

Appendix - Systematic Review of the Literature

We were asked to review the literature to assess the strength of the evidence for several aspects of the support and management of people with dementia. In particular we were asked, where possible, to develop evidence tables and balance sheets. The development of balance sheets was not possible on the basis of current literature.

A number of overseas studies have attempted to determine the financial costs of caring for those with dementia but most have been beset with methodological problems. There is universal agreement, however, that:

- (1) the costs are considerable,
- (2) the costs of informal caregiving are usually under-estimated, and
- (3) the costs of dementia care are going to increase markedly with the ageing of the population.

There is an urgent need for New Zealand data on the economic impact of the dementias, and for studies of care innovations which might contain the costs of dementia care. Care innovations must however seek ways to enhance the quality of life for both patient and carer rather than be concerned with cost containment.

Basic Evidence Grading Strategy

Grade of Evidence	Description	Comments
Grade 1	Randomized controlled trials	RCTs can control for selection bias.
Grade 2	Non-randomized controlled studies	These studies compare contemporary patients who did and did not receive the intervention. Selection bias may result from unrecognized or recognized differences between the study and comparison group. Only through randomization can unknown selection bias be controlled.
Grade 3	? Non-randomized historical cohort studies ? Other studies with non-experimental designs (eg population-based studies, case control studies)	Comparisons between current patients who did receive the intervention and former patients who did not receive the intervention. Selection bias, confounding caused by non-randomization and biases resulting from inappropriate comparisons over time are possible.
Grade 4	Case Series	The reader is simply informed of the fate of a group of patients. Series may provide useful information about clinical course and prognosis but can only hint at efficacy.
Grade 5	Expert Opinion	Expert opinion is not evidence but is included to assure that when it is considered we place more emphasis on evidence than opinion in determining appropriateness of care.