Characteristics of studies

Characteristics of included studies

Almeida 2021

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 82.5 (78.5 -86.21) ● *Females (%)*: 4/6 (66.7) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 3/6 (50) ● *Vascular demnetia, number (%)*: 0% ● *Levy Body dementia, number (%)*: 0% ● *Frontotemporal dementia, number (%)*: 0% ● *Other types of dementia, number (%)*: 3/6 (50) ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: 80 (168.8-87.8) ● *Females (%)*: 4/6 (66.7) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 1/6 (16.7) ● *Vascular demnetia, number (%)*: 0% ● *Levy Body dementia, number (%)*: 1/6 (16.7) ● *Frontotemporal dementia, number (%)*: 0% ● *Other types of dementia, number (%)*: 4/6 (66.7) ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: N **Included criteria:** The inciusion criteria were having been diagnosed with niinor to major neurocognilive impairment (e.g., dementia) according tothe Diagnostic and Statistical Manual of Mental Disorders(American Psychiatric Association, 2013); living in their ownhorne er living with a carer: being sedentary during a regular day(e.g.. spending 4 hr/day lying dowo ur sitting quietly, withoutcounting iiight sleeping hours: Dogra & Stathokostas, 2012; Ekelundet al., 2016); heing able to understand simple instructions (eg., toraise the arm); and being ahie to walk autonomously, with ur withoutan assistive device ur human assistance **Excluded criteria:** The cxclusion eriteria werehaving been hospitaliied in the pnvious month. having a conditionthat precluded their pallicipation in PA (ic.. advised by the medical (luder), and being involved in another PA program. **Group differences pretreatment:** None important
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Kognition, målt med Addenbrooke's cognitive examination III (ACE-III) , meadian final, interquartile range ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:

	● **Range**:(ACE-lll) ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This work was funded by Fundaçio pant a (‘iincia e a Tecnologia(Fer) rcf. SFRH/BD/120695/2016 and parlially funded by l'rograina Opcracioruil de (‘Otnpctiti vidade c intemacionaiiiÂlçLlo—POCI. through FundoEuropeii de l)csenvolvinxmto Regional——-FEDER (POCI Ol Ol 45-FEDER-007628) and by national funds. through RT. under the pro jeet Ult)B/(N501/2020 **Country:** Portugal **Setting:** Day care centers and community centers **Comments:** **Authors name:** Sara Almeida **Institution:** h3R-—Respiratory Research and kehahililation Lahoratory. School of lealth Scicnccs (L.SSUA). tiniversily ol Aveiro. Aveiro. Portugal; and the Institule Ol Biomedicine (1BiMUD), University of Aveiro. Aveiro, l’onugal. **Email:** amarque.s@ua.p **Address:**
Notes	

Risk of bias table

Alvares Pereira 2021

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: Hent data fra artikel ● *Females (%)*: 48/55 (87.3%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 12/55 (21.8%) ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 43/55 (78.2%) ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: Hent data fra artikel ● *Females (%)*: 43/50 (86.0%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 11/50 (22%) ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 39/50 (78%) ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI

	● *Severe dementia, number (%)*: NI **Included criteria:** Met the DSM-5 criteria for neurocognitive disorder(dementia) (American Psychiatric Association, 2013);b. Scored between 10 and 24 on the Mini- Mental StateExamination (MMSE) (Folstein, Folstein, & McHugh, 1975);c. Had some ability to communicate and understandcommunication - a score of 1 or 0 in questions 12 and13 of the Clifton Assessment Procedures for theElderly – Behaviour Rating Scale (CAPE-BRS; Pattie &Gilleard, 1979ere able to see and hear well enough to participatein the group and make use of most of the material inthe program, as determined by the researcher;e. Did not have major physical illness or disability whichcould affect participation;f. Did not have a diagnosis of learning disabilityBecause there is no evidence that people with a certainsubtype of dementia benefit more from CST than other(Aguirre, Hoare, et al., 2013), the dementia subtype wasnot considered **Excluded criteria:** None stated **Group differences pretreatment: :**
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Adfærdsændringer, målt med* Neuropsychiatric Inventory Q (NPI Q) *mean change, sd* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: NPI Q ● **Range**:0-120 ● **Unit of measure**: Points ● **Direction**: lower is better ● **Data value**: Change Depressive symptomer, målt med Cornell Scale for Depression (CSD), mean change, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:CDS ● **Range**:0- 38 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Change Livskvalitet, målt med Quality of life in Alzheimers disease (QOL- AD), mean change, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:QOL- AD ● **Range**: 13-52 ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint Kognition, målt med Alzheimer's disease Assessment Scale cognitive subscale (ADAS Cog), mean change, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: ADAS Cog ● **Range**: 0-75 ● **Unit of measure**: points ● **Direction**: lower s better ● **Data value**: Change
Identification	**Sponsorship source:** None stated **Country:** portugal **Setting:** Sixteen public, private and social organizations (two day centers, two nursing homes, two psychogeriatric centers, one hospital, one rehabilitation center **Comments:** **Authors name:** G. Alvares-Pereiraa **Institution:** Health Sciences Institute, Portuguese Catholic University, Lisboa, Portugal; **Email:** nunes@ics.lisboa.ucp.pt

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Risk of bias table

Bailey 2017

Methods	**Study design:** Cluster randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 84.35 (7.68) ● *Females (%)*: 24 (92%) ● *Numbers (%) with BPSD*: ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: 83.92 (9.18) ● *Females (%)*: 22 (88%) ● *Numbers (%) with BPSD*: ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% **Included criteria:** 60 years of age or older, mild to moderate cognitive impairment (MMSE score 10-24), and symptoms of depression (Geriatric Depression Scale [GDS] score; Yesavage et al., 1983) ≥ 8 **Excluded criteria:** None stated **Pretreatment:** No significant differences between the experimental (n = 26) and control con-ditions (n = 25) on any measures at baseline
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Depressive symptomer, målt med Cornell Scale for Depression (CSD), mean final, SD* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: *Cornell Scale for Depression (CSD)* ● **Range**: 0-38

	● **Unit of measure**: points ● **Direction**: Lower is better ● **Data value**: Endpoint *Livskvalitet, målt med Quality of life, Quality of life in Alzheimers disease (QOL- AD), mean final, SD* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: *Quality of life in Alzheimers disease (QOL- AD)* ● **Range**: 13-52 ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This work was supported by Therapeutic Activities in the Nursing Home, a Mentored Research Scientist Development Award to Alan Stevens from the National Institute on Aging. **Country:** USA **Setting:** Five privately owned, for-profit urban area nursing homes in Alabama **Comments:** **Authors name:** Elaine M. Bailey **Institution:** 1Psychology Associates, Pensacola, FL, USA **Email:** Email: fscogin@ua.edu **Address:** Forrest Scogin, Department of Psychology, The University of Alabama, Tuscaloosa, AL 35487, USA.
Notes	

Risk of bias table

Bielderman 2023

Methods	**Study design:** Cluster randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 63.8±4.6 (53-71 ● *Females (%)*: 12/35 (64.3) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 16 (45.7%) ● *Vascular demnetia, number (%)*: 6 (17.1% ● *Levy Body dementia, number (%)*: 3 (8.6%) ● *Frontotemporal dementia, number (%)*: 6 (17.1%) ● *Other types of dementia, number (%)*: (11.5%) ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: 25/35 (71.5) ● *Moderate dementia, number (%)*: 6/35 (17.2%) ● *Severe dementia, number (%)*: 2/35 (5.7%) Kontrol 1 ● *Age in years, mean (SD)*: 64.4±6.6 (44-79) ● *Females (%)*: 6/26 (23.1) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 8 (30.8%) ● *Vascular demnetia, number (%)*: 5 (19.2%) ● *Levy Body dementia, number (%)*: 1 (3.8%) ● *Frontotemporal dementia, number (%)*: 7 (26.9%)

	● *Other types of dementia, number (%)*: 5 (19.2%) ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: 17/26 (65.4) ● *Moderate dementia, number (%)*: 6/26 (23.1%) ● *Severe dementia, number (%)*: 2/26 (7.7%) **Included criteria:** Persons living with YOD were eligible for participation if dementia symptoms started before the age of 65, they were living at home, they were capable of speaking and understanding the Dutch language, and if a family caregiver gave consent to participate in this study **Excluded criteria:** Exclusion criteria were dementia caused by HIV, traumatic brain injury, Down's syndrome, Huntington's disease or alcohol-related dementia. Family caregivers were eligible if they provided care or support for their loved one multiple times a week. The family caregiver could be a partner, an involved child or another family member **Group differences pretreatment:** There were no differences regarding outcome variables at baseline between participants in the intervention and control groups.
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Adfærdsændringer, målt med* Neuropsychiatric Inventory (NPI), *mean final, sd* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:NPI ● **Range**: 0-144 ● **Unit of measure**: ● **Direction**: Lower is better ● **Data value**: Endpoint Livskvalitet, målt med Quality of life, Quality of life in Alzheimers disease (QOL- AD) , mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:QOL- AD ● **Range**: 13-52 ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint ADL, målt med Performance scale of the interview of deterioation of daily activities (IDDD), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:IDDD ● **Range**:0-44 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint Pårørende/medarbejderbyrde, målt med Care giver burden, VAS scale 0-10, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:VAS scale ● **Range**:0-10 ● **Unit of measure**: points ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This work was supported by the Netherlands Organization for Health Research and Development (ZonMw) under grant number 73305607, and the Dutch Alzheimer Society. **Country:** the Netherlands **Setting:** living in their own homes

	Comments: **Authors name:** Annemiek Bielderman, **Institution:** **Email:** nnemiek.bielderman@radboudumc.nl **Address:**
Notes	

Risk of bias table

Callahan 2017

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 79.6 (8.3) ● *Females (%)*: 66/91 (73%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 100% ● *Vascular demnetia, number (%)*: 0% ● *Levy Body dementia, number (%)*: 0% ● *Frontotemporal dementia, number (%)*: 0% ● *Other types of dementia, number %*: 0% ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: 77.2 (9.4) ● *Females (%)*: 61/89 (69%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 100% ● *Vascular demnetia, number (%)*: 0% ● *Levy Body dementia, number (%)*: 0% ● *Frontotemporal dementia, number (%)*: 0% ● *Other types of dementia, number %*: 0% ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI **Included criteria:** community-dwelling participants with Alzheimerdisease and their informal caregivers eligible for participation if they were aged 45 years or older and had a diagnosis of possible or probable Alzheimer disease, as determined by physicians in a memory carepractice affiliated with Eskenazi Health. Eligible patients also were required to be community dwelling; to speak English; and to have a caregiver who was willing toparticipate in the study, had access to a telephone, andwas willing to receive home visits. **Excluded criteria:** None stated **Pretreatment:** None improtant
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1

Outcomes	*Adfærdsændringer, målt med* Neuropsychiatric Inventory (NPI), mean final, 95% CI ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: Neuropsychiatric Inventory (NPI) ● **Range**: 0-144 ● **Unit of measure**: points ● **Direction**: Lower is better ● **Data value**: Endpoint *Activities of Daily Living (ADK), målt med* Alzheimer's Disease Cooperative Study Group Activities of Daily Living Scale, ADCS ADL, højere bedre, 0-75 ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Alzheimer's Disease Cooperative Study Group Activities of Daily Living Scale, ADCS ADL ● **Range**: 0-75 ● **Unit of measure**: points ● **Direction**: højere is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Primary Funding Source: National Institute on AgingGrant Support: By National Institute on Aging grant R01AG034946 **Country:** Indianapolis, Indiana, USA **Setting:** Urban public health system, community-dwelling **Comments:** **Authors name:** Christopher M. Callahan **Institution:** Indiana University Center for Aging Research **Email:** e-mail, ccallaha@iu.edu **Address:** Christopher M. Callahan, MD,Indiana University Center for Aging Research, 1101 West 10thStreet, Indianapolis, IN 46202;
Notes	

Risk of bias table

Cezar 2021

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 79.7 ± 5.9 ● *Females (%)*: 14 (87.5) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: 79.0 ± 5.4 ● *Females (%)*: 9 (47.4)

	● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% **Included criteria:** The inclusion criteria were community-dwelling older people (≥ 65 years) with a medical diagnosis of AD classified as mild or moderate according to the Clinical Dementia Rating (CDR 1 or 2), capable of walking at least 10 meters without a gait-assistance device, able to participate in the proposed intervention and evaluations and with a medical certificate attesting adequate fitness for the execution of physical exercise **Excluded criteria:** In-dividuals with motor sequelae from a stroke, those with other neuro-logical diseases that affect cognition and/or mobility, those with functional limitation or sensorial impairment that would impede the performance of the proposed tests and those with any cardiovascular or infectious condition on the list of absolute contraindications (British Columbia Ministry Of Health, 2002) were excluded from the study. **Group differences pretreatment:** None important.Sex was the only variable to differ signifi-cantly between groups (p = 0.032), with a larger proportion of women in the IG.
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	ADL, målt med Activities of Daily Liviinv Questionnaire (ADL-Q), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:ADL-Q ● **Range**: ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** We thank the Conselho Nacional de Desenvolvimento Científico e Tec-nol´ ogico and Coordenaç˜ ao de Aperfeiçoamento de Pessoal de Nível Superior for funding and supporting this project. **Country:** Brazil **Setting:** community-dwelling **Comments:** **Authors name:** Natalia Oiring de Castro Cezar **Institution:** Department of Physical Therapy, Federal University of S ˜ ao Carlos **Email:** nataliaoiring@yahoo.com.b **Address:** Nat´ alia Oiring de Castro Cezar. Department of Gerontology, Federal University of S˜ao Carlos (UFSCar), Washington Luis Highway, 235. Zip code: 13566-905, S˜ ao Carlos, SP, Brazil
Notes	

Risk of bias table

Cohen Mansfield 2006

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 87.18 (6.6) ● *Females (%)*: 63.5

	● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: NI ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: NI ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: 87.33 (7.1) ● *Females (%)*: 80.5 ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: NI ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: NI ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI **Included criteria:** participants in the study met the follow-ing criteria: They were older than 65 years of age, they had adiagnosis of dementia, they resided in a nursing home orattended a senior day center for at least 2 months (so that staffmembers had sufficient time to get to know the participants),and they had an informal caregiver in their life who had knownthem in the past **Excluded criteria:** 33 out of 295 were excluded due to recommendation from the famely(sick, infrequent attendance) **Pretreatment:** None importantWe found no sta-tistically significant differences between participants in thecontrol group and those in the treatment group on demographicand clinical characteristic
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Adfærdsændringer, målt med modofoceret Agitation Behavior Mapping Instrument (AMBI), agitation, mean final, no var* ● **Outcome type**: Continuous Outcome ● **Reporting**: partially reported ● **Scale**:Agitation Behavior Mapping Instrument (AMBI) ● **Range**: ● **Unit of measure**: points ● **Direction**: lavere is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This study was funded by the Alzheimer's Association under GrantIIRG-99-1558. **Country:** USA **Setting:** Six adult day centers, and 52 residents in two nursing homes in the Washington, DC metropolitan are **Comments:** **Authors name:** Jiska Cohen-Mansfield **Institution:** Research Institute on Aging of the Hebrew Home of Greater Washington, Rockville, Maryland. **Email:** -mail: cohen-mansfield@ hebrew-home.org **Address:** Address correspondence to Jiska Cohen-Mansfield, PhD, Director,Research Institute on Aging, Hebrew Home of Greater Washington,6121 Montrose Road, Rockville,

	MD 20852
Notes	

Risk of bias table

Cohen Mansfield 2007

Methods	**Study design:** Cluster randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 88 (6.4) ● *Females (%)*: 84.3 ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: 38.2 ● *Vascular demnetia, number (%)*: 12.8 ● *Levy Body dementia, number (%)*: ● *Frontotemporal dementia, number (%)*: ● *Other types of dementia, number %*: 49% ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: 85 (8.6) ● *Females (%)*: 75.6 ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: 41 ● *Vascular demnetia, number (%)*: 14.6 ● *Levy Body dementia, number (%)*: ● *Frontotemporal dementia, number (%)*: ● *Other types of dementia, number %*: 54.4% ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Overall ● *Age in years, mean (SD)*: 86 (7.6) ● *Females (%)*: 80,2 % **Included criteria:** Elderly nursing home residents with dementia.Inclusion criteria: all residents of the participating clusters with a diagnosis of dementia, who lived in the facility for more than 3 weeks and exhibited agitation several times per day **Excluded criteria:** The criteria for exclusion of participants were: The resident had been at the facility for under 3 weeks, sonursing staff members would not know the resident wellenough to accurately assess him or her. The resident exhibited agitation fewer than several timesa day. There was no dementia diagnosis. Nursing staff judged this resident to have a lifeexpectancy of under 3 months due to obvious causes. The resident had an accompanying diagnosis of bipolardisorder or schizophrenia **Pretreatment:** Statistically significant differences were not foundbetween the intervention and control groups with regard todemographic variables, diagnoses, and current medication,with the exception that participants in the control groupwere significantly younger than those in the interventiongroup

Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Agitation/out-reaching behaviour, målt med Agitation Behavior Mapping Instrument (AMBI), mean final, sd* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Agitation Behavior Mapping Instrument (AMBI) ● **Range**: 14-56 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint Depressive symptomer, målt med Affective rating scale, Negative affect (anger, anxiety and sadness), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: Affective rating scale, Negative affect (anger, anxiety and sadness) ● **Range**: ● **Unit of measure**: points ● **Direction**: lavere is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This study was supported by National Institutes of Health grant AG10172. **Country:** Maryland, USA **Setting:** 11 suburban nursing home facilities, totaling 12 buildings, **Comments:** **Authors name:** Jiska Cohen-Mansfield **Institution:** Research Institute on Aging, Charles E. Smith Life Communities, Rockville, Maryland. **Email:** hen-mansfield@ hebrew-home.org **Address:** iska Cohen-Mansfield, PhD, ResearchInstitute on Aging of the Charles E. Smith Life Communities, 6121Montrose Road, Rockville, MD 20852.
Notes	

Risk of bias table

Cohen Mansfield 2012

Methods	**Study design:** Cluster randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 85.9 (8.62) ● *Females (%)*: 73.0 ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI

	Kontrol 1 ● *Age in years, mean (SD)*: 85.3 (9.62) ● *Females (%)*: 77.8 ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI **Included criteria:** (1) had been at the nursing home ≥3 weeks, (2) had been identified by nursing staff as agitated at least several times a day, (3) was aged ≥60 years, and (4) had a diagnosis of dementia. **Excluded criteria:** Exclusion criteria were that the resident (1) had a life expectancy <3 months; (2) had a diagnosis of bipo-lar disorder, schizophrenia, or mental retardation; (3) was expected to leave the nursing home within 4 months; (4) had an MMSE score ≥25, or (5) had participated in a previous TREA trial. **Pretreatment:** Statistically significant differences were not found between treatment and control groups with regard to demographics, diagnoses, and levels of agitation and affect at baseline; however, par-ticipants in the treatment group received significantly more antidepressant (P<.01) and antianxiety (P<.05) medications than the control group. Treatment and control groups were also comparable with regard to nursing home characteristics.
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Agitation/out-reaching behaviour, målt med Agitation Behavior Mapping Instrument (AMBI), mean final, sd* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Agitation Behavior Mapping Instrument (AMBI) ● **Range**: 14-56 ● **Unit of measure**: points ● **Direction**: lavere is better ● **Data value**: Endpoint Depressive symptomer, målt med Affective rating scale, Negative affect (anger, anxiety and sadness), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: Affective rating scale, Negative affect (anger, anxiety and sadness) ● **Range**: ● **Unit of measure**: points ● **Direction**: lavere is better ● **Data value**: Endpoint Uønskede hændelser (adverse events) ● **Outcome type**: Dichotomous Outcome ● **Reporting**: Fully reported ● **Scale**: antal personer med ● **Range**: ● **Unit of measure**: antal personer med ● **Direction**: lavere is better ● **Data value**: Endpoint

Identification	**Sponsorship source:** This study was supported by the National Institutes of Health grant 2 R01 AG010172-10A2 **Country:** Maryland, USA **Setting:** 11 nursing homes in Rockville, Silver Spring, Takoma Park, Chevy Chase, and Gaithersburg, Maryland, USA **Comments:** **Authors name:** Jiska Cohen-Mansfield **Institution:** Department of Health Promotion, School of Public Health, Sackler Faculty of Medicine, and Herczeg Institute on Aging, Tel Aviv University, **Email:** Jiska@post.tau.ac.il **Address:** ska Cohen-Mansfield, PhD, Department of Health Promotion, School of Public Health, Sackler Faculty of Medicine, and Herczeg Institute on Aging, Tel Aviv University, POB 39040, Ramat Aviv, Tel-Aviv, 69978, Israel
Notes	

Risk of bias table

Dechamps 2010

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: ● *Females (%)*: ● *Numbers (%) with BPSD*: ● *Alzheimer´s disease, number (%)*: 13/24 ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: 3 ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: ● *Females (%)*: ● *Numbers (%) with BPSD*: ● *Alzheimer´s disease, number (%)*: 13/25 ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: 4 ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Overall ● *Age in years, mean (SD)*: 3.2 8.3 years (range 81.8–85.6) ● *Females (%)*: 61.25 **Included criteria:** Inclusioncriteria were being aged greater than 65 years old, livingin LTC for more than 1 year, having a Mini MentalState Examination (MMSE) score of 0–20, being diagnosed as having Probable or possible Alzheimer Dementia, having dementia or known psychotictroubles, having at least one Neuropsychiatric Inven-tory (NPI) symptom

	equal or superior to four(Dechamps et al., 2008/11), ability to get up aloneor with technical or human help if necessary and ableto carry on one motor command **Excluded criteria:** Terminally ill, bed ridden and severe sensorydeficient patients were excluded **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Adfærdsændringer, målt med* Neuropsychiatric Inventory (NPI), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: Neuropsychiatric Inventory (NPI) ● **Range**: 0-144 ● **Unit of measure**: points ● **Direction**: Lower is better ● **Data value**: Endpoint Depressive symptomer, målt Geatric Depression Scale (GDS), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Geatric Depression Scale ● **Range**:0-15 ● **Unit of measure**: points ● **Direction**:Lowe ris better ● **Data value**: Endpoint Katz index of ADL, 0-12, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Geatric Depression Scale ● **Range**:0-12 ● **Unit of measure**: points ● **Direction**:Lower is better ● **Data value**: Endpoint *Pårørende/medarbedjer byrde, målt med* Neuropsychiatric Inventory (NPI) *Caregiver distress, mean final SD* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:NPI Caregiver distress ● **Range**:0-60 ● **Unit of measure**: points ● **Direction**:Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This work was supported by a grant from the ConseilRe´gional d'Aquitaine (CR T0115 R 034 11108) toLucile Lafont **Country:** France **Setting:** Long-term care (LTC) of the Geriatric Department from the University State Hospital in Bordeaux, France **Comments:** **Authors name:** Arnaud Dechamps **Institution:** LACES 4140, Universite´ Victor Segalen Bordeaux 2, Bordeaux, France and UMC St Radboud, Geriatric Department, Nijmegen, the Netherlands **Email:** Dechamps, E-mail: arnauddechamps@yahoo.co.uk **Address:**
Notes	

Risk of bias table

Fortinsky 2020

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 85.0 (8.4) ● *Females (%)*: 35/145 (24.1) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: 84.9 (7.6) ● *Females (%)*: 31/146 (21.2) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI **Included criteria:** Inclusion criteria for persons living with ADRD: (a) Active CHCPE client; (b) diagnosis of dementia or four or more errors on the Mental Status Questionnaire, considered moderate cognitive impairment (Kahn et al., 1960); and (c) speaks or understands English.Caregiver inclusion criteria: (a) ≥21 years of age; (b) willing and able to participate in all aspects of the study; (c) plans to live in area for 12 months; and (d) speaks English. **Excluded criteria:** Exclusion criteria for persons living with ADRD: (a) Diagnosed schizophrenia or bipolar disorder; (b) bedbound and unresponsive; (c) participation in con-current experimental drug study designed to treat agi-tation; and (d) home environment deemed unsafe and/or unsanitary.Caregiver exclusion criteria: (a) Terminal illness with life expectancy of <12 months; (b) participation in concur-rent nonpharmacologic trial designed to help caregivers of people living with ADRD; and (c) planning to admit person living with ADRD to a nursing home within 6 months. **Group differences pretreatment:** No statistically significant differences in base-line characteristics were found between persons living with ADRD randomized to the COPE group versus those randomized to the usual care group
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Adfærdsændringer, målt med* Neuropsychiatric Inventory (NPI), *mean final, 95% CI* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:NPI ● **Range**: 0-144 ● **Unit of measure**:points

	● **Direction**: lower is better ● **Data value**: Endpoint ADL, målt med Functional independence målt med Caregiver Assessment of function and upset, mean final, 95% CI ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Functional independence målt med Caregiver Assessment of function and upset ● **Range**: ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint Pårørende/medarbejderbyrde, målt med Care giver distress NPI C, mean final, 95% CI ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Care giver distress NPI C ● **Range**: ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This research was supported by the National Institute on Aging of the National Institutes of Health under award number R01AG044504 **Country:** USA **Setting:** Community setting, Connecticut Community Care, the largest of the four care management organizations in Connecticut. **Comments:** **Authors name:** Richard H. Fortinsky, **Institution:** Center on Aging, School of Medicine, University of Connecticut, Farmington, USA **Email:** Fortinsky@uchc.edu **Address:** Richard H. Fortinsky, PhD, UConn Center on Aging, UConn Health, 263 Farmington Avenue, Farmington, CT 06030-5215, USA
Notes	

Risk of bias table

Froggatt 2020

Methods	**Study design:** Cluster randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 79.0 (10.5) ● *Females (%)*: 10 (55.6) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 7 (38.9) ● *Vascular demnetia, number (%)*: 5 (27.8) ● *Levy Body dementia, number (%)*: 0 (0%) ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: 6 (33.3) ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 0% ● *Mild dementia, number (%)*: 0% ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: 84.7 (6.43)

	● *Females (%)*: 5 (35.7) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 7 (50) ● *Vascular demnetia, number (%)*: 1 (7.14) ● *Levy Body dementia, number (%)*: 2 (14.3) ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: 4 (28.6) ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 0% ● *Mild dementia, number (%)*: 0% ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI **Included criteria:** To meet the eligibility criteria, the nursing care home needs to have1. At least 30 beds.2. Six residents who meet the resident eligibility criteria.3. The space to run the Namaste Care programme.4. A manager or a nominated person to act as the principal investigator.A nursing care home will not be eligible to join thestudy if they1. Are rated as needs improvement or inadequate in thelatest Care Quality Commission (CQC) inspection.2. Are subject to (CQC)enforcement notices.3. Have already introduced Namaste Care in their nursing care home.4. Are currently involved in another research study thatconflicts with this study.Individual participantsResidents: To meet the resident eligibility criteria, a resident has to1. Be a permanent resident living in the participatingnursing care home.2. Lack mental capacity.3. Have a formal assessment of advanced dementia basedon the FAST score of 6–7 made by the nursing carehome manager or another experienced member ofstaff.4. Have a key worker member of staff willing to completeoutcome tools.A resident will be ineligible to participate in the studyif the resident1. Is permanently bedbound.2. Is currently or has recently been involved in anotherresearch study that conflicts with Namaste Care or withdata collection during the course of the Namaste Carestudy.Informal carer: To meet the informal carer eligibilitycriteria, a person who1. Is 18years and over.2. Can communicate in English.3. Self-defines as a relative or a friend and acts a carer fora resident enrolled to take part in the study.A person will not be eligible to participate in the study if1. Their relative or friend is a resident and has not beenenrolled in to the studyNursing care home staff: To meet the nursing carehome eligibility criteria, a person has to be 1. A member of health and social care staff paid to provide care to residents with advanced dementia withinparticipating nursing care homes.Nursing care home staff will not be eligible to participate in the study if1. They are in the intervention arm and they have delivered the Namaste Care programme or cared for residents receiving Namaste Care in a nursing care homenot involved in this study. **Excluded criteria:** Facilities were not recruited if they had a Care QualityCommission (CQC) rating of 'needs improvement' or 'inadequate'. They were excluded on these groundsbecause sites addressing quality issues would not necessarily be in a position to engage in research andthe change that this requires **Group differences pretreatment:**
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Agitation/out -reacting behaviour* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: ● **Range**: ● **Unit of measure**: ● **Direction**: is better ● **Data value**: Endpoint *Adfærdsændringer, målt med mean final, sd* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: ● **Range**: ● **Unit of measure**: ● **Direction**: is better ● **Data value**: Endpoint Depressive symptomer, målt med , mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:

	● **Range**: ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint Livskvalitet, målt med , mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: ● **Range**: ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint ADL, målt med , mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: ● **Range**: ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint Kognition, målt med , mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: ● **Range**: ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint Pårørende/medarbejderbyrde, målt med , mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: ● **Range**: ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint Uønskede hændelser (adverse events) ● **Outcome type**: Dichotomous Outcome ● **Reporting**: Fully reported ● **Scale**: antal personer med ● **Range**: ● **Unit of measure**: antal personer med ● **Direction**: lavere is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This project was funded by the National Institute for Health Research (NIHR) HealthTechnology Assessment programme and will be published in full in Health Technology Assessment;Vol. 24, No. 6. See the NIHR Journals Library website for further project information. **Country:** UK **Setting:** Nursing home, cluster randomised trial **Comments:** **Authors name:** Katherine Froggatt **Institution:** International Observatory on End of Life Care, Faculty of Health and Medicine, Lancaster University, Lancaster, U **Email:** c.walshe@lancaster.ac.uk

	Address:
Notes	

Risk of bias table

Gebhard 2022

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 86.09 (7.64 ● *Females (%)*: 79.40% ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: 86.34 (7.49) ● *Females (%)*: 75.90% ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% **Included criteria:** (a) dementia diagnosis with a Mini-Mental State Examination(MMSE) score from 10 to 26 points (indicating mild-to-moderate dementia; German Society for Neurology, 2016), (b) aged 60 yearsor over, (c) no participation in structured physical activity programsduring the last 6 months, and (d) wish to participate for 12 weeks in agroup-based physical activity program **Excluded criteria:** Bedridden residents wereexcluded. **Group differences pretreatment:** None important. Most baseline scores onthe outcome measures did not differ significantly between groups,except for the quality of life and activities of daily living.
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1

Outcomes	Livskvalitet, målt med Qualidem, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Qualidem ● **Range**: ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint ADL, målt med Bayers Activities of Daily Living Scale (B-ADL) , mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Bayers Activities of Daily Living Scale (B-ADL) ● **Range**: ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint Uønskede hændelser (adverse events) ● **Outcome type**: Dichotomous Outcome ● **Reporting**: Fully reported ● **Scale**: antal personer med ● **Range**: ● **Unit of measure**: antal personer med ● **Direction**: lavere is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** None stated **Country:** Germany **Setting:** Five nursing homes in Carinthia **Comments:** **Authors name:** Doris Gebhard **Institution:** Department of Sport and Health Sciences, Technical University of Munich, Munich, Germany. **Email:** doris.gebhatd@tum.de **Address:**
Notes	

Risk of bias table

Gibbor 2021

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 86.24 (5.19) ● *Females (%)*: 6 (42.9) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0%

	● *Living in thier own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: 77.19 (12.38) ● *Females (%)*: 10 (66.7) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: =% **Included criteria:** meet criteria for dementia of the Diagnostic and Statistical Manual of Mental Disorders V (DSM-V,American Psychiatric Association, 2013) have the capacity to provide informed consent have mild to moderate dementia evidenced by scoringat least 10/30 on the standardised Mini-Mental StateExamination (SMMSE) (Molloy, Alemayehu, & Roberts, 1991) be able to communicate, understand, see and hear wellenough to participate in activities as part of iCST have no major health issues which might affectparticipation **Excluded criteria:** None stated **Group differences pretreatment:**
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Livskvalitet, målt med Quality of life, Quality of life in Alzheimers disease (QOL- AD), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:QOL- AD ● **Range**: 13-52 ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint Kognition, målt med standardized MMSE (SMMSE), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: SMMSE ● **Range**:0-30 ● **Unit of measure**: points ● **Direction**: Higher is better ● **Data value**: Endpoint Pårørende/medarbejderbyrde, målt med QoL- ADL carer, Quality of life in Alzheimers disease, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:QoL- ADL carer, Quality of life in Alzheimers disease ● **Range**: ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint

	Uønskede hændelser (adverse events) ● **Outcome type**: Dichotomous Outcome ● **Reporting**: Fully reported ● **Scale**: antal personer med ● **Range**: ● **Unit of measure**: antal personer med ● **Direction**: lavere is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This project was supported by University College London as part of aDoctorate in Clinical Psychology thesis **Country:** UK **Setting:** Care homes in London **Comments:** **Authors name:** Luke Gibbor **Institution:** Department of Clinical, Educational and Health Psychology, University College London, London, UK; **Email:** luke.gibbor.11@ucl.ac.uk **Address:**
Notes	

Risk of bias table

Gitlin 2008

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 78.0 (9.2) ● *Females (%)*: 50.0 ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: 80.8 (9.5) ● *Females (%)*: 36.7 ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI

	● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI **Included criteria:** Dementia patients were English-speaking, had a physician diagnosis or Mini-Mental State Examination(MMSE) score <24, and were able to feed seif and participate in at least two seif-care activities (e.g.,bathing, dressing)Caregivers were English-speaking, 21years of age, lived with the patient, provided 4hours of daily care, and reported dementia patient'sboredom, sadness, anxiety, agitation, restlessness, ortrouble focusing on a task **Excluded criteria:** Patients were excluded if theyhad schizophrenia, bipolar disorder, or dernentiasecondary to head trauma, had an MMSE score = 0and were bed-bound (confined to bed or chair) ornonresponsive (unable to understand short commands)Caregivers involved inanother study, seeking nursing horne placernent, terminally ifi, in active cancer treatment, or with threeor more hospitalizations in the past year were excluded. **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Adfærdsændringer, challenging behaviour, number of behaviour, mean final, SD* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: *challenging behaviour* ● **Range**: ● **Unit of measure**: *number of behaviour* ● **Direction**: Lower is better ● **Data value**: Endpoint *Depressive symptomer, målt med Cornell Scale for Depression (CSD), mean final, SD* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: *Cornell Scale for Depression (CSD)* ● **Range**: 0-38 ● **Unit of measure**: points ● **Direction**: Lower is better ● **Data value**: Endpoint *Livskvalitet, målt med Quality of life, Quality of life in Alzheimers disease (QOL- AD), mean final, SD* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: *Quality of life in Alzheimers disease (QOL- AD)* ● **Range**: 13-52 ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint *Pårørende/medarbedjer byrde, målt med Zarit burden scale, mean final, SD* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: *Zarit burden scale* ● **Range**: 0-48 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Research reported in this article was supported in part by funds from the National Institute of Mental Health(grant R21 MH069425) **Country:** USA **Setting:** Patients' homes **Comments:** **Authors name:** Laura N. Gitlin **Institution:** **Email:** E-mail: laura. gitlin@jefferson.edu

	Address: Address correspondence to Laura N. Gitlin, PhD, Jefferson Center for Applied Research on Aging and Health, Thomas Jefferson University, 130 South 9th Street, Suite 513, Philadelphia, PA 19107
Notes	

Risk of bias table

Gitlin 2018

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 81.9 (7.7) ● *Females (%)*: 2/76 (2.6%) ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: 79.1 (9.4) ● *Females (%)*: 3/84 (3.6) ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI **Included criteria:** Eligible veterans were English speaking, had a Mini-Mental State Examination (MMSE) score of 23 or less, ora physician diagnosis of dementia were able to participatein 2 or more self-care activities; and were not involved inanother study. Veterans taking medications from any of 4classes of psychotropic medications (antidepressant, benzo-diazepine, antipsychotic, anticonvulsant) or an antidemen-tia medication (memantine, cholinesterase inhibitor) whowere on a stable dose 60 days before enrollment were eli-gibleEligible caregivers were English-speaking primarycaregivers aged 21 and older and living with the veteran,were accessible by telephone, planned to live in area for8 months, were willing to learn activities, had managed 1or more behavioral symptoms in past month, and werenot participating in another study. Caregivers taking psy-chotropic medications who were on a stable dose 60 daysbefore enrollment were eligible **Excluded criteria:** None stated **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1

Outcomes	*Adfærdsændringer, challenging behaviour, number of behaviour, mean final, SD* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: *challenging behaviour* ● **Range**: ● **Unit of measure**: *number of behaviour* ● **Direction**: Lower is better ● **Data value**: Endpoint *ADL, Caregiver Assessment of Function and Upset Scale (CAFU), mean final, SD* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: *Caregiver Assessment of Function and Upset Scale (CAFU)* ● **Range**: 15-105 ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint *Pårørende/medarbejder byrde, målt med Zarit burden scale, mean final, SD* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: *Zarit burden scale* ● **Range**: 0-48 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Primary funding source was theVeterans Administration Health Services Research andDevelopment Service (VA-IIR 11–119) **Country:** USA **Setting:** Veteran's homes **Comments:** **Authors name:** Laura N. Gitlin, **Institution:** Center for Innovative Care in Aging, School of Nursing, Johns Hopkins University, Baltimore, Maryland **Email:** E-mail: lgitlin1@jhu.edu **Address:** Laura N. Gitlin, Center for Innovative Care inAging, School of Nursing, Johns Hopkins University, 525 Wolfe Street,Suite 316, Baltimore, MD 21205
Notes	

Risk of bias table

Gitlin 2021

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 82.02 (7.55) ● *Females (%)*: 80/124 (64.52) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0%

	● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: 80.81 (8.25) ● *Females (%)*: 78/126 (61.90) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI **Included criteria:** Eligibility criteria extended to both caregivers andPLWD. Dyads were eligible if the PLWD was English-speaking, had a physician's diagnosis of dementia (mild, moderate, severe); was able to participate in at least twoactivities of daily living; and had agitated/aggressive-typebehaviors. For the latter, caregivers had to endorse atleast one behavior listed on the agitation and/or aggres-sion domain of the Neuropsychiatric Inventory (NPI-C)with a frequency or severity score of ≥ 2 (moderate) [26].If only one item on the agitation/aggression subscaleswas endorsed with a frequency < 2, then at least twoother behaviors on the NPI-C had to be endorsed with afrequency or severity score ≥ 2. Add-itionally, as per best practice in clinical trials, if PLWDwere on any of four classes of psychotropic medications(antidepressants, benzodiazepines, antipsychotics, or an-ticonvulsants) or an anti-dementia medication (meman-tine or cholinesterase inhibitor), a stable dose for 60days was required prior to enrollment to minimize con-founding effects of medications on outcomes.Dyads were eligible if the caregiver was English-speaking; a family member (relative, neighbors, fictivekin), ≥ 21 years of age; lived with PLWD, or within 5miles or 15 min driving time; accessible by telephone toschedule interview and intervention sessions; andplanned to live in area for at least 6 months. As per bestpractice in clinical trials, caregivers taking a psychotropicmedication (antidepressants, benzodiazepines, antipsy-chotics, or anticonvulsants), had to have been on a stabledose for 60 days prior to enrollment **Excluded criteria:** Dyads were excluded if PLWD had a previous psychi-atric history (schizophrenia, bipolar disorder), dementiasecondary to head trauma if unresponsive to their envir-onment (e.g., unable to understand short commands orrecognize a person coming in or out of the room) or ifthe caregiver was concurrently enrolled in another clin-ical trial or planned to place PLWD in a residential facil-ity within 6 months. Finally, dyads were excluded ifeither had a terminal illness with life expectancy < 6months, were in active cancer treatment, or had > 3acute medical hospitalizations in the past year **Group differences pretreatment:**
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	ADL, målt med Functional independence målt med Caregiver Assessment of function and upset, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Functional independence målt med Caregiver Assessment of function and upset ● **Range**: ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint Pårørende/medarbejderbyrde, målt med QoL- ADL carer, Quality of life in Alzheimers disease, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:QoL- ADL carer, Quality of life in Alzheimers disease ● **Range**: ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint

Identification	**Sponsorship source:** This study was supported by the National Institutes of Health grantR01AG041781. Dr. Lyketsos was supported by the Johns Hopkins ADRC (P50AG005146). The content is solely the responsibility of the authors. Thesponsor had no role in the design, methods, subject recruitment, datacollection, analysis, or preparation of the paper **Country:** USA **Setting:** Community setting. 50 dyads recruited from Baltimore- Washington DC **Comments:** **Authors name:** Laura N. Gitlin **Institution:** Drexel University, Philadelphia, USA **Email:** ng45@drexel.edu **Address:**
Notes	

Risk of bias table

Goyal 2021

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 86.1 (6.6) ● *Females (%)*: 40 (83.3) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 0% ● *Mild dementia, number (%)*: 0% ● *Moderate dementia, number (%)*: 19 (39.6) ● *Severe dementia, number (%)*: 29 (60.4) Kontrol 1 ● *Age in years, mean (SD)*: 83.3 (7.1) ● *Females (%)*: 28 (70.0) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 0% ● *Mild dementia, number (%)*: 0% ● *Moderate dementia, number (%)*: 21 (52.5) ● *Severe dementia, number (%)*: 19 (47.5) **Included criteria:** Residents ≥65 years of age and diagnosed with de-mentia from 6 NHs in Ireland were included in a randomized con-trol trial (RCT). **Excluded criteria:** None stated **Group differences pretreatment:**

Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Depressive symptomer, målt med Cornell Scale for Depression (CSD), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:CSD ● **Range**:0- 38 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** There was no funding **Country:** Ireland **Setting:** 6 Nursing Home **Comments:** **Authors name:** Alka R. Goya **Institution:** Faculty of Health Sciences, Department of Nursing and Health Promotion, Oslo Metropolitan University, Oslo, Norway **Email:** alka@oslomet.no **Address:**
Notes	

Risk of bias table

Graff 2006

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 79.1 (6.2) ● *Females (%)*: 39/68 ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: 77.1 (6.3) ● *Females (%)*: 36/67 ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI

	● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% **Included criteria:** Patients were included if theywere aged ≥ 65, had been diagnosed with mild to moderate dementia, were living in the community, andhad a primary care giver who cared for them at leastonce a week **Excluded criteria:** We excluded patients with a score > 12on the geriatric depression scale,12 severe behaviouralor psychological symptoms in dementia (BPSD), andsevere illnesses as judged by a geriatrician and those inwhom occupational therapy goals could not be definedor who were not on stable treatment of a dementiadrug (that is, less than three months on the same doseof a cholinesterase inhibitor or memantine). We alsoexcluded care givers with severe illnesses **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Activity of daily Living (ADL) målt med Performance scale of the interview of deterioation of daily activities (IDDD) 0-44, mean final, SD ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: (IDDD) ● **Range**: 0-44 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Dutch Alzheimer Association with financial support of he Radboud University Nijmegen Medical Center and the Dutch Occupational Therapy Association **Country:** Netherlands **Setting:** Memory clinic and day clinic of a geriatrics department and participants' homes **Comments:** **Authors name:** Maud J L Graff, **Institution:** Research Group for Allied Health Care, Department of Allied Health Care Disciplines, Occupational Therapy, University Medical Center Nijmegen, PO Box 9101, 6500 HB Nijmegen, Netherlands **Email:** m.graff@ergo.umcn.nl **Address:** Research Group for Allied Health Care, Department of Allied Health Care Disciplines, Occupational Therapy, University Medical Center Nijmegen, PO Box 9101, 6500 HB Nijmegen, Netherlands
Notes	

Risk of bias table

Ho 2020

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: NI ● *Females (%)*: 56 (81) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 40 (58)

	● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 40 (58%) ● *Mild dementia, number (%)*: 100% ● *Moderate dementia, number (%)*: 0% ● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: NI ● *Females (%)*: 55 (81) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 46 (68) ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 46 (68%) ● *Mild dementia, number (%)*: 100% ● *Moderate dementia, number (%)*: 0% ● *Severe dementia, number (%)*: 0% **Included criteria:** Older adults with a clinical diagnosis of dementia (DSM IV) or mild neurocognitive disorder (DSM V) were recruited from psychogeriatric outpatient departments of a local hos-pital and older adults community centers in Hong Kong via referrals from the treating psychiatrists or facility staff.The inclusion criteria of the study were a CDR rating of 0.5 and 1 (very mild to mild dementia), aged 65 or older, mobility of at least the upper limbs and body, suffi-cient visual and auditory abilities to complete assessments, and stable doses of medication for at least 30 days before screening **Excluded criteria:** The exclusion criteria included clinical diagnosis of major psychiatric disorder or abuses of drug or alcohol that could cause cognitive impairment, history of stroke, or other severe illnesses that led to neurological deficits that limit participation in the interventions **Group differences pretreatment:** No significantdifference (p > .05) was found among the three groupsin the demographic characteristics including the baselinephysical activity
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Adfærdsændringer, målt med* Neuropsychiatric Inventory (NPI) lavere bedre, difference in mean change ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:NPI ● **Range**:0-144 ● **Unit of measure**: ● **Direction**: is better ● **Data value**: difference in mean change Depressive symptomer, målt med Geatric Depression Scale (GDS), difference in mean change ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:GDS ● **Range**:0-15 ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: difference in mean change ADL, målt med The Instrumental activities of daily living (IADL), difference in mean change ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: IADL ● **Range**: 0-8 ● **Unit of measure**: points

	● **Direction**: higher is better ● **Data value**: difference in mean change
Identification	**Sponsorship source:** This work was supported by the General Research Fund, Hong Kong Research Grants Council (GRF/HKU17402714) **Country:** China **Setting:** psychogeriatric outpatient departments of a local hos- pital and older adults community centers in Hong Kong **Comments:** **Authors name:** Rainbow T. H. Ho **Institution:** Centre on Behavioral Health, 2Department of Social Work & Social Administration **Email:** tinho@hku.hk **Address:** Rainbow T. H. Ho, PhD, Centre on Behavioral Health, The University of Hong Kong, 2/F, The HKJC Building for Interdisciplinary Research, 5 Sassoon Road, Pokfulam, Hong Kong.
Notes	

Risk of bias table

Huber 2020

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: NI ● *Females (%)*: NI ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: 0% ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: NI ● *Females (%)*: NI ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: 0% ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI **Included criteria:** The study sample was selected out of the residents of the DomicilKompetenzzentrum Demenz Bethlehemacker (DKDB, Switzerland). Consulting the resident assessment interview (RAI), which is a standardized instrument to document the care needs of the residents, it was possible to only include those withhigh care needs. It was

	necessary that all participants were still able to hear adequately, which was tested during a test session. **Excluded criteria:** Nobe stated **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Depressive symptomer, målt med Cornell Scale for Depression (CSD), mean final, SD* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: *Cornell Scale for Depression (CSD)* ● **Range**: 0-38 ● **Unit of measure**: points ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** None stated **Country:** Switzerland; **Setting:** Residents of the Domicil Kompetenzzentrum Demenz Bethlehemacker (DKDB, Switzerland) **Comments:** **Authors name:** Andreas Huber **Institution:** Center for Gerontology, University of Zurich, Zurich, Switzerland; **Email:** andreas.huber@zfg.uzh. **Address:** Center for Gerontology, University of Zurich, Zurich, Switzerland;
Notes	

Risk of bias table

Jung 2023

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 79.3 (8.1) ● *Females (%)*: 66.7 (14) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 100% ● *Vascular demnetia, number (%)*: 0% ● *Levy Body dementia, number (%)*: 0% ● *Frontotemporal dementia, number (%)*: 0% ● *Other types of dementia, number (%)*: 0% ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 100% ● *Living in thier own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: 75.4 (8.4) ● *Females (%)*: 66.7 (14) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 100% ● *Vascular demnetia, number (%)*: 0%

	● *Levy Body dementia, number (%)*: 0% ● *Frontotemporal dementia, number (%)*: 0% ● *Other types of dementia, number (%)*: 0% ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 100% ● *Living in thier own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% **Included criteria:** met the criteria of probable AD according to the National Institute of Neurological and Communicative Disorders and Stroke-Alzheimer Disease and Related Disorders Association (NINCDS-ADRDA) (). Participants who had mild to moderate AD, which is a rating that corresponds to 0.5−1 in the Korean version of clinical dementia rating (CDR), were included in the study **Excluded criteria:** The exclusion criteria were the presence of metabolic diseases that could affect cognitive function (hyperthyroidism, vitamin B12 or folic acid deficiency, chronic renal failure, uncontrolled diabetes, and hepatic failure), chronic alcoholism, and a history of stroke, seizure, and brain surgery. Furthermore, patients who met the Diagnostic and Statistical Manual of Mental Disorders (Fifth edition) for psychotic or mood disorders such as schizophrenia or major depressive disorder were also excluded **Group differences pretreatment:** Baseline characteristics were balanced between the intervention and control groups as there were no significant differences in age, sex, education, cognitive scores, and depression and anxiety score.
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Depressive symptomer, målt med Geatric Depression Scale (GDS), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:GDS ● **Range**:0-15 ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint Kognition, målt med MMSE, mean final SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:MMSE ● **Range**:0-30 ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint ADL, målt med Seoul Instrumental Activities of daily Living (SIADL), mean final SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: ● **Range**: ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This Study was supported by the Newhorizon grant of Myongji Hospital (2013-07-01) and by a fund from the Korea Centers for Disease Control and Prevention (2023-ER1003-00). **Country:** Korea **Setting:** Hospital **Comments:** **Authors name:** Young Hee Jung **Institution:** Department of Neurology, Myongji Hospital, Hanyang University College of Medicine, Goyang, Republic of Korea **Email:** lesoyoung26@naver.com

	Address:
Notes	

Risk of bias table

Jurez Cedillo 2020

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 77.7 (7) ● *Females (%)*: 23 (59) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: 100% ● *Moderate dementia, number (%)*: 0% ● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: 77.7 (9.3) ● *Females (%)*: 23 (82) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: 100% ● *Moderate dementia, number (%)*: 0% ● *Severe dementia, number (%)*: 0% **Included criteria:** The inclusion ctiteria for this intervention studywere age 60 or older, living in community, diagnosis of dementia in the previous 6 months, score onthe CDR of 1 (mild dementia), score on the MMSEof 19—24 (mild dementia), sustained ability to communicate and understand communication, and having a main caregiver willing to participate in the study **Excluded criteria:** We excluded those patients with physicalor behavioral alterations (secondary to delirium oraggression), psychiatric disorders, visual, hearing, orphysical disabilities. Patients suffering from otherdiseases that could interfere with learning and thosewhose caregiver had a disease or disahility that prevented them from accompanying the patient to thesessions were excluded as well. **Group differences pretreatment:** Astatistically significant difference was only observedin gender (p = 0.04) due to the different proportion ofmen in the groups (5 in the control group and 16 in theinterverition group). There were no statistically significant differences in the othcr factors studied (age,acadernic level, diabetes, hypertension. dyslipidemia, cardio-ischemia, obesity, smoking, and alcoholism).
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1

Outcomes	*Adfærdsændringer, målt med* Neuropsychiatric Inventory (NPI) frequency of symptoms, mean change SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Neuropsychiatric Inventory (NPI) frequency of symptoms ● **Range**: ● **Unit of measure**: ● **Direction**: lower is better ● **Data value**: change ADL, målt med The Blessed Dementia Rating Scale, mean change SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: The Blessed Dementia Rating Scale ● **Range**:0-27 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Change Kognition, målt med MMSE, mean change SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:MMSE ● **Range**:0-30 ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Change Pårørende/medarbejderbyrde, målt med NPI Caregiver distress, mean change SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: NPI Caregiver distress ● **Range**: 0-60 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: change
Identification	**Sponsorship source:** This project was supported by grants fromSS A/IMSS/ISSSTE-CONACYT (México) Salud2007-01-69842 and the Fund for the Promotion ofHealth Research, Mexican Institute of Social Security, FISJIMSS/PROT/G09/772 **Country:** Mexico **Setting:** Community setting **Comments:** **Authors name:** Teresa Jurez Cedillo **Institution:** Instituto Mexicano dcl Seguro Social. Gabriel Manccra 222. Col del Valle Nte, 03103 Ciudad de México, CDMX, México **Email:** terezillo@exalunmo.unam.mx **Address:** Teresa Jurez Cedillo. PhD, Unidad de Investigacidn en Epidemiologfa Cl(nica. Hospital General Regional No 1 Doctor Carlos Mac Gregor Sénchez Navarro
Notes	

Risk of bias table

Justo Henriques 2021

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 80.82 (6.69) ● *Females (%)*: 45 (72.6%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 42 (67.7%) ● *Vascular demnetia, number (%)*: 9 (14.5%) ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: 5 (8.1%) ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 51 (82.3%) ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 11 (17.7%) ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: 79.6 (7.37) ● *Females (%)*: 45 (75.0%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 30 (50.0%) ● *Vascular demnetia, number (%)*: 16 (26.7%) ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: 8 (13.3%) ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 48 (80.0%) ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 12 (20.0%) ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: N **Included criteria:** Inclusion criteria included a diagnosis of neurocognitive disorder (major or minor)from their general practitioner based on DSM-5 criteria; reviewed and signed consentform; intact language expression and comprehension; access to autobiographical informa-tion about the participants through family members or caregivers (via the socio-familyquestionnaire as part of the protocol); aged 65 years or older; being a native Portuguesespeaker; regularly attending an institution that provides social care and support servicesfor older adults. **Excluded criteria:** Exclusion criteria included an acute or severe illness that prevented participation inthe intervention sessions; severe sensory and physical limitations; severe disconnectionfrom the environment and minimal attention span; the presence of severe neuropsychiatricsymptoms or uncontrolled delirium that prevented participation in the sessions; traumaticlife history or experienced adverse events that discouraged participation; history of adversereactions during iRT sessions or similar activities; severe or total functional dependence(indicated by a score of 13 points or lower in a modified version of the Barthel Index, withscores ranging from 0 to 20 **Group differences pretreatment:** No significant differences were found between the intervention and control groups regarding age, gender, clinical diagnosis, educationallevel, marital status, type of institution attended, and immigrant family. No signif-icant differences were found between the intervention and control groups regarding clinicalcondition or baseline mean scores for MMSE, FAB, TAM, GDS-15, GAI, and QoL-AD.
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Depressive symptomer, målt med Geatric Depression Scale (GDS), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:GDS ● **Range**:0-15 ● **Unit of measure**: points

	● **Direction**: is better ● **Data value**: Endpoint Livskvalitet, målt med Quality of life, Quality of life in Alzheimers disease (QOL- AD) , mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:QOL-AD ● **Range**:13-52 ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint Kognition, målt med MMSE, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:MMSE ● **Range**:0-30 ● **Unit of measure**: points ● **Direction**: Higher is better ● **Data value**: Endpoint Uønskede hændelser (adverse events) ● **Outcome type**: Dichotomous Outcome ● **Reporting**: Fully reported ● **Scale**: antal personer med ● **Range**: ● **Unit of measure**: antal personer med ● **Direction**: lavere is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This work is co-funded by National Funds through the FCT—Foundation for Science andTechnology, I.P., within the scope of the Project Refª. UIDB/00742/2020, and by Replicar Socialform **Country:** Portugal **Setting:** Long-term care center and day centers **Comments:** **Authors name:** Susana I. Justo-Henriques **Institution:** Health Sciences Research Unit: Nursing (UICISA: E), Nursing School of Coimbra (ESEnfC), 3004-011 Coimbra, Portugal **Email:** apostolo@esenfc.pt **Address:**
Notes	

Risk of bias table

Kallio 2021

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 82.6 (5.5) ● *Females (%)*: 65.8 ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 76.3 ● *Vascular demnetia, number (%)*: 10.5 ● *Levy Body dementia, number (%)*: 3.9 ● *Frontotemporal dementia, number (%)*: 0%

	● *Other types of dementia, number (%)*: 9.2 ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: 83.6 (5.4) ● *Females (%)*: 78.9 ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 90.1 ● *Vascular demnetia, number (%)*: 4.2 ● *Levy Body dementia, number (%)*: 1.4 ● *Frontotemporal dementia, number (%)*: 0% ● *Other types of dementia, number (%)*: 4.2 ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% Overall ● *Age in years, mean (SD)*: ● *Females (%)*: ● *Numbers (%) with BPSD*: ● *Alzheimer´s disease, number (%)*: ● *Vascular demnetia, number (%)*: ● *Levy Body dementia, number (%)*: ● *Frontotemporal dementia, number (%)*: ● *Other types of dementia, number (%)*: ● *Nursing home recidents, number (%)*: ● *Inpatients, number (%)*: ● *Living in thier own homes, number (%)*: ● *Mild dementia, number (%)*: ● *Moderate dementia, number (%)*: ● *Severe dementia, number (%)*: **Included criteria:** Theinclusion criteria were: (1) AD or other dementia at a very mild, mild or moderate stage (Clinical Dementia Rating scale, CDR, 0.5–2; Hughes et al., 1982) (2) aged ≥65 years; (3) Finnish-speaking; (4) able to see, hear, read and write; (5) living athome; and (6) attending an adult day care centre at least twice a week **Excluded criteria:** The fol-lowing exclusion criteria were applied: any terminal disease; severe loss of com-municative ability; waiting to be institutionalized; and having no available proxy.Those excluded from the trial did not differ from the participants with respect toage or gender. **Group differences pretreatment:** There were no differences between the intervention and control group in theparticipants' baseline characteristics: demographics (age, sex, and education),self- or proxy-rated functional characteristics (living alone, daily activities, self-rated psychological well-being), and clinical characteristics (dementia diagnoses, CDR, MMSE, comorbidities, and number of medications).
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Agitation/out -reacting behaviour* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: ● **Range**:

- **Unit of measure**:
- **Direction**: is better
- **Data value**: Endpoint

Adfærdsændringer, målt med mean final, sd
- **Outcome type**: Continuous Outcome
- **Reporting**: Fully reported
- **Scale**:
- **Range**:
- **Unit of measure**:
- **Direction**: is better
- **Data value**: Endpoint

Depressive symptomer, målt med , mean final, SD
- **Outcome type**: Continuous Outcome
- **Reporting**: Fully reported
- **Scale**:
- **Range**:
- **Unit of measure**: points
- **Direction**: is better
- **Data value**: Endpoint

Livskvalitet, målt med , mean final, SD
- **Outcome type**: Continuous Outcome
- **Reporting**: Fully reported
- **Scale**:
- **Range**:
- **Unit of measure**: points
- **Direction**: is better
- **Data value**: Endpoint

ADL, målt med , mean final, SD
- **Outcome type**: Continuous Outcome
- **Reporting**: Fully reported
- **Scale**:
- **Range**:
- **Unit of measure**: points
- **Direction**: is better
- **Data value**: Endpoint

Kognition, målt med , mean final, SD
- **Outcome type**: Continuous Outcome
- **Reporting**: Fully reported
- **Scale**:
- **Range**:
- **Unit of measure**: points
- **Direction**: is better
- **Data value**: Endpoint

Pårørende/medarbejderbyrde, målt med , mean final, SD
- **Outcome type**: Continuous Outcome
- **Reporting**: Fully reported
- **Scale**:
- **Range**:
- **Unit of measure**: points
- **Direction**: is better
- **Data value**: Endpoint

Uønskede hændelser (adverse events)

	● **Outcome type**: Dichotomous Outcome ● **Reporting**: Fully reported ● **Scale**: antal personer med ● **Range**: ● **Unit of measure**: antal personer med ● **Direction**: lavere is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This work was supported by the Päivikki and Sakari Sohlberg Foundation (Päivikki ja SakariSohlbergin Säätiö); the Finnish Brain Foundation (Suomen Aivosäätiö); and the Helsinki Univer-sity Hospital (Helsingin yliopistollinen sairaala). **Country:** Finland **Setting:** Day care center **Comments:** **Authors name:** Eeva-Liisa Kallio **Institution:** Department of General Practice and Primary Health Care, University of Helsinki, and Unit of Primary Health Care, Helsinki University Hospital, Helsinki, Finland **Email:** va-liisa.kallio@hus.fi **Address:** Clinical Neurosciences, Neuropsychology, University ofHelsinki and Helsinki University Hospital, P.O. Box 302, FI-00029, Helsinki, Finland
Notes	

Risk of bias table

Kolanowski 2011

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 86 (7.1) ● *Females (%)*: 74.2 ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: 85.9 (4.9) ● *Females (%)*: 81.2 ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI

	● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI **Included criteria:** Inclusion criteria wereEnglish speaking; aged 65 and older; diagnosis of dementia according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, criteria, a Mini-MentalState Examination (MMSE) score between 8 and 24; nonew psychoactive drugs prescribed from prebaselinethrough final observation as verified by a weekly chart re-view; and presence of behavioral symptoms as reported bystaff and documented in the Minimum Data Set (MDS). **Excluded criteria:** Exclusion criteria were delirium; a progressive, unstablemedical, metabolic, or neurological illness; Parkinson's dis-ease; Huntington's disease; seizure disorder; stroke; alco-holism; drug abuse; head trauma with loss of consciousness;or psychiatric illness preceding the onset of memory loss. **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Agitation/out -reacting behaviour,målt med* Cohen Mansfield Agitation Inventory (CMAI), *mean change, SD* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:CMAI ● **Range**: *29-203* ● **Unit of measure**: points ● **Direction**: lavere is better ● **Data value**: Endpoint Uønskede hændelser (adverse events) ● **Outcome type**: Dichotomous Outcome ● **Reporting**: Fully reported ● **Scale**: antal personer med ● **Range**: ● **Unit of measure**: antal personer med ● **Direction**: lavere is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** AK was supported by National In-stitutes of Health (NIH) Grant R01 NR008910. Paul T.Costa receives royalties from the NEO-PI-R and the NEO-FFI and was supported in part by NIH Grant DAO26652 **Country:** USA **Setting:** 9 community-based nursing homes in Pennsylvani **Comments:** **Authors name:** Ann Kolanowski **Institution:** Ann Kolanowski, School of Nursing, Penn State University, State College, PA 16802 **Email:** E-mail: amk20@psu.edu **Address:** Ann Kolanowski, School of Nursing, Penn StateUniversity, State College, PA 16802
Notes	

Risk of bias table

Kor 2023

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 82.8 (7.8) ● *Females (%)*: 71 (59.2) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI

	● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: 83.3 (8.1) ● *Females (%)*: 71 (59.2) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% **Included criteria:** People with dementia: (a) aged ≥65 years; (b) diagnosed with any type of dementia as defined by The International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10); and (c) in the early to moderate stage of dementia, namely, Stages 4–6 according to the Global Deterioration scale.(2) Family caregivers: (a) aged ≥18 years; (b) related by blood or marriage (e.g., a spouse, sibling, child, or grandchild) to the person with dementia, and has been assuming caring responsibilities ranging from pro-viding physical aid, emotional support, assisting with transportation, finances, personal hygiene, and deci-sion making; and (c) has been providing most of the daily care/support (daily contact for at least 4 hr **Excluded criteria:** We excluded people with dementia and caregivers who had been diagnosed with a physical or mental condition in an acute phase (e.g., bipolar disorder, schizophrenia, cancer, or acute stroke) that might affect their ability to participate in the program. **Group differences pretreatment:**
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Adfærdsændringer, målt med Neuropsychiatric Inventory Q, mean final, sd ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: Neuropsychiatric Inventory Q ● **Range**:0-120 ● **Unit of measure**: ● **Direction**: lower is better ● **Data value**: Endpoint Livskvalitet, målt med Quality of life, Quality of life in Alzheimers disease (QOL- AD), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:QOL- AD ● **Range**: 13-52 ● **Unit of measure**: points ● **Direction**: Higher is better ● **Data value**: Endpoint Kognition, målt med Montreal cognitive assessment (MoCa), mean final, SD

	● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:MoCa ● **Range**: ● **Unit of measure**: points ● **Direction**: Higher is better ● **Data value**: Endpoint Pårørende/medarbejderbyrde, målt med Zarit burden scale, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Zarit burden scale ● **Range**: 0-48 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This pilot work of this main study was funded by Zhengzhou Yuelai Apple Hotel Co., Ltd. **Country:** China **Setting:** Community-dwelling patient–caregiver dyads from five community centers providing services for older people. **Comments:** **Authors name:** Patrick Pui Kin Kor **Institution:** Centre for Gerontological Nursing, School of Nursing, The Hong Kong Polytechnic University, Kowloon, Hong Kong SAR, China. **Email:** patrick.kor@polyu.edu.hk **Address:** Patrick Pui Kin Kor, PhD, Centre for Gerontological Nursing, School of Nursing, The Hong Kong Polytechnic University, 11 Yuk Choi Road, Hung Hom, Hong Kong SAR, China
Notes	

Risk of bias table

Kratzer 2022

Methods	**Study design:** Cluster randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 85.00 (8.21) ● *Females (%)*: 46 (76.6) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 0% ● *Mild dementia, number (%)*: 0% ● *Moderate dementia, number (%)*: 0% ● *Severe dementia, number (%)*: 100% Kontrol 1 ● *Age in years, mean (SD)*: 84.25 (5.12) ● *Females (%)*: 46 (75.4) ● *Numbers (%) with BPSD*: NI

	● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 0% ● *Mild dementia, number (%)*: 0% ● *Moderate dementia, number (%)*: 0% ● *Severe dementia, number (%)*: 100% **Included criteria:** Inclusion criteria were a psychometric verification of severe dementia syndrome (i.e. Mini-Mental State Exam-ination [MMSE] score between 0 and 9) and informed consent **Excluded criteria:** Exclusion criteria were: 1. Mild to moderate dementia (i.e. MMSE score>9); 2. Cognitive decline due to diseases other than dementia (e.g. schizophrenia or Korsakoff); 3. Severe hearing impairment; 4. Severe visual impairment; 5. Permanently bedridden; 6. His-tory of severe major depression; 7. History of more than one stroke; and 8. No verbal communication in German language possible **Group differences pretreatment:**
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Adfærdsændringer, målt med NPI NH, mean final, sd ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:NPI NH ● **Range**: ● **Unit of measure**: ● **Direction**: is better ● **Data value**: Endpoint Livskvalitet, målt med Qualidem, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Qualidem ● **Range**: ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint ADL, målt med ADCS-ADL, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: ADCS-AD ● **Range**:0-54 ● **Unit of measure**: points ● **Direction**:Higher is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Open Access funding enabled and organized by Projekt DEAL. The MAKS-s study (reference funding number: GKV-SV339) was supported by grants from the German National Association of the Statutory Health Insurance and Long-Term Care Insurance Funds (GKV-Spitzenverband, Germany) as part of the programme 'Model projects for further development of the statutory German nursing care insurance' according to § 8.3 SGB XI. The study protocol was internally and externally reviewed by the GKV-Spitzenverband. The funding body had no role in the collection, analysis, or interpretation of the data or in the writing of the manuscript **Country:** Germany **Setting:** Nursing homes **Comments:** **Authors name:** André Kratzer

	Institution: Centre for Health Services Research in Medicine, Department of Psychiatry and Psychotherapy, Uniklinikum Erlangen, Friedrich-Alexander-Universität Erlangen-Nürnberg (FAU), Schwabachanlage 6, 91054 Erlangen, Germany **Email:** **Address:** Centre for Health Services Research in Medicine, Department of Psychiatry and Psychotherapy, Uniklinikum Erlangen, Friedrich-Alexander-Universität Erlangen-Nürnberg (FAU), Schwabachanlage 6, 91054 Erlangen, Germany.
Notes	

Risk of bias table

Lai 2020

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 23 + 5.32 ● *Females (%)*: 23/50 (46%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: 9.25 + 5.3 ● *Females (%)*: 25/50 (50%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% **Included criteria:** The criteria for participation are as follows. Boththe caregivers and the persons with dementia should be aged from 65 to 80 years.The participants with dementia should have a diagnosis of dementia in their medical history under the ICD-10 criteria for dementia and have been diagnosed by a psychiatrist. Toensure that their cognitive functions were intact, the spouse caregivers were screened using the MoCA-HK to determine that they had ascore > 26, while participants with mild to moderate levels of dementia required a score < 21 **Excluded criteria:** To ensure there would be no abrupt change in heath conditionof the caregivers throughout the 12-week experiment, recruited care-givers should have no chronic diseases and other major medical co-morbidity.Exclusion criteria for participation in thisproject were any psychiatric disorder, or a known history of substanceabuse **Group differences pretreatment:**

Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Livskvalitet, målt med Quality of life in Alzheimers disease (QOL- AD), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:QOL- AD ● **Range**: 13-52 ● **Unit of measure**: points ● **Direction**: Higher is better ● **Data value**: Endpoint Pårørende/medarbejderbyrde, målt med Zarit burden scale, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Zarit burden scale ● **Range**:0-48 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** None stated **Country:** China **Setting:** two day-activity centres in Hong Kong **Comments:** **Authors name:** Frank Ho-yin Lai **Institution:** Department of Rehabilitation Sciences, The Hong Kong Polytechnic University, Hong Kong **Email:** frank.hy.lai@polyu.edu.hk **Address:**
Notes	

Risk of bias table

Lam 2010a

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 83.1(6.9) ● *Females (%)*: 25/37 ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: NI ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: NI ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% Kontrol 1

	● *Age in years, mean (SD)*: 83.8(7.0) ● *Females (%)*: 30/37 ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: NI ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: NI ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% **Included criteria:** Subjects were recruited from the social centers and oldaged home for the elderly in the New Territories Eastregion of Hong Kong. Subjects should satisfy the DSM-IV diagnosis fordementia (APA, 2000). The severity of dementia wasassessed by the research team psychiatrists using theclinical dementia rating (CDR)(Hughes et al., 1982; Morris, 1997). Only subjects with mild and moderate dementia (CDR 1 or 2) were included in this report. **Excluded criteria:** The exclusion criteria were greatly impaired com-munication and language abilities, and persons whowere bed bound. Each subject was further assessed byan occupational therapist (OT) for suitability toparticipate in skills training occupational therapy.The assessment was based on clinical judgment ofattention and concentration, acceptance to groupactivities and willingness to participate. Objectivecognitive tests were not included in the assessment ofsuitability for training. Subjects with unstable medicalcondition were not recruited until their medicalconditions became stabilized. While depressive andother mood disturbances were assessed as outcomeindicators, we did not set a threshold for severity ofmood disturbances as entry criteria as the aim of thetrial was to evaluate if the training program would beeffective in ameliorating depression of differentseverity. **Pretreatment:** None important
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Kognition, målt med Mini Mental State Examinatrion (MMSE), mena final, SD* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:*MMSE* ● **Range**: 0-30 ● **Unit of measure**: points ● **Direction**: Higher is better ● **Data value**: Endpoint *Depressive symptomer, målt med Cornell Scale for Depression (CSD), mean final, SD* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: *Cornell Scale for Depression (CSD)* ● **Range**: 0-38 ● **Unit of measure**: points ● **Direction**: Lower is better ● **Data value**: Endpoint Activity of Daikly Lliving (ADL) assessment of motor and process skills (AMPS) AMPS-motor og AMPS-process) lavere bedre 0-44 for process scale, *mean final, SD* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: AMPS ● **Range**: 0-44 for process scale ● **Unit of measure**: points ● **Direction**: Lower is better ● **Data value**: Endpoint

Identification	**Sponsorship source:** The project is funded by the SK Yee MedicalFoundation and the Mr. Lai Seung Hung & Mrs. LaiChan Pui Ngong Dementia in Hong Kong ResearchFund **Country:** China **Setting:** Subjects were recruited from the social centers and old aged home for the elderly in the New Territories East region of Hong Kong **Comments:** **Authors name:** Linda CW Lam **Institution:** Department of Psychiatry, The Chinese University of Hong Kong, Hong Kong **Email:** E-mail: cwlam@cuhk.edu.hk **Address:** Department of Psychiatry, The Chinese University of Hong Kong, Hong Kong
Notes	

Risk of bias table

Lam 2010b

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 78.6 6.4 ● *Females (%)*: 35/59 (59%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 100% ● *Mild dementia, number (%)*: 100% ● *Moderate dementia, number (%)*: 0% ● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: 78.2 5.4 ● *Females (%)*: 24743 (56%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 100% ● *Mild dementia, number (%)*: 100% ● *Moderate dementia, number (%)*: 0% ● *Severe dementia, number (%)*: 0% **Included criteria:** Community dwelling people aged 65 years old or above, diagnosed to have mild dementia, with ChineseMini-Mental State Examination (CMMSE) (Chiuet al., 1998) scored 15 or above, and/or a ClinicalDementia Rating of 1 (Hughes et al., 1982) wererecruited from psychogeriatric outpatient and memoryclinics of Prince of Wales Hospital, a teaching hospitalin Hong Kong **Excluded criteria:** Exclusion criteria included: (1) nofamily caregiver, defined as a family member whovisited the person at least once a month; (2) refusedhome visits by case manager, (3) subjects withsignificant concomitant diseases with more than onehospital admission in the previous 12 months. The lastcriterion was introduced in order to obtain a morehomogenous sample of people with dementia withrelatively stable physical condition.

	Pretreatment:
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Adfærdsændringer, målt med* Neuropsychiatric Inventory (NPI), meadian change, IQ range ● **Outcome type**: Continuous Outcome ● **Reporting**: Partiallyreported ● **Scale**: Neuropsychiatric Inventory (NPI) ● **Range**: 0-144 ● **Unit of measure**: points ● **Direction**: Lower is better ● **Data value**: Change *Kognition, målt med Mini Mental State Examinatrion (MMSE),* meadian change, IQ range ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:*MMSE* ● **Range**: 0-30 ● **Unit of measure**: points ● **Direction**: Higher is better ● **Data value**: Change *Depressive symptomer, målt med Cornell Scale for Depression (CSD), meadian change, IQ range* ● **Outcome type**: Continuous Outcome ● **Reporting**: partially reported ● **Scale**: *Cornell Scale for Depression (CSD)* ● **Range**: 0-38 ● **Unit of measure**: points ● **Direction**: Lower is better ● **Data value**: Change Livskvalitet, målt med The personel well beeing index Intellectual Disability (PWI-ID), meadian change, IQ range ● **Outcome type**: Continuous Outcome ● **Reporting**: partially reported ● **Scale**: (PWI-ID) ● **Range**: ● **Unit of measure**: points ● **Direction**: ● **Data value**: Change *Pårørende/medarbedjer byrde, målt med Zarit burden scale, meadian change, IQ range* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: *Zarit burden scale* ● **Range**: 0-48 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value:** change
Identification	**Sponsorship source:** **Country:** China **Setting:** Community dwelling psychiatric and geriatrics outpatients **Comments:** **Authors name:** Linda C. W. Lam1 **Institution:** Department of Psychiatry, The Chinese University of Hong Kong, Shatin, Hong Kong **Email:** Timothy C.Y. Kwok, E-mail: tkwok@cuhk.edu.hk

	Address:
Notes	

Risk of bias table

Li 2020

Methods	**Study design:** **Study grouping:**
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 83.21 (6.7) ● *Females (%)*: 19/45 (44.2) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 100% ● *Vascular demnetia, number (%)*: 0% ● *Levy Body dementia, number (%)*: 0% ● *Frontotemporal dementia, number (%)*: 0% ● *Other types of dementia, number (%)*: 0% ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 100% ● *Living in thier own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: 83.50 (5.4) ● *Females (%)*: 19/45 (45.2) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 100% ● *Vascular demnetia, number (%)*: 0% ● *Levy Body dementia, number (%)*: 0% ● *Frontotemporal dementia, number (%)*: 0% ● *Other types of dementia, number (%)*: 0% ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 100% ● *Living in thier own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% **Included criteria:** Participants with mild-to-moderate AD who met the study criteria were recruited. The inclusion criteria were as follows: Men and women aged 65 years or older; Diagnosis of probable or possible AD based on theNational Institute of Neurological and CommunicativeDisorders and Stroke and the Alzheimer's Disease andRelated Disorders Association scale;17 Mild-to-moderate stage of dementia based on a ClinicalDementia Rating (CDR) scale score of 1.0 or 2.0; and Willingness to participate in the study and provision ofinformed written consent **Excluded criteria:** The exclusion criteria were as follows: Diagnosis of cognitive impairment related to diseasesother than AD; Severe hearing loss; Having obvious difficulty in communication; Suffering from a severe physical disorder, such as acuteinfection, trauma, myocardial infarction, and otheremergency conditions.The withdrawal criteria were as follows: Complications that could affect efficacy judgments oronset of disease that could affect outcomes; Use of other nonpharmacological interventions that mayreduce functional decline. **Group differences pretreatment:** No significant differences in demo-graphic characteristics were found between individuals in theintervention and the control groups
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1

Outcomes	Adfærdsændringer, målt med Neuropsychiatric Inventory (NPI), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:NPI ● **Range**: 0-144 ● **Unit of measure**: ● **Direction**: lower is better ● **Data value**: Endpoint Depressive symptomer, målt med Cornell Scale for Depression (CSD), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: CSD ● **Range**:0-38 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint ADL, målt med Bartel Index, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Bartel Index ● **Range**: ● **Unit of measure**: points ● **Direction**: Higher is better ● **Data value**: Endpoint Kognition, målt med Alzheimer's disease Assessment Scale cognitive subscale (ADAS Cog), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:ADAS Cog ● **Range**: 0-75 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint Pårørende/medarbejderbyrde, målt med NPI Caregiver distress, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:NPI Caregiver distress ● **Range**: 0- 60 ● **Unit of measure**: points ● **Direction**:lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** The author(s) disclosed receipt of the following financial support forthe research, authorship, and/or publication of this article: This studywas financially supported by the Capital's Funds for Health Improve-ment and Research (NO. 2016-4-2192), China **Country:** China **Setting:** Beijing Geriatric Hospital, China, ambulatory patiens **Comments:** **Authors name:** Mo Li **Institution:** Beijing Key Laboratory of Mental Disorders, Beijing Anding Hospital & School of Mental Health, Capital Medical University, Beijing, China **Email:** maxin_anding@163.com **Address:** Xin Ma, Beijing Anding Hospital, Capital Medical University, Beijing,100088 China
Notes	

Risk of bias table

Lin 2011

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 81.46 (7.34) ● *Females (%)*: 26/49 (53.06%) ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: 6/49 (12.24 %) ● *Moderate dementia, number (%)*: 31/49 (63.27 %) ● *Severe dementia, number (%)*: 12/49 (24.49%) Kontrol 1 ● *Age in years, mean (SD)*: 82.15 (6.28) ● *Females (%)*: 27/51 (52.94%) ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: 11/49 (21.57%) ● *Moderate dementia, number (%)*: 31/49 (60.78%) ● *Severe dementia, number (%)*: 9/49 (17.65%) **Included criteria:** In this study, subjects were elderly patients with dementia aged 65 years, recruited from three nursinghome facilities in Taiwan. The enrollment criteria wereas follows: (a) the patient had been diagnosed by a physician as having dementia, using the Diagnostic and Statistical Manual of Mental Disorders, 4th editionText Revision (DSM-IV-TR), (b) the patient was 65years, and (c) the patient spoke Mandarin and/orTaiwanese **Excluded criteria:** None stated **Pretreatment:** There was no significant difference betweenthe two groups in any of the above-mentionedvariables.
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Agitation/out-reaching behaviour, målt med* Cohen_Mansfield Agitation Inventory (CMAI), *mean final, sd* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:CMAI ● **Range**: 29-203 ● **Unit of measure**: points ● **Direction**: lavere is better ● **Data value**: Endpoint

Identification	**Sponsorship source:** None stated **Country:** Taiwan **Setting:** **Comments:** **Authors name:** Yu Lin **Institution:** Graduate Institute of Nursing, College of Nursing, Taipei Medical University, Taipei, Taiwan **Email:** kueiru@tmu.edu.tw **Address:** Graduate Institute of Nursing, College of Nursing, Taipei Medical University, Taipei, Taiwan
Notes	

Risk of bias table

Lok 2020

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: NI ● *Females (%)*: 16/30 (53.3 %) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 100% ● *Vascular demnetia, number (%)*: 0% ● *Levy Body dementia, number (%)*: 0% ● *Frontotemporal dementia, number (%)*: 0% ● *Other types of dementia, number (%)*: 0% ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: NI ● *Females (%)*: 14/30 (46.79 ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 100% ● *Vascular demnetia, number (%)*: 0% ● *Levy Body dementia, number (%)*: 0% ● *Frontotemporal dementia, number (%)*: 0% ● *Other types of dementia, number (%)*: 0% ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% **Included criteria:** Among the inclusion criteria are: being at least an elementary school graduate, being diagnosed with typical AD in accordance with International Working Group-2 diagnosis criteria, receiving a score between 13 and 24 from Standardized Mini-MentalState Examination (SMMSE) applied in the polyclinic, continuous treatment with acetylcholinesterase inhibitors, and residing in the central districts of Antalya (Muratpaşa, Konyaaltı, Kepez,Döşemealtı, Aksu). **Excluded criteria:** Persons who participated in a similar program but did not participatein at least two CST sessions were illiterate and were diagnosed withother types of dementia. **Group differences pretreatment:** Comparisons between the sociodemographic and disease character-istics of the patients indicated that there was no statisticallysignificant

	difference between the experimental and control groups. There was no statistically significantdifference between the cognitive function levels of the experimentaland control groups before the therap
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Livskvalitet, målt med Quality of life in Alzheimers disease (QOL- AD), median final, interquartile range ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:QOL- AD ● **Range**: 13-52 ● **Unit of measure**: points ● **Direction**: Higher is better ● **Data value**: Endpoint Kognition, målt med MMSE, median final, interquartile range ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:MMSE ● **Range**:0-30 ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Scientific Research Projects Coordination Unitof Akdeniz University, Grant/Award Number:2014.03.0122.004 **Country:** Turkey **Setting:** Neurology Polyclinic of Akdeniz University Hospita **Comments:** **Authors name:** Neslihan Lok1 **Institution:** Department of Psychiatric Nursing, Faculty of Nursing, Selcuk University, Konya, Turkey **Email:** neslihanlok1@gmail.com **Address:** Neslihan Lok, Department of PsychiatricNursing, Faculty of Nursing,Selcuk University, Turkey
Notes	

Risk of bias table

Marinho 2021

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 78.3 (8.4) ● *Females (%)*: 16/23 (69.6%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI

	● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: 77.3 (8.4 ● *Females (%)*: 13/24 (54.2 %) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% **Included criteria:** Inclusion criteria were:clinical diagnosis of dementia according to DSM-IV criteria19;Mini-Mental State Examination (MMSE) scores between 10 and 24(mild to moderate dementia) **Excluded criteria:** Exclusion criteria were: presence ofany communication, sensorial or physical disability that could affecttheir participation in CST. **Group differences pretreatment:** There were no significant differences between theCST and TAU groups for age, years of ed-ucation, sex ,or CDR, suggesting that the stratified randomizationprocedure was effective.
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Depressive symptomer, målt med Cornell Scale for Depression (CSD), mean final, SE ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:CSD ● **Range**: 0-38 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint ADL, målt med Alzheimer's Disease Cooperative Study Group Activities of Daily Living Scale, ADCS ADL, højere bedre, 0-75 , mean final, SE ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:ADCS ADL ● **Range**: 0-75 ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint Kognition, målt med Alzheimer's disease Assessment Scale cognitive subscale (ADAS Cog), mean final, SE ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: ADAS Cog ● **Range**:0-75 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint

Identification	**Sponsorship source:** Academy of Medical Sciences, Grant/AwardNumber: NAF004\1001; Fundação CarlosChagas Filho de Amparo à Pesquisa do Estadodo Rio de Janeiro, Grant/Award Number:E-26/203.216/2016 (226501); ConselhoNacional de Desenvolvimento Científico eTecnológico, Grant/Award Number: 312370/2017-2; Coordenação de Aperfeiçoamento dePessoal de Nível Superior **Country:** Brazil **Setting:** Community setting **Comments:** **Authors name:** Valeska Marinho **Institution:** Institute of Psychiatry, Federal University of Rio de Janeiro, Rio de Janeiro, Brazil **Email:** daniel.mograbi@kcl.ac.uk **Address:** Daniel C. Mograbi, Institute of Psychiatry,Psychology and Neuroscience, KCL, PO Box078, De Crespigny Park, SE5 8AF, London, UK
Notes	

Risk of bias table

Mbakile Mahlanza 2020

Methods	**Study design:** Cluster randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 67.7 (12.6) ● *Females (%)*: 15 (75.0) ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: 59.6 (6.8) ● *Females (%)*: 19 (95.0) ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI **Included criteria:** ParticipantsInclusion criteria for residents(i) A chart diagnosis of dementia or probable dementia; and (ii) residency in the facility for ≥ 3 months to allowfor adjustment to the new setting.Inclusion criteria for family carers(i) Visit regularly ≥ 2 times per week for 30 minutes ormore to match study requirements, (ii) willing to followstudy protocol, and (iii) sufficient fluency in English tounderstand the workshop and fill out questionnaire **Excluded criteria:** Exclusion criterion for residentsAcute life-threatening illness as reported by nursing staff

	Pretreatment:
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	
Identification	**Sponsorship source:** This study is funded by Alzheimer's Australia as part of the National QualityDementia Care Initiative **Country:** Australia **Setting:** 9 General and psychogeriatric nursing hornes in the state of Victoria, Australia **Comments:** **Authors name:** Lingani Mbakile-Mahlanza **Institution:** Aged Mental Health Research Unit, School of Psychology and Psychiatry, Monash University, Melbourne, Australia **Email:** Lmgani.Mbakile-Mahlanza@mopipi.ub.bw **Address:** Aged Mental Health Research Unit, School of Psychology and Psychiatry, Monash University, Melbourne, Australia and Department of Psychology, Faculty of Social Sciences, University ofBorsuana, Gaborone, Bocswana
Notes	

Risk of bias table

Menengi 2022

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 77.7 (5.29) ● *Females (%)*: 7 (%70) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 100% ● *Vascular demnetia, number (%)*: 0% ● *Levy Body dementia, number (%)*: 0% ● *Frontotemporal dementia, number (%)*: 0% ● *Other types of dementia, number (%)*: 0% ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: 5/10 (50%) ● *Moderate dementia, number (%)*: 5/10 (50%) ● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: 80.6 (6.11) ● *Females (%)*: 7 (%70) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 100% ● *Vascular demnetia, number (%)*: 0% ● *Levy Body dementia, number (%)*: 0% ● *Frontotemporal dementia, number (%)*: 0% ● *Other types of dementia, number (%)*: 0% ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: 5/10 (50%) ● *Moderate dementia, number (%)*: 5/10 (50%)

	● *Severe dementia, number (%)*: 0% **Included criteria:** The eligibility criteria were as follows: age> 65 years, diagnosis of AD according to the National Institute of Neurological and Communicative Disorders and Stroke and Alzheimer's Disease (NINCDS- ADRDA) criteria, Mini-Mental State Examination score of 13–24, Clin-ical Dementia Rating Scale score 1–2, regular use and stable doses of cholinesterase inhibitors and/or memantine for at least a month, suffi-cient communication skills to understand the instructions, and living with a caregiver who could use technological equipment. **Excluded criteria:** he exclusion criteria were as follows: dementia types other than AD; pulmonary, neurologic, musculoskeletal or rheumatologic disease that might pre-vent exercise; unstable medical condition (e.g. uncontrolled diabetes or hypertension, deep vein thrombosis); having routine rehabilitation service from an institution or person; regular exercise habits; and visual or auditory deficits or behavioural problems that would make commu-nication difficult. Participants who had problems in adapting to online applications, and who moved to a different city or home from the time they were included in the study were also planned to be excluded **Group differences pretreatment:** Baseline sociodemographic and clinical characteristics such as age, dementia stage, time from diagnosis, comorbidity level, and all primary and secondary outcome measures of groups were similar (p >.05
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Depressive symptomer, målt med Geatric Depression Scale (GDS) short form, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Geatric Depression Scale (GDS) ● **Range**: ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint ADL, målt med KATZ Index of ADL, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: KATZ ADL ● **Range**: 0-6 ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint Kognition, målt med MMSE, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:MMSE ● **Range**: 0-30 ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint Pårørende/medarbejderbyrde, målt med Zarit burden scale, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Zarit burden scale ● **Range**: 0-48, ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint Uønskede hændelser (adverse events) ● **Outcome type**: Dichotomous Outcome ● **Reporting**: Fully reported ● **Scale**: antal personer med ● **Range**: ● **Unit of measure**: antal personer med

	● **Direction**: lavere is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors. **Country:** Turkey **Setting:** Community setting **Comments:** **Authors name:** Kübra Nur Menengi ˙ ç **Institution:** Institute of Graduate Studies, Department of Physical Therapy and Rehabilitation, Istanbul University-Cerrahpasa, Istanbul, Turkey **Email:** ipek.yeldan@iuc.edu.tr **Address:** Istanbul Universitesi-Cerrahpaşa, Sağlık Bilimleri Faku¨ltesi, Fizyoterapi ve Rehabilitasyon Bo¨lu¨mu¨, Alkent 2000 mah, Yiğittu¨rk cad. No:5/9/1, Bu¨yu¨kçekmece/I˙stanbul, Tu¨rkiye
Notes	

Risk of bias table

Mountain 2022

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 77 (7.0) ● *Females (%)*: 105/241 (44%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 142/241 (59%) ● *Vascular demnetia, number (%)*: 31/241 (13%) ● *Levy Body dementia, number (%)*: 1/241 (0.4%) ● *Frontotemporal dementia, number (%)*: 5/241 (2%) ● *Other types of dementia, number (%)*: 59/241 (24%) ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: 100% ● *Moderate dementia, number (%)*: 0% ● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: 77 (7.7) ● *Females (%)*: 96/239 (40%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 148/239 (62%) ● *Vascular demnetia, number (%)*: 19/239 (8%) ● *Levy Body dementia, number (%)*: 3/239 (1%) ● *Frontotemporal dementia, number (%)*: 2/239 (1%) ● *Other types of dementia, number (%)*: 64/239 (27%) ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: 100% ● *Moderate dementia, number (%)*: 0% ● *Severe dementia, number (%)*: 0% **Included criteria:** People diagnosed with dementia Inclusion criterial People diagnosed with all forms of dementia.I A Mini Mental State Examination (MMSE) score of ≥ 18 (taken < 2 months pre consent). MMSEis measured on a scale from 0 to 30 and higher scores indicate better cognitive function.I People with the ability to make informed decisions.I

	People living in the community or in sheltered accommodation, alone or with others.I People with the ability to converse and communicate in English.I People willing to engage in a 12-week group self-management intervention.Participating supportersInclusion criterial People aged ≥ 18 years.I People named by the person with dementia as their supporter.I People with the ability to converse and communicate in English.I People with the ability to give informed consent. **Excluded criteria:** People diagnosed with dementia Exclusion criterial People not diagnosed with a form of dementia.I People with a moderate or severe dementia with a MMSE score of < 18.I People assessed as lacking capacity.I People living in residential or nursing care.I People who are not able to converse or communicate in English.I People taking part in any other pharmacological or psychosocial intervention studies.Participating supportersI People aged < 18 years.I The person with dementia for whom they provide support to is not participating in the trial.I People who are not able to converse or communicate in English.I People who are not able to give informed consent. **Group differences pretreatment:**The characteristics of the randomised participants are well balancedbetween the randomised groups
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Depressive symptomer, målt med Patient Health questionnaire (PHQ-9), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:PHQ-9 ● **Range**:0-27 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint Livskvalitet, målt med Dementia quality of Life instument (DEMQOL), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: DEMQOL ● **Range**: 28-112 ● **Unit of measure**: points ● **Direction**: Higher is better ● **Data value**: Endpoint ADL, målt med The Instrumental activities of daily living (IADL) Scale, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: IADL ● **Range**:0-8 ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint Pårørende/medarbejderbyrde, målt med EQ-5D-5L , mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:EQ-5D-5L ● **Range**: -0.224-1.00 ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** UK National Institute of Health Research Health Technology Assessment Programme **Country:** UK **Setting:** People living in the community or in sheltered accommodation, alone or with others. **Comments:** **Authors name:** Gail A Mountain **Institution:** Centre for Applied Dementia Studies, University of Bradford, Bradford, UK **Email:** c.l.cooper@sheffield.ac.uk **Address:** Prof Cindy L Cooper, Clinical Trials Research Unit, School of Health and Related Research, University of Sheffield, Sheffield S1 4DA, UK

Notes	

Risk of bias table

Novelli 2018

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 79.40 (± 7.72) ● *Females (%)*: 46.66 % ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: 83.49 (±7.13) ● *Females (%)*: 53.33 % ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI **Included criteria:** The inciusion criteria for the person with dementiawere as follows: 60 years of age or older, previous diagnosis ofdementia according to National Institute on Aging-Alzheimer's Association criteria, able to perform at least 2 basie activities of daily living (eg, bathing, grooming, and dressing),presence of 2 BPSD ifl the last 30 days, and being understable pharmacological treatment for at least 3 months.Family caregivers had to be 18 years of age or older, provideat least 4 hours of daily care, and willing to learn to useactivities dunng care. **Excluded criteria:** Family caregivers had to be 18 years of age or older, provideat least 4 hours of daily care, and willing to learn to useactivities dunng care. Dyads were excluded if the person withdementia was nonresponsive to short commands, confined tobed, terminally ill (eg, advanced cancer), had >2 hospitalizations in the last year, were involved in other interventionstudies, or if the caregiver was seeking nursing home placement within the study period **Pretreatment:** None important
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1

Outcomes	*Adfærdsændringer, målt med* Neuropsychiatric Inventory (NPI), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: Neuropsychiatric Inventory (NPI) ● **Range**: 0-144 ● **Unit of measure**: points ● **Direction**: Lower is better ● **Data value**: Endpoint *Livskvalitet, målt med Quality of life, Quality of life in Alzheimers disease (QOL- AD), mean final, SD* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: *Quality of life in Alzheimers disease (QOL- AD)* ● **Range**: 13-52 ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint *Pårørende/medarbejder byrde, målt med Zarit burden scale, mean final, SD* ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: *Zarit burden scale* ● **Range**: 0-48 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** São Paulo Research Foundation, grant number 2013/02489-7 **Country:** Brazil **Setting:** Community setting **Comments:** **Authors name:** Marcia M.P. C. Novelh **Institution:** **Email:** (e-mail: mnovelli@uol.com.br). **Address:** Marcia M.P.C. Novelli, PhD, Management and Health CareDepartment, Federal University of Sao Paulo, Ave. Ana Costa,95-NIPAE, Vila Mathias, Santos (SP) 11060-001, Brazil
Notes	

Risk of bias table

OConnor 2019

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 62.1 (56.7–67.3) ● *Females (%)*: 2/9 ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 0%

	● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 100% ● *Mild dementia, number (%)*: 0% ● *Moderate dementia, number (%)*: 0% ● *Severe dementia, number (%)*: 100% Kontrol 1 ● *Age in years, mean (SD)*: 65.6 (62.0–76.0) ● *Females (%)*: 5/11 ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 100% ● *Mild dementia, number (%)*: 0% ● *Moderate dementia, number (%)*: 0% ● *Severe dementia, number (%)*: 100% **Included criteria:** Inclusion criteria for the individual with dementia were as follows: (1) a diagnosis of FTD (assigned by consensus of a multidisciplinary team after comprehensive clinical assessment) according to the current diagnostic criteria; (2) the presence of behavioral disturbances over the past month as rated by the carer; (3) a score >3.31 on the Informant Questionnaire on Cognitive Decline for the Elderly; (4) able to participate in at least two basic activities of daily living (ADLs); (5) be on a stable dose of psychotropic medication for the past 2 months, and dementia medication for the past 3 months; and (6) have conversational English. In addition, carers needed to meet the following conditions: (1) have conversational English; (2) be at least 18 years of age, and if not living with the person with dementia, have at least 7 h/week or 4 days/week contact; (3) be accessible by phone;and (4) indicate their willingness to learn skills in using activitiesas an intervention. Both person with dementia and carer had tofulfill entry criteria. **Excluded criteria:** None stated **Pretreatment:** None important
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Adfærdsændringer, målt med* Neuropsychiatric Inventory (NPI), mean final, 95% CI ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: Neuropsychiatric Inventory (NPI) ● **Range**: 0-144 ● **Unit of measure**: points ● **Direction**: Lower is better ● **Data value**: Endpoint Activities of Daily Living (ADL) The Instrumental activities of daily living (IADL) Scale, mean final, 95% CI ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: The Instrumental activities of daily living (IADL) Scale ● **Range**: 0-8 ● **Unit of measure**: points ● **Direction**: Higher is better ● **Data value**: Endpoint Livskvalitet, målt med EQ 5D, 0-100, mean final, 95% CI ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: The Instrumental activities of daily living (IADL) Scale

	● **Range**: 0-100 ● **Unit of measure**: points ● **Direction**: Higher is better ● **Data value**: Endpoint pårørende/medarbejderbyrde, målt med Carer vigilance/objective burden "on duty", mean final, 95% CI ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: Carer vigilance/objective burden "on duty" ● **Range**: ● **Unit of measure**:hpurs per day ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This work was supported in part by funding to ForeFront, a collab-orative research group dedicated to the study of frontotemporaldementia and motor neuron disease, from the National Healthand Medical Research Council (NHMRC) (APP1037746) and theAustralian Research Council (ARC) Centre of Excellence inCognition and its Disorders Memory Program (CE11000102); COCis supported by an Alzheimer's Australia Dementia ResearchFoundation PhD Scholarship; OP is supported by an NHMRCSenior Research Fellowship (APP1103258); EM is supported by aproject grant from the Alzheimer's Society UK (AS-SF-14–003) **Country:** Australia **Setting:** community dwellling **Comments:** **Authors name:** Claire M. O'Connor **Institution:** Ageing, Work & Health Research Unit, Faculty of Health Sciences, University of Sydney, 75 East St, Lidcombe, NSW 2141, Australia **Email:** ndy.clemson@sydney.edu.au **Address:** Ageing, Work & Health Research Unit, Faculty of Health Sciences, University of Sydney, 75 East St,Lidcombe, NSW 2141, Australia
Notes	

Risk of bias table

Oliveira 2021

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 78.4 (8.4) ● *Females (%)*: 20/28 (71.4%) ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: 26/28 (92.8%) ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: 2/28 (7.2%) ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: 0% ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: 76.3 (6.6) ● *Females (%)*: 16/26 (61.5%) ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: 23/26 (88.5%)

	● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: 3/26 (21.5 %) ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: 0% ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI **Included criteria:** Participants were eligible for inclusion if they had:1) a diagnosis of dementia performed by a physician; 2) with moderate to severe dementia confirmed by Mini-Mental State Examination (MMSE)scores < 20; 3) presence of a caregiver for at leastfour hours per day; 4) the presence of at leastthree types of NPS, identified by a questionnairebased on the Neuropsychiatric Inventory Questionna-ire [33] just to identify the presence of these symp-toms at time of first contact; and 5) if takingpsychotropic medications (antidepressants, benzod-iazepines, antipsychotics, or anticonvulsants) or an-tidementia medication (memantine or cholinesteraseinhibitors), on a stable dose for 60 days priorto enrollment to minimize confounding effects ofmedications on NPS. **Excluded criteria:** Exclusion criteria were diag-nosis of schizophrenia, bipolar disorder, or dementiasecondary to head trauma, and being bed-bound (con-fined to bed or chair) or nonresponsive (unable tounderstand short commands). **Group differences pretreatment:** Therewere no statistically significant differences betweenthe experimental and control groups in demographicand clinical variables, except for MMSE scores(p = 0.04) (experimental < control
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Agitation/out -reacting behaviour, målt med NPI- agitation domænet, mean final SD ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: NPI- agitation domænet ● **Range**: ● **Unit of measure**: ● **Direction**: lower is better ● **Data value**: Endpoint Depressive symptomer, målt med NPI- depressions domænet , mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: NPI- depressions domænet ● **Range**: ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint Pårørende/medarbejderbyrde, målt med Zarit burden scale, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Zarit burden scale ● **Range**: 0-48 ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** The Laboratory of Neuroscience (LIM-27), Uni-versity of Sao Paulo, receives financial support fromthe Alzira Denise Hertzog Silva Association (ABADHS), Instituto Nacional de Biomarcadores emNeuropsiquiatria (INBION), Sao Paulo ResearchFoundation (FAPESP; Projects 09/52825-8, 2014/14211-6, 2016/01302-9) and National Council forScientific and Technological Development (CNPq;Projects 442795/2014-9 and 466625/2014-6). **Country:** Brazil **Setting:** Outpatient services

	Comments: **Authors name:** Alexandra Martini Oliveiraa **Institution:** Servi¸co de Terapia Ocupacional, Hospital das Clinicas, Faculdade de Medicina, Universidade de Sao Paulo, Brazil **Email:** to.alexandramartini@gmail.com. **Address:** Alexandra Martini de Oliveira, OvidioPires de Campos Street, Number 785, Cerqueira Cesar, Sao Paulo
Notes	

Risk of bias table

Prick 2016

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 76 (7.6) ● *Females (%)*: 26 (45.6) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 42 (73.7) ● *Vascular demnetia, number (%)*: 9 (15.8) ● *Levy Body dementia, number (%)*: 0% ● *Frontotemporal dementia, number (%)*: 0% ● *Other types of dementia, number %*: 6 (10.5) ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: 78 (7.2) ● *Females (%)*: 15 (27.8) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 36 (66.7) ● *Vascular demnetia, number (%)*: 8 (14.8) ● *Levy Body dementia, number (%)*: 0% ● *Frontotemporal dementia, number (%)*: 0% ● *Other types of dementia, number %*: 10 (18.5) ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI **Included criteria:** Inclusion criteria for people with dementia were a diagnosis of dementia made by a physician (for instance a general practitioner, psychiatrist, geriatrician or a neurologist), minimum age 55 years, and living at home with a caregiver willing to participate in the training sessions.Family caregivers were defined as spouses or adult relatives who live with or spend a minimum of 4 hours every day with the person with dementia. Caregivers needed to have at least some depressive symptoms (Centre for Epidemiologic Studies-Depression score .5) to be included in the study. **Excluded criteria:** Exclusion criteria were the use of antidepressants, the presence of psychotic symptoms, Mini Mental State Examination (MMSE) score < 14, and receiving more than 2 days respite care in a day care facility. Caregivers were excluded in the case of physical disorders that hamper assistance with the exercises, presence of psychotic symptoms, and use of antidepressants. **Pretreatment:** None important

Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Depressive symptomer, målt med Cornell Scale for Depression (CSD), mean final, SD* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: *Cornell Scale for Depression (CSD)* ● **Range**: 0-38 ● **Unit of measure**: points ● **Direction**: Lower is better ● **Data value**: Endpoint *Adfærdsændringer, målt med Revised Memory and Behavior Problem Checklist (RMBPC), mean final, SD* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: *Revised Memory and Behavior Problem Checklist (RMBPC)* ● **Range**: ● **Unit of measure**: points ● **Direction**: Lower is better ● **Data value**: Endpoint Livskvalitet, målt med SF 36 physical function ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: SF 36 physical function ● **Range**: ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** We would like to thank the Dutch Health Insurers Innovation Foundation for their financial support. Furthermore, we thank all of the participants and research assistants who contributed to the study and the Mental Health research program of the EMGO Institute for Health and Care Research **Country:** Netherlands **Setting:** People with dementia living in the community and their family caregivers **Comments:** **Authors name:** Anna-Eva Pric **Institution:** Department of Clinical Psychology and the EMGO Institute for Health and Care Research, Faculty of Psychology and Education, VU University, Amsterdam, the Netherlands **Email:** a.j.c.prick@vu.nl **Address:** Anna-Eva Prick+Department of Clinical Psychology and the EMGO Institute for Health and Care Research, Faculty of Psychology and Education, VU University, Van der Boechorststraat 1, 1081 BT Amsterdam, the Netherlands
Notes	

Risk of bias table

Rai 2021

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 74.03, 6.83 ● *Females (%)*: 9/31 (29%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI

	● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: 71.81, 8.52 ● *Females (%)*: 10/30 (33%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% **Included criteria:** People with dementia were eligible if they were at least 50 years of age; met the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) criteria for dementia of any type; scored 10 or above on the Mini Mental State Examination (MMSE)17 or 16 or above on the Montreal Cognitive Assessment (MoCA);18 had some ability to communicate and understand in English (eg, ability to give informed consent); were able to see and hear well enough to parti-cipate; and did not have a major physical illness or disability affecting their participation. Carers were eligible if they were at least 21 years of age; had the ability to speak and understand English; were able to see and hear well enough to participate; and did not have a major physical illness or disability affecting their participation. In addi-tion, either participant needed to have access to their own touch-screen tablet (with software version 10 for iOS and version 4.4.2. for Android). **Excluded criteria:** Dyads were excluded in the case of concurrent participation in any other interven-tional study. **Group differences pretreatment:** Tests for homogeneity showed no differences in distributions on any of the characteristics between the iCST app and TAU control group.
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Adfærdsændringer, målt med Neuropsychiatric Inventory (NPI) mean final, 95% CI ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: NPI ● **Range**:0-144 ● **Unit of measure**:points ● **Direction**: lower is better ● **Data value**: Endpoint Depressive symptomer, målt med Cornell Scale for Depression, mean final, 95% CI ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:CSD ● **Range**: 0-38 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint Livskvalitet, målt med Quality of life, Quality of life in Alzheimers disease (QOL- AD), mean final, 95% CI

	● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: QOL- AD ● **Range**: 13-52 ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint ADL, målt med Bristol Activities of Daily Living Scale (BADLS), lavere er bedre , mean final, 95% CI ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:BADLS ● **Range**: ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint Kognition, målt med Alzheimer's disease Assessment Scale cognitive subscale (ADAS Cog), mean final, 95% CI ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:ADAS Cog ● **Range**: 0-75 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint Pårørende/medarbejderbyrde, målt med EQ-5D-5L , mean final, 95% CI ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:EQ-5D-5L ● **Range**: -0.224-1.00 ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint Uønskede hændelser (adverse events) ● **Outcome type**: Dichotomous Outcome ● **Reporting**: Fully reported ● **Scale**: antal personer med ● **Range**: ● **Unit of measure**: antal personer med ● **Direction**: lavere is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Dr HKR reports grants from Marie Curie Innovative Training Network, during the conduct of the study and royalties from the sales of the iCST app (Thinkability) go to Eumedianet and the University of Nottingham and provide support for ongoing maintenance of the app including future updates **Country:** Scotland, UK **Setting:** Recruting from a variety of settings including primary and secondary care, memory clinics, support groups, Join Dementia Research (JDR: an online register), and social media **Comments:** **Authors name:** Harleen Kaur Rai **Institution:** Department of Computer & Information Sciences, University of Strathclyde, Livingstone Tower, Glasgow, Scotland, G1 1HX, UK; **Email:** harleen.rai@strath.ac.uk **Address:** Harleen Kaur Rai Department of Computer & Information Sciences, University of Strathclyde, Livingstone Tower, Glasgow, G1 1HX, UK
Notes	

Risk of bias table

Rhodus 2023

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 73.3 (7.1) ● *Females (%)*: 8/10 (80%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 100% ● *Vascular demnetia, number (%)*: 0% ● *Levy Body dementia, number (%)*: 0% ● *Frontotemporal dementia, number (%)*: 0% ● *Other types of dementia, number (%)*: 0% ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: 77.2 (7.4) ● *Females (%)*: 7/10 (70%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 100% ● *Vascular demnetia, number (%)*: 0% ● *Levy Body dementia, number (%)*: 0% ● *Frontotemporal dementia, number (%)*: 0% ● *Other types of dementia, number (%)*: 0% ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI **Included criteria:** dults diagnosed as having AD, with a Clinical Dementia Rating Scale (CDR) score of ≥1.0 (Hugheset al., 1982), who were living in the community withcaregiver-identified behavioral disturbance were recruited from the University of Kentucky Alzheimer'sDisease Research Center (UKADRC).Participants were included if they had a stable medical condition, had stable medication use for 1 mo before screening, did not participate in cognitive-based rehabilitation or occupational therapy, and had a willing care partner. **Excluded criteria:** Exclusion criteria were restriction to bed,physically violent behaviors, profound or total sensoryloss, diagnosis of major mental illness, and use of in-vestigational medication within 30 d of screening. **Group differences pretreatment:** Age of the person living withdementia (p 5 .014) and caregiver gender (p 5 .0029) varied among groups
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Adfærdsændringer, målt med Neuropsychiatric Inventory Q,mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: NPI Q ● **Range**:0-120 ● **Unit of measure**:

	● **Direction**: lower is better ● **Data value**: Endpoint ADL, målt med Patient performance during functional daily activities, mean final, SE ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: Patient performance during functional daily activities ● **Range**: ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint Kognition, målt med Montreal cognitive assessment (MoCa), mean final, SE ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: MoCa ● **Range**: ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint Pårørende/medarbejderbyrde, målt med Zarit burden scale, 0-48, lavere er bedre , mean final, SE ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: Zarit burden scale ● **Range**:0-48 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This study was funded by the Na-tional Institutes of Health (NIH; T32 AG057461). Par-ticipants were enrolled through a partnership with theUKADRC funded by NIH/National Institute on Aging(NIA; P30 AG028383). Protocol development wasfacilitated by Dr. Rhodus's participation in the Insti-tute on Methods and Protocols for Advancement ofClinical Trials in ADRD Course, funded by the NIH/NIA (U13AG067696), NIA (U24AG057437), andAlzheimer's Association (SG-20-693744). **Country:** USA **Setting:** Occupational therapy delivered through telehealth in participants' homes **Comments:** **Authors name:** Elizabeth K. Rhodus **Institution:** **Email:** **Address:**
Notes	

Risk of bias table

Ridder 2013

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: ● *Females (%)*: ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI

	● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: 0% ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: ● *Females (%)*: ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: 0% ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Overall ● *Age in years, mean (SD)*: 81 (range 66-96) ● *Females (%)*: 69% **Included criteria:** Eligibility criteria for participants were: (1) nursing home resident with moderate to severe dementia, (2) diagnosis ofdementia stated in medical journal, (3) referral to musictherapy in accordance with the established referral procedures, (4) symptoms of agitation and (5) completion of consent procedure **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Agitation/out-reaching behaviour, målt med Modificeret* Cohen_Mansfield Agitation Inventory (CMAI)*, mean final, sd* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:CMAI ● **Range**: 0-66 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint Alzherimer's disease-Related Quality of Life (ADRQL) *mean final, sd* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:ADRQL ● **Range**: ● **Unit of measure**: points ● **Direction**: ● **Data value**: Endpoint Uønskede hændelser (adverse events) ● **Outcome type**: Dichotomous Outcome ● **Reporting**: Fully reported

	● **Scale**: antal personer med ● **Range**: ● **Unit of measure**: antal personer med ● **Direction**: lavere is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** The authors would like to thank the GC Rieber Foundation inBergen and Aalborg University for providing funds for researchassistants and statistician and for the support fromBette S. Black by offering us a free License Agreement for theuse of the ADRQL for this study. **Country:** Denmark and Norway **Setting:** 14 different nursing homes; 4 in Denmark and 10 in Norway **Comments:** **Authors name:** Hanne Mette O. Ridde **Institution:** Doctoral Programme in Music Therapy, Department of Communication & Psychology, Aalborg University, Aalborg Øst, Denmark; **Email:** Hanne@hum.aau.dk **Address:** Doctoral Programme in Music Therapy, Department of Communication & Psychology, Aalborg University, Aalborg Øst, Denmark;
Notes	

Risk of bias table

Sakamoto 2013

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: ● *Females (%)*: 11/13 women, 81.2 ± 7.5 years old; two men, 76 ± 7.1 years old ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: 100% ● *Vascular demnetia, number (%)*: 0% ● *Levy Body dementia, number (%)*: 0% ● *Frontotemporal dementia, number (%)*: 0% ● *Other types of dementia, number %*: 0% ● *Nursing home recidents, number (%)*: NI ● *Inpatients, number (%)*: NI ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: 0% ● *Moderate dementia, number (%)*: 0% ● *Severe dementia, number (%)*: 100% Kontrol 1 ● *Age in years, mean (SD)*: ● *Females (%)*: 11/13 women, 81 ± 8.3 years old; two men, 84.5 ± 4.95 years old ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: 100% ● *Vascular demnetia, number (%)*: 0% ● *Levy Body dementia, number (%)*: 0% ● *Frontotemporal dementia, number (%)*: 0% ● *Other types of dementia, number %*: 0% ● *Nursing home recidents, number (%)*: NI ● *Inpatients, number (%)*: NI ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: 0% ● *Moderate dementia, number (%)*: 0% ● *Severe dementia, number (%)*: 100%

	Included criteria: ligibility criteria: Alzheimer's-type dementia according to the diagnostic criteria specified in the Diagnostic and Statistical Manualof Mental Disorders, 4th edition (AmericanPsychiatric Association, 1994); severity wasclassified at level 3, indicating severe dementia asspecified by the Clinical Dementia Rating Scale(Morris, 1993); no hearing disorders that couldprevent participants from listening to music; noexperience of playing musical instruments; aged 65years or more; and no history of heart disease,hypertension, or diabetes (because changes inautonomic nervous system were used as an index) **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Agitation/out -reacting behaviour, målt medThe Behavioral Pathology in Alzherimer's disease (BEHAVE-AD) aggressionsdomænet, mean final, SD* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:*BEHAVE-AD aggressionsdomænet* ● **Range**: ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint *Pårørende/medarbejder byrde, målt med The Behavioral Pathology in Alzherimer's disease (BEHAVE-AD) Global rating, mean final, SD* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:The Behavioral Pathology in Alzherimer's disease (BEHAVE-AD) Global rating ● **Range**: ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This study was supported by MEXTKAKENHI grant numbers 19592567, 22592586(2007–2009, 2010–2013 **Country:** Japan **Setting:** four group homes and a special dementia hospital in Kobe City **Comments:** **Authors name:** Mayumi Sakamoto **Institution:** Kobe University Graduate School of Health Sciences, Kobe, Hyogo, Japan **Email:** m-sakamoto@silver.kobe-u.ac.jp **Address:** : Mayumi Sakamoto, Kobe UniversityGraduate School of Health Sciences, 7-10-2 Tomogaoka, Suma-ku, Kobe,Hyogo 654-0142, Japa
Notes	

Risk of bias table

Silva 2021

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 79.5 (± 8.80) ● *Females (%)*: 21/28 (75.0) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI

	● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: 100% ● *Moderate dementia, number (%)*: 0% ● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: 8.75 (± 9.32) ● *Females (%)*: 16/24 (66.7) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: 100% ● *Moderate dementia, number (%)*: 0% ● *Severe dementia, number (%)*: 0% **Included criteria:** All participants met the following inclusion criteria:(a) Aged 60 years or older;(b) Diagnosed with MCI or dementia by a neurologist,psychiatrist, or general practitioner. If diagnosed by ageneral practitioner, the presence of diagnostic criteriaas defined by the International Working Group on MildCognitive Impairment (Portet, 2006), the Diagnostic andStatistical Manual of Mental Disorders—Fourth or Fifthedition, or the ICD-9/10 Scored 2–20 points on the 6-item Cognitive ImpairmentTest (6-CIT; Brooke and Bullock, 1999; Portuguese versionby Apóstolo et al., 2017);(d) Were able to communicate effectively with others;(e) Had no physical illness or disability affecting theirparticipation; (f) Lived in a community setting, either at their own home orin a family member's home, and should not attend an adultday care center or any other institution of the same nature, such as a cognitive rehabilitation center/occupationaltherapy center;(g) Had a caregiver (informal or formal) who completed, atleast, primary school (1st–4th grade), available and willing **Excluded criteria:** The following exclusion criteria were applied:(a) Older adult/caregiver with a history of severepsychiatric illness, diagnosed before the age of 60;(b) Caregiver with cognitive impairment, even if amild Neurocognitive Disorder according to DSM-5criteria (American Psychiatric Association [APA], 2013),assessed by healthcare professionals when selectingpotential participants. **Group differences pretreatment:** None of the sociodemographic characteristicsand respective outcomes showed significant differences(p > 0.05)
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Adfærdsændringer, målt med Neuropsychiatric Inventory (NPI), mean final, sd ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:NPI ● **Range**: 0-144 ● **Unit of measure**: Points ● **Direction**:lower is better ● **Data value**: Endpoint Depressive symptomer, målt med Geatric Depression Scale (GDS), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:GDS ● **Range**: 0-15 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint Livskvalitet, målt med Quality of life, Quality of life in Alzheimers disease (QOL- AD), mean final, SD

	● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:QOL- AD ● **Range**:13-52 ● **Unit of measure**: points ● **Direction**: Higher is better ● **Data value**: Endpoint Kognition, målt med Alzheimer's disease Assessment Scale cognitive subscale (ADAS Cog), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:ADAS Cog ● **Range**: 0-75 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint Pårørende/medarbejderbyrde, målt med SF 12 Health Survey mental, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:SF 12 Health Survey mental ● **Range**: 0- 100 ● **Unit of measure**: points ● **Direction**:higher is better ● **Data value**: Endpoint Uønskede hændelser (adverse events) ● **Outcome type**: Dichotomous Outcome ● **Reporting**: Fully reported ● **Scale**: antal personer med ● **Range**: ● **Unit of measure**: antal personer med ● **Direction**: lavere is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This study was funded by the Foundation for Science andTechnology (FCT), I.P.—project reference UIDB/00742/2020. **Country:** Portugal **Setting:** Community setting **Comments:** **Authors name:** Rosa Silva **Institution:** Health Sciences Research Unit: Nursing, Nursing School of Coimbra, Coimbra, Portugal **Email:** rosacgsilva@esenfc.pt **Address:**
Notes	

Risk of bias table

Tanaka 2017

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 84.9 (6.6) ● *Females (%)*: 16/20 ● *Numbers (%) with BPSD*: NI

	● *Alzheimer´s disease, number (%)*: 8/20 ● *Vascular demnetia, number (%)*: 4/20 ● *Levy Body dementia, number (%)*: 0/20 ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: 8/20 ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Intervention 2 ● *Age in years, mean (SD)*: 86.0 (7.4) ● *Females (%)*: 19/20 ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 8/20 ● *Vascular demnetia, number (%)*: 5/20 ● *Levy Body dementia, number (%)*: 0/20 ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: 7/20 ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: 86.5 (8.3) ● *Females (%)*: 19/20 ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 6/20 ● *Vascular demnetia, number (%)*: 6/20 ● *Levy Body dementia, number (%)*: 1/20 ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: 7/20 ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI **Included criteria:** following criteria: (i) had dementia with a Mini-MentalState Examination (MMSE) score of 5–25;13 (ii) lackedsevere auditory and visual impairments; (iii) had theability to engage in a simple activity or a brief conver-sation; and (iv) completed intensive rehabilitation(i.e. 3 months have passed since admission). **Excluded criteria:** None stated **Pretreatment:** At baseline, there were no significant differencesbetween the three groups in any of the demographicvariables
Interventions	**Intervention Characteristics** Intervention 1 Intervention 2 Kontrol 1
Outcomes	Depressive symptomer, målt Geatric Depression Scale (GDS), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Geatric Depression Scale

	● **Range**:0-15 ● **Unit of measure**: points ● **Direction**:Lowe ris better ● **Data value**: Endpoint *Kognition, målt med Mini Mental State Examinatrion (MMSE), mean final, SD* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:*MMSE* ● **Range**: 0-30 ● **Unit of measure**: points ● **Direction**: Higher is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Haruyasu Yamaguchi was supported by Grant-in-Aidfor Challenging Exploratory Research (No. 26670437)and a Health Labour Sciences Research Grant (H25-dementia-ippan-008) **Country:** Japan **Setting:** Geriatric health service facility **Comments:** **Authors name:** Shigeya TANAKA **Institution:** Department of Rehabilitation Sciences, Gunma University Graduate School of Health Sciences, Maebashi, Departments of rehabilitation **Email:** Sigeshigeyan@ybb.ne.jp **Address:** e: Mr Shigeya Tanaka MA, Departmentof Rehabilitation Sciences, Gunma UniversityGraduate School of Health Sciences, 3-39-15Showa-machi, Maebashi, Gunma 371-8514, Japan.
Notes	

Risk of bias table

Tanaka 2021

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 88.1 (8.1) ● *Females (%)*: 8/15 (53.3) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: 84.2 (7.4) ● *Females (%)*: 10 /18 (62.5) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI

	● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI **Included criteria:** Inclusioncriteria were: (i) having dementia (Mini-Mental StateExamination, 17 MMSE, score of 5 to 25);(ii) being ableto participate in a group activity and to have brief com-munication with others; (iii) not having severe auditoryor visual impairments; (iv) having the ability to movearound the facility with a wheelchair or walking aids;and (v) had been admitted more than 3 months before. **Excluded criteria:** None stated **Group differences pretreatment:**There wereno significant differences in the baseline characteris-tics between the two groups
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Adfærdsændringer, målt med the Dementia Behavior Disturbance Scale (DBD) mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:DBD ● **Range**:0-48 ● **Unit of measure**: ● **Direction**: lower is better ● **Data value**: Endpoint Depressive symptomer, målt med , mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: ● **Range**: ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint Livskvalitet, målt med QOL questionnaire for dementia (short QOL-D, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:QOL questionnaire for dementia (short QOL-D), ● **Range**: ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint ADL, målt med Bartel Index, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Bartel Index ● **Range**: ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint Kognition, målt med MMSE, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported

	● **Scale**: MMSE ● **Range**: 0-30 ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint Pårørende/medarbejderbyrde, målt med , mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: ● **Range**: ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint Uønskede hændelser (adverse events) ● **Outcome type**: Dichotomous Outcome ● **Reporting**: Fully reported ● **Scale**: antal personer med ● **Range**: ● **Unit of measure**: antal personer med ● **Direction**: lavere is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This work was supported by JSPS Grant-in-Aid forYoung Scientists Grant Number JP17K18054. **Country:** Japan **Setting:** Geriatric health service facility **Comments:** **Authors name:** Shigeya Tanaka **Institution:** Takasaki University of Health and Welfare, Takasaki and 2Gunma University Graduate School of Health Sciences, Maebashi, Japan **Email:** tanaka-s@takasaki-u.ac.jp **Address:** Shigeya Tanaka, PhD, TakasakiUniversity of Health and Welfare, 501 Nakaorui-machi, Takasaki City, Gunma 370-0033, Japan
Notes	

Risk of bias table

Tonga 2021

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 69.4 (7.79) ● *Females (%)*: 45/100 (45%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: 100% ● *Moderate dementia, number (%)*: 0%

	● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: 70.7 (7.84) ● *Females (%)*: 47/98 (48%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: NI ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: 100% ● *Moderate dementia, number (%)*: 0% ● *Severe dementia, number (%)*: 0% **Included criteria:** Eligible participants had to:● meet the Winblad criteria for MCI due to Alzhei-mer's disease (Winblad et al., 2004); or criteria fordementia in Alzheimer's disease according to theICD-10 or the National Institute of Neurologicaland Communicative Disorders and Stroke and theAlzheimer's Disease and Related DisordersAssociation (Dubois et al., 2007);● be in the early stages of MCI or dementia, as indicated by a Mini Mental State Examination(MMSE) (Folstein et al., 1975) score of 20 or above;● reside at home;● be in weekly contact with a caregiver that was willingto participate, for example, a spouse, friend, sibling,or adult child;● informed consent from the participants andcaregivers. **Excluded criteria:** Individuals were excluded, when they:● lived outside the home, for example, a nursing home;● received ongoing psychotherapy;● had a severe psychiatric or somatic illness that couldhinder study adherence.● Participants that were taking ongoing medication instable doses were not excluded, due to ethical andpractical considerations. **Group differences pretreatment:** no significant differences inbackground variables between groups (p > .05)
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Adfærdsændringer, målt med Neuropsychiatric Inventory (NPI) lavere bedre, difference in mean change, SE ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: NPI ● **Range**: 0-144 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: diffenrece in mean change Depressive symptomer, målt med Montgomery-Asberg Depression Rating Scale, difference in mean change, SE ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:Montgomery-Asberg Depression Rating Scale ● **Range**: 0-60 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: diffenrece in mean change Livskvalitet, målt med Quality of life in Alzheimers disease (QOL- AD), difference in mean change, SE ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:QOL- AD ● **Range**: 13-52, ● **Unit of measure**: points ● **Direction**: Higher is better ● **Data value**: diffenrece in mean change Pårørende/medarbejderbyrde, målt med Carer's quality of life (The Carer-QOL_AD) , difference in mean change, SE ● **Outcome type**: Continuous Outcome

	● **Reporting**: Fully reported ● **Scale**: ● **Range**: ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: diffenrece in mean change
Identification	**Sponsorship source:** The CORDIAL study was funded by the NorwegianHealth Association, the Old Age PsychiatryResearch Network, Telemark Hospital Trust andVestfold Trust (TeVe), the Department of Old AgePsychiatry, Oslo University Hospital, and the Civi-tan Norway Research Foundation of Alzheimer'sDisease. The authors did not enter into an agree-ment with a funding organization **Country:** Norway **Setting:** Community setting **Comments:** **Authors name:** Johanne B. Tonga **Institution:** Department of Old Age Psychiatry, Oslo University Hospital, Gaustad, Postbox 4956, Nydalen, 0424 Oslo, Norway **Email:** jtbjo@ ous-hf.no **Address:** o: Johanne Bjoernstad Tonga, Oslo UniversityHospital, Department of Old Age Psychiatry, Postbox 4956, Nydalen, 0424 Oslo
Notes	

Risk of bias table

VanHaitsma 2015

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 87.66 (8.37) ● *Females (%)*: 38/44 ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI Kontrol 1 ● *Age in years, mean (SD)*: 89.21 (6.87) ● *Females (%)*: 37/43 ● *Numbers (%) with BPSD*: 100% ● *Alzheimer´s disease, number (%)*: NI ● *Vascular demnetia, number (%)*: NI ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number %*: NI ● *Nursing home recidents, number (%)*: 100% ● *Inpatients, number (%)*: 0% ● *Living in their own homes, number (%)*: 0% ● *Mild dementia, number (%)*: NI

	● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: NI **Included criteria:** Nursing home residents with mild to advanced dementia **Excluded criteria:** Residents were ineligible for the study if they were actively psychotic or receiving end-of-life care. Residents who had lived on the nursing unit for less than 1 month were also ineligible because they were still adjust-ing to their new environment and staff did not know them well enough to assess preferences. **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Agitation/out -reacting behaviour, målt med* Non verbal adfærd og verbal adfærd, *mean final, SD* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: Non verbal adfærd og verbal adfærd ● **Range**: ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint *Depressive symptomer, Affective rating scale, Negative affect (sadness) mean final, SD* Affective rating scale, Negative affect (anger, anxiety and sadness) Højere værre ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: *Affective rating scale, Negative affect (sadness)* ● **Range**: ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This work was supported by a grant from the Alzheimer's Association Tacrine Fund (Pilot Research Grant TRG-95-006) and the Pennsylvania Department of Health (4100054858). **Country:** USA **Setting:** Nursing homes **Comments:** **Authors name:** Kimberly S. Van Haitsma **Institution:** Polisher Research Institute, Madlyn and Leonard Abramson Center for Jewish Life, North Wales, Pennsylvania **Email:** Kvanhaitsma@abramsoncenter.org **Address:** Correspondence should be addressed to Kimberly S. Van Haitsma, PhD, Director, Polisher Research Institute, Madlyn and Leonard Abramson Center for
Notes	

Risk of bias table

Voigt Radloff 2011

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: ● *Females (%)*: ● *Numbers (%) with BPSD*: ● *Alzheimer´s disease, number (%)*: ● *Vascular demnetia, number (%)*: ● *Levy Body dementia, number (%)*:

	● *Frontotemporal dementia, number (%)*: ● *Other types of dementia, number %*: ● *Nursing home recidents, number (%)*:0% ● *Inpatients, number (%)*:0% ● *Living in their own homes, number (%)*:100% ● *Mild dementia, number (%)*:NI ● *Moderate dementia, number (%)*:NI ● *Severe dementia, number (%)*:0% Kontrol 1 ● *Age in years, mean (SD)*: ● *Females (%)*: ● *Numbers (%) with BPSD*: ● *Alzheimer´s disease, number (%)*: ● *Vascular demnetia, number (%)*: ● *Levy Body dementia, number (%)*: ● *Frontotemporal dementia, number (%)*: ● *Other types of dementia, number %*: ● *Nursing home recidents, number (%)*:0% ● *Inpatients, number (%)*:0% ● *Living in their own homes, number (%)*:100% ● *Mild dementia, number (%)*:NI ● *Moderate dementia, number (%)*:NI ● *Severe dementia, number (%)*: 0% **Included criteria:** Patients with mild to moderate Alzheimer's disease (Mini-Mental State Examination14-24), living in the community with primary careravailable and without severe depression or behaviouralsymptoms, were eligible **Excluded criteria:** none stated **Pretreatment:**
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	*Depressive symptomer, målt med Cornell Scale for Depression (CSD), mean final, SD* ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: *Cornell Scale for Depression (CSD)* ● **Range**: 0-38 ● **Unit of measure**: points ● **Direction**: Lower is better ● **Data value**: Endpoint Activity of daily Living (ADL) målt med Performance scale of the interview of deterioation of daily activities (IDDD) 0-44, mean final, SD ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: (IDDD) ● **Range**: 0-44 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint Uønskede hændelser (adverse events) ● **Outcome type**: Dichotomous Outcome ● **Reporting**: Fully reported ● **Scale**: antal personer med ● **Range**: ● **Unit of measure**: antal personer med

	● **Direction**: lavere is better ● **Data value**: Endpoint Livskvalitet, målt med Dementia quality of Life instument (DEMQOL), mean final, SD ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: DEMQOL ● **Range**: 28-112 ● **Unit of measure**: points ● **Direction**: Higher is better ● **Data value**: Endpoint Pårørende/medarbejderbyrde, målt med Health survey questionnaire,mean final, SD ● **Outcome type**: ContinuousOutcome ● **Reporting**: Fully reported ● **Scale**: Health survey questionnaire ● **Range**: ● **Unit of measure**: points ● **Direction**: ● **Data value**: Endpoint
Identification	**Sponsorship source:** German Federal Ministry of Health, Reference Number:IIA5-2508FSB111/44-004 **Country:** Germany **Setting:** Community dwelling **Comments:** **Authors name:** Sebastian Voigt-Radloff **Institution:** Department of Occupational Therapy, Centre of Geriatric Medicine and Gerontology Freiburg, University Hospital Freiburg, Freiburg, Germany **Email:** Dr Sebastian Voigt-Radloff; sebastian.voigt@ uniklinik-freiburg.de **Address:** Department of Occupational Therapy, Centre of Geriatric Medicine andGerontology Freiburg, University Hospital Freiburg, Freiburg, Germany
Notes	

Risk of bias table

Wenborn 2021

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group
Participants	**Baseline Characteristics** Intervention 1 ● *Age in years, mean (SD)*: 78.4 (7.0) ● *Females (%)*: 95 (38%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 132/249 (53%) ● *Vascular demnetia, number (%)*: 47 /249(19%) ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: 70/249 (28%) ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% Kontrol 1 ● *Age in years, mean (SD)*: 78.8 (7.5)

	● *Females (%)*: 106 (48%) ● *Numbers (%) with BPSD*: NI ● *Alzheimer´s disease, number (%)*: 115/219 (52%) ● *Vascular demnetia, number (%)*: 45/219 (21%) ● *Levy Body dementia, number (%)*: NI ● *Frontotemporal dementia, number (%)*: NI ● *Other types of dementia, number (%)*: 59/219 (27%) ● *Nursing home recidents, number (%)*: 0% ● *Inpatients, number (%)*: 0% ● *Living in thier own homes, number (%)*: 100% ● *Mild dementia, number (%)*: NI ● *Moderate dementia, number (%)*: NI ● *Severe dementia, number (%)*: 0% **Included criteria:** We recruited pairs comprising a person with dementia and their family carer. The former hadto live in their own home; have a diagnosis of dementia as defined by the DSM-IV [16]; andscore between 0.5 and 2 on the Clinical Dementia Rating Scale indicating mild to moderatedementia [17]. Carers had to be aged 18 or over; and provide practical support with domesticor personal activities to the person with dementia for at least 4 hours per week. Both parties had to be able to converse in English; be willing to participate in the COTiD-UK interventiontogether if allocated to receive it; and have the capacity to provide consent. **Excluded criteria:** None stated **Group differences pretreatment:**
Interventions	**Intervention Characteristics** Intervention 1 Kontrol 1
Outcomes	Depressive symptomer, målt med Cornell Scale for Depression (CSD), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: CSD ● **Range**: 0-38 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint Livskvalitet, målt med Dementia quality of Life instument (DEMQOL), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**:DEMQOL ● **Range**: 28-112 ● **Unit of measure**: points ● **Direction**: higher is better ● **Data value**: Endpoint ADL, målt med Performance scale of the interview of deterioation of daily activities (IDDD), mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: IDDD ● **Range**:0-44 ● **Unit of measure**: points ● **Direction**: lower is better ● **Data value**: Endpoint Kognition, målt med MMSE, mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: MMSE ● **Range**: 0-30 ● **Unit of measure**: points

	● **Direction**: Higher is better ● **Data value**: Endpoint Pårørende/medarbejderbyrde, målt med , mean final, SD ● **Outcome type**: Continuous Outcome ● **Reporting**: Fully reported ● **Scale**: ● **Range**: ● **Unit of measure**: points ● **Direction**: is better ● **Data value**: Endpoint Uønskede hændelser (adverse events) ● **Outcome type**: Dichotomous Outcome ● **Reporting**: Fully reported ● **Scale**: antal personer med ● **Range**: ● **Unit of measure**: antal personer med ● **Direction**: lavere is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Funding: This study is funded by the NationalInstitute for Health Research (NIHR) [ProgrammeGrants for Applied Research (Grant ReferenceNumber: RP-PG-0610-10108)], awarded to MO(lead applicant), and DC, MK, SMi, SMo, EM-C,GM, RO, FP, IR, CS, MV-D, JW as co-applicants.URL: www.nihr.ac.uk EP was partially funded bythe NIHR Applied Research Collaboration (ARC)North Thames. The funders had no role in studydesign, data collection and analysis, decision topublish, or preparation of the manuscrip **Country:** UK **Setting:** Community setting **Comments:** **Authors name:** Jennifer Wenborn **Institution:** ivision of Psychiatry, University College London, London, United Kingdom **Email:** j.wenborn@ucl.ac.uk **Address:**
Notes	

Risk of bias table

Footnotes

Characteristics of excluded studies

Ali 2022

Reason for exclusion	Wrong patient population

Alvarez 2022

Reason for exclusion	Wrong intervention

AnneJulie 2022

Reason for exclusion	Wrong study design

AricaPolat 2022

Reason for exclusion	Wrong patient population

Au 2020

Reason for exclusion	Wrong patient population

Au 2023

Reason for exclusion	Wrong patient population

Ayari 2023

Reason for exclusion	Wrong comparator

Barnes 2020

Reason for exclusion	Wrong patient population

Beentjes 2023

Reason for exclusion	Wrong patient population

Beishon 2022

Reason for exclusion	Wrong patient population

BenitezLugo 2023

Reason for exclusion	Wrong comparator

Bertrand 2023

Reason for exclusion	Wrong outcomes

Bhowmik 2023

Reason for exclusion	Wrong patient population

Biasutti 2021

Reason for exclusion	Wrong comparator

Binns 2020

Reason for exclusion	Wrong comparator

Blanca 2020

Reason for exclusion	Wrong patient population

BondsJohnson 2024

Reason for exclusion	Wrong patient population

Bourdon 2021

Reason for exclusion	Wrong intervention

Bracco 2023

Reason for exclusion	Wrong comparator

Brown 2021

Reason for exclusion	Wrong study design

Burton 2021

Reason for exclusion	a protocol

Calatayud 2022

Reason for exclusion	Wrong patient population

Carbone 2021

Reason for exclusion	Wrong comparator

Carbone 2022

Reason for exclusion	Wrong study design

Chan 2021

Reason for exclusion	Wrong comparator

Chao 2021

Reason for exclusion	Wrong patient population

Chen 2021

Reason for exclusion	Wrong intervention

Chester 2021

Reason for exclusion	Wrong study design

Cheung 2020

Reason for exclusion	Wrong comparator

Ciro 2023

Reason for exclusion	Wrong comparator

Clare 2010

Reason for exclusion	Wrong patient population

Clarkson 2022

Reason for exclusion	Wrong intervention

Csipke 2021

Reason for exclusion	Wrong patient population

Csipke 2021a

Reason for exclusion	Wrong study design

Davison 2016

Reason for exclusion	Wrong intervention

deOliveira 2019

Reason for exclusion	Wrong comparator

DiazBaquero 2022

Reason for exclusion	Wrong patient population

Dimitriou 2022

Reason for exclusion	Wrong comparator

Dolan 2022

Reason for exclusion	Wrong study design

Dooley 2004

Reason for exclusion	Wrong study design

Fitzsimmons 2002

Reason for exclusion	Wrong study design

Fleiner 2020

Reason for exclusion	Wrong comparator

Garland 2007

Reason for exclusion	Wrong intervention

Gathercole 2021

Reason for exclusion	Wrong intervention

Gbiri 2020

Reason for exclusion	Wrong intervention

Gerner 2013

Reason for exclusion	afhandling, muligvis på tysk, fuldtekst ikke tilgængelig

Gitlin 2001

Reason for exclusion	Wrong intervention

Gitlin 2003

Reason for exclusion	Wrong intervention

Gitlin 2010

Reason for exclusion	Wrong intervention

Gitlin 2010a

Reason for exclusion	Wrong intervention

Gitlin 2022

Reason for exclusion	Wrong intervention

Giuli 2016

Reason for exclusion	Wrong intervention

Giulietti 2023

Reason for exclusion	Wrong patient population

Gomez Gallego 2021

Reason for exclusion	Wrong comparator

Gonzalez Moreno 2022

Reason for exclusion	Wrong study design

Guest 2021

Reason for exclusion	Wrong study design

Habiger 2021

Reason for exclusion	Wrong intervention

Halek 2020

Reason for exclusion	Wrong intervention

Han 2022

Reason for exclusion	Wrong intervention

Harwood 2023

Reason for exclusion	Wrong patient population

Hoel 2022

Reason for exclusion	Wrong patient population

Holthoff 2015

Reason for exclusion	Wrong intervention

Howard 2021

Reason for exclusion	Wrong intervention

Hui 2022

Reason for exclusion	abstract, uden brugbare resultater

Hwang 2023

Reason for exclusion	Wrong patient population

Jeon 2020

Reason for exclusion	Wrong patient population

Jeon 2020a

Reason for exclusion	Wrong patient population

Jesus 2023

Reason for exclusion	Wrong patient population

JimenezPalomares 2021

Reason for exclusion	Wrong patient population

JustoHenriques 2023

Reason for exclusion	Wrong patient population

Kerkhof 2022

Reason for exclusion	Wrong intervention

Kim 2020

Reason for exclusion	Wrong comparator

Kruse 2021

Reason for exclusion	Wrong study design

Kunik 2020

Reason for exclusion	Wrong intervention

Kurth 2021

Reason for exclusion	Wrong comparator

Kwak 2020

Reason for exclusion	Wrong intervention

Kwon 2023

Reason for exclusion	Wrong study design

Lauriks 2020

Reason for exclusion	Wrong intervention

Lech 2023

Reason for exclusion	Wrong intervention

Lee 2022

Reason for exclusion	Wrong study design

Levinger 2023

Reason for exclusion	Wrong intervention

Li 2017

Reason for exclusion	Wrong comparator

Lin 2022

Reason for exclusion	Wrong study design

Liu 2020

Reason for exclusion	Wrong comparator

Liu 2023

Reason for exclusion	Wrong study design

Low 2023

Reason for exclusion	Wrong patient population

Lu 2016

Reason for exclusion	Wrong patient population

MarquezGonzalez 2020

Reason for exclusion	Wrong intervention

Martinez Contreras 2023

Reason for exclusion	Wrong study design

MbakileMahlanza 2020

Reason for exclusion	allerede identificeret i SR

McCreedy 2022

Reason for exclusion	Wrong intervention

McEwen 2021

Reason for exclusion	Wrong patient population

McKay 2021

Reason for exclusion	Wrong study design

Moniz Cook 2023

Reason for exclusion	Wrong intervention

Moon 2020

Reason for exclusion	Wrong comparator

Nguyen 2023

Reason for exclusion	Wrong study design

Orsulic Jeras 2000

Reason for exclusion	Wrong study design

Orsulic Jeras 2000a

Reason for exclusion	Wrong study design

OSullivan 2022

Reason for exclusion	Wrong comparator

Pajaro 2022

Reason for exclusion	Wrong study design

Papatsimpas 2023

Reason for exclusion	Wrong intervention

Prins 2020

Reason for exclusion	abstract, uden brugbare resultater

ReschkeHernandez 2023

Reason for exclusion	Wrong comparator

Resnick 2021

Reason for exclusion	Wrong patient population

Reuben 2020

Reason for exclusion	a protocol

Rhodus 2022

Reason for exclusion	abstract, uden brugbare resultater

Shaw 2021

Reason for exclusion	Wrong intervention

Shin 2023

Reason for exclusion	Wrong study design

Strong 2022

Reason for exclusion	Wrong intervention

Sultana 2023

Reason for exclusion	Wrong study design

Sung 2010

Reason for exclusion	Wrong study design

Sung 2022

Reason for exclusion	Wrong patient population

Surr 2021

Reason for exclusion	Wrong intervention

Tan 2022

Reason for exclusion	a protocol

Telenius 2015

Reason for exclusion	Wrong comparator

Toba 2014

Reason for exclusion	Wrong study design

Torres Castro 2022

Reason for exclusion	Wrong study design

Travers 2017

Reason for exclusion	Wrong comparator

vanderPloeg 2013

Reason for exclusion	Wrong comparator

vanSanten 2020

Reason for exclusion	Wrong comparator

Veal 2022

Reason for exclusion	Wrong study design

Walshe 2020

Reason for exclusion	Wrong intervention

Weise 2020

Reason for exclusion	Wrong intervention

Weise 2020a

Reason for exclusion	Wrong intervention

Wenborn 2013

Reason for exclusion	Wrong intervention

Wu 2023

Reason for exclusion	Wrong patient population

Wu 2023a

Reason for exclusion	Wrong comparator

Yang 2021

Reason for exclusion	Wrong comparator

Yoon 2013

Reason for exclusion	Wrong intervention

Young 2020

Reason for exclusion	Wrong study design

Yous 2023

Reason for exclusion	Wrong intervention

Yuen 2019

Reason for exclusion	Wrong comparator

Zhang 2020

Reason for exclusion	Wrong intervention

Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

Summary of findings tables

Additional tables

References to studies

Included studies

Almeida 2021

Almeida, Sara; Paixão, Cátia; Gomes da Silva, Madalena; Marques, Alda. Lifestyle-Integrated Functional Exercise for People With Dementia: A Pilot Study. Journal of Aging & Physical Activity 2021;29(5):771-780. [DOI: 10.1123/japa.2020-0349]

Alvares Pereira 2021

Alvares-Pereira, G.; Silva-Nunes, M.; Spector, A.. Validation of the cognitive stimulation therapy (CST) program for people with dementia in Portugal. Aging & Mental Health 2021;25(6):1019-1028. [DOI: 10.1080/13607863.2020.1836473]

Bailey 2017

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Data and analyses

1 Målrettede og strukturerede interventioner vs vanlig behandling

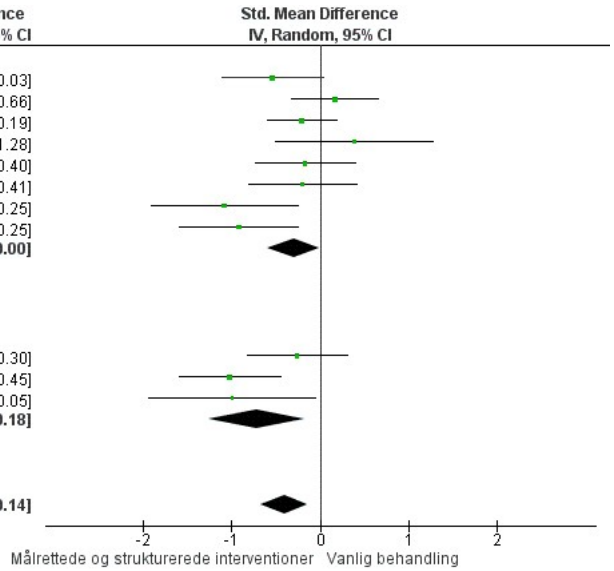
Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Agitation/out -reacting behaviour	11	519	Std. Mean Difference (IV, Random, 95% CI)	-0.41 [-0.68, -0.14]
1.1.1 RCT	8	390	Std. Mean Difference (IV, Random, 95% CI)	-0.30 [-0.59, -0.00]
1.1.2 Cluster RCT	3	129	Std. Mean Difference (IV, Random, 95% CI)	-0.72 [-1.26, -0.18]
1.2 Agitation/out -reacting behaviour	11	519	Std. Mean Difference (IV, Random, 95% CI)	-0.41 [-0.68, -0.14]
1.2.1 Community setting	2	68	Std. Mean Difference (IV, Random, 95% CI)	0.00 [-0.50, 0.50]
1.2.2 Nursing homes	9	451	Std. Mean Difference (IV, Random, 95% CI)	-0.49 [-0.79, -0.20]
1.3 Adfærdsændringer	23	2177	Std. Mean Difference (IV, Random, 95% CI)	-0.19 [-0.31, -0.07]
1.3.1 RCT	21	2041	Std. Mean Difference (IV, Random, 95% CI)	-0.20 [-0.34, -0.07]
1.3.2 Cluster-RCT	2	136	Std. Mean Difference (IV, Random, 95% CI)	-0.05 [-0.39, 0.28]
1.4 Adfærdsændringer	20	1905	Std. Mean Difference (IV, Random, 95% CI)	-0.16 [-0.30, -0.03]
1.4.1 Community setting	17	1737	Std. Mean Difference (IV, Random, 95% CI)	-0.12 [-0.24, 0.01]
1.4.2 Nursing homes	3	168	Std. Mean Difference (IV, Random, 95% CI)	-0.61 [-1.31, 0.08]
1.5 Depressive symptomer	27	2719	Std. Mean Difference (IV, Random, 95% CI)	-0.25 [-0.38, -0.12]
1.5.1 RCT	25	2543	Std. Mean Difference (IV, Random, 95% CI)	-0.22 [-0.35, -0.08]
1.5.2 Cluster RCT	2	176	Std. Mean Difference (IV, Random, 95% CI)	-0.63 [-1.25, -0.01]
1.6 Depressive symptomer	24	2446	Std. Mean Difference (IV, Random, 95% CI)	-0.26 [-0.40, -0.11]
1.6.1 Community setting	16	1868	Std. Mean Difference (IV, Random, 95% CI)	-0.17 [-0.31, -0.02]
1.6.2 Nursing homes	8	578	Std. Mean Difference (IV, Random, 95% CI)	-0.48 [-0.82, -0.13]
1.7 Kognition	18	1461	Std. Mean Difference (IV, Random, 95% CI)	-0.34 [-0.56, -0.11]
1.7.1 RCT	18	1461	Std. Mean Difference (IV, Random, 95% CI)	-0.34 [-0.56, -0.11]
1.7.2 Cluster RCT	0	0	Std. Mean Difference (IV, Random, 95% CI)	Not estimable
1.8 Kognition	15	1188	Std. Mean Difference (IV, Random, 95% CI)	-0.36 [-0.61, -0.11]
1.8.1 Community setting	12	1074	Std. Mean Difference (IV, Random, 95% CI)	-0.41 [-0.67, -0.15]
1.8.2 Nursing homes	3	114	Std. Mean Difference (IV, Random, 95% CI)	-0.13 [-1.07, 0.82]
1.9 ADL	23	2551	Std. Mean Difference (IV, Random, 95% CI)	-0.25 [-0.42, -0.08]
1.9.1 RCT	21	2404	Std. Mean Difference (IV, Random, 95% CI)	-0.29 [-0.47, -0.11]
1.9.2 Cluster RCT	2	147	Std. Mean Difference (IV, Random, 95% CI)	0.09 [-0.23, 0.42]
1.10 ADL	22	2477	Std. Mean Difference (IV, Random, 95% CI)	-0.23 [-0.40, -0.06]
1.10.1 Community setting	18	2239	Std. Mean Difference (IV, Random, 95% CI)	-0.19 [-0.38, 0.00]
1.10.2 Nursing homes	4	238	Std. Mean Difference (IV, Random, 95% CI)	-0.45 [-0.88, -0.02]

1.11 Livskvalitet/quality of life	25	2448	Std. Mean Difference (IV, Random, 95% CI)	-0.30 [-0.46, -0.13]
1.11.1 RCT	21	2302	Std. Mean Difference (IV, Random, 95% CI)	-0.30 [-0.48, -0.12]
1.11.2 Cluster RCT	4	146	Std. Mean Difference (IV, Random, 95% CI)	-0.27 [-0.60, 0.06]
1.12 Livskvalitet/quality of life	23	2278	Std. Mean Difference (IV, Random, 95% CI)	-0.32 [-0.49, -0.14]
1.12.1 Community setting	16	1980	Std. Mean Difference (IV, Random, 95% CI)	-0.41 [-0.62, -0.20]
1.12.2 Nursing homes	7	298	Std. Mean Difference (IV, Random, 95% CI)	-0.07 [-0.32, 0.18]
1.13 Pårørende/medarbejder byrde/ carers burden	24	2189	Std. Mean Difference (IV, Random, 95% CI)	-0.30 [-0.46, -0.14]
1.13.1 RCT	22	2120	Std. Mean Difference (IV, Random, 95% CI)	-0.29 [-0.46, -0.13]
1.13.2 Cluster RCT	2	69	Std. Mean Difference (IV, Random, 95% CI)	-0.49 [-1.69, 0.72]
1.14 Pårørende/medarbejder byrde/ carers burden	24	2189	Std. Mean Difference (IV, Random, 95% CI)	-0.30 [-0.46, -0.14]
1.14.1 Community setting	20	2061	Std. Mean Difference (IV, Random, 95% CI)	-0.21 [-0.36, -0.06]
1.14.2 Nursing homes	4	128	Std. Mean Difference (IV, Random, 95% CI)	-0.95 [-1.40, -0.50]
1.15 Uønskede hændelser Adverse events (AE), risk diff	11	648	Risk Difference (IV, Random, 95% CI)	0.00 [-0.02, 0.02]
1.15.1 EoT	9	506	Risk Difference (IV, Random, 95% CI)	0.00 [-0.02, 0.03]
1.15.2 Cluster RCT	2	142	Risk Difference (IV, Random, 95% CI)	0.00 [-0.04, 0.04]
1.16 Uønskede hændelser Adverse events (AE), relativ risiko	11	648	Risk Ratio (IV, Random, 95% CI)	3.66 [0.42, 32.06]
1.16.1 RCT	9	506	Risk Ratio (IV, Random, 95% CI)	3.66 [0.42, 32.06]
1.16.2 Cluster RCT	2	142	Risk Ratio (IV, Random, 95% CI)	Not estimable

Figures

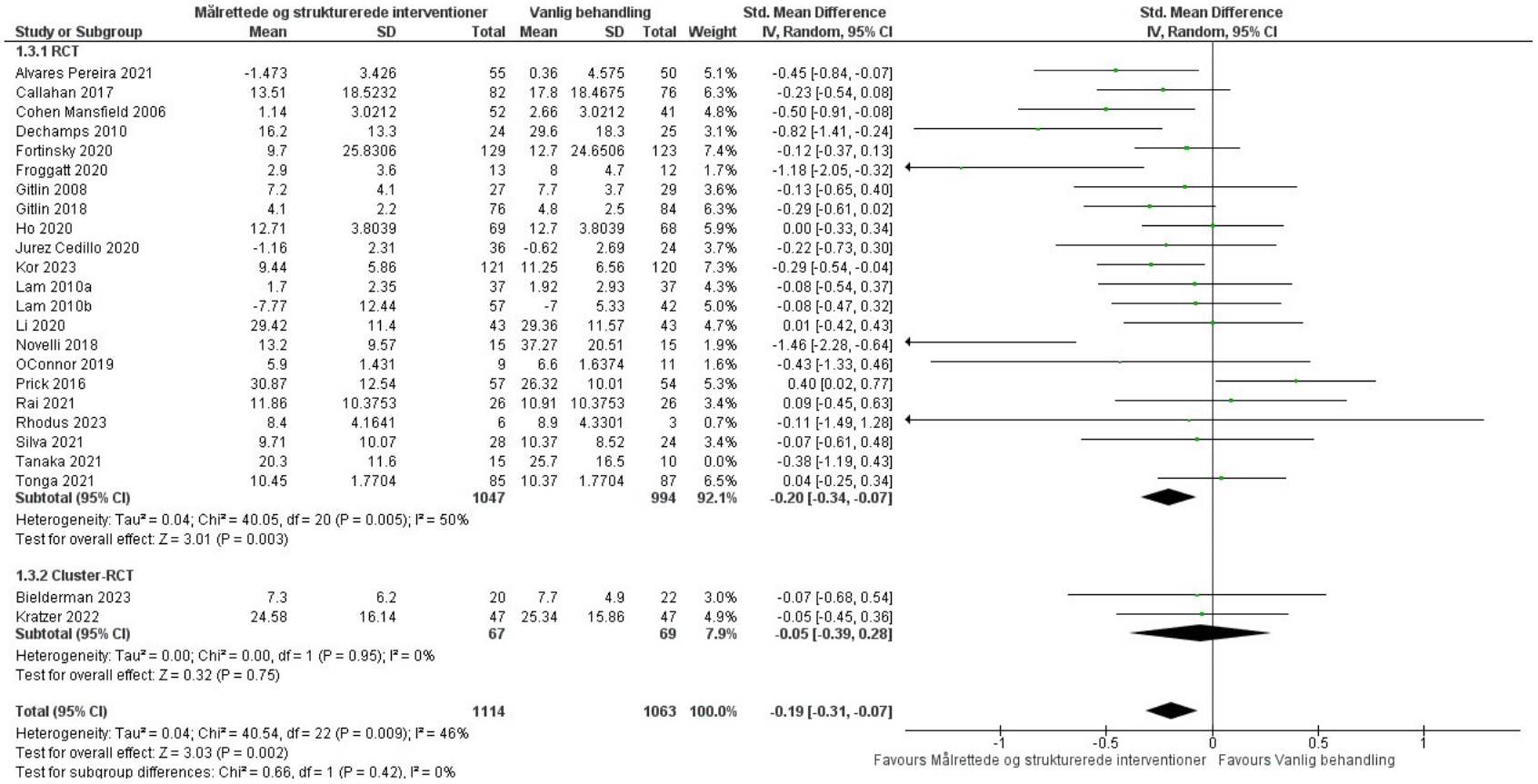
Figure 1 (Analysis 1.1)

Study or Subgroup	Målrettede og strukturerede interventioner Mean	SD	Total	Vanlig behandling Mean	SD	Total	Weight	Std. Mean Difference IV, Random, 95% CI
1.1.1 RCT								
Dechamps 2010	2.4	4.5	24	4.9	4.6	25	9.9%	-0.54 [-1.11, 0.03]
Kolanowski 2011	1.5	2.4536	31	1.1	2.2189	32	11.2%	0.17 [-0.33, 0.66]
Lin 2011	36.37	10.64	49	38.55	10.27	51	13.0%	-0.21 [-0.60, 0.19]
OConnor 2019	142.2	115.9148	9	93.6	122.2073	11	6.0%	0.39 [-0.50, 1.28]
Oliveira 2021	8.8	6.5	25	10.1	8.6	23	10.0%	-0.17 [-0.74, 0.40]
Ridder 2013	29.05	15.98	20	32.12	13.98	21	9.3%	-0.20 [-0.81, 0.41]
Sakamoto 2013	0.7	1	13	3.2	3	13	6.6%	-1.08 [-1.92, -0.25]
Tanaka 2017	8.5448	1.0888	29	9.7	1.5	14	8.5%	-0.92 [-1.59, -0.25]
Subtotal (95% CI)			**200**			**190**	**74.4%**	**-0.30 [-0.59, -0.00]**
Heterogeneity: Tau² = 0.08; Chi² = 13.53, df = 7 (P = 0.06); I² = 48%								
Test for overall effect: Z = 1.98 (P = 0.05)								
1.1.2 Cluster RCT								
Cohen Mansfield 2007	3.23	3.16	26	4.1	3.47	23	10.0%	-0.26 [-0.82, 0.30]
Cohen Mansfield 2012	2.08	2.68	40	7.92	9.09	20	10.0%	-1.02 [-1.59, -0.45]
Froggatt 2020	18.6	5.5	11	25.3	7.5	9	5.6%	-0.99 [-1.94, -0.05]
Subtotal (95% CI)			**77**			**52**	**25.6%**	**-0.72 [-1.26, -0.18]**
Heterogeneity: Tau² = 0.11; Chi² = 3.94, df = 2 (P = 0.14); I² = 49%								
Test for overall effect: Z = 2.60 (P = 0.009)								
Total (95% CI)			**277**			**242**	**100.0%**	**-0.41 [-0.68, -0.14]**
Heterogeneity: Tau² = 0.11; Chi² = 21.36, df = 10 (P = 0.02); I² = 53%								
Test for overall effect: Z = 2.96 (P = 0.003)								
Test for subgroup differences: Chi² = 1.79, df = 1 (P = 0.18), I² = 44.3%								



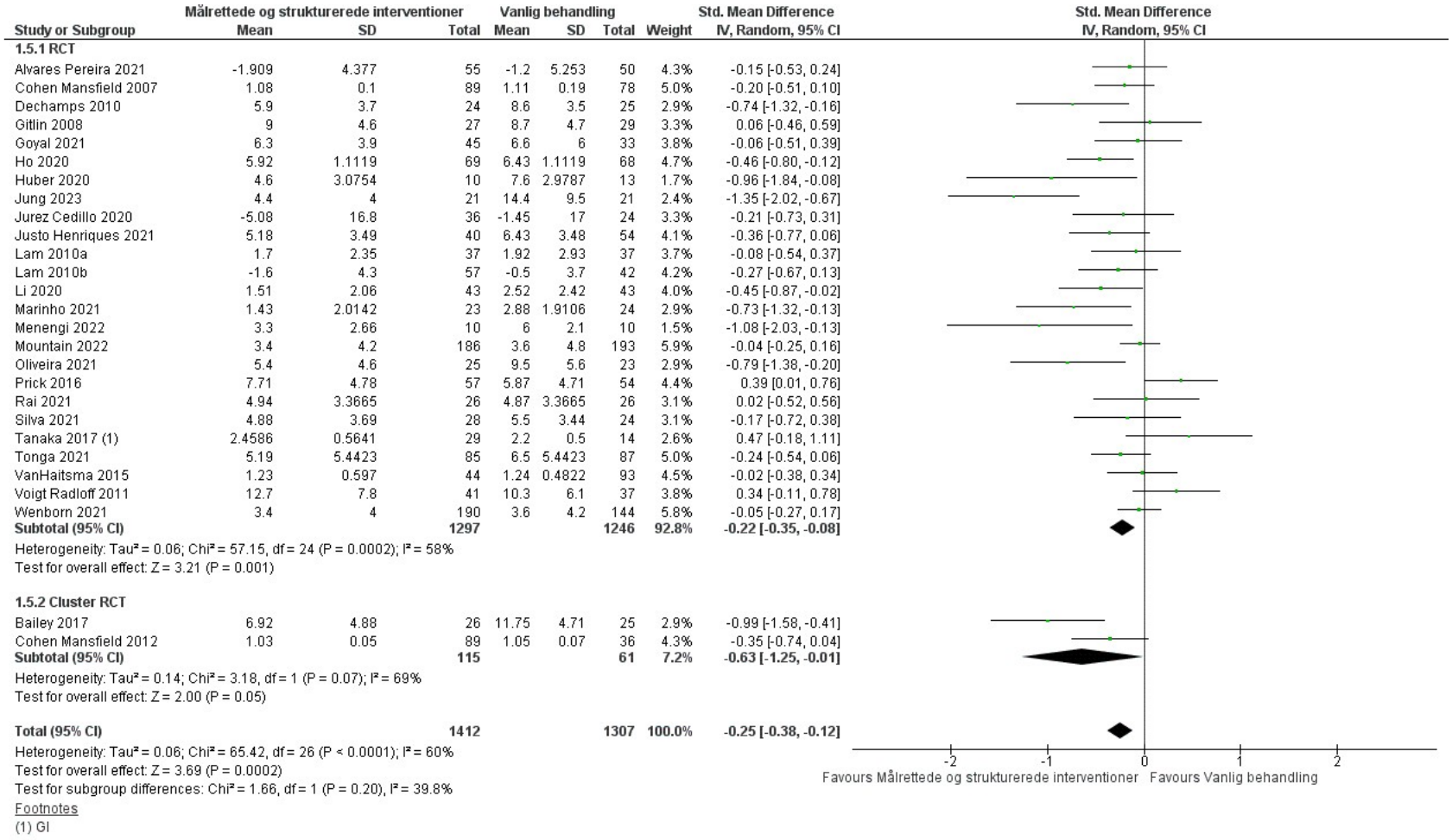
Forest plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.1 Agitation/out -reacting behaviour.

Figure 2 (Analysis 1.3)



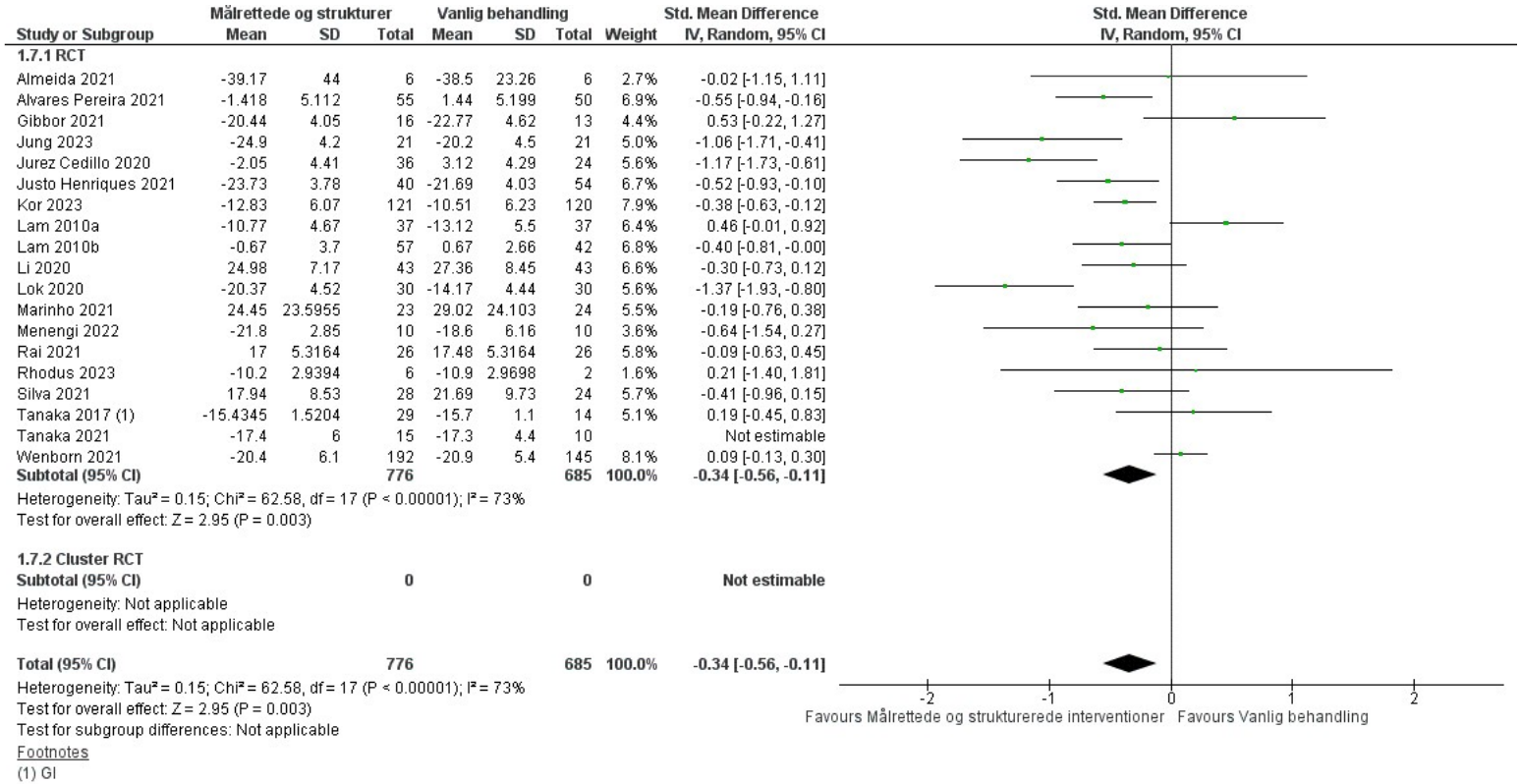
Forest plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.3 Adfærdsændringer.

Figure 3 (Analysis 1.5)



Forest plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.5 Depressive symptomer.

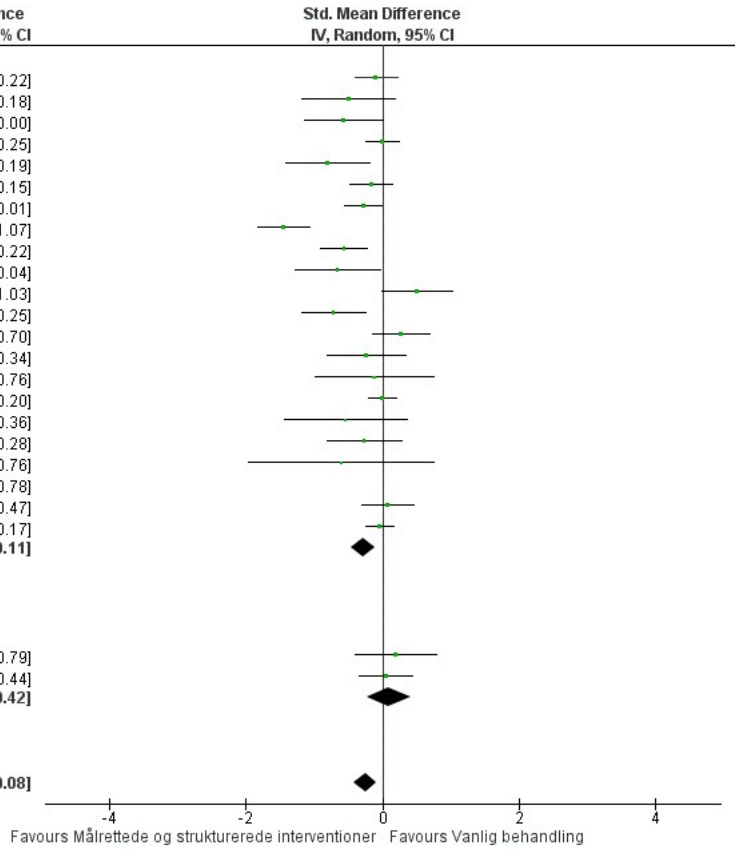
Figure 4 (Analysis 1.7)



Forest plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.7 Kognition.

Figure 5 (Analysis 1.9)

Study or Subgroup	Målrettede og strukturerede interventioner Mean	SD	Total	Vanlig behandling Mean	SD	Total	Weight	Std. Mean Difference IV, Random, 95% CI
1.9.1 RCT								
Callahan 2017	-45.49	20.3437	82	-43.57	20.1304	76	5.5%	-0.09 [-0.41, 0.22]
Cezar 2021	43.3	18.2	16	53.3	20.6	19	3.3%	-0.50 [-1.18, 0.18]
Dechamps 2010	5	3.4	24	7.1	3.8	25	3.8%	-0.57 [-1.14, 0.00]
Fortinsky 2020	-2.8	0.574	129	-2.8	1.1205	123	5.9%	0.00 [-0.25, 0.25]
Gebhard 2022	5.02	2.94	22	7.19	2.33	22	3.6%	-0.80 [-1.42, -0.19]
Gitlin 2018	-54.9	19.8	76	-51.7	18.7	84	5.5%	-0.17 [-0.48, 0.15]
Gitlin 2021	7.16	1.4	108	7.5	0.92	98	5.7%	-0.28 [-0.56, -0.01]
Graff 2006	14.4	6.1	67	25.3	8.6	65	5.0%	-1.46 [-1.84, -1.07]
Ho 2020	-26.32	3.3943	69	-24.4	3.3943	68	5.3%	-0.56 [-0.90, -0.22]
Jung 2023	11.7	7.9	21	18	10.6	21	3.5%	-0.66 [-1.28, -0.04]
Jurez Cedillo 2020	-0.52	5.12	36	-3.77	7.84	24	4.1%	0.51 [-0.02, 1.03]
Lam 2010a	0.19	0.67	37	0.65	0.59	37	4.4%	-0.72 [-1.19, -0.25]
Li 2020	-54.53	17.42	43	-59.4	17.92	43	4.7%	0.27 [-0.15, 0.70]
Marinho 2021	-45.48	14.6752	23	-42	14.207	24	3.8%	-0.24 [-0.81, 0.34]
Menengi 2022	-5.3	0.82	10	-5.2	0.78	10	2.4%	-0.12 [-1.00, 0.76]
Mountain 2022	-5.2	1.8	181	-5.2	1.9	190	6.1%	0.00 [-0.20, 0.20]
OConnor 2019	-38	23.6773	9	-24.4	24.5605	11	2.3%	-0.54 [-1.44, 0.36]
Rai 2021	9.57	3.7344	26	10.58	3.7344	26	4.0%	-0.27 [-0.81, 0.28]
Rhodus 2023	-6.6	2.5456	8	-4.6	4.3301	3	1.3%	-0.60 [-1.97, 0.76]
Tanaka 2021	-66	21.7	15	-65.6	26.3	10	0.0%	-0.02 [-0.82, 0.78]
Voigt Radloff 2011	14.3	9.5	54	13.5	10.3	50	5.0%	0.08 [-0.30, 0.47]
Wenborn 2021	47.2	12.8	194	47.7	12.7	150	6.1%	-0.04 [-0.25, 0.17]
Subtotal (95% CI)			**1235**			**1169**	**91.3%**	**-0.29 [-0.47, -0.11]**
Heterogeneity: Tau² = 0.12; Chi² = 82.13, df = 20 (P < 0.00001); I² = 76%								
Test for overall effect: Z = 3.13 (P = 0.002)								
1.9.2 Cluster RCT								
Bielderman 2023	37.4	17.6	21	33.5	21.1	23	3.7%	0.20 [-0.40, 0.79]
Kratzer 2022	-10.83	10.58	46	-11.33	9.25	57	5.0%	0.05 [-0.34, 0.44]
Subtotal (95% CI)			**67**			**80**	**8.7%**	**0.09 [-0.23, 0.42]**
Heterogeneity: Tau² = 0.00; Chi² = 0.16, df = 1 (P = 0.69); I² = 0%								
Test for overall effect: Z = 0.57 (P = 0.57)								
Total (95% CI)			**1302**			**1249**	**100.0%**	**-0.25 [-0.42, -0.08]**
Heterogeneity: Tau² = 0.11; Chi² = 85.29, df = 22 (P < 0.00001); I² = 74%								
Test for overall effect: Z = 2.92 (P = 0.003)								
Test for subgroup differences: Chi² = 4.07, df = 1 (P = 0.04), I² = 75.4%								

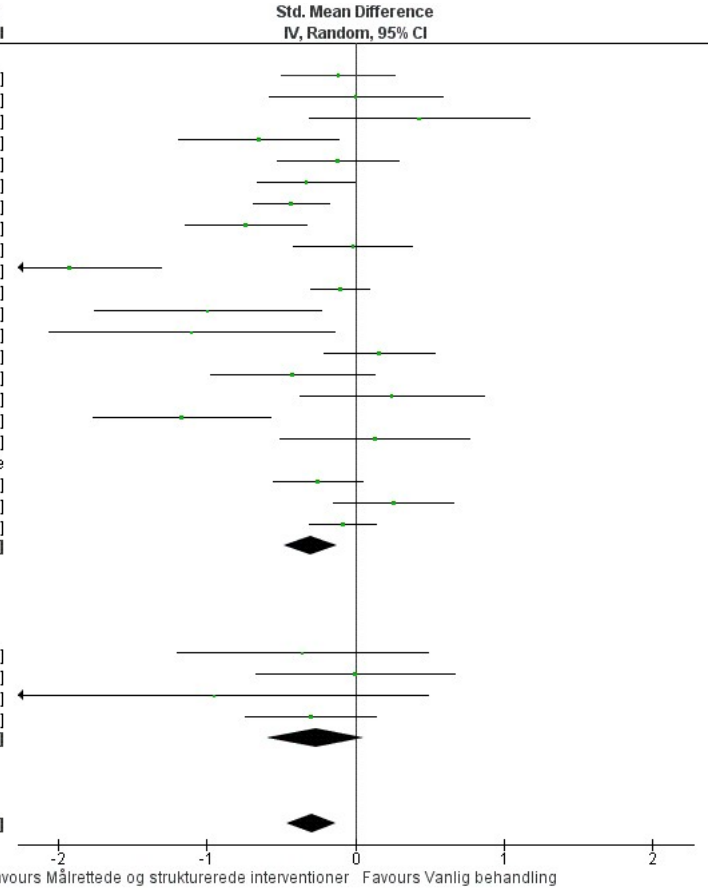


Forest plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.9 ADL.

Figure 6 (Analysis 1.11)

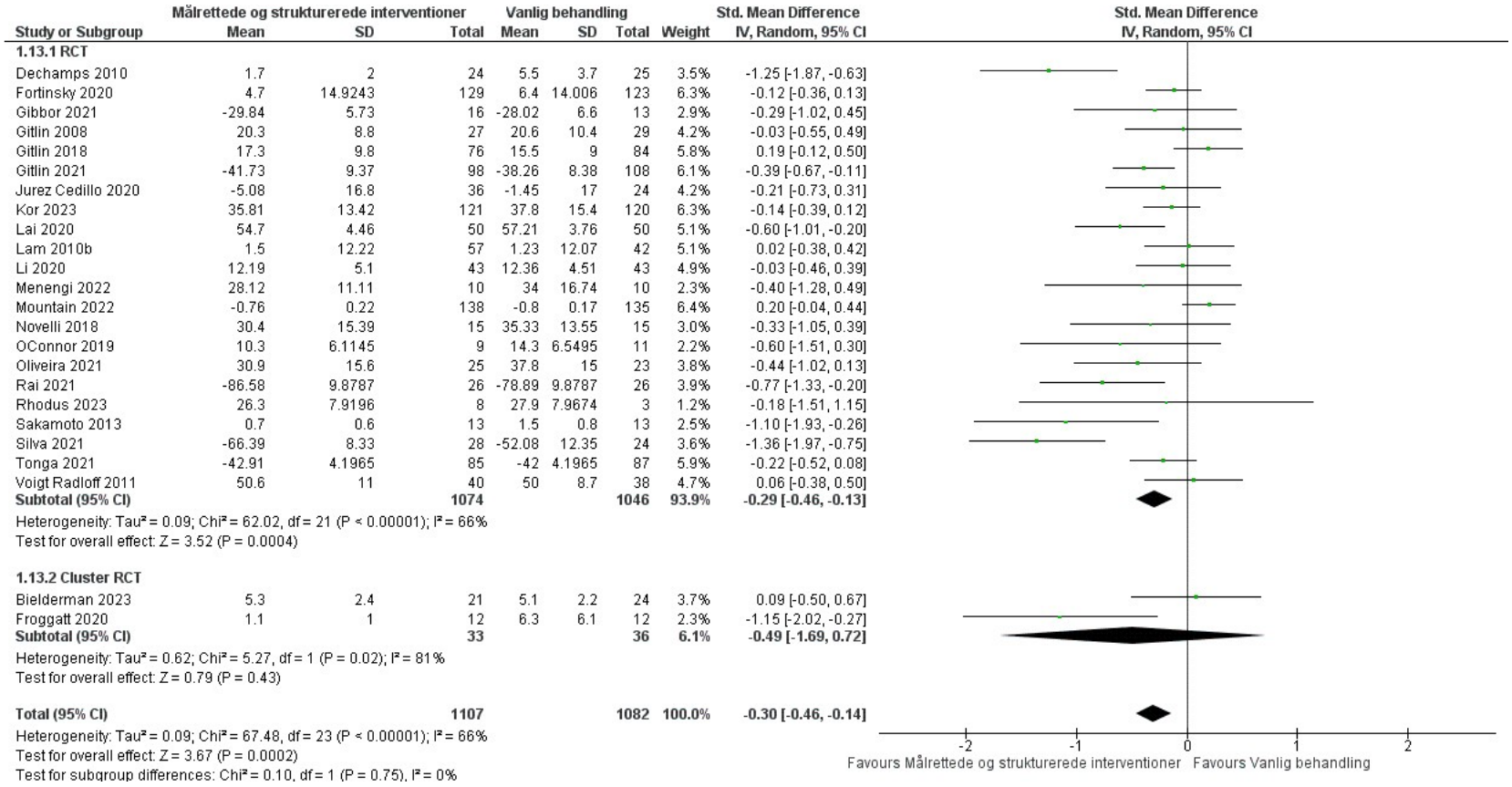
Study or Subgroup	Målrettede og strukturerede interventioner Mean	SD	Total	Vanlig behandling Mean	SD	Total	Weight	Std. Mean Difference IV, Random, 95% CI
1.11.1 RCT								
Alvares Pereira 2021	0.036	3.717	55	0.51	4.481	50	4.8%	-0.11 [-0.50, 0.27]
Gebhard 2022	-82.58	11.51	24	-82.62	17.19	21	3.6%	0.00 [-0.58, 0.59]
Gibbor 2021	-35.32	5.91	16	-37.95	6.02	13	2.8%	0.43 [-0.31, 1.17]
Gitlin 2008	-2.4	0.4	27	-2.1	0.5	29	3.8%	-0.65 [-1.19, -0.11]
Justo Henriques 2021	-28.02	6.4	40	-27.26	6.38	54	4.7%	-0.12 [-0.53, 0.29]
Kallio 2021	0.01	0.1313	76	0.06	0.169	71	5.2%	-0.33 [-0.66, -0.00]
Kor 2023	-32.73	6.91	121	-30.03	5.38	120	5.7%	-0.43 [-0.69, -0.18]
Lai 2020	-28.47	1.85	50	-25.57	5.21	50	4.7%	-0.74 [-1.14, -0.33]
Lam 2010b	-3.1	10	57	-2.87	18.3	42	4.7%	-0.02 [-0.41, 0.38]
Lok 2020	-37.03	8.22	30	-24.17	4.44	30	3.4%	-1.92 [-2.54, -1.30]
Mountain 2022	-93.3	13	191	-91.9	14.6	197	6.0%	-0.10 [-0.30, 0.10]
Novelli 2018	-38.8	4.44	15	-32.47	7.56	15	2.7%	-0.99 [-1.76, -0.23]
OConnor 2019	-66.9	17.3027	9	-46	18.9042	11	2.0%	-1.10 [-2.06, -0.14]
Prick 2016	-55.09	27.78	57	-59.69	29.74	54	4.9%	0.16 [-0.21, 0.53]
Rai 2021	-38.2	3.9551	26	-36.5	3.9551	26	3.8%	-0.42 [-0.97, 0.13]
Ridder 2013	333.26	62.57	20	315.66	76.46	21	3.4%	0.25 [-0.37, 0.86]
Silva 2021	-31.43	4.13	28	-25.44	5.96	24	3.5%	-1.17 [-1.76, -0.57]
Tanaka 2017 (1)	-20.1793	1.8293	29	-20.4	1.2	14	3.3%	0.13 [-0.51, 0.77]
Tanaka 2021	-28.3	4.4	15	-24.3	4.4	10		Not estimable
Tonga 2021	-26.69	4.9833	85	-25.44	4.9833	87	5.4%	-0.25 [-0.55, 0.05]
Voigt Radloff 2011	-2.9	0.9	49	-3.1	0.6	45	4.7%	0.26 [-0.15, 0.66]
Wenborn 2021	-93.6	11.7	183	-92.6	11.7	140	5.9%	-0.09 [-0.31, 0.13]
Subtotal (95% CI)			**1188**			**1114**	**89.0%**	**-0.30 [-0.48, -0.12]**
Heterogeneity: Tau² = 0.12; Chi² = 78.82, df = 20 (P < 0.00001); I² = 75%								
Test for overall effect: Z = 3.28 (P = 0.001)								
1.11.2 Cluster RCT								
Bailey 2017	-31.84	4.72	11	-30.29	3.59	11	2.4%	-0.36 [-1.20, 0.49]
Bielderman 2023	-2.6	0.3	16	-2.6	0.3	19	3.1%	0.00 [-0.67, 0.67]
Froggatt 2020	19.9	7.5	4	28.1	7.8	5	1.1%	-0.95 [-2.39, 0.49]
Kratzer 2022	-75.26	14.62	40	-70.7	15.51	40	4.5%	-0.30 [-0.74, 0.14]
Subtotal (95% CI)			**71**			**75**	**11.0%**	**-0.27 [-0.60, 0.06]**
Heterogeneity: Tau² = 0.00; Chi² = 1.55, df = 3 (P = 0.67); I² = 0%								
Test for overall effect: Z = 1.61 (P = 0.11)								
Total (95% CI)			**1259**			**1189**	**100.0%**	**-0.30 [-0.46, -0.13]**
Heterogeneity: Tau² = 0.10; Chi² = 80.42, df = 24 (P < 0.00001); I² = 70%								
Test for overall effect: Z = 3.57 (P = 0.0004)								
Test for subgroup differences: Chi² = 0.03, df = 1 (P = 0.87), I² = 0%								

Footnotes
(1) GI



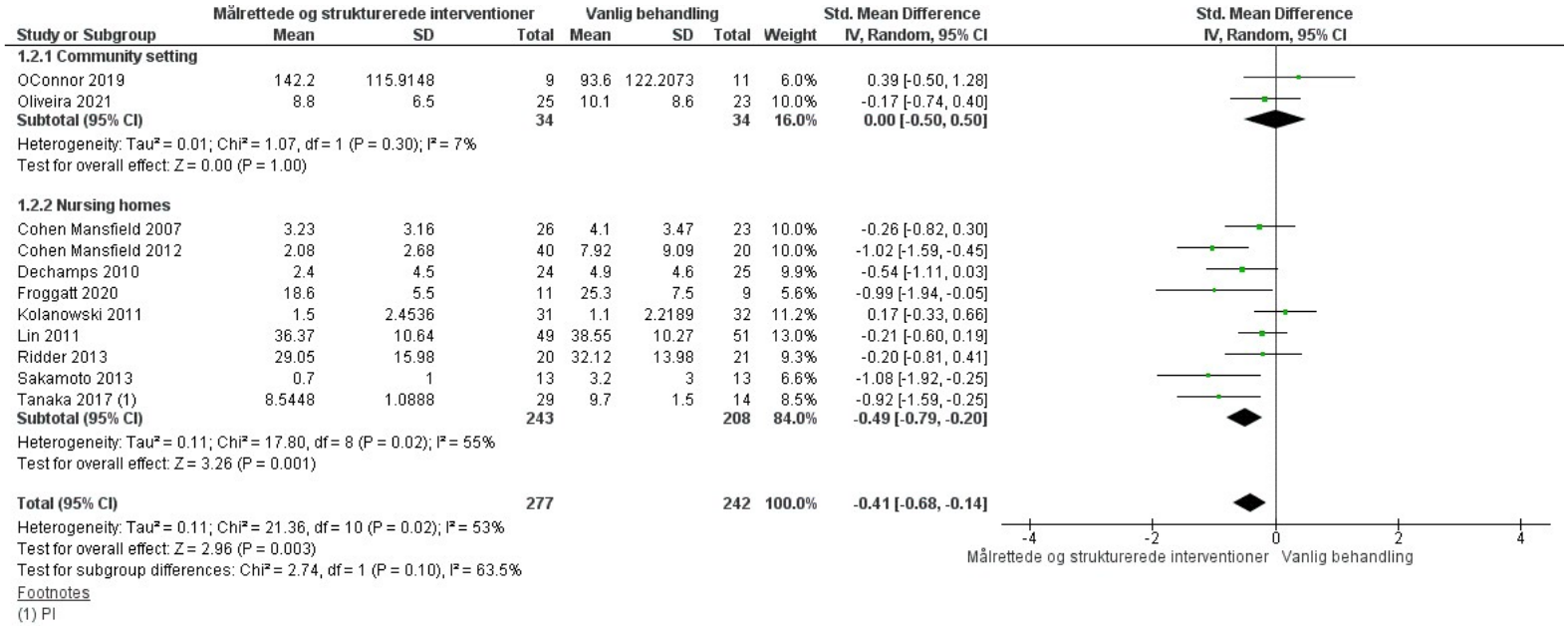
Forest plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.11 Livskvalitet/quality of life.

Figure 7 (Analysis 1.13)



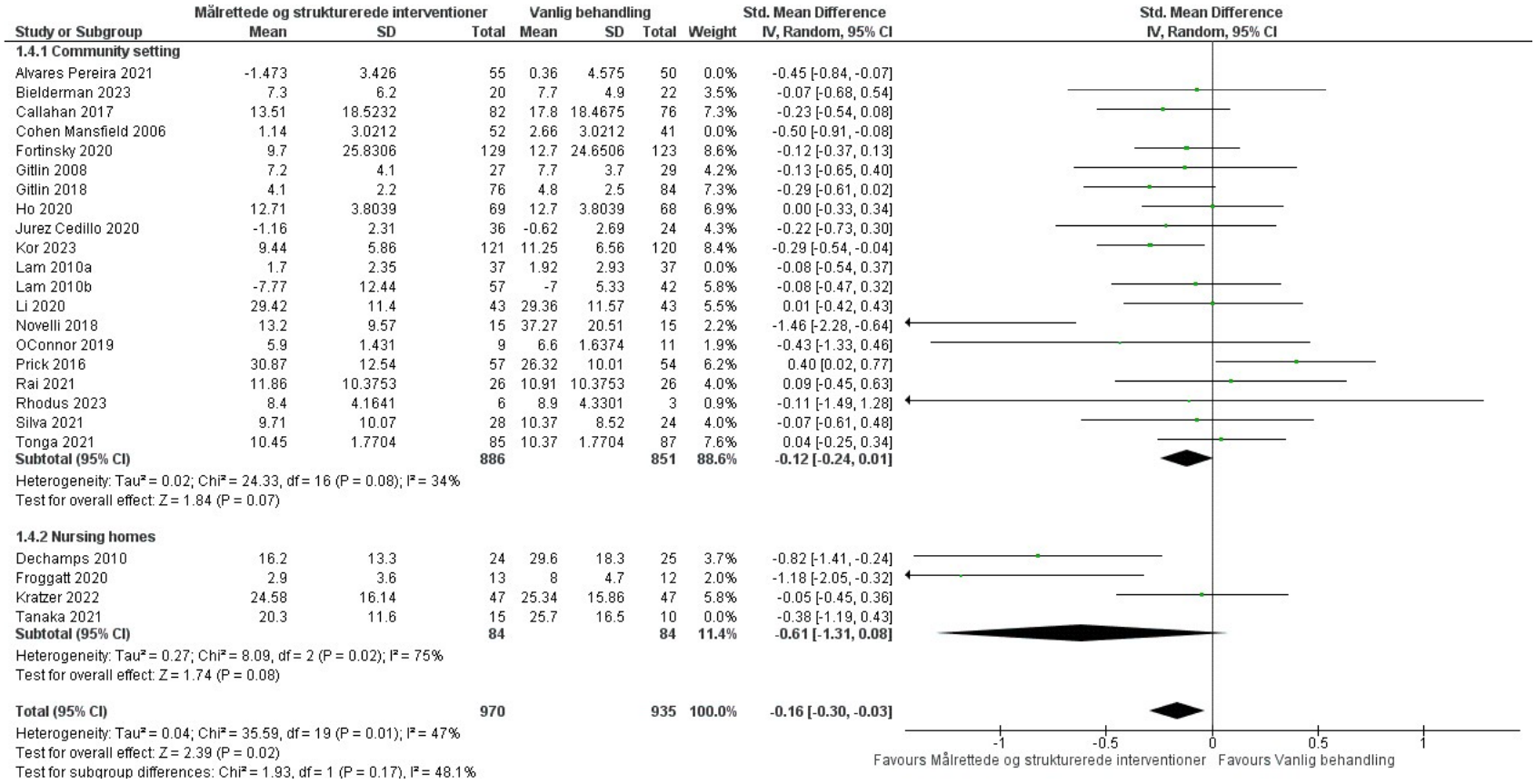
Forest plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.13 Pårørende/medarbejder byrde/ carers burden.

Figure 8 (Analysis 1.2)



Forest plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.2 Agitation/out -reacting behaviour.

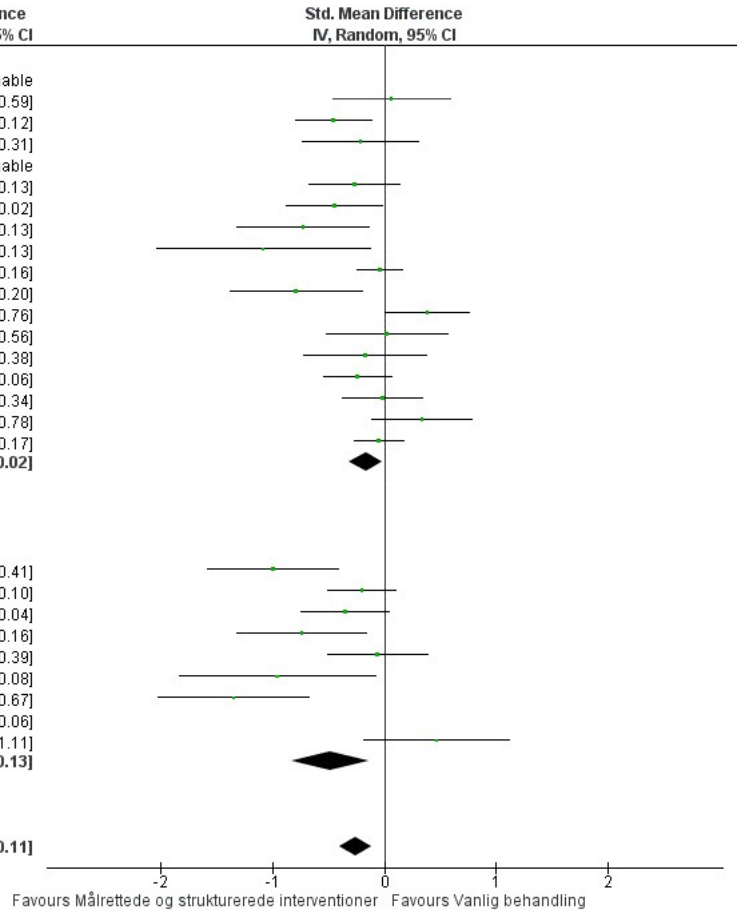
Figure 9 (Analysis 1.4)



Forest plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.4 Adfærdsændringer.

Figure 10 (Analysis 1.6)

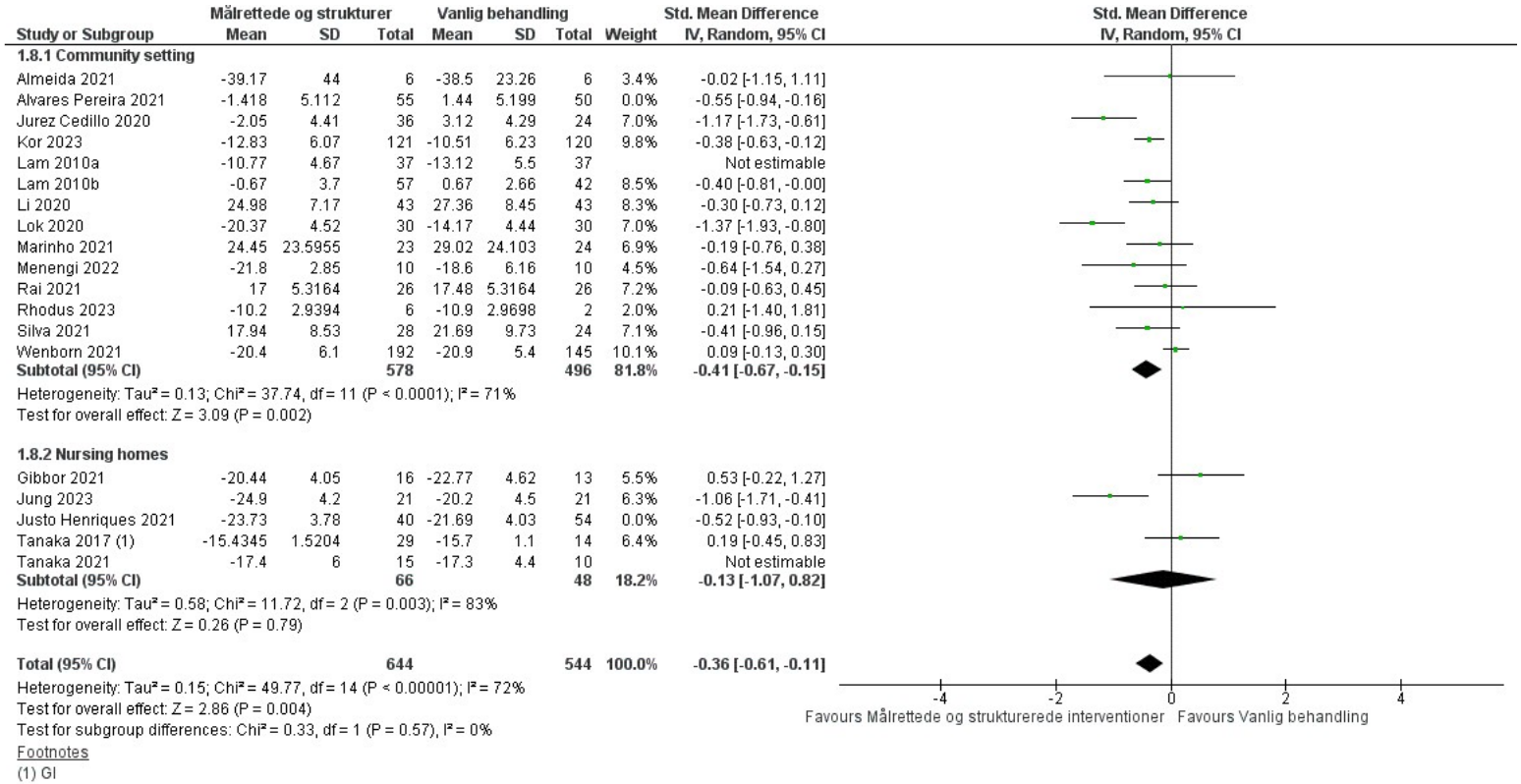
Study or Subgroup	Målrettede og strukturerede interventioner Mean	SD	Total	Vanlig behandling Mean	SD	Total	Weight	Std. Mean Difference IV, Random, 95% CI
1.6.1 Community setting								
Alvares Pereira 2021	-1.909	4.377	55	-1.2	5.253	50		Not estimable
Gitlin 2008	9	4.6	27	8.7	4.7	29	3.8%	0.06 [-0.46, 0.59]
Ho 2020	5.92	1.1119	69	6.43	1.1119	68	5.3%	-0.46 [-0.80, -0.12]
Jurez Cedillo 2020	-5.08	16.8	36	-1.45	17	24	3.8%	-0.21 [-0.73, 0.31]
Lam 2010a	1.7	2.35	37	1.92	2.93	37		Not estimable
Lam 2010b	-1.6	4.3	57	-0.5	3.7	42	4.7%	-0.27 [-0.67, 0.13]
Li 2020	1.51	2.06	43	2.52	2.42	43	4.5%	-0.45 [-0.87, -0.02]
Marinho 2021	1.43	2.0142	23	2.88	1.9106	24	3.3%	-0.73 [-1.32, -0.13]
Menengi 2022	3.3	2.66	10	6	2.1	10	1.8%	-1.08 [-2.03, -0.13]
Mountain 2022	3.4	4.2	186	3.6	4.8	193	6.4%	-0.04 [-0.25, 0.16]
Oliveira 2021	5.4	4.6	25	9.5	5.6	23	3.4%	-0.79 [-1.38, -0.20]
Prick 2016	7.71	4.78	57	5.87	4.71	54	4.9%	0.39 [0.01, 0.76]
Rai 2021	4.94	3.3665	26	4.87	3.3665	26	3.6%	0.02 [-0.52, 0.56]
Silva 2021	4.88	3.69	28	5.5	3.44	24	3.6%	-0.17 [-0.72, 0.38]
Tonga 2021	5.19	5.4423	85	6.5	5.4423	87	5.6%	-0.24 [-0.54, 0.06]
VanHaitsma 2015	1.23	0.597	44	1.24	0.4822	93	5.1%	-0.02 [-0.38, 0.34]
Voigt Radloff 2011	12.7	7.8	41	10.3	6.1	37	4.4%	0.34 [-0.11, 0.78]
Wenborn 2021	3.4	4	190	3.6	4.2	144	6.3%	-0.05 [-0.27, 0.17]
Subtotal (95% CI)			**947**			**921**	**70.6%**	**-0.17 [-0.31, -0.02]**
Heterogeneity: Tau² = 0.04; Chi² = 33.08, df = 15 (P = 0.005); I² = 55%								
Test for overall effect: Z = 2.19 (P = 0.03)								
1.6.2 Nursing homes								
Bailey 2017	6.92	4.88	26	11.75	4.71	25	3.4%	-0.99 [-1.58, -0.41]
Cohen Mansfield 2007	1.08	0.1	89	1.11	0.19	78	5.6%	-0.20 [-0.51, 0.10]
Cohen Mansfield 2012	1.03	0.05	89	1.05	0.07	36	4.8%	-0.35 [-0.74, 0.04]
Dechamps 2010	5.9	3.7	24	8.6	3.5	25	3.4%	-0.74 [-1.32, -0.16]
Goyal 2021	6.3	3.9	45	6.6	6	33	4.3%	-0.06 [-0.51, 0.39]
Huber 2020	4.6	3.0754	10	7.6	2.9787	13	2.0%	-0.96 [-1.84, -0.08]
Jung 2023	4.4	4	21	14.4	9.5	21	2.9%	-1.35 [-2.02, -0.67]
Justo Henriques 2021	5.18	3.49	40	6.43	3.48	54	0.0%	-0.36 [-0.77, 0.06]
Tanaka 2017 (1)	2.4586	0.5641	29	2.2	0.5	14	3.0%	0.47 [-0.18, 1.11]
Subtotal (95% CI)			**333**			**245**	**29.4%**	**-0.48 [-0.82, -0.13]**
Heterogeneity: Tau² = 0.17; Chi² = 25.04, df = 7 (P = 0.0007); I² = 72%								
Test for overall effect: Z = 2.70 (P = 0.007)								
Total (95% CI)			**1280**			**1166**	**100.0%**	**-0.26 [-0.40, -0.11]**
Heterogeneity: Tau² = 0.08; Chi² = 64.53, df = 23 (P < 0.00001); I² = 64%								
Test for overall effect: Z = 3.44 (P = 0.0006)								
Test for subgroup differences: Chi² = 2.63, df = 1 (P = 0.10), I² = 61.9%								



Footnotes
(1) GI

Forest plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.6 Depressive symptomer.

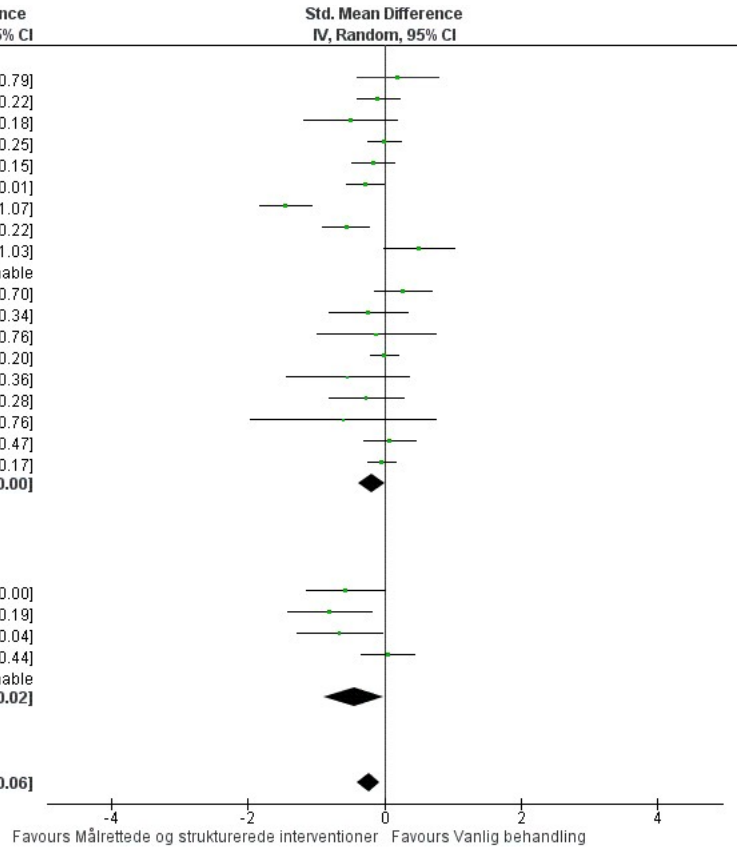
Figure 11 (Analysis 1.8)



Forest plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.8 Kognition.

Figure 12 (Analysis 1.10)

Study or Subgroup	Målrettede og strukturerede interventioner Mean	SD	Total	Vanlig behandling Mean	SD	Total	Weight	Std. Mean Difference IV, Random, 95% CI
1.10.1 Community setting								
Bielderman 2023	37.4	17.6	21	33.5	21.1	23	3.8%	0.20 [-0.40, 0.79]
Callahan 2017	-45.49	20.3437	82	-43.57	20.1304	76	5.8%	-0.09 [-0.41, 0.22]
Cezar 2021	43.3	18.2	16	53.3	20.6	19	3.4%	-0.50 [-1.18, 0.18]
Fortinsky 2020	-2.8	0.574	129	-2.8	1.1205	123	6.2%	0.00 [-0.25, 0.25]
Gitlin 2018	-54.9	19.8	76	-51.7	18.7	84	5.8%	-0.17 [-0.48, 0.15]
Gitlin 2021	7.16	1.4	108	7.5	0.92	98	6.0%	-0.28 [-0.56, -0.01]
Graff 2006	14.4	6.1	67	25.3	8.6	65	5.2%	-1.46 [-1.84, -1.07]
Ho 2020	-26.32	3.3943	69	-24.4	3.3943	68	5.6%	-0.56 [-0.90, -0.22]
Jurez Cedillo 2020	-0.52	5.12	36	-3.77	7.84	24	4.3%	0.51 [-0.02, 1.03]
Lam 2010a	0.19	0.67	37	0.65	0.59	37		Not estimable
Li 2020	-54.53	17.42	43	-59.4	17.92	43	5.0%	0.27 [-0.15, 0.70]
Marinho 2021	-45.48	14.6752	23	-42	14.207	24	4.0%	-0.24 [-0.81, 0.34]
Menengi 2022	-5.3	0.82	10	-5.2	0.78	10	2.5%	-0.12 [-1.00, 0.76]
Mountain 2022	-5.2	1.8	181	-5.2	1.9	190	6.5%	0.00 [-0.20, 0.20]
OConnor 2019	-38	23.6773	9	-24.4	24.5605	11	2.4%	-0.54 [-1.44, 0.36]
Rai 2021	9.57	3.7344	26	10.58	3.7344	26	4.1%	-0.27 [-0.81, 0.28]
Rhodus 2023	-6.6	2.5456	8	-4.6	4.3301	3	1.3%	-0.60 [-1.97, 0.76]
Voigt Radloff 2011	14.3	9.5	54	13.5	10.3	50	5.2%	0.08 [-0.30, 0.47]
Wenborn 2021	47.2	12.8	194	47.7	12.7	150	6.4%	-0.04 [-0.25, 0.17]
Subtotal (95% CI)			**1152**			**1087**	**83.4%**	**-0.19 [-0.38, 0.00]**
Heterogeneity: Tau² = 0.11; Chi² = 70.38, df = 17 (P < 0.00001); I² = 76%								
Test for overall effect: Z = 1.95 (P = 0.05)								
1.10.2 Nursing homes								
Dechamps 2010	5	3.4	24	7.1	3.8	25	4.0%	-0.57 [-1.14, 0.00]
Gebhard 2022	5.02	2.94	22	7.19	2.33	22	3.7%	-0.80 [-1.42, -0.19]
Jung 2023	11.7	7.9	21	18	10.6	21	3.7%	-0.66 [-1.28, -0.04]
Kratzer 2022	-10.83	10.58	46	-11.33	9.25	57	5.2%	0.05 [-0.34, 0.44]
Tanaka 2021	-66	21.7	15	-65.6	26.3	10		Not estimable
Subtotal (95% CI)			**113**			**125**	**16.6%**	**-0.45 [-0.88, -0.02]**
Heterogeneity: Tau² = 0.12; Chi² = 7.69, df = 3 (P = 0.05); I² = 61%								
Test for overall effect: Z = 2.04 (P = 0.04)								
Total (95% CI)			**1265**			**1212**	**100.0%**	**-0.23 [-0.40, -0.06]**
Heterogeneity: Tau² = 0.11; Chi² = 80.17, df = 21 (P < 0.00001); I² = 74%								
Test for overall effect: Z = 2.64 (P = 0.008)								
Test for subgroup differences: Chi² = 1.19, df = 1 (P = 0.27), I² = 16.3%								

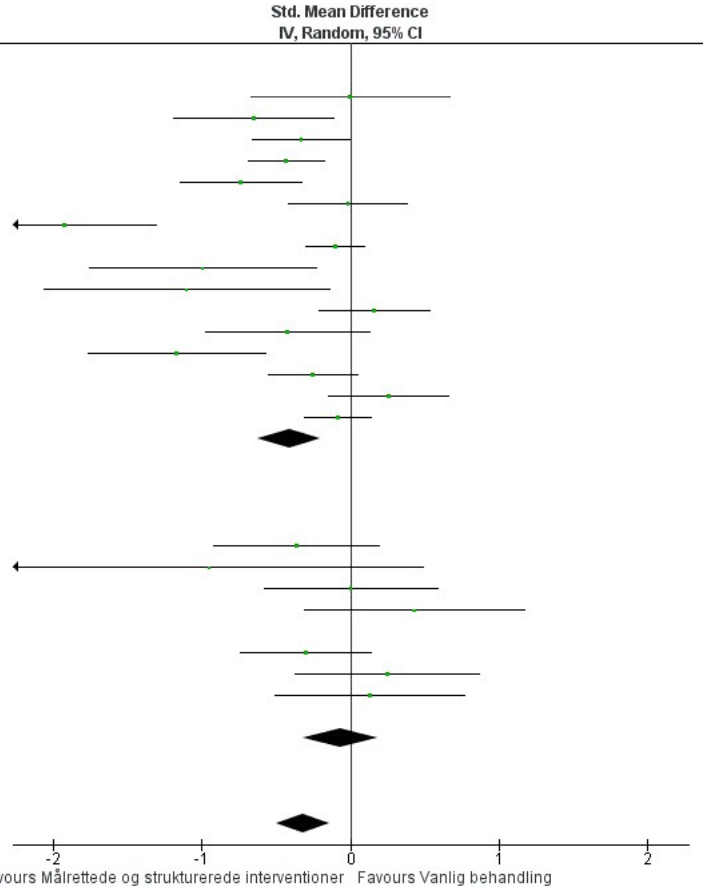


Forest plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.10 ADL.

Figure 13 (Analysis 1.12)

Study or Subgroup	Målrettede og strukturerede interventioner Mean	SD	Total	Vanlig behandling Mean	SD	Total	Weight	Std. Mean Difference IV, Random, 95% CI
1.12.1 Community setting								
Alvares Pereira 2021	0.036	3.717	55	0.51	4.481	50		Not estimable
Bielderman 2023	-2.6	0.3	16	-2.6	0.3	19	3.5%	0.00 [-0.67, 0.67]
Gitlin 2008	-2.4	0.4	27	-2.1	0.5	29	4.2%	-0.65 [-1.19, -0.11]
Kallio 2021	0.01	0.1313	76	0.06	0.169	71	5.6%	-0.33 [-0.66, -0.00]
Kor 2023	-32.73	6.91	121	-30.03	5.38	120	6.1%	-0.43 [-0.69, -0.18]
Lai 2020	-28.47	1.85	50	-25.57	5.21	50	5.1%	-0.74 [-1.14, -0.33]
Lam 2010b	-3.1	10	57	-2.87	18.3	42	5.1%	-0.02 [-0.41, 0.38]
Lok 2020	-37.03	8.22	30	-24.17	4.44	30	3.7%	-1.92 [-2.54, -1.30]
Mountain 2022	-93.3	13	191	-91.9	14.6	197	6.4%	-0.10 [-0.30, 0.10]
Novelli 2018	-38.8	4.44	15	-32.47	7.56	15	3.0%	-0.99 [-1.76, -0.23]
OConnor 2019	-66.9	17.3027	9	-46	18.9042	11	2.3%	-1.10 [-2.06, -0.14]
Prick 2016	-55.09	27.78	57	-59.69	29.74	54	5.3%	0.16 [-0.21, 0.53]
Rai 2021	-38.2	3.9551	26	-36.5	3.9551	26	4.1%	-0.42 [-0.97, 0.13]
Silva 2021	-31.43	4.13	28	-25.44	5.96	24	3.9%	-1.17 [-1.76, -0.57]
Tonga 2021	-26.69	4.9833	85	-25.44	4.9833	87	5.8%	-0.25 [-0.55, 0.05]
Voigt Radloff 2011	-2.9	0.9	49	-3.1	0.6	45	5.1%	0.26 [-0.15, 0.66]
Wenborn 2021	-93.6	11.7	183	-92.6	11.7	140	6.3%	-0.09 [-0.31, 0.13]
Subtotal (95% CI)			**1020**			**960**	**75.4%**	**-0.41 [-0.62, -0.20]**
Heterogeneity: Tau² = 0.13; Chi² = 70.72, df = 15 (P < 0.00001); I² = 79%								
Test for overall effect: Z = 3.79 (P = 0.0002)								
1.12.2 Nursing homes								
Bailey 2017	-31.84	4.72	26	-30.29	3.59	25	4.1%	-0.36 [-0.92, 0.19]
Froggatt 2020	19.9	7.5	4	28.1	7.8	5	1.2%	-0.95 [-2.39, 0.49]
Gebhard 2022	-82.58	11.51	24	-82.62	17.19	21	3.9%	0.00 [-0.58, 0.59]
Gibbor 2021	-35.32	5.91	16	-37.95	6.02	13	3.1%	0.43 [-0.31, 1.17]
Justo Henriques 2021	-28.02	6.4	40	-27.26	6.38	54	0.0%	-0.12 [-0.53, 0.29]
Kratzer 2022	-75.26	14.62	40	-70.7	15.51	40	4.8%	-0.30 [-0.74, 0.14]
Ridder 2013	333.26	62.57	20	315.66	76.46	21	3.8%	0.25 [-0.37, 0.86]
Tanaka 2017 (1)	-20.1793	1.8293	29	-20.4	1.2	14	3.6%	0.13 [-0.51, 0.77]
Tanaka 2021	-28.3	4.4	15	-24.3	4.4	10	0.0%	-0.88 [-1.72, -0.04]
Subtotal (95% CI)			**159**			**139**	**24.6%**	**-0.07 [-0.32, 0.18]**
Heterogeneity: Tau² = 0.01; Chi² = 6.75, df = 6 (P = 0.34); I² = 11%								
Test for overall effect: Z = 0.54 (P = 0.59)								
Total (95% CI)			**1179**			**1099**	**100.0%**	**-0.32 [-0.49, -0.14]**
Heterogeneity: Tau² = 0.12; Chi² = 79.81, df = 22 (P < 0.00001); I² = 72%								
Test for overall effect: Z = 3.55 (P = 0.0004)								
Test for subgroup differences: Chi² = 4.18, df = 1 (P = 0.04), I² = 76.1%								

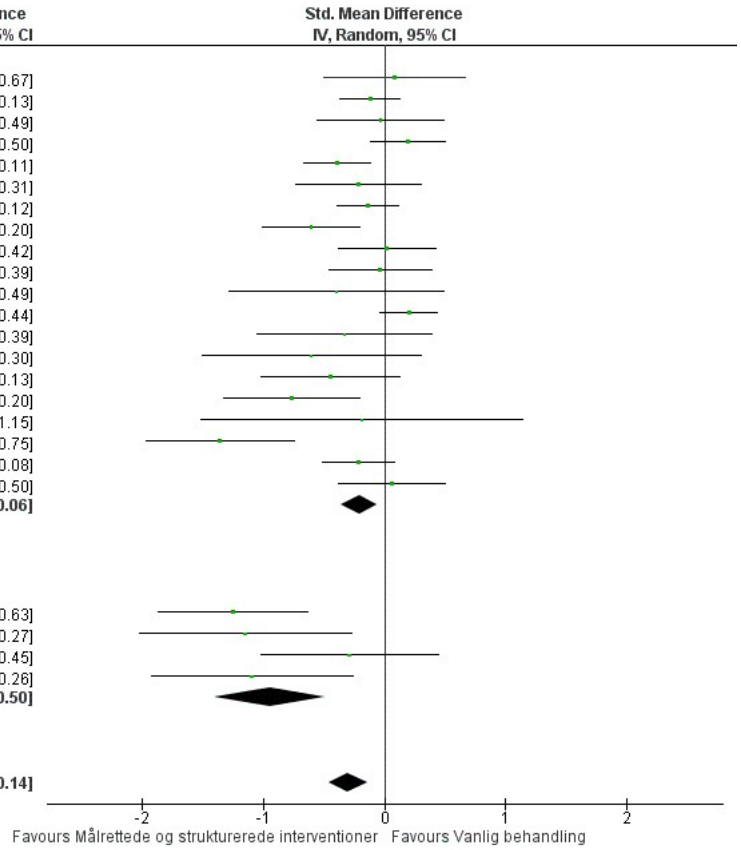
Footnotes
(1) GI



Forest plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.12 Livskvalitet/quality of life.

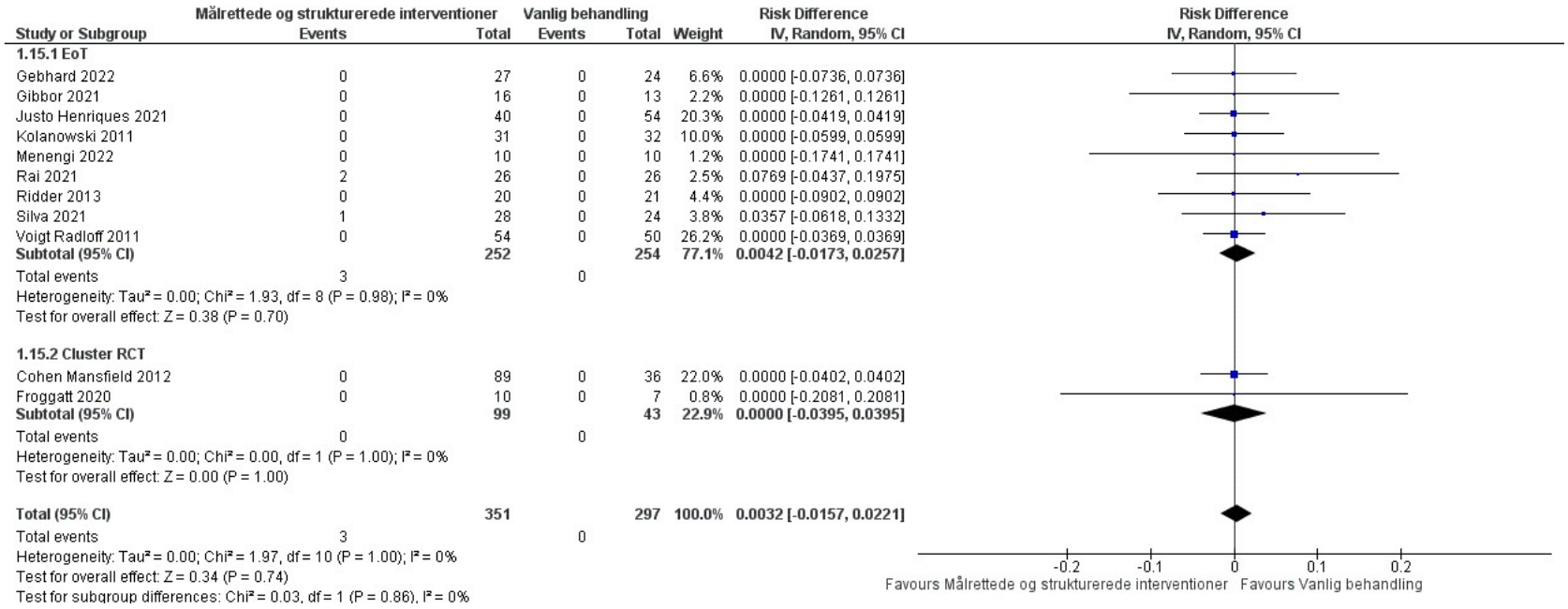
Figure 14 (Analysis 1.14)

Study or Subgroup	Målrettede og strukturerede interventioner Mean	SD	Total	Vanlig behandling Mean	SD	Total	Weight	Std. Mean Difference IV, Random, 95% CI
1.14.1 Community setting								
Bielderman 2023	5.3	2.4	21	5.1	2.2	24	3.7%	0.09 [-0.50, 0.67]
Fortinsky 2020	4.7	14.9243	129	6.4	14.006	123	6.3%	-0.12 [-0.36, 0.13]
Gitlin 2008	20.3	8.8	27	20.6	10.4	29	4.2%	-0.03 [-0.55, 0.49]
Gitlin 2018	17.3	9.8	76	15.5	9	84	5.8%	0.19 [-0.12, 0.50]
Gitlin 2021	-41.73	9.37	98	-38.26	8.38	108	6.1%	-0.39 [-0.67, -0.11]
Jurez Cedillo 2020	-5.08	16.8	36	-1.45	17	24	4.2%	-0.21 [-0.73, 0.31]
Kor 2023	35.81	13.42	121	37.8	15.4	120	6.3%	-0.14 [-0.39, 0.12]
Lai 2020	54.7	4.46	50	57.21	3.76	50	5.1%	-0.60 [-1.01, -0.20]
Lam 2010b	1.5	12.22	57	1.23	12.07	42	5.1%	0.02 [-0.38, 0.42]
Li 2020	12.19	5.1	43	12.36	4.51	43	4.9%	-0.03 [-0.46, 0.39]
Menengi 2022	28.12	11.11	10	34	16.74	10	2.3%	-0.40 [-1.28, 0.49]
Mountain 2022	-0.76	0.22	138	-0.8	0.17	135	6.4%	0.20 [-0.04, 0.44]
Novelli 2018	30.4	15.39	15	35.33	13.55	15	3.0%	-0.33 [-1.05, 0.39]
OConnor 2019	10.3	6.1145	9	14.3	6.5495	11	2.2%	-0.60 [-1.51, 0.30]
Oliveira 2021	30.9	15.6	25	37.8	15	23	3.8%	-0.44 [-1.02, 0.13]
Rai 2021	-86.58	9.8787	26	-78.89	9.8787	26	3.9%	-0.77 [-1.33, -0.20]
Rhodus 2023	26.3	7.9196	8	27.9	7.9674	3	1.2%	-0.18 [-1.51, 1.15]
Silva 2021	-66.39	8.33	28	-52.08	12.35	24	3.6%	-1.36 [-1.97, -0.75]
Tonga 2021	-42.91	4.1965	85	-42	4.1965	87	5.9%	-0.22 [-0.52, 0.08]
Voigt Radloff 2011	50.6	11	40	50	8.7	38	4.7%	0.06 [-0.38, 0.50]
Subtotal (95% CI)			**1042**			**1019**	**88.8%**	**-0.21 [-0.36, -0.06]**
Heterogeneity: Tau² = 0.06; Chi² = 46.07, df = 19 (P = 0.0005); I² = 59%								
Test for overall effect: Z = 2.73 (P = 0.006)								
1.14.2 Nursing homes								
Dechamps 2010	1.7	2	24	5.5	3.7	25	3.5%	-1.25 [-1.87, -0.63]
Froggatt 2020	1.1	1	12	6.3	6.1	12	2.3%	-1.15 [-2.02, -0.27]
Gibbor 2021	-29.84	5.73	16	-28.02	6.6	13	2.9%	-0.29 [-1.02, 0.45]
Sakamoto 2013	0.7	0.6	13	1.5	0.8	13	2.5%	-1.10 [-1.93, -0.26]
Subtotal (95% CI)			**65**			**63**	**11.2%**	**-0.95 [-1.40, -0.50]**
Heterogeneity: Tau² = 0.07; Chi² = 4.32, df = 3 (P = 0.23); I² = 31%								
Test for overall effect: Z = 4.10 (P < 0.0001)								
Total (95% CI)			**1107**			**1082**	**100.0%**	**-0.30 [-0.46, -0.14]**
Heterogeneity: Tau² = 0.09; Chi² = 67.48, df = 23 (P < 0.00001); I² = 66%								
Test for overall effect: Z = 3.67 (P = 0.0002)								
Test for subgroup differences: Chi² = 9.28, df = 1 (P = 0.002), I² = 89.2%								



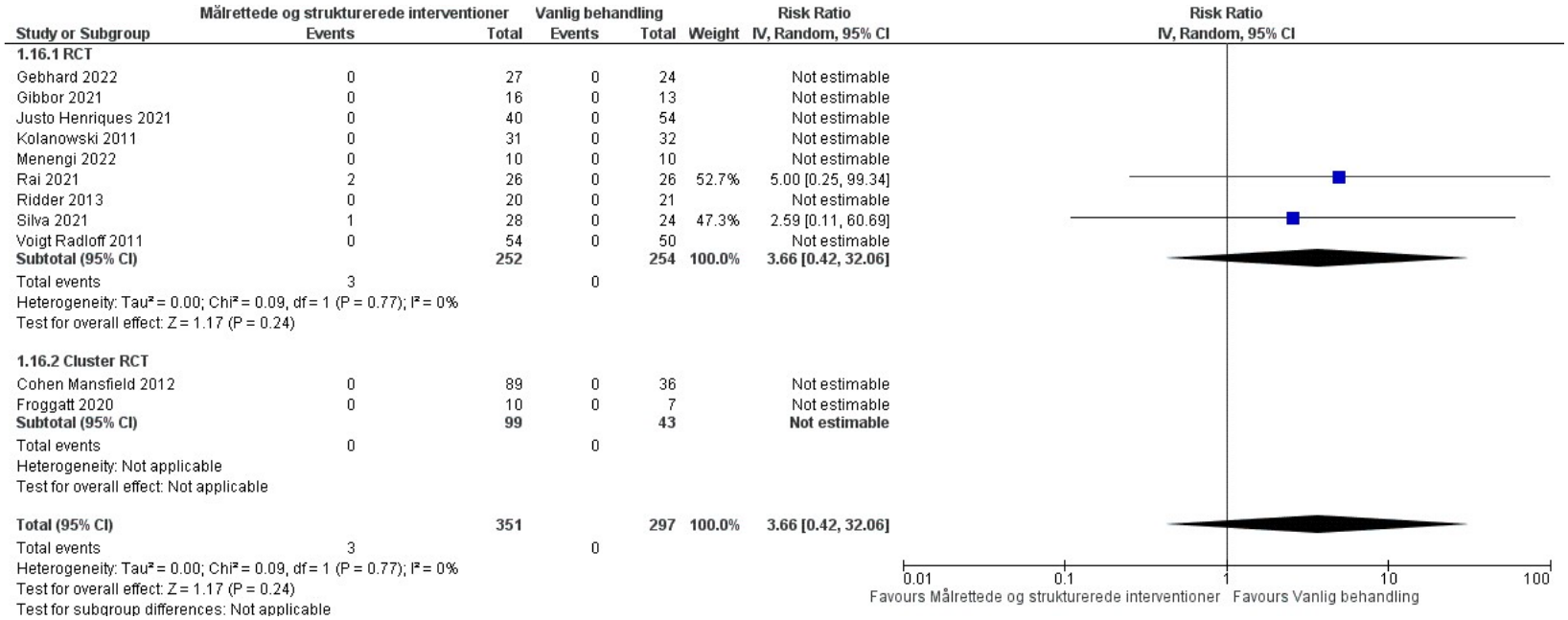
Forest plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.14 Pårørende/medarbejder byrde/ carers burden.

Figure 15 (Analysis 1.15)



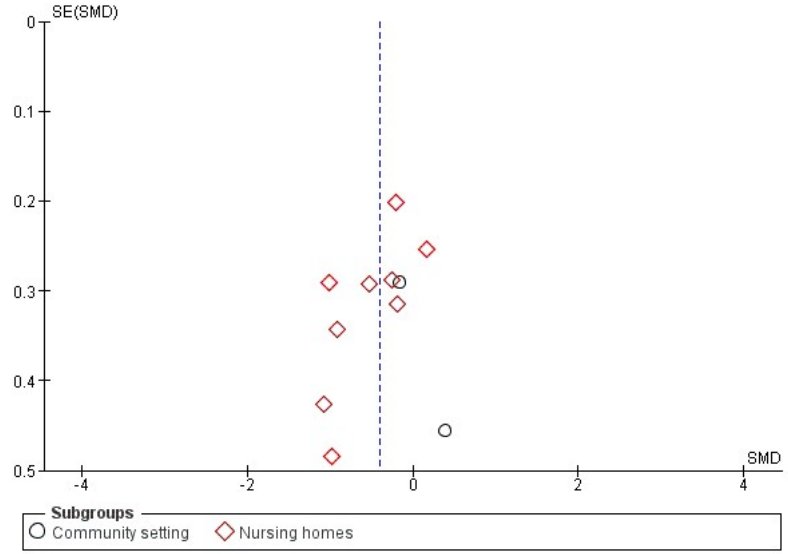
Forest plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.15 Uønskede hændelser Adverse events (AE), risk diff.

Figure 16 (Analysis 1.16)



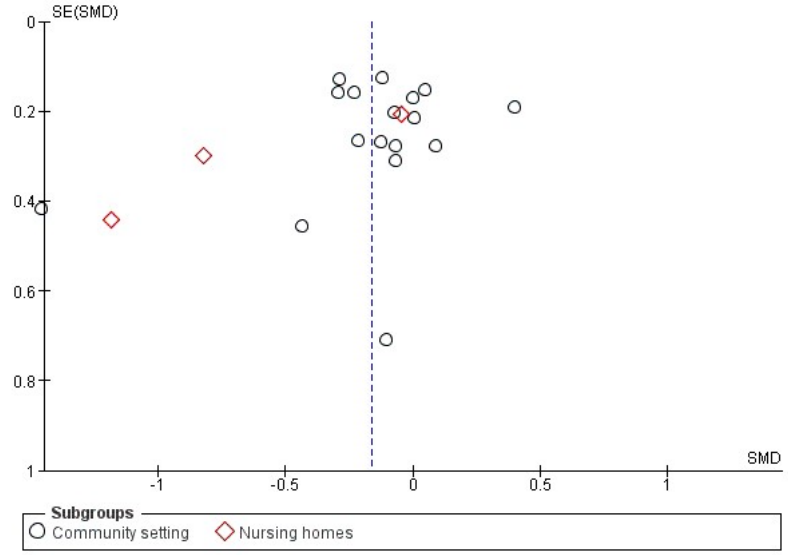
Forest plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.16 Uønskede hændelser Adverse events (AE), relativ risiko.

Figure 17 (Analysis 1.2)



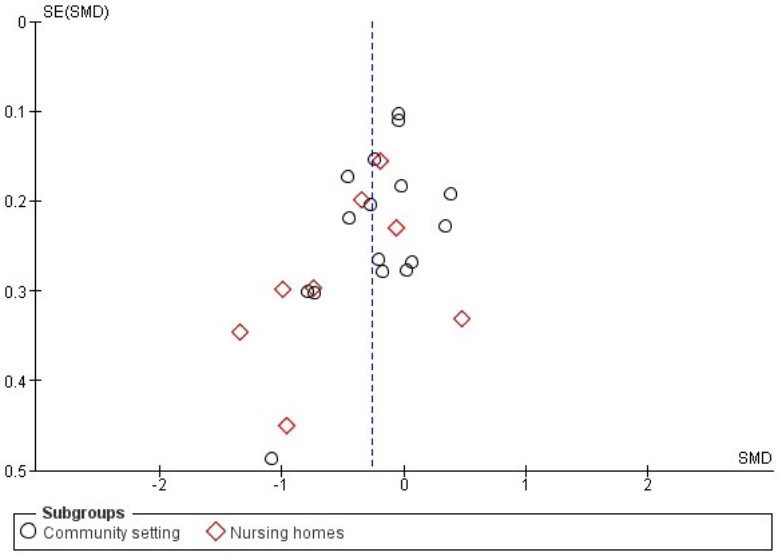
Funnel plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.2 Agitation/out -reacting behaviour.

Figure 18 (Analysis 1.4)



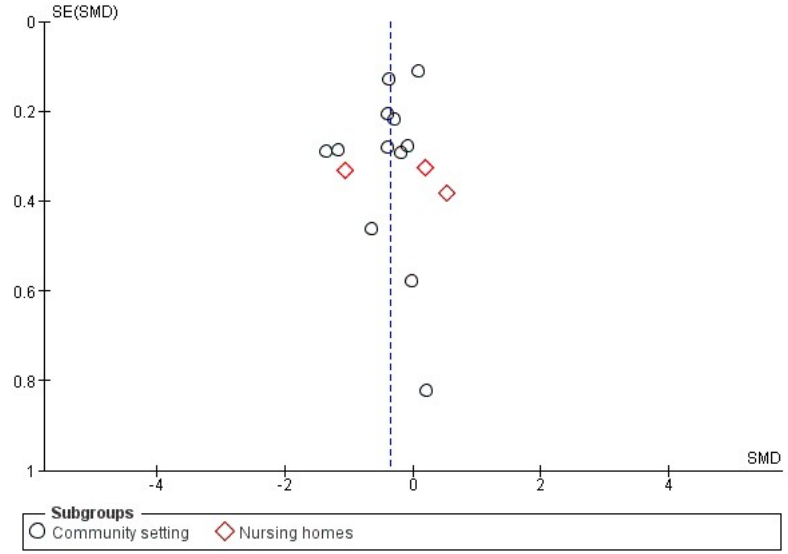
Funnel plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.4 Adfærdsændringer.

Figure 19 (Analysis 1.6)



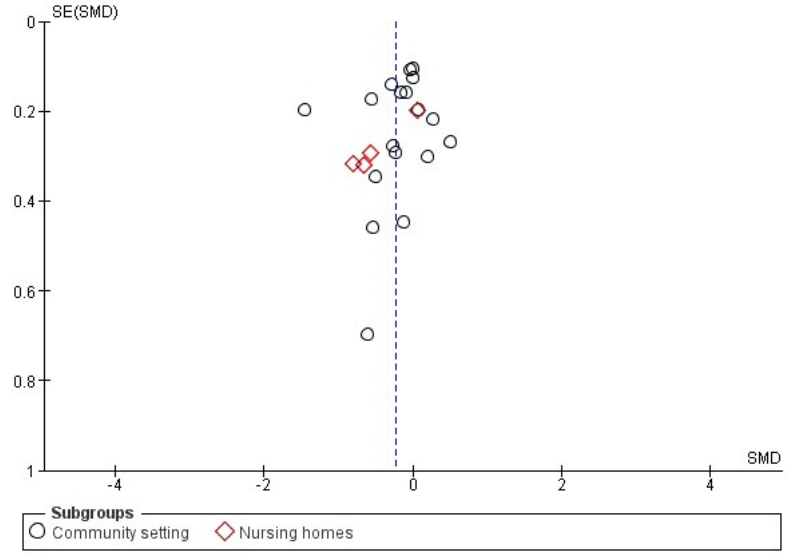
Funnel plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.6 Depressive symptomer.

Figure 20 (Analysis 1.8)



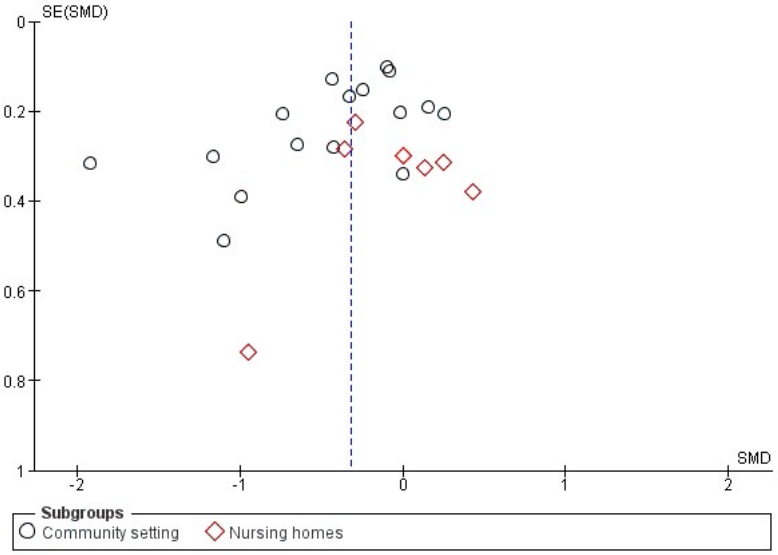
Funnel plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.8 Kognition.

Figure 21 (Analysis 1.10)



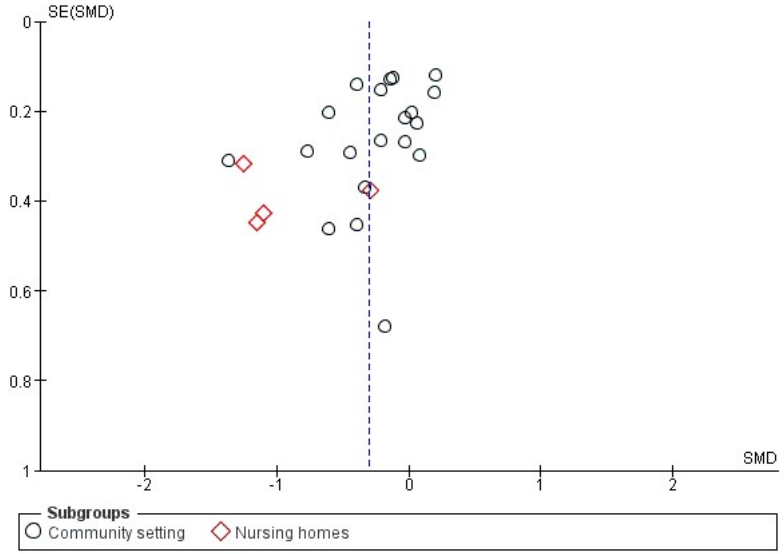
Funnel plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.10 ADL.

Figure 22 (Analysis 1.12)



Funnel plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.12 Livskvalitet/quality of life.

Figure 23 (Analysis 1.14)



Funnel plot of comparison: 1 Målrettede og strukturerede interventioner vs vanlig behandling, outcome: 1.14 Pårørende/medarbejder byrde/ carers burden.