### Characteristics of Included Studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Methods</th>
<th>Participants</th>
<th>Outcomes</th>
<th>Interventions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANCOLISRAEL2003A</strong></td>
<td>Study Type: RCT (individual)</td>
<td>n= 92</td>
<td>Data Used</td>
<td>Interventions</td>
<td>Study Quality: 1+</td>
</tr>
<tr>
<td></td>
<td>Blindness: Open</td>
<td>Age: Mean 82</td>
<td>Percentage sleep</td>
<td>Placebo with - Morning dim red light. A red light box was used similar to the bright white light boxes.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Duration (days): Mean 10</td>
<td>Sex: 29 males 63 females</td>
<td>Total Sleep Time</td>
<td>Group 1 N= 31</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Follow-up: 5 days</td>
<td>Diagnosis: 100% Alzheimer's disease by NINCDS-ADRDA</td>
<td>Notes: Used Actilume recorder to measure sleep. Movement recorded with a linear accelerometer and a microprocessor. Activity data were scored to determine wake and sleep based on both maximum and minute-by-minute activity</td>
<td>Group 2 N= 31 Light Therapy with - Evening bright light exposure. Apollo &quot;Brite-Lite&quot; boxes were used, they use cool-white fluroscent non-UV full spectrum light bulbs with a special ballast to augment brightness. The lights are shielded to limit ultraviolet and radio frequency radiations.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Setting: Nursing home residents in USA</td>
<td>Exclusions: No diagnosis of probable or possible AD, had a recent or severe stroke, had a primary psychiatric disorder which pre-dated suspected onset of their dementia, not agitated (in morning, evening or both)</td>
<td></td>
<td>Group 3 N= 30 Light Therapy with - Morning bright light exposure. Apollo &quot;Brite-Lite&quot; boxes were used, they use cool-white fluroscent non-UV full spectrum light bulbs with a special ballast to augment brightness. The lights are shielded to limit ultraviolet and radio frequency radiations.</td>
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<tr>
<td><strong>BAINES1987</strong></td>
<td>Study Type: RCT (individual)</td>
<td>n= 15</td>
<td>Data Used</td>
<td>Interventions</td>
<td>Study Quality 1+</td>
</tr>
<tr>
<td></td>
<td>Study Description: Cross-over trial + no treatment group</td>
<td>Age: Mean 82</td>
<td>Information/orientation (CAS)</td>
<td>Reminiscence Therapy with - Group met for 30 mins/day Monday-Friday for 4 weeks. Set of 6 audio/slide programmes used to facilitate reminiscence from Help the Aged, old photographs of local scenes, residents' personal photos, books, magazines, newspapers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blindness: No mention</td>
<td>Sex: 1 male 14 females</td>
<td>Behaviour Rating Scale (CAPE)</td>
<td>Group 1 N= 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Duration (days): Mean 56</td>
<td>Diagnosis: Exclusions: Severe communication problems, &lt;moderate cognitive impairment (according to Information/Orientation</td>
<td>Mental ability (CAS)</td>
<td></td>
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<tr>
<td></td>
<td>Setting: Residents of a large local authority home in UK with moderate/severe impairment</td>
<td></td>
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</tr>
</tbody>
</table>
of cognitive function
Info on Screening Process: 20 screened: 3 excluded because of communication problems, 2 excluded because they didn’t have cognitive impairment

<table>
<thead>
<tr>
<th>Study Quality: 1+</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Type: RCT (individual)</td>
<td>Behaviour and Mood Disturbance Scale REHAB</td>
</tr>
<tr>
<td>Type of Analysis: Intention to treat</td>
<td>Behaviour Rating Scale (CAPE) MMSE</td>
</tr>
<tr>
<td>Blinding: Open</td>
<td>MMSE</td>
</tr>
<tr>
<td>Followup: One month after sessions</td>
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<tr>
<td>Setting: Multi-centre trial: UK (patients of a day hospital), Netherlands (residents of a psychogeriatric ward), Sweden (residents of a psychogeriatric ward)</td>
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</tr>
<tr>
<td>Info on Screening Process: 20 participants from Netherlands sample excluded before randomization: 8 transferred to another ward, 5 died, 3 not given informed consent, 4 carers did not respond to original letter</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Group 1 N= 62</th>
<th>Group 2 N= 55</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active control with - 8 standardized sessions (duration of 30 minutes), over 4 weeks, twice a week. Directive, no intended special multi-sensory experience, patterned often sequential stimuli, intellectual/physical demands specific to the task.</td>
<td>Multi-sensory stimulation with - 8 standardized sessions (duration of 30 minutes), for 4 weeks, twice a week. Non-directive and enabling, special effects to stimulate all senses except taste, unpatterned non-sequential stimuli, no intellectual demands</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group 3 N= 5</th>
<th>Reality Orientation with - Group met for 30 mins/day Monday-Friday for 4 weeks. Used a large board for recording day, month, weather, writing materials, old newspapers etc. Also used materials to stimulate all 5 senses (e.g. distinctive smells, vials of rose water)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No treatment with</td>
<td></td>
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</tbody>
</table>

Reality Orientation with - Group met for 30 mins/day Monday-Friday for 4 weeks. Used a large board for recording day, month, weather, writing materials, old newspapers etc. Also used materials to stimulate all 5 senses (e.g. distinctive smells, vials of rose water)

Group 2 N= 5
No treatment with

Group 3 N= 5
Reiniscence Therapy with - Group met for 30 mins/day Monday-Friday for 4 weeks. Set of 6 audio/slide programmes used to facilitate reminiscence from Help the Aged, old photographs of local scenes, residents' personal photos, books, magazines, newspapers

Reality Orientation with - Group met for 30 mins/day Monday-Friday for 4 weeks. Used a large board for recording day, month, weather, writing materials, old newspapers etc. Also used materials to stimulate all 5 senses (e.g. distinctive smells, vials of rose water)

Table

| Baseline: Group A: information/orientation = 5.4, mental ability = 6.8; Group B: information/orientation = 5.8, mental ability = 8.2; Group C (control): information/orientation = 5.9, mental ability = 7.4 |
|------------------|------------------|
| Baseline: MMSE: UK MSS group = 8.8, Activity group = 6.5; Netherlands MSS group = 12.1, Activity group = 7.8, p<.05; Centres combined MSS group = 9.4, Activity group = 6.7, p=.01; GIP (Netherlands only): MSS group = 44.6, Activity group = 53.6, p<.05 |
### Ballard 2002

**Study Type:** RCT (cluster)  
**Blindness:** Double blind  
**Duration (days):** Mean 30  
**Setting:** 8 NHS nursing homes  
**Notes:** 1 participant receiving active treatment died during study - unrelated to treatment  
**Info on Screening Process:** Information not provided  

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Description</th>
<th>Data Used</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
</table>
| 1     | 35 | Aromatherapy with - Treatment was twice daily, for 4 weeks. 10% (by weight) of Melissa oil combined with base lotion (containing Prunus dulcis oil, glycerine, stearic acid, cetearyl alcohol, and tocopherl acetate). Lotion applied to the patient's face and both arms | Cohen-Mansfield Agitation Inventory Score NPI | 100% Unspecified dementia by Clinical Dementia Rating Scale  
Exclusions: Exclusion criteria: agitation not clinically significant (as defined on the NPI), CDR = stage 3  
Baseline: Active treatment: CMAI = 65; Placebo: CMAI = 58 |

**Notes:** Mean Age = 79  
Sex: 28 males, 43 females  
**Diagnosis:** 100% Unspecified dementia by Clinical Dementia Rating Scale  
**Exclusions:** Exclusion criteria: agitation not clinically significant (as defined on the NPI), CDR = stage 3  
**Baseline:** Active treatment: CMAI = 65; Placebo: CMAI = 58

### Dowling 2005

**Study Type:** RCT (individual)  
**Blindness:** No mention  
**Duration (days):** Mean 77  
**Setting:** Nursing home residents in the US  

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Description</th>
<th>Data Used</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
</table>
| 1     | 29 | Light Therapy - morning with - Received morning (9:30-10:30am) bright light (>2500 lux in gaze direction) Monday-Friday for 10 weeks. During this time subjects participated in activities either outdoors or an indoor space with windows. | Percentage sleep Total Sleep Time | 100% Alzheimer’s disease by NINCDS-ADRDA  
Exclusions: inability to perceive light, not on stable medication, other neurological problems (e.g. Parkinson’s Disease), regularly taking valerian, melatonin, sleep  
Baseline: MMSE = 7 |

**Notes:** Mean Age = 83  
Sex: 57 males, 13 females  
**Diagnosis:** 100% Alzheimer’s disease by NINCDS-ADRDA  
**Exclusions:** inability to perceive light, not on stable medication, other neurological problems (e.g. Parkinson’s Disease), regularly taking valerian, melatonin, sleep  
**Baseline:** MMSE = 7

### Ferrario 1991

**Study Type:** RCT (individual)  
**Blindness:** No mention  
**Duration (days):** Mean 168  
**Setting:** Italy: institutionalized patients  
**Notes:** Randomization not mentioned in paper but when contacted by Spector et al (2000) indicated it was randomized but gave no details of the method  

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Description</th>
<th>Data Used</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
</table>
| 1     | 13 | Realty Orientation with - 1 hour formal session, 5 times a week, for 24 weeks. There was a 3 week break for Christmas and Easter holidays | Clifton Assessment Scale MOSES | 100% Unspecified dementia by MMSE  
Exclusions: exclusions: use of pharmacological therapies for cognitive function, anemic, those with severe metabolic and/or cardiorespiratory failure, noisy or violent, severely incontinents, bedridden, marked visual or hearing impairment, MMSE not between 18-25  

**Notes:** Mean Age = 83  
Sex: 11 males, 8 females  
**Diagnosis:** 100% Unspecified dementia by MMSE  
**Exclusions:** exclusions: use of pharmacological therapies for cognitive function, anemic, those with severe metabolic and/or cardiorespiratory failure, noisy or violent, severely incontinents, bedridden, marked visual or hearing impairment, MMSE not between 18-25  
**Baseline:** Controls: mean for CAS: information/orientation = 7.33, mental ability = 9.33, psychomotor performance = 8.67, total score = 25.33; mean MOSES: self care functioning = 15.00, disoriented behavior = 14.67, depressed anxious mood = 11.17, irritable behavior = 12.83, withdrawn behavior = 19.50
### Group Mean for CAS: Information/orientation = 8.15, mental ability = 7.69, psychomotor performance = 7.69, total score = 23.54; mean MOSES: self care functioning = 19.15, disoriented behavior = 12.46, depressed anxious mood = 14.69, irritable behavior = 9.38, withdrawn behavior = 17.77

| Study Type: RCT (individual) | Data Used | Group 1 N= 9
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Blinding: No mention</td>
<td>Percentage sleep</td>
<td>Light Therapy with - Dawn-dusk simulator (DDS) was used for 3 weeks. Two dates/latitudes chosen: Dusk on 10th April at 38 degrees N lasted 44 mins, the dark period 10h, the dawn 34 mins. Dusk on 1st July 29 degrees N lasted 30 mins, dark period 9h16mins, dawn 30 mins.</td>
</tr>
<tr>
<td>Setting: 2 nursing homes, 1 nursing wing of Psychiatric University Clinic Switzerland</td>
<td>Total Sleep Time</td>
<td>Study Quality: 1+</td>
</tr>
<tr>
<td>Info on Screening Process: 7 excluded: 5 non compliance with wearing actimeter, 1 fear of intervention, 1 illness</td>
<td>Notes: rest-activity cycle measured by acti-watch worn on the non-dominant wrist. Sleep variable can then be calculated from this data.</td>
<td></td>
</tr>
</tbody>
</table>
| Age: Mean 86 Range 78-95 | Diagnosis: | Group 2 N= 4
| Sex: 4 males 9 females | 8% Dementia with Lewy Bodies | Placebo with - Used the same simulation parameters but replaced the white light with red light |
| Exclusions: Age >55 years of age, no symptoms or diagnosis of dementia, no sleep problems, medical illness or other problems, blind or severely impaired vision | 69% Alzheimer's disease | |
| Exclusions: Did not exhibit wandering behaviour. | 8% Parkinson's Disease and dementia | |
| Diagnosis: Age: Mean 86 Range 78-95 | Exclusions: Did not exhibit wandering behaviour. | 15% Vascular Dementia |
| Exclusions: Age >55 years of age, no symptoms or diagnosis of dementia, no sleep problems, medical illness or other problems, blind or severely impaired vision | Baseline: MMSE: Treatment group = 13.8, Control group = 14.3 | |
| Setting: Major metropolitan health care facility on a special Alzheimer's Unit in the US, length of stay averaged 35 months, range of 1-150 months | | |
| Exclusions: Did not exhibit wandering behaviour. | Data Used | Group 1 N= 15
| Study Type: RCT (individual) | MMSE | Music therapy with - 5 sessions per week, over 15 weeks. Each session lasted 15 minutes. Involved listening to music, playing percussion instruments, singing, movement or dance. Live music was incorporated into each session (e.g strumming a guitar along with recorded music) Social contact with - Reading: 2 sessions a week, over 15 weeks. Each session lasted 15 minutes. Session involved reading aloud to a participant by the therapist or occasionally the participant reading aloud |
| Blinding: No mention | Notes: Wandering measured in terms of miles observed by staff per hour Non-wandering measured in terms of time spent sitting down or in close proximity during intervention | Study Quality: 1+ |
| Duration (days): Mean 105 | | |
| Setting: Major metropolitan health care facility on a special Alzheimer's Unit in the US, length of stay averaged 35 months, range of 1-150 months | | |
| Exclusions: Did not exhibit wandering behaviour. | | |
| HOLT KAMP 1997 | Study Type: RCT (individual)  
| Study Description: Cross-over trial  
| Blindness: Single blind  
| Duration (days): Mean 10  
| Setting: Amsterdam, Netherlands residents of Bernadus Care Home  
| Info on Screening Process: Information not provided  
| n = 17  
| Age: Mean 86 Range 79-97  
| Sex: 1 male 16 females  
| Diagnosis:  
| 100% Unspecified dementia by DSM III-R  
| Exclusions: No diagnosis of dementia; inability to walk; inability to respond to non-verbal stimuli; inability to see or hear  
| Data Used  
| GIP  
| Notes: Gedragsobservatieschall voor de Intramurale Psychogeriatrie  
| Group 1 N = 17  
| Standard Care with Multi-sensory stimulation with 3 sessions in 3 consecutive days, lasting from 30 mins to an hour  
| Study Quality: 1+  
| LAI 2004 | Study Type: RCT (individual)  
| Blindness: Single blind  
| Duration (days): Mean 42  
| Setting: 2 publically funded nursing homes in Hong Kong  
| Info on Screening Process: 127 screened, 26 excluded (mainly due to issues of consent or being hospitalized during recruitment) 15 dropped out during study (no longer wished to participate, later found not to meet inclusion criteria, death, hospitalized)  
| n = 101  
| Age: Mean 86  
| Sex: 32 males 69 females  
| Diagnosis:  
| 100% Unspecified dementia by DSM IV  
| Exclusions: Not able to communicate most of the time; not able to speak and understand Cantonese; any active major psychiatric disorders (e.g. schizophrenia, major affective disorders); any acute or unstable chronic medical conditions (e.g. cardiac or lung diseases, blindness, deafness)  
| Baseline: Intervention group: MMSE = 8.3, MDS-ADL = 22.2, Social Engagement scale = 3.6, Well Being/ill being scale = 1.3; Comparison Group: MMSE = 9.3, MDS-ADL = 21.6, Social Engagement scale = 3.4, Well being/ill being = 1.3; Control group: MMSE = 10.7, MDS-ADL = 20.9, Social Engagement scale = 3.6, Well being/ill being = 1.3  
| Data Used  
| MMSE  
| Notes: MMSE - translated into Cantonese  
| Group 1 N = 36  
| Reminiscence Therapy with - Weekly 30 minute session for 6 weeks. Highly focused use of triggers that approximate the life history of an individual and efforts to simulate recall during conversations  
| Study Quality: 1+  
| LYKETSOS 1999 | Study Type: RCT (individual)  
| Study Description: Cross-over trial  
| Type of Analysis: Intention to treat - LOCF  
| n = 15  
| Age: Mean 81  
| Sex: 1 male 14 females  
| Data Used  
| Behave-AD  
| Total Sleep Time  
| Group 1 N = 15  
| Light Therapy with - Participants received 1 hour of light therapy every morning for 4 weeks using a 10,000 lux
**Cornell Scale for Depression in Dementia**

Notes: Total sleep time measured by a sleep log for hours of sleep per week between 8pm and 8am; full spectrum lamp at 3 feet. Participants were positioned 3 feet from lamp and every 15 minutes were instructed to keep their eyes open and in direction of light; Placebo with - Identical to above except that a dim, digital, low frequency blinking light positioned in the middle of the active bright light therapy was used. The 10,000 lux light bulb was off during control treatment.

**MISHIMA1998**

Study Type: RCT (individual)

Study Description: Cross-over trial

Blindness: No mention

Duration (days): Mean 42

Setting: Residents of the same specialized ward for at least 4 months

Info on Screening Process: 8 excluded - had mixed dementia

Diagnosis:
- 80% Alzheimer's disease by DSM IV
- 20% Vascular Dementia by DSM IV

Exclusions: <4 points on BEHAVE-AD, major depressive disorder, delusions, hallucinations, manic syndrome, bed bound, blind, or in some way unable to participate in BLT, sleep-wake disturbances by DSM IV

Baseline: MMSE: 6.4

Data Used

Night time activity

Group 1 N= 22

Light Therapy with - Light exposure (5000-8000 lux) from 9.00-11.00am for 2 weeks while sitting in a reclining chair. The light source consisted of 18 full spectrum fluorescent tubes set at the front, right and left side of the patient’s face.

Placebo with - The same as the light therapy condition but the light source was 300 lux.

**ROBB1986**

Study Type: RCT (individual)

Blindness: Open

Duration (days): Mean 270

Setting: 400 bed long-term care division of a large Veterans Administration Medical Center.

Info on Screening Process: 60 screened, 36 met eligibility criteria

Diagnosis:
- 69% Unspecified dementia

Exclusions: Excluded: <60 years old; <moderately disoriented; disoriented due to Alzheimer's disease, Pick's Huntington's chorea, or cerebrovascular accident within 6 months; likely to be discharged within 6 months

During the study 9 subjects were excluded because of death (n = 8), and acute illness 9 (n=1)

Baseline: Mental Status Questionnaire: Validation group = 12.1, Control group = 14.4

**SMALLWOOD2001**

Study Quality: 1+
<table>
<thead>
<tr>
<th>Study Name</th>
<th>Study Type: RCT (individual)</th>
<th>Study Quality</th>
<th>Data Used</th>
<th>Group 1 N=</th>
<th>Group 2 N=</th>
<th>Group 3 N=</th>
<th>Study Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMALLWOOD2001</td>
<td>RCT (individual)</td>
<td>1-</td>
<td>Study Description: Randomised using sealed envelopes.</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>1-</td>
</tr>
<tr>
<td></td>
<td>Blindness:</td>
<td></td>
<td>Study Type: RCT (individual)</td>
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<tr>
<td></td>
<td>Duration (days):</td>
<td></td>
<td>Study Description: Randomised using sealed envelopes.</td>
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<tr>
<td>THORGRIMSEN2002</td>
<td>RCT (individual)</td>
<td>1+</td>
<td>Data Used: Behaviour Rating Scale (CAPE) QoL-AD MMSE</td>
<td>4</td>
<td>7</td>
<td>7</td>
<td>1+</td>
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<tr>
<td></td>
<td>Study Description:</td>
<td></td>
<td>Data Used: Behaviour Rating Scale (CAPE) QoL-AD MMSE</td>
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<tr>
<td></td>
<td>Randomised using sealed</td>
<td></td>
<td>Study Description: Randomised using sealed envelopes.</td>
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<td></td>
<td>envelopes.</td>
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<td>Study Description: Randomised using sealed envelopes.</td>
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<tr>
<td>TOSELAND1997</td>
<td>RCT (individual)</td>
<td>1+</td>
<td>Data Used: Cohen-Mansfield Agitation Inventory Score MOSES</td>
<td>31</td>
<td>28</td>
<td>29</td>
<td>1+</td>
</tr>
<tr>
<td></td>
<td>Setting: 4 nursing homes in</td>
<td></td>
<td>Data Used: Cohen-Mansfield Agitation Inventory Score MOSES</td>
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<td></td>
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<tr>
<td></td>
<td>USA</td>
<td></td>
<td>Setting: 4 nursing homes in USA</td>
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<td></td>
</tr>
<tr>
<td>WALLIS1983</td>
<td>RCT (individual)</td>
<td>1+</td>
<td>Data Used: RCPHPhysicians' mental scale for the elderly Chrichton Scale</td>
<td>20</td>
<td>28</td>
<td>29</td>
<td>1+</td>
</tr>
<tr>
<td></td>
<td>Setting: 6 wards in High</td>
<td></td>
<td>Data Used: RCPHPhysicians' mental scale for the elderly Chrichton Scale</td>
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<tr>
<td></td>
<td>Royds hospital,</td>
<td></td>
<td>Setting: 6 wards in High Royds hospital,</td>
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</tr>
</tbody>
</table>

**Notes:**
- SMALLWOOD2001: Group 1 N= 7, Massage with Aromatherapy with.
- THORGRIMSEN2002: Group 1 N= 4, Control with.
- THORGRIMSEN2002: Group 2 N= 7, Reminiscence Therapy with - 18 weekly session based on the standardised manual Reminiscing with People with Dementia - A Handbook for Carers. Slides, photos, music, dance, dramatising memories were all used as tools.
- TOSELAND1997: Group 1 N= 31, Validation Therapy with - Beginning of session foster warm greetings, holding hands, singing songs. Second segment: reminiscing about past events related to topic of interest. Third segment: activity e.g. sing-along, poetry reading. Fourth segment: refreshments and goodbyes.
- TOSELAND1997: Group 2 N= 28, Standard Care with - Continued to participate in regular social and recreational program offered by nursing home.
- TOSELAND1997: Group 3 N= 29, Active control with - Following a manual containing 54 activities in 8 categories: music, art, literature, writing, dance/exercise, holiday and event planning, discussion, other activities.
- WALLIS1983: Group 1 N= 20, Active control with - Duration: half an hour daily 5 days a week for 3 months. Variety of group and individual activities offered each day. Each patient chooses their activity and groups subdivided according to this choice.
not demented and or not withdrawn, willing or able to attend occupational therapy or industrial therapy, not capable of some meaningful communication, blind

All persons with < 20% attendance (n = 22) reasons were: death (6), physical illness (8), refusal (5), could never be found (2), visitors every day (1)

Notes: Participants diagnosed as either functional (n =19) or organic (n=19) - the functional group were comprised of people with schizophrenia and affective disorders (n= 19)

Baseline: Chrichton: Reality Orientation group: = 57.4; Control: = 52.2

### Characteristics of Excluded Studies

<table>
<thead>
<tr>
<th>Reference ID</th>
<th>Reason for Exclusion</th>
</tr>
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<tbody>
<tr>
<td>ABEGG1993</td>
<td>Not RCT</td>
</tr>
<tr>
<td>ALPRIN1980</td>
<td>can't find paper</td>
</tr>
<tr>
<td>ANCOLIISRAEL1997</td>
<td>Not RCT</td>
</tr>
<tr>
<td>ANCOLIISRAEL2002</td>
<td>Not RCT</td>
</tr>
<tr>
<td>ASMUSSEN1997</td>
<td>can't find report</td>
</tr>
<tr>
<td>BABINS1988</td>
<td>not RCT</td>
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<tr>
<td>BABINS1988A</td>
<td>not RCT</td>
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<tr>
<td>BAILLON2004</td>
<td>Not RCT</td>
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<tr>
<td>BESHRARA2002</td>
<td>Not RCT</td>
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<tr>
<td>BLEATHMAN1988</td>
<td>Not RCT</td>
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<tr>
<td>BROTONS2000</td>
<td>incorrect form of analysis for cross-over data</td>
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<tr>
<td>BUXTON2005</td>
<td>Not RCT</td>
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<tr>
<td>CANON1996</td>
<td>Not RCT</td>
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<tr>
<td>CLAIR1993</td>
<td>not RCT</td>
</tr>
<tr>
<td>CLAIR1994</td>
<td>no standardized outcomes used</td>
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<tr>
<td>CLAIR1996</td>
<td>invalid outcomes</td>
</tr>
<tr>
<td>CLARK1998</td>
<td>no standardized outcomes used</td>
</tr>
<tr>
<td>COHENMANSFIELD1997</td>
<td>no RCT</td>
</tr>
<tr>
<td>COLENDAY1997</td>
<td>Not RCT</td>
</tr>
<tr>
<td>COX2004</td>
<td>Not randomized</td>
</tr>
<tr>
<td>DAWSON1999</td>
<td>Not RCT</td>
</tr>
<tr>
<td>DOYLE1992</td>
<td>Not RCT</td>
</tr>
<tr>
<td>DYE1999</td>
<td>Not RCT</td>
</tr>
<tr>
<td>ESPERANZA1987</td>
<td>Not RCT</td>
</tr>
<tr>
<td>FEIL1972</td>
<td>Not RCT</td>
</tr>
<tr>
<td>FINE1995</td>
<td>Not RCT</td>
</tr>
<tr>
<td>FOSTER2001</td>
<td>not RCT</td>
</tr>
<tr>
<td>FRITZ1986</td>
<td>Non RCT</td>
</tr>
<tr>
<td>GERDNER2000</td>
<td>Incorrect form of analysis for cross-over data</td>
</tr>
<tr>
<td>GODDAEIR1994</td>
<td>not clear patients diagnosed with dementia</td>
</tr>
<tr>
<td>GÖTELL2003</td>
<td>No standardized outcomes used</td>
</tr>
</tbody>
</table>
GRAF2001  Only cognitive outcomes, no behavioural outcomes
HAFFMANS2001  Non RCT
HALPERN2000  Non RCT
HANSER1994  Participants did not have dementia
HANSON1996  Non RCT
HARRIS1995  Non RCT
HOLMES2002  Non RCT
HOZUMI1990  Non RCT
ITO1999  Non RCT
ITO2001  Non RCT
JACKSON2001  Cluster randomised trial without correct form of statistical analysis
JOHNS1991  Non RCT
KORB1997  Non RCT
KOYAMA1999  Non RCT
KUMAR1999  Did not contain required outcomes
LAGARCE2004  No standardised outcome measures used
LINDENMUTH1992  Non RCT
LORD1993  No standardised outcomes
LOVELL1995  Non RCT
MILLARD1989  Non RCT
MISHIMA1994  Non RCT
MISHIMA2000  Non RCT
MISKELLY2004  Non RCT
MITCHELL1993  n<10 per arm
MORTON1991  Non RCT
NEAL1994  Non RCT
OKAWA1989  Non RCT
OKAWA1993  Non RCT
OKAWA1999  Non RCT
OKUMOTO1998  Non RCT
OPIE1999  Non RCT
OTTO1999  Non RCT
PEOPLES1982  Can't locate reference
PINCOCK2003  Non RCT
PINKNEY1997  Non RCT
POMEROY1993  Not music therapy alone
PRETCZYNSKI1991  Non RCT
REMINGTON2002  Participants not diagnosis with dementia
RHEAUME1998  Non RCT
RIEGLER1980  Not clear participants diagnosed with dementia
RIEMERSMA2001  Non RCT
RIEMERSMA2002  Non RCT
ROBICHAUD1994  Didn't meet inclusion criteria
References of Included Studies

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BAINES1987 (Published Data Only)

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BALLARD2002 (Published Data Only)

DOWLING2005 (Published Data Only)

FERRARIO1991 (Published Data Only)
References of Excluded Studies

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GROENE1993  (Published Data Only)

HOLTKAMP1997  (Published Data Only)


LAI2004  (Published Data Only)

LYKETOSOS1999  (Published Data Only)

MISHIMA1998  (Published Data Only)

ROBB1986  (Published Data Only)

SMALLWOOD2001  (Published Data Only)

THORGRIMSEN2002  (Published Data Only)

TOSELAND1997  (Published Data Only)

WALLIS1983  (Published Data Only)

References of Excluded Studies

ABEGG1993  (Published Data Only)

ALPRIN1980  (Unpublished Data Only)

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ANCOLISRAEL1997  (Published Data Only)

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HALPERN1994  

HANSON1996  

HARRIS1995  

HOLMES2002  
HOZUMI1990 (Published Data Only)

ITO1999 (Published Data Only)

ITO2001 (Published Data Only)

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KOYAMA1999 (Published Data Only)

KUMAR1999 (Published Data Only)

LAGARCE2004 (Published Data Only)

LINDENMUTH1992 (Published Data Only)

LORD1993 (Published Data Only)

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MILLARD1989 (Published Data Only)

MISHIMA1994 (Published Data Only)

MISHIMA2000 (Published Data Only)

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MITCHELL1993 (Published Data Only)


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