Appendix 1: Search strategy for relevant articles on the management of mild to moderate dementia*

Literature search

A comprehensive electronic search of the MEDLINE and EMBASE databases was conducted by an information specialist for English-language articles published from January 1996 to December 2005. The following primary search terms were used: "dementia" OR "Alzheimer's disease" AND "mild" OR "moderate" AND "therapy" OR "treatment." Secondary search terms were as follows (listed alphabetically): "affective disorder," "agitation," "antidepressants," "anti-inflammatory drugs," "antioxidants," "anxiety," "anxiolytics" OR "tranquilizers," "behaviour," "cholinesterase inhibitors," "care-giver," "counseling," "depression," "disinhibition," "discontinue," "education," "environment," "ginkgo," "hormones," "hypnotics" OR "sleep medications," "maintain," "memantine," "metabolic enhancers," "neurotrophic agents," "nootropics," "rehabilitation," "selective serotonin reuptake inhibitors" OR "sleep."

Data analysis and synthesis

A total of 1615 articles were identified. Of these, 661 were eliminated after examination of the title. The titles, authors and abstracts of the remaining 954 articles were distributed to all of the working group members. Each was responsible for selecting papers for detailed review by their subsection, abstracting data from the selected articles, synthesizing the available information and developing draft recommendations. The full text of selected papers was provided by the information specialist.

Upon the request of working group members, additional searches were conducted by the information specialist. The search strategies for these additional searches were developed in consultation with the individuals making the request.

Working group members were also encouraged to use their own files and to search the reference lists of selected papers for additional relevant articles. Working group members were told that, although they could use papers that summarized research literature (e.g., meta-analyses, systematic reviews, consensus statements, clinical practice guidelines), there would be some areas where they would have to perform a primary review of the pertinent literature.

They were also asked to focus their energies on what they felt were the key areas within their subsections and to draft recommendations that would be both important and feasible for a primary care physician.

The draft recommendations developed by the working group members and a first draft of the background paper were distributed by the chair to all working group members for review, discussion and modification. After this process, the background paper with recommendations was submitted to the steering committee for posting on the website of the Third Canadian Consensus Conference on the Diagnosis and Treatment of Dementia. Feedback received was discussed by the working group, and final modifications were made to the recommendations before their presentation at the consensus meeting on Mar. 10, 2006. All of the recommendations presented in this article achieved consensus (80% plus approval by participants of the consensus conference).

The quality of the literature (levels of evidence) was graded using the following system adapted from Canadian Task Force on Preventive Health Care:

I   Evidence from at least one properly randomized controlled trial (RCT).

II-1 Evidence from well-designed controlled trials without randomization.

II-2 Evidence from well-designed cohort or case–control analytic studies, preferably from more than one centre or research group.

II-3 Evidence from comparisons between times or places with or without the intervention. Dramatic results in uncontrolled experiments are included in this category.

III   Opinions of respected authorities, based on clinical experience, descriptive studies or reports of expert committees.

The strength of the recommendations (Grade of Recommendation) was graded using the following system adapted from the Canadian Task Force on Preventive Health Care (1,2):

A   There is good evidence to support this manoeuvre.

B   There is fair evidence to support this manoeuvre.

C   The existing published evidence is either conflicting or insufficient and does not allow one to recommend for or against this manoeuvre; however, a recommendation may be made on other grounds.

D   There is fair evidence to recommend against this manoeuvre.

E   There is good evidence to recommend against this manoeuvre.

Our recommendations were based on the best available evidence. We preferentially used rigorously done systematic reviews of the current literature. When a primary examination of the literature was done, we sought to base our conclusions on statistically and clinically significant findings from high-quality RCTs.

The conclusions of the 1998 Canadian Consensus Conference on Dementia that were considered relevant to our assigned area and were still supported by the members of the working group are noted in Hogan DB, Bailey P, Carswell A, et al. Management of mild to moderate Alzheimer's disease and dementia. *Alzheimers Dement* 2007;3:355-84.

Subsequent to the conference, an ongoing review of the literature up to April 2008 was conducted. No changes to the recommendations were deemed necessary on the basis of this further analysis.

*The literature search was used to generate evidence on which the recommendations from the Third Canadian Consensus Conference on the Diagnosis and Treatment of Dementia were based.