Correction


The data reported in the abstract, text, Figure 2 and Table 2 were incorrect due to an error in the calculation. The effect size for the dyadic interventions is 0.31 (95% CI 0.02 to 0.59) and this information is based on 10 trials with 1359 participants. This is instead of the presented information which reads that 8 trials (988 participants) had an effect size of 0.37 (95%CI 0.05 to 0.69). The authors apologise for this error. The conclusions of the study remain the same.

The corrected Figure 2 is shown below:

<table>
<thead>
<tr>
<th>Intervention approach</th>
<th>Number of studies (participants)</th>
<th>SMD (95% CI)</th>
<th>Quality of the evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonpharmacological approach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercise</td>
<td>6(289)</td>
<td>0.68(0.08 to 1.27)</td>
<td>Low</td>
</tr>
<tr>
<td>Dyadic intervention</td>
<td>10(1369)</td>
<td>-0.31(0.02 to 0.59)</td>
<td>Low</td>
</tr>
<tr>
<td>Psychological treatments</td>
<td>2(313)</td>
<td>-0.13(-0.25 to 0.08)</td>
<td>Low</td>
</tr>
<tr>
<td>Case management</td>
<td>3(318)</td>
<td>-0.03(-0.25 to 0.19)</td>
<td>Low</td>
</tr>
<tr>
<td>Music therapy</td>
<td>6(195)</td>
<td>0.05(0.23 to 0.34)</td>
<td>Low</td>
</tr>
<tr>
<td>Cognitive stimulation therapy</td>
<td>4(269)</td>
<td>0.21(-0.05 to 0.47)</td>
<td>Low</td>
</tr>
<tr>
<td>Cognitive training</td>
<td>4(107)</td>
<td>0.20(-0.38 to 0.78)</td>
<td>Low</td>
</tr>
<tr>
<td>Pharmacological approach</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donepezil</td>
<td>3(735)</td>
<td>0.18(0.03 to 0.32)</td>
<td>Moderate</td>
</tr>
<tr>
<td>Galantamine</td>
<td>3(1422)</td>
<td>0.15(0.04 to 0.25)</td>
<td>Moderate</td>
</tr>
<tr>
<td>Rivastigmine</td>
<td>1(535)</td>
<td>0.19(0.02 to 0.36)</td>
<td>Moderate</td>
</tr>
<tr>
<td>Memantine</td>
<td>5(1773)</td>
<td>0.11(0.02 to 0.21)</td>
<td>Moderate</td>
</tr>
<tr>
<td>Lahnipridine</td>
<td>3(1243)</td>
<td>0.06(0.06 to 0.17)</td>
<td>Low</td>
</tr>
<tr>
<td>Melatonin</td>
<td>1(86)</td>
<td>-0.15(-0.06 to 0.27)</td>
<td>Moderate</td>
</tr>
<tr>
<td>Selatine</td>
<td>7(810)</td>
<td>0.27(0.13 to 0.41)</td>
<td>Low</td>
</tr>
<tr>
<td>Nimodipine</td>
<td>3(1228)</td>
<td>0.12(0.00 to 0.23)</td>
<td>Moderate</td>
</tr>
<tr>
<td>Alternative therapies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Huperzine A</td>
<td>2(79)</td>
<td>-4.49(-0.96 to 2.02)</td>
<td>Very low</td>
</tr>
<tr>
<td>Gingko Biloba</td>
<td>7(2536)</td>
<td>0.36(0.28 to 0.44)</td>
<td>Very low</td>
</tr>
<tr>
<td>Vitamin B sup</td>
<td>3(481)</td>
<td>0.13(-0.05 to 0.31)</td>
<td>Moderate</td>
</tr>
</tbody>
</table>

Open Access This is an Open Access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: http://creativecommons.org/licenses/by-nc/4.0/

BMJ Open 2017;7:e015878. doi:10.1136/bmjopen-2015-010767corr1