Evidence Table D-1. Study design characteristics for studies comparing interventions to prevent development of delirium

| Author, year | Study design | Location | Subgroup | Patient population | Start year | Funding |
| --- | --- | --- | --- | --- | --- | --- |
| Abdelgalel, 2016[1](#_ENREF_1) | RCT | Africa: Egypt | ICU | Adult intensive care patients of ASA physical status III and IV aged between 26 and 70 years | 2014 | Not reported |
| Al-Qadheeb, 2016[2](#_ENREF_2) | RCT | United States | ICU | MV patients with subsyndromal delirium | Not reported | Government |
| Fukata, 2014[3](#_ENREF_3) | RCT | Asia: Japan | Aged 65+, post-operative | Delirium after abdominal or orthopedic surgery in elderly patients | 2007 | Government, Other: National Center for Geriatrics and Gerontology (NCGG), |
| Girard, 2010[4](#_ENREF_4) | RCT | United States | ICU, post-operative | > 18 years MV medical and surgical ICU patients | 2005 | Industry, Government, Nonprofit, Other: The Hartford Geriatrics Health Outcomes Research Scholars Award Program |
| Hakim, 2012[5](#_ENREF_5) | RCT | Africa: Egypt | Aged 65+, post-operative | Patients 65 years or older experiencing subsyndromal delirium after on-pump cardiac surgery | 2007 | Not reported |
| Kalisvaart, 2005[6](#_ENREF_6) | RCT | Europe: Netherlands | Post-operative | Acute or elective hip surgery patients ≥ 70 years is at risk of delirium: MMSE between less than or equal to 24; dehydration=BUN/creatinine greater than or equal to 18, low visual acuity and/or increased severity of illness on APACHE II of 16 or greater. | 2000 | Other: Medical Center Alkmaar |
| Kaneko, 1999[7](#_ENREF_7) | RCT | Asia: Japan | ICU, post-operative | Scheduled for elective gastrointestinal surgery and admitted to ICU | 1995 | Not reported |
| Khan, 2018[8](#_ENREF_8) | RCT | United States | ICU, post-operative | English speaking individuals undergoing thoracic surgery | 2013 | Government |
| Larsen, 2010[9](#_ENREF_9) | RCT | United States | Aged 65+, post-operative | Post-operative elderly joint replacement surgery patients | 2005 | Nonprofit |
| Page, 2013[10](#_ENREF_10) | RCT | Europe: UK | ICU | ICU patients needing MV within 72 hours of admission were enrolled | 2010 | Government |
| Prakanrattana, 2007[11](#_ENREF_11) | RCT | Asia: Thailand | Post-operative | Elective Cardiac Surgery with cardiopulmonary bypass | Not reported | Other: Sriraj Grant for Research Development |
| Schrijver, 2018[12](#_ENREF_12) | RCT | Europe: Netherlands | Aged 65+ | Medical and surgical patients | 2012 | Other: Dutch Hospital Patient Safety Program |
| Schrijver, 2018[13](#_ENREF_13) | RCT | Europe: Netherlands | Aged 65+ | Medical and surgical patients age 70 and above, with at least three ECGs | 2012 | Other: Dutch Hospital Patient Safety Program |
| van den Boogaard, 2013[14](#_ENREF_14) | Prospective cohort with a comparison group, analyzed as a single group | Europe: the Netherlands | ICU | Patients in the ICU who are at a high risk of delirium | 2010 | Not reported |
| van den Boogaard, 2018[15](#_ENREF_15) | RCT | Europe: Netherlands | ICU | ICU patients at high risk of delirium | 2013 | Nonprofit |
| Wang, 2012[16](#_ENREF_16) | RCT | Asia: China | Aged 65+, ICU | Patients 65 or older admitted to the ICU after noncardiac surgery | 2009 | Not reported |

APACHE II= Acute Physiology and Chronic Health Evaluation 2; ASA=American Society of Anesthesiologists; BUN=blood urea nitrogen ratio; ICU=intensive care unit; MMSE=Mini-Mental State Examination; MV=mechanical ventilation; NCGG=National Center for Geriatrics and Gerontology; RCT=randomized controlled trial