BMJ Open

EPIDEMIOLOGY OF AT-RISK ALCOHOL USE AND ASSOCIATED COMORBIDITIES OF INTEREST AMONG COMMUNITY-DWELLING OLDER ADULTS: a protocol for a systematic review

Journal:	*BMJ Open*
Manuscript ID	bmjopen-2019-035481
Article Type:	Protocol
Date Submitted by the Author:	04-Nov-2019
Complete List of Authors:	Latanioti, Maria; Service Universitaire de Psychiatrie de l'Age Avancé (SUPAA), Department of Psychiatry, Lausanne University Hospital Schuster, Jean-Pierre; Service Universitaire de Psychiatrie de l'Age Avancé (SUPAA), Department of Psychiatry, Lausanne University Hospital Rosselet Amoussou , Joelle; Education and Research Department, Lausanne University Hospital and University of Lausanne, Department of Psychiatry, Lausanne University Hospital Strippoli, Marie-Pierre; Psychiatric Epidemiology and Psychopathology Research Center, Lausanne University Hospital, Department of Psychiatry Von-Gunten, Armin; University of Lausanne Hospital Centre, Service of Old Age Psychiatry Ebbing, Karsten; Service Universitaire de Psychiatrie de l'Age Avancé (SUPAA), Department of Psychiatry, Lausanne University Hospital Verloo, Henk; School of Health sciences HES-SO Valais/Wallis, Nursing Sciences ; University Hospital of Lausanne, Service of Old Age Psychiatry
Keywords:	Old age psychiatry < PSYCHIATRY, EPIDEMIOLOGY, GERIATRIC MEDICINE, Substance misuse < PSYCHIATRY, PUBLIC HEALTH

Research protocol for a systematic review
EPIDEMIOLOGY OF AT-RISK ALCOHOL USE AND ASSOCIATED COMORBIDITIES OF INTEREST AMONG COMMUNITY-DWELLING OLDER ADULTS: a protocol for a systematic review

---

Authors

Maria Latanioti, MD (ML) (1); Jean-Pierre Schuster, MD (JPS) (2); Joëlle Rosselet Amoussou (JRA) (3); Marie-Pierre F. Strippoli, MSc (MPS) (4); Armin von Gunten, MD (AvG) (5) Karsten Ebbing, MD (KE) (6) Henk Verloo, PhD (HV)(7)

Principal investigator

(1) Psychiatrist
Service Universitaire de Psychiatrie de l'Age Avancé (SUPAA)
Department of Psychiatry, Lausanne University Hospital
CH-1008 Prilly, Switzerland
Email: maria.latanioti@chuv.ch; Phone: +41 (0)79 556 62 87

Co-author

(2) Associate Supervising Psychiatrist
Service Universitaire de Psychiatrie de l'Age Avancé (SUPAA)
Department of Psychiatry, Lausanne University Hospital
CH-1008 Prilly, Switzerland
Email: Jean-Pierre.Schuster@chuv.ch

Co-author

(3) Librarian
Education and Research Department, Lausanne University Hospital and University of Lausanne, Site de Cery,
CH-1008 Prilly, Switzerland.
Email: joelle.rossellet@chuv.ch

Co-author

(4) Scientific Collaborator and Data Manager
Psychiatric Epidemiology and Psychopathology Research Center, Lausanne University Hospital, Department of Psychiatry, Switzerland.
CH-1004 Lausanne, Switzerland.
Email: Marie-Pierre.strippoli@chuv.ch

Co-author

(5) Full Professor and Head
Service Universitaire de Psychiatrie de l'Age Avancé (SUPAA)
Department of Psychiatry, Lausanne University Hospital
CH-1008 Prilly, Switzerland
Email: armin.von-gunten@chuv.ch

Co-author

(6) Associate Supervising Psychiatrist
Service Universitaire de Psychiatrie de l'Age Avancé (SUPAA)
Department of Psychiatry, Lausanne University Hospital

CH-1008 Prilly, Switzerland
Email: karsten.ebbing@chuv.ch
Co-author and contact person
(7) Full Professor UAS
CHUV Clinical Nursing Specialist, Service Universitaire de Psychiatrie de l'Age Avancé (SUPAA), Department of Psychiatry, Lausanne University Hospital, CH-1008 Prilly, Switzerland
School of Health Sciences, HES-SO Valais/Wallis, University of Applied Sciences and Arts Western Switzerland, CH-1950 Sion, Switzerland
Email: henk.verloo@chuv.ch; henk.verloo@gmail.com; henk.verloo@hevs.ch

Abstract

Introduction:

There is little epidemiological evidence and knowledge about at-risk alcohol use among community-dwelling older adults and their chronic and acute alcohol-related comorbidities of interest. This systematic review will summarise and examine the relevant studies retrieved about the epidemiology of at-risk alcohol use and associated comorbidities of interest in this population.

Methods:

We will search the following databases, without language or date restrictions from inception to August 31 2019: Embase.com, Medline Ovid SP, Pubmed (NOT medline[sb]), CINAHL EBSCO, PsycINFO Ovid SP, Central - Cochrane Library Wiley and Web of Science (Core collection). The search strategies will be developed in collaboration with a librarian. We will use the predefined search terms for alcoholism, epidemiological terms, terms for elderly, terms for living place, terms related to the comorbidities of interest and terms related to identifying "measurements" or "tools" or "instruments" to measure harm from alcohol use. At-risk status will be determined by the amount of alcohol consumed and the comorbidities of interest associated with at-risk alcohol use, with the latter being documented separately or using an assessment tool for at-risk drinking. We will also examine the bibliographies of all the relevant articles found and conduct a search for unpublished studies. We will consider publications without language restrictions.

Results:

We completed the first step of our search strategy in September 2019 and found after removing duplicates 36'476 references. The next steps are ongoing.

Ethics and dissemination:

No ethical clearing is necessary. Results will be presented in national and internal conferences of addiction and published in a peer reviewed journal.

Keywords: alcohol consumption, alcohol dependence, at-risk drinking, comorbidities, disorders, epidemiology, geriatric drinkers, community-dwelling, incidence, injury, occurrence, hypertension, depression, pain, liver disease, insomnia, cognitive deficiency, diabetes, anxiety, living in place, mortality, multimorbidity, older adults, prevalence, polymorbidity, older and very old adults.

Strengths and Limitations of this study

- Providing specific knowledge about the epidemiology of at-risk alcohol drinking and comorbidities of interest among community-dwelling older adults.
- Clear definitions of at-risk alcohol consumption among older adults and of the quantification of that consumption;
- Inclusion criteria, which impose no restrictions on language, year or geographic location;
- Nevertheless, any personal judgments in the authors' study assessments could introduce bias.

PROSPERO registration number: CRD42018099965

INTRODUCTION

Alcohol consumption and misuse is a major substance abuse problem among community-dwelling older adults (1-3). Excessive alcohol use is a well-known health risk among aged people (4). It is widely documented that older adults' responses to alcohol are different from those of younger adults due to the physiological process of ageing (5, 6). The physiological changes occurring with ageing, as well as differences in the activities and responsibilities of older people, are used for establishing the criteria of alcoholism and ageing (7, 8). Epidemiological studies have shown declining alcohol use with age (4, 9, 10). However, the number of older adults exhibiting at-risk drinking is likely to increase when the age cohort born in the 1950s, with its heavier drinking habits, reaches old age (11, 12). This is due to the increase in the number of heavy drinkers and the social changes concerning the use of drugs and alcohol in the age cohort born after 1950, also known as "baby boomers". The sociodemographic and political changes during this time, especially in western countries, had a great impact on the way people used and abused psychotropic substances. Older and very old adults are more vulnerable to the effects of alcohol because of metabolic and other changes in their bodies and their high rate of chronic diseases (1, 7, 13). Individual differences, like general health, physical or psychiatric comorbidities, drinking-age onset and the presence of cognitive impairment can alter responses to alcohol among older adults (6, 14, 15). As adults reach an advanced age and are more prone to cognitive decline (16, 17), the adverse effects of heavy alcohol use may be exacerbated (4, 18). Dementia secondary to alcoholism is commonly diagnosed in older adults whose cognitive and functional decline is inconsistent with progressive neurodegenerative disorders, such as. Alzheimer's disease, and whose clinical history indicates chronic heavy alcohol consumption (19, 20). Older adults who reach a more advanced age experience systemic physiological and neural alterations that may increase their vulnerability to the effects of alcohol (19, 21). Additionally, due to the metabolic and neurological changes that occur with at-risk drinking in old age, alcohol consumption is one of the lifestyle issues which should be considered in cases involving diabetic, hypertensive and depressive older patients (22). Many pharmacological treatments have potential interactions with alcohol (23). Unfortunately, the criteria for alcohol abuse and dependence established by the DSM or ICD manuals are not adapted for older and very old adults (24-26). Bearing this in mind, physicians often use the at-risk, moderate and heavy drinking model to better characterise drinking patterns (27, 28). Studies have recommended that at-risk drinking should be considered on a case by case basis (29). Fundamentally, we know that alcohol consumption in older age can compromise general health (5, 15). Nonetheless, defining *at-risk drinking* has shown itself to be methodologically and conceptually challenging (26, 30). Factors such as drinking volumes, drinking patterns, types of drinks and drink size have been considered in efforts to define a threshold for low-risk alcohol use(3, 20). Limits vary between countries and even between regions in the same country (e.g. Spain) (14, 20, 31). At-risk drinking can be defined as alcohol consumption beyond the limits that can lead to all-cause mortality, chronic conditions and acute consequences (6, 28, 31-34).

The NIAAA definition of low-risk alcohol consumption—the lowest threshold (35)—has established criteria for low-risk drinking for adults over 65 years. It recommends a pattern involving no more than one alcoholic drink per day and sets a standard amount of drink: one can (12 US fl oz or approx. 355 ml) of beer, one glass (5 US fl oz or approx. 148 ml) of wine, a small glass (4 US fl oz or approx. 118 ml) of liquor or one shot (1.5 US fl oz or approx. 44 ml) of hard liquor. Translated into equivalent measures of pure alcohol, as documented in the literature, these equate to 0.6 fluid ounces in imperial measurements and ~17 grams in metric measurements (20). Multiple features of at-risk drinking are documented in the literature (30). However, the USA's low-risk drinking guidelines are generally in line with the risk levels observed in the scientific literature (2, 36).

Comorbidity is defined as the presence of more than one distinct medical condition in an individual. This condition can exist simultaneously with, but independently of, another condition, or it can be related (37, 38). The comorbidities of interest are hypertension, depression, pain, liver disease, insomnia, cognitive deficiency, diabetes and anxiety. Our systematic review will explore at-risk alcohol use as we found no review on the issue in the international literature although the awareness of at-risk alcohol use in the elderly is getting higher among the general population and health professionals. The following research questions will guide this systematic review: What is the reported epidemiology of at-risk alcohol use and its associated comorbidities of interest among home-dwelling older and very old adults in interventional and observational studies?

METHODS

This review will be conducted following the recommendations and harms-reporting checklist of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Protocols (PRISMA-P) (39, 40), the reporting proposals of the Meta-analysis Of Observational Studies in Epidemiology (MOOSE) (41) and the methods outlined in the Cochrane Handbook for Systematic Reviews of Interventions (42) (Suppl. 1)

Database searches and other search techniques will be completed in September 2019. Retrieved articles will then be screened. The entire study is expected to be completed by September 2020.

Inclusion criteria

Types of studies

This review will include randomised controlled trials (RCT), cluster randomised controlled trials (CRCT) and non-randomised studies (NRS). NRS have been defined as quantitative studies for estimating an intervention's effectiveness (harm or benefit) that do not use randomisation to allocate units to comparison groups (42). We will include retrospective and prospective epidemiological studies, cohort studies, case-control studies, controlled before-and-after studies, interrupted-time-series studies and controlled trials with inappropriate randomisation (quasi-experimental studies) (43, 44). We will search for papers without language restrictions.

Types of participants

This review will consider studies involving home-dwelling adults with a minimum mean age of 60 years old, as well as studies with participants aged 55 years old or more with

an alcohol consumption of at least one alcoholic drink per day. Although various definition of old-age exist we refer to the UN cutoff considering 60+ as older persons (45).

Types of outcome measures

For this systematic review protocol, in order to highlight the epidemiology of at-risk alcohol consumption and the presence of comorbidities of interest in home-dwelling older and very old adults, we have chosen to set the drinking limit established by America's *National Institute on Alcohol Abuse and Alcoholism* (NIAAA) (46, 47). Considering at-risk drinking as a medical condition, we have chosen to search for epidemiological data concerning medical conditions simultaneously present among older at-risk drinking adults (36, 48). We have chosen not to limit our search to medical conditions cited with the Comorbidity Alcohol Risk Evaluation Tool (CARET) (49). In addition, we will cross-reference at risk alcohol consumption tools with medical conditions with those in the CoLaus / PsycoLaus study among the general population of Lausanne, Switzerland (50-52). This choice was made purposefully as, in the future, we plan to analyse Swiss data in order to compare them with data found in the international literature.

- The review's primary outcome measures will be the:
  - Epidemiology of at-risk alcohol consumption, age of onset and severity of alcohol use (amount, frequency and types of drinks).
- The review's secondary outcome measures will be the:
  - Psychiatric and somatic comorbidities frequently occurring among home-dwelling older adults with at-risk alcohol consumption;
  - Documentation of the tools and measurements of comorbidities associated with at-risk drinking;
  - Presence of epidemiological data on very old adults' drinking habits;
  - Associations between drinking volume and alcohol-related harm.

Search methods for the identification of studies

Electronic searching

We will search the following databases, without language or date restrictions: Embase.com, Medline Ovid SP, Pubmed (NOT medline[sb]), CINAHL EBSCO, PsycINFO Ovid SP, Central - Cochrane Library Wiley and Web of Science (Core collection).

Hand and grey literature searching

We will search the reference lists of identified relevant articles, for unpublished studies (grey literature) and for field experts who can be contacted.

The search strategies will be adapted to the syntax and subject headings of each database. Descriptors terms will include:

- Terms for alcoholism: "at-risk alcohol use", "heavy drinking", "binge drinking", "alcohol dependence", "alcohol abuse", "Wernicke syndrome", "Korsakoff dementia", "at-risk drinking", "alcohol consumption", "alcohol dependency" and "geriatric drink*";
- Epidemiological terms: "epidemiology", "occurrence", "prevalence", "incidence" or "occasionally";

- Terms for elderly: “home-dwelling older adults”, “elderly”, “aged”, “home-care patients”, “older adults” and “very old adults”;
- Terms for living place: “home-dwelling”, “living in place”, “homebound”, “primary care”, “community health services”, “community hospital”, “ambulatory care”, “outpatient clinics”, “hospital”, “ambulatory care facilities”, “daycare”, “primary health care”, “community health centres”, “health services for the aged”, “community”, “domiciliary”, “home or home-care or home-based”, “outpatient”, “day patient”, “community care”, “home care services”, “general practice” and “urban population”;
- Terms related to the comorbidities of interest: “cognitive impairment”, “diabetes”, “obesity”, “heart failure”, “depression”, “hypertension”, “insomnia”, “liver failure”, “pain”, “dementia”, “cognitive deficiency” and “anxiety”;
- Terms related to identifying “measurement” or “tools” or “instrument” to measure harm from alcohol use.

Suppl. 2 presents the search strategy and equations.

DATA COLLECTION AND ANALYSIS

Study selection

Three reviewers—ML, KE and JPS—will independently screen the titles and abstracts identified in the searches to assess which studies meet the inclusion criteria. Disagreements will be resolved through discussion or, if needed, a consensus will be reached after discussion with the co-authors (HV, AvG).

The reviewers will then independently assess the full-text articles to ensure that they meet the inclusion criteria. Disagreements will be discussed and resolved with the co-authors (HV, AvG). A flowchart of the trial selection process has been drawn in accordance with the PRISMA statement (53) (Suppl. 3).

Data Extraction

Three authors—ML, KE and HV—will extract the data independently by using a specially designed, standardised data extraction form (Suppl. 4). Discrepancies will be resolved through discussion and consultation with the co-author (AvG).

The following information will be extracted from each study included: (1) study authors, year of publication and country where the study was conducted; (2) study characteristics (including setting and design, duration of follow-up and sample size); (3) participants’ characteristics (including age, sex, social status, marital status, educational status, activity, age of onset of alcohol consumption, level of autonomy, history of violence); (4) comorbidities of interest (hypertension, depression, pain, liver disease, insomnia, cognitive deficiency, diabetes, anxiety); and (5) types of outcome measures.

Assessment of the Risks of Bias in Included Studies

Three reviewers—ML, KE and JPS—will independently assess the risks of bias in all the randomised and non-randomised studies of interventions (NRSI) included. Disagreements will be resolved through discussion and consultation with the co-author (HV, AvG).

We will use the validated Cochrane Risk of Bias Tool, version 2.0 (54), to assess the risk of bias in randomised trials and non-randomised studies. This is based on five domains: (1) bias arising from the randomisation process; (2) bias due to deviations from intended interventions; (3) bias due to missing outcome data; (4) bias in the measurement of the outcome; and (5) bias in selection of the reported result. Each of these five domains will be rated as either: (1) low risk of bias; (2) some concerns; or (3) high risk of bias. Declaring that a study has a particular level of risk of bias in any individual domain will mean that the study as a whole has a risk of bias.

We will use the validated Robins-I tool for assessing the risk of bias in NRSI (55). This tool covers two dimensions and seven domains through which bias might be introduced into an NRSI: i) pre- and at intervention (bias due to confounding, bias in the selection of study participants and bias in the classification of the intervention), and ii) post-intervention (bias due to deviations from intended interventions, bias due to missing data, bias in the measurement of outcomes and bias in the selection of the reported result) (55). Any disagreements in quality assessments will be resolved through discussion.

Statistical analyses

Statistical analyses will be conducted following the recommendations of the Cochrane Handbook for Systematic Reviews of Interventions (56) and the PRISMA and MOOSE statements (57).

For dichotomous outcomes, average intervention effects will be calculated as relative risks with 95% confidence intervals (CIs), using a random effects model (58). For continuous data, a random effects model will be used to calculate weighted mean differences with 95% CIs. If required, we will calculate standard deviations from the standard errors or 95% CIs presented in the articles. Heterogeneity will be quantified using the I^2 and chi-squared tests. Funnel plots will be drawn, and Egger tests will be computed to explore the possibility of publication bias (59). Reasons for heterogeneity in effect estimates will be sought in meta-analyses (60, 61). To explore the possible determinants of heterogeneity, we will conduct subgroup analyses according to selected study characteristics (e.g., participants' ages, country where the study was conducted, amounts of alcohol). Furthermore, sensitivity analyses will be conducted by: (1) excluding relatively small studies (with fewer than 20 participants per randomisation group); and (2) restricting the analyses to studies of good quality. Data will be analysed using SPSS software (version 25.0) and Review Manager 5.3.

Patient and Public Involvement'

No patients or members of the public were involved in the preparation of this protocol for a systematic review.

RESULTS

Table 1 presents a summary of the number of references retrieved with the search strategy (Suppl. 2).

[Insert Table 1)

Discussion

At-risk alcohol drinking among older adults is a common health problem. It is under-diagnosed by primary care physicians, partially due to the lack of up-to-date epidemiological data (27) and partially due to the lack of relevant and specific diagnostic tools and instruments (26, 62, 63). We will propose recommendations about screening tools and instruments which might be particularly appropriate for clinicians to use when screening for alcohol misuse in certain contexts.

Before being able to highlight the lack of data on alcohol consumption among older and very old adults or trying to establish relevant diagnostic criteria and assessment methods, it is important to find out about the existing epidemiological data at an international level. It is equally important to acknowledge the difficulty in defining at-risk drinking at an international level and the methods used to extract this data (2). Demonstrating a high prevalence, frequency or incidence of at-risk alcohol use among older home-dwelling adults could encourage physicians to use existing screening tests. This could be an important measure, considering that alcohol-related health problems reduce the length and quality of life (64). Recent studies, however, have demonstrated that elevated alcohol consumption cannot be evaluated solely in terms of frequency (65); it is also necessary to know the types of drinks ingested (66).

Ethics and Dissemination

No ethical clearing is necessary. Results will be presented in national and internal conferences of Addiction and published in an international peer reviewed journal.

References

1. Aira M, Hartikainen S, Sulkava R. Community prevalence of alcohol use and concomitant use of medication--a source of possible risk in the elderly aged 75 and older? International journal of geriatric psychiatry. 2005;20(7):680-5.
2. Dawson DA. Defining Risk Drinking. Alcohol Research & Health. 2011;34(2):144-56.
3. Treatment CfSA. Substance Abuse Among Older Adults. Treatment Improvement Protocol (TIP) Series, No. 26. Rockville (MD) - US: Substance Abuse and Mental Health Services Administration; 1998.
4. Blazer DG, Wu LT. The epidemiology of at-risk and binge drinking among middle-aged and elderly community adults: National Survey on Drug Use and Health. The American journal of psychiatry. 2009;166(10):1162-9.
5. Graham K, Schmidt G. The effects of drinking on health of older adults. The American journal of drug and alcohol abuse. 1998;24(3):465-81.
6. Blow FC, Walton MA, Barry KL, Coyne JC, Mudd SA, Copeland LA. The relationship between alcohol problems and health functioning of older adults in primary care settings. Journal of the American Geriatrics Society. 2000;48(7):769-74.
7. Cawthon PM, Fink HA, Barrett-Connor E, Cauley JA, Dam TT, Lewis CE, et al. Alcohol use, physical performance, and functional limitations in older men. Journal of the American Geriatrics Society. 2007;55(2):212-20.
8. Blanco C, Grant J, Petry NM, Simpson HB, Alegria A, Liu SM, et al. Prevalence and correlates of shoplifting in the United States: results from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). The American journal of psychiatry. 2008;165(7):905-13.
9. Eigenbrodt ML, Mosley TH, Jr., Hutchinson RG, Watson RL, Chambless LE, Szklo M. Alcohol consumption with age: a cross-sectional and longitudinal study of the Atherosclerosis Risk in Communities (ARIC) study, 1987-1995. American journal of epidemiology. 2001;153(11):1102-11.
10. Van Montfoort-De Rave KFG, De Weert-Van Oene GH, Beurmanjer H, Koekkoek B. Late-onset alcohol dependence: patient-reported problems. Addiction Research & Theory. 2017;25(2):139-45.
11. Adams WL, Cox NS. Epidemiology of problem drinking among elderly people. The International journal of the addictions. 1995;30(13-14):1693-716.
12. Pierucci-Lagha A. [Alcoholism and aging. 1. Epidemiology, clinical aspects and treatment]. Psychologie & neuropsychiatrie du vieillissement. 2003;1(3):197-205.
13. O'Connell H, Chin AV, Cunningham C, Lawlor B. Alcohol use disorders in elderly people--redefining an age old problem in old age. BMJ (Clinical research ed). 2003;327(7416):664-7.
14. Bosque-Prous M, Brugal MT, Lima KC, Villalbi JR, Bartroli M, Espelt A. Hazardous drinking in people aged 50 years or older: a cross-sectional picture of Europe, 2011-2013. International journal of geriatric psychiatry. 2017;32(8):817-28.
15. Hu Y, Pikhart H, Malyutina S, Pajak A, Kubinova R, Nikitin Y, et al. Alcohol consumption and physical functioning among middle-aged and older adults in Central and Eastern Europe: results from the HAPIEE study. Age and ageing. 2015;44(1):84-9.
16. Woods AJ, Cohen RA, Pahor M. Cognitive frailty: frontiers and challenges. The journal of nutrition, health & aging. 2013;17(9):741-3.
17. Volkert J, Schulz H, Harter M, Wlodarczyk O, Andreas S. The prevalence of mental disorders in older people in Western countries - a meta-analysis. Ageing research reviews. 2013;12(1):339-53.
18. Riege WH, Holloway JA, Kaplan DW. Specific memory deficits associated with prolonged alcohol abuse. Alcoholism, clinical and experimental research. 1981;5(3):378-85.
19. Tyas SL. Alcohol use and the risk of developing Alzheimer's disease. Alcohol research & health : the journal of the National Institute on Alcohol Abuse and Alcoholism. 2001;25(4):299-306.
20. Munoz M, Ausin B, Santos-Olmo AB, Harter M, Volkert J, Schulz H, et al. Alcohol use, abuse and dependence in an older European population: Results from the MentDis_ICF65+ study. PloS one. 2018;13(4):e0196574.

21. Snow WM, Murray R, Ekuma O, Tyas SL, Barnes GE. Alcohol use and cardiovascular health outcomes: a comparison across age and gender in the Winnipeg Health and Drinking Survey Cohort. Age and ageing. 2009;38(2):206-12.
22. Immonen S, Valvanne J, Pitkala KH. The prevalence of potential alcohol-drug interactions in older adults. Scandinavian journal of primary health care. 2013;31(2):73-8.
23. Onder G, Landi F, Della Vedova C, Atkinson H, Pedone C, Cesari M, et al. Moderate alcohol consumption and adverse drug reactions among older adults. Pharmacoepidemiology and Drug Safety. 2002;11(5):385-92.
24. Harford TC, Grant BF, Yi HY, Chen CM. Patterns of DSM-IV alcohol abuse and dependence criteria among adolescents and adults: results from the 2001 National Household Survey on Drug Abuse. Alcoholism, clinical and experimental research. 2005;29(5):810-28.
25. Boscarino JA, Moorman AC, Rupp LB, Zhou Y, Lu M, Teshale EH, et al. Comparison of ICD-9 Codes for Depression and Alcohol Misuse to Survey Instruments Suggests These Codes Should Be Used with Caution. Digestive diseases and sciences. 2017;62(10):2704-12.
26. Conigliaro J, Kraemer K, McNeil M. Screening and identification of older adults with alcohol problems in primary care. Journal of geriatric psychiatry and neurology. 2000;13(3):106-14.
27. Hajat S, Haines A, Bulpitt C, Fletcher A. Patterns and determinants of alcohol consumption in people aged 75 years and older: results from the MRC trial of assessment and management of older people in the community. Age and ageing. 2004;33(2):170-7.
28. Ortola R, Garcia-Esquinas E, Leon-Munoz LM, Guallar-Castillon P, Valencia-Martin JL, Galan I, et al. Patterns of Alcohol Consumption and Risk of Frailty in Community-dwelling Older Adults. The journals of gerontology Series A, Biological sciences and medical sciences. 2016;71(2):251-8.
29. Hirata ES, Almeida OP, Funari RR, Klein EL. Alcoholism in a geriatric outpatient clinic of Sao Paulo-Brazil. International psychogeriatrics. 1997;9(1):95-103.
30. Di Bari M, Silvestrini G, Chiarlone M, De Alfieri W, Patussi V, Timpanelli M, et al. Features of excessive alcohol drinking in older adults distinctively captured by behavioral and biological screening instruments: An epidemiological study. Journal of clinical epidemiology. 2002;55(1):41-7.
31. Nelson DE, Sattin RW, Langlois JA, DeVito CA, Stevens JA. Alcohol as a risk factor for fall injury events among elderly persons living in the community. Journal of the American Geriatrics Society. 1992;40(7):658-61.
32. van der Pol V, Rodgers H, Aitken P, James O, Curless R. Does alcohol contribute to accident and emergency department attendance in elderly people? Journal of accident & emergency medicine. 1996;13(4):258-60.
33. Reid MC, Concato J, Towle VR, Williams CS, Tinetti ME. Alcohol use and functional disability among cognitively impaired adults. Journal of the American Geriatrics Society. 1999;47(7):854-9.
34. Woods AJ, Porges EC, Bryant VE, Seider T, Gongvatana A, Kahler CW, et al. Current Heavy Alcohol Consumption is Associated with Greater Cognitive Impairment in Older Adults. Alcoholism, clinical and experimental research. 2016;40(11):2435-44.
35. Administration NHTS. National Institute on Alcohol Abuse and Alcoholism.(2000). Sentencing and Disposition of Youth DUI and Other Alcohol Offenses: A Guide for Judges and Prosecutors, Washington, DC. 2006.
36. Grant BF, Chou SP, Saha TD, Pickering RP, Kerridge BT, Ruan WJ, et al. Prevalence of 12-Month Alcohol Use, High-Risk Drinking, and DSM-IV Alcohol Use Disorder in the United States, 2001-2002 to 2012-2013: Results From the National Epidemiologic Survey on Alcohol and Related Conditions. JAMA psychiatry. 2017;74(9):911-23.
37. Valderas JM, Starfield B, Sibbald B, Salisbury C, Roland M. Defining comorbidity: implications for understanding health and health services. Ann Fam Med. 2009;7(4):357-63.
38. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of general psychiatry. 2005;62(6):593-602.
39. Moher D, Liberati A, Tetzlaff J, Altman DG, Group P. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. PLoS medicine. 2009;6(7):e1000097.

40. Zorzela L, Loke YK, Ioannidis JP, Golder S, Santaguida P, Altman DG, et al. PRISMA harms checklist: improving harms reporting in systematic reviews. BMJ (Clinical research ed). 2016;352:i157.
41. DF S, Berlin JA, Morton SC, Olkin I, Williamson GD, Rennie D. Meta-analysis of observational studies in epidemiology: a proposal for reporting. Meta-analysis Of Observational Studies in Epidemiology (MOOSE) group. Jama. 2008.
42. J. H, S. G. The Cochrane handbook for systematic reviews of interventions. Cb s e, editor. Chichester, UK: John Wiley & Sons, Ltd; 2008.
43. P. S. What is a non-randomised controlled trial? British Medical Journal. 2014;348.
44. Ferriter M, N. H. Does the non-randomized controlled study have a place in the systematic review? A pilot study. Criminal behaviour and mental health. 2005;15(2):111-20.
45. Elderly population [Internet]. WHO. 2019. Available from: http://www.searo.who.int/entity/health_situation_trends/data/chi/elderly-population/en/.
46. Hasin DS, Stinson FS, Ogburn E, Grant BF. Prevalence, correlates, disability, and comorbidity of dsm-iv alcohol abuse and dependence in the united states: Results from the national epidemiologic survey on alcohol and related conditions. Archives of general psychiatry. 2007;64(7):830-42.
47. Gunzerath L, Faden V, Zakhari S, Warren K. National Institute on Alcohol Abuse and Alcoholism Report on Moderate Drinking. Alcoholism: Clinical and Experimental Research. 2004;28(6):829-47.
48. Hasin DS, Stinson FS, Ogburn E, Grant BF. Prevalence, correlates, disability, and comorbidity of DSM-IV alcohol abuse and dependence in the United States: results from the National Epidemiologic Survey on Alcohol and Related Conditions. Archives of general psychiatry. 2007;64(7):830-42.
49. Barnes AJ, Moore AA, Xu H, Ang A, Tallen L, Mirkin M, et al. Prevalence and correlates of at-risk drinking among older adults: the project SHARE study. Journal of general internal medicine. 2010;25(8):840-6.
50. Novy J, Castelao E, Preisig M, Vidal PM, Waeber G, Vollenweider P, et al. Psychiatric co-morbidities and cardiovascular risk factors in people with lifetime history of epilepsy of an urban community. Clin Neurol Neurosurg. 2012;114(1):26-30.
51. Preisig M, Waeber G, Vollenweider P, Bovet P, Rothen S, Vandeleur C, et al. The PsyCoLaus study: methodology and characteristics of the sample of a population-based survey on psychiatric disorders and their association with genetic and cardiovascular risk factors. BMC Psychiatry. 2009;9(1):9.
52. Firmann M, Mayor V, Vidal PM, Bochud M, Pecoud A, Hayoz D, et al. The CoLaus study: a population-based study to investigate the epidemiology and genetic determinants of cardiovascular risk factors and metabolic syndrome. BMC Cardiovasc Disord. 2008;8:6.
53. Moher D, Liberati A, Tetzlaff J, Altman D, Group ftP. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. BMJ. 2009;339:b2535.
54. Mansournia MA, Higgins JP, Sterne JA, Hernan MA. Biases in Randomized Trials: A Conversation Between Trialists and Epidemiologists. Epidemiology (Cambridge, Mass). 2017;28(1):54-9.
55. Sterne JA, Hernán MA, Reeves BC, Savović J, Berkman ND, Viswanathan M, et al. ROBINS-I: a tool for assessing risk of bias in non-randomised studies of interventions. BMJ. 2016;355.
56. Higgins J, Green S. The Cochrane handbook for systematic reviews of interventions. Cb s, editor. Chichester, UK: John Wiley & Sons, Ltd; 2008.
57. Moher D, Liberati A, Tetzlaff J, Altman DG, The PG. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med. 2009;6(7):e1000097.
58. Riley RD, Higgins JP, Deeks JJ. Interpretation of random effects meta-analyses. BMJ (Clinical research ed). 2011;342:d549.
59. Lau J, Ioannidis J, Terrin N, Schmid C, I. O. The case of the misleading funnel plot. BMJ (Clinical research ed). 2006;333:597-600.
60. Chiolero A, Santschi V, Burnand B, Platt RW, Paradis G. Meta-analyses: with confidence or prediction intervals? European Journal of Epidemiology. 2012;27:823-5.
61. Borenstein M, Hedges LV, Higgins JPT, Rothstein HR. Prediction intervals: Introduction to Meta-Analysis. In: Ltd JWS, editor. Chichester, UK2009. p. 127-33.

62. Fink A, Morton SC, Beck JC, Hays RD, Spritzer K, Oishi S, et al. The alcohol-related problems survey: identifying hazardous and harmful drinking in older primary care patients. Journal of the American Geriatrics Society. 2002;50(10):1717-22.
63. Jones TV, Lindsey BA, Yount P, Soltys R, Farani-Enayat B. Alcoholism screening questionnaires: are they valid in elderly medical outpatients? Journal of general internal medicine. 1993;8(12):674-8.
64. Suwala M, Gerstenkorn A. [Detection of alcohol problems among elderly people]. Psychiatria polska. 2007;41(5):703-13.
65. Krokstad S, Langhammer A, Hveem K, Holmen T, Midthjell K, Stene T, et al. Cohort Profile: The HUNT Study, Norway. International journal of epidemiology. 2012;42(4):968-77.
66. Zeng Y. Towards Deeper Research and Better Policy for Healthy Aging --Using the Unique Data of Chinese Longitudinal Healthy Longevity Survey. China Economic J. 2012;5(2-3):131-49.

Authors' contributions

ML is the guarantor, and all the authors contributed to drafting the protocol. All authors will contribute to the development of the selection criteria, data extraction and analysis, and the search strategy. JPS, HV, KE and AvG provided expertise on evidence-based practice. All the authors approved the final protocol manuscript.

Funding

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Conflicts of Interest

All authors declare no conflicts of interest.

Table 1: Results of the search strategy in the selected databases

EPIDEMIOLOGY OF AT-RISK ALCOHOL USE AND ASSOCIATED COMORBIDITIES OF INTEREST AMONG COMMUNITY-DWELLING OLDER ADULTS: a protocol for a systematic review*

Section and topic	Item No	Checklist item	Page no.
ADMINISTRATIVE INFORMATION			
PPTitle:			
Identification	1a	Identify the report as a protocol of a systematic review	Page 1
Update	1b	If the protocol is for an update of a previous systematic review, identify as such	Page 1
Registration	2	If registered, provide the name of the registry (such as PROSPERO) and registration number	
Authors:			
Contact	3a	Provide name, institutional affiliation, e-mail address of all protocol authors; provide physical mailing address of corresponding author	Page 1-2
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review	Page 13
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, identify as such and list changes; otherwise, state plan for documenting important protocol amendments	Suppl.5
Support:			
Sources	5a	Indicate sources of financial or other support for the review	Page 13
Sponsor	5b	Provide name for the review funder and/or sponsor	NA
Role of sponsor or funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol	Page 13
INTRODUCTION			
Rationale	6	Describe the rationale for the review in the context of what is already known	Page 3-4
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)	Page 4
METHODS			
Eligibility criteria	8	Specify the study characteristics (such as PICO, study design, setting, time frame) and report characteristics (such as years considered, language, publication status) to be used as criteria for eligibility for the review	Page 5-6
Information sources	9	Describe all intended information sources (such as electronic databases, contact with study authors, trial registers or other grey literature sources) with planned dates of coverage	Page 6-7 + Suppl.3
Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated	Suppl. 3
Study records:			

Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review	Page 6-7
Selection process	11b	State the process that will be used for selecting studies (such as two independent reviewers) through each phase of the review (that is, screening, eligibility and inclusion in meta-analysis)	Page 7
Data collection process	11c	Describe planned method of extracting data from reports (such as piloting forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators	Page 7
Data items	12	List and define all variables for which data will be sought (such as PICO items, funding sources), any pre-planned data assumptions and simplifications	Page 7
Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale	Page 6
Risk of bias in individual studies	14	Describe anticipated methods for assessing risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis	Page 7-8
Data synthesis	15a	Describe criteria under which study data will be quantitatively synthesised	Page 8
	15b	If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data and methods of combining data from studies, including any planned exploration of consistency (such as I^2, Kendall's τ)	Page 8
	15c	Describe any proposed additional analyses (such as sensitivity or subgroup analyses, meta-regression)	Page 8
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned	Page 8
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (such as publication bias across studies, selective reporting within studies)	NA
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (such as GRADE)	Page 8

Source: Shamseer L, Moher D, Clarke M, Ghersi D, Liberati A, Petticrew M, Shekelle P, Stewart L, PRISMA-P Group. Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015: elaboration and explanation. BMJ. 2015 Jan 2;349(jan02 1):g7647.

Epidemiology of at risk alcohol use and associated comorbidities of interest among home dwelling older and very old adults: a systematic review

Document de travail_V8_02.09.2019

Recherche effectuée par Joëlle ROSSELET AMOUSSOU, Psychiatry library, Education and Research Department, Lausanne University Hospital and University of Lausanne, Site de Cery, 1008 Prilly, Lausanne, Switzerland.	**à l'attention de** Maria LATANIOTI, Equipe mobile de la personne âgée, Département de psychiatrie du CHUV.	
Recherche révisée par Cécile Jaques et Jolanda Elmers, Medical Library, Education and Research Department, Lausanne University Hospital and University of Lausanne, Switzerland.	**le** 30 août 2019	
Finalité(s) de la recherche	Revue systématique	

Question de recherche

Question originale (formulaire demande)	Epidemiology of at risk alcohol use and associated comorbidities of interest among home dwelling older and very old adults

1. Articles d'intérêt (Protocole_version_05.07.2019)

PubMed	16021662[uid] OR 9741947[uid] OR 10894315[uid] OR 17302657[uid] OR 8751316[uid] OR 14500441[uid] OR 7025691[uid] OR 11910708[uid] OR 19131359[uid] OR 12271880[uid] OR 15897727[uid] OR 28879547[uid] OR 11001132[uid] OR 14960434[uid] OR 26297937[uid] OR 9195283[uid] OR 8832344[uid] OR 10404931[uid] OR 27658235[uid] OR 17606817[uid] OR 15201626[uid] OR 12366628[uid] OR 8120683[uid]

2. Recherche préliminaire de revues systématiques

Embase.com

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée ici

('aged'/de OR 'very elderly'/exp OR (elder* OR eldest OR geriatri* OR "old age*" OR "oldest old*" OR senior* OR senium OR "very old*" OR septuagenarian* OR octagenarian* OR octogenarian* OR nonagenarian* OR centarian* OR centenarian* OR supercentenarian* OR ((old OR older) NEXT/1 (patient* OR people OR subject* OR age* OR adult* OR man OR men OR male* OR woman OR women OR female* OR population* OR person*)) OR (aged NEXT/1 (patient OR people OR person OR subject))):ab,ti) AND ('alcoholism'/exp OR 'drinking behavior'/exp OR 'alcohol consumption'/exp OR 'alcohol abuse'/exp OR 'alcohol intoxication'/exp OR (alcohol* OR drink* OR drunk* OR ethanol):ab,ti) AND ('community care'/exp OR 'ambulatory care'/exp OR 'outpatient'/exp OR 'outpatient department'/exp OR 'day care'/exp OR 'primary health care'/exp OR 'health center'/exp OR 'home care'/exp OR (home OR homecare OR home-care OR home-based OR homebound OR home-bound OR "living alone" OR domiciliary OR "day patient*" OR community OR "preventive health" OR "preventive service" OR ambulatory OR outpatient* OR "out patient*" OR out-patient* OR (day NEXT/1 (clinic OR hospital)) OR daycare OR (day NEXT/1 (care OR center)) OR (primary NEXT/3 (care OR healthcare)) OR "first line care" OR "health center*" OR domestic):ab,ti) AND ([cochrane review]/lim OR [systematic review]/lim OR [meta analysis]/lim)

93	**références trouvées le**	**2 septembre 2019**
Commentaire(s) :	Filtre EBM : ([cochrane review]/lim OR [systematic review]/lim OR [meta analysis]/lim)	

Epistomonikos

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée ici

(alcohol* OR drink*) AND (elder* OR geriatri* OR aged OR old OR ageing)

9	**références trouvées le**	**2 septembre 2019**
Commentaire(s) :	Filtre Publication type : Systematic Review	

Cochrane Library Wiley

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée ici

(alcohol* OR drink*) AND (elder* OR geriatri* OR aged OR old OR ageing)

(alcohol* OR drink* OR drunk* OR ethanol) AND (incidence OR prevalence OR epidemiolog* OR morbidit*)

1	**références trouvées le**	**2 septembre 2019**
Commentaire(s) :		

Prospero

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée ici

((alcohol* OR dirnk*) AND (elder* OR geriatri* OR aged OR old OR ageing)):TI AND (Epidemiologic OR Systematic Review OR Meta-Analysis OR PMA OR Review of Reviews):RT

5	**références trouvées le**	**2 septembre 2019**
Commentaire(s) :	Filtre (Epidemiologic OR Systematic Review OR Meta-Analysis OR PMA OR Review of Reviews):RT	

3. Sources de données exploitées

Embase.com

Medline Ovid SP

PubMed

CINAHL EBSCO

PsycINFO Ovid SP

CENTRAL - Cochrane Library Wiley

Web of Science – Core collection

4. Vocabulaire

Concepts choisis	Aged	Alcohol	Comorbidity	Epidemiology + Study designs reporting prevalence and incidence data
Mots libres Syntaxe Embase	elder* OR eldest OR geriatr* OR "old aged" OR "oldest old*" OR "very old*" OR (older NEXT/1 (patient* OR people OR subject* OR age* OR adult* OR man OR men OR male* OR woman OR women OR female* OR population* OR person*)) OR aging OR ageing	(alcohol* OR drunk*):ab,ti,kw OR (drink*:ab,ti,kw NOT ('dysphagia'/exp OR 'drinking'/exp OR 'drinking water'/exp OR 'fluid intake'/de OR (deglutition-disorder* OR dysphagia* OR (water NEAR/1 drink*)):ab,ti,kw))	(comorbid* OR co-morbid* OR co-occurr* OR coocurr* OR ((disease* OR sickness*) NEAR/2 associat*)):ab,ti,kw OR (hypertension OR "blood pressure*" OR hypertensive):ab,ti,kw OR ("mood disorder*" OR depression* OR bipolar OR depressive OR dysthymia OR melancholia OR melancholy OR mourning OR ((dysthymic OR affective OR cyclothymic) NEXT/3 disorder*)):ab,ti,kw OR (pain OR pains OR "physical suffering*" OR ache OR aches):ab,ti,kw OR (liver OR hepatic OR hepatit* OR hepatis OR hepatopathy OR cirrhosis):ab,ti,kw OR ((sleep NEAR/3 (disorder* OR disturbance* OR dysfunction*)) OR dyssomnia* OR insomnia* OR sleepless*):ab,ti,kw OR (((cognition OR neurocognitive OR consciousness) NEXT/3 disorder*) OR (cognitive NEXT/3 (defect* OR deficit* OR disab* OR disorder* OR dysfunction* OR impairment*)) OR dementia OR "executive dysfunction*" OR amnesia OR korsakoff OR huntington OR delirium OR alzheimer OR "creutzfeldt jakob" OR "kluver bucy" OR "kluever bucy" OR "lewy body" OR "lewy bodies" OR "alcoholic	epidemiol* OR prevalen* OR inciden* OR morbidity OR "general population" OR "population based" OR surveillance OR cohort OR "case-control stud*" OR ("cross sectional" NEXT/3 (study OR studies OR design OR research)) OR "follow-up stud*" OR "followup stud*" OR "longitudinal stud*" OR "longitudinal evaluation" OR (retrospective NEXT/3 (study OR studies OR design)) OR survey OR surveys OR screening

			psychosis" OR "toxic psychoses" OR "amyotrophic lateral sclerosis" OR "corticobasal degeneration" OR "multiple system atroph*" OR parkinson*):ab,ti,kw OR (diabetes OR diabetic* OR prediabetic* OR "glucose intolerance*"):ab,ti,kw OR (anxiety OR "acute stress disorder*" OR "distress syndrome*" OR "obsessive compulsive" OR panic OR phobia* OR "phobic disorder*" OR "posttraumatic stress" OR "post-traumatic stress" OR "neurotic disorder*"):ab,ti,kw	
Emtree	'aged'/de OR 'frail elderly'/de OR 'very elderly'/exp OR 'elderly care'/de OR 'geriatric care'/exp OR 'geriatric patient'/de OR 'geriatrics'/exp	'alcoholism'/exp OR 'drinking behavior'/exp OR 'alcohol consumption'/exp OR 'alcohol abuse'/exp NOT 'dysphagia'/exp OR 'drinking'/exp OR 'drinking water'/exp OR 'fluid intake'/de	'comorbidity'/de OR 'comorbidity assessment'/exp OR 'disease association'/de OR 'hypertension'/exp OR 'mood disorder'/exp OR 'pain'/exp OR 'liver disease'/exp OR 'sleep disorder'/exp OR 'insomnia'/exp OR 'cognitive defect'/exp OR 'diabetes mellitus'/exp OR 'anxiety disorder'/exp	'epidemiology'/de OR 'epidemiology'/lnk OR 'health survey'/exp OR 'incidence'/de OR 'prevalence'/de OR 'morbidity'/de OR 'population'/exp OR 'population research'/de OR 'population risk'/de OR 'population statistics'/exp OR 'screening'/de OR 'mass screening'/de OR 'cohort analysis'/de OR 'case control study'/de OR 'population based case control study'/de OR 'cross-sectional study'/de OR 'follow up'/de OR 'longitudinal study'/de OR 'retrospective study'/de
MeSH	exp Aged/ OR "Geriatric Nursing"/ OR "Geriatric Assessment"/ OR "Geriatrics"/ OR "Geriatric Psychiatry"	alcoholism/ OR drinking behavior/ OR binge drinking/ OR alcohol drinking/ NOT exp "Deglutition Disorders"/ OR "Drinking"/ OR "Drinking Water"	"Comorbidity"/ OR exp "Hypertension"/ OR exp "Mood Disorders"/ OR exp "Pain"/ OR exp "Liver Diseases"/ OR exp "Sleep Wake Disorders"/ OR exp "Cognition Disorders"/ OR "Cognitive Dysfunction"/ OR exp "Dementia"/ OR exp "Diabetes Mellitus"/ OR exp "Anxiety Disorders"/	"Epidemiology"/ OR exp "Epidemiologic Methods"/ OR "epidemiology".fs. OR "Incidence"/ OR "Prevalence"/ OR "Morbidity"/ OR "Health Surveys"/ OR exp "Population Surveillance"/ OR "Epidemiologic Measurements"/ OR exp "Population"/ OR exp "Epidemiologic Methods"/ OR "Mass

				Screening"/ OR exp "Epidemiologic Studies"/
CINAHL	MH "Aged" OR MH "Aged, 80 and Over" OR MH "Frail Elderly" OR MH "Gerontologic Nursing+" OR MH "Geriatric Assessment+" OR MH "Geriatrics" OR MH "Geriatric Psychiatry"	MH "Alcoholism" OR MH "Alcohol Abuse+" OR MH "Drinking Behavior+" OR MH "Alcohol Drinking" OR MH "Binge Drinking" NOT MH "Deglutition Disorders" OR MH "Water Supply" OR MH "Fluid Intake"	MH "Comorbidity" OR MH "Hypertension+" OR MH "Affective Disorders+" OR MH "Pain+" OR MH "Liver Diseases+" OR MH "Sleep Disorders+" OR MH "Cognition Disorders+" OR MH "Dementia+" OR MH "Diabetes Mellitus+" OR MH "Anxiety Disorders+"	MH "Epidemiology+" OR MW epidemiology OR MH "Incidence" OR MH "Prevalence" OR MH "Morbidity" OR MH "Epidemiological Research" OR MH "Population" OR MH "Rural Population" OR MH "Suburban Population" OR MH "Urban Population" OR MH "Health Screening" OR MH "Prospective Studies+" OR MH "Case Control Studies" OR MH "Population-Based Case Control" OR MH "Cross Sectional Studies"
PsycINFO	geriatrics/ OR geriatric assessment/ OR geriatric patients/ OR geriatric psychiatry/ OR elder care/ OR aging in place/	exp alcohol abuse/ OR drinking behavior/ OR alcohol drinking patterns/ NOT dysphagia/ OR exp fluid intake/	comorbidity/ OR exp hypertension/ OR exp affective disorders/ OR exp pain/ OR pain measurement/ OR exp liver disorders/ OR exp sleep disorders/ OR cognitive impairment/ OR exp dementia/ OR exp diabetes mellitus/ OR exp anxiety disorders/	epidemiology/ OR exp population/ OR screening/ OR health screening/ OR cohort analysis/ OR followup studies/ OR exp longitudinal studies/ OR retrospective studies/

Concept Alcohol

Pour enlever du bruit avec "drink*" en terme libre, nous avons exclu les références associées à "dysphagia", "drinking water", etc.

Exemple avec la syntaxe de la base de données Embase.com :
drink*:ab,ti,kw NOT ('dysphagia'/exp OR 'drinking'/exp OR 'drinking water'/exp OR 'fluid intake'/de OR (deglutition-disorder* OR dysphagia* OR (water NEAR/1 drink*))):ab,ti,kw

Concept Epidemiology

Pour construire notre concept nous avons combiné les termes libres et les vedettes matières associées à l'épidémiologie, avec les types d'études pouvant nous apporter des données épidémiologiques.

Les articles de (Waffenschmidt, 2017) et (Workneh, 2017) nous ont inspiré pour l'élaboration de ce concept :

Waffenschmidt S, Hermanns T, Gerber-Grote A, Mostardt S. No suitable precise or optimized epidemiologic search filters were available for bibliographic databases. J Clin Epidemiol. 2017 Feb;82:112-118. doi: 10.1016/j.jclinepi.2016.08.008. Epub 2016 Aug 26. PubMed PMID: 27570049.

Workneh MH, Bjune GA, Yimer SA. Prevalence and associated factors of tuberculosis and diabetes mellitus comorbidity: A systematic review. PLoS One. 2017 Apr 21;12(4):e0175925. doi: 10.1371/journal.pone.0175925. eCollection 2017. Review. PubMed PMID: 28430796.

5. Stratégies de recherche pour les bases de données

Embase.com

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée **ici**

('aged'/de OR 'frail elderly'/de OR 'very elderly'/exp OR 'elderly care'/de OR 'geriatric care'/exp OR 'geriatric patient'/de OR 'geriatrics'/exp OR (elder* OR eldest OR geriatr* OR "old aged" OR "oldest old*" OR "very old*" OR (older NEXT/1 (patient* OR people OR subject* OR age* OR adult* OR man OR men OR male* OR woman OR women OR female* OR population* OR person*)) OR aging OR ageing):ab,ti,kw) AND ('alcoholism'/exp OR 'drinking behavior'/exp OR 'alcohol consumption'/exp OR 'alcohol abuse'/exp OR (alcohol* OR drunk*):ab,ti,kw OR (drink*:ab,ti,kw NOT ('dysphagia'/exp OR 'drinking'/exp OR 'drinking water'/exp OR 'fluid intake'/de OR (deglutition-disorder* OR dysphagia* OR (water NEAR/1 drink*)):ab,ti,kw))) AND ('comorbidity'/de OR 'comorbidity assessment'/exp OR 'disease association'/de OR (comorbid* OR co-morbid* OR co-occurr* OR cooccurr* OR ((disease* OR sickness*) NEAR/2 associat*)):ab,ti,kw OR 'hypertension'/exp OR (hypertension OR "blood pressure*" OR hypertensive):ab,ti,kw OR 'mood disorder'/exp OR ("mood disorder*" OR depression* OR bipolar OR depressive OR dysthymia OR melancholia OR melancholy OR mourning OR ((dysthymic OR affective OR cyclothymic) NEXT/3 disorder*)):ab,ti,kw OR 'pain'/exp OR (pain OR pains OR "physical suffering*" OR ache OR aches):ab,ti,kw OR 'liver disease'/exp OR (liver OR hepatic OR hepatit* OR hepatis OR hepatopathy OR cirrhosis):ab,ti,kw OR 'sleep disorder'/exp OR 'insomnia'/exp OR ((sleep NEAR/3 (disorder* OR disturbance* OR dysfunction*)) OR dyssomnia* OR insomnia* OR sleepless*):ab,ti,kw OR 'cognitive defect'/exp OR (((cognition OR neurocognitive OR consciousness) NEXT/3 disorder*) OR (cognitive NEXT/3 (defect* OR deficit* OR disab* OR disorder* OR dysfunction* OR impairment*)) OR dementia OR "executive dysfunction*" OR amnesia OR korsakoff OR huntington OR delirium OR alzheimer OR "creutzfeldt jakob" OR "kluver bucy" OR "kluever bucy" OR "lewy body" OR "lewy bodies" OR "alcoholic psychosis" OR "toxic psychoses" OR "amyotrophic lateral sclerosis" OR "corticobasal degeneration" OR "multiple system atroph*" OR parkinson*):ab,ti,kw OR 'diabetes mellitus'/exp OR (diabetes OR diabetic* OR prediabetic* OR "glucose intolerance*"):ab,ti,kw OR 'anxiety disorder'/exp OR (anxiety OR "acute stress disorder*" OR "distress syndrome*" OR "obsessive compulsive" OR panic OR phobia* OR "phobic disorder*" OR "posttraumatic stress" OR "post-traumatic stress" OR "neurotic disorder*"):ab,ti,kw) AND ('epidemiology'/de OR 'epidemiology'/lnk OR 'health survey'/exp OR 'incidence'/de OR 'prevalence'/de OR 'morbidity'/de OR 'population'/exp OR 'population research'/de OR 'population risk'/de OR 'population statistics'/exp OR 'screening'/de OR 'mass screening'/de OR (epidemiol* OR prevalen* OR inciden* OR morbidity OR "general population" OR "population based" OR surveillance OR cohort):ab,ti,kw OR 'cohort analysis'/de OR 'case control study'/de OR 'population based case control study'/de OR 'cross-sectional study'/de OR 'follow up'/de OR 'longitudinal study'/de OR 'retrospective study'/de OR ("case-control stud*" OR ("cross sectional" NEXT/3 (study OR studies OR design OR research)) OR "follow-up stud*" OR "followup stud*" OR "longitudinal stud*" OR "longitudinal evaluation" OR (retrospective NEXT/3 (study OR studies OR design)) OR survey OR surveys OR screening):ab,ti,kw) NOT ([conference abstract]/lim AND [<1966-2016]/py) NOT ([animals]/lim NOT [humans]/lim)

24'828	références trouvées le	2 septembre 2019
Commentaire(s) :	Nous avons exclu les références des "conferences abstracts" avant 2017, partant du principe qu'elles ont fait l'objet d'une publication. Limites utilisées : NOT ([conference abstract]/lim AND [<1966-2016]/py) NOT ([animals]/lim NOT [humans]/lim)	

Medline Ovid SP

Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to April 11, 2019

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée **ici** (décocher case "Map Term to Subject Heading")

(exp Aged/ OR "Geriatric Nursing"/ OR "Geriatric Assessment"/ OR "Geriatrics"/ OR Geriatric Psychiatry/ OR (elder* OR eldest OR geriatr* OR "old aged" OR "oldest old*" OR "very old*" OR (older ADJ1 (patient* OR people OR subject* OR age* OR adult* OR man OR men OR male* OR woman OR women OR female* OR population* OR person*)) OR aging OR ageing).ab,ti,kf.) AND (alcoholism/ OR drinking behavior/ OR binge drinking/ OR alcohol drinking/ OR (alcohol* OR drunk*).ab,ti,kf. OR (drink*.ab,ti,kf. NOT (exp "Deglutition Disorders"/ OR "Drinking"/ OR "Drinking Water" OR (deglutition-disorder* OR dysphagia* OR (water ADJ1 drink*)).ab,ti,kf.))) AND ("Comorbidity"/ OR (comorbid* OR co-morbid* OR co-occurr* OR cooccurr* OR ((disease* OR sickness*) ADJ2 associat*)).ab,ti,kf. OR exp "Hypertension"/ OR (hypertension OR "blood pressure*" OR hypertensive).ab,ti,kf. OR exp "Mood Disorders"/ OR ("mood disorder*" OR depression* OR bipolar OR depressive OR dysthymia OR melancholia OR melancholy OR mourning OR ((dysthymic OR affective OR cyclothymic) ADJ3 disorder*)).ab,ti,kf. OR exp "Pain"/ OR (pain OR pains OR "physical suffering*" OR ache OR aches).ab,ti,kf. OR exp "Liver Diseases"/ OR (liver OR hepatic OR hepatit* OR hepatis OR hepatopathy OR cirrhosis).ab,ti,kf. OR exp "Sleep Wake Disorders"/ OR ((sleep ADJ3 (disorder* OR disturbance* OR dysfunction*)) OR dyssomnia* OR insomnia* OR sleepless*).ab,ti,kf. OR exp "Cognition Disorders"/ OR "Cognitive Dysfunction"/ OR exp "Dementia"/ OR (((cognition OR neurocognitive OR consciousness) ADJ3 disorder*) OR (cognitive ADJ3 (defect* OR deficit* OR disab* OR disorder* OR dysfunction* OR impairment*)) OR dementia OR "executive dysfunction*" OR amnesia OR korsakoff OR huntington OR delirium OR alzheimer OR "creutzfeldt jakob" OR "kluver bucy" OR "kluever bucy" OR "lewy body" OR "lewy bodies" OR "alcoholic psychosis" OR "toxic psychoses" OR "amyotrophic lateral sclerosis" OR "corticobasal degeneration" OR "multiple system atroph*" OR parkinson*).ab,ti,kf. OR exp "Diabetes Mellitus"/ OR (diabetes OR diabetic* OR prediabetic* OR "glucose intolerance*").ab,ti,kf. OR exp "Anxiety Disorders"/ OR (anxiety OR "acute stress disorder*" OR "distress syndrome*" OR "obsessive compulsive" OR panic OR phobia* OR "phobic disorder*" OR "posttraumatic stress" OR "post-traumatic stress" OR "neurotic disorder*").ab,ti,kf.) AND ("Epidemiology"/ OR exp "Epidemiologic Methods"/ OR "epidemiology".fs. OR "Incidence"/ OR "Prevalence"/ OR "Morbidity"/ OR "Health Surveys"/ OR exp "Population Surveillance"/ OR "Epidemiologic Measurements"/ OR exp "Population"/ OR exp "Epidemiologic Methods"/ OR "Mass Screening"/ OR (epidemiol* OR prevalen* OR inciden* OR morbidity OR "general population" OR "population based" OR surveillance OR cohort).ab,ti,kf. OR exp "Epidemiologic Studies"/ OR ("case-control stud*" OR ("cross sectional" ADJ3 (study OR studies OR design OR research)) OR "follow-up stud*" OR "followup stud*" OR "longitudinal stud*" OR "longitudinal evaluation" OR (retrospective ADJ3 (study OR studies OR design)) OR survey OR surveys OR screening).ab,ti,kf.) NOT (animals NOT humans).sh.

22'765	**références trouvées le**	**2 septembre 2019**
Commentaire(s) :	Limite utilisée : NOT (animals NOT humans).sh.	

PubMed

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée **ici**

(elder*[tiab] OR eldest[tiab] OR geriatr*[tiab] OR "old aged"[tiab] OR "oldest old*"[tiab] OR "very old*"[tiab] OR older patient*[tiab] OR "older people"[tiab] OR older subject*[tiab] OR older age*[tiab] OR older adult*[tiab] OR "older man"[tiab] OR "older men"[tiab] OR older male*[tiab] OR "older woman"[tiab] OR "older women"[tiab] OR older female*[tiab] OR older population*[tiab] OR older person*[tiab] OR aging[tiab] OR ageing[tiab]) AND (alcohol*[tiab] OR drunk*[tiab] OR (drink*[tiab] NOT (deglutition-disorder*[tiab] OR dysphagia*[tiab] OR water drink*[tiab]))) AND (comorbid*[tiab] OR co-morbid*[tiab] OR co-occurr*[tiab] OR cooccurr*[tiab] OR ((disease*[tiab] OR sickness*[tiab]) AND associat*[tiab]) OR hypertension[tiab] OR blood pressure*[tiab] OR

hypertensive[tiab] OR mood disorder*[tiab] OR depression*[tiab] OR bipolar[tiab] OR depressive[tiab] OR dysthymia[tiab] OR melancholia[tiab] OR melancholy[tiab] OR mourning[tiab] OR ((dysthymic[tiab] OR affective[tiab] OR cyclothymic[tiab]) AND disorder*[tiab]) OR pain[tiab] OR pains[tiab] OR physical suffering*[tiab] OR ache[tiab] OR aches[tiab] OR liver[tiab] OR hepatic[tiab] OR hepatit*[tiab] OR hepatis[tiab] OR hepatopathy[tiab] OR cirrhosis[tiab] OR (sleep[tiab] AND (disorder*[tiab] OR disturbance*[tiab] OR dysfunction*[tiab])) OR dyssomnia*[tiab] OR insomnia*[tiab] OR sleepless*[tiab] OR ((cognition[tiab] OR neurocognitive[tiab] OR consciousness[tiab]) AND disorder*[tiab]) OR (cognitive[tiab] AND (defect*[tiab] OR deficit*[tiab] OR disab*[tiab] OR disorder*[tiab] OR dysfunction*[tiab] OR impairment*[tiab])) OR dementia[tiab] OR executive dysfunction*[tiab] OR amnesia[tiab] OR korsakoff[tiab] OR huntington[tiab] OR delirium[tiab] OR alzheimer[tiab] OR "creutzfeldt jakob"[tiab] OR "kluver bucy"[tiab] OR "kluever bucy"[tiab] OR "lewy body"[tiab] OR "lewy bodies"[tiab] OR "alcoholic psychosis"[tiab] OR "toxic psychoses"[tiab] OR "amyotrophic lateral sclerosis"[tiab] OR "corticobasal degeneration"[tiab] OR multiple system atroph*[tiab] OR parkinson*[tiab] OR diabetes[tiab] OR diabetic*[tiab] OR prediabetic*[tiab] OR glucose intolerance*[tiab] OR anxiety[tiab] OR acute stress disorder*[tiab] OR distress syndrome*[tiab] OR "obsessive compulsive"[tiab] OR panic[tiab] OR phobia*[tiab] OR phobic disorder*[tiab] OR "posttraumatic stress"[tiab] OR "post-traumatic stress"[tiab] OR neurotic disorder*[tiab]) AND (epidemiol*[tiab] OR prevalen*[tiab] OR inciden*[tiab] OR morbidity[tiab] OR "general population"[tiab] OR "population based"[tiab] OR surveillance[tiab] OR cohort[tiab] OR case-control stud*[tiab] OR ("cross sectional" AND (study[tiab] OR studies[tiab] OR design[tiab] OR research[tiab])) OR follow-up stud*[tiab] OR followup stud*[tiab] OR longitudinal stud*[tiab] OR "longitudinal evaluation"[tiab] OR (retrospective[tiab] AND (study[tiab] OR studies[tiab] OR design[tiab])) OR survey[tiab] OR surveys[tiab] OR screening[tiab]) NOT medline[sb]

692	références trouvées le	2 septembre 2019
Commentaire(s) :	Recherche limitée aux références non indexées pour Medline : NOT medline[sb]	

CINAHL EBSCO

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée ici

(MH "Aged" OR MH "Aged, 80 and Over" OR MH "Frail Elderly" OR MH "Gerontologic Nursing+" OR MH "Geriatric Assessment+" OR MH "Geriatrics" OR MH "Geriatric Psychiatry" OR TI (elder* OR eldest OR geriatr* OR "old aged" OR "oldest old*" OR "very old*" OR (older W1 (patient* OR people OR subject* OR age* OR adult* OR man OR men OR male* OR woman OR women OR female* OR population* OR person*)) OR aging OR ageing) OR AB (elder* OR eldest OR geriatr* OR "old aged" OR "oldest old*" OR "very old*" OR (older W1 (patient* OR people OR subject* OR age* OR adult* OR man OR men OR male* OR woman OR women OR female* OR population* OR person*)) OR aging OR ageing)) AND (MH "Alcoholism" OR MH "Alcohol Abuse+" OR MH "Drinking Behavior+" OR MH "Alcohol Drinking" OR MH "Binge Drinking" OR TI (alcohol* OR drunk*) OR (TI (drink*) NOT (MH "Deglutition Disorders" OR MH "Water Supply" OR MH "Fluid Intake" OR TI (deglutition-disorder* OR dysphagia* OR (water N1 drink*)))) OR AB (alcohol* OR drunk*) OR (AB (drink*) NOT (MH "Deglutition Disorders" OR MH "Water Supply" OR MH "Fluid Intake" OR AB (deglutition-disorder* OR dysphagia* OR (water N1 drink*))))) AND (MH "Comorbidity" OR TI (comorbid* OR co-morbid* OR co-occurr* OR cooccurr* OR ((disease* OR sickness*) N1 associat*)) OR AB (comorbid* OR co-morbid* OR co-occurr* OR cooccurr* OR ((disease* OR sickness*) N1 associat*)) OR MH "Hypertension+" OR TI (hypertension OR "blood pressure*" OR hypertensive) OR AB (hypertension OR "blood pressure*" OR hypertensive) OR MH "Affective Disorders+" OR TI ("mood disorder*" OR depression* OR bipolar OR depressive OR dysthymia OR melancholia OR melancholy OR mourning OR ((dysthymic OR affective OR cyclothymic) W2 disorder*)) OR AB ("mood disorder*" OR depression* OR bipolar OR depressive OR dysthymia OR melancholia OR melancholy OR mourning OR ((dysthymic OR affective OR cyclothymic) W2 disorder*)) OR MH "Pain+" OR TI (pain OR pains OR "physical suffering*" OR ache OR aches) OR AB (pain OR pains OR "physical suffering*" OR ache OR aches) OR MH "Liver Diseases+" OR TI (liver OR hepatic OR hepatit* OR hepatis OR hepatopathy OR cirrhosis) OR AB (liver OR hepatic OR hepatit* OR hepatis OR hepatopathy OR cirrhosis) OR MH "Sleep Disorders+" OR TI ((sleep N2 (disorder* OR disturbance* OR dysfunction*)) OR dyssomnia* OR insomnia* OR sleepless*) OR AB ((sleep N2 (disorder* OR disturbance* OR dysfunction*)) OR dyssomnia* OR insomnia* OR sleepless*) OR MH "Cognition Disorders+" OR MH "Dementia+"

OR TI (((cognition OR neurocognitive OR consciousness) W2 disorder*) OR (cognitive W2 (defect* OR deficit* OR disab* OR disorder* OR dysfunction* OR impairment*)) OR dementia OR "executive dysfunction*" OR amnesia OR korsakoff OR huntington OR delirium OR alzheimer OR "creutzfeldt jakob" OR "kluver bucy" OR "kluever bucy" OR "lewy body" OR "lewy bodies" OR "alcoholic psychosis" OR "toxic psychoses" OR "amyotrophic lateral sclerosis" OR "corticobasal degeneration" OR "multiple system atroph*" OR parkinson*) OR AB (((cognition OR neurocognitive OR consciousness) W2 disorder*) OR (cognitive W2 (defect* OR deficit* OR disab* OR disorder* OR dysfunction* OR impairment*)) OR dementia OR "executive dysfunction*" OR amnesia OR korsakoff OR huntington OR delirium OR alzheimer OR "creutzfeldt jakob" OR "kluver bucy" OR "kluever bucy" OR "lewy body" OR "lewy bodies" OR "alcoholic psychosis" OR "toxic psychoses" OR "amyotrophic lateral sclerosis" OR "corticobasal degeneration" OR "multiple system atroph*" OR parkinson*) OR MH "Diabetes Mellitus+" OR TI (diabetes OR diabetic* OR prediabetic* OR "glucose intolerance*") OR AB (diabetes OR diabetic* OR prediabetic* OR "glucose intolerance*") OR MH "Anxiety Disorders+" OR TI (anxiety OR "acute stress disorder*" OR "distress syndrome*" OR "obsessive compulsive" OR panic OR phobia* OR "phobic disorder*" OR "posttraumatic stress" OR "post-traumatic stress" OR "neurotic disorder*") OR AB (anxiety OR "acute stress disorder*" OR "distress syndrome*" OR "obsessive compulsive" OR panic OR phobia* OR "phobic disorder*" OR "posttraumatic stress" OR "post-traumatic stress" OR "neurotic disorder*")) AND (MH "Epidemiology+" OR MW epidemiology OR MH "Incidence" OR MH "Prevalence" OR MH "Morbidity" OR MH "Epidemiological Research" OR MH "Population" OR MH "Rural Population" OR MH "Suburban Population" OR MH "Urban Population" OR MH "Health Screening" OR TI (epidemiol* OR prevalen* OR inciden* OR morbidity OR "general population" OR "population based" OR surveillance OR cohort) OR AB (epidemiol* OR prevalen* OR inciden* OR morbidity OR "general population" OR "population based" OR surveillance OR cohort) OR MH "Prospective Studies+" OR MH "Case Control Studies" OR MH "Population-Based Case Control" OR MH "Cross Sectional Studies" OR TI ("case-control stud*" OR ("cross sectional" W2 (study OR studies OR design OR research)) OR "follow-up stud*" OR "followup stud*" OR "longitudinal stud*" OR "longitudinal evaluation" OR (retrospective W2 (study OR studies OR design)) OR survey OR surveys OR screening) OR AB ("case-control stud*" OR ("cross sectional" W2 (study OR studies OR design OR research)) OR "follow-up stud*" OR "followup stud*" OR "longitudinal stud*" OR "longitudinal evaluation" OR (retrospective W4 (study OR studies OR design)) OR survey OR surveys OR screening)) NOT (MH "Animals" NOT MH "humans")

5624	**références trouvées le**	**2 septembre 2019**
Commentaire(s) :		

PsycINFO Ovid SP

PsycINFO 1806 to April Week 2 2019

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée ici (décocher case “Map Term to Subject Heading”)

(geriatrics/ OR geriatric assessment/ OR geriatric patients/ OR geriatric psychiatry/ OR elder care/ OR aging in place/ OR (elder* OR eldest OR geriatr* OR "old aged" OR "oldest old*" OR "very old*" OR (older ADJ1 (patient* OR people OR subject* OR age* OR adult* OR man OR men OR male* OR woman OR women OR female* OR population* OR person*)) OR aging OR ageing).ab,ti.) AND (exp alcohol abuse/ OR drinking behavior/ OR alcohol drinking patterns/ OR (alcohol* OR drunk*).ab,ti. OR (drink*.ab,ti. NOT (dysphagia/ OR exp fluid intake/ OR (deglutition-disorder* OR dysphagia* OR (water ADJ1 drink*)).ab,ti.))) AND (comorbidity/ OR (comorbid* OR co-morbid* OR co-occurr* OR cooccurr* OR ((disease* OR sickness*) ADJ2 associat*)).ab,ti. OR exp hypertension/ OR (hypertension OR "blood pressure*" OR hypertensive).ab,ti. OR exp affective disorders/ OR ("mood disorder*" OR depression* OR bipolar OR depressive OR dysthymia OR melancholia OR melancholy OR mourning OR ((dysthymic OR affective OR cyclothymic) ADJ3 disorder*)).ab,ti. OR exp pain/ OR pain measurement/ OR (pain OR pains OR "physical suffering*" OR ache OR aches).ab,ti. OR exp liver disorders/ OR (liver OR hepatic OR hepatit* OR hepatis OR hepatopathy OR cirrhosis).ab,ti. OR exp sleep disorders/ OR ((sleep ADJ3 (disorder* OR disturbance* OR dysfunction*)) OR dyssomnia* OR insomnia* OR sleepless*).ab,ti. OR cognitive impairment/ OR exp dementia/ OR (((cognition OR neurocognitive OR consciousness) ADJ3 disorder*) OR (cognitive ADJ3 (defect* OR deficit* OR disab* OR disorder* OR dysfunction* OR impairment*)) OR dementia OR "executive dysfunction*" OR amnesia OR korsakoff OR huntington OR delirium OR alzheimer OR "creutzfeldt jakob" OR

"kluver bucy" OR "kluever bucy" OR "lewy body" OR "lewy bodies" OR "alcoholic psychosis" OR "toxic psychoses" OR "amyotrophic lateral sclerosis" OR "corticobasal degeneration" OR "multiple system atroph*" OR parkinson*).ab,ti. OR exp diabetes mellitus/ OR (diabetes OR diabetic* OR prediabetic* OR "glucose intolerance*").ab,ti. OR exp anxiety disorders/ OR (anxiety OR "acute stress disorder*" OR "distress syndrome*" OR "obsessive compulsive" OR panic OR phobia* OR "phobic disorder*" OR "posttraumatic stress" OR "post-traumatic stress" OR "neurotic disorder*").ab,ti.) AND (epidemiology/ OR morbidity/ OR exp population/ OR screening/ OR health screening/ OR (epidemiol* OR prevalen* OR inciden* OR morbidity OR "general population" OR "population based" OR surveillance OR cohort).ab,ti. OR cohort analysis/ OR followup studies/ OR exp longitudinal studies/ OR retrospective studies/ OR ("case-control stud*" OR ("cross sectional" ADJ3 (study OR studies OR design OR research)) OR "follow-up stud*" OR "followup stud*" OR "longitudinal stud*" OR "longitudinal evaluation" OR (retrospective ADJ3 (study OR studies OR design)) OR survey OR surveys OR screening).ab,ti.)

1380	**références trouvées le**	**2 septembre 2019**
Commentaire(s) :	Dans PsycInfo, "limit humans" ne fonctionne pas.	

Central - Cochrane Library Wiley

Cochrane Central Register of Controlled Trials
Issue 4 of 12, April 2019
Stratégie avec syntaxe adaptée à copier/coller dans base de donnée **ici** (puis sélectionner « Trials » sous « All Results »)

(elder* OR eldest OR geriatr* OR "old aged" OR "oldest old*" OR "very old*" OR (older NEXT/1 (patient* OR people OR subject* OR age* OR adult* OR man OR men OR male* OR woman OR women OR female* OR population* OR person*)) OR aging OR ageing):kw,ti,ab AND ((alcohol* OR drunk*):kw,ti,ab OR (drink*:kw,ti,ab NOT (deglutition-disorder* OR dysphagia* OR (water NEAR/1 drink*)):kw,ti,ab)) AND ((comorbid* OR co-morbid* OR co-occurr* OR cooccurr* OR ((disease* OR sickness*) NEAR/2 associat*)):kw,ti,ab OR (hypertension OR "blood pressure*" OR hypertensive):kw,ti,ab OR ("mood disorder*" OR depression* OR bipolar OR depressive OR dysthymia OR melancholia OR melancholy OR mourning OR ((dysthymic OR affective OR cyclothymic) NEXT/3 disorder*)):kw,ti,ab OR (pain OR pains OR "physical suffering*" OR ache OR aches):kw,ti,ab OR (liver OR hepatic OR hepatit* OR hepatis OR hepatopathy OR cirrhosis):kw,ti,ab OR ((sleep NEAR/3 (disorder* OR disturbance* OR dysfunction*)) OR dyssomnia* OR insomnia* OR sleepless*):kw,ti,ab OR (((cognition OR neurocognitive OR consciousness) NEXT/3 disorder*) OR (cognitive NEXT/3 (defect* OR deficit* OR disab* OR disorder* OR dysfunction* OR impairment*)) OR dementia OR "executive dysfunction*" OR amnesia OR korsakoff OR huntington OR delirium OR alzheimer OR "creutzfeldt jakob" OR "kluver bucy" OR "kluever bucy" OR "lewy body" OR "lewy bodies" OR "alcoholic psychosis" OR "toxic psychoses" OR "amyotrophic lateral sclerosis" OR "corticobasal degeneration" OR "multiple system atroph*" OR parkinson*):kw,ti,ab OR (diabetes OR diabetic* OR prediabetic* OR "glucose intolerance*"):kw,ti,ab OR (anxiety OR "acute stress disorder*" OR "distress syndrome*" OR "obsessive compulsive" OR panic OR phobia* OR "phobic disorder*" OR "posttraumatic stress" OR "post-traumatic stress" OR "neurotic disorder*"):kw,ti,ab) AND ((epidemiol* OR prevalen* OR inciden* OR morbidity OR "general population" OR "population based" OR surveillance OR cohort):kw,ti,ab OR ("case-control stud*" OR ("cross sectional" NEXT/3 (study OR studies OR design OR research)) OR "follow-up stud*" OR "followup stud*" OR "longitudinal stud*" OR "longitudinal evaluation" OR (retrospective NEXT/3 (study OR studies OR design)) OR survey OR surveys OR screening):kw,ti,ab)

413	**références trouvées le**	**2 septembre 2019**
Commentaire(s) :		

Web of Science – Core collection

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée ici

TS=(elder* OR "eldest" OR geriatr* OR "old aged" OR "oldest old*" OR "very old*" OR ("older" NEAR/1 (patient* OR "people" OR subject* OR age* OR adult* OR "man" OR "men" OR male* OR "woman" OR "women" OR female* OR population* OR person*)) OR "aging" OR "ageing") AND (TS=(alcohol* OR drunk*) OR (TS=(drink*) NOT TS=(deglutition-disorder* OR dysphagia* OR ("water" NEAR/1 drink*)))) AND (TS=(comorbid* OR co-morbid* OR co-occurr* OR cooccurr* OR ((disease* OR sickness*) NEAR/1 associat*)) OR TS=("hypertension" OR "blood pressure*" OR "hypertensive") OR TS=("mood disorder*" OR depression* OR "bipolar" OR "depressive" OR "dysthymia" OR "melancholia" OR "melancholy" OR "mourning" OR (("dysthymic" OR "affective" OR "cyclothymic") NEAR/2 disorder*)) OR TS=("pain" OR "pains" OR "physical suffering*" OR "ache" OR "aches") OR TS=("liver" OR "hepatic" OR hepatit* OR "hepatis" OR "hepatopathy" OR "cirrhosis") OR TS=(("sleep" NEAR/2 (disorder* OR disturbance* OR dysfunction*)) OR dyssomnia* OR insomnia* OR sleepless*) OR TS=((("cognition" OR "neurocognitive" OR "consciousness") NEAR/2 disorder*) OR ("cognitive" NEAR/2 (defect* OR deficit* OR disab* OR disorder* OR dysfunction* OR impairment*)) OR "dementia" OR "executive dysfunction*" OR "amnesia" OR korsakoff OR huntington OR delirium OR alzheimer OR "creutzfeldt jakob" OR "kluver bucy" OR "kluever bucy" OR "lewy body" OR "lewy bodies" OR "alcoholic psychosis" OR "toxic psychoses" OR "amyotrophic lateral sclerosis" OR "corticobasal degeneration" OR "multiple system atroph*" OR parkinson*) OR TS=("diabetes" OR diabetic* OR prediabetic* OR "glucose intolerance*") OR TS=("anxiety" OR "acute stress disorder*" OR "distress syndrome*" OR "obsessive compulsive" OR "panic" OR phobia* OR "phobic disorder*" OR "posttraumatic stress" OR "post-traumatic stress" OR "neurotic disorder*")) AND (TS=(epidemiol* OR prevalen* OR inciden* OR "morbidity" OR "general population" OR "population based" OR "surveillance" OR "cohort") OR TS=("case-control stud*" OR ("cross sectional" NEAR/2 ("study" OR "studies" OR "design" OR "research")) OR "follow-up stud*" OR "followup stud*" OR "longitudinal stud*" OR "longitudinal evaluation" OR ("retrospective" NEAR/2 ("study" OR "studies" OR "design")) OR "survey" OR "surveys" OR "screening"))

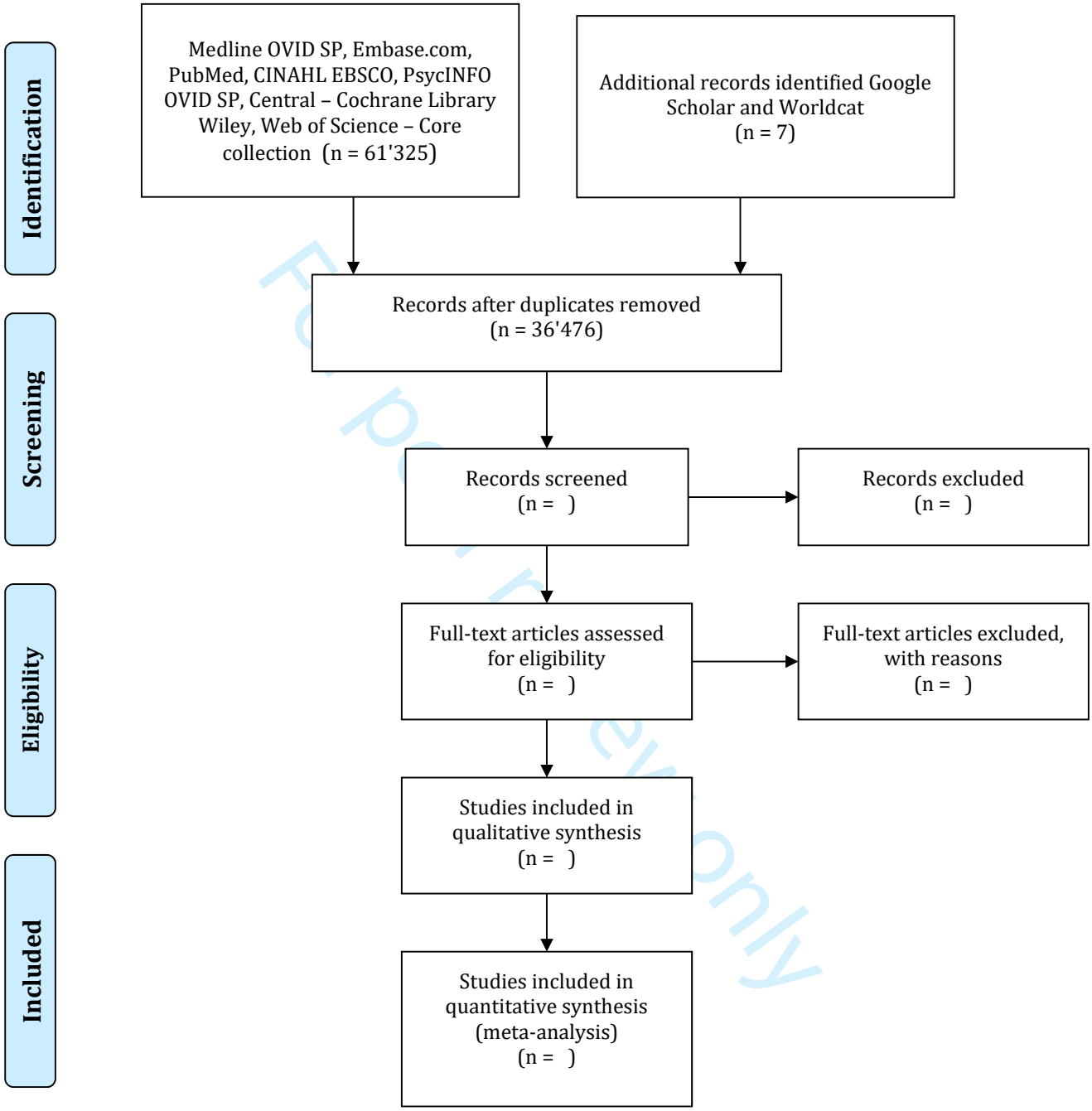
5623	**références trouvées le**	**2 septembre 2019**
Commentaire(s) :		

6. Résultats

L'ordre d'importation dans Endnote suit l'ordre ci-après :

Base de données	Date de la recherche	Nombre de références… …trouvées…	…et après dédoublonnage
Medline OVID SP	**02.09.19**	**22'765**	**22'760**
Embase.com	**02.09.19**	**24'828**	**11'186**
PubMed	**02.09.19**	**692**	**98**
CINAHL EBSCO	**02.09.19**	**5'624**	**843**
PsycINFO OVID SP	**02.09.19**	**1'380**	**296**
Central – Cochrane Library Wiley	**02.09.19**	**413**	**174**
Web of Science – Core collection	**02.09.19**	**5'623**	**1'119**
Total		**61'325**	**36'476**

Suppl. 3



Source: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *P*referred *R*eporting *I*tems for *S*ystematic Reviews and *M*eta-*A*nalyses: The PRISMA Statement. PLoS Med 6(6): e1000097. doi:10.1371/journal.pmed1000097

Data extraction form - SECOND ROUND

EPIDEMIOLOGY OF AT-RISK ALCOHOL USE AND ASSOCIATED COMORBIDITIES AMONG HOME-DWELLING OLDER ADULTS

General Information – Study ID: ……

Date form completed *(dd/mm/yyyy):*	Name person extracting data:
Publication title :***(title of paper/ abstract/ reports that data is extracted from):*** …… ……	

Eligibility (exclude if one of the follow reference is unclear)

Study Characteristics	**Inclusion Criteria**	**Yes/No/ Unclear**	**Location in text** *(pg & ¶/fig/table)*
Type of study	Randomised trial		
	Cluster randomised controlled trial (CRCT)		
	Non-randomised trial – Quasi experimental study		
	Retrospective or prospective **epidemiological** study		
	Cohort study		
	Controlled before-and-after study • Contemporaneous data collection • At least 2 intervention and 2 control clusters		
	Interrupted time series OR repeated measures study • At least 3 time-points before and 3 after the intervention • Clearly defined intervention point		
	Case-control study		
Language	French, German, English, Spanish and Chinese		
Participants	• Home-dwelling adults a minimum mean age of 60 age (age minimum age 55 age) • At least 1 alcoholic drink per day without acception (glas, onz ….		
Types of intervention	Epidemiology (incidence – prevalence – occurrence) Measurement of at-risk drinking / alcoholism/alcohol abuse/alcohol		
Types of outcome measures	**Primary outcome :** • **Epidemiology of at-risk alcohol consumption,** • **Age of onset** • **Severity of alcohol use (amount).** **Secondary outcome measures:** • Psychiatric and somatic comorbidities frequently occurring in home-dwelling older adults with at-risk alcohol consumption; • Documentation of tools and the measurement of comorbidities associated with at-risk drinking; • Presence of epidemiological data on very old adults' drinking habits; • Associations between drinking volume and alcohol-related harm		
Decision:	❍ Excluded ❍ Included		
Reason for exclusion			
Notes:			

DO NOT PROCEED IF STUDY EXCLUDED FROM REVIEW

Definitions

Assumed risk estimate	An estimate of the risk of an event or average score without the intervention, used in Cochrane 'Summary of findings tables'. If a study provides useful estimates of the risk or average score of different subgroups of the population, or an estimate based on a representative observational study, you may wish to collect this information.
Bias	A systematic error or deviation in results or inferences from the truth. In studies of the effects of health care, the main types of bias arise from systematic differences in the groups that are compared (selection bias), the care that is provided, exposure to other factors apart from the intervention of interest (performance bias), withdrawals or exclusions of people entered into a study (attrition bias) or how outcomes are assessed (detection bias). Reviews of studies may also be particularly affected by reporting bias, where a biased subset of all the relevant data is available.
Change from baseline	A measure for a continuous outcome calculated as the difference between the baseline score and the post-intervention score.
Clusters	A group of participants who have been allocated to the same intervention arm together, as in a cluster-randomised trial, e.g. a whole family, town, school or patients in a clinic may be allocated to the same intervention rather than separately allocating each individual to different arms.
Co-morbidities	The presence of one or more diseases or conditions other than those of primary interest. In a study looking at treatment for one disease or condition, some of the individuals may have other diseases or conditions that could affect their outcomes.
Compliance	Participant behaviour that abides by the recommendations of a doctor, other health care provider or study investigator (also called adherence or concordance).
Contemporaneous data collection	When data are collected at the same point(s) in time or covering the same time period for each intervention arm in a study (that is, historical data are not used as a comparison).
Controlled Before and After Study (CBA)	A non-randomised study design where a control population of similar characteristics and performance as the intervention group is identified. Data are collected before and after the intervention in both the control and intervention groups
Exclusions	Participants who were excluded from the study or the analysis by the investigators.
Imputation	Assuming a value for a measure where the true value is not available (e.g. assuming last observation carried forward for missing participants).
Integrity of delivery	The degree to which the specified procedures or components of an intervention are delivered as originally planned.
Interrupted Time Series (ITS)	A research design that collects observations at multiple time points before and after an intervention (interruption). The design attempts to detect whether the intervention has had an effect significantly greater than the underlying trend.
Post-intervention	The value of an outcome measured at some time point following the beginning of the intervention (may be during or after the intervention period).
Power	In clinical trials, power is the probability that a trial will obtain a statistically significant result when the true intervention effect is a specified size. For a given size of effect, studies with more participants have greater power. Note that power should not be considered in the risk of bias assessment.
Providers	The person or people responsible for delivering an intervention and related care, who may or may not require specific qualifications (e.g. doctors, physiotherapists) or training.
Quasi-randomised controlled trial	A study in which the method of allocating people to intervention arms was not random, but was intended to produce similar groups when used to allocate participants. Quasi-random methods include: allocation by the person's date of birth, by the day of the week or month of the year, by a person's medical record number, or just allocating every alternate person.
Reanalysis	Additional analysis of a study's results by a review author (e.g. to introduce adjustment for correlation that was not done by the study authors).

Sociodemographics	Social and demographic information about a study or its participants, including economic and cultural information, location, age, gender, ethnicity, etc.
Theoretical basis	The use of a particular theory (such as theories of human behaviour change) to design the components and implementation of an intervention
Unit of allocation	The unit allocated to an intervention arm. In most studies individual participants will be allocated, but in others it may be individual body parts (e.g. different teeth or joints may be allocated separately) or clusters of multiple people.
Unit of analysis	The unit used to calculate N in an analysis, and for which the result is reported. This may be the number of individual people, or the number of body parts or clusters of people in the study.
Unit of measurement	The unit in which an outcome is measured, e.g. height may be measured in cm or inches; depression may be measured using points on a particular scale.
Validation	A process to test and establish that a particular measurement tool or scale is a good measure of that outcome.
Withdrawals	Participants who voluntarily withdrew from participation in a study before the completion of outcome measurement.

Methods

	Descriptions as stated in report/paper	**Location in text** *(pg & ¶/fig/table)*
1. **Aim of study**		
2. **Design** *(e.g. parallel, crossover, non-RCT)*		
3. **Unit of allocation** *(by individuals, cluster/ groups or body parts)*		
4. **Start date**		
5. **End date**		
6. **Duration of participation** *(from recruitment to last follow-up)*		
7. **Notes:**		

Population and setting – epidemiological data

	Description *Include comparative information for each group (i.e. intervention and controls) if available*	**Location in text** *(pg &¶/fig/table)*
8. **Population description** *(from which study participants are drawn)*		
9. **Baseline characteristics** Sex Age SD / IQR Range Min-Max	 Male:……Female: …….. Average:……..Median: …… …….. ……	
10. **Race / ethnicity**		

	Description *Include comparative information for each group (i.e. intervention and controls) if available*	**Location in text** *(pg &¶/fig/table)*
11. **Setting** *(including location and social context)*		
12. **Inclusion criteria**		
13. **Exclusion criteria**		
14. **Recruitment of participants**		
15. **Length of follow-up**		
16. **Follow-up characteristics**		
17. **Target population and final number of subjects studied for outcome**		

Participants

	Description as stated in report/paper	**Location in text** (pg & /fig/table)
18. **Total number randomised** *(or total pop. at start of study for NRCTs)*		
19. **Clusters** *(if applicable, no., type, no. people per cluster)*		
20. **Baseline imbalances *(if applicable)***		
21. **Withdrawals and exclusions** *(if not provided below by the outcome)*		
22. **Severity of illness**		
23. **Comorbidities**		
24. **Other treatments received** *(additional to study intervention)*		
25. **Other relevant socio-demographics**		
26. **Subgroups measured**		
27. **Subgroups reported**		
28. **Notes:**		

Intervention groups

	Description as stated in report/paper	**Location in text** *(pg & ¶/fig/table)*
29. **Group name**		

	Description as stated in report/paper	Location in text *(pg & ¶/fig/table)*
30. **No. randomised to group** *(specify whether no. people or clusters)*		
31. **Description** *(include sufficient detail for replication, e.g. content, dose, components; if it is a natural experiment, describe the pre-intervention)*		
32. **Duration of treatment period**		
33. **Timing** *(e.g. frequency, duration of each episode)*		
34. **Delivery** *(e.g. mechanism, medium, intensity, fidelity)*		
35. **Providers** *(e.g. no., profession, training, ethnicity, etc. if relevant)*		
36. **Co-interventions**		
37. **Economic variables** *(i.e. intervention cost changes in other costs as result of intervention)*		
38. **Resource requirements to replicate intervention** *(e.g. staff numbers, cold chain, equipment)*		
39. **Notes:**		

Control Group

	Description as stated in report/paper	Location in text *(pg & /fig/table)*
40. **Group name**		
41. **No. randomised to group** *(specify whether no. people or clusters)*		
42. **Description** *(include sufficient detail for replication, e.g. content, dose, components; if it is a natural experiment, describe the pre-intervention)*		
43. **Duration of treatment period**		
44. **Timing** *(e.g. frequency, duration of each episode)*		
45. **Delivery** *(e.g. mechanism, medium, intensity, fidelity)*		
46. **Providers** *(e.g. no., profession, training, ethnicity, etc. if relevant)*		
47. **Co-interventions**		

	Description as stated in report/paper	Location in text *(pg & /fig/table)*
48. **Economic variables** *(i.e. intervention cost, changes in other costs as result of intervention)*		
49. **Resource requirements to replicate intervention** *(e.g. staff numbers, cold chain, equipment)*		
50. **Notes:**		

Outcomes

	Description as stated in report/paper	Location in text *(pg & ¶/fig/table)*
51. **Outcome name**		
52. **Time-points measured** *(specify whether from start or end of intervention)*		
53. **Time-points reported**		
54. **Outcome definition** *(with diagnostic criteria if relevant and note whether the outcome is desirable or undesirable if this is not obvious)*		
55. **Person measuring/ reporting**		
56. **Unit of measurement** *(if relevant)*		
57. **Scales: upper and lower limits** *(indicate whether high or low score is good)*		
58. **Is outcome/tool validated?**	*Yes/No/Unclear*	
59. **Imputation of missing data** *(e.g. assumptions made for Intention To Treat analysis)*		
60. **Assumed risk estimate** *(e.g. baseline or population risk noted in Background)*		
61. **Notes:**		

Results

For randomised or non-randomised trial with <u>dichotomous outcomes</u>

	Description as stated in report/paper				Location in text *(pg & /fig/table)*
62. **Comparison**					
63. **Outcome**					
64. **Subgroup**					
65. **Time point** *(specify whether from start or end of intervention)*					
66. **Results** *Note whether:*	**Intervention**		**Comparison**		
	No. events	No. participants	No. events	No. participants	

	Description as stated in report/paper				Location in text *(pg & /fig/table)*
... post-intervention OR *... change from baseline* *And whether* *... Adjusted OR* *...Unadjusted*					
67. **Baseline data**	**Intervention**		**Comparison**		
	No. events	No. participants	No. events	No. participants	
68. **No. missing participants and reasons**					
69. **No. participants moved from other groups and reasons**					
70. **Any other results reported**					
71. **Unit of analysis** *(e.g. by individuals, health professionals, practice, hospital, community)*					
72. **Statistical methods used and appropriateness of these methods** *(e.g. adjustment for correlation)*					
73. **Reanalysis required?** *(if yes, specify why, e.g. correlation adjustment)*	... *Yes/No/Unclear*				
74. **Reanalysis possible?**	... *Yes/No/Unclear*				
75. **Reanalysed results**					
76. **Notes:**					

For randomised or non-randomised trials with <u>continuous outcomes</u>

	Description as stated in report/paper						Location in text *(pg & /fig/table)*
77. **Comparison**							
78. **Outcome**							
79. **Subgroup**							
80. **Time point** *(specify whether from start or end of intervention)*							
81. **Post-intervention or change from the baseline?**							
82. **Results** *Note whether:* *... post-intervention OR* *... change from baseline* *And whether* *... Adjusted OR* *...Unadjusted*	**Intervention**			**Comparison**			
	Mean	SD (or other variance)	No. participants	Mean	SD (or other variance)	No. participants	
83. **Baseline data**	**Intervention**			**Comparison**			

	Description as stated in report/paper						Location in text *(pg & /fig/table)*
	Mean	SD (or other variance)	No. participants	Mean	SD (or other variance)	No. participants	
84. **No. missing participants and reasons**							
85. **No. participants moved from other groups and reasons**							
86. **Any other results reported**							
87. **Unit of analysis** *(e.g. by individuals, health professionals, practice, hospital, community)*							
88. **Statistical methods used and appropriateness of these methods** *(e.g. adjustment for correlation)*							
89. **Reanalysis required?** *(if yes, specify why)*	... *Yes/No/Unclear*						
90. **Reanalysis possible?**	... *Yes/No/Unclear*						
91. **Reanalysed results**							
92. **Notes:**							

For randomised or non-randomised trial with <u>other outcomes</u>

	Description as stated in report/paper				Location in text *(pg & ¶/fig/table)*
93. **Comparison**					
94. **Outcome**					
95. **Subgroup**					
96. **Time point** *(specify whether from start or end of intervention)*					
97. **Type of outcome**					
98. **Results**	Intervention result	SD (or other variance)	Control result	SD (or other variance)	
	Overall results		SE (or other variance)		
99. **No. participants**	Intervention		Control		
100. **No. missing participants and reasons**					
101. **No. participants moved from other groups and reasons**					
102. **Any other results reported**					

	Description as stated in report/paper		Location in text *(pg & ¶/fig/table)*
103. **Unit of analysis** *(e.g. by individuals, health professionals, practice, hospital, community)*			
104. **Statistical methods used and appropriateness of these methods**			
105. **Reanalysis required?** *(if yes, specify why)*			
106. **Reanalysis possible?**			
107. **Reanalysed results**			
108. **Notes:**			

For controlled before–after studies

	Description as stated in report/paper				Location in text *(pg & ¶/fig/table)*
109. **Comparison**					
110. **Outcome**					
111. **Subgroup**					
112. **Time point** *(specify whether from start or end of intervention)*					
113. **Post-intervention or change from the baseline?**					
114. **Results**	Intervention result	SD (or other variance)	Control result	SD (or other variance)	
	Overall results		SE (or other variance)		
115. **No. participants**	Intervention		Control		
116. **No. missing participants and reasons**					
117. **No. participants moved from other groups and reasons**					
118. **Any other results reported**					
119. **Unit of analysis** *(e.g. by individuals, cluster/ groups or body parts)*					
120. **Statistical methods used and appropriateness of these methods**					
121. **Reanalysis required?** *(specify)*	... *Yes/No/Unclear*				
122. **Reanalysis possible?**	... *Yes/No/Unclear*				
123. **Reanalysed results**					

	Description as stated in report/paper	Location in text *(pg & ¶/fig/table)*
124. **Notes:**		

For interrupted time series or repeated measures study

	Description as stated in report/paper				Location in text *(pg & /fig/table)*
125. **Comparison**					
126. **Outcome**					
127. **Subgroup**					
128. **Length of time-points measured** *(e.g. days, months)*					
Total period measured					
129. **No. participants measured**					
130. **No. missing participants and reasons**					
131. **No. time-points measured**	132. **Pre-intervention**		133. **Post-intervention**		
134. **Mean value** *(with variance measure)*					
135. **Difference in means (post–pre)**					
136. **Percentage of relative change**					
137. **Result reported by authors** *(with variance measure)*					
138. **Unit of analysis** *(e.g. by individuals or cluster/ groups)*					
139. **Statistical methods used and appropriateness of these methods**					
140. **Reanalysis required?** *(specify)*	... *Yes/No/Unclear*				
141. **Reanalysis possible?**	... *Yes/No/Unclear*				
142. **Individual time-point results**					
143. **Read from figures?**	... ***Yes/No/Unclear***				
144. **Reanalysed results**	**Change in level**	**SE**	**Change in slope**	**SE**	
145. **Notes:**					

Applicability

146. **Have important populations been excluded from the study?** *(consider disadvantaged populations and possible differences in the intervention effect)*	... *Yes/No/Unclear*	

147. **Is the intervention likely to be aimed at disadvantaged groups?** *(e.g. lower socioeconomic groups)*	... *Yes/No/Unclear*	
148. **Does the study directly address the review question?** *(any issues of partial or indirect applicability)*	... *Yes/No/Unclear*	
149. **Notes:**		

Other information

	Description as stated in report/paper	**Location in text** *(pg & ¶/fig/table)*
150. **Key conclusions by study authors**		
151. **References to other relevant studies**		
152. **Correspondence required for further study information** *(what and from whom)*		
153. **Further study information requested** *(from whom, what and when)*		
154. **Correspondence received** *(from whom, what and when)*		
155. **Note:**		

Risk of Bias assessment for RCTs

Domain	**Risk of bias** *Low/ High/Unclear*	**Support for judgment**	**Location in text** *(pg & ¶/fig/table)*
156. **Random sequence generation** *(selection bias)*			
157. **Allocation concealment** *(selection bias)*			
158. **Blinding of participants and personnel** *(performance bias)*		**Outcome group: All/**	
(if required)		**Outcome group:**	
159. **Blinding of outcome assessment** *(detection bias)*		**Outcome group: All/**	
(if required)		**Outcome group:**	
160. **Incomplete outcome data** *(attrition bias)*			
161. **Selective outcome reporting?** *(reporting bias)*			
162. **Other bias**			
163. **Notes:**			

Table 1: Results of the search strategy in the selected databases (Suppl. 2)

DATA BASE	DATE OF SEARCH	NUMBER DE REFERENCES…	
		…found…	…after removing duplicates
MEDLINE OVID SP	02.09.19	22'765	22'760
EMBASE.COM	02.09.19	24'828	11'186
PUBMED	02.09.19	692	98
CINAHL EBSCO	02.09.19	5'624	843
PSYCINFO OVID SP	02.09.19	1'380	296
CENTRAL – COCHRANE LIBRARY WILEY	02.09.19	413	174
WEB OF SCIENCE – CORE COLLECTION	02.09.19	5'623	1’119
TOTAL		**61'325**	**36'476**

BMJ Open

EPIDEMIOLOGY OF AT-RISK ALCOHOL USE AND ASSOCIATED COMORBIDITIES OF INTEREST AMONG COMMUNITY-DWELLING OLDER ADULTS: a protocol for a systematic review

Journal:	*BMJ Open*
Manuscript ID	bmjopen-2019-035481.R1
Article Type:	Protocol
Date Submitted by the Author:	28-Nov-2019
Complete List of Authors:	Latanioti, Maria; Service Universitaire de Psychiatrie de l'Age Avancé (SUPAA), Department of Psychiatry, Lausanne University Hospital Schuster, Jean-Pierre; Service Universitaire de Psychiatrie de l'Age Avancé (SUPAA), Department of Psychiatry, Lausanne University Hospital Rosselet Amoussou , Joelle; Education and Research Department, Lausanne University Hospital and University of Lausanne, Department of Psychiatry, Lausanne University Hospital Strippoli, Marie-Pierre; Psychiatric Epidemiology and Psychopathology Research Center, Lausanne University Hospital, Department of Psychiatry Von-Gunten, Armin; University of Lausanne Hospital Centre, Service of Old Age Psychiatry Ebbing, Karsten; Service Universitaire de Psychiatrie de l'Age Avancé (SUPAA), Department of Psychiatry, Lausanne University Hospital Verloo, Henk; School of Health sciences HES-SO Valais/Wallis, Nursing Sciences ; University Hospital of Lausanne, Service of Old Age Psychiatry
Primary Subject Heading:	Addiction
Secondary Subject Heading:	Public health, Addiction, Geriatric medicine, Health services research, Mental health
Keywords:	Old age psychiatry < PSYCHIATRY, EPIDEMIOLOGY, GERIATRIC MEDICINE, Substance misuse < PSYCHIATRY, PUBLIC HEALTH

Research protocol for a systematic review

EPIDEMIOLOGY OF AT-RISK ALCOHOL USE AND ASSOCIATED COMORBIDITIES OF INTEREST AMONG COMMUNITY-DWELLING OLDER ADULTS: a protocol for a systematic review

---

Authors

Maria Latanioti, MD (ML) (1); Jean-Pierre Schuster, MD (JPS) (2); Joëlle Rosselet Amoussou (JRA) (3); Marie-Pierre F. Strippoli, MSc (MPS) (4); Armin von Gunten, MD (AvG) (5); Karsten Ebbing, MD (KE) (6); Henk Verloo, PhD (HV)(7)

Principal investigator

(1) Psychiatrist
Service Universitaire de Psychiatrie de l'Age Avancé (SUPAA)
Department of Psychiatry, Lausanne University Hospital
CH-1008 Prilly, Switzerland
Email: maria.latanioti@chuv.ch; Phone: +41 (0)79 556 62 87

Co-author

(2) Associate Supervising Psychiatrist
Service Universitaire de Psychiatrie de l'Age Avancé (SUPAA)
Department of Psychiatry, Lausanne University Hospital
CH-1008 Prilly, Switzerland
Email: jean-pierre.schuster@chuv.ch

Co-author

(3) Librarian
Education and Research Department, Lausanne University Hospital and University of Lausanne, Site de Cery,
CH-1008 Prilly, Switzerland.
Email: joelle.rossellet@chuv.ch

Co-author

(4) Scientific Collaborator and Data Manager
Psychiatric Epidemiology and Psychopathology Research Center, Lausanne University Hospital, Department of Psychiatry, Switzerland.
CH-1004 Lausanne, Switzerland.
Email: marie-pierre.strippoli@chuv.ch

Co-author

(5) Full Professor and Head
Service Universitaire de Psychiatrie de l'Age Avancé (SUPAA)
Department of Psychiatry, Lausanne University Hospital
CH-1008 Prilly, Switzerland
Email: armin.von-gunten@chuv.ch

Co-author

(6) Associate Supervising Psychiatrist

Service Universitaire de Psychiatrie de l'Age Avancé (SUPAA)
Department of Psychiatry, Lausanne University Hospital
CH-1008 Prilly, Switzerland
Email: karsten.ebbing@chuv.ch

Co-author and contact person (corresponding author)

(7) Full Professor UAS
CHUV Clinical Nursing Specialist, Service Universitaire de Psychiatrie de l'Age Avancé (SUPAA), Department of Psychiatry, Lausanne University Hospital, CH-1008 Prilly, Switzerland
School of Health Sciences, HES-SO Valais/Wallis, University of Applied Sciences and Arts Western Switzerland, CH-1950 Sion, Switzerland
Email: henk.verloo@chuv.ch; henk.verloo@gmail.com; henk.verloo@hevs.ch

Abstract

Introduction:

There is little epidemiological evidence and knowledge about at-risk alcohol use among community-dwelling older adults and their chronic and acute alcohol-related comorbidities of interest. This systematic review will summarise and examine relevant studies about the epidemiology of at-risk alcohol use and associated comorbidities of interest in this population.

Methods:

We will search the following databases, without language or date restrictions, from inception to 31 August 2019: Embase.com, Medline Ovid SP, Pubmed (NOT medline[sb]), CINAHL EBSCO, PsycINFO Ovid SP, Central - Cochrane Library Wiley and Web of Science (Core Collection). Search strategies will be developed in collaboration with a librarian. We will use predefined search terms for alcoholism, epidemiology, the elderly, living place and comorbidities of interest, as well as terms related to the identification of "measurements", "tools" or "instruments" for measuring harm from alcohol use. At-risk status will be determined by the amount of alcohol consumed and any comorbidities of interest associated with at-risk alcohol use, with the latter being documented separately or using an assessment tool for at-risk drinking. We will also examine the bibliographies of all the relevant articles found and search for unpublished studies. We will consider publications in all languages.

Ethics and dissemination:

No ethical approval is necessary. Results will be presented in national and international conferences on addiction and published in a peer-reviewed journal.

Keywords: Alcohol consumption, alcohol dependence, at-risk drinking, comorbidities, disorders, epidemiology, geriatric drinkers, community-dwelling, incidence, injury, occurrence, hypertension, depression, pain, liver disease, insomnia, cognitive deficiency, diabetes, anxiety, place of living, mortality, multimorbidity, older adults, very old adults, prevalence, polymorbidity.

Study Strengths and Limitations

- Will provide specific, synthesised knowledge about the epidemiology of at-risk alcohol use among older and very old community-dwelling older adults;
- Will include a selection of associated comorbidities of interest (cognitive impairment, diabetes, obesity, heart failure, depression, hypertension, insomnia, liver failure, pain and anxiety) related to at-risk drinking among old and very old community-dwelling older adults;
- Will report on the different definitions of at-risk drinking among old and very old community-dwelling adults in different studies and countries, including the quantification of their consumption;
- Will use inclusion criteria which impose no restrictions on language, study age or geographic location;
- Nevertheless, one potential limitation could be the introduction of bias due to the authors' personal judgements in their assessments of the studies included.

PROSPERO registration number: CRD42018099965

INTRODUCTION

Alcohol consumption and misuse is a major substance abuse problem among community-dwelling older adults (1-3). Excessive alcohol use is a well-known health risk among elderly people (4). It is widely documented that older adults' responses to alcohol are different from those of younger adults due to the physiological process of ageing (5, 6). The physiological changes occurring with ageing, as well as differences in the activities and responsibilities of older people, are used for establishing the criteria of alcoholism and ageing (7, 8). Older and very old adults are more vulnerable to the effects of alcohol because of metabolic and other changes in their bodies and their high rate of chronic diseases (1, 7).

Epidemiological studies have shown declining alcohol use with age (4, 9). However, the number of older adults exhibiting at-risk drinking is likely to increase when the age cohort born after 1950 (the "baby boomers"), with its heavier drinking habits, reaches old age (10, 11). The sociodemographic and political changes affecting this generation, especially in western countries, had a great impact on the way people used and abused alcohol and psychotropic substances. Individual differences, like general health, physical or psychiatric comorbidities, drinking-age onset and the presence of cognitive impairment can alter responses to alcohol among older adults (6, 12). Adults reaching very old age are more likely to suffer from cognitive decline, and the typical adverse effects of heavy alcohol consumption may worsen (13, 14). Dementia resulting from alcoholism is often diagnosed in older adults when their evident cognitive and functional decline cannot be attributed to a progressive neurodegenerative disorders like Alzheimer's disease, or when their clinical history reveals chronic and severe drinking. Adults reaching very old age also undergo the systemic physiological and neural changes that may make them more susceptible to the effects of alcohol (15, 16).

Additionally, due to the metabolic and neurological changes that occur with at-risk drinking in old age, alcohol consumption is one of the lifestyle issues which should be considered in cases involving diabetic, hypertensive and depressive older patients (17). Many pharmacological treatments have potential interactions with alcohol (18). Unfortunately, the criteria for alcohol abuse and dependence established by the DSM or ICD manuals are not adapted for older and very old adults (19, 20). Bearing this in mind, physicians often use the at-risk, moderate and heavy drinking model to characterise drinking patterns more effectively (21, 22). Studies have recommended that at-risk drinking should be considered on a case by case basis (23). Fundamentally, we know that alcohol consumption in older age can compromise general health (5, 12). Nonetheless, defining *at-risk drinking* has shown itself to be methodologically and conceptually challenging (24, 25). Factors such as drinking volumes, drinking patterns, types of drinks and drink size have been considered in efforts to define a threshold for low-risk alcohol use(3, 26). Limits vary between countries and even between regions in the same country (e.g. Spain) (26, 27). At-risk drinking can be defined as alcohol consumption beyond the limits that can lead to all-cause mortality, chronic conditions and acute consequences (6, 15, 28).

The American *National Institute on Alcohol Abuse and Alcoholism's* definition of low-risk alcohol consumption—the lowest threshold (29)—has established criteria for low-risk drinking for adults over 65 years old. It recommends a pattern involving no more than one alcoholic drink per day and sets a standard amount of drink: one can (12 US fl oz or approx. 355 ml) of beer, one glass (5 US fl oz or approx. 148 ml) of wine, a small glass (4 US fl oz or approx. 118 ml) of liquor or one shot (1.5 US fl oz or approx. 44 ml) of hard liquor. Translated into equivalent measures of pure alcohol, as documented in the literature, these equate to 0.6 fluid ounces in imperial measurements and ~17 grams in metric measurements (26). Multiple features of at-risk drinking are documented in the literature (25). However, the USA's low-risk drinking guidelines are generally in line with the risk levels observed in the scientific literature (2, 30). Comorbidity is defined as the presence of more than one distinct medical condition in an individual. This condition can exist simultaneously with, but independently of, another condition, or it can be related (31, 32). The comorbidities of interest to at-risk alcohol use among older adults are hypertension, depression, pain, liver disease, insomnia, cognitive deficiency, diabetes and anxiety. Our systematic review will explore at-risk alcohol use because we found no reviews on this issue in the international literature, even though awareness of at-risk alcohol use among the elderly is rising among the general population and healthcare professionals. This systematic review will only examine at-risk alcohol (and not other substances) consumption because it is the substance for which we have the most information. The following research questions will guide this systematic review:

- What is the reported epidemiology of alcohol consumption, age of onset and severity of use among home-dwelling older adults?
- What are the psychiatric and somatic comorbidities occurring in this population?
- Which tools and measurements are used to document the comorbidities associated with at-risk drinking?
- Do we have epidemiological data concerning alcohol use among very old adults?
- Is there an association between drinking volume and alcohol-related harm?

METHODS

This review will be conducted following the recommendations and harms-reporting checklist of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Protocols (PRISMA-P) (33, 34), the reporting proposals of the Meta-analysis Of Observational Studies in Epidemiology (MOOSE) (35) and the methods outlined in the Cochrane Handbook for Systematic Reviews of Interventions (36) (Suppl. 1).

Database searches and searches using other techniques will be completed in September 2019. Retrieved articles will then be screened. The entire study is expected to be completed by September 2020.

Inclusion criteria

Types of studies

This review will include retrospective and prospective epidemiological studies, cohort studies, case-control studies, controlled before-and-after studies, interrupted-time-

series studies and controlled trials with inappropriate randomisation (quasi-experimental studies) (37, 38). We will put no language restrictions on our search for papers.

Types of participants

This review will consider studies involving home-dwelling adults with a minimum mean age of 60 years old, as well as studies with participants aged 55 years old or more who consume at least one alcoholic drink per day. Although various definitions of old-age exist, we will refer to the UN cut-off considering anybody aged 60 or more to be an older person (39).

Types of outcome measures

To highlight the epidemiology of at-risk alcohol consumption and the presence of comorbidities of interest in home-dwelling older and very old adults, this systematic review protocol will use the drinking limit established by America's *National Institute on Alcohol Abuse and Alcoholism* (40, 41). Considering at-risk drinking as a medical condition, we have chosen to search for epidemiological data concerning medical conditions simultaneously present among older adults with at-risk drinking behaviours (30, 42). We have chosen not to limit our search to medical conditions cited in the Comorbidity Alcohol Risk Evaluation Tool (CARET) (43). The following conditions are not captured by this tool: osteoporosis, behavioural disorders, other drug use, social isolation, ORL cancers, and falls and trauma.

In addition, we will cross-reference at-risk alcohol consumption tools involving medical conditions with those referenced in the CoLaus/PsycoLaus study of the general population of Lausanne, Switzerland (44-46). This choice was made purposefully as, in the future, we plan to analyse Swiss data to compare them with data found in the international literature.

- The review's primary outcome measures will be the:
  - Epidemiology of at-risk alcohol consumption, age of onset and severity of alcohol use (amount, frequency and types of drinks).
- The review's secondary outcome measures will be the:
  - Psychiatric and somatic comorbidities frequently occurring among home-dwelling older adults with at-risk alcohol consumption;
  - Documentation of the tools and measurements of comorbidities associated with at-risk drinking;
  - Presence of epidemiological data on very old adults' drinking habits;
  - Associations between drinking volume and alcohol-related harm.

Search methods for the identification of relevant studies

Electronic searches

We will search the following databases, with no language or date restrictions: Embase.com, Medline Ovid SP, Pubmed (NOT medline[sb]), CINAHL EBSCO, PsycINFO Ovid SP, Central - Cochrane Library Wiley and Web of Science (Core Collection).

Hand and grey literature searches

We will search the reference lists of the relevant articles identified for unpublished studies (grey literature) and for experts in the field who could be contacted.

The search strategies will be adapted to each database's syntax and subject headings. Descriptor terms will include:

- Terms for alcoholism: "at-risk alcohol use", "heavy drinking", "binge drinking", "alcohol dependence", "alcohol abuse", "Wernicke syndrome", "Korsakoff dementia", "at-risk drinking", "alcohol consumption", "alcohol dependence" and "geriatric drink*";
- Epidemiological terms: "epidemiology", "occurrence", "prevalence", "incidence" and "occasionally";
- Terms for elderly: "home-dwelling older adults", "elderly", "aged", "home-care patients", "older adults" and "very old adults";
- Terms for living place: "home-dwelling", "living in place", "homebound", "primary care", "community health services", "community hospital", "ambulatory care", "outpatient clinics", "hospital", "ambulatory care facilities", "day-care", "primary healthcare", "community health centres", "health services for the aged", "community", "domiciliary", "home or home-care or home-based", "outpatient", "day patient", "community care", "home-care services", "general practice" and "urban population";
- Terms related to the comorbidities of interest: "cognitive impairment", "diabetes", "obesity", "heart failure", "depression", "hypertension", "insomnia", "liver failure", "pain", "dementia", "cognitive deficiency" and "anxiety";
- Terms related to the identification of "measurements", "tools" and "instruments" for measuring the harm of alcohol use.

Suppl. 2 presents the search strategy and equations.

DATA COLLECTION AND ANALYSIS

Study selection

Three reviewers—ML, KE and JPS—will independently screen the titles and abstracts identified in the searches to assess which studies meet the inclusion criteria. Disagreements will be resolved through discussion or, if needed, a consensus will be reached after discussion with the co-authors (HV, AvG).

The reviewers will then independently assess the full-text articles to ensure that they meet the inclusion criteria. Disagreements will be discussed and resolved with the co-authors (HV, AvG). A flowchart of the trial selection process has been drawn in accordance with the PRISMA statement (47) (Suppl. 3).

Data Extraction

Three authors—ML, KE and HV—will extract the data independently using a specially designed, standardised data extraction form (Suppl. 4). Discrepancies will be resolved through discussion and consultation with the co-author (AvG).

The following information will be extracted from each study included: (1) study authors, year of publication and country where the study was conducted; (2) study characteristics (including setting and design, duration of follow-up and sample size); (3) participants' characteristics (including age, sex, social status, marital status, educational status, activity, age of onset of alcohol consumption, level of autonomy, history of

violence); (4) comorbidities of interest (hypertension, depression, pain, liver disease, insomnia, cognitive deficiency, diabetes, anxiety); and (5) types of outcome measures.

Assessment of the Risks of Bias in Included Studies

Three reviewers—ML, KE and JPS—will independently assess the risks of bias in all the retrospective and prospective epidemiological studies, cohort studies, case-control studies, controlled before-and-after studies, interrupted-time-series studies and controlled trials with inappropriate randomisation (quasi-experimental studies) included. Disagreements will be resolved through discussion and consultation with the co-authors (HV, AvG).

We will use the validated Robins-I tool for assessing the risk of bias in non-randomised studies of interventions (NRSI) (48). This tool covers two dimensions and seven domains through which bias might be introduced into an NRSI: i) pre- and at intervention (bias due to confounding, bias in the selection of study participants and bias in the classification of the intervention), and ii) post-intervention (bias due to deviations from intended interventions, bias due to missing data, bias in the measurement of outcomes and bias in the selection of the reported result) (48). Any disagreements in quality assessments will be resolved through discussion.

Our search strategy will be very careful to select original research papers only and will try to avoid duplicates of published data of longitudinal studies. Additionally, our extraction sheet will pay special attention to longitudinal cohort studies and secondary analyses of published results.

Statistical analyses

Statistical analyses will be conducted following the recommendations of the Cochrane Handbook for Systematic Reviews of Interventions (49) and the PRISMA and MOOSE statements (50).

For dichotomous outcomes, average intervention effects will be calculated as relative risks with 95% confidence intervals (CIs), using a random effects model (51). For continuous data, a random effects model will be used to calculate weighted mean differences with 95% CIs. If required, we will calculate standard deviations from the standard errors or 95% CIs presented in the articles. Heterogeneity will be quantified using the I^2 and chi-squared tests. Funnel plots will be drawn, and Egger tests will be computed to explore the possibility of publication bias (52). Reasons for heterogeneity in effect estimates will be sought in meta-analyses (53). To explore the possible determinants of heterogeneity, we will conduct subgroup analyses according to selected study characteristics (e.g. participants' ages, country where the study was conducted, amounts of alcohol). Furthermore, sensitivity analyses will be conducted by: (1) excluding relatively small studies (with fewer than 20 participants per randomisation group); and (2) restricting the analyses to studies of good quality. Data will be analysed using SPSS software (version 25.0) and Review Manager 5.3.

Patient and Public Involvement

No patients or members of the public were involved in the preparation of this protocol for a systematic review.

Discussion

At-risk alcohol use among older adults is a common health problem. It is under-diagnosed by primary care physicians, partially due to the lack of up-to-date epidemiological data (21) and partially due to the lack of relevant and specific diagnostic tools and instruments (24, 54). We will propose recommendations about screening tools and instruments which might be particularly appropriate for clinicians to use when screening for alcohol misuse in certain contexts.

Before being able to highlight the lack of data on alcohol consumption among older and very old adults or trying to establish relevant diagnostic criteria and assessment methods, it is important to find out about the existing epidemiological data at an international level. It is equally important to acknowledge the difficulty in defining at-risk drinking at an international level and the methods used to extract this data (2). Demonstrating a high prevalence, frequency or incidence of at-risk alcohol use among older home-dwelling adults could encourage physicians to use existing screening tests. This could be an important measure, considering that alcohol-related health problems reduce the length and quality of life (55). Recent studies, however, have demonstrated that elevated alcohol consumption cannot be evaluated solely in terms of frequency (56); it is also necessary to know the types of drinks ingested (57).

Ethics and Dissemination

No ethical clearance is necessary. We expect to complete the study in September 2020. Results will be presented at national and international conferences on addiction and published in an international peer-reviewed journal.

References

1. Aira M, Hartikainen S, Sulkava R. Community prevalence of alcohol use and concomitant use of medication--a source of possible risk in the elderly aged 75 and older? International journal of geriatric psychiatry. 2005;20(7):680-5.
2. Dawson DA. Defining Risk Drinking. Alcohol Research & Health. 2011;34(2):144-56.
3. Substance Abuse TCf. Substance Abuse Among Older Adults. Treatment Improvement Protocol (TIP) Series, No. 26. Rockville (MD) - US: Substance Abuse and Mental Health Services Administration; 1998.
4. Blazer DG, Wu LT. The epidemiology of at-risk and binge drinking among middle-aged and elderly community adults: National Survey on Drug Use and Health. The American journal of psychiatry. 2009;166(10):1162-9.
5. Graham K, Schmidt G. The effects of drinking on health of older adults. The American journal of drug and alcohol abuse. 1998;24(3):465-81.
6. Blow FC, Walton MA, Barry KL, Coyne JC, Mudd SA, Copeland LA. The relationship between alcohol problems and health functioning of older adults in primary care settings. Journal of the American Geriatrics Society. 2000;48(7):769-74.
7. Cawthon PM, Fink HA, Barrett-Connor E, Cauley JA, Dam TT, Lewis CE, et al. Alcohol use, physical performance, and functional limitations in older men. Journal of the American Geriatrics Society. 2007;55(2):212-20.
8. Blanco C, Grant J, Petry NM, Simpson HB, Alegria A, Liu SM, et al. Prevalence and correlates of shoplifting in the United States: results from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). The American journal of psychiatry. 2008;165(7):905-13.
9. Van Montfoort-De Rave KFG, De Weert-Van Oene GH, Beurmanjer H, Koekkoek B. Late-onset alcohol dependence: patient-reported problems. Addiction Research & Theory. 2017;25(2):139-45.
10. Adams WL, Cox NS. Epidemiology of problem drinking among elderly people. The International journal of the addictions. 1995;30(13-14):1693-716.
11. Pierucci-Lagha A. [Alcoholism and aging. 1. Epidemiology, clinical aspects and treatment]. Psychologie & neuropsychiatrie du vieillissement. 2003;1(3):197-205.
12. Hu Y, Pikhart H, Malyutina S, Pajak A, Kubinova R, Nikitin Y, et al. Alcohol consumption and physical functioning among middle-aged and older adults in Central and Eastern Europe: results from the HAPIEE study. Age and ageing. 2015;44(1):84-9.
13. Tyas SL. Alcohol use and the risk of developing Alzheimer's disease. Alcohol research & health : the journal of the National Institute on Alcohol Abuse and Alcoholism. 2001;25(4):299-306.
14. Volkert J, Schulz H, Harter M, Wlodarczyk O, Andreas S. The prevalence of mental disorders in older people in Western countries - a meta-analysis. Ageing research reviews. 2013;12(1):339-53.
15. Woods AJ, Porges EC, Bryant VE, Seider T, Gongvatana A, Kahler CW, et al. Current Heavy Alcohol Consumption is Associated with Greater Cognitive Impairment in Older Adults. Alcoholism, clinical and experimental research. 2016;40(11):2435-44.
16. Ormstad H, Rosness TA, Bergem AL, Bjertness E, Strand BH. Alcohol consumption in the elderly and risk of dementia related death--a Norwegian prospective study with a 17-year follow-up. The International journal of neuroscience. 2016;126(2):135-44.
17. Immonen S, Valvanne J, Pitkala KH. The prevalence of potential alcohol-drug interactions in older adults. Scandinavian journal of primary health care. 2013;31(2):73-8.
18. Onder G, Landi F, Della Vedova C, Atkinson H, Pedone C, Cesari M, et al. Moderate alcohol consumption and adverse drug reactions among older adults. Pharmacoepidemiology and Drug Safety. 2002;11(5):385-92.
19. Harford TC, Grant BF, Yi HY, Chen CM. Patterns of DSM-IV alcohol abuse and dependence criteria among adolescents and adults: results from the 2001 National Household Survey on Drug Abuse. Alcoholism, clinical and experimental research. 2005;29(5):810-28.

20. Boscarino JA, Moorman AC, Rupp LB, Zhou Y, Lu M, Teshale EH, et al. Comparison of ICD-9 Codes for Depression and Alcohol Misuse to Survey Instruments Suggests These Codes Should Be Used with Caution. Digestive diseases and sciences. 2017;62(10):2704-12.
21. Hajat S, Haines A, Bulpitt C, Fletcher A. Patterns and determinants of alcohol consumption in people aged 75 years and older: results from the MRC trial of assessment and management of older people in the community. Age and ageing. 2004;33(2):170-7.
22. Ortola R, Garcia-Esquinas E, Leon-Munoz LM, Guallar-Castillon P, Valencia-Martin JL, Galan I, et al. Patterns of Alcohol Consumption and Risk of Frailty in Community-dwelling Older Adults. The journals of gerontology Series A, Biological sciences and medical sciences. 2016;71(2):251-8.
23. Hirata ES, Almeida OP, Funari RR, Klein EL. Alcoholism in a geriatric outpatient clinic of Sao Paulo-Brazil. International psychogeriatrics. 1997;9(1):95-103.
24. Conigliaro J, Kraemer K, McNeil M. Screening and identification of older adults with alcohol problems in primary care. Journal of geriatric psychiatry and neurology. 2000;13(3):106-14.
25. Di Bari M, Silvestrini G, Chiarlone M, De Alfieri W, Patussi V, Timpanelli M, et al. Features of excessive alcohol drinking in older adults distinctively captured by behavioral and biological screening instruments: An epidemiological study. Journal of clinical epidemiology. 2002;55(1):41-7.
26. Munoz M, Ausin B, Santos-Olmo AB, Harter M, Volkert J, Schulz H, et al. Alcohol use, abuse and dependence in an older European population: Results from the MentDis_ICF65+ study. PloS one. 2018;13(4):e0196574.
27. Bosque-Prous M, Brugal MT, Lima KC, Villalbi JR, Bartroli M, Espelt A. Hazardous drinking in people aged 50 years or older: a cross-sectional picture of Europe, 2011-2013. International journal of geriatric psychiatry. 2017;32(8):817-28.
28. Nelson DE, Sattin RW, Langlois JA, DeVito CA, Stevens JA. Alcohol as a risk factor for fall injury events among elderly persons living in the community. Journal of the American Geriatrics Society. 1992;40(7):658-61.
29. Administration NHTS. National Institute on Alcohol Abuse and Alcoholism.(2000). Sentencing and Disposition of Youth DUI and Other Alcohol Offenses: A Guide for Judges and Prosecutors, Washington, DC. 2006.
30. Grant BF, Chou SP, Saha TD, Pickering RP, Kerridge BT, Ruan WJ, et al. Prevalence of 12-Month Alcohol Use, High-Risk Drinking, and DSM-IV Alcohol Use Disorder in the United States, 2001-2002 to 2012-2013: Results From the National Epidemiologic Survey on Alcohol and Related Conditions. JAMA psychiatry. 2017;74(9):911-23.
31. Valderas JM, Starfield B, Sibbald B, Salisbury C, Roland M. Defining comorbidity: implications for understanding health and health services. Ann Fam Med. 2009;7(4):357-63.
32. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of general psychiatry. 2005;62(6):593-602.
33. Moher D, Liberati A, Tetzlaff J, Altman DG, Group P. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. PLoS medicine. 2009;6(7):e1000097.
34. Zorzela L, Loke YK, Ioannidis JP, Golder S, Santaguida P, Altman DG, et al. PRISMA harms checklist: improving harms reporting in systematic reviews. BMJ (Clinical research ed). 2016;352:i157.
35. DF S, Berlin JA, Morton SC, Olkin I, Williamson GD, Rennie D. Meta-analysis of observational studies in epidemiology: a proposal for reporting. Meta-analysis Of Observational Studies in Epidemiology (MOOSE) group. Jama. 2008.
36. J. H, S. G. The Cochrane handbook for systematic reviews of interventions. Cb s e, editor. Chichester, UK: John Wiley & Sons, Ltd; 2008.
37. P. S. What is a non-randomised controlled trial? British Medical Journal. 2014;348.
38. Ferriter M, N. H. Does the non-randomized controlled study have a place in the systematic review? A pilot study. Criminal behaviour and mental health. 2005;15(2):111-20.
39. Elderly population [Internet]. WHO. 2019. Available from: http://www.searo.who.int/entity/health_situation_trends/data/chi/elderly-population/en/.

40. Hasin DS, Stinson FS, Ogburn E, Grant BF. Prevalence, correlates, disability, and comorbidity of dsm-iv alcohol abuse and dependence in the united states: Results from the national epidemiologic survey on alcohol and related conditions. Archives of general psychiatry. 2007;64(7):830-42.
41. Gunzerath L, Faden V, Zakhari S, Warren K. National Institute on Alcohol Abuse and Alcoholism Report on Moderate Drinking. Alcoholism: Clinical and Experimental Research. 2004;28(6):829-47.
42. Hasin DS, Stinson FS, Ogburn E, Grant BF. Prevalence, correlates, disability, and comorbidity of DSM-IV alcohol abuse and dependence in the United States: results from the National Epidemiologic Survey on Alcohol and Related Conditions. Archives of general psychiatry. 2007;64(7):830-42.
43. Barnes AJ, Moore AA, Xu H, Ang A, Tallen L, Mirkin M, et al. Prevalence and correlates of at-risk drinking among older adults: the project SHARE study. Journal of general internal medicine. 2010;25(8):840-6.
44. Novy J, Castelao E, Preisig M, Vidal PM, Waeber G, Vollenweider P, et al. Psychiatric co-morbidities and cardiovascular risk factors in people with lifetime history of epilepsy of an urban community. Clin Neurol Neurosurg. 2012;114(1):26-30.
45. Preisig M, Waeber G, Vollenweider P, Bovet P, Rothen S, Vandeleur C, et al. The PsyCoLaus study: methodology and characteristics of the sample of a population-based survey on psychiatric disorders and their association with genetic and cardiovascular risk factors. BMC Psychiatry. 2009;9(1):9.
46. Firmann M, Mayor V, Vidal PM, Bochud M, Pecoud A, Hayoz D, et al. The CoLaus study: a population-based study to investigate the epidemiology and genetic determinants of cardiovascular risk factors and metabolic syndrome. BMC Cardiovasc Disord. 2008;8:6.
47. Moher D, Liberati A, Tetzlaff J, Altman D, Group ftP. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. BMJ. 2009;339:b2535.
48. Sterne JA, Hernán MA, Reeves BC, Savović J, Berkman ND, Viswanathan M, et al. ROBINS-I: a tool for assessing risk of bias in non-randomised studies of interventions. BMJ. 2016;355.
49. Higgins J, Green S. The Cochrane handbook for systematic reviews of interventions. Cb s, editor. Chichester, UK: John Wiley & Sons, Ltd; 2008.
50. Moher D, Liberati A, Tetzlaff J, Altman DG, The PG. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med. 2009;6(7):e1000097.
51. Riley RD, Higgins JP, Deeks JJ. Interpretation of random effects meta-analyses. BMJ (Clinical research ed). 2011;342:d549.
52. Lau J, Ioannidis J, Terrin N, Schmid C, I. O. The case of the misleading funnel plot. BMJ (Clinical research ed). 2006;333:597-600.
53. Borenstein M, Hedges LV, Higgins JPT, Rothstein HR. Prediction intervals: Introduction to Meta-Analysis. In: Ltd JWS, editor. Chichester, UK2009. p. 127-33.
54. Jones TV, Lindsey BA, Yount P, Soltys R, Farani-Enayat B. Alcoholism screening questionnaires: are they valid in elderly medical outpatients? Journal of general internal medicine. 1993;8(12):674-8.
55. Suwala M, Gerstenkorn A. [Detection of alcohol problems among elderly people]. Psychiatria polska. 2007;41(5):703-13.
56. Krokstad S, Langhammer A, Hveem K, Holmen T, Midthjell K, Stene T, et al. Cohort Profile: The HUNT Study, Norway. International journal of epidemiology. 2012;42(4):968-77.
57. Zeng Y. Towards Deeper Research and Better Policy for Healthy Aging --Using the Unique Data of Chinese Longitudinal Healthy Longevity Survey. China Economic J. 2012;5(2-3):131-49.

Authors' contributions

ML is the guarantor, and all the authors contributed to drafting the protocol. All authors will contribute to the development of the selection criteria, data extraction and analysis, and the search strategy done by JRA and MPS. JPS, HV, KE, and AvG provided expertise on evidence-based practice. All the authors approved the final protocol manuscript.

Funding

This research received a grant from the public University "School of Health Sciences, HES-SO Valais/Wallis, CH-1950 Sion, Switzerland".

Conflicts of Interest

All authors declare no conflicts of interest.

EPIDEMIOLOGY OF AT-RISK ALCOHOL USE AND ASSOCIATED COMORBIDITIES OF INTEREST AMONG COMMUNITY-DWELLING OLDER ADULTS: a protocol for a systematic review*

Section and topic	Item No	Checklist item	Page no.
ADMINISTRATIVE INFORMATION			
PPTitle:			
Identification	1a	Identify the report as a protocol of a systematic review	Page 1
Update	1b	If the protocol is for an update of a previous systematic review, identify as such	Page 1
Registration	2	If registered, provide the name of the registry (such as PROSPERO) and registration number	
Authors:			
Contact	3a	Provide name, institutional affiliation, e-mail address of all protocol authors; provide physical mailing address of corresponding author	Page 1-2
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review	Page 13
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, identify as such and list changes; otherwise, state plan for documenting important protocol amendments	Suppl.5
Support:			
Sources	5a	Indicate sources of financial or other support for the review	Page 13
Sponsor	5b	Provide name for the review funder and/or sponsor	NA
Role of sponsor or funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol	Page 13
INTRODUCTION			
Rationale	6	Describe the rationale for the review in the context of what is already known	Page 3-4
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)	Page 4
METHODS			
Eligibility criteria	8	Specify the study characteristics (such as PICO, study design, setting, time frame) and report characteristics (such as years considered, language, publication status) to be used as criteria for eligibility for the review	Page 5-6
Information sources	9	Describe all intended information sources (such as electronic databases, contact with study authors, trial registers or other grey literature sources) with planned dates of coverage	Page 6-7 + Suppl.3
Search strategy	10	Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated	Suppl. 3
Study records:			

Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review	Page 6-7
Selection process	11b	State the process that will be used for selecting studies (such as two independent reviewers) through each phase of the review (that is, screening, eligibility and inclusion in meta-analysis)	Page 7
Data collection process	11c	Describe planned method of extracting data from reports (such as piloting forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators	Page 7
Data items	12	List and define all variables for which data will be sought (such as PICO items, funding sources), any pre-planned data assumptions and simplifications	Page 7
Outcomes and prioritization	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale	Page 6
Risk of bias in individual studies	14	Describe anticipated methods for assessing risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis	Page 7-8
Data synthesis	15a	Describe criteria under which study data will be quantitatively synthesised	Page 8
	15b	If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data and methods of combining data from studies, including any planned exploration of consistency (such as I^2, Kendall's τ)	Page 8
	15c	Describe any proposed additional analyses (such as sensitivity or subgroup analyses, meta-regression)	Page 8
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned	Page 8
Meta-bias(es)	16	Specify any planned assessment of meta-bias(es) (such as publication bias across studies, selective reporting within studies)	NA
Confidence in cumulative evidence	17	Describe how the strength of the body of evidence will be assessed (such as GRADE)	Page 8

Source: Shamseer L, Moher D, Clarke M, Ghersi D, Liberati A, Petticrew M, Shekelle P, Stewart L, PRISMA-P Group. Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015: elaboration and explanation. BMJ. 2015 Jan 2;349(jan02 1):g7647.

Bibliothèque universitaire de médecine

UNIL | Université de Lausanne
Faculté de biologie et de médecine

Recherche systématique de littérature

Epidemiology of at risk alcohol use and associated comorbidities of interest among home dwelling older and very old adults: a systematic review

Document de travail_V8_02.09.2019

Recherche effectuée par Joëlle ROSSELET AMOUSSOU, Psychiatry library, Education and Research Department, Lausanne University Hospital and University of Lausanne, Site de Cery, 1008 Prilly, Lausanne, Switzerland.	**à l'attention de** Maria LATANIOTI, Equipe mobile de la personne âgée, Département de psychiatrie du CHUV.	
Recherche révisée par Cécile Jaques et Jolanda Elmers, Medical Library, Education and Research Department, Lausanne University Hospital and University of Lausanne, Switzerland.	**le** 30 août 2019	
Finalité(s) de la recherche	Revue systématique	

canton de vaud

Question de recherche

Question originale (formulaire demande)	Epidemiology of at risk alcohol use and associated comorbidities of interest among home dwelling older and very old adults

1. Articles d'intérêt (Protocole_version_05.07.2019)

PubMed	16021662[uid] OR 9741947[uid] OR 10894315[uid] OR 17302657[uid] OR 8751316[uid] OR 14500441[uid] OR 7025691[uid] OR 11910708[uid] OR 19131359[uid] OR 12271880[uid] OR 15897727[uid] OR 28879547[uid] OR 11001132[uid] OR 14960434[uid] OR 26297937[uid] OR 9195283[uid] OR 8832344[uid] OR 10404931[uid] OR 27658235[uid] OR 17606817[uid] OR 15201626[uid] OR 12366628[uid] OR 8120683[uid]

2. Recherche préliminaire de revues systématiques

Embase.com

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée ici

('aged'/de OR 'very elderly'/exp OR (elder* OR eldest OR geriatri* OR "old age*" OR "oldest old*" OR senior* OR senium OR "very old*" OR septuagenarian* OR octagenarian* OR octogenarian* OR nonagenarian* OR centarian* OR centenarian* OR supercentenarian* OR ((old OR older) NEXT/1 (patient* OR people OR subject* OR age* OR adult* OR man OR men OR male* OR woman OR women OR female* OR population* OR person*)) OR (aged NEXT/1 (patient OR people OR person OR subject))):ab,ti) AND ('alcoholism'/exp OR 'drinking behavior'/exp OR 'alcohol consumption'/exp OR 'alcohol abuse'/exp OR 'alcohol intoxication'/exp OR (alcohol* OR drink* OR drunk* OR ethanol):ab,ti) AND ('community care'/exp OR 'ambulatory care'/exp OR 'outpatient'/exp OR 'outpatient department'/exp OR 'day care'/exp OR 'primary health care'/exp OR 'health center'/exp OR 'home care'/exp OR (home OR homecare OR home-care OR home-based OR homebound OR home-bound OR "living alone" OR domiciliary OR "day patient*" OR community OR "preventive health" OR "preventive service" OR ambulatory OR outpatient* OR "out patient*" OR out-patient* OR (day NEXT/1 (clinic OR hospital)) OR daycare OR (day NEXT/1 (care OR center)) OR (primary NEXT/3 (care OR healthcare)) OR "first line care" OR "health center*" OR domestic):ab,ti) AND ([cochrane review]/lim OR [systematic review]/lim OR [meta analysis]/lim)

93	**références trouvées le**	**2 septembre 2019**
Commentaire(s) :	Filtre EBM : ([cochrane review]/lim OR [systematic review]/lim OR [meta analysis]/lim)	

Epistomonikos

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée ici

(alcohol* OR drink*) AND (elder* OR geriatri* OR aged OR old OR ageing)

9	**références trouvées le**	**2 septembre 2019**
Commentaire(s) :	Filtre Publication type : Systematic Review	

Cochrane Library Wiley

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée ici

(alcohol* OR drink*) AND (elder* OR geriatri* OR aged OR old OR ageing)

(alcohol* OR drink* OR drunk* OR ethanol) AND (incidence OR prevalence OR epidemiolog* OR morbidit*)

1	**références trouvées le**	**2 septembre 2019**
Commentaire(s) :		

Prospero

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée ici

((alcohol* OR dirnk*) AND (elder* OR geriatri* OR aged OR old OR ageing)):TI AND (Epidemiologic OR Systematic Review OR Meta-Analysis OR PMA OR Review of Reviews):RT

5	**références trouvées le**	**2 septembre 2019**
Commentaire(s) :	Filtre (Epidemiologic OR Systematic Review OR Meta-Analysis OR PMA OR Review of Reviews):RT	

3. Sources de données exploitées

Embase.com

Medline Ovid SP

PubMed

CINAHL EBSCO

PsycINFO Ovid SP

CENTRAL - Cochrane Library Wiley

Web of Science – Core collection

4. Vocabulaire

Concepts choisis	Aged	Alcohol	Comorbidity	Epidemiology + Study designs reporting prevalence and incidence data
Mots libres Syntaxe Embase	elder* OR eldest OR geriatr* OR "old aged" OR "oldest old*" OR "very old*" OR (older NEXT/1 (patient* OR people OR subject* OR age* OR adult* OR man OR men OR male* OR woman OR women OR female* OR population* OR person*)) OR aging OR ageing	(alcohol* OR drunk*):ab,ti,kw OR (drink*:ab,ti,kw NOT ('dysphagia'/exp OR 'drinking'/exp OR 'drinking water'/exp OR 'fluid intake'/de OR (deglutition-disorder* OR dysphagia* OR (water NEAR/1 drink*)):ab,ti,kw))	(comorbid* OR co-morbid* OR co-occurr* OR coocurr* OR ((disease* OR sickness*) NEAR/2 associat*)):ab,ti,kw OR (hypertension OR "blood pressure*" OR hypertensive):ab,ti,kw OR ("mood disorder*" OR depression* OR bipolar OR depressive OR dysthymia OR melancholia OR melancholy OR mourning OR ((dysthymic OR affective OR cyclothymic) NEXT/3 disorder*)):ab,ti,kw OR (pain OR pains OR "physical suffering*" OR ache OR aches):ab,ti,kw OR (liver OR hepatic OR hepatit* OR hepatis OR hepatopathy OR cirrhosis):ab,ti,kw OR ((sleep NEAR/3 (disorder* OR disturbance* OR dysfunction*)) OR dyssomnia* OR insomnia* OR sleepless*):ab,ti,kw OR (((cognition OR neurocognitive OR consciousness) NEXT/3 disorder*) OR (cognitive NEXT/3 (defect* OR deficit* OR disab* OR disorder* OR dysfunction* OR impairment*)) OR dementia OR "executive dysfunction*" OR amnesia OR korsakoff OR huntington OR delirium OR alzheimer OR "creutzfeldt jakob" OR "kluver bucy" OR "kluever bucy" OR "lewy body" OR "lewy bodies" OR "alcoholic	epidemiol* OR prevalen* OR inciden* OR morbidity OR "general population" OR "population based" OR surveillance OR cohort OR "case-control stud*" OR ("cross sectional" NEXT/3 (study OR studies OR design OR research)) OR "follow-up stud*" OR "followup stud*" OR "longitudinal stud*" OR "longitudinal evaluation" OR (retrospective NEXT/3 (study OR studies OR design)) OR survey OR surveys OR screening

			psychosis" OR "toxic psychoses" OR "amyotrophic lateral sclerosis" OR "corticobasal degeneration" OR "multiple system atroph*" OR parkinson*):ab,ti,kw OR (diabetes OR diabetic* OR prediabetic* OR "glucose intolerance*"):ab,ti,kw OR (anxiety OR "acute stress disorder*" OR "distress syndrome*" OR "obsessive compulsive" OR panic OR phobia* OR "phobic disorder*" OR "posttraumatic stress" OR "post-traumatic stress" OR "neurotic disorder*"):ab,ti,kw	
Emtree	'aged'/de OR 'frail elderly'/de OR 'very elderly'/exp OR 'elderly care'/de OR 'geriatric care'/exp OR 'geriatric patient'/de OR 'geriatrics'/exp	'alcoholism'/exp OR 'drinking behavior'/exp OR 'alcohol consumption'/exp OR 'alcohol abuse'/exp NOT 'dysphagia'/exp OR 'drinking'/exp OR 'drinking water'/exp OR 'fluid intake'/de	'comorbidity'/de OR 'comorbidity assessment'/exp OR 'disease association'/de OR 'hypertension'/exp OR 'mood disorder'/exp OR 'pain'/exp OR 'liver disease'/exp OR 'sleep disorder'/exp OR 'insomnia'/exp OR 'cognitive defect'/exp OR 'diabetes mellitus'/exp OR 'anxiety disorder'/exp	'epidemiology'/de OR 'epidemiology'/lnk OR 'health survey'/exp OR 'incidence'/de OR 'prevalence'/de OR 'morbidity'/de OR 'population'/exp OR 'population research'/de OR 'population risk'/de OR 'population statistics'/exp OR 'screening'/de OR 'mass screening'/de OR 'cohort analysis'/de OR 'case control study'/de OR 'population based case control study'/de OR 'cross-sectional study'/de OR 'follow up'/de OR 'longitudinal study'/de OR 'retrospective study'/de
MeSH	exp Aged/ OR "Geriatric Nursing"/ OR "Geriatric Assessment"/ OR "Geriatrics"/ OR "Geriatric Psychiatry"	alcoholism/ OR drinking behavior/ OR binge drinking/ OR alcohol drinking/ NOT exp "Deglutition Disorders"/ OR "Drinking"/ OR "Drinking Water"	"Comorbidity"/ OR exp "Hypertension"/ OR exp "Mood Disorders"/ OR exp "Pain"/ OR exp "Liver Diseases"/ OR exp "Sleep Wake Disorders"/ OR exp "Cognition Disorders"/ OR "Cognitive Dysfunction"/ OR exp "Dementia"/ OR exp "Diabetes Mellitus"/ OR exp "Anxiety Disorders"/	"Epidemiology"/ OR exp "Epidemiologic Methods"/ OR "epidemiology".fs. OR "Incidence"/ OR "Prevalence"/ OR "Morbidity"/ OR "Health Surveys"/ OR exp "Population Surveillance"/ OR "Epidemiologic Measurements"/ OR exp "Population"/ OR exp "Epidemiologic Methods"/ OR "Mass

				Screening"/ OR exp "Epidemiologic Studies"/
CINAHL	MH "Aged" OR MH "Aged, 80 and Over" OR MH "Frail Elderly" OR MH "Gerontologic Nursing+" OR MH "Geriatric Assessment+" OR MH "Geriatrics" OR MH "Geriatric Psychiatry"	MH "Alcoholism" OR MH "Alcohol Abuse+" OR MH "Drinking Behavior+" OR MH "Alcohol Drinking" OR MH "Binge Drinking" NOT MH "Deglutition Disorders" OR MH "Water Supply" OR MH "Fluid Intake"	MH "Comorbidity" OR MH "Hypertension+" OR MH "Affective Disorders+" OR MH "Pain+" OR MH "Liver Diseases+" OR MH "Sleep Disorders+" OR MH "Cognition Disorders+" OR MH "Dementia+" OR MH "Diabetes Mellitus+" OR MH "Anxiety Disorders+"	MH "Epidemiology+" OR MW epidemiology OR MH "Incidence" OR MH "Prevalence" OR MH "Morbidity" OR MH "Epidemiological Research" OR MH "Population" OR MH "Rural Population" OR MH "Suburban Population" OR MH "Urban Population" OR MH "Health Screening" OR MH "Prospective Studies+" OR MH "Case Control Studies" OR MH "Population-Based Case Control" OR MH "Cross Sectional Studies"
PsycINFO	geriatrics/ OR geriatric assessment/ OR geriatric patients/ OR geriatric psychiatry/ OR elder care/ OR aging in place/	exp alcohol abuse/ OR drinking behavior/ OR alcohol drinking patterns/ NOT dysphagia/ OR exp fluid intake/	comorbidity/ OR exp hypertension/ OR exp affective disorders/ OR exp pain/ OR pain measurement/ OR exp liver disorders/ OR exp sleep disorders/ OR cognitive impairment/ OR exp dementia/ OR exp diabetes mellitus/ OR exp anxiety disorders/	epidemiology/ OR exp population/ OR screening/ OR health screening/ OR cohort analysis/ OR followup studies/ OR exp longitudinal studies/ OR retrospective studies/

Concept Alcohol

Pour enlever du bruit avec "drink*" en terme libre, nous avons exclu les références associées à "dysphagia", "drinking water", etc.

Exemple avec la syntaxe de la base de données Embase.com :
drink*:ab,ti,kw NOT ('dysphagia'/exp OR 'drinking'/exp OR 'drinking water'/exp OR 'fluid intake'/de OR (deglutition-disorder* OR dysphagia* OR (water NEAR/1 drink*))):ab,ti,kw

Concept Epidemiology

Pour construire notre concept nous avons combiné les termes libres et les vedettes matières associées à l'épidémiologie, avec les types d'études pouvant nous apporter des données épidémiologiques.

Les articles de (Waffenschmidt, 2017) et (Workneh, 2017) nous ont inspiré pour l'élaboration de ce concept :

Waffenschmidt S, Hermanns T, Gerber-Grote A, Mostardt S. No suitable precise or optimized epidemiologic search filters were available for bibliographic databases. J Clin Epidemiol. 2017 Feb;82:112-118. doi: 10.1016/j.jclinepi.2016.08.008. Epub 2016 Aug 26. PubMed PMID: 27570049.

Workneh MH, Bjune GA, Yimer SA. Prevalence and associated factors of tuberculosis and diabetes mellitus comorbidity: A systematic review. PLoS One. 2017 Apr 21;12(4):e0175925. doi: 10.1371/journal.pone.0175925. eCollection 2017. Review. PubMed PMID: 28430796.

5. Stratégies de recherche pour les bases de données

Embase.com

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée **ici**

('aged'/de OR 'frail elderly'/de OR 'very elderly'/exp OR 'elderly care'/de OR 'geriatric care'/exp OR 'geriatric patient'/de OR 'geriatrics'/exp OR (elder* OR eldest OR geriatr* OR "old aged" OR "oldest old*" OR "very old*" OR (older NEXT/1 (patient* OR people OR subject* OR age* OR adult* OR man OR men OR male* OR woman OR women OR female* OR population* OR person*)) OR aging OR ageing):ab,ti,kw) AND ('alcoholism'/exp OR 'drinking behavior'/exp OR 'alcohol consumption'/exp OR 'alcohol abuse'/exp OR (alcohol* OR drunk*):ab,ti,kw OR (drink*:ab,ti,kw NOT ('dysphagia'/exp OR 'drinking'/exp OR 'drinking water'/exp OR 'fluid intake'/de OR (deglutition-disorder* OR dysphagia* OR (water NEAR/1 drink*)):ab,ti,kw))) AND ('comorbidity'/de OR 'comorbidity assessment'/exp OR 'disease association'/de OR (comorbid* OR co-morbid* OR co-occurr* OR cooccurr* OR ((disease* OR sickness*) NEAR/2 associat*)):ab,ti,kw OR 'hypertension'/exp OR (hypertension OR "blood pressure*" OR hypertensive):ab,ti,kw OR 'mood disorder'/exp OR ("mood disorder*" OR depression* OR bipolar OR depressive OR dysthymia OR melancholia OR melancholy OR mourning OR ((dysthymic OR affective OR cyclothymic) NEXT/3 disorder*)):ab,ti,kw OR 'pain'/exp OR (pain OR pains OR "physical suffering*" OR ache OR aches):ab,ti,kw OR 'liver disease'/exp OR (liver OR hepatic OR hepatit* OR hepatis OR hepatopathy OR cirrhosis):ab,ti,kw OR 'sleep disorder'/exp OR 'insomnia'/exp OR ((sleep NEAR/3 (disorder* OR disturbance* OR dysfunction*)) OR dyssomnia* OR insomnia* OR sleepless*):ab,ti,kw OR 'cognitive defect'/exp OR (((cognition OR neurocognitive OR consciousness) NEXT/3 disorder*) OR (cognitive NEXT/3 (defect* OR deficit* OR disab* OR disorder* OR dysfunction* OR impairment*)) OR dementia OR "executive dysfunction*" OR amnesia OR korsakoff OR huntington OR delirium OR alzheimer OR "creutzfeldt jakob" OR "kluver bucy" OR "kluever bucy" OR "lewy body" OR "lewy bodies" OR "alcoholic psychosis" OR "toxic psychoses" OR "amyotrophic lateral sclerosis" OR "corticobasal degeneration" OR "multiple system atroph*" OR parkinson*):ab,ti,kw OR 'diabetes mellitus'/exp OR (diabetes OR diabetic* OR prediabetic* OR "glucose intolerance*"):ab,ti,kw OR 'anxiety disorder'/exp OR (anxiety OR "acute stress disorder*" OR "distress syndrome*" OR "obsessive compulsive" OR panic OR phobia* OR "phobic disorder*" OR "posttraumatic stress" OR "post-traumatic stress" OR "neurotic disorder*"):ab,ti,kw) AND ('epidemiology'/de OR 'epidemiology'/lnk OR 'health survey'/exp OR 'incidence'/de OR 'prevalence'/de OR 'morbidity'/de OR 'population'/exp OR 'population research'/de OR 'population risk'/de OR 'population statistics'/exp OR 'screening'/de OR 'mass screening'/de OR (epidemiol* OR prevalen* OR inciden* OR morbidity OR "general population" OR "population based" OR surveillance OR cohort):ab,ti,kw OR 'cohort analysis'/de OR 'case control study'/de OR 'population based case control study'/de OR 'cross-sectional study'/de OR 'follow up'/de OR 'longitudinal study'/de OR 'retrospective study'/de OR ("case-control stud*" OR ("cross sectional" NEXT/3 (study OR studies OR design OR research)) OR "follow-up stud*" OR "followup stud*" OR "longitudinal stud*" OR "longitudinal evaluation" OR (retrospective NEXT/3 (study OR studies OR design)) OR survey OR surveys OR screening):ab,ti,kw) NOT ([conference abstract]/lim AND [<1966-2016]/py) NOT ([animals]/lim NOT [humans]/lim)

24'828	références trouvées le	2 septembre 2019
Commentaire(s) :	Nous avons exclu les références des "conferences abstracts" avant 2017, partant du principe qu'elles ont fait l'objet d'une publication. Limites utilisées : NOT ([conference abstract]/lim AND [<1966-2016]/py) NOT ([animals]/lim NOT [humans]/lim)	

Medline Ovid SP

Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to April 11, 2019

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée ici (décocher case "Map Term to Subject Heading")

(exp Aged/ OR "Geriatric Nursing"/ OR "Geriatric Assessment"/ OR "Geriatrics"/ OR Geriatric Psychiatry/ OR (elder* OR eldest OR geriatr* OR "old aged" OR "oldest old*" OR "very old*" OR (older ADJ1 (patient* OR people OR subject* OR age* OR adult* OR man OR men OR male* OR woman OR women OR female* OR population* OR person*)) OR aging OR ageing).ab,ti,kf.) AND (alcoholism/ OR drinking behavior/ OR binge drinking/ OR alcohol drinking/ OR (alcohol* OR drunk*).ab,ti,kf. OR (drink*.ab,ti,kf. NOT (exp "Deglutition Disorders"/ OR "Drinking"/ OR "Drinking Water" OR (deglutition-disorder* OR dysphagia* OR (water ADJ1 drink*)).ab,ti,kf.))) AND ("Comorbidity"/ OR (comorbid* OR co-morbid* OR co-occurr* OR cooccurr* OR ((disease* OR sickness*) ADJ2 associat*)).ab,ti,kf. OR exp "Hypertension"/ OR (hypertension OR "blood pressure*" OR hypertensive).ab,ti,kf. OR exp "Mood Disorders"/ OR ("mood disorder*" OR depression* OR bipolar OR depressive OR dysthymia OR melancholia OR melancholy OR mourning OR ((dysthymic OR affective OR cyclothymic) ADJ3 disorder*)).ab,ti,kf. OR exp "Pain"/ OR (pain OR pains OR "physical suffering*" OR ache OR aches).ab,ti,kf. OR exp "Liver Diseases"/ OR (liver OR hepatic OR hepatit* OR hepatis OR hepatopathy OR cirrhosis).ab,ti,kf. OR exp "Sleep Wake Disorders"/ OR ((sleep ADJ3 (disorder* OR disturbance* OR dysfunction*)) OR dyssomnia* OR insomnia* OR sleepless*).ab,ti,kf. OR exp "Cognition Disorders"/ OR "Cognitive Dysfunction"/ OR exp "Dementia"/ OR (((cognition OR neurocognitive OR consciousness) ADJ3 disorder*) OR (cognitive ADJ3 (defect* OR deficit* OR disab* OR disorder* OR dysfunction* OR impairment*)) OR dementia OR "executive dysfunction*" OR amnesia OR korsakoff OR huntington OR delirium OR alzheimer OR "creutzfeldt jakob" OR "kluver bucy" OR "kluever bucy" OR "lewy body" OR "lewy bodies" OR "alcoholic psychosis" OR "toxic psychoses" OR "amyotrophic lateral sclerosis" OR "corticobasal degeneration" OR "multiple system atroph*" OR parkinson*).ab,ti,kf. OR exp "Diabetes Mellitus"/ OR (diabetes OR diabetic* OR prediabetic* OR "glucose intolerance*").ab,ti,kf. OR exp "Anxiety Disorders"/ OR (anxiety OR "acute stress disorder*" OR "distress syndrome*" OR "obsessive compulsive" OR panic OR phobia* OR "phobic disorder*" OR "posttraumatic stress" OR "post-traumatic stress" OR "neurotic disorder*").ab,ti,kf.) AND ("Epidemiology"/ OR exp "Epidemiologic Methods"/ OR "epidemiology".fs. OR "Incidence"/ OR "Prevalence"/ OR "Morbidity"/ OR "Health Surveys"/ OR exp "Population Surveillance"/ OR "Epidemiologic Measurements"/ OR exp "Population"/ OR exp "Epidemiologic Methods"/ OR "Mass Screening"/ OR (epidemiol* OR prevalen* OR inciden* OR morbidity OR "general population" OR "population based" OR surveillance OR cohort).ab,ti,kf. OR exp "Epidemiologic Studies"/ OR ("case-control stud*" OR ("cross sectional" ADJ3 (study OR studies OR design OR research)) OR "follow-up stud*" OR "followup stud*" OR "longitudinal stud*" OR "longitudinal evaluation" OR (retrospective ADJ3 (study OR studies OR design)) OR survey OR surveys OR screening).ab,ti,kf.) NOT (animals NOT humans).sh.

22'765	références trouvées le	2 septembre 2019
Commentaire(s) :	Limite utilisée : NOT (animals NOT humans).sh.	

PubMed

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée ici

(elder*[tiab] OR eldest[tiab] OR geriatr*[tiab] OR "old aged"[tiab] OR "oldest old*"[tiab] OR "very old*"[tiab] OR older patient*[tiab] OR "older people"[tiab] OR older subject*[tiab] OR older age*[tiab] OR older adult*[tiab] OR "older man"[tiab] OR "older men"[tiab] OR older male*[tiab] OR "older woman"[tiab] OR "older women"[tiab] OR older female*[tiab] OR older population*[tiab] OR older person*[tiab] OR aging[tiab] OR ageing[tiab]) AND (alcohol*[tiab] OR drunk*[tiab] OR (drink*[tiab] NOT (deglutition-disorder*[tiab] OR dysphagia*[tiab] OR water drink*[tiab]))) AND (comorbid*[tiab] OR co-morbid*[tiab] OR co-occurr*[tiab] OR cooccurr*[tiab] OR ((disease*[tiab] OR sickness*[tiab]) AND associat*[tiab]) OR hypertension[tiab] OR blood pressure*[tiab] OR

hypertensive[tiab] OR mood disorder*[tiab] OR depression*[tiab] OR bipolar[tiab] OR depressive[tiab] OR dysthymia[tiab] OR melancholia[tiab] OR melancholy[tiab] OR mourning[tiab] OR ((dysthymic[tiab] OR affective[tiab] OR cyclothymic[tiab]) AND disorder*[tiab]) OR pain[tiab] OR pains[tiab] OR physical suffering*[tiab] OR ache[tiab] OR aches[tiab] OR liver[tiab] OR hepatic[tiab] OR hepatit*[tiab] OR hepatis[tiab] OR hepatopathy[tiab] OR cirrhosis[tiab] OR (sleep[tiab] AND (disorder*[tiab] OR disturbance*[tiab] OR dysfunction*[tiab])) OR dyssomnia*[tiab] OR insomnia*[tiab] OR sleepless*[tiab] OR ((cognition[tiab] OR neurocognitive[tiab] OR consciousness[tiab]) AND disorder*[tiab]) OR (cognitive[tiab] AND (defect*[tiab] OR deficit*[tiab] OR disab*[tiab] OR disorder*[tiab] OR dysfunction*[tiab] OR impairment*[tiab])) OR dementia[tiab] OR executive dysfunction*[tiab] OR amnesia[tiab] OR korsakoff[tiab] OR huntington[tiab] OR delirium[tiab] OR alzheimer[tiab] OR "creutzfeldt jakob"[tiab] OR "kluver bucy"[tiab] OR "kluever bucy"[tiab] OR "lewy body"[tiab] OR "lewy bodies"[tiab] OR "alcoholic psychosis"[tiab] OR "toxic psychoses"[tiab] OR "amyotrophic lateral sclerosis"[tiab] OR "corticobasal degeneration"[tiab] OR multiple system atroph*[tiab] OR parkinson*[tiab] OR diabetes[tiab] OR diabetic*[tiab] OR prediabetic*[tiab] OR glucose intolerance*[tiab] OR anxiety[tiab] OR acute stress disorder*[tiab] OR distress syndrome*[tiab] OR "obsessive compulsive"[tiab] OR panic[tiab] OR phobia*[tiab] OR phobic disorder*[tiab] OR "posttraumatic stress"[tiab] OR "post-traumatic stress"[tiab] OR neurotic disorder*[tiab]) AND (epidemiol*[tiab] OR prevalen*[tiab] OR inciden*[tiab] OR morbidity[tiab] OR "general population"[tiab] OR "population based"[tiab] OR surveillance[tiab] OR cohort[tiab] OR case-control stud*[tiab] OR ("cross sectional" AND (study[tiab] OR studies[tiab] OR design[tiab] OR research[tiab])) OR follow-up stud*[tiab] OR followup stud*[tiab] OR longitudinal stud*[tiab] OR "longitudinal evaluation"[tiab] OR (retrospective[tiab] AND (study[tiab] OR studies[tiab] OR design[tiab])) OR survey[tiab] OR surveys[tiab] OR screening[tiab]) NOT medline[sb]

692	références trouvées le	2 septembre 2019
Commentaire(s) :	Recherche limitée aux références non indexées pour Medline : NOT medline[sb]	

CINAHL EBSCO

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée ici

(MH "Aged" OR MH "Aged, 80 and Over" OR MH "Frail Elderly" OR MH "Gerontologic Nursing+" OR MH "Geriatric Assessment+" OR MH "Geriatrics" OR MH "Geriatric Psychiatry" OR TI (elder* OR eldest OR geriatr* OR "old aged" OR "oldest old*" OR "very old*" OR (older W1 (patient* OR people OR subject* OR age* OR adult* OR man OR men OR male* OR woman OR women OR female* OR population* OR person*)) OR aging OR ageing) OR AB (elder* OR eldest OR geriatr* OR "old aged" OR "oldest old*" OR "very old*" OR (older W1 (patient* OR people OR subject* OR age* OR adult* OR man OR men OR male* OR woman OR women OR female* OR population* OR person*)) OR aging OR ageing)) AND (MH "Alcoholism" OR MH "Alcohol Abuse+" OR MH "Drinking Behavior+" OR MH "Alcohol Drinking" OR MH "Binge Drinking" OR TI (alcohol* OR drunk*) OR (TI (drink*) NOT (MH "Deglutition Disorders" OR MH "Water Supply" OR MH "Fluid Intake" OR TI (deglutition-disorder* OR dysphagia* OR (water N1 drink*)))) OR AB (alcohol* OR drunk*) OR (AB (drink*) NOT (MH "Deglutition Disorders" OR MH "Water Supply" OR MH "Fluid Intake" OR AB (deglutition-disorder* OR dysphagia* OR (water N1 drink*))))) AND (MH "Comorbidity" OR TI (comorbid* OR co-morbid* OR co-occurr* OR cooccurr* OR ((disease* OR sickness*) N1 associat*)) OR AB (comorbid* OR co-morbid* OR co-occurr* OR cooccurr* OR ((disease* OR sickness*) N1 associat*)) OR MH "Hypertension+" OR TI (hypertension OR "blood pressure*" OR hypertensive) OR AB (hypertension OR "blood pressure*" OR hypertensive) OR MH "Affective Disorders+" OR TI ("mood disorder*" OR depression* OR bipolar OR depressive OR dysthymia OR melancholia OR melancholy OR mourning OR ((dysthymic OR affective OR cyclothymic) W2 disorder*)) OR AB ("mood disorder*" OR depression* OR bipolar OR depressive OR dysthymia OR melancholia OR melancholy OR mourning OR ((dysthymic OR affective OR cyclothymic) W2 disorder*)) OR MH "Pain+" OR TI (pain OR pains OR "physical suffering*" OR ache OR aches) OR AB (pain OR pains OR "physical suffering*" OR ache OR aches) OR MH "Liver Diseases+" OR TI (liver OR hepatic OR hepatit* OR hepatis OR hepatopathy OR cirrhosis) OR AB (liver OR hepatic OR hepatit* OR hepatis OR hepatopathy OR cirrhosis) OR MH "Sleep Disorders+" OR TI ((sleep N2 (disorder* OR disturbance* OR dysfunction*)) OR dyssomnia* OR insomnia* OR sleepless*) OR AB ((sleep N2 (disorder* OR disturbance* OR dysfunction*)) OR dyssomnia* OR insomnia* OR sleepless*) OR MH "Cognition Disorders+" OR MH "Dementia+"

OR TI (((cognition OR neurocognitive OR consciousness) W2 disorder*) OR (cognitive W2 (defect* OR deficit* OR disab* OR disorder* OR dysfunction* OR impairment*)) OR dementia OR "executive dysfunction*" OR amnesia OR korsakoff OR huntington OR delirium OR alzheimer OR "creutzfeldt jakob" OR "kluver bucy" OR "kluever bucy" OR "lewy body" OR "lewy bodies" OR "alcoholic psychosis" OR "toxic psychoses" OR "amyotrophic lateral sclerosis" OR "corticobasal degeneration" OR "multiple system atroph*" OR parkinson*) OR AB (((cognition OR neurocognitive OR consciousness) W2 disorder*) OR (cognitive W2 (defect* OR deficit* OR disab* OR disorder* OR dysfunction* OR impairment*)) OR dementia OR "executive dysfunction*" OR amnesia OR korsakoff OR huntington OR delirium OR alzheimer OR "creutzfeldt jakob" OR "kluver bucy" OR "kluever bucy" OR "lewy body" OR "lewy bodies" OR "alcoholic psychosis" OR "toxic psychoses" OR "amyotrophic lateral sclerosis" OR "corticobasal degeneration" OR "multiple system atroph*" OR parkinson*) OR MH "Diabetes Mellitus+" OR TI (diabetes OR diabetic* OR prediabetic* OR "glucose intolerance*") OR AB (diabetes OR diabetic* OR prediabetic* OR "glucose intolerance*") OR MH "Anxiety Disorders+" OR TI (anxiety OR "acute stress disorder*" OR "distress syndrome*" OR "obsessive compulsive" OR panic OR phobia* OR "phobic disorder*" OR "posttraumatic stress" OR "post-traumatic stress" OR "neurotic disorder*") OR AB (anxiety OR "acute stress disorder*" OR "distress syndrome*" OR "obsessive compulsive" OR panic OR phobia* OR "phobic disorder*" OR "posttraumatic stress" OR "post-traumatic stress" OR "neurotic disorder*")) AND (MH "Epidemiology+" OR MW epidemiology OR MH "Incidence" OR MH "Prevalence" OR MH "Morbidity" OR MH "Epidemiological Research" OR MH "Population" OR MH "Rural Population" OR MH "Suburban Population" OR MH "Urban Population" OR MH "Health Screening" OR TI (epidemiol* OR prevalen* OR inciden* OR morbidity OR "general population" OR "population based" OR surveillance OR cohort) OR AB (epidemiol* OR prevalen* OR inciden* OR morbidity OR "general population" OR "population based" OR surveillance OR cohort) OR MH "Prospective Studies+" OR MH "Case Control Studies" OR MH "Population-Based Case Control" OR MH "Cross Sectional Studies" OR TI ("case-control stud*" OR ("cross sectional" W2 (study OR studies OR design OR research)) OR "follow-up stud*" OR "followup stud*" OR "longitudinal stud*" OR "longitudinal evaluation" OR (retrospective W2 (study OR studies OR design)) OR survey OR surveys OR screening) OR AB ("case-control stud*" OR ("cross sectional" W2 (study OR studies OR design OR research)) OR "follow-up stud*" OR "followup stud*" OR "longitudinal stud*" OR "longitudinal evaluation" OR (retrospective W4 (study OR studies OR design)) OR survey OR surveys OR screening)) NOT (MH "Animals" NOT MH "humans")

5624	**références trouvées le**	**2 septembre 2019**
Commentaire(s) :		

PsycINFO Ovid SP

PsycINFO 1806 to April Week 2 2019

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée ici (décocher case “Map Term to Subject Heading”)

(geriatrics/ OR geriatric assessment/ OR geriatric patients/ OR geriatric psychiatry/ OR elder care/ OR aging in place/ OR (elder* OR eldest OR geriatr* OR "old aged" OR "oldest old*" OR "very old*" OR (older ADJ1 (patient* OR people OR subject* OR age* OR adult* OR man OR men OR male* OR woman OR women OR female* OR population* OR person*)) OR aging OR ageing).ab,ti.) AND (exp alcohol abuse/ OR drinking behavior/ OR alcohol drinking patterns/ OR (alcohol* OR drunk*).ab,ti. OR (drink*.ab,ti. NOT (dysphagia/ OR exp fluid intake/ OR (deglutition-disorder* OR dysphagia* OR (water ADJ1 drink*)).ab,ti.))) AND (comorbidity/ OR (comorbid* OR co-morbid* OR co-occurr* OR cooccurr* OR ((disease* OR sickness*) ADJ2 associat*)).ab,ti. OR exp hypertension/ OR (hypertension OR "blood pressure*" OR hypertensive).ab,ti. OR exp affective disorders/ OR ("mood disorder*" OR depression* OR bipolar OR depressive OR dysthymia OR melancholia OR melancholy OR mourning OR ((dysthymic OR affective OR cyclothymic) ADJ3 disorder*)).ab,ti. OR exp pain/ OR pain measurement/ OR (pain OR pains OR "physical suffering*" OR ache OR aches).ab,ti. OR exp liver disorders/ OR (liver OR hepatic OR hepatit* OR hepatis OR hepatopathy OR cirrhosis).ab,ti. OR exp sleep disorders/ OR ((sleep ADJ3 (disorder* OR disturbance* OR dysfunction*)) OR dyssomnia* OR insomnia* OR sleepless*).ab,ti. OR cognitive impairment/ OR exp dementia/ OR (((cognition OR neurocognitive OR consciousness) ADJ3 disorder*) OR (cognitive ADJ3 (defect* OR deficit* OR disab* OR disorder* OR dysfunction* OR impairment*)) OR dementia OR "executive dysfunction*" OR amnesia OR korsakoff OR huntington OR delirium OR alzheimer OR "creutzfeldt jakob" OR

"kluver bucy" OR "kluever bucy" OR "lewy body" OR "lewy bodies" OR "alcoholic psychosis" OR "toxic psychoses" OR "amyotrophic lateral sclerosis" OR "corticobasal degeneration" OR "multiple system atroph*" OR parkinson*).ab,ti. OR exp diabetes mellitus/ OR (diabetes OR diabetic* OR prediabetic* OR "glucose intolerance*").ab,ti. OR exp anxiety disorders/ OR (anxiety OR "acute stress disorder*" OR "distress syndrome*" OR "obsessive compulsive" OR panic OR phobia* OR "phobic disorder*" OR "posttraumatic stress" OR "post-traumatic stress" OR "neurotic disorder*").ab,ti.) AND (epidemiology/ OR morbidity/ OR exp population/ OR screening/ OR health screening/ OR (epidemiol* OR prevalen* OR inciden* OR morbidity OR "general population" OR "population based" OR surveillance OR cohort).ab,ti. OR cohort analysis/ OR followup studies/ OR exp longitudinal studies/ OR retrospective studies/ OR ("case-control stud*" OR ("cross sectional" ADJ3 (study OR studies OR design OR research)) OR "follow-up stud*" OR "followup stud*" OR "longitudinal stud*" OR "longitudinal evaluation" OR (retrospective ADJ3 (study OR studies OR design)) OR survey OR surveys OR screening).ab,ti.)

1380	**références trouvées le**	**2 septembre 2019**
Commentaire(s) :	Dans PsycInfo, "limit humans" ne fonctionne pas.	

Central - Cochrane Library Wiley

Cochrane Central Register of Controlled Trials
Issue 4 of 12, April 2019
Stratégie avec syntaxe adaptée à copier/coller dans base de donnée **ici** (puis sélectionner « Trials » sous « All Results »)

(elder* OR eldest OR geriatr* OR "old aged" OR "oldest old*" OR "very old*" OR (older NEXT/1 (patient* OR people OR subject* OR age* OR adult* OR man OR men OR male* OR woman OR women OR female* OR population* OR person*)) OR aging OR ageing):kw,ti,ab AND ((alcohol* OR drunk*):kw,ti,ab OR (drink*:kw,ti,ab NOT (deglutition-disorder* OR dysphagia* OR (water NEAR/1 drink*)):kw,ti,ab)) AND ((comorbid* OR co-morbid* OR co-occurr* OR cooccurr* OR ((disease* OR sickness*) NEAR/2 associat*)):kw,ti,ab OR (hypertension OR "blood pressure*" OR hypertensive):kw,ti,ab OR ("mood disorder*" OR depression* OR bipolar OR depressive OR dysthymia OR melancholia OR melancholy OR mourning OR ((dysthymic OR affective OR cyclothymic) NEXT/3 disorder*)):kw,ti,ab OR (pain OR pains OR "physical suffering*" OR ache OR aches):kw,ti,ab OR (liver OR hepatic OR hepatit* OR hepatis OR hepatopathy OR cirrhosis):kw,ti,ab OR ((sleep NEAR/3 (disorder* OR disturbance* OR dysfunction*)) OR dyssomnia* OR insomnia* OR sleepless*):kw,ti,ab OR (((cognition OR neurocognitive OR consciousness) NEXT/3 disorder*) OR (cognitive NEXT/3 (defect* OR deficit* OR disab* OR disorder* OR dysfunction* OR impairment*)) OR dementia OR "executive dysfunction*" OR amnesia OR korsakoff OR huntington OR delirium OR alzheimer OR "creutzfeldt jakob" OR "kluver bucy" OR "kluever bucy" OR "lewy body" OR "lewy bodies" OR "alcoholic psychosis" OR "toxic psychoses" OR "amyotrophic lateral sclerosis" OR "corticobasal degeneration" OR "multiple system atroph*" OR parkinson*):kw,ti,ab OR (diabetes OR diabetic* OR prediabetic* OR "glucose intolerance*"):kw,ti,ab OR (anxiety OR "acute stress disorder*" OR "distress syndrome*" OR "obsessive compulsive" OR panic OR phobia* OR "phobic disorder*" OR "posttraumatic stress" OR "post-traumatic stress" OR "neurotic disorder*"):kw,ti,ab) AND ((epidemiol* OR prevalen* OR inciden* OR morbidity OR "general population" OR "population based" OR surveillance OR cohort):kw,ti,ab OR ("case-control stud*" OR ("cross sectional" NEXT/3 (study OR studies OR design OR research)) OR "follow-up stud*" OR "followup stud*" OR "longitudinal stud*" OR "longitudinal evaluation" OR (retrospective NEXT/3 (study OR studies OR design)) OR survey OR surveys OR screening):kw,ti,ab)

413	**références trouvées le**	**2 septembre 2019**
Commentaire(s) :		

Web of Science – Core collection

Stratégie avec syntaxe adaptée à copier/coller dans base de donnée ici

TS=(elder* OR "eldest" OR geriatr* OR "old aged" OR "oldest old*" OR "very old*" OR ("older" NEAR/1 (patient* OR "people" OR subject* OR age* OR adult* OR "man" OR "men" OR male* OR "woman" OR "women" OR female* OR population* OR person*)) OR "aging" OR "ageing") AND (TS=(alcohol* OR drunk*) OR (TS=(drink*) NOT TS=(deglutition-disorder* OR dysphagia* OR ("water" NEAR/1 drink*)))) AND (TS=(comorbid* OR co-morbid* OR co-occurr* OR cooccurr* OR ((disease* OR sickness*) NEAR/1 associat*)) OR TS=("hypertension" OR "blood pressure*" OR "hypertensive") OR TS=("mood disorder*" OR depression* OR "bipolar" OR "depressive" OR "dysthymia" OR "melancholia" OR "melancholy" OR "mourning" OR (("dysthymic" OR "affective" OR "cyclothymic") NEAR/2 disorder*)) OR TS=("pain" OR "pains" OR "physical suffering*" OR "ache" OR "aches") OR TS=("liver" OR "hepatic" OR hepatit* OR "hepatis" OR "hepatopathy" OR "cirrhosis") OR TS=(("sleep" NEAR/2 (disorder* OR disturbance* OR dysfunction*)) OR dyssomnia* OR insomnia* OR sleepless*) OR TS=((("cognition" OR "neurocognitive" OR "consciousness") NEAR/2 disorder*) OR ("cognitive" NEAR/2 (defect* OR deficit* OR disab* OR disorder* OR dysfunction* OR impairment*)) OR "dementia" OR "executive dysfunction*" OR "amnesia" OR korsakoff OR huntington OR delirium OR alzheimer OR "creutzfeldt jakob" OR "kluver bucy" OR "kluever bucy" OR "lewy body" OR "lewy bodies" OR "alcoholic psychosis" OR "toxic psychoses" OR "amyotrophic lateral sclerosis" OR "corticobasal degeneration" OR "multiple system atroph*" OR parkinson*) OR TS=("diabetes" OR diabetic* OR prediabetic* OR "glucose intolerance*") OR TS=("anxiety" OR "acute stress disorder*" OR "distress syndrome*" OR "obsessive compulsive" OR "panic" OR phobia* OR "phobic disorder*" OR "posttraumatic stress" OR "post-traumatic stress" OR "neurotic disorder*")) AND (TS=(epidemiol* OR prevalen* OR inciden* OR "morbidity" OR "general population" OR "population based" OR "surveillance" OR "cohort") OR TS=("case-control stud*" OR ("cross sectional" NEAR/2 ("study" OR "studies" OR "design" OR "research")) OR "follow-up stud*" OR "followup stud*" OR "longitudinal stud*" OR "longitudinal evaluation" OR ("retrospective" NEAR/2 ("study" OR "studies" OR "design")) OR "survey" OR "surveys" OR "screening"))

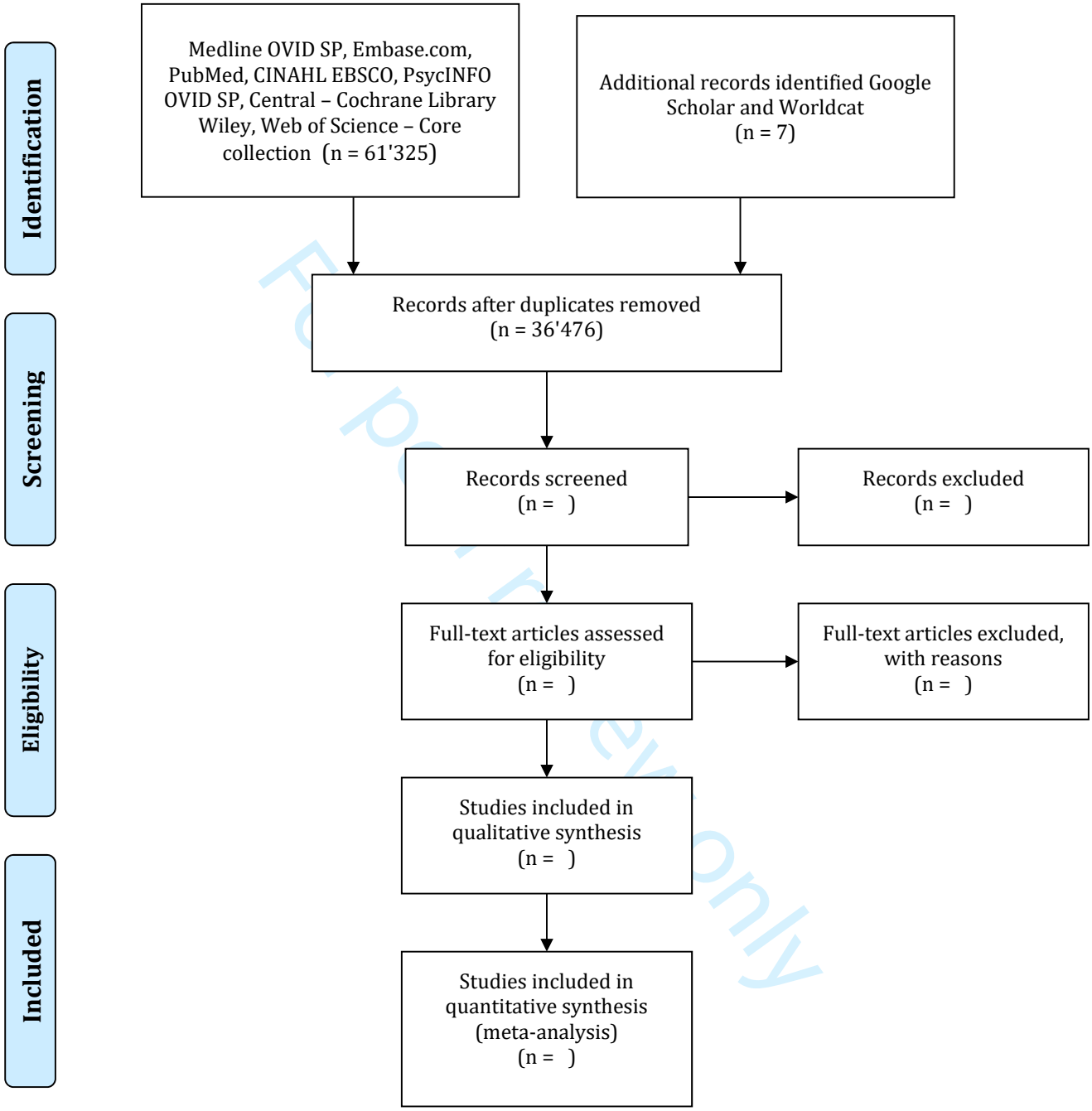
5623	**références trouvées le**	**2 septembre 2019**
Commentaire(s) :		

6. Résultats

L'ordre d'importation dans Endnote suit l'ordre ci-après :

Base de données	Date de la recherche	Nombre de références… …trouvées…	…et après dédoublonnage
Medline OVID SP	**02.09.19**	**22'765**	**22'760**
Embase.com	**02.09.19**	**24'828**	**11'186**
PubMed	**02.09.19**	**692**	**98**
CINAHL EBSCO	**02.09.19**	**5'624**	**843**
PsycINFO OVID SP	**02.09.19**	**1'380**	**296**
Central – Cochrane Library Wiley	**02.09.19**	**413**	**174**
Web of Science – Core collection	**02.09.19**	**5'623**	**1'119**
Total		**61'325**	**36'476**

Suppl. 3



Source: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *P*referred *R*eporting *I*tems for *S*ystematic Reviews and *M*eta-*A*nalyses: The PRISMA Statement. PLoS Med 6(6): e1000097. doi:10.1371/journal.pmed1000097

Data extraction form - SECOND ROUND

EPIDEMIOLOGY OF AT-RISK ALCOHOL USE AND ASSOCIATED COMORBIDITIES AMONG HOME-DWELLING OLDER ADULTS

General Information – Study ID: ……

Date form completed *(dd/mm/yyyy):*	Name person extracting data:
Publication title :***(title of paper/ abstract/ reports that data is extracted from):*** …… ……	

Eligibility (exclude if one of the follow reference is unclear)

Study Characteristics	**Inclusion Criteria**	**Yes/No/ Unclear**	**Location in text** *(pg & ¶/fig/table)*
Type of study	Randomised trial		
	Cluster randomised controlled trial (CRCT)		
	Non-randomised trial – Quasi experimental study		
	Retrospective or prospective **epidemiological** study		
	Cohort study		
	Controlled before-and-after study • Contemporaneous data collection • At least 2 intervention and 2 control clusters		
	Interrupted time series OR repeated measures study • At least 3 time-points before and 3 after the intervention • Clearly defined intervention point		
	Case-control study		
Language	French, German, English, Spanish and Chinese		
Participants	• Home-dwelling adults a minimum mean age of 60 age (age minimum age 55 age) • At least 1 alcoholic drink per day without acception (glas, onz ….		
Types of intervention	Epidemiology (incidence – prevalence – occurrence) Measurement of at-risk drinking / alcoholism/alcohol abuse/alcohol		
Types of outcome measures	**Primary outcome :** • **Epidemiology of at-risk alcohol consumption,** • **Age of onset** • **Severity of alcohol use (amount).** **Secondary outcome measures:** • Psychiatric and somatic comorbidities frequently occurring in home-dwelling older adults with at-risk alcohol consumption; • Documentation of tools and the measurement of comorbidities associated with at-risk drinking; • Presence of epidemiological data on very old adults' drinking habits; • Associations between drinking volume and alcohol-related harm		
Decision:	❍ Excluded ❍ Included		
Reason for exclusion			
Notes:			

DO NOT PROCEED IF STUDY EXCLUDED FROM REVIEW

Definitions

Assumed risk estimate	An estimate of the risk of an event or average score without the intervention, used in Cochrane 'Summary of findings tables'. If a study provides useful estimates of the risk or average score of different subgroups of the population, or an estimate based on a representative observational study, you may wish to collect this information.
Bias	A systematic error or deviation in results or inferences from the truth. In studies of the effects of health care, the main types of bias arise from systematic differences in the groups that are compared (selection bias), the care that is provided, exposure to other factors apart from the intervention of interest (performance bias), withdrawals or exclusions of people entered into a study (attrition bias) or how outcomes are assessed (detection bias). Reviews of studies may also be particularly affected by reporting bias, where a biased subset of all the relevant data is available.
Change from baseline	A measure for a continuous outcome calculated as the difference between the baseline score and the post-intervention score.
Clusters	A group of participants who have been allocated to the same intervention arm together, as in a cluster-randomised trial, e.g. a whole family, town, school or patients in a clinic may be allocated to the same intervention rather than separately allocating each individual to different arms.
Co-morbidities	The presence of one or more diseases or conditions other than those of primary interest. In a study looking at treatment for one disease or condition, some of the individuals may have other diseases or conditions that could affect their outcomes.
Compliance	Participant behaviour that abides by the recommendations of a doctor, other health care provider or study investigator (also called adherence or concordance).
Contemporaneous data collection	When data are collected at the same point(s) in time or covering the same time period for each intervention arm in a study (that is, historical data are not used as a comparison).
Controlled Before and After Study (CBA)	A non-randomised study design where a control population of similar characteristics and performance as the intervention group is identified. Data are collected before and after the intervention in both the control and intervention groups
Exclusions	Participants who were excluded from the study or the analysis by the investigators.
Imputation	Assuming a value for a measure where the true value is not available (e.g. assuming last observation carried forward for missing participants).
Integrity of delivery	The degree to which the specified procedures or components of an intervention are delivered as originally planned.
Interrupted Time Series (ITS)	A research design that collects observations at multiple time points before and after an intervention (interruption). The design attempts to detect whether the intervention has had an effect significantly greater than the underlying trend.
Post-intervention	The value of an outcome measured at some time point following the beginning of the intervention (may be during or after the intervention period).
Power	In clinical trials, power is the probability that a trial will obtain a statistically significant result when the true intervention effect is a specified size. For a given size of effect, studies with more participants have greater power. Note that power should not be considered in the risk of bias assessment.
Providers	The person or people responsible for delivering an intervention and related care, who may or may not require specific qualifications (e.g. doctors, physiotherapists) or training.
Quasi-randomised controlled trial	A study in which the method of allocating people to intervention arms was not random, but was intended to produce similar groups when used to allocate participants. Quasi-random methods include: allocation by the person's date of birth, by the day of the week or month of the year, by a person's medical record number, or just allocating every alternate person.
Reanalysis	Additional analysis of a study's results by a review author (e.g. to introduce adjustment for correlation that was not done by the study authors).

Sociodemographics	Social and demographic information about a study or its participants, including economic and cultural information, location, age, gender, ethnicity, etc.
Theoretical basis	The use of a particular theory (such as theories of human behaviour change) to design the components and implementation of an intervention
Unit of allocation	The unit allocated to an intervention arm. In most studies individual participants will be allocated, but in others it may be individual body parts (e.g. different teeth or joints may be allocated separately) or clusters of multiple people.
Unit of analysis	The unit used to calculate N in an analysis, and for which the result is reported. This may be the number of individual people, or the number of body parts or clusters of people in the study.
Unit of measurement	The unit in which an outcome is measured, e.g. height may be measured in cm or inches; depression may be measured using points on a particular scale.
Validation	A process to test and establish that a particular measurement tool or scale is a good measure of that outcome.
Withdrawals	Participants who voluntarily withdrew from participation in a study before the completion of outcome measurement.

Methods

	Descriptions as stated in report/paper	**Location in text** *(pg & ¶/fig/table)*
1. **Aim of study**		
2. **Design** *(e.g. parallel, crossover, non-RCT)*		
3. **Unit of allocation** *(by individuals, cluster/ groups or body parts)*		
4. **Start date**		
5. **End date**		
6. **Duration of participation** *(from recruitment to last follow-up)*		
7. **Notes:**		

Population and setting – epidemiological data

	Description *Include comparative information for each group (i.e. intervention and controls) if available*	**Location in text** *(pg &¶/fig/table)*
8. **Population description** *(from which study participants are drawn)*		
9. **Baseline characteristics** Sex Age SD / IQR Range Min-Max	 Male:……Female: …….. Average:……..Median: …… …….. ……	
10. **Race / ethnicity**		

	Description *Include comparative information for each group (i.e. intervention and controls) if available*	**Location in text** *(pg &¶/fig/table)*
11. **Setting** *(including location and social context)*		
12. **Inclusion criteria**		
13. **Exclusion criteria**		
14. **Recruitment of participants**		
15. **Length of follow-up**		
16. **Follow-up characteristics**		
17. **Target population and final number of subjects studied for outcome**		

Participants

	Description as stated in report/paper	**Location in text** (pg & /fig/table)
18. **Total number randomised** *(or total pop. at start of study for NRCTs)*		
19. **Clusters** *(if applicable, no., type, no. people per cluster)*		
20. **Baseline imbalances *(if applicable)***		
21. **Withdrawals and exclusions** *(if not provided below by the outcome)*		
22. **Severity of illness**		
23. **Comorbidities**		
24. **Other treatments received** *(additional to study intervention)*		
25. **Other relevant socio-demographics**		
26. **Subgroups measured**		
27. **Subgroups reported**		
28. **Notes:**		

Intervention groups

	Description as stated in report/paper	**Location in text** *(pg & ¶/fig/table)*
29. **Group name**		

	Description as stated in report/paper	Location in text *(pg & ¶/fig/table)*
30. **No. randomised to group** *(specify whether no. people or clusters)*		
31. **Description** *(include sufficient detail for replication, e.g. content, dose, components; if it is a natural experiment, describe the pre-intervention)*		
32. **Duration of treatment period**		
33. **Timing** *(e.g. frequency, duration of each episode)*		
34. **Delivery** *(e.g. mechanism, medium, intensity, fidelity)*		
35. **Providers** *(e.g. no., profession, training, ethnicity, etc. if relevant)*		
36. **Co-interventions**		
37. **Economic variables** *(i.e. intervention cost changes in other costs as result of intervention)*		
38. **Resource requirements to replicate intervention** *(e.g. staff numbers, cold chain, equipment)*		
39. **Notes:**		

Control Group

	Description as stated in report/paper	Location in text *(pg & /fig/table)*
40. **Group name**		
41. **No. randomised to group** *(specify whether no. people or clusters)*		
42. **Description** *(include sufficient detail for replication, e.g. content, dose, components; if it is a natural experiment, describe the pre-intervention)*		
43. **Duration of treatment period**		
44. **Timing** *(e.g. frequency, duration of each episode)*		
45. **Delivery** *(e.g. mechanism, medium, intensity, fidelity)*		
46. **Providers** *(e.g. no., profession, training, ethnicity, etc. if relevant)*		
47. **Co-interventions**		

	Description as stated in report/paper	Location in text *(pg & /fig/table)*
48. **Economic variables** *(i.e. intervention cost, changes in other costs as result of intervention)*		
49. **Resource requirements to replicate intervention** *(e.g. staff numbers, cold chain, equipment)*		
50. **Notes:**		

Outcomes

	Description as stated in report/paper	Location in text *(pg & ¶/fig/table)*
51. **Outcome name**		
52. **Time-points measured** *(specify whether from start or end of intervention)*		
53. **Time-points reported**		
54. **Outcome definition** *(with diagnostic criteria if relevant and note whether the outcome is desirable or undesirable if this is not obvious)*		
55. **Person measuring/ reporting**		
56. **Unit of measurement** *(if relevant)*		
57. **Scales: upper and lower limits** *(indicate whether high or low score is good)*		
58. **Is outcome/tool validated?**	*Yes/No/Unclear*	
59. **Imputation of missing data** *(e.g. assumptions made for Intention To Treat analysis)*		
60. **Assumed risk estimate** *(e.g. baseline or population risk noted in Background)*		
61. **Notes:**		

Results

For randomised or non-randomised trial with <u>dichotomous outcomes</u>

	Description as stated in report/paper				Location in text *(pg & /fig/table)*
62. **Comparison**					
63. **Outcome**					
64. **Subgroup**					
65. **Time point** *(specify whether from start or end of intervention)*					
66. **Results** *Note whether:*	**Intervention**		**Comparison**		
	No. events	No. participants	No. events	No. participants	

	Description as stated in report/paper				Location in text *(pg & /fig/table)*
... *post-intervention OR* ... *change from baseline* *And whether* ... *Adjusted OR* ...*Unadjusted*					
67. **Baseline data**	**Intervention**		**Comparison**		
	No. events	No. participants	No. events	No. participants	
68. **No. missing participants and reasons**					
69. **No. participants moved from other groups and reasons**					
70. **Any other results reported**					
71. **Unit of analysis** *(e.g. by individuals, health professionals, practice, hospital, community)*					
72. **Statistical methods used and appropriateness of these methods** *(e.g. adjustment for correlation)*					
73. **Reanalysis required?** *(if yes, specify why, e.g. correlation adjustment)*	... *Yes/No/Unclear*				
74. **Reanalysis possible?**	... *Yes/No/Unclear*				
75. **Reanalysed results**					
76. **Notes:**					

For randomised or non-randomised trials with <u>continuous outcomes</u>

	Description as stated in report/paper						Location in text *(pg & /fig/table)*
77. **Comparison**							
78. **Outcome**							
79. **Subgroup**							
80. **Time point** *(specify whether from start or end of intervention)*							
81. **Post-intervention or change from the baseline?**							
82. **Results** *Note whether:* ... *post-intervention OR* ... *change from baseline* *And whether* ... *Adjusted OR* ...*Unadjusted*	**Intervention**			**Comparison**			
	Mean	SD (or other variance)	No. participants	Mean	SD (or other variance)	No. participants	
83. **Baseline data**	**Intervention**			**Comparison**			

	Description as stated in report/paper						Location in text *(pg & /fig/table)*
	Mean	SD (or other variance)	No. participants	Mean	SD (or other variance)	No. participants	
84. **No. missing participants and reasons**							
85. **No. participants moved from other groups and reasons**							
86. **Any other results reported**							
87. **Unit of analysis** *(e.g. by individuals, health professionals, practice, hospital, community)*							
88. **Statistical methods used and appropriateness of these methods** *(e.g. adjustment for correlation)*							
89. **Reanalysis required?** *(if yes, specify why)*	... *Yes/No/Unclear*						
90. **Reanalysis possible?**	... *Yes/No/Unclear*						
91. **Reanalysed results**							
92. **Notes:**							

For randomised or non-randomised trial with <u>other outcomes</u>

	Description as stated in report/paper				Location in text *(pg & ¶/fig/table)*
93. **Comparison**					
94. **Outcome**					
95. **Subgroup**					
96. **Time point** *(specify whether from start or end of intervention)*					
97. **Type of outcome**					
98. **Results**	Intervention result	SD (or other variance)	Control result	SD (or other variance)	
	Overall results		SE (or other variance)		
99. **No. participants**	Intervention		Control		
100. **No. missing participants and reasons**					
101. **No. participants moved from other groups and reasons**					
102. **Any other results reported**					

	Description as stated in report/paper		Location in text *(pg & ¶/fig/table)*
103. **Unit of analysis** *(e.g. by individuals, health professionals, practice, hospital, community)*			
104. **Statistical methods used and appropriateness of these methods**			
105. **Reanalysis required?** *(if yes, specify why)*			
106. **Reanalysis possible?**			
107. **Reanalysed results**			
108. **Notes:**			

For controlled before–after studies

	Description as stated in report/paper				Location in text *(pg & ¶/fig/table)*
109. **Comparison**					
110. **Outcome**					
111. **Subgroup**					
112. **Time point** *(specify whether from start or end of intervention)*					
113. **Post-intervention or change from the baseline?**					
114. **Results**	Intervention result	SD (or other variance)	Control result	SD (or other variance)	
	Overall results		SE (or other variance)		
115. **No. participants**	Intervention		Control		
116. **No. missing participants and reasons**					
117. **No. participants moved from other groups and reasons**					
118. **Any other results reported**					
119. **Unit of analysis** *(e.g. by individuals, cluster/ groups or body parts)*					
120. **Statistical methods used and appropriateness of these methods**					
121. **Reanalysis required?** *(specify)*	... *Yes/No/Unclear*				
122. **Reanalysis possible?**	... *Yes/No/Unclear*				
123. **Reanalysed results**					

	Description as stated in report/paper	Location in text *(pg & ¶/fig/table)*
124. **Notes:**		

For interrupted time series or repeated measures study

	Description as stated in report/paper				Location in text *(pg & /fig/table)*
125. **Comparison**					
126. **Outcome**					
127. **Subgroup**					
128. **Length of time-points measured** *(e.g. days, months)*					
Total period measured					
129. **No. participants measured**					
130. **No. missing participants and reasons**					
131. **No. time-points measured**	132. **Pre-intervention**		133. **Post-intervention**		
134. **Mean value** *(with variance measure)*					
135. **Difference in means (post–pre)**					
136. **Percentage of relative change**					
137. **Result reported by authors** *(with variance measure)*					
138. **Unit of analysis** *(e.g. by individuals or cluster/ groups)*					
139. **Statistical methods used and appropriateness of these methods**					
140. **Reanalysis required?** *(specify)*	... *Yes/No/Unclear*				
141. **Reanalysis possible?**	... *Yes/No/Unclear*				
142. **Individual time-point results**					
143. **Read from figures?**	... ***Yes/No/Unclear***				
144. **Reanalysed results**	**Change in level**	**SE**	**Change in slope**	**SE**	
145. **Notes:**					

Applicability

146. **Have important populations been excluded from the study?** *(consider disadvantaged populations and possible differences in the intervention effect)*	... *Yes/No/Unclear*	

147. **Is the intervention likely to be aimed at disadvantaged groups?** *(e.g. lower socioeconomic groups)*	... *Yes/No/Unclear*	
148. **Does the study directly address the review question?** *(any issues of partial or indirect applicability)*	... *Yes/No/Unclear*	
149. **Notes:**		

Other information

	Description as stated in report/paper	**Location in text** *(pg & ¶/fig/table)*
150. **Key conclusions by study authors**		
151. **References to other relevant studies**		
152. **Correspondence required for further study information** *(what and from whom)*		
153. **Further study information requested** *(from whom, what and when)*		
154. **Correspondence received** *(from whom, what and when)*		
155. **Note:**		

Risk of Bias assessment for RCTs

Domain	**Risk of bias** *Low/ High/Unclear*	**Support for judgment**	**Location in text** *(pg & ¶/fig/table)*
156. **Random sequence generation** *(selection bias)*			
157. **Allocation concealment** *(selection bias)*			
158. **Blinding of participants and personnel** *(performance bias)*		**Outcome group: All/**	
(if required)		**Outcome group:**	
159. **Blinding of outcome assessment** *(detection bias)*		**Outcome group: All/**	
(if required)		**Outcome group:**	
160. **Incomplete outcome data** *(attrition bias)*			
161. **Selective outcome reporting?** *(reporting bias)*			
162. **Other bias**			
163. **Notes:**			