higher numbers fav	vour sertraline								
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	180	MD 2.00 (-5.18, 9.19)	Moderate				
Quality of life (carer-re	ported EQ-5D) - h	igher numbers favo	our sertraline								
1 (Banerjee)	Serious ¹	N/A	Not serious	Serious ²	180	MD 3.62 (-2.31, 9.55)	Low				
Carer burden (Zarit) –	lower numbers fav	our sertraline									
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	180	MD -1.11 (-4.93, 0.65)	Moderate				
Carer mental health (C	Carer mental health (GHQ) – lower numbers favour sertraline										
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	180	MD -0.57 (-0.84, 1.98)	Moderate				

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Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality			
SF-12 (physical) – higher numbers favour sertraline										
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	180	MD -0.53 (-2.20, 3.26)	Moderate			
SF-12 (mental) – highe	er numbers favour	sertraline								
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	180	MD 0.52 (-2.31, 3.36)	Moderate			
Proxy-reported outcomes.										
2. Non-significan	2. Non-significant result.									

Mirtazapine vs placebo (39 weeks)

Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality
Depression (Cornell S	Scale) – lower num	bers favour sertrali	ne				
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	158	MD -0.66 (-2.12, 0.79)	Moderate
Mini Mental State Exa	mination – higher	numbers favour se	rtraline				
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	158	MD -1.71 (-2.48, 0.14)	Moderate
Bristol Activities of Da	ily Living – lower r	numbers favour sert	raline				
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	158	MD 1.19 (-1.37, 3.75)	Moderate
NPI – lower numbers	favour sertraline						
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	158	MD -1.51 (-6.25, 3.24)	Moderate
Quality of life (patient-	reported DEMQol	_) – higher numbers	favour sertraline				
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	158	MD -0.03 (-3.80, 3.75)	Moderate
Quality of life (carer-re	eported DEMQoL)	 higher numbers f 	avour sertraline				
1 (Banerjee)	Serious ¹	N/A	Not serious	Serious ²	158	MD 3.69 (-0.77, 8.16)	Low
Quality of life (patient-	reported EQ-5D) -	– higher numbers fa	vour sertraline				
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	158	MD -1.18 (-9.25, 6.89)	Moderate
Quality of life (carer-re	eported EQ-5D) –	higher numbers fav	our sertraline				
1 (Banerjee)	Serious ¹	N/A	Not serious	Serious ²	158	MD 1.11 (-7.44, 5.21)	Low
Carer burden (Zarit) -	lower numbers fa	vour sertraline					
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	158	MD -2.80 (-6.99, 1.38)	Moderate

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Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality			
Carer mental health (GHQ) – lower numbers favour sertraline										
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	158	MD -0.61 (-2.12, 0.90)	Moderate			
SF-12 (physical) – higher numbers favour sertraline										
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	158	MD 0.02 (-2.84, 2.88)	Moderate			
SF-12 (mental) – high	her numbers favour	sertraline								
1 (Banerjee)	Not serious	N/A	Not serious	Serious ²	158	MD -0.31 (-3.28, 2.66)	Moderate			
Any adverse events -	– lower numbers fa	vour sertraline								
1 (Banerjee)	Not serious	N/A	Not serious	Serious ³	215	RR 1.56 (1.06, 2.30)	Moderate			
Serious adverse events – lower numbers favour sertraline										
1 (Banerjee)	Not serious	N/A	Not serious	Very serious ⁴	215	RR 0.92 (0.47, 1.82)	Low			
1. Proxy-reported outcomes.										

- 2. Non-significant result.
- 3. 95% CI crosses one line of a defined MID interval.
- 4. 95% CI crosses two line of a defined MID interval.

Psychological treatment vs usual care

Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality				
Depression – lower nu	Depression – lower numbers favour treatment										
6 (Ortega systematic review)	Serious ¹	Not serious	Not serious	Serious ⁴	439	SMD -0.22 (-0.41, -0.03)	Low				
Anxiety (RAID) – lower	r numbers favour t	reatment									
2 (Ortega systematic review)	Serious ¹	Not serious	Not serious	Not serious	65	MD -4.57 (-7.81, -1.32)	Moderate				
Anxiety (self-rating) – I	lower numbers fav	our treatment									
2 (Ortega systematic review)	Serious ¹	Not serious	Not serious	Very serious ⁵	65	SMD 0.05 (-0.44, 0.54)	Very low				
Anxiety (NPI-A) – lowe	Anxiety (NPI-A) – lower numbers favour treatment										

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Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality
1 (Ortega systematic review)	Serious ¹	N/A	Not serious	Serious ³	26	MD -2.40 (-4.96, 0.16)	Low
Quality of life (self-ration	ng) – higher numb	oers favour treatme	nt				
3 (Ortega systematic review)	Serious ¹	Not serious	Not serious	Serious ³	334	MD 0.37 (-1.01, 1.75)	Low
Quality of life (proxy-ra	ating) – higher nur	mbers favour treatm	ent				
2 (Ortega systematic review)	Serious ¹	Not serious	Not serious	Serious ³	313	MD 0.66 (-0.77, 2.09)	Low
Activities of daily living	– lower numbers	favour treatment					
2 (Ortega systematic review)	Serious ¹	Not serious	Not serious	Serious ⁴	313	SMD -0.13 (-0.35, 0.09)	Low
Neuropsychiatric symp	otoms – lower nur	nbers favour treatm	ent				
2 (Ortega systematic review)	Serious ¹	Serious ²	Not serious	Very serious ⁵	311	SMD -0.10 (-0.68, 0.48)	Very low
Mini Mental State Exa	mination – higher	numbers favour tre	atment				
4 (Ortega systematic review)	Serious ¹	Not serious	Not serious	Serious ³	381	MD -0.97 (-2.01, 0.08)	Low
Caregiver depression	– lower numbers	favour treatment					
3 (Ortega systematic review)	Serious ¹	Serious ²	Not serious	Very serious ⁵	337	SMD -0.07 (-0.55, 0.41)	Very low
4 1 1 6 1 2							

- 1. Lack of clarity about allocation concealment and blinding.
- 2. i^2 value > 40%.
- 3. Non-significant result.
- 4. 95% CI crosses one line of a defined MID interval.
- 5. 95% CI crosses two line of a defined MID interval.

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PATH (Problem Adaptation Therapy) vs ST-Cl (Supportive Therapy for Cognitively Impaired Older Adults)

					•			
Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality	
Depression (MADRS)	- lower numbers f	avour PATH						
1 (Kiosses)	Not serious	N/A	Serious ¹	Not serious	74	MD -0.60 (-1.06, -0.13)	Moderate	
Depression (Rate of fu	ull remission: MAD	RS ≤7) – higher nur	mbers favour PATH					
1 (Kiosses)	Not serious	N/A	Serious ¹	Serious ²	74	HR 3.67 (1.20, 11.26)	Low	
Depression (Rate of p	artial remission: M	ADRS ≤10) – highe	r numbers favour P	ATH				
1 (Kiosses)	Not serious	N/A	Serious ¹	Serious ²	74	HR 2.85 (1.03, 7.91)	Low	
Disability (WHODAS I	l) – lower numbers	favour PATH						
1 (Kiosses)	Not serious	N/A	Serious ¹	Not serious	74	MD -0.67 (-1.14, -0.20)	Moderate	
 Study also contains people with mild cognitive impairment 95% CI crosses one line of a defined MID interval 								

Structured depression management vs usual care (nursing-homes)

Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality			
Depression prevalence (Cornell scale >7) – lower numbers favour intervention										
1 (Leontjevas)	Not serious	N/A	Not serious	Serious ¹	393	MD 0.6% (-5.6, 6.8)	Moderate			
Depression prevalence	e (GDS8 >2) – low	er numbers favour i	ntervention							
1 (Leontjevas)	Not serious	N/A	Not serious	Serious ¹	393	MD -4.5% (-15.0, 6.0)	Moderate			
Severe depression pre	evalence (Cornell s	cale >11) – lower n	umbers favour inter	vention						
1 (Leontjevas)	Not serious	N/A	Not serious	Serious ¹	393	MD 2.4% (-2.4, 7.2)	Moderate			
Severe depression pre	evalence (GDS8 >4	l) – lower numbers	favour intervention							
1 (Leontjevas)	Not serious	N/A	Not serious	Serious ¹	393	MD -0.3% (-0.8, 0.1)	Moderate			
Depression (Cornell Se	cale) – lower numb	oers favour interven	tion							
1 (Leontjevas)	Not serious	N/A	Not serious	Serious ¹	393	MD 0.3 (-0.3, 0.9)	Moderate			
Depression (GDS8) -	Depression (GDS8) – lower numbers favour intervention									
1 (Leontjevas)	Not serious	N/A	Not serious	Serious ¹	393	MD -0.3 (-0.7, 0.1)	Moderate			
EQ-VAS – higher num	bers favour interve	ention								

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Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality
1 (Leontjevas)	Not serious	N/A	Not serious	Not serious	393	MD 3.4 (0.5, 6.3)	High
1. Non-significan	nt result.						

Psychogeriatric management vs usual care

Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality			
Depression z score* – lower numbers favour psychogeriatric case management										
1 (Brodaty)	Not serious	N/A	Not serious	Serious ¹	44	MD 0.03 (-0.65, 0.72)	Moderate			
Depression z score* -	- lower numbers fa	vour psychogeriatric	consultation							
1 (Brodaty)	Not serious	N/A	Not serious	Serious ¹	45	MD -0.11 (-0.95, 0.74)	Moderate			
Psychosis z score* –	lower numbers fav	our psychogeriatric	case management							
1 (Brodaty)	Not serious	N/A	Not serious	Serious ¹	393	MD 0.31 (-0.42, 1.04)	Moderate			
Psychosis z score* –	lower numbers fav	our psychogeriatric	consultation							
1 (Brodaty)	Not serious	N/A	Not serious	Serious ¹	393	MD 0.25 (-0.50, 1.00)	Moderate			
_	*Calculated as the highest standardised score on any of the trial outcome measures for that individual 1. Non-significant result.									

Ambient bright light vs standard lighting

ambient bright 19 standard righting											
Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality				
Depression in men wit	Depression in men with bright morning light (Cornell Scale) – lower numbers favour intervention										
1 (Hickman)	Very serious ¹	N/A	Not serious	Not serious	66	MD 2.62 (0.72, 4.52)	Low				
Depression in men wit	h bright evening lig	ht (Cornell Scale) -	- lower numbers fav	our intervention							
1 (Hickman)	Very serious ¹	N/A	Not serious	Serious ²	66	MD 1.13 (-0.69, 2.95)	Very low				
Depression in men wit	h bright all-day ligh	nt (Cornell Scale) -	lower numbers favo	our intervention							
1 (Hickman)	Very serious ¹	N/A	Not serious	Serious ²	66	MD 1.64 (-0.20, 3.48)	Very low				
Depression in women	with bright morning	g light (Cornell Scale	e) – lower numbers	favour intervention	า						
1 (Hickman)	Very serious ¹	N/A	Not serious	Serious ²	66	MD -1.61 (-3.49, 0.27)	Very low				
Depression in women	with bright evening	light (Cornell Scale	e) – lower numbers	favour intervention	ı						

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Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality			
1 (Hickman)	Very serious ¹	N/A	Not serious	Serious ²	66	MD 0.09 (-2.11, 2.29)	Very low			
Depression in women with bright all-day light (Cornell Scale) – lower numbers favour intervention										
1 (Hickman)	Very serious ¹	N/A	Not serious	Serious ²	66	MD 1.41 (-0.55, 3.37)	Very low			
Crossover design with potentially serious confounding. Outcome assessment not adequately blinded.										
2. Non-significant result.										

Active music therapy vs reading

Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality			
Quality of life (DQOL) – higher numbers favour intervention										
1 (Cooke)	Serious ¹	N/A	Not serious	Serious ²	47	MD 0.03 (-0.51, 0.57)	Low			
Self-esteem (DQOL) -	Self-esteem (DQOL) – higher numbers favour intervention									
1 (Cooke)	Serious ¹	N/A	Not serious	Serious ²	47	MD 0.06 (-0.40, 0.52)	Low			
Positive affect (DQOL	Positive affect (DQOL) – higher numbers favour intervention									
1 (Cooke)	Serious ¹	N/A	Not serious	Serious ²	47	MD 0.12 (-0.33, 0.57)	Low			
Absence of negative a	Absence of negative affect (DQOL) – higher numbers favour intervention									
1 (Cooke)	Serious ¹	N/A	Not serious	Serious ²	47	MD 0.04 (-0.33, 0.41)	Low			
Feelings of belonging	(DQOL) – higher r	numbers favour inter	vention							
1 (Cooke)	Serious ¹	N/A	Not serious	Serious ²	47	MD 0.11 (-0.27, 0.49)	Low			
Sense of aesthetics (D	QOL) – higher nu	mbers favour interv	ention							
1 (Cooke)	Serious ¹	N/A	Not serious	Serious ²	47	MD -0.05 (-0.47, 0.37)	Low			
Depression (Geriatric	Depression Scale)	– lower numbers fa	avour intervention							
1 (Cooke)	Serious ¹	N/A	Not serious	Serious ²	47	MD 0.24 (-1.46, 1.94)	Low			
	Crossover design with potentially serious confounding.									

Preferred music listening vs usual care

Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality
Anxiety (RAID) – lowe	r numbers favour i	ntervention					

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Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality
1 (Sung)	Very serious ¹	N/A	Not serious	Serious ²	52	MD -0.42 (-2.92, 2.08)	Very low
 Lack of appro 	priate blinding. Cl	uster randomised st	udy with only 1 clus	ter.			
Non-significal	nt result.						

High-intensity exercise vs non-exercise activity program

Number of RCTs	Risk of bias	Inconsistency	Indirectness	Imprecision	Sample size	Effect size (95% CI)	Quality			
Geriatric Depression Scale (4 months) – lower numbers favour intervention										
1 (Boström)	Not serious	N/A	Not serious	Serious ¹	183	MD -0.05 (-0.84, 0.75)	Moderate			
Geriatric Depression	Scale (7 months) -	lower numbers fav	our intervention							
1 (Boström)	Not serious	N/A	Not serious	Serious ¹	184	MD -0.06 (-0.89, 0.76)	Moderate			
Montgomery-Asberg	Depression Rating	Scale (4 months) -	lower numbers favo	our intervention						
1 (Boström)	Not serious	N/A	Not serious	Serious ¹	183	MD 0.06 (-1.60, 1.73)	Moderate			
Montgomery-Asberg	Depression Rating	Scale (7 months) -	lower numbers favo	our intervention						
1 (Boström)	Not serious	N/A	Not serious	Serious ¹	184	MD 0.16 (-1.57, 1.89)	Moderate			
1. Non-significa	nt result.									

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