BMJ Open

Consulting concepts and structures for people with dementia in Germany: a protocol for a 'grey-shaded' scoping review

Christina Manietta [1,2] Mike Rommerskirch-Manietta [1,2] Daniel Purwins [1,2] Martina Roes [1,2]

¹Deutsches Zentrum für Neurodegenerative Erkrankungen (DZNE), Witten, Germany
²Department of Nursing Science, Witten/Herdecke University, Witten, Germany

Correspondence to
Christina Manietta;
Christina.Manietta@dzne.de

ABSTRACT

Introduction Literature reviews represent an important type of study for the various professions in healthcare. The consideration and inclusion of grey literature is gaining importance in all types of reviews. However, searching for grey literature is challenging for different reasons and the search is often insufficiently transparently reported in reviews. The aim of this protocol is to describe our planned methodical approach for a scoping review with a specific focus on grey literature related to the topic of consulting according to §7a of the German Social Law, Book XI (SGB XI) for people with dementia and their relatives in Germany.

Methods and analysis We will use the following search strategies: (1) search in the German electronic databases, for example, Livivo and GeroLit (via GBV), (2) google search engines, (3) targeted websites, for example, Alzheimer's association and (4) contact experts, for example, stakeholders of private care insurance companies who provide consulting according to §7a SGB XI. Additionally, we will conduct a search in the academic electronic databases MEDLINE (via PubMed) and CINAHL (via EBSCO). For included grey literature, we will conduct a backward citation tracking via reference lists. For included scientific articles, we will conduct a backward (via reference lists) and forward (via Google scholar) citation tracking. Each strategy will be conducted by one reviewer. Screening of the identified potentially relevant records will be conducted in Covidence by two reviewers independently. Results will be charted in a table and illustrated descriptively.

Ethics and dissemination There are no ethical concerns with conducting a scoping review. We will discuss our results regarding consulting according to §7a SGB XI for people with dementia and their relatives with a variety of stakeholders in Germany. We will disseminate the thematic results and the methodological reflection of our search approach in the form of articles in peer-reviewed and non-peer-reviewed journals.

INTRODUCTION

Literature reviews are important for health-related professions such as nursing and medicine, and health service research among others. This is because they can provide a quick overview of current (scientific) knowledge on broad or even specific research questions.[1 2] In recent years, different types of methodological approaches have been established for conducting reviews depending on a wide variety of research questions. Examples include systematic reviews and rapid reviews for the (rapid) evaluation of the effectiveness of interventions,[1 3–6] scoping reviews and evidence maps for mapping of the current research landscape related to a broad question,[2 7–15] realist reviews for the analysis of the underlying theory of programmes or interventions in terms of how these theories are relevant and can explain why a programme or intervention works, is effective or not,[16] and integrative reviews with a focus on the analysis and synthesis of qualitative as well as quantitative studies.[17–19] More review types are described in the publications by Grant and Booth.[20] All the above-mentioned review types require a transparent, systematic and a reproducible search. These requirements are linked to and must be fulfilled by a specific procedure based on considering (methodological) frameworks,[2 5 21 22] reporting guidelines (guidance and reporting)[23–25] and can be supported by the optional use of computer

Strengths and limitations of this study

► This 'grey-shaded' scoping review will transparently identify literature with the focus on grey literature, such as reports, practice articles and theses of consulting according to §7a SGB XI for people with dementia and their relatives living in Germany.

► To achieve this transparency, this protocol describes a specific methodical approach for identifying grey literature.

► The study will also be used to reflect on the methodological approach to identify grey literature on a given topic in Germany, including a wide range of different data sources.

software such as Covidence (screening, extraction and critical appraisal process with, for example, the Risk of Bias Tool).[1 26 2728]

The consideration of grey literature is becoming increasingly important in almost all types of reviews.[1 29] According to Adams et al,[30] grey literature can be classified in different shades. The classification depends on expertise (the degree to which the authority of the producer of literature can be determined) and outlet control (the degree to which literature is published in relation to explicit and transparent criteria). These dimensions (expertise/outlet control) move between the known and unknown. The greater the degree of unknowing, the more shaded the literature appears. The first grey level, which has high outlet control and high credibility, is, for example, books, magazines and government reports. The second level with moderate outlet control and moderate credibility includes, for example, annual reports and news articles. The last level with low outlet control and low credibility includes blogs, emails and tweets.[30] To include grey literature in reviews contributes to minimise publication bias. In social and health service research in particular, a large body of evidence exists additionally in practitioner journals, books and reports from public, private and non-profit institutions.[31] Therefore, a broad range of evaluations of an intervention requires additional consideration of grey literature.[32]

However, the systematic consideration of grey literature, mostly accessible through the world wide web, currently appears to be a challenge. This is mostly due to a lack of standardised indexing, no controlled vocabulary, no archiving and large volumes of information on the internet. In terms of searching in academic electronic databases, grey literature hardly appears listed in these and there is a variety of different national databases listing grey literature.[32 33] Unfortunately, reporting on grey literature searches in published reviews is often insufficient and not reproducible. This includes the methodological procedure, the search strategy as well as the search terms used and the identified records.[34]

In our planned review, we focus on the topic of consulting according to §7a SGB XI (Code of Social Law, Book XI) related to the care of people with dementia, which people with dementia and their relatives can seek out in Germany. Consulting according to §7a SGB XI offers an individual and comprehensive way provided by a trained professional who usually works for a healthcare insurance company. The consulting consists of six steps: (1) identifying the individual's need for help and support, (2) providing consulting, (3) developing a care plan, (4) implementing the care plan, (5) adjusting the care plan if needed and (6) providing information about services to ease the burden on caregivers[35]

In context of this specific national topic, grey literature seems to be of particular interest, as it can be assumed that information on this topic has been published mostly in grey literature. Consequently, these items of literature such as (evaluation) reports[36] or practice articles[37] are not listed in the common academic electronic databases such as MEDLINE (via PubMed) but, for example, on national websites of insurance companies, federal ministries, consulting agencies, university or research institutes[36] or national electronic databases listing grey literature such as Livivo, GeroLit (via GBV) or SSOAR (via GESIS).[33] Searching for grey literature requires a different approach regarding the use of data sources for the identification of literature of interest. This also appears to be different internationally;[32] therefore, in this protocol, we describe our planned methodological approach for our 'grey-shaded' scoping review.

METHODS AND ANALYSIS

For our planned scoping review, starting in November 2021 and scheduled to end in February 2022, we have defined the following research questions:

1. Which consulting concepts and structures for people with dementia and their relatives have been developed and/or provided since the implementation of §7a SGB XI in Germany?
    a. Which concepts and structures are currently being discussed as supportive for those who seek consulting?
2. How does digitalisation support consulting in the context of §7a SGB XI for people with dementia and their relatives?
    a. What implications does this have on providing consulting?
3. How do people with dementia and their relatives experience consulting according to §7a SGB XI?
    a. What care needs do they articulate during consulting?

For our planned scoping review, we consider the framework of Arksey and O'Malley,[21] which was further developed by Levac et al,[22] Peters et al[2] and The Joanna Briggs Institute.[29] As a result, we consider the following steps: (1) defining and aligning the objective/s and question/s, (2) developing and aligning the inclusion criteria with the objective/s and question/s, (3) describing the planned approach to evidence searching, selection, data extraction and presentation of the evidence, (4) searching for the evidence, (5) selecting the evidence, (6) extracting the evidence, (7) analysing the evidence, (8) presenting the results and (9) summarising the evidence in relation to the purpose of the review, drawing conclusions and noting any implications of the findings.[21]

Whenever applicable, we follow the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) guidelines[24] (online supplemental table 1) to report this protocol.

Inclusion criteria

For the reporting of our inclusion and exclusion criteria of our scoping rpeview, we consider the 'PCC' (Population, Concept of Interest and Context) mnemonic

Table 1	Inclusion and exclusion criteria
Criteria	**Definition**
Population	► People with symptoms of dementia (with or without a dementia diagnosis) ► Relatives of people with symptoms of dementia (with or without a dementia diagnosis)
Concept of Interest	► Consulting according to §7a SGB XI related to the care of people with dementia (with or without a dementia diagnosis) ► Consulting about care is not integrated in the nursing process
Context	► Germany
Types of evidence sources	► Focus on grey literature in the form of (evaluation) reports, practice articles and theses ► Literature published in peer-reviewed journals
Others	► Languages: German or English ► Year: publications from the year 2009

described by The Joanna Briggs Institute[29] and supplement it with the aspects 'types of evidence sources' and 'others' (table 1).

Search strategies

Owing to the questions of our scoping review, the focus is on published studies, analyses and evaluations of a national healthcare service (§7a SGB XI) implemented in Germany. As a result, we focus on grey literature and consider the described approach by Godin et al[32] and have developed a grey literature search plan with an additional strategy for the search in academic electronic databases to minimise the publication bias. This search plan includes the following search strategies: (1) grey literature databases, (2) Google search engines, (3) targeted websites, (4) contacting experts and (5) additional searching in academic electronic databases.

Strategy 1: grey literature databases

To identify relevant German electronic databases listing grey literature, we used the descriptions of Nordhausen and Hirt.[33] As a result, we will consider the following specific German electronic databases: Livivo, GeroLit (via GBV) and SSOAR (via GESIS). As search strings, we will use a simplified form (eg, focusing on fewer combinations and reducing the search terms) of the search string we created for searching in the academic electronic databases (see the Strategy 5: search in academic electronic databases section). The search strings for the three different databases can be found in online supplemental table 2. One researcher will conduct these searches (MR-M).

Strategy 2: Google search engines

Despite the description of Godin et al,[32] no customising of the search engines will be carried out in the second strategy. Owing to country-specific factors and the associated technical requirements, we will search in Google and Google scholar using the anonymous function in our web browser (safari) to ensure that our search is not overly influenced by the individual search history of the reviewer (CM). We

defined search strings (google, n=10; google scholar, n=10) with multiple combinations of search terms based on our research questions (online supplemental table 3). The first 10 pages of Google and the first 15 pages of Google scholar representing approximately 100/150 hits will be searched by one reviewer (CM). Findings that at first sight appear to be related to the research questions and meet the inclusion criteria in terms of publication type will be included in the further screening process (see the Source of evidence selection section).

Strategy 3: targeted websites

In accordance with the descriptions of Stansfield et al,[38] we will consider German websites from (non)-government organisations/institutions, research active non-government organisations or centres, National Association of Statutory Health Insurance, providers of consulting services (such as insurance companies, case manager nd care support centres) and community organisations. To identify relevant websites, first, we will conduct a Google search to identify relevant organisations for this topic.[32] A list of websites will be created and supplemented if further websites relevant to the topic can be identified during the process (eg, after strategy 4). Second, one reviewer (DP) will hand search each of the relevant websites for potentially relevant records. Findings that at first view appear to be related to the research questions and meet the inclusion criteria in terms of publication type will be included for the further screening process (see the Source of evidence selection section).

Strategy 4: contacting experts

One reviewer (MR) will contact experts regarding reach out to consulting providers regarding care according to §7a SGB XI in Germany. The experts will be identified through the included publications of the other search strategies (1–3 and 5). In addition, experts who could be identified through the website search will be contacted. Experts will be contacted via email with brief project information and with the request to send any potential literature or websites of interest related to the topic.

Strategy 5: search in academic electronic databases

For the additional search in academic electronic databases, we will search in the electronic databases MEDLINE (via PubMed) and CINAHL (via EBSCO). Our search terms have been derived from our research questions and supplemented with additional free search terms and indexing words from an initial explorative search. These search terms were clustered according to the 'PCC' mnemonic and resulted in a search string. The search string was developed by the first reviewers of the review (MR-M/CM) and were checked by the two other reviewers (DP and MR) using Peer Review of Electronic Search Strategies.[39] The search string was developed first for MEDLINE (via PubMed) (online supplemental table 4) by the same researcher mentioned in strategy 1 and then adopted for CINAHL (via EBSCO) according to RefHunter V.5.0.[33]

Table 2 Data charting framework

Domains	Description (Content)
General information	▶ Author ▶ Year ▶ Publication type (eg, report) ▶ Aim of the publication (eg, evaluation) ▶ Study design (eg, process evaluation)
Participants	▶ Characteristics of the participants (eg, population and age)
Intervention	▶ Consulting according to §7a SGB XI (eg, concept, content, target population, structures and delivery)
Results	▶ Effectiveness (eg, outcomes of the consulting) ▶ Experiences (eg, of people with dementia and relatives)

Additional citation tracking

For the identified grey literature, we will provide a backward citation tracking via reference lists. For the identified literature through our academic electronic database searches, we will provide a backward and forward citation tracking via reference lists and Google scholar.

Source of evidence selection

Identified records through our electronic database searches (strategies 1 and 5) will be imported in Covidence[28] and automatically checked for duplicates. Titles and abstracts of records will be screened by two reviewers independently against the inclusion criteria. Full texts will also be independently screened for inclusion by two reviewers and exclusion reasons for full texts will be also recorded. During the screening process, disagreements between the votes of the two reviewers will be resolved through a discussion between them or if no consensus can be reached with all co-authors.

For the search strategies 2–3, we will create an Excel spreadsheet to record the executing search strategy, including information for name of resource, searcher, date, used search string nd number of potentially relevant records.[38] For the strategies 2–4, potentially relevant records will be collected in a common EndNote V.20[40] file stored in a shared NextCloud[41] folder and automatically checked for duplicates at the end of the search process. The full text of the potential relevant records will be imported in Covidence[28] and screened independently by two reviewers against the inclusion and exclusion criteria. Exclusion reasons for full texts will be recorded. Voting conflicts will be discussed between the two reviewers and if no agreement can be reached, they will be discussed with all co-authors.

Our inclusion criteria will be pilot-tested in the first 25 records and will be adjusted if necessary. Adjustment will be required if discrepancies between the two reviewers are greater than 25%.[42] If adjustments for inclusion criteria will be made during the screening process, we will report them in our following publications. We will use the PRISMA flowchart[23] to report the process of the selection.

Data extraction

For the data extraction process, we will use the template from The Joanna Briggs Institute[29] (table 2). Data extraction will be provided by one researcher and randomly checked by another. The data extraction will be performed in an iterative process according to the description of the Joanna Briggs Institute,[42] which means that after two extracted studies, the template will be checked to see if all relevant data are represented or if adjustments are needed.

Analysis and presentation of the results

The extracted data are presented and described in the form of a table and descriptively based on the questions.[29]

Patient and public involvement

We will involve stakeholders to discuss our thematic results of our review with the aim to develop a strategy for further the development[43] of consulting regarding care according to §7a SGB XI for people with dementia and their relatives in Germany.

ETHICS AND DISSEMINATION

There are no ethical concerns for our review. We will present our thematic results to a variety of stakeholders in Germany. Additionally, our thematic results and our methodological reflection of the search process will be presented at (inter)national conferences and published in journals for practitioners and peer-reviewed journals. Finally, we will address any possible gaps in the current research landscape and incorporate them into possible future projects.

ORCID iDs
Christina Manietta http://orcid.org/0000-0002-2832-6868
Mike Rommerskirch-Manietta http://orcid.org/0000-0002-1533-3006
Daniel Purwins http://orcid.org/0000-0002-0671-3242
Martina Roes http://orcid.org/0000-0003-4531-8584

REFERENCES

1 Higgins PJ, Thomas J. *Cochrane handbook for systematic reviews of interventions*. New Jersey, USA and Chichester, UK: The Cochrane Collaboration and John Wiley & Sons Ltd, 2020.

2 Peters MDJ, Marnie C, Colquhoun H, *et al*. Scoping reviews: reinforcing and advancing the methodology and application. *Syst Rev* 2021;10:263.

3 Tricco AC, Garritty CM, Boulos L, *et al*. Rapid review methods more challenging during COVID-19: commentary with a focus on 8 knowledge synthesis steps. *J Clin Epidemiol* 2020;126:177–83.

4 Rommerskirch-Manietta M, Braunwarth JI, Quasdorf T, *et al*. Organizational capacity building in nursing facilities to promote resident mobility: a systematic review. *J Am Med Dir Assoc* 2021;22:2408–24.

5 Pollock A, Berge E. How to do a systematic review. *Int J Stroke* 2018;13:138–56.

6 Manietta C, Labonté V, Möhler R. Structured care protocols to reduce behavior that challenges in people with dementia: a systematic review. *J Am Med Dir Assoc* 2021. doi:10.1016/j.jamda.2021.10.012. [Epub ahead of print: 24 Nov 2021].

7 Rommerskirch-Manietta M, Purwins D, Van Haitsma K, *et al*. Instruments for assessing the preferences for everyday living of older people with various care needs: protocol for an evidence MAP. *BMJ Open* 2021;11:e048921–5.

8 Bradbury-Jones C, Aveyard H. The incomplete scope of scoping reviews: a framework for improving the quality of reporting. *J Clin Nurs* 2021;30:e67–8.

9 Miake-Lye IM, Hempel S, Shanman R, *et al*. What is an evidence MAP? A systematic review of published evidence maps and their definitions, methods, and products. *Syst Rev* 2016;5:28.

10 Schmucker C, Motschall E, Antes G. Methods of evidence mapping. *A systematic review. Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz* 2013;56:1390–7.

11 Munn Z, Peters MDJ, Stern C, *et al*. Systematic review or scoping review? guidance for authors when choosing between a systematic or scoping review approach. *BMC Med Res Methodol* 2018;18:143.

12 Palm R, Hochmuth A. What works, for whom and under what circumstances? Using realist methodology to evaluate complex interventions in nursing: a scoping review. *Int J Nurs Stud* 2020;109:103601.

13 Rommerskirch-Manietta M, Purwins D, Van Haitsma K, *et al*. Instruments for assessing the preferences for everyday living of older people with various care needs across different care settings: an evidence MAP. *Geriatr Nurs* 2022;45:18–28.

14 Manietta C, Quasdorf T, Rommerskirch-Manietta M, *et al*. Protocol for conducting scoping reviews to map implementation strategies in different care settings: focusing on evidence-based interventions for preselected phenomena in people with dementia. *BMJ Open* 2021;11:e051611.

15 Rommerskirch-Manietta M, Purwins D, Van Haitsma K, *et al*. Assessing preferences for leisure activities of people receiving adult day services: a study protocol for concept mapping and psychometric testing. *BMJ Open* 2021;11:e055069.

16 Rycroft-Malone J, McCormack B, Hutchinson AM, *et al*. Realist synthesis: illustrating the method for implementation research. *Implement Sci* 2012;7:1–10.

17 Torraco RJ. Writing integrative literature reviews. *Human Resource Development Review* 2016;15:404–28.

18 Lotfi M, Zamanzadeh V, Valizadeh L, *et al*. The implementation of the nursing process in lower-income countries: an integrative review. *Nurs Open* 2020;7:42–57.

19 Rommerskirch M. Qualität der pflegerischen Dokumentation und Auswirkungen auf die pflegerische praxis – ein integratives review. *HeilberufeScience* 2018;9:86–95.

20 Grant MJ, Booth A. A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Info Libr J* 2009;26:91–108.

21 Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol* 2005;8:19–32.

22 Levac D, Colquhoun H, O'Brien KK. Scoping studies: advancing the methodology. *Implementation Science* 2010;5:1–9.

23 Page MJ, McKenzie JE, Bossuyt PM. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021.

24 Shamseer L, Moher D, Clarke M, *et al*. Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015: elaboration and explanation. *BMJ* 2015;350:g7647.

25 Rethlefsen ML, Kirtley S, Waffenschmidt S, *et al*. PRISMA-S: an extension to the PRISMA statement for reporting literature searches in systematic reviews. *Syst Rev* 2021;10:39.

26 Higgins PJ, Altman GD. Assessing risk of bias in included studies. In: Higgins PJ, Green S, eds. *Cochrane Handbook for Systematic Reviews of Interventions - Cochrane Book Series*. The Atrium, Southern Gate, Chichester, West Sussex, England: The Cochrane Collaboration and John Wiley & Sons Ltd, 2008: 187–243.

27 Sterne JA, Hernán MA, Reeves BC, *et al*. ROBINS-I: a tool for assessing risk of bias in non-randomised studies of interventions. *BMJ* 2016;355:i4919.

28 Covidence. Systematic review software, 2020. Available: www.covidence.org

29 The Joanna Briggs Institute. *Joanna Briggs Institute Reviewers' Manual*. 2015 edition / Supplement. Australia: The Joanna Briggs Institute, 2015.

30 Adams RJ, Smart P, Huff AS. Shades of grey: guidelines for working with the grey literature in systematic reviews for management and organizational studies. *International Journal of Management Reviews* 2017;19:432–54.

31 Booth A, Sutton A, Papaioannou D. *Systematic approaches to a successful literature review*. London: SAGE, 2016.

32 Godin K, Stapleton J, Kirkpatrick SI, *et al*. Applying systematic review search methods to the grey literature: a case study examining guidelines for school-based breakfast programs in Canada. *Syst Rev* 2015;4:138.

33 Nordhausen T, Hirt J. *Manual zur Literaturrecherche in Fachdatenbanken - RefHunter*. Martin-Luther-Universität Halle-Wittenberg & Ostschweizer Fachhochschule, 2020.

34 Briscoe S. Web searching for systematic reviews: a case study of reporting standards in the UK health technology assessment programme. *BMC Res Notes* 2015;8:153.

35 GKV. *Richtlinien des GKV-Spitzenverbandes Zur einheitlichen Durchführung Der Pflegeberatung nAch § 7A SGB XI*. Berlin, 2020.

36 Kelleter H, Herfen S, Roes M. *Abschlussbericht Zur Qualitätsförderung in Der Ambulanten Pflege – QalifA*. Köln/Witten: Diözesan-Caritasverband für das Erzbistum Köln/Deutsches Zentrum für Neurodegenerative Erkrankungen, 2018.

37 Roes M, Kelleter H, Herfen S. Die Qualität Im Blick. *Häusliche Pflege* 2017;7:34–7.

38 Stansfield C, Dickson K, Bangpan M. Exploring issues in the conduct of website searching and other online sources for systematic reviews: how can we be systematic? *Syst Rev* 2016;5:191.

39 McGowan J, Sampson M, Salzwedel DM, *et al*. PRESS Peer Review of Electronic Search Strategies: 2015 Guideline Statement. *J Clin Epidemiol* 2016;75:40–6.

40 EndNote [program]. *Endnote 20 version*. Philadelphia, PA: Clarivate, 2013.

41 Nextcloud [program]. *Stuttgart, Baden-Württemberg*. Nextcloud GmbH, 2016.

42 Peters MDJ, Godfrey C, McInerney P. Chapter 11: Scoping Reviews (2020 version). In: Aromataris E, Munn Z, eds. *JBI manual for evidence synthesis JBI*, 2020.

43 BMfFSFJ BMG. *Nationale Demenzstrategie: Bundesministerium für Familie, Senioren, Frauen und Jugend*. Bundesministerium für Gesundheit, 2020.

Supplemental material

BMJ Publishing Group Limited (BMJ) disclaims all liability and responsibility arising from any reliance placed on this supplemental material which has been supplied by the author(s)

BMJ Open

Supplementary table 1: PRISMA-P Checklist

Section and topic	Item No	Checklist item	Reported on page no.
ADMINISTRATIVE INFORMATION			
Title:			
Identification	1a	Identify the report as a protocol of a systematic review	1
Update	1b	If the protocol is for an update of a previous systematic review, identify as such	na
Registration	2	If registered, provide the name of the registry (such as PROSPERO) and registration number	na
Authors:			
Contact	3a	Provide name, institutional affiliation, and e-mail address of all protocol authors; provide physical mailing address of corresponding author	1
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review	11
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, identify as such and list changes; otherwise, state plan for documenting important protocol amendments	na
Support:			
Sources	5a	Indicate sources of financial or other support for the review	11
Sponsor	5b	Provide name for the review funder and/or sponsor	na
Role of sponsor or funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol	na
INTRODUCTION			
Rationale	6	Describe the rationale for the review in the context of what is already known	4-5
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)	5-6
METHODS			
Eligibility criteria	8	Specify the study characteristics (such as PICO, study design, setting, time frame) and report characteristics (such as years considered, language, publication status) to be used as criteria for eligibility for the review	6-7
Information sources	9	Describe all intended information sources (such as electronic databases, contact with study authors, trial registers or other grey literature sources) with planned dates of coverage	7-9

Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated	Supplementary
Study records:			
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review	7-9
Selection process	11b	State the process that will be used for selecting studies (such as two independent reviewers) through each phase of the review (that is, screening, eligibility and inclusion in meta-analysis)	9-10
Data collection process	11c	Describe planned method of extracting data from reports (such as piloting forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators	9-10
Data items	12	List and define all variables for which data will be sought (such as PICO items, funding sources), any pre-planned data assumptions and simplifications	10
Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale	na
Risk of bias in individual studies	14	Describe anticipated methods for assessing the risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis	na
Data synthesis	15a	Describe criteria under which study data will be quantitatively synthesised	na
	15b	If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data and methods of combining data from studies, including any planned exploration of consistency (such as I^2, Kendall's τ)	na
	15c	Describe any proposed additional analyses (such as sensitivity or subgroup analyses, meta-regression)	na
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned	10
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (such as publication bias across studies, selective reporting within studies)	na
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (such as GRADE)	na

From: Shamseer, et al. [21]

Supplementary table 2: Grey literature databases

Livivo	#1 OpenSearch/ 7a Beratung #2 OpenSearch/ 7a Beratung AND OpenSearch/ Demenz
GeroLit	#1 7a Beratung #2 7a Beratung AND Demenz #3 Beratung AND Demenz
SSOAR	#1 7a Beratung #2 7a Beratung AND Demenz #3 Beratung AND Demenz

Supplementary table 3: Google search strategy

Google	#1 7a Beratung AND Demenz AND PDF #2 7a Beratung AND Demenz AND Bericht AND PDF #3 7a Beratung AND PDF #4 7a Beratung AND Bericht AND PDF #5 Beratung AND Versorgung AND Demenz AND PDF #6 Beratung AND Versorgung AND Demenz AND Bericht AND PDF #7 Beratung AND Pflege AND Demenz AND PDF #8 Beratung AND Pflege AND Demenz AND Bericht AND PDF #9 Beratung AND Demenz AND PDF #10 Beratung AND Demenz AND Bericht AND PDF
Google scholar	#1 7a Beratung AND Demenz #2 7a Beratung AND Demenz AND Evaluation #3 7a Beratung #4 7a Beratung AND Evaluation #5 Beratung AND Versorgung AND Demenz #6 Beratung AND Versorgung AND Demenz AND Evaluation #7 Beratung AND Pflege AND Demenz #8 Beratung AND Pflege AND Demenz AND Evaluation #9 Beratung AND Demenz #10 Beratung AND Demenz AND Evaluation

Supplementary table 4: Search strategy example in MEDLINE (via PubMed)

Population	#1 Dementia[MeSH] #2 Dement*[T/A] #3 Alzheimer*[T/A] #4 Cognitive impairment* [T/A] #5 OR/ #1-4
Concept	#6 Nursing[MeSH] #7 Nurses[MeSH] #8 Nurs*[T/A] #9 Care[T/A] #10 OR/ #6-9 #11 Counseling[MeSH] #12 Counsel*[T/A] #13 Consult*[T/A] #14 Inform*[T/A] #15 Nursing counsel*[T/A] #16 Directive counseling[MeSH] #17 Patient education as Topic[MeSH] #18 Support*[T/A] #19 Advice*[T/A] #20 Health education[MeSH] #21 OR/ #11-#20 #22 #10 AND #21 #23 #22 AND #5
Context	#24 German*[T/A] #25 #23 AND #24