### Appendix K: Evidence Summary

#### Typical antipsychotics - prevention; hospital setting review; typical antipsychotics vs placebo

<table>
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<tr>
<th>Outcome</th>
<th>Meta-analysis details</th>
<th>Summary Statistics</th>
<th>Comments:</th>
<th>GRADE details:</th>
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</thead>
</table>
| Incidence of delirium                       | 1 trial; 78 patients; from RCT | RR = 0.32 (95%CI 0.12, 0.91) | There is no significant difference between the haloperidol and placebo groups.                   | Study quality: Poor - method of assessment of delirium  
Directness: Direct  
Imprecision: CI crosses appreciable harm/benefit  
Inconsistency: consistent  
Reporting bias: Adequate                                                                                           | all pts received proactive geriatric consultation; downgraded by 2 for imprecision                                                                              | Low |
| Incidence of delirium                       | 1 trial; 430 patients; from RCT | RR = 0.91 (95%CI 0.59, 1.42) | No significant difference between the haloperidol and placebo groups.                             | Study quality: Good  
Directness: Direct  
Imprecision: CI crosses appreciable harm/benefit  
Inconsistency: consistent  
Reporting bias: Adequate                                                                                           | all pts received proactive geriatric consultation;                                                                              | Low |
| Duration of delirium                        | 1 trial; 430 patients; from RCT | MD = 6.4 (95%CI -9.38, -3.42) | Statistically significant fewer days of delirium in the haloperidol group.                      | Study quality: Poor - some confounding  
Directness: Direct  
Imprecision: Number of patients < 400  
Inconsistency: consistent  
Reporting bias: Adequate                                                                                           | MID=1 day; Use of rescue meds may have confounded this outcome; Pts also received proactive geriatric consultation; | Low |
| Severity of delirium                        | 1 trial; 430 patients; from RCT | MD = 4.01 (95%CI -5.87, -2.15) | Statistically significant in favour of the haloperidol group on the DRS-R-98 (0-39)           | Study quality: Poor - some confounding  
Directness: Direct  
Imprecision: Number of patients < 400  
Inconsistency: consistent  
Reporting bias: Adequate                                                                                           | MID=7.8; Severity of delirium (of those who had delirium) may have been confounded by the use of rescue medication. Pts also received proactive geriatric consultation; Results reported for those who had delirium (n=68); a-priori sample size calc=208 | Low |
| Length of stay in hospital                  | 1 trial; 430 patients; from RCT | MD = 5.5 (95%CI -8.17, -2.83) | Statistically significantly shorter length of stay in patients who received haloperidol         | Study quality: Poor - some confounding  
Directness: Direct  
Imprecision: Number of patients < 400  
Inconsistency: consistent  
Reporting bias: Adequate                                                                                           | MID=1; Use of rescue meds may have confounded this outcome; Patients received proactive geriatric consultation; | Low |
### Adverse events (tachycardia)
- 1 trial; 78 patients; from RCT
- RR=3.15 (95% CI 0.13, 75.12)
- No significant difference
- Study quality: Poor - method of assessment of delirium
  - Directness: Direct
  - Imprecision: CI crosses appreciable harm/benefit
  - Inconsistency: consistent
  - Reporting bias: Adequate
- Very low

### Atypical antipsychotics - prevention; hospital setting review; atypical antipsychotics vs placebo

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<tbody>
<tr>
<td>Incidence of delirium</td>
<td>1 trial; 126 patients; from RCT</td>
<td>RR=0.35 (95% CI 0.16, 0.77)</td>
<td>Significantly fewer patients with delirium in the risperidone group</td>
<td>Study quality: Good</td>
<td>Directness: Direct</td>
<td>Moderate</td>
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<td>Directness: Direct</td>
<td>Imprecision: CI crosses appreciable harm/benefit</td>
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<td>Length of stay in hospital</td>
<td>1 trial; 126 patients; from RCT</td>
<td>MD=0.2 (95% CI -1.66, 2.06)</td>
<td>No significant difference in length of hospital stay</td>
<td>Study quality: Good</td>
<td>Directness: Direct</td>
<td>Low</td>
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<tr>
<td>Length of stay in ICU</td>
<td>1 trial; 126 patients; from RCT</td>
<td>MD=0.1 (95% CI -0.64, 0.84)</td>
<td>No significant difference in number of days spent in the ICU</td>
<td>Study quality: Good</td>
<td>Directness: Direct</td>
<td>Low</td>
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| Incidence of delirium | 2 trials; 193 patients; from Meta analysis of RCTs | RR=1.11 (95%CI 0.69, 1.79); p=0.84; I2 =0% | No significant difference between the acetylcholinesterase and placebo groups | • Study quality: Poor - incomplete follow up  
• Directness: Direct  
• Imprecision: CI crosses appreciable harm/benefit  
• Inconsistency: consistent  
• Reporting bias: Adequate | downgraded by 2 points for imprecision because the CI crosses over both the acceptable benefits/harms threshold | very low |
| Duration of delirium | 1trial; 90 patients; from RCT | MD=0.3 (95%CI -0.67, 0.07) | No significant difference in duration of delirium (end point 28 days) | • Study quality: Poor - incomplete follow up  
• Directness: Direct  
• Imprecision: Number of patients < 400  
• Inconsistency: consistent  
• Reporting bias: Adequate | MID= 1 day; OIS=260 | Low |
| Length of stay in hospital | 1trial; 90 patients; from RCT | MD=0.2 (95%CI -0.1, 0.5) | No significant difference in length of hospital stay (endpoint 28 days) | • Study quality: Poor - incomplete follow up  
• Directness: Direct  
• Imprecision: Number of patients < 400  
• Inconsistency: consistent  
• Reporting bias: Adequate | MID: 1 day; More than 20% missing data; | Low |
| Number of patients discharged to rehab facility | 1trial; 90 patients; from RCT | RR=0.87 (95%CI 0.68, 1.1) | No significant difference between the donepezil and placebo groups at endpoint 28 days | • Study quality: Poor - incomplete follow up  
• Directness: Direct  
• Imprecision: CI crosses appreciable harm/benefit  
• Inconsistency: consistent  
• Reporting bias: Adequate | More than 20% missing data | Low |
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| Incidence of delirium               | 1 trial; 230 patients; from RCT-indirect [Community] | RR=0.65 (95%CI 0.5, 0.85) | Significantly lower incidence of delirium in the rivastigmine group compared with usual care at endpoint 2 years | • Study quality: Poor - allocation concealment  
• Directness: Indirect  
• Setting- Minor, community  
• Imprecision: CI crosses appreciable harm/benefit  
• Inconsistency: consistent  
• Reporting bias: Adequate | Allocation concealment and blinding unclear                                | very low                                                                         |
| Duration of delirium                | 1 trial; 230 patients; from RCT-indirect [Community] | MD=-3.86 (95%CI -4.45, -3.27) | Duration of delirium was significantly shorter in the rivastigmine group compared with usual care | • Study quality: Poor - some confounding  
• Directness: Indirect  
• Setting- Minor, community  
• Imprecision: Number of patients < 400  
• Inconsistency: consistent  
• Reporting bias: Adequate | MID:1 day; Differential use of rescue medication may have led to some confounding;  
Duration of delirium (unclear if patients with delirium or a mean across all patients). Results for mean across all patients presented here. Alloc conceal & blinding unclear | very low                                                                         |

### Cholinesterase inhibitors - prevention; long-term care review; acetylcholinesterase inhibitor vs placebo

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| Cognitive impairment                | 1 trial; 230 patients; from RCT-indirect [Community] | MD=-0.21 (95%CI -0.98, 0.56) | No significant difference in global performance on Clinical Dementia Rating Scale (0-3) | • Study quality: Poor - some confounding  
• Directness: Indirect  
• Setting- Minor, community  
• Imprecision: CI crosses MID  
• Inconsistency: consistent  
• Reporting bias: Adequate | MID: 0.6; Allocation concealment & blinding unclear; Differential use of rescue medication may have led to some confounding; | very low                                                                         |