

As if dementia reviews weren't complex enough.....

Cochrane Dementia Group's adventures with
NIHR Complex Reviews Support Unit (NIHR CRSU)

Cochrane Dementia & Cognitive Improvement

- Why add more complexity
- NMA
- DTA
- Overviews
- Prognosis
- The good, the bad and the complex

Cochrane Dementia & Cognitive Improvement



- Dementia is a public health priority
- Limited evidence based therapy
- Established Cochrane Group,
- Diverse portfolio,
- Program grants
- Social media profile
- etc
- etc

JAMDA 18 (2017) 96–98



Journal homepage: www.jamda.com

Editorial

Cochrane Dementia Group Turns 21—Older and (Slightly) Wiser

Terence J. Quinn MD, FRCP, MBChB, BSc (hons)^{a,*},
Jenny McCleery MA, MB, BS, MRCPsych^b, Anna H. Noel-Storr^b, Sue Marcus^b,
Leon Flicker MBBS, PhD^c

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^cWestern Australian Centre for Health & Ageing, University of Western Australia, Perth, Australia



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NIHR | National Institute
for Health Research

- *“.....group has a narrow focus.....”*
- *“...simple reviews...”*
- *“....niche topics.....”*
- *“.....need for prioritisation.....”*
- *“.....limited evidence of impact.....”*

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Cochrane Database of Systematic Reviews

Acupuncture for vascular dementia

Cochrane Systematic Review -

<https://doi.org/10.1002/14651858.pub2>

Am score 10

[View article](#)

✉ Weina Peng | Yang Wang

[View authors' declarations of interest](#)

Cochrane Database of Systematic Reviews

Acetyl-L-carnitine for dementia

Cochrane Systematic Review - Intervention | Version published: 22 April 2003 [see what's new](#)

<https://doi.org/10.1002/14651858.pub2>

Am score 10

[View article](#)

✉ Sheila A Hudson | Na

[View authors' declarations of interest](#)

Cochrane Database of Systematic Reviews

Almitrine-Raubasine combination for dementia

Cochrane Systematic Review - Intervention | Version published: 16 March 2011

<https://doi.org/10.1002/14651858.CD008068.pub2>

Am score 0

[View article information](#)

✉ Weimin Yang | Ming Liu | Junfang Teng | Zilong Hao | Bo Wu | Taixiang Wu | Guan J Liu

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No conclusions can be made.....

Further high quality trials are needed.....

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- What are our most important reviews ?
- What are the strengths of the group ?
- What do stake holders want ?
- Which new areas can we start to develop ?

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Archie

| Resources | File | View | Tools | Favourites | Help | Title | Contact Person | Rev No | Write Phase | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|-------|------------|------|-----------------------------------------------------------|---------------------|--------|-------------|-----------|
| Cochrane | | | | | | Active 189 | | | | |
| <ul style="list-style-type: none"> Favourites My Reviews Derivative Products Co-ordinating Editors' Board Dementia and Cognitive Improvement Group <ul style="list-style-type: none"> People Reviews <ul style="list-style-type: none"> Full Reviews Protocols Topics List Files Workflows Effective Practice and Organisation of Care Group Prognosis Methods Group Stroke Group | | | | | | | | | | |
| | | | | | | 11C-PIB-PET for the early diagnosis of Alzheimer's di | Zhang, Shuo | DTA 17 | ● ○ | Authoring |
| | | | | | | 18F PET with florbetaben for the early diagnosis of Al | Martínez, Gabriel | | ● ○ | Authoring |
| | | | | | | 18F PET with florbetapir for the early diagnosis of Alz | Martínez, Gabriel | | ● ○ | Authoring |
| | | | | | | 18F PET with flutemetamol for the early diagnosis of | Martínez, Gabriel | | ● ○ | Authoring |
| | | | | | | 18F-FDG PET for the early diagnosis of Alzheimer's d | Sachpekidis, Chris | DTA 23 | ● ○ | Authoring |
| | | | | | | Acetyl-L-carnitine for dementia | Hudson, Sheila A | 133 | ● ○ | Authoring |
| | | | | | | Acupuncture for vascular dementia | Peng, Weina | | ● ○ | Authoring |
| | | | | | | AD-8 for detection of dementia across a variety of hes | Quinn, Terry J | | ● ○ | Authoring |
| | | | | | | Addenbrooke's Cognitive Examination III (ACE-III) an | Beishon, Lucy C | | ● ○ | Authoring |
| | | | | | | Aerobic exercise to improve cognitive function in older | Young, Jeremy | 128 | ● ○ | Authoring |
| | | | | | | Algorithm-based pain management for people with de | Möhler, Ralph | | ● ○ | Authoring |
| | | | | | | Almitrine-Raubasine combination for dementia | Yang, Weimin | | ● ○ | Authoring |
| | | | | | | Alpha lipoic acid for dementia | Klugman, Anthony | 139 | ● ○ | Authoring |
| | | | | | | Animal-assisted therapy for dementia | Lai, Nai Ming | | ● ○ | Editorial |
| | | | | | | Antidepressants for agitation and psychosis in demen | Seitz, Dallas P | | ● ○ | Authoring |
| | | | | | | Antidepressants for treating depression in dementia | Dudas, Robert | 24 | ● ○ | Authoring |
| | | | | | | Antihypertensive withdrawal for the prevention of cogr | Quinn, Terry J | | ● ○ | Authoring |
| | | | | | | Antipsychotics for agitation and psychosis in people w | Köpke, Sascha | | ● ○ | Authoring |
| | | | | | | Antipsychotics for treatment of delirium in hospitalised | Burry, Lisa | | ● ○ | Authoring |
| | | | | | | Antithrombotic therapy to prevent cognitive decline in | Kwan, Joseph SK | | ● ○ | Authoring |
| | | | | | | Aromatherapy for dementia | Owen-Booth, Beth | 56 | ● ○ | Authoring |
| | | | | | | Art therapy for people with dementia | Deshmukh, Sunita | | ● ○ | Authoring |
| | | | | | | Aspirin and other non-steroidal anti-inflammatory drug | Jordan, Fionnuala | | ● ○ | Authoring |
| | | | | | | Aspirin for vascular dementia | Rands, Gianetta | 33 | ● ○ | Authoring |
| | | | | | | Aspirin, steroidal and non-steroidal anti-inflammatory | Jaturapatporn, Dari | 119 | ● ○ | Authoring |
| | | | | | | Assistive technology for memory support in dementia | Van der Roest, Her | | ● ○ | Authoring |
| | | | | | | Atypical antipsychotics for agitation and psychosis in | Köpke, Sascha | | ● ○ | Editorial |
| | | | | | | Benzodiazepines for delirium | Shang, Hong Cai | 5 | ● ○ | Editorial |
| | | | | | | Benzodiazepines for treatment of delirium in non-ICU | Li, Yan | | ● ○ | Authoring |
| | | | | | | Cannabinoids for the treatment of Alzheimer's demen | Krishnan, Sarada | 115 | ● ○ | Editorial |
| | | | | | | Cannabinoids for the treatment of dementia | Puljak, Livia | | ● ○ | Authoring |
| | | | | | | Carbohydrates for improving the cognitive performanc | Ooi, Cheow Peng | 117 | ● ○ | Authoring |
| | | | | | | Case management approaches to home support for p | Reilly, Siobhan | | ● ○ | Authoring |
| | | | | | | Cerebrolysin for vascular dementia | He, Li | | ● ○ | Editorial |
| | | | | | | Cholinesterase inhibitors for Alzheimer's disease | Birks, Jacqueline S | | ● ○ | Authoring |
| | | | | | | Cholinesterase inhibitors for delirium | Overshott, Ross | 102 | ● ○ | Editorial |
| | | | | | | Cholinesterase inhibitors for dementia with Lewy bodi | Wild, Rebecca | | ● ○ | Authoring |
| | | | | | | Cholinesterase inhibitors for dementia with Lewy bodi | Martínez, Gabriel | | ● ○ | Authoring |
| | | | | | | Cholinesterase inhibitors for mild cognitive impairmen | Russ, Tom C | | ● ○ | Authoring |
| | | | | | | Cholinesterase inhibitors for Parkinson's disease dem | Maidment, Ian | | ● ○ | Editorial |
| | | | | | | Cholinesterase inhibitors for rarer dementias associat | Dong, Bi Rong | | ● ○ | Authoring |
| | | | | | | Cholinesterase inhibitors for the treatment of delirium | Zhang, Zongwang | | ● ○ | Authoring |
| | | | | | | Cholinesterase inhibitors for vascular dementia and ol | Battle, Ceri E | | ● ○ | Authoring |
| | | | | | | Clinical judgement by primary care physicians for the | Creavin, Sam T | | ● ○ | Authoring |
| | | | | | | Cognitive reframing for carers of people with dementi | Graff, Maud JL | 105 | ● ○ | Authoring |
| | | | | | | Cognitive rehabilitation for people with mild to modera | Kudlicka, Aleksand | | ● ○ | Authoring |
| | | | | | | Cognitive stimulation to improve cognitive functioning | Woods, Bob | | ● ○ | Authoring |
| | | | | | | Cognitive training and cognitive rehabilitation for older | Bahar-Fuchs, Alex | 118 | ● ○ | Editorial |
| | | | | | | Cognitive training for older people and people with mil | Eschen, Anne | | ● ○ | Authoring |

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Cochrane Database of Systematic Reviews

Donepezil for dementia due to Alzheimer's disease

Cochrane Systematic Review - Intervention | Version published: 18 June 2018 [see what's new](#)

<https://doi.org/10.1002/14651858.CD001190.pub3>

New search Conclusions changed

✉ [Jacqueline S B](#)
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Cochrane Database of Systematic Reviews

Rivastigmine for Alzheimer's disease

Cochrane Systematic Review - Intervention | Version published: 22 September 2015 [see what's new](#)

<https://doi.org/10.1002/14651858.CD001190.pub3>

Am score 44

✉ [Jacqueline](#)
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Cochrane Database of Systematic Reviews

Galantamine for Alzheimer's disease and mild cognitive impairment

Cochrane Systematic Review - Intervention | Version published: 25 January 2006 [see what's new](#)

<https://doi.org/10.1002/14651858.CD001190.pub3>

Am score 4

✉ [Clement Loy](#) | [Lon Schneider](#)
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Cochrane Database of Systematic Reviews

Memantine for dementia

Cochrane Systematic Review - Intervention | Version published: 20 March 2019 [see what's new](#)

<https://doi.org/10.1002/14651858.CD003154.pub6>

New search Conclusions changed Am score 214 [View article information](#)

✉ [Rupert McShane](#) | [Maggie J Westby](#) | [Emmert Roberts](#) | [Neda Minakaran](#) | [Lon Schneider](#) | [Lucy E Farrimond](#)
| [Nicola Maayan](#) | [Jennifer Ware](#) | [Jean Debarros](#)
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A screenshot of an email client interface. The email is addressed to Moira Sim and has the subject 're: help with a Cochrane review'. The body of the email contains a request for help with a network meta-analysis (NMA) for a Cochrane review on acetylcholinesterase inhibitors in vascular dementia. The sender is Terry, on behalf of the Cochrane Dementia Group.

To... Moira Sim;

Cc...

Subject: re: help with a Cochrane review

Dear Cochrane CRSU

I wonder if you could help with one of our reviews.

We are updating our reviews of acetylcholinesterase inhibitors in vascular dementia. We think it would be good to compare the three available drugs using a network approach. We don't have much experience of NMA, so any help greatly appreciated.

Let me know if you need more information from my end, happy to chat on 'phone.

Best wishes

Terry
On behalf of Cochrane Dementia Group

Moira Sim

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Cholinesterase inhibitors for vascular dementia and other vascular cognitive impairments: a network meta-analysis

Cochrane Systematic Review - Intervention - Protocol | Version published: 10 April 2019

<https://doi.org/10.1002/14651858.CD013306>

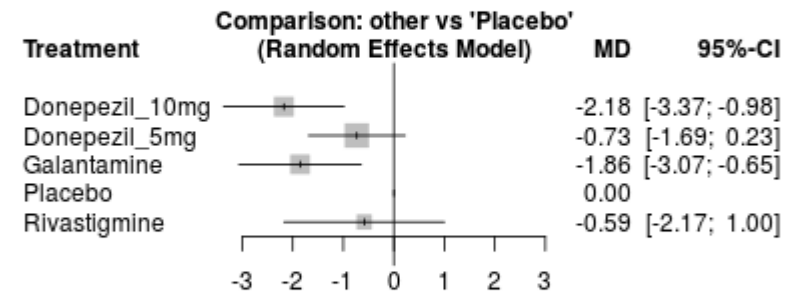
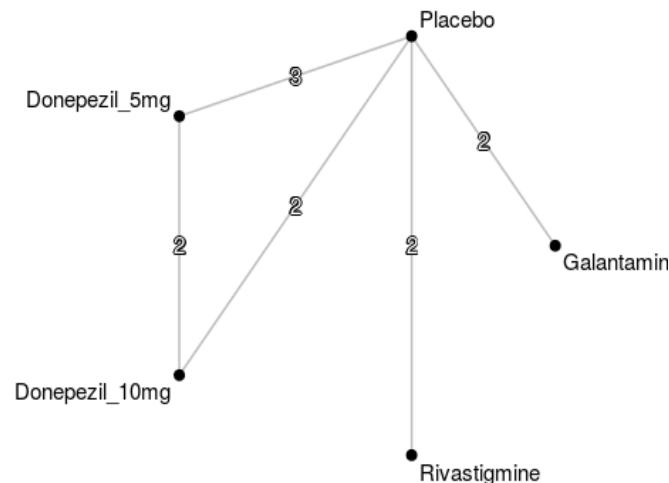


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[Ceri E Battle](#) | [Azmil H Abdul-Rahim](#) | [Susan D Shenkin](#) | [Jonathan Hewitt](#)

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- More informative review
- Authors needed support with app
- Issues with incorporating NMA into review template



Cochrane Dementia & Cognitive Improvement

| CD Number | Review Title | Full text downloads |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| CD005563 | Interventions for preventing delirium in hospitalised non-ICU patients | 7,741 |
| CD001120 | Reminiscence therapy for dementia | 6,711 |
| CD011145 | Mini-Mental State Examination (MMSE) for the detection of dementia in clinically unevaluated people aged 65 and over in community and primary care populations | 6,179 |

“There is **STRONG** evidence supporting multi-component interventions to prevent delirium in hospitalised patients”

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1. Sleep protocol, avoid sedatives, reorientation, early mobilisation
2. Avoid sedatives, reorientation, avoid catheters
3. Sleep protocol, environmental factors, nurse training, screening
4. Screening, reorientation, early mobilisation
5. Avoid sedatives, nurse training, screening
6. Sleep protocol, nurse training, early mobilisation
7. Early mobilisation, nurse training, screening
8. Early mobilisation, avoid sedatives, avoid urinary catheters
9. Environmental factors, nurse raining, screening, avoid sedatives, avoid catheters
10. Nurse training, sleep protocol, early mobilisation

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**Any multicomponent
intervention**

Usual care

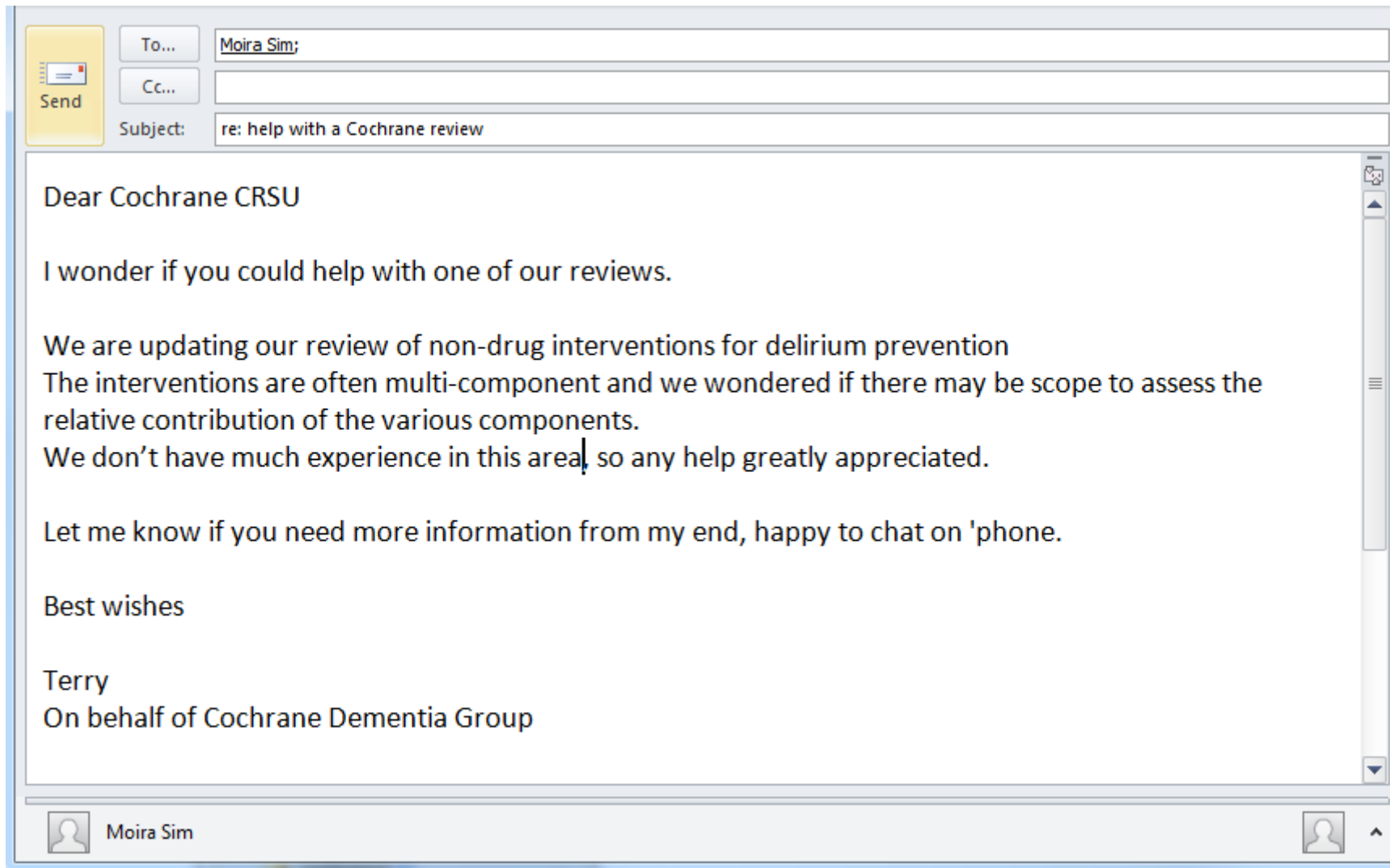
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sleep protocol, avoid
sedatives, reorientation,
early mobilisation, avoid
catheters, environmental
factors, nurse training,
screening,

Usual care

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Non-pharmacological interventions for preventing delirium in hospitalised non-ICU patients

Cochrane Systematic Review - Intervention - Protocol | Version published: 15 April 2019

<https://doi.org/10.1002/14651858.CD013307>



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✉ [Jennifer K Burton](#) | [Najma Siddiqi](#) | [Elizabeth A Teale](#) | [Amanda Barugh](#) | [Alex J Sutton](#)

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- More complex analysis offers a more useful result
- Good to liaise with NIHR CRSU early
- Approach to analysis needs to be flexible depending on the data

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Cochrane [Database of Systematic Reviews](#)

Blood pressure lowering in patients without prior cerebrovascular disease for prevention of cognitive impairment and dementia

Cochrane Systematic Review - Intervention | Version published: 07 October 2009 [see what's new](#)

<https://doi.org/10.1002/14651858.CD004034.pub3>

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[Bernadette McGuinness](#) | [Stephen Todd](#) | [Peter Passmore](#) | [Roger Bullock](#)

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Can we create a network to compare individual drug classes ?

No.

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Cochrane [Database of Systematic Reviews](#)

Blood pressure lowering in patients without prior cerebrovascular disease for prevention of cognitive impairment and dementia

Cochrane Systematic Review - Intervention | Version published: 07 October 2009 [see what's new](#)

<https://doi.org/10.1002/14651858.CD004034.pub3>

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Can we create a network to compare individual drug classes ?

No.
But, here are some other things you could do.....

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- What are our most important reviews ?
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- What are our most important reviews ?
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| CD Number | Review Title | Full text downloads |
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| CD005563 | Interventions for preventing delirium in hospitalised non-ICU patients | 7,741 |
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| CD011145 | Mini-Mental State Examination (MMSE) for the detection of dementia in clinically unevaluated people aged 65 and over in community and primary care populations | 6,179 |

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Cochrane Database of Systematic Reviews

Mini-Mental State Examination (MMSE) for the detection of dementia in clinically unevaluated people aged 65 and over in community and primary care populations

Cochrane Systematic Review - Diagnostic | Version published: 13 January 2016 [see what's new](#)

<https://doi.org/10.1002/14651858.CD010860>

Am score 50 Used in 1 guideline

✉ Sam T Creavin | Susanna Crichton
| Victoria M Thom | Kirsty Maitland
| Emma Phillips | Sophie
| Sarah Cullum

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Cochrane Database of Systematic Reviews

Mini-Cog for the diagnosis of Alzheimer's disease dementia and other dementias within a community setting

Cochrane Systematic Review - Diagnostic | Version published: 03 February 2015

<https://doi.org/10.1002/14651858.CD010860.pub2>

Am score 10 Used in 1 guideline

Bruce A Fage | Calvin CH Chan
| ✉ Dallas P Seitz

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Cochrane Database of Systematic Reviews

Montreal Cognitive Assessment for the diagnosis of Alzheimer's disease and other dementias

Cochrane Systematic Review - Diagnostic | Version published: 29 October 2015

<https://doi.org/10.1002/14651858.CD010775.pub2>

Am score 84 Used in 3 guidelines [View article information](#)

✉ Daniel HJ Davis | Sam T Creavin | Jennifer LY Yip | Anna H Noel-Storr | Carol Brayne | Sarah Cullum

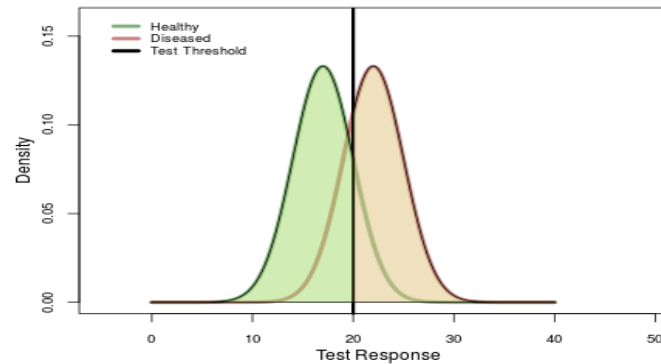
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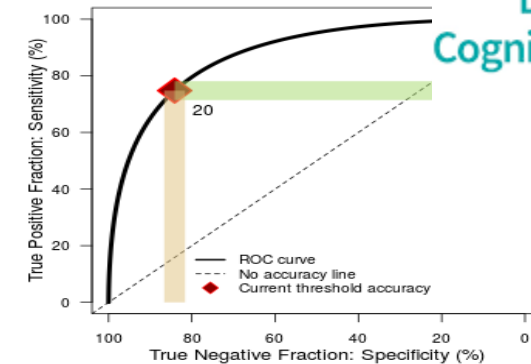


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Distribution of test values in diseased and healthy



Receiver Operating Characteristic (R)



Hide/show explanation text

The fraction of diseased patients correctly diagnosed by a test is often referred to as test **sensitivity** and the fraction of healthy patients correctly diagnosed by a test as **specificity**. These quantities are used to describe the performance of a diagnostic test, and both will vary with the test threshold used.

If 1 - **specificity** is plotted against **sensitivity** for all threshold values, a Receiver Operating Characteristic (ROC) plot is created (above right figure). This summarises test performance across all thresholds giving the possible trade-offs that can be achieved between False Negatives and False Positives (plotted above).

Explore how changing the means and variances of the test distributions in the diseased and healthy affect the ROC curve.

Mean test value for healthy: (range 15-25)

Standard deviation of test values for healthy: (range 0.5-6)

Mean test value for diseased: (range 15-25)

Standard deviation of test values for diseased: (range 0.5-6)

Test threshold: above which defines disease diagnosis by test: (range 0-40)

Click on the buttons below to change highlighted related selections across plots

- True Positive Fraction (Sensitivity) & Number TP
- False Negative Fraction (1 - Sensitivity) & Number FN
- True Negative Fraction (Specificity) & Number TN
- False Positive Fraction (1- Specificity) & Number FP

Prevalence: % of tested population with disease (does not affect Test Accuracy tab): (range 1-99)

True Status

| | | Diseased | Healthy |
|------|---|---------------------------|---------------------------|
| Test | + | Sensitivity 74.8 % | 15.9 % |
| | - | 25.2 % | Specificity 84.1 % |

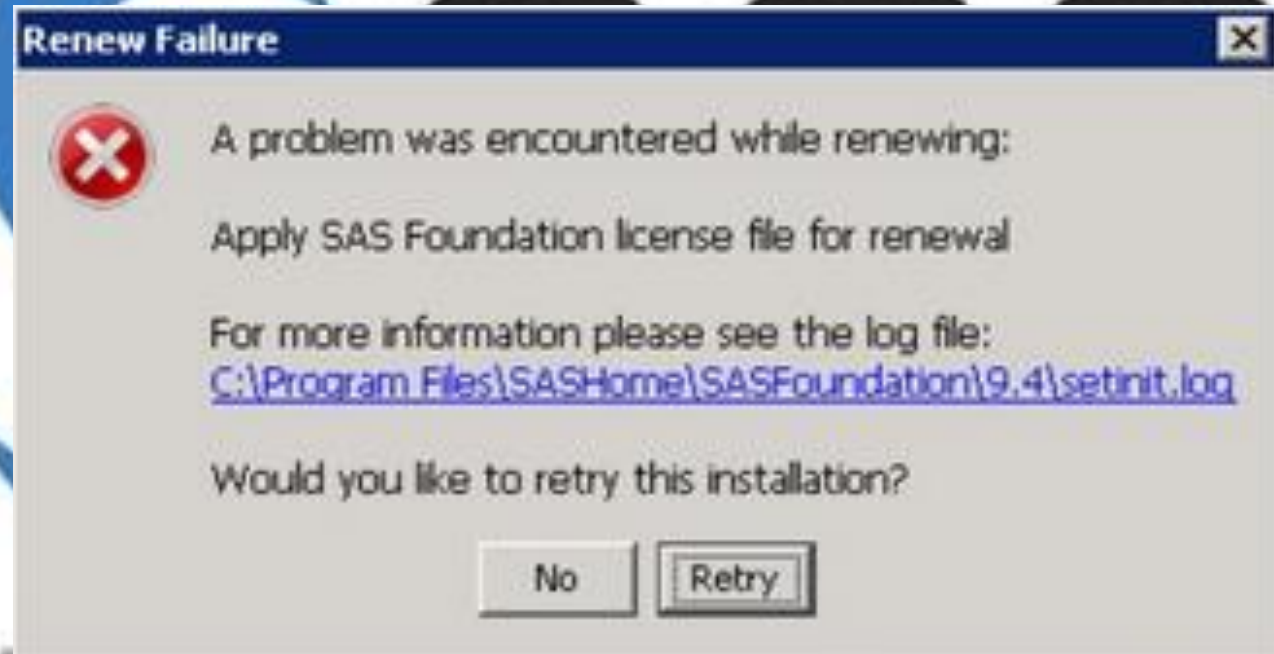
Performance of a test relating to specified distribution and threshold values:

Selected threshold above which test diagnoses patients as diseased is 20.

At this test threshold 74.8% of diseased patients are correctly diagnosed by the test (**sensitivity**), and 25.2% are incorrectly diagnosed as healthy.

84.1% of healthy patients are correctly diagnosed by the test (**specificity**), and 15.9% are incorrectly diagnosed as diseased.

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Meta-Analysis of Diagnostic Test Accuracy Studies

Options for ROC Curve tab

- Data Points
- SROC curve
- Extrapolate SROC curve

Bivariate model options

- Summary point
- 95% Confidence region
- 95% Predictive region

Display 95% study level confidence intervals

- Sensitivity
- Specificity

Options for Statistics tab

- Sensitivity
- Specificity
- False Positive Rate
- Correlation
- HSROC parameters
- Diagnostic Odds Ratio
- Likelihood Ratios

Study-level Outcomes

ROC Curve

Statistics

Parameter Estimates

Parameters for RevMan

Note: Arrows to the right of the column headings can be used to sort data into ascending or descending order.

Show **30** entries

Search:

| | Author | Year | TP | FN | FP | TN | N | Sensitivity | Specificity | FPR |
|----|--------------|------|-----|----|------|------|------|-------------|-------------|-------|
| 1 | Aalto | 2006 | 47 | 9 | 101 | 738 | 895 | 0.839 | 0.880 | 0.120 |
| 2 | Aertgeerts01 | 2001 | 126 | 51 | 272 | 1543 | 1992 | 0.712 | 0.850 | 0.150 |
| 3 | Aertgeerts02 | 2002 | 19 | 10 | 12 | 192 | 233 | 0.655 | 0.941 | 0.059 |
| 4 | Bradley03 | 2003 | 36 | 3 | 78 | 276 | 393 | 0.923 | 0.780 | 0.220 |
| 5 | Bradley07 | 2007 | 130 | 19 | 211 | 959 | 1319 | 0.872 | 0.820 | 0.180 |
| 6 | Bush | 1998 | 84 | 2 | 68 | 89 | 243 | 0.977 | 0.567 | 0.433 |
| 7 | Gomez | 2006 | 68 | 0 | 112 | 423 | 603 | 1.000 | 0.791 | 0.209 |
| 8 | Gordon | 2001 | 752 | 0 | 3226 | 2977 | 6955 | 1.000 | 0.480 | 0.520 |
| 9 | Gual | 2002 | 59 | 5 | 55 | 136 | 255 | 0.922 | 0.712 | 0.288 |
| 10 | Rumpf | 2002 | 142 | 50 | 571 | 2788 | 3551 | 0.740 | 0.830 | 0.170 |
| 11 | Seale | 2006 | 137 | 24 | 107 | 358 | 626 | 0.851 | 0.770 | 0.230 |
| 12 | Selin | 2006 | 57 | 3 | 103 | 437 | 600 | 0.950 | 0.809 | 0.191 |
| 13 | Tsai | 2005 | 34 | 1 | 21 | 56 | 112 | 0.971 | 0.727 | 0.273 |
| 14 | Tuunanen | 2007 | 152 | 51 | 88 | 254 | 545 | 0.749 | 0.743 | 0.257 |

Showing 1 to 14 of 14 entries

Previous

1

Next

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Mini-Mental State Examination (MMSE) for the detection of dementia in clinically unevaluated people aged 65 and over in community and primary care populations

Cochrane Systematic Review - Diagnostic | Version published: 13 January 2016 [see what's new](#)

<https://doi.org/10.1002/14651858.CD011145.pub2> [↗](#)



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| [Sarah Cullum](#)

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Q. What is the accuracy of MMSE for diagnosis of dementia ?

Q. Which test should I use to screen for dementia in my patients ?

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Cochrane Database of Systematic Reviews

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<https://doi.org/10.1002/14651858.CD010860>

Am score 50 Used in 1 guideline

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| Victoria M Thom | Kirsty Mace
| Emma Phillips | Sophie
| Sarah Cullum

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Mini-Cog for the diagnosis of Alzheimer's disease dementia and other dementias within a community setting

Cochrane Systematic Review - Diagnostic | Version published: 03 February 2015

<https://doi.org/10.1002/14651858.CD010860.pub2>

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Bruce A Fage | Calvin CH Chan
| ✉ Dallas P Seitz

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Cochrane Database of Systematic Reviews

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Cochrane Systematic Review - Diagnostic | Version published: 29 October 2015

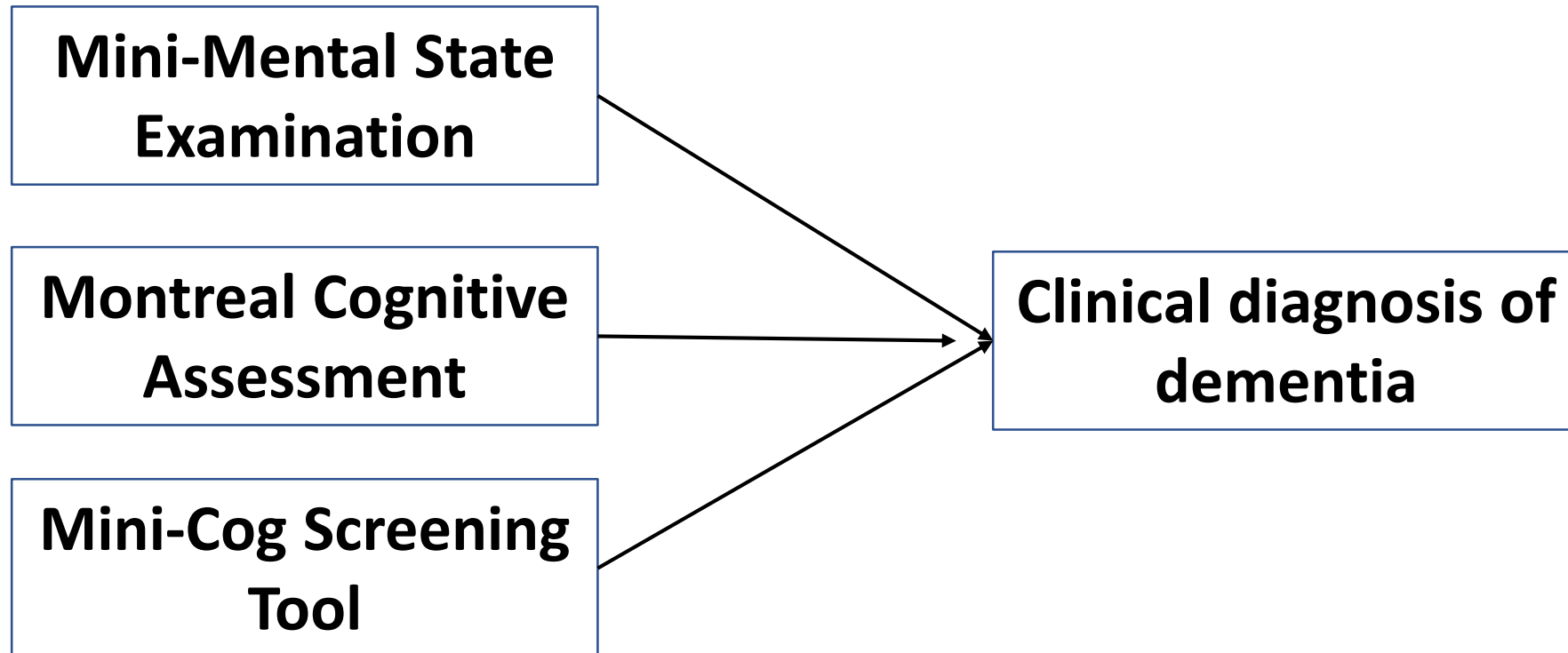
<https://doi.org/10.1002/14651858.CD010775.pub2>

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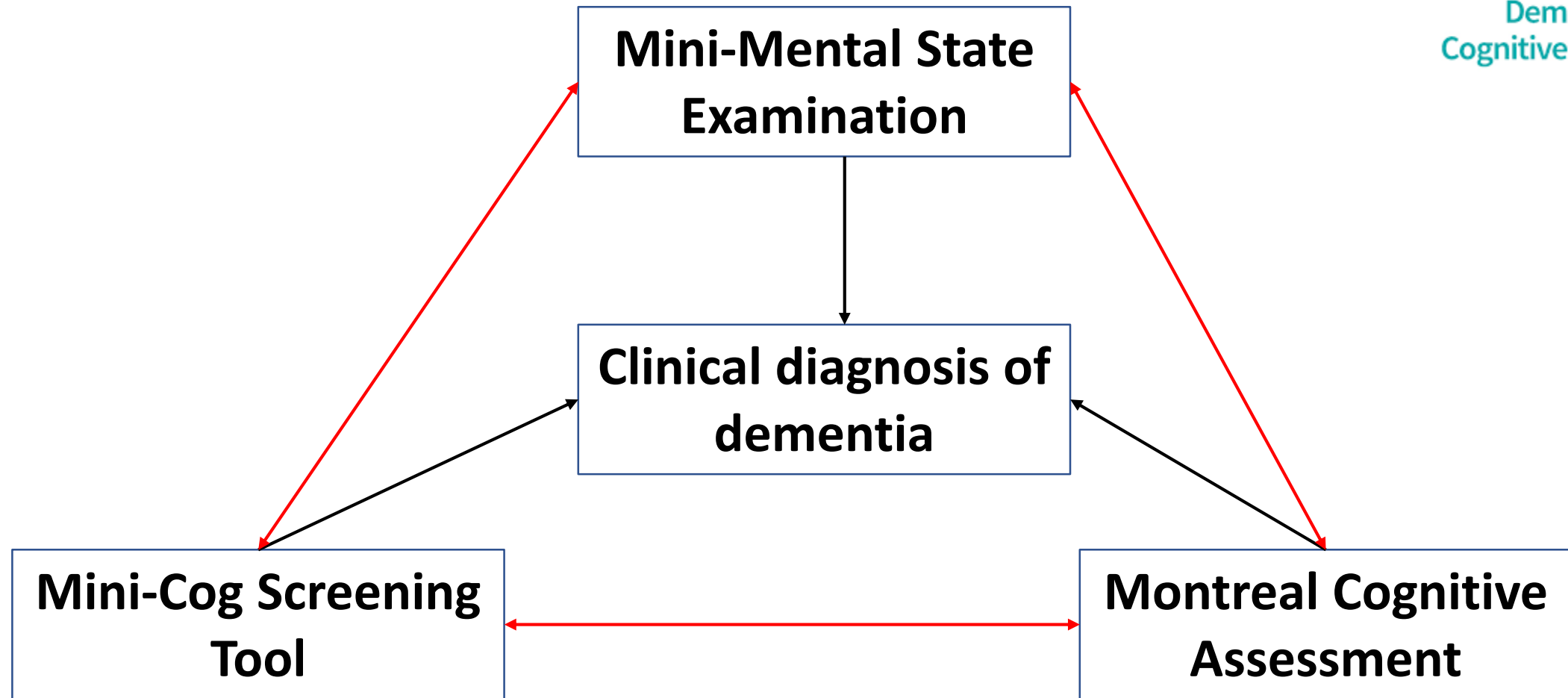
✉ Daniel HJ Davis | Sam T Creavin | Jennifer LY Yip | Anna H Noel-Storr | Carol Brayne | Sarah Cullum

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ORIGINAL ARTICLE

Network meta-analysis of diagnostic test accuracy studies identifies and ranks the optimal diagnostic tests and thresholds for health care policy and decision-making

Rhiannon K. Owen^{a,*}, Nicola J. Cooper^a, Terence J. Quinn^b, Rosalind Lees^b, Alex J. Sutton^a

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Accepted 7 March 2018; Published online 13 March 2018

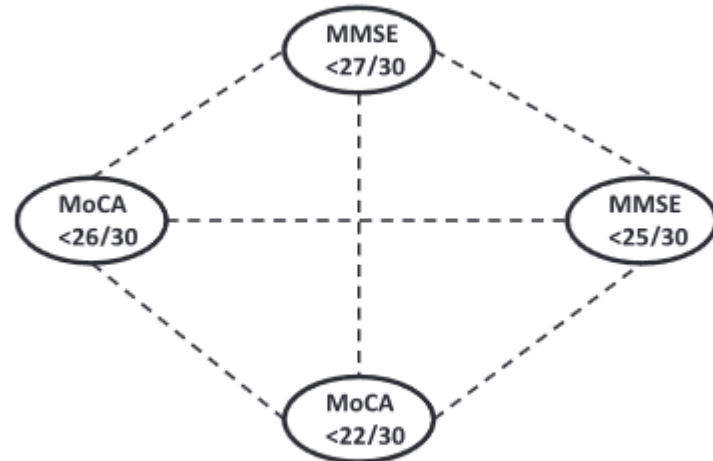


Table 4. Estimated mean difference (95% CrI) in sensitivity (top right) and specificity (bottom left) between each test-threshold combination (row—column) obtained from a model incorporating threshold constraints and assuming a common heterogeneity and correlation parameter across tests

| Test-threshold | MMSE <25 | MMSE <27 | MoCA <22 | MoCA <26 |
|----------------|--------------------|----------------------|---------------------|-------------------|
| MMSE <25 | - | 0.17 (0.08, 0.26) | 0.10 (−0.01, 0.22) | 0.25 (0.15, 0.35) |
| MMSE <27 | 0.26 (0.15, 0.39) | - | −0.07 (−0.18, 0.03) | 0.08 (0.02, 0.16) |
| MoCA <22 | 0.07 (−0.01, 0.18) | −0.19 (−0.33, −0.06) | - | 0.14 (0.07, 0.25) |
| MoCA <26 | 0.49 (0.38, 0.61) | 0.23 (0.08, 0.37) | 0.42 (0.31, 0.52) | - |

Above the leading diagonal gives estimates of the mean difference (row—column) in sensitivity (95% CrI), and below the leading diagonal gives estimates of the mean difference in specificity (95% CrI).

Fig. 1. Network of comparative studies. MMSE, Mini-Mental State Examination; MoCA, Montreal Cognitive Assessment.

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Mini-Cog for the diagnosis of Alzheimer's disease dementia and other dementias within a community setting

Cochrane Systematic Review - Diagnostic | Version published: 05 March 2019

<https://doi.org/10.1002/14651858.CD010860.pub2>

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Cochrane Database of Systematic Reviews

Addenbrooke's Cognitive Examination III (ACE-III) and mini-ACE for the detection of dementia and mild cognitive impairment

Cochrane Systematic Review - Diagnostic - Protocol | Version published: 05 March 2019

<https://doi.org/10.1002/14651858.CD013282>

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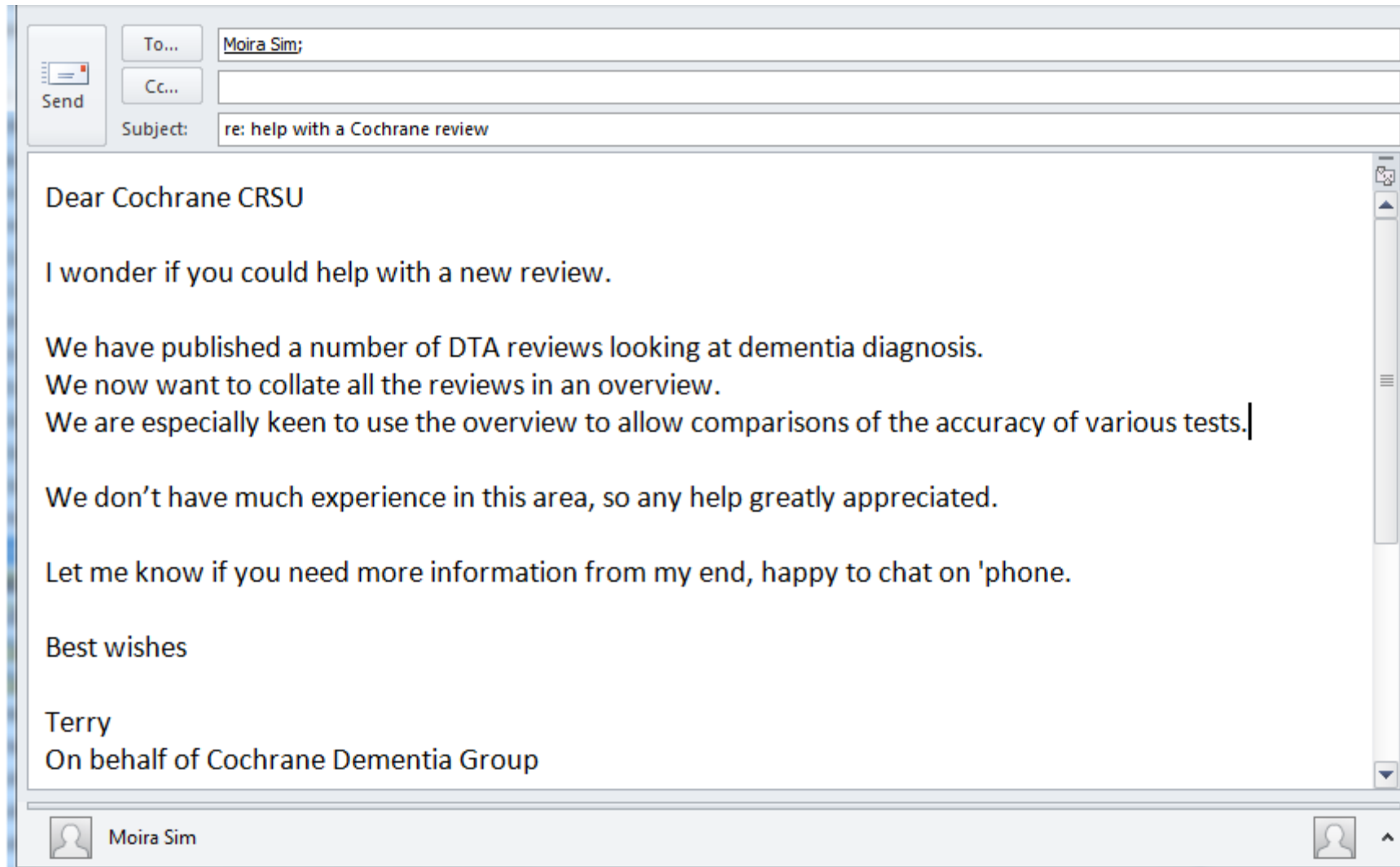
- 'User friendly interface very helpful for authors
- Still requires a knowledge of DTA theory to interpret the results
- Potential for even more complexity, but this is needed to give clinically useful results

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- Increasing number of SRs looking at accuracy of single dementia tests
- Methodology for indirect comparisons of accuracy across reviews
- An overview of DTA could:
 - Collate the available literature
 - Assess the quality of evidence
 - Compare accuracy of various tests
 - Create an ‘evidence map’
highlighting where new reviews or new research studies are needed

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Informant based screening tools for diagnosis of dementia, an overview of test accuracy studies

Protocol information

Review type: Overview

Authors

Sara Nafisi¹, Martin Taylor-Rowan², Amit Patel³, Terry J Quinn⁴

¹Cardiovascular and Medical Sciences, University of Glasgow, Glasgow, UK

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³Other

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Citation example: Nafisi S, Taylor-Rowan M, Patel A, Quinn TJ. Informant based screening tools for diagnosis of dementia, an overview of test accuracy studies. Cochrane Database of Systematic Reviews, Issue . Art. No.: . DOI: .

Contact person

Terry J Quinn

REJECTED

- Useful peer review
- Learned a lot about overview strengths , limitations and methodological challenges
- Liaise with Cochrane before doing anything too novel

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- What are our most important reviews ?
- What are the strengths of the group ?
- What do stake holders want ?
- Which new areas can we start to develop ?

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- What are our most important reviews ?
- What are the strengths of the group ?
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Prioritising our stroke and VCI reviews

The Cochrane Dementia and Cognitive Improvement Group publish systematic reviews, meta-analyses and methodological guidance. Our remit extends beyond dementia and we are keen to develop our portfolio in the areas of vascular cognitive impairment and post stroke problems. We hope you can help us select review titles that tackle questions of greatest relevance to the stroke and VCI community.

To help us in our prioritisation work we would be grateful if you complete the three questions below and overleaf. Hopefully this should only take a few minutes and it will be incredibly helpful for our group.

If you have other ideas or thoughts that you want to share, please get in touch. There is space for free text comments and email contact details at the end of the questionnaire.



Organisation for Psychological Research into Stroke

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2. Traditionally Cochrane has focussed on clinical trials, but we now have methods that allow us to collate evidence from other types of research. For the table below, please rank (1-5) order of importance (1=most; 5=least important) *

| | 1 | 2 | 3 | 4 | 5 |
|----------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Clinical trials of treatment interventions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Clinical trials of preventative interventions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Studies of assessments /tests (test accuracy research) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Studies of opinions, experiences (qualitative research) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Studies of factors that predict outcomes (prognostic research) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



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18F PET with florbetaben for the early diagnosis of Alzheimer's disease dementia and other dementias in people with mild cognitive impairment (MCI)

Cochrane Systematic Review - Diagnostic | Version published: 22 November 2017

<https://doi.org/10.1002/14651858.CD012883>



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✉ [Gabriel Martínez](#) | [Robin WM Vernooij](#) |

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Cochrane Database of Systematic Reviews

CSF tau and the CSF tau/ABeta ratio for the diagnosis of Alzheimer's disease dementia and other dementias in people with mild cognitive impairment (MCI)

Cochrane Systematic Review - Diagnostic | Version published: 22 March 2017

<https://doi.org/10.1002/14651858.CD010803.pub2>

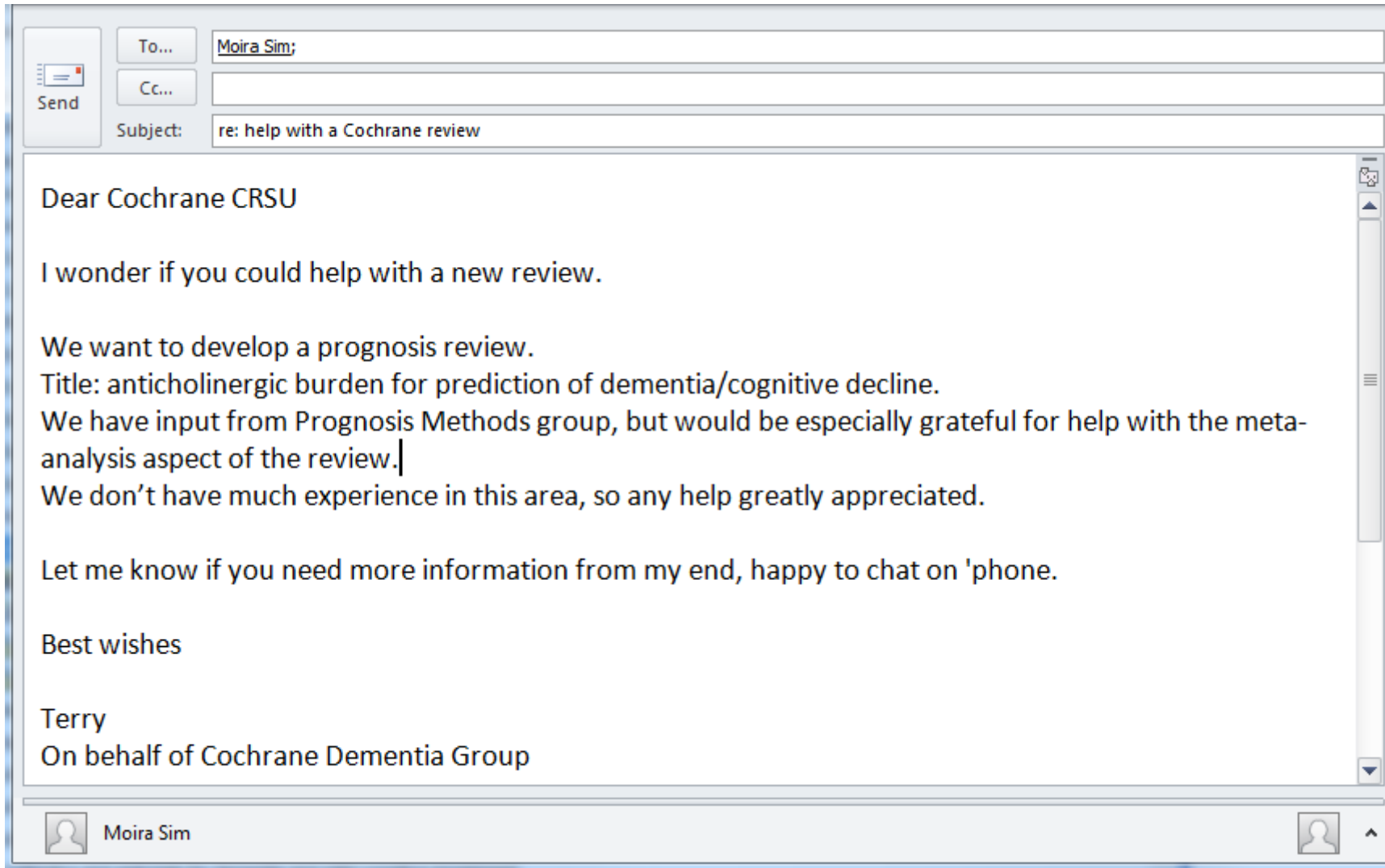


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Cochrane Dementia & Cognitive Improvement



Anticholinergic burden (prognostic factor) for prediction of dementia or cognitive decline in older adults with no known cognitive syndrome.

Protocol information

Review type: Flexible (Prognosis)

Authors

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Citation example: Quinn TJ, Myint PKK, McCleery J, Taylor-Rowan M. Anticholinergic burden (prognostic factor) for prediction of dementia or cognitive decline in older adults with no known cognitive syndrome. Cochrane Database of Systematic Reviews, Issue . Art. No.: . DOI: .

- If you thought DTA was complex.....
- New territory for NIHR CRSU
- Working in partnership with Prognosis Methods
- Watch this space

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- Why add more complexity
- NMA
- DTA
- Overviews
- Prognosis
- The good, the bad and the complex