Corrections: Systematic review of systematic reviews of non-pharmacological interventions to treat behavioural disturbances in older patients with dementia. The SENATOR-OnTop series

Abraha I, Rimland JM, Trotta FM, *et al.* Systematic review of systematic reviews of non-pharmacological interventions to treat behavioural disturbances in older patients with dementia. The SENATOR-OnTop series. *BMJ Open* 2017;7:e012759. doi: 10.1136/bmjopen-2016-012759

The authors would like to thank dr. Reisberg and colleagues for their appreciation and for their valuable comments on our manuscript. Reisberg and colleagues correctly noticed the discrepancy in presentation of the categorization of the non-pharmacological intervention between the main text and the abstract. The authors would like to underline that the categorization of the interventions in the main text is the correct one and therefore the results in the abstract should be modified as follows:

38 SRs and 129 primary studies were identified, comprising the following categories of non-pharmacological interventions: (1) sensory stimulation interventions (25 SRs, 66 primary studies) that encompassed: shiatsu and acupuncture, aromatherapy, massage/touch therapy, light therapy, sensory garden and horticultural activities, music/dance therapy, dance therapy, snoezelen multisensory stimulation therapy, transcutaneous electrical nerve stimulation; (2) cognitive/emotion-oriented interventions (13 SRs; 26 primary studies) that included cognitive stimulation, reminiscence therapy, validation therapy, simulated presence therapy; (3) behaviour management techniques (6 SRs; 22 primary studies); (4) Multicomponent interventions (3 SR; four primary studies); (5) other therapies (5 SRs, 15 primary studies) comprising exercise therapy, animal-assisted therapy, special care unit and dining room environment-based interventions.

Please note that the numbers provided are absolute numbers and the following reviews can fall in different categories as they considered different types of non-pharmacological interventions and thus explain any discrepancy in numbers: Seitz 2012¹ that considered aromatherapy, light therapy, music/dance therapy, snoezelen therapy, and reminiscence therapy; O'Neil 2011² that considered snoezelen, behavioural management techniques; Chaudhury 2013³ that considered light therapy and the role of physical environment in supporting person-centred dining in LTC; and Whear 2014⁴ that examined the effect of improved lighting and table-setting contrast in a dining room environment. In addition, two primary studies fell in two different categories: Proctor 1999⁵ was in reviews that dealt with behavioural management techniques (BMT) and one review that, within the multicomponent interventions, examined the combined effect of BMT with educational intervention; and Teri 2003⁶ was considered in the BMT reviews and the exercise-based reviews.

In addition, the authors want to point out the following minor corrections in the main text: page 17 under the paragraph on Behavioural management techniques it should read 'One review of reviews and five SRs' instead of 'One overview of reviews and four SRs'.

page 21, the authors missed describing the seventh study with repeated measures design: "In the a small repeated measures study Mossello *et al.* evaluated the effect of animal assisted therapy in ten patients attending an Alzheimer Day Care Centre. The design consisted in 2 weeks' pre-intervention, 3 weeks' control activity with plush dogs, and 3 weeks' animal assisted therapy. NPI was used to assess BPSD and CMAI to assess mood; both outcomes remained unchanged across the study. Anxiety measured with NPI decreased during animal assisted therapy ($p=0.04$)⁷."

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