Supplementary material

PROSPERO International prospective register of systematic reviews

Occupational therapy for community dwelling people with dementia

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Citation

Review question(s)
Is home-based occupational therapy effective for optimising performance of activities of daily living in people with dementia living in the community?
Is home-based occupational therapy effective for reducing behavioural and psychological symptoms of dementia for those living in the community?
Is home-based occupational therapy effective for reducing caregiver burden and improving mood in carers of people with dementia living in the community?

Searches
We will search MEDLINE, CINAHL, EMBASE, PsycINFO, Cochrane Library, OTseeker and PEDro up to from start date to June 2011. The reference lists of related systematic reviews will be scanned for potentially eligible studies. We will handsearch key journals from 2000 to 2010. Details of the search strategy will be available from the authors on request. No language restriction will be applied.

Types of study to be included
Studies will be included if they are randomised controlled trials.

Condition or domain being studied
The term dementia describes a range of chronic, progressive diseases that impact the brain in a way that reduces the individual's cognitive and physical abilities. These diseases have a significant impact on the person with dementia, their caregivers and society as a whole. As the disease progresses an individual’s language and social skills, executive functioning and memory deteriorate with significant impact on performance of activities of daily living. In addition people with dementia may develop behavioural and psychological symptoms of dementia which are challenging, such as agitation and wandering, that affects their ability to function and places strain on caregivers.

Participants/ population
Participants in studies will be adults diagnosed with dementia and their family caregivers, living at home in the community.
Studies will be excluded if they include diagnoses other than dementia.

Intervention(s), exposure(s)
Studies will be included if they:
a) investigate occupational therapy delivered at the person's home and primarily designed to optimise activities of daily living or to manage behavioural and psychological symptoms of dementia.
b) are predominantly (over 75%) provided by a qualified occupational therapist or under the supervision of a qualified occupational therapist.

Occupational therapy could encompass a range of interventions including, but not restricted to: adaptation of, or training in, activities of daily living; environmental modification; advice/coaching about use of activities and occupations; and coordinating supports. All aspects of occupational therapy involves education and support of the client and/or carer and is thus part of occupational therapy intervention.

Comparator(s)/ control
Occupational therapy may be compared with usual care/wait list control groups, attention controls, or other active treatment approaches.

Context
We will include studies where occupational therapy is delivered at the person's residential home in the community and in which the person is cared for by a family member. Studies will be excluded where occupational therapy is delivered in day care centres, residential aged care facilities, or other sheltered/supported accommodation.

Outcome(s)
Primary outcomes

http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42011001166
To be included in the review, studies must measure at least one of the primary outcomes in relation to people with dementia listed below.
1) Activities of daily living (basic and/or instrumental ADL).
2) Behavioural and psychological symptoms of dementia (e.g., psychosis, depression, anxiety, agitation, aggression and disinhibition).

Secondary outcomes
Secondary outcomes that will be addressed include:
Global quality of life for the person with dementia.
Mood (depression/anxiety), caregiver burden and global quality of life for carers.

Data extraction, (selection and coding)
Two reviewers will independently select the studies eligible for inclusion in the review, using titles and abstracts, and full text as needed. Disagreements will be resolved by consensus, and if consensus cannot be reached a third reviewer will be consulted if necessary.
Data will be extracted by one reviewer and checked by a second on a standardised form.

Risk of bias (quality) assessment
Risk of bias of included studies will be assessed by two reviewers independently using the Cochrane Risk of Bias Assessment Tool. This includes assessment of adequate method of randomisation; adequate allocation concealment; groups treated similarly aside from intervention; blind outcome assessment; outcomes fully reported for each group; and other aspects that may introduce bias.

Strategy for data synthesis
 Dichotomous data will be expressed as relative risks, and continuous data expressed as weighted mean differences, or standardised mean differences wherever appropriate, with corresponding 95% confidence intervals. Statistical pooling will be limited to clinically homogeneous studies for which the study designs, populations, outcomes and interventions were considered to be similar by the reviewers. The chi-square and I-squared tests will be used to measure statistical heterogeneity, with a chi-square p-value of >0.1 and an I-squared value of <50% indicating relative homogeneity. We will use the random effects model in all analyses.

Analysis of subgroups or subsets
None planned

Dissemination plans
This systematic review will be published in a peer reviewed journal and presented at National/International conferences.

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Conflicts of interest
Dr Maud Graff and Dr Sebastian Voigt- Radloff are authors of two of the randomised controlled trials that might be selected as part of this systematic review. Dr Graff and Dr Voigt- Radloff will not be involved in study selection, assessment of risk of bias, or data abstraction or analysis but will contribute to the overall writing of the review.

Language
English

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Australia

Subject index terms status
Subject indexing assigned by CRD

Subject index terms
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Stage of review
Ongoing

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13 June 2011

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02 March 2016

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Stage of review at time of this submission

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