Table 11. Study Characteristics for Other Behavioral Intervention Trials

| **Study referenceUSPSTF quality rating** | **n randomized** | **Location** | **Mean Age** | **% Female** | **Mean Edu** | **MCI or dementia (type)****MMSE score (mean)** | **Diagnostic Criteria** | **Intervention description** | **Intervention Intensity and Duration** | **Delivered By** | **Control Group** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bellantonio, 2008250Fair | IG: 48CG: 52 | US† | 82 | 63 | NR | Dementia (NR)14.8 | NR | Multidisciplinary assessments (medical and cognitive evaluations; physical function, gait, and balance; nutritional status; guardianship issues, long-term planning, psychosocial adjustment of the residents and families) | 4 assessments; further contacts NR | Geriatrician or geriatrics advanced practice nurse, a physical therapist, a dietitian, and a medical social worker | Medical evaluation conducted by the resident's primary care physician |
| Richard, 2009251Fair | IG: 65CG: 58 | Netherlands | 76.5 | 56.9 | % 7-11 y: 61.0 | Dementia (AD)22.3 | NINCDS-ADRDA | Vascular care (ASA 38-100 mg, vit B6 50 mg, and folic acid 0.5 mg per day; pravastatin 40 mg (if indicated); antihypertensive therapy (if indicated, starting with reducing salt intake and increasing exercise, followed by a diuretic and, if necessary, addition of a beta-blocker and a calcium antagonist; referral if elevated glucose; smoking cessation (if indicated); attention to diet and physical activity (if overweight) | Visits every 3 months for 2 y | Neurologist or geriatrician | GPs treated patients according to general guidelines for treatment of vascular risk factors. |
| Meeuwsen, 2012252Good | IG: 87CG: 88 | Netherlands | 78 | 61 | % Low: 35.3 | Dementia (NR)22.7 | DSM-IV | Usual care from a memory clinic. The memory clinic provided treatment and care coordination. AChEI and memantine in addition to non-drug interventions | Sessions and time NR; 12 m | Memory clinic staff | Usual care from GP |
| Nourhashemi, 2010253PLASAFair | IG: 574CG: 557 | France | 80 | 69 | NR | Dementia (AD)19.7 | NINCDS-ADRDA | Patients and their caregivers evaluations and consultations (management of any identified problems, knowledge of the disease, functional dependency, progression of cognitive decline, review of drugs, nutritional status, gait disorders and walking capacities, behavioral symptoms, caregivers' psychological and physical health, and legal questions about the safety of the patient)  | Consultation 2 times per year, mailed written materials | Physicians | Usual care; intervention materials made available at the end of the study |
| Wolfs, 2008254Fair | IG: 23CG: 10 | Netherlands | 78 | 64 | NR | Mixed (dementia and MCI)20.2 | NR | Multidisciplinary assessment (results discussed at an interdisciplinary meeting in which a definite diagnosis is made and a treatment plan is formulated; GP is sent a summary of the assessments, the multi-axis diagnosis and recommendations for management) | One time assessment | GP | Usual care |
| Beer, 2011255Beer, 2010256Fair | IG: 219CG: 132 | Australia† | 85 | 76 | NR | Dementia (NR)11‡ | NR | GP (and clinical and direct care staff) education (topics included: communication with residents and family members, personal care and activities, positive values, behaviors of concern, pain management; dementia, depression, and delirium, effective working between GPs and residential care facilities) | 5 modules for GPs; 27 lessons for care facilities in brief 30 min blocks | NR | No education delivered |
| Menn, 2012257Fair | IG1: 109IG2: 110CG: 171 | Germany | 80 | 68 | NR | Dementia (NR)18.7 | NR | GP education on basic information about dementia, anamnesis and physical examination, laboratory diagnostics, and psychometric tests. Training on evidence-based dementia treatment and therapy recommendations. Caregiver support groups. | 140 additional min of training versus CG; 10 support meetings for caregivers; 2 y for IG1, 1 yr for IG2 | Neurologists, psychiatrists, nurses | GP education on basic information about dementia, anamnesis and physical examination, laboratory diagnostics, and psychometric tests. |

† Patients were recruited from assisted living.

‡ Median.

**Abbreviations:** AD = Alzheimer’s Disease; CG = control group; DSM-IV = Diagnostic and Statistical Manual of Mental Disorders; GP = general practitioner; IG = intervention group; n = number; MCI = mild cognitive impairnment; min = minute; MMSE = Mini-mental state examination; NINCDS-ADRDA = National Institute of Neurological and Communicative Disorders and Stroke and the Alzheimer’s Disease and Related Disorders Association; NR = not reported; PLASA = Plan de Soin et d’Aide dans la maladie d’Alzheimer; y = year;.