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# BMJ Open

## The impact of cardiovascular evaluations and interventions on fall risk in older adults: a protocol for a systematic scoping review and evidence map

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Keywords:	GERIATRIC MEDICINE, CARDIOLOGY, VASCULAR MEDICINE

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**The impact of cardiovascular evaluations and interventions on fall risk in older adults: a protocol for a systematic scoping review and evidence map**

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**ABSTRACT**

**Introduction:** Cardiovascular disorders are increasingly recognized as important fall-risk factors in older adults. Falls are a major public health problem in older adults, and therefore, effective fall reducing interventions are essential for this population. Cardiovascular disorders are a clinically relevant but often overlooked treatable fall risk factor. Literature describing the effect of cardiovascular assessments and treatments in fall prevention generally focuses on one specific type of test or treatment. A

comprehensive, comparative overview of the effectiveness of the available assessments and treatments on cardiovascular related falls risk is currently lacking.

**Methods and analysis:** A systematic scoping review and evidence map will be conducted to summarize the available evidence regarding (comparative) effectiveness of cardiovascular assessments and therapeutic interventions on reducing fall risk among older individuals. A systematic and comprehensive literature search will be performed in MEDLINE and EMBASE databases, using the key components “older adults”, “cardiovascular evaluation”, “cardiovascular intervention”, and “falls”. Furthermore, we will create an evidence map to summarize the quantity and quality of currently available evidence identified in the scoping review. The evidence map will consider, but will be not limited to, observational studies, randomized controlled trials (RCTs) and systematic reviews evaluating cardiovascular tests and treatments (versus controls) on fall risk among older adults.

**Ethics and dissemination:** The systematic scoping review and evidence map involve publicly available data and, therefore, ethical approval is not required. The results will be submitted for publication in a peer-reviewed journal and presented at conferences.

**Key words:** Cardiovascular, interventions, evaluations, older adults, falls prevention

## ARTICLE SUMMARY

### Strengths and limitations of this study

- This systematic scoping review and evidence map on cardiovascular diagnostics and treatments in older adults will contribute to evidence-based guidance for fall preventive interventions in clinical practice, which is currently lacking.
- Through evidence mapping, we will provide a user-friendly (visualization) summary of the (quality of the) literature, and identify knowledge gaps for further optimization of fall-preventive interventions.
- Our comprehensive search strategies were developed under the guidance of an experienced medical librarian.
- The multimodal nature of the interventions and methodological challenges in the field may complicate estimation of fall-risk reducing potential of various cardiovascular interventions.

**INTRODUCTION**

Cardiovascular disease (e.g., rhythm disorders) contributes to the majority of unexplained recurrent falls and syncope in older persons.<sup>[1-4]</sup> Falls are a leading cause of morbidity and mortality in older adults,<sup>[5]</sup> and, therefore, identification of effective fall preventive interventions is crucial. In the recent systematic review and (network) meta-analysis, Tricco and Dautzenberg et al<sup>[6-7]</sup> reported on the fall-reducing effects of various interventions in general. Information specific on the fall risk reducing effects of cardiovascular assessments and treatments, however, is lacking.<sup>[8]</sup> Although the ESC guideline on syncope<sup>[9]</sup> explicitly states that in case of unexplained falls, syncope is likely and therefore requires the same (cardiovascular) evaluation as for evident syncope, (inter-) national guidelines on falls prevention provide varying recommendation with regard to cardiovascular evaluation and treatment with the aim of reducing fall risk. As a result, there is considerable variation in cardiovascular diagnostic and therapeutic approaches between clinics and between clinicians.

Therefore, we aim to conduct a systematic scoping review to summarize in an evidence map (EM) the evidence regarding (comparative) effectiveness of cardiovascular assessments and treatments versus control on reducing fall related outcomes in older adults regardless of the setting/context they are in (community-dwelling, hospital setting or long-term care facility). Evidence mapping is an evolving methodology, suitable for summarizing published evidence and research activity in broad topic areas and identification of research gaps to guide evidence-based decision making.<sup>[10-13]</sup> These characteristics render EM particularly suitable for the unmet (clinical) need for evidence-based decision making in falls prevention. Our results will be used to optimize falls prevention strategies and to develop an evidence-based fall preventive care pathway.

**METHODS AND ANALYSIS**

The systematic scoping review and evidence map will be conducted and reported according to the Preferred Reporting Items for Systematic reviews and Meta-analyses extension for Scoping Reviews (PRISMA-ScR) checklist.<sup>[14]</sup>

**Inclusion criteria**

*Participants*

We will consider papers that included adults  $\geq 50$  years of age (for all participants, or mean age  $\geq 60$  years).

### *Interventions/Exposure*

We will consider studies or reviews that evaluate cardiovascular evaluations (diagnostic tests) and cardiovascular interventions (treatments), either as a single intervention or as part of a multimodal cardiovascular intervention approach. Cardiovascular evaluations may include various tests such as blood pressure recordings, tilt-table testing, electrocardiogram (ECG) and cardiac ultrasonography. Cardiovascular interventions may include pacemaker implantation, cardiac valve surgery, coronary angioplasty and catheter ablation.

### *Comparators*

We will consider studies or reviews that compare the intervention to no active intervention (e.g., wait-and-see) or usual care.

### *Outcomes*

We will consider clinical studies and review articles reporting on (injurious) fall-related outcomes, e.g., number of falls, time to first fall and fall-related hospital admissions or emergency department visits.

### *Study Types*

We will consider all available published evidence and will not exclude articles based on research design. All settings (community-based, hospital and long-term care facility) will be included. Also, (systematic) review articles will be included. We will include studies without language restriction, and also search for ongoing trials on the topic. No date restrictions will be applied.

### **Search strategy**

Search strategies were developed by the project team under the guidance of an experienced medical librarian (JD). The search strategy (supplementary appendix A) included three concepts: 1) older adults (50 years or older); 2) cardiovascular evaluations/assessments and 3) falls, and incorporated studies we

identified from a previous project on the topic.

**Information Sources**

Potentially eligible articles were systematically searched in MEDLINE and EMBASE from inception to April 20, 2021. Citation searches will be performed in SCOPUS, Web of Science, and through Google Scholar. Authors of identified articles will be contacted if an article is not accessible or if any question occurs during the selection or extraction processes.

**Study Selection**

Following the search, the identified citations from the searches in MEDLINE and EMBASE will be combined and deduplicated. After that, the citations will be uploaded to the Rayyan web-based screening platform.

First, a pilot test will be performed, in which the first 300 abstracts will be screened according to pre-defined in- and exclusion criteria by 2 separate reviewers to calibrate inter-individual screening accuracy. Discrepancies will be discussed, and in- and exclusion criteria will be optimized. Subsequently, additional pilot phases of 200 abstracts will be performed. This will be repeated until the reviewers reach near-complete ( $\geq 99\%$ ) agreement and fully understand the selection criteria. After this, the remainder of abstracts will be divided and single-screened by the two reviewers. Furthermore, all included reference lists of included (systematic) reviews and clinical trials will be checked for additional relevant papers.

Following the title and abstract screening phase, full-text screening will be conducted by the two independent reviewers. The reasons for excluding articles will be recorded and reported. In case of disagreement and uncertainties in both screening phases, a third reviewer will be consulted. We will present the results of the search in two separate PRISMA flow diagrams, one for cardiovascular diagnostic tests and one for cardiovascular therapies.

**Data Extraction**

Two reviewers will extract data independently using predefined data collection form in Microsoft Excel. Two separate excel data collection forms will be built: one for cardiovascular assessments, and one for

cardiovascular treatments. The data to be extracted will include relevant study characteristics and results (e.g., age of the populations, study design, intervention type, and fall related outcomes).

Quality control of extracted data will be performed. Missing data and discrepancies will be solved by the first reviewers and/or the third reviewer. If required data are missing, incomplete or unclear, inquiries will be sent to the corresponding authors by email.

### **Critical appraisal of included studies**

The Cochrane Checklist <sup>[15]</sup> will be used to assess the risk of bias for eligible randomized controlled trials, and ROBINS-I tool will be used for eligible non-randomized intervention studies and observational studies. <sup>[16]</sup> In addition, the AMSTAR 2 checklist <sup>[17]</sup> will be used for critical appraisal of included systematic reviews. Critical appraisal of included studies will be conducted by two independent reviewers. Disagreement between the reviewers will be discussed with a third reviewer and solved with consensus.

### **Reporting the results**

First, a narrative synthesis will be provided in the text to summarize the study characteristics and results. Furthermore, to visualize the quantity and quality of currently available evidence (and gaps), we will group and categorize the data and summarize it graphically in tables and figures. Three matrix frameworks will be created: one for cardiovascular diagnostics, one for cardiovascular treatments, and one for multifactorial (combined) interventions and their effect on (injurious) falls outcomes.

## **ETHICS AND DISSEMINATION**

The project involves publicly available data and, therefore, ethical approval is not required. The results will be submitted for publication in a peer-reviewed journal and presented at conferences. We expect that the results will identify evidence gaps, and will be used to optimize falls prevention strategies and develop an evidence-based fall preventive care pathway, therefore, it may provide valuable information and guidance for clinicians and policymakers, and promote researchers for future researches on fall prevention.



**Patient and Public involvement**

Since this is a systematic scoping review and evidence map, we will use current published data, therefore, patients and the public will not be involved in the study.

**DISCUSSION**

Although abundant evidence on the effectiveness of the multifactorial falls preventive intervention in general exists, a clear overview of the value of cardiovascular interventions is lacking. This project will shed light on the question of which cardiovascular diagnostics and interventions have been proven effective with regard to fall-related outcomes in older adults. Our systematic scoping review and EM will provide a comprehensive, evidence-based overview of the fall preventive efficacy of the various cardiovascular interventions in adults, an unmet clinical need in daily practice. The results can provide the scientific basis for the development of a standardized care pathway for cardiovascular assessment and treatment in older, fall-prone adults. As such, fall-related injury, morbidity and mortality can be reduced in this population. In addition, this EM is expected to identify evidence gaps in the area of cardiovascular falls prevention that may promote future research initiatives.

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**Authors' contributions:** LW, EP, and NV designed the study protocol. LW and EP wrote the first draft of the protocol paper. NV, AP, JD, ML provided critical appraisal for the design of protocol. JD designed and conducted the search. All authors contributed to the revision of manuscript and approved the final version of the manuscript.

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**Competing interests:** None declared.

#### Word Count

Abstract: 241

Text: 1421

Supplementary appendix A

Search strategy Ovid MEDLINE(R) ALL <1946 to April 20, 2021>

Search	Query	Items found
1	Geriatric assessment/ or frail elderly/ or exp aged/ or middle aged/ or exp nursing homes/ or "homes for the aged"/	5244595
2	(older person? or older patient? or middle aged or seniors or senior citiz* or elder or elders or elderly or geriatric* or frailty or postmenopausal women or community-dwelling or nursing home? or resident* or old* people or old* person? or old* patient? or old* client? or old* adult?).ab,kf,ti.	758627
3	(geriatr* or age or aging or elderl*).in,jw.	265085
4	or/1-3 [persons 50 yrs or older]	5658363
5	(cardiovascular adj3 (assessment or evaluation? or intervention?)) or (Blood Pressure adj3 (monitoring or self or ambulatory or home))).ab,kf,ti.	25188
6	(Orthostatic hypotension or postural hypotension or Tilt-table test or head-down tilt or Carotid sinus massage or Electrocardiogram or ECG or Electrocardiograph or Transthoracic Echocardiography or Cross-Sectional Echocardiography or Cross Sectional Echocardiography or "m-Mode" or Contrast Echocardiography or 2D Echocardiography or Two Dimensional Echocardiography or "2-D Echocardiography" or Dynamic Electrocardiography or Ambulatory Electrocardiographic Monitoring or Ambulatory Electrocardiography or Holter Electrocardiography or Holter Monitoring or Loop recorder).ab,kf,ti.	133175
7	(pacemaker? or Cardiac Valve Annuloplast* or cardiac pacing or Valvular Annuloplasty or Valvular Annuloplast* or Heart Valve Annuloplasty or Cardiac Valve Annulus Repair or heart Valve Annulus Repair or Cardiac Valve Annular Repair or Heart Valve Annular Repair or Cardiac Valve Annular Reduction or Cardiac Valve Annulus Shortening or Cardiac Valve Annulus Reduction or Mitral Valve Annuloplast* or Mitral Valve Annulus Repair or (Coronary adj3 Balloon) or Coronary Angioplasty).ab,kf,ti.	55747
8	((exercise adj3 intervention*) or (fall adj3 program*)).mp.	11480
9	review.pt.	2786145
10	8 and 9	2468
11	(sinus carotid hypersensitivity or vasovagal collapse or postprandial hypotension or heart failure or cardiac rythm disorder or structural cardiac disorder?).ab,kf,ti.	185060
12	((evaluat* or scor* or assess*) and (TAVI or Transcatheter Aortic Valve Implant* or CABG or Coronary artery bypass graft* or midodrine or cardiovascular drug? or antiarrhythmic drug? or anti arrhythmic drug? or diuretic? or beta blocker? or calcium channel blocker? or ACE inhibitor? or angiotensin receptor blocker? or vasodilator? or vasoactive drug? or Cardio fitness)).mp.	81709
13	((heart or cardi*) and (physical examination or (tak* adj3 history) or ablation or defibrillator or fludrocortisone or tca? or ephedrine or desmopressin or DDAVP or octreotide or erythropoietin or nonsteroidal anti-inflammatory agent? or salt intake? or Abdominal binder? or support stocking? or Elastic compression therapy or tai chi or Education or lifestyle or prodromal	84487

	symptoms? or (head adj3 tilt*) or (head adj3 elevat*) or alcohol intake or fluid intake or lower body muscle)).ab,kf,ti.	
14	or/5-7,10-13 [cardiovascular evaluation   -interventions]	515440
15	accidental falls/ or exp syncope/	38249
16	(fall? or fell or falling or fallen or faller or stumble? or stumbling or stumbles or slip or slips or slipping or slipped or trip or tripped or syncope or TLOC or "Transient loss of consciousness").ab,kf,ti.	283719
17	15 or 16	294403
18	and/4,14,17	9265
19	(ISRCTN11674947 or NCT01037426 or myfait or (safe pace and (study or trial))).ab,kf,ti.	10
20	18 or 19	9269

# BMJ Open

## The impact of cardiovascular evaluations and interventions on fall risk in older adults: a protocol for a scoping review and evidence map

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<b>Primary Subject Heading</b>:	Geriatric medicine
Secondary Subject Heading:	Geriatric medicine, Cardiovascular medicine, Public health
Keywords:	GERIATRIC MEDICINE, CARDIOLOGY, PUBLIC HEALTH

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**The impact of cardiovascular evaluations and interventions on fall risk in older adults: a protocol for a scoping review and evidence map**

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**ABSTRACT**

**Introduction:** Cardiovascular disorders are increasingly recognized as important fall risk factors in older adults. Falls are a major public health problem in older adults, and therefore, effective interventions for reducing falls are essential for this population. Cardiovascular disease is a clinically relevant (but often overlooked), and potentially modifiable risk factor for falls. Literature describing the effects of cardiovascular assessments and treatments on fall prevention has generally focused on

only one specific test or treatment. A comprehensive, comparative overview surrounding the effectiveness of available assessments and treatments on cardiovascular related fall risk is currently lacking.

**Methods and analysis:** A scoping review and evidence map will be conducted to summarize the available evidence regarding the (comparative) effectiveness of cardiovascular assessments and therapeutic interventions on reducing fall risk in older individuals. A systematic and comprehensive literature search will be performed in MEDLINE and EMBASE, using the key components “older adults”, “cardiovascular evaluation”, “cardiovascular intervention”, and “falls”. Furthermore, we will create an evidence map to summarize the quantity and quality of currently available evidence identified in the scoping review. The evidence map will consider, but will not be limited to, observational studies, randomized controlled trials (RCTs) and reviews evaluating cardiovascular tests and treatments (versus controls) on fall risk in older adults.

**Ethics and dissemination:** The scoping review and evidence map will only include data that is publicly available and, therefore, ethical approval is not required. The results will be submitted for publication in a peer-reviewed journal and presented at scientific conferences.

**Key words:** Cardiovascular, interventions, evaluations, older adults, falls prevention, evidence map.

## ARTICLE SUMMARY

### Strengths and limitations of this study

- Summarize published literature on the efficacy of cardiovascular assessments and treatments on fall prevention in older adults.
- Our comprehensive search strategies were developed under the guidance of an experienced medical librarian.
- We will conduct and report a scoping review by following the PRISMA extension checklist for scoping reviews.
- We will summarize the evidence in a user-friendly way using evidence map methodology.
- Estimation of fall risk reducing potential of single interventions may be complex because most studies are multimodal in nature.

**INTRODUCTION**

Cardiovascular conditions (e.g., heart rhythm disorders and cerebrovascular disease <sup>[1-2]</sup>) are important fall risk factors and contribute to the majority of unexplained recurrent falls and syncope in older persons. <sup>[3-6]</sup> Falls are a leading cause of morbidity and mortality in older adults, <sup>[7]</sup> and, therefore, identification of effective fall preventive interventions is crucial. In recent systematic reviews and (network) meta-analyses, Tricco and Dautzenberg et al <sup>[8-9]</sup> reported on the fall-reducing effects of various interventions, but a comprehensive overview solely focused on the fall risk reducing effects of cardiovascular assessments and treatments is currently lacking. <sup>[10]</sup> The European Society of Cardiology (ESC) guideline on syncope <sup>[11]</sup> explicitly states that in case of unexplained falls, syncope is likely and therefore the same (cardiovascular) evaluation as for evident syncope is required. However, the aforementioned guideline does not provide detailed guidance for reducing fall risk with cardiovascular evaluation and treatment. As a result, (inter-) national guidelines on falls prevention provide varying recommendations and there is considerable variation in cardiovascular diagnostic and therapeutic approaches between clinics and between clinicians.

We aim to summarize the evidence surrounding the (comparative) effectiveness of cardiovascular assessments and treatments on reducing fall related outcomes in older adults. We will update and extend our previous research (including a pilot study in 2015), <sup>[10, 12]</sup> by conducting a scoping review and by summarizing the available evidence in an evidence map (EM). Evidence mapping is an evolving methodology suitable for the summation of published evidence and research activity in broad topic areas and for the identification of research gaps to guide evidence-based decision making. <sup>[13-16]</sup> These characteristics render EM particularly suitable for the unmet (clinical) need for evidence-based decision making in falls prevention. Our results will be used to optimize falls prevention strategies and to develop an evidence-based fall preventive care pathway.

**METHODS AND ANALYSIS**

The scoping review will be conducted and reported following the Preferred Reporting Items for Systematic reviews and Meta-analyses extension for Scoping Reviews (PRISMA-ScR) checklist (supplementary appendix A). <sup>[17]</sup> In addition, we will summarize the available evidence in an EM.



## 90 **Eligibility criteria**

### 91 *Participants*

92 We will consider studies or reviews that included adults  $\geq 50$  years of age (for all participants, or mean  
93 age  $\geq 60$  years), and consider papers for inclusion that report data on subgroups that match our target  
94 age limits.

### 96 *Interventions/Exposure and comparators*

97 We will consider studies or reviews that evaluate cardiovascular evaluations (diagnostic tests) and  
98 cardiovascular interventions (treatments), either as a single intervention or as part of a multimodal  
99 cardiovascular intervention approach. Cardiovascular evaluations refer to blood pressure recordings,  
100 tilt-table testing, carotid sinus massage, electrocardiogram (ECG) and cardiac ultrasonography.  
101 Cardiovascular interventions refer to pacemaker implantation, cardiac valve surgery/repair, coronary  
102 angioplasty/bypass grafting, catheter ablation, physical exercise programs or other cardio physiotherapy  
103 (e.g., cardio fitness), non-pharmacological treatments (e.g., elastic compression therapy) and  
104 pharmacotherapeutic treatments (e.g., antiarrhythmics) aimed at reducing falls risk (supplementary  
105 appendix B; search strategy). We will consider studies that compare the intervention to no active  
106 intervention (e.g., wait-and-see) or usual care.

### 108 *Outcomes*

109 We will consider studies or reviews reporting on (injurious) fall-related outcomes, e.g., number of falls,  
110 time to first fall and fall-related hospital admissions or emergency department visits.

### 112 *Study Types*

113 We will consider all available published evidence from inception and will not exclude articles based on  
114 research design (e.g., observational studies, (non-) randomized controlled trials). All settings  
115 (community-based, hospital and long-term care facility) will be included. Additionally, (systematic)  
116 review articles will be included. We will include studies without language restrictions, and also search  
117 for ongoing trials on the topic. We will exclude conference abstracts and papers for which no full text  
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**Search strategy**

Search strategies were developed by the project team under the guidance of an experienced medical librarian (JD). The search strategy (supplementary appendix B) included three concepts: 1) older adults; 2) cardiovascular evaluations/assessments and 3) falls.

**Information Sources**

Potentially eligible articles were systematically searched in MEDLINE and EMBASE from inception to April 20, 2021. Citation searches will be performed in SCOPUS, Web of Science, and through Google Scholar. The authors of identified articles will be contacted if the full text is not accessible or if the data for extraction is missing.

**Study Selection**

Following the search, the identified citations from the searches in MEDLINE and EMBASE will be combined and deduplicated. The citations will be subsequently uploaded to the web-based Rayyan screening platform.

First, a pilot test will be performed, in which two independent reviewers will screen the first 300 abstracts following the pre-defined study eligibility (inclusion and exclusion) criteria. Discrepancies will be discussed, and the inclusion and exclusion criteria will be optimized. Additional pilot phases of 200 abstracts will be subsequently performed. This will be repeated until the reviewers reach near-complete ( $\geq 99\%$ ) agreement and fully understand the selection criteria. Following this, the remaining abstracts will be divided and single-screened by the two reviewers. Furthermore, the reference lists of all included (systematic) reviews will be checked for additional relevant papers.

Following the title and abstract screening phase, full-text screening will be conducted by the two independent reviewers. The reasons for excluding articles will be recorded. A third reviewer will be consulted in case of disagreement and uncertainties in both screening phases. The results of the search will be presented in two separate PRISMA flow diagrams, one for cardiovascular diagnostic tests and one for cardiovascular therapies.

## **Data Extraction**

Two reviewers will extract data independently using a predefined data collection form in Microsoft Excel. Two separate excel data collection forms will be built: one for cardiovascular assessments, and one for cardiovascular treatments. The extracted data will include relevant study characteristics and results (e.g., age of the population, study design, intervention type, and fall related outcomes).

Quality control of extracted data will be performed. Discrepancies will be resolved by the third reviewer. If required data is missing, incomplete or unclear, inquiries will be sent to the corresponding authors by email.

## **Critical appraisal of included studies**

The Cochrane Checklist <sup>[18]</sup> will be used to assess the risk of bias for eligible RCTs, and the ROBINS-I tool will be used for eligible non-randomized intervention studies and observational studies; <sup>[19]</sup> the AMSTAR 2 checklist <sup>[20]</sup> will be used for critical appraisal of included systematic reviews. Critical appraisal of included studies will be conducted by two independent reviewers. Disagreement between the reviewers will be resolved by the third reviewer.

## **Data synthesis**

We will quantitatively summarize the included study characteristics (e.g., study design, type of interventions, quality of studies) and results. Additionally, we will qualitatively group and categorize the data based on the types/topics of cardiovascular diagnostics and cardiovascular treatments. These characteristics, categories, and results of data will first be presented in-text through a narrative synthesis. Moreover, to visualize the quantity and quality of currently available evidence (and gaps), we will group and categorize the data and summarize it graphically in tables and figures. Three matrix frameworks will be created: one for cardiovascular diagnostics, one for cardiovascular treatments, and one for multifactorial (combined) interventions and their effect on (injurious) falls outcomes.

## **Patient and Public involvement**

Since this is a scoping review and evidence map, we will use currently published data, therefore, patients and the public will not be involved in the study.

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**ETHICS AND DISSEMINATION**

The project involves publicly available data and, therefore, ethical approval is not required. The results will be submitted for publication in a peer-reviewed journal and presented at scientific conferences. We expect that the results will provide valuable information and evidence-based guidance for clinicians and policymakers, as well as improve cardiovascular falls prevention strategies.

For peer review only

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**Authors' contributions:** LW, EP, and NV designed the study protocol. LW and EP wrote the first draft of the protocol paper. NV, AP, JD, ML provided critical appraisal for the design of protocol. JD designed and conducted the search. All authors contributed to the revision of manuscript and approved the final version of the manuscript.

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**Competing interests:** None declared.

**Word Count**

Abstract: 247

Text: 1334

## Supplementary appendix A

### Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
<b>TITLE</b>			
Title	1	Identify the report as a scoping review.	1
<b>ABSTRACT</b>			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	1, 2
<b>INTRODUCTION</b>			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	3
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	3
<b>METHODS</b>			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	N.A.
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	4
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify	5

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
		additional sources), as well as the date the most recent search was executed.	
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	5
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	5
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	5, 6
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	6
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	6
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	6
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	N.A.
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	N.A.
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	N.A.



SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	N.A.
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	N.A.
<b>DISCUSSION</b>			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	N.A.
Limitations	20	Discuss the limitations of the scoping review process.	N.A.
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	N.A.
<b>FUNDING</b>			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	9

JB1 = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

\* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med*. 2018;169:467–473. doi: 10.7326/M18-0850.

Supplementary appendix B

Search strategy Ovid MEDLINE(R) ALL <1946 to April 20, 2021>

Search	Query	Items found
1	Geriatric assessment/ or frail elderly/ or exp aged/ or middle aged/ or exp nursing homes/ or "homes for the aged"/	5244595
2	(older person? or older patient? or middle aged or seniors or senior citiz* or elder or elders or elderly or geriatric* or frailty or postmenopausal women or community-dwelling or nursing home? or resident* or old* people or old* person? or old* patient? or old* client? or old* adult?).ab,kf,ti.	758627
3	(geriatr* or age or aging or elderl*).in,jw.	265085
4	or/1-3 [persons 50 yrs or older]	5658363
5	(cardiovascular adj3 (assessment or evaluation? or intervention?)) or (Blood Pressure adj3 (monitoring or self or ambulatory or home))).ab,kf,ti.	25188
6	(Orthostatic hypotension or postural hypotension or Tilt-table test or head-down tilt or Carotid sinus massage or Electrocardiogram or ECG or Electrocardiograph or Transthoracic Echocardiography or Cross-Sectional Echocardiography or Cross Sectional Echocardiography or "m-Mode" or Contrast Echocardiography or 2D Echocardiography or Two Dimensional Echocardiography or "2-D Echocardiography" or Dynamic Electrocardiography or Ambulatory Electrocardiographic Monitoring or Ambulatory Electrocardiography or Holter Electrocardiography or Holter Monitoring or Loop recorder).ab,kf,ti.	133175
7	(pacemaker? or Cardiac Valve Annuloplast* or cardiac pacing or Valvular Annuloplasty or Valvular Annuloplast* or Heart Valve Annuloplasty or Cardiac Valve Annulus Repair or heart Valve Annulus Repair or Cardiac Valve Annular Repair or Heart Valve Annular Repair or Cardiac Valve Annular Reduction or Cardiac Valve Annulus Shortening or Cardiac Valve Annulus Reduction or Mitral Valve Annuloplast* or Mitral Valve Annulus Repair or (Coronary adj3 Balloon) or Coronary Angioplasty).ab,kf,ti.	55747
8	((exercise adj3 intervention*) or (fall adj3 program*)).mp.	11480
9	review.pt.	2786145
10	8 and 9	2468
11	(sinus carotid hypersensitivity or vasovagal collapse or postprandial hypotension or heart failure or cardiac rythm disorder or structural cardiac disorder?).ab,kf,ti.	185060
12	((evaluat* or scor* or assess*) and (TAVI or Transcatheter Aortic Valve Implant* or CABG or Coronary artery bypass graft* or midodrine or cardiovascular drug? or antiarrhythmic drug? or anti arrhythmic drug? or diuretic? or beta blocker? or calcium channel blocker? or ACE inhibitor? or angiotensin receptor blocker? or vasodilator? or vasoactive drug? or Cardio fitness)).mp.	81709
13	((heart or cardi*) and (physical examination or (tak* adj3 history) or ablation or defibrillator or fludrocortisone or tca? or ephedrine or desmopressin or DDAVP or octreotide or erythropoietin or nonsteroidal anti-inflammatory agent? or salt intake? or Abdominal binder? or support stocking? or Elastic compression therapy or tai chi or Education or lifestyle or prodromal	84487

	symptoms? or (head adj3 tilt*) or (head adj3 elevat*) or alcohol intake or fluid intake or lower body muscle)).ab,kf,ti.	
14	or/5-7,10-13 [cardiovascular evaluation   -interventions]	515440
15	accidental falls/ or exp syncope/	38249
16	(fall? or fell or falling or fallen or faller or stumble? or stumbling or stumbles or slip or slips or slipping or slipped or trip or tripped or syncope or TLOC or "Transient loss of consciousness").ab,kf,ti.	283719
17	15 or 16	294403
18	and/4,14,17	9265
19	(ISRCTN11674947 or NCT01037426 or myfait or (safe pace and (study or trial))).ab,kf,ti.	10
20	18 or 19	9269

# BMJ Open

## The impact of cardiovascular evaluations and interventions on fall risk in older adults: a protocol for a scoping review and evidence map

Journal:	<i>BMJ Open</i>
Manuscript ID	bmjopen-2021-057959.R2
Article Type:	Protocol
Date Submitted by the Author:	02-Apr-2022
Complete List of Authors:	Wang, Liping; Amsterdam UMC Location AMC, Department of Internal Medicine, Section of Geriatric Medicine, Amsterdam Public Health Research Institute van Poelgeest, Eveline; Amsterdam UMC Location AMC, Department of Internal Medicine, Section of Geriatric Medicine, Amsterdam Public Health Research Institute Pronk, Anouschka; Amsterdam UMC Location AMC, Department of Internal Medicine, Section of Geriatric Medicine, Amsterdam Public Health Research Institute Daams, Joost; Amsterdam UMC Location AMC, Medical Library Leeflang, Mariska; Amsterdam UMC Location AMC, Department of Epidemiology and Data Science, Section of Methodology, Amsterdam Public Health Research Institute Hoekstra, Alfons; University of Amsterdam, Computational Science Lab, Informatics Institute van der Velde, Nathalie; Amsterdam UMC Location AMC, Department of Internal Medicine, Section of Geriatric Medicine, Amsterdam Public Health Research Institute
<b>Primary Subject Heading</b>:	Geriatric medicine
Secondary Subject Heading:	Geriatric medicine, Cardiovascular medicine, Public health
Keywords:	GERIATRIC MEDICINE, CARDIOLOGY, PUBLIC HEALTH

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**The impact of cardiovascular evaluations and interventions on fall risk in older adults: a protocol for a scoping review and evidence map**

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## ABSTRACT

**Introduction:** Cardiovascular disorders are increasingly recognized as important fall risk factors in older adults. Falls are a major public health problem in older adults, and therefore, effective interventions for reducing falls are essential for this population. Cardiovascular disease is a clinically relevant (but often overlooked), and potentially modifiable risk factor for falls. Literature describing the effects of cardiovascular assessments and treatments on fall prevention has generally focused on only one specific test or treatment. A comprehensive, comparative overview surrounding the effectiveness of available assessments and treatments on cardiovascular related fall risk is currently lacking.

**Methods and analysis:** A scoping review and evidence map will be conducted to summarize the available evidence regarding the (comparative) effectiveness of cardiovascular assessments and therapeutic interventions on reducing fall risk in older individuals. A systematic and comprehensive literature search will be performed in MEDLINE and EMBASE, using the key components “older adults”, “cardiovascular evaluation”, “cardiovascular intervention”, and “falls”. Furthermore, we will create an evidence map to summarize the quantity and quality of currently available evidence identified in the scoping review. The evidence map will consider, but will not be limited to, observational studies, randomized controlled trials (RCTs) and reviews evaluating cardiovascular tests and treatments (versus controls) on fall risk in older adults.

**Ethics and dissemination:** The scoping review and evidence map will only include data that is publicly available and, therefore, ethical approval is not required. The results will be submitted for publication in a peer-reviewed journal and presented at scientific conferences.

**Key words:** Cardiovascular, interventions, evaluations, older adults, falls prevention, evidence map.

## ARTICLE SUMMARY

### Strengths and limitations of this study

- Summarize published literature on the efficacy of cardiovascular assessments and treatments on fall prevention in older adults, and summarize the evidence in a user-friendly way using evidence map methodology.
- Our comprehensive search strategies were developed under the guidance of an experienced

- 60 medical librarian.
- 61 • We will conduct and report a scoping review by following the PRISMA extension checklist for
- 62 scoping reviews.
- 63 • Estimation of fall risk reducing potential of single interventions may be complex because most
- 64 studies are multimodal in nature.
- 65 • We will not summarize evidence for specific cerebrovascular diagnostic tests (for example
- 66 magnetic resonance imaging of the brain).

68 **INTRODUCTION**

69 Cardiovascular conditions (e.g., heart rhythm disorders) are important fall risk factors and contribute to  
70 the majority of unexplained recurrent falls and syncope in older persons. [1-4] Falls are a leading cause  
71 of morbidity and mortality in older adults, [5] and, therefore, identification of effective fall preventive  
72 interventions is crucial. In recent systematic reviews and (network) meta-analyses, Tricco and  
73 Dautzenberg et al [6-7] reported on the fall-reducing effects of various interventions, but a comprehensive  
74 overview solely focused on the fall risk reducing effects of cardiovascular assessments and treatments  
75 is currently lacking. [8] The European Society of Cardiology (ESC) guideline on syncope [1] explicitly  
76 states that in case of unexplained falls, syncope is likely and therefore the same (cardiovascular)  
77 evaluation as for evident syncope is required. However, the aforementioned guideline does not provide  
78 detailed guidance for reducing fall risk with cardiovascular evaluation and treatment. As a result, (inter-)  
79 national guidelines on falls prevention provide varying recommendations and there is considerable  
80 variation in cardiovascular diagnostic and therapeutic approaches between clinics and between  
81 clinicians.

82 We aim to summarize the evidence surrounding the (comparative) effectiveness of cardiovascular  
83 assessments and treatments on reducing fall related outcomes in older adults. We will update and extend  
84 our previous research (including a pilot study in 2015), [8-9] by conducting a scoping review and by  
85 summarizing the available evidence in an evidence map (EM). Evidence mapping is an evolving  
86 methodology suitable for the summation of published evidence and research activity in broad topic  
87 areas and for the identification of research gaps to guide evidence-based decision making. [10-13] These  
88 characteristics render EM particularly suitable for the unmet (clinical) need for evidence-based decision

making in falls prevention. Our results will be used to optimize falls prevention strategies and to develop an evidence-based fall preventive care pathway.

## METHODS AND ANALYSIS

The scoping review will be conducted and reported following the Preferred Reporting Items for Systematic reviews and Meta-analyses extension for Scoping Reviews (PRISMA-ScR) checklist (supplementary appendix A).<sup>[14]</sup> In addition, we will summarize the available evidence in an EM.

### Eligibility criteria

#### *Participants*

We will consider studies or reviews that included adults  $\geq 50$  years of age (for all participants, or mean age  $\geq 60$  years), and consider papers for inclusion that report data on subgroups that match our target age limits. These cut-off values are based on the fact that literature shows that fall risk starts to increase from 50 years of age onwards,<sup>[15]</sup> and that consensus on these limits was reached among international falls experts. By selecting the same age cut-off values in other (review) papers published by this expert group,<sup>[2, 16-17]</sup> comparability is ensured. In addition, the age cut-off values for this project were also adopted in its pilot-phase.<sup>[8]</sup>

#### *Interventions/Exposure and comparators*

We will consider studies or reviews that evaluate cardiovascular evaluations (diagnostic tests) and cardiovascular interventions (treatments), either as a single intervention or as part of a multimodal cardiovascular intervention approach. Cardiovascular evaluations refer to blood pressure recordings, tilt-table testing, carotid sinus massage, electrocardiogram (ECG) and cardiac ultrasonography. Cardiovascular interventions refer to pacemaker implantation, cardiac valve surgery/repair, coronary angioplasty/bypass grafting, catheter ablation, physical exercise programs or other cardio physiotherapy (e.g., cardio fitness), non-pharmacological treatments (e.g., elastic compression therapy) and pharmacotherapeutic treatments (e.g., antiarrhythmics) aimed at reducing falls risk (supplementary appendix B; search strategy). We will consider studies that compare the intervention to no active intervention (e.g., wait-and-see) or usual care.



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*Outcomes*

We will consider studies or reviews reporting on (injurious) fall-related outcomes, e.g., number of falls, time to first fall and fall-related hospital admissions or emergency department visits.

*Study Types*

We will consider all available published evidence from inception and will not exclude articles based on research design (e.g., observational studies, (non-) randomized controlled trials). All settings (community-based, hospital and long-term care facility) will be included. Additionally, (systematic) review articles will be included. We will include studies without language restrictions, and also search for ongoing trials on the topic. We will exclude conference abstracts and papers for which no full text is available.

**Search strategy**

Search strategies were developed by the project team under the guidance of an experienced medical librarian (JD). The search strategy (supplementary appendix B) included three concepts: 1) older adults; 2) cardiovascular evaluations/assessments and 3) falls. We will not include specific cerebrovascular diagnostic (imaging) tests for this project, because this would yield a large number of additional hits, that is likely to have a negative impact on screening quality. Also, according to national and international clinical guidelines on unexplained falls, falls and syncope,<sup>[1, 18-20]</sup> cerebrovascular imaging should not be routinely performed in the diagnostic work-up. Although falls may be caused by cerebrovascular disease this is usually accompanied by typical neurological complaints and follows a different-acute-diagnostic care pathway. Assessing the role of cerebrovascular abnormalities for fall risk (and mobility) is beyond the scope of our review as this is a research question on its own.

**Information Sources**

Potentially eligible articles were systematically searched in MEDLINE and EMBASE from inception to April 20, 2021. Citation searches will be performed in SCOPUS, Web of Science, and through Google Scholar. The authors of identified articles will be contacted if the full text is not accessible or if the data for extraction is missing.

## Study Selection

Following the search, the identified citations from the searches in MEDLINE and EMBASE will be combined and deduplicated. The citations will be subsequently uploaded to the web-based Rayyan screening platform.

First, a pilot test will be performed, in which two independent reviewers will screen the first 300 abstracts following the pre-defined study eligibility (inclusion and exclusion) criteria. Discrepancies will be discussed, and the inclusion and exclusion criteria will be optimized. Additional pilot phases of 200 abstracts will be subsequently performed. This will be repeated until the reviewers reach near-complete ( $\geq 99\%$ ) agreement and fully understand the selection criteria. Following this, the remaining abstracts will be divided and single-screened by the two reviewers. Furthermore, the reference lists of all included (systematic) reviews will be checked for additional relevant papers.

Following the title and abstract screening phase, full-text screening will be conducted by the two independent reviewers. The reasons for excluding articles will be recorded. A third reviewer will be consulted in case of disagreement and uncertainties in both screening phases. The results of the search will be presented in two separate PRISMA flow diagrams, one for cardiovascular diagnostic tests and one for cardiovascular therapies.

## Data Extraction

Two reviewers will extract data independently using a predefined data collection form in Microsoft Excel. Two separate excel data collection forms will be built: one for cardiovascular assessments, and one for cardiovascular treatments. The extracted data will include relevant study characteristics and results (e.g., age of the population, study design, intervention type, and fall related outcomes).

Quality control of extracted data will be performed. Discrepancies will be resolved by the third reviewer. If required data is missing, incomplete or unclear, inquiries will be sent to the corresponding authors by email.

## Critical appraisal of included studies

The Cochrane Checklist <sup>[21]</sup> will be used to assess the risk of bias for eligible RCTs, and the ROBINS-I tool will be used for eligible non-randomized intervention studies and observational studies; <sup>[22]</sup> the

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AMSTAR 2 checklist <sup>[23]</sup> will be used for critical appraisal of included systematic reviews. Critical appraisal of included studies will be conducted by two independent reviewers. Disagreement between the reviewers will be resolved by the third reviewer.

**Data synthesis**

We will quantitatively summarize the included study characteristics (e.g., study design, type of interventions, quality of studies) and results. Additionally, we will qualitatively group and categorize the data based on the types/topics of cardiovascular diagnostics and cardiovascular treatments. These characteristics, categories, and results of data will first be presented in-text through a narrative synthesis. Moreover, to visualize the quantity and quality of currently available evidence (and gaps), we will group and categorize the data and summarize it graphically in tables and figures. Three matrix frameworks will be created: one for cardiovascular diagnostics, one for cardiovascular treatments, and one for multifactorial (combined) interventions and their effect on (injurious) falls outcomes.

**Patient and Public involvement**

Since this is a scoping review and evidence map, we will use currently published data, therefore, patients and the public will not be involved in the study.

**ETHICS AND DISSEMINATION**

The project involves publicly available data and, therefore, ethical approval is not required. The results will be submitted for publication in a peer-reviewed journal and presented at scientific conferences. We expect that the results will provide valuable information and evidence-based guidance for clinicians and policymakers, as well as improve cardiovascular falls prevention strategies.

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**Authors' contributions:** LW, EP, and NV designed the study protocol. LW and EP wrote the first draft of the protocol paper. NV, AP, JD, AH and ML provided critical appraisal for the design of protocol. JD designed and conducted the search. LW, EP, AP, JD, ML, AH, and NV contributed to the revision of manuscript and approved the final version of the manuscript.

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**Competing interests:** None declared.

**Word Count**

Abstract: 247  
Text: 1530

## Supplementary appendix A

### Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
<b>TITLE</b>			
Title	1	Identify the report as a scoping review.	1
<b>ABSTRACT</b>			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	1, 2
<b>INTRODUCTION</b>			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	3
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	3
<b>METHODS</b>			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	N.A.
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	4
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify	5

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
		additional sources), as well as the date the most recent search was executed.	
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	5
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	5
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	5, 6
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	6
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	6
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	6
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	N.A.
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	N.A.
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	N.A.



SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	N.A.
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	N.A.
<b>DISCUSSION</b>			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	N.A.
Limitations	20	Discuss the limitations of the scoping review process.	N.A.
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	N.A.
<b>FUNDING</b>			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	9

JB1 = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

\* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med*. 2018;169:467–473. doi: 10.7326/M18-0850.



Supplementary appendix B

Search strategy Ovid MEDLINE(R) ALL <1946 to April 20, 2021>

Search	Query	Items found
1	Geriatric assessment/ or frail elderly/ or exp aged/ or middle aged/ or exp nursing homes/ or "homes for the aged"/	5244595
2	(older person? or older patient? or middle aged or seniors or senior citiz* or elder or elders or elderly or geriatric* or frailty or postmenopausal women or community-dwelling or nursing home? or resident* or old* people or old* person? or old* patient? or old* client? or old* adult?).ab,kf,ti.	758627
3	(geriatr* or age or aging or elderl*).in,jw.	265085
4	or/1-3 [persons 50 yrs or older]	5658363
5	(cardiovascular adj3 (assessment or evaluation? or intervention?)) or (Blood Pressure adj3 (monitoring or self or ambulatory or home))).ab,kf,ti.	25188
6	(Orthostatic hypotension or postural hypotension or Tilt-table test or head-down tilt or Carotid sinus massage or Electrocardiogram or ECG or Electrocardiograph or Transthoracic Echocardiography or Cross-Sectional Echocardiography or Cross Sectional Echocardiography or "m-Mode" or Contrast Echocardiography or 2D Echocardiography or Two Dimensional Echocardiography or "2-D Echocardiography" or Dynamic Electrocardiography or Ambulatory Electrocardiographic Monitoring or Ambulatory Electrocardiography or Holter Electrocardiography or Holter Monitoring or Loop recorder).ab,kf,ti.	133175
7	(pacemaker? or Cardiac Valve Annuloplast* or cardiac pacing or Valvular Annuloplasty or Valvular Annuloplast* or Heart Valve Annuloplasty or Cardiac Valve Annulus Repair or heart Valve Annulus Repair or Cardiac Valve Annular Repair or Heart Valve Annular Repair or Cardiac Valve Annular Reduction or Cardiac Valve Annulus Shortening or Cardiac Valve Annulus Reduction or Mitral Valve Annuloplast* or Mitral Valve Annulus Repair or (Coronary adj3 Balloon) or Coronary Angioplasty).ab,kf,ti.	55747
8	((exercise adj3 intervention*) or (fall adj3 program*)).mp.	11480
9	review.pt.	2786145
10	8 and 9	2468
11	(sinus carotid hypersensitivity or vasovagal collapse or postprandial hypotension or heart failure or cardiac rythm disorder or structural cardiac disorder?).ab,kf,ti.	185060
12	((evaluat* or scor* or assess*) and (TAVI or Transcatheter Aortic Valve Implant* or CABG or Coronary artery bypass graft* or midodrine or cardiovascular drug? or antiarrhythmic drug? or anti arrhythmic drug? or diuretic? or beta blocker? or calcium channel blocker? or ACE inhibitor? or angiotensin receptor blocker? or vasodilator? or vasoactive drug? or Cardio fitness)).mp.	81709
13	((heart or cardi*) and (physical examination or (tak* adj3 history) or ablation or defibrillator or fludrocortisone or tca? or ephedrine or desmopressin or DDAVP or octreotide or erythropoietin or nonsteroidal anti-inflammatory agent? or salt intake? or Abdominal binder? or support stocking? or Elastic compression therapy or tai chi or Education or lifestyle or prodromal	84487

	symptoms? or (head adj3 tilt*) or (head adj3 elevat*) or alcohol intake or fluid intake or lower body muscle)).ab,kf,ti.	
14	or/5-7,10-13 [cardiovascular evaluation   -interventions]	515440
15	accidental falls/ or exp syncope/	38249
16	(fall? or fell or falling or fallen or faller or stumble? or stumbling or stumbles or slip or slips or slipping or slipped or trip or tripped or syncope or TLOC or "Transient loss of consciousness").ab,kf,ti.	283719
17	15 or 16	294403
18	and/4,14,17	9265
19	(ISRCTN11674947 or NCT01037426 or myfait or (safe pace and (study or trial))).ab,kf,ti.	10
20	18 or 19	9269