As if dementia reviews weren't complex enough……

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

Cochrane
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Cognitive Improvement

Cochrane Dementia & Cognitive Improvement

Cochrane
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Cognitive Improvement

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

Cochrane Dementia & Cognitive Improvement

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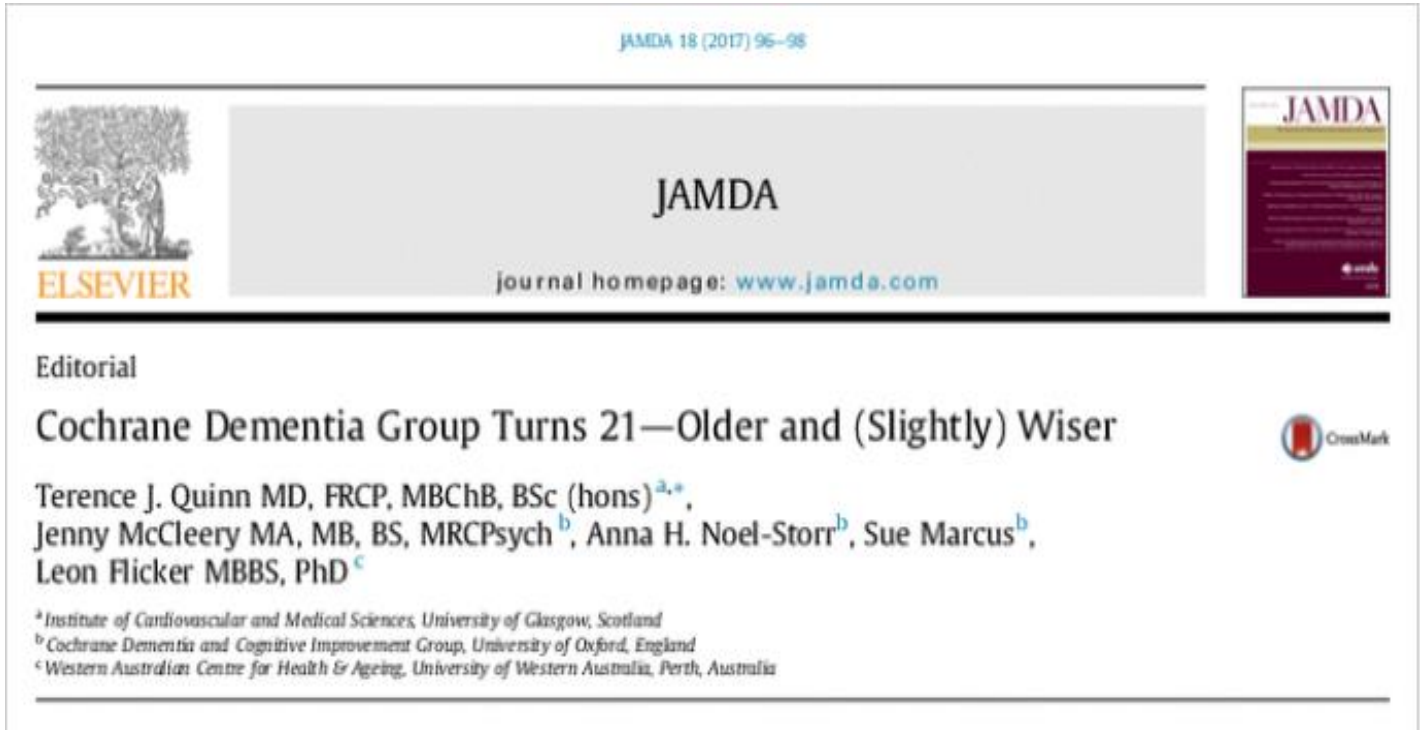
- Dementia is a public health priority

- Limited evidence based therapy

- Established Cochrane Group,
- Diverse portfolio,
- Program grants
- Social media profile
- etc
- etc



JAMDA 18 (2017) 96–98

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JAMDA

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]

[a] Institute of Cardiovascular and Medical Sciences, University of Glasgow, Scotland
[b] Cochrane Dementia and Cognitive Improvement Group, University of Oxford, England
[c] Western Australian Centre for Health & Ageing, University of Western Australia, Perth, Australia

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

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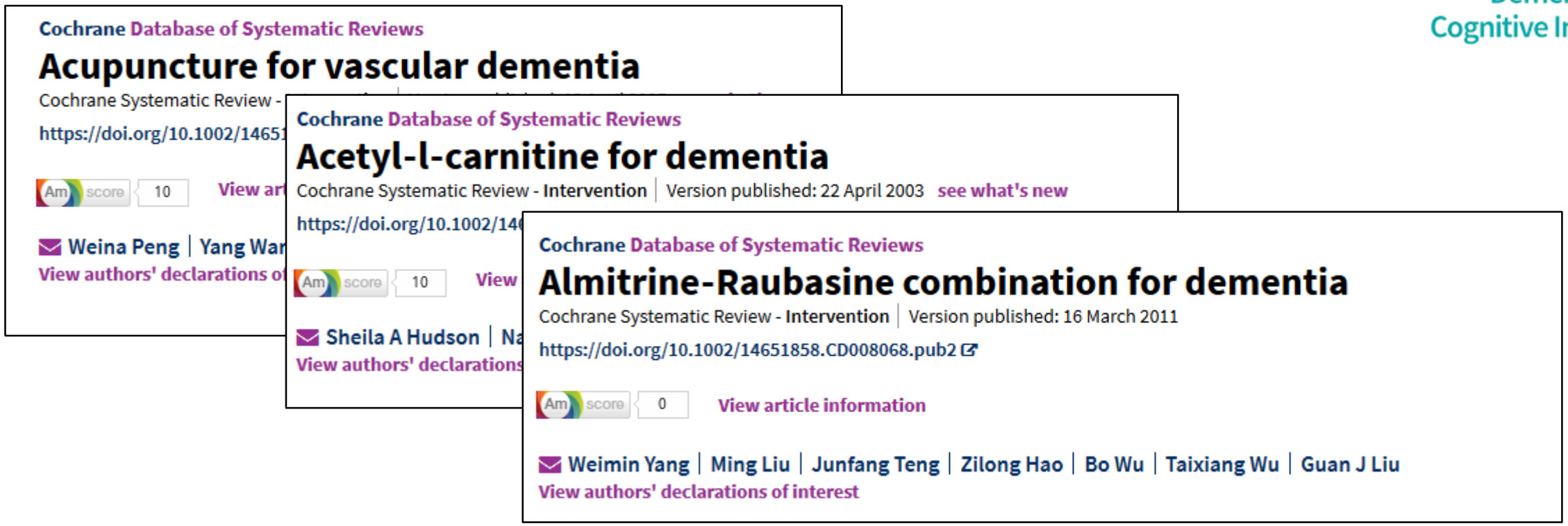

No conclusions can be made…….

Further high quality trials are needed…….

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Cognitive Improvement

- 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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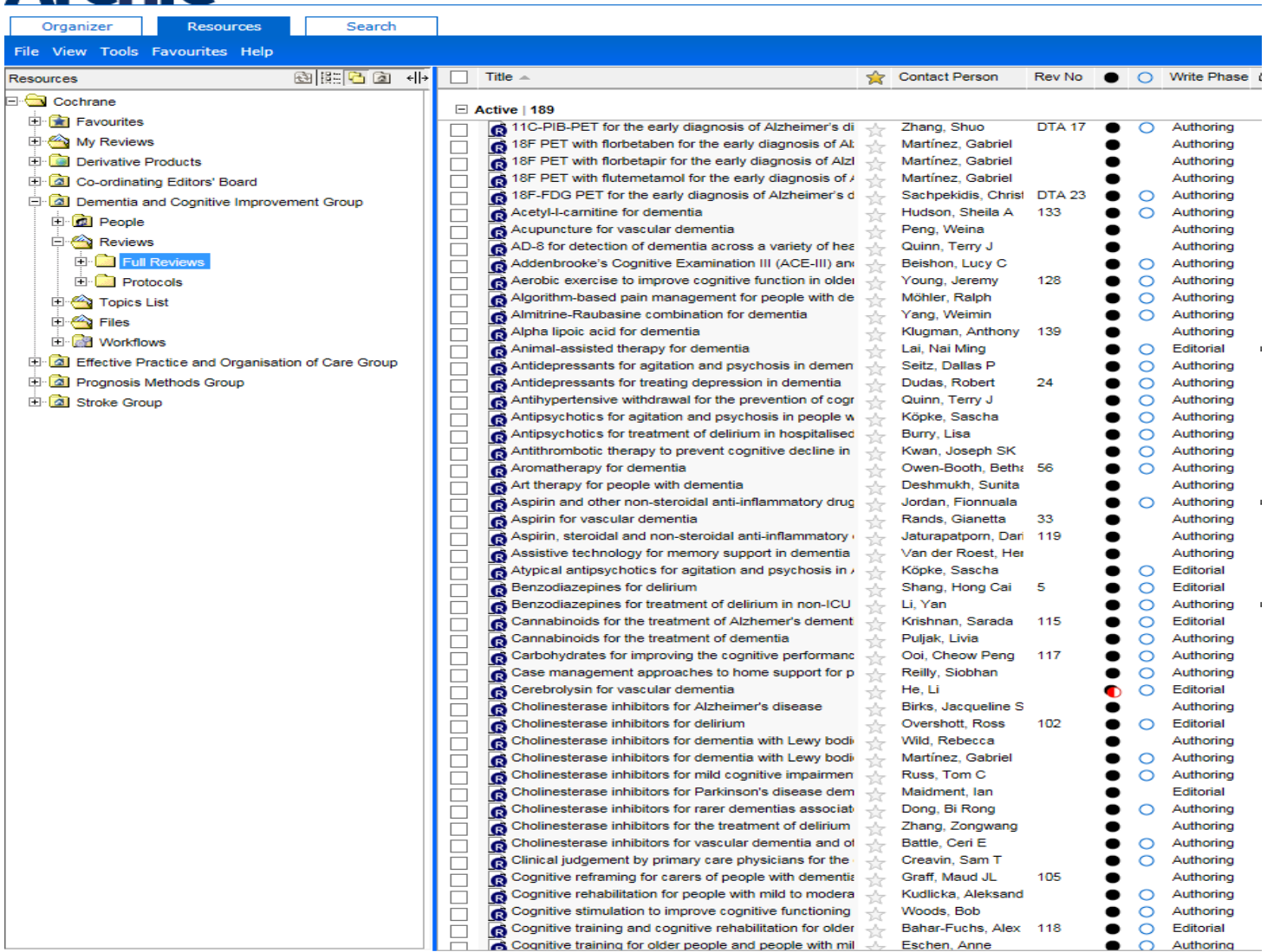
Archie



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- What are our most important reviews ?
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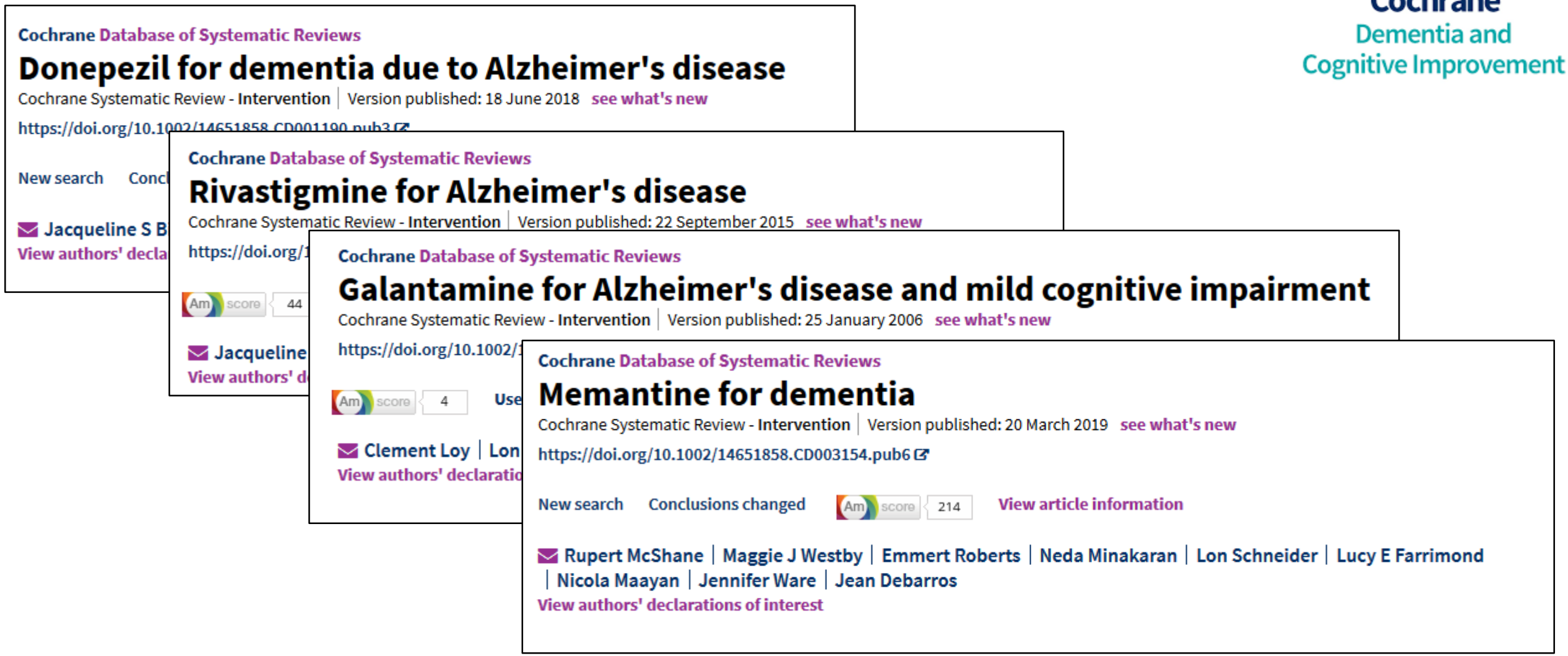

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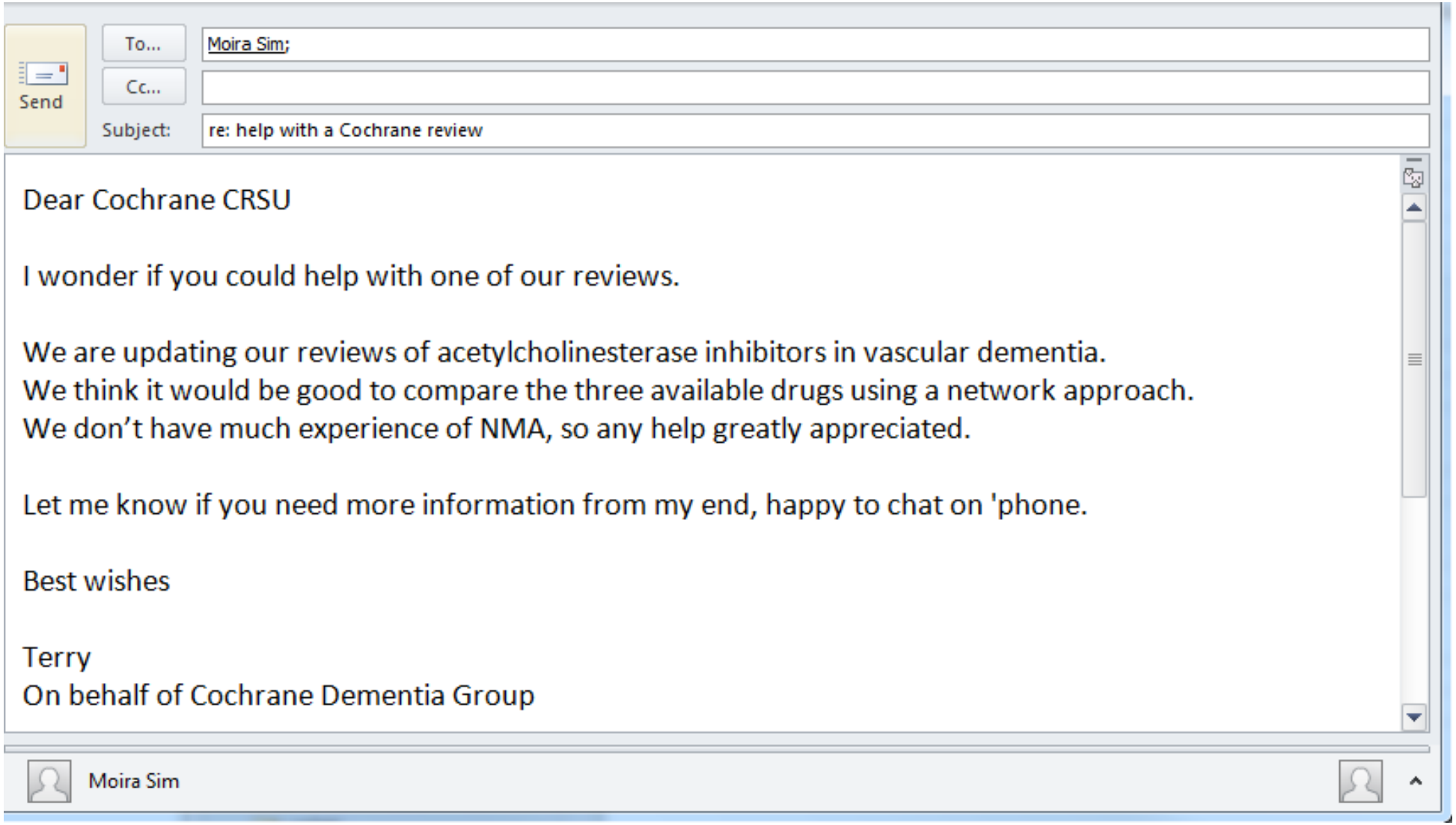


Send

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

Cochrane Dementia & Cognitive Improvement

Cochrane Dementia and Cognitive Improvement

Cochrane Database of Systematic Reviews

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

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

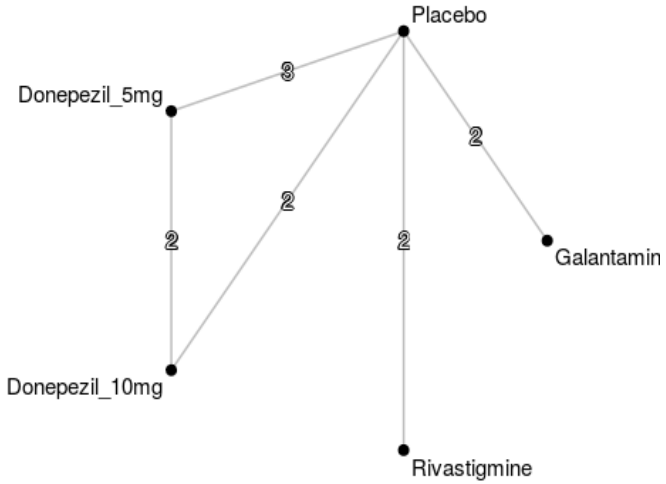
https://doi.org/10.1002/14651858.CD013306

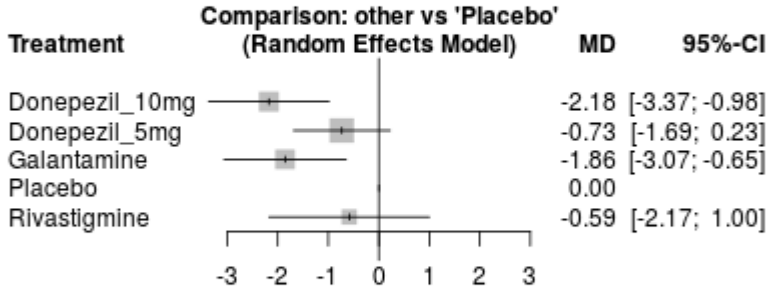
Am score 4 View article information

Ceri E Battle | Azmil H Abdul-Rahim | Susan D Shenkin | Jonathan Hewitt

View authors' declarations of interest

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





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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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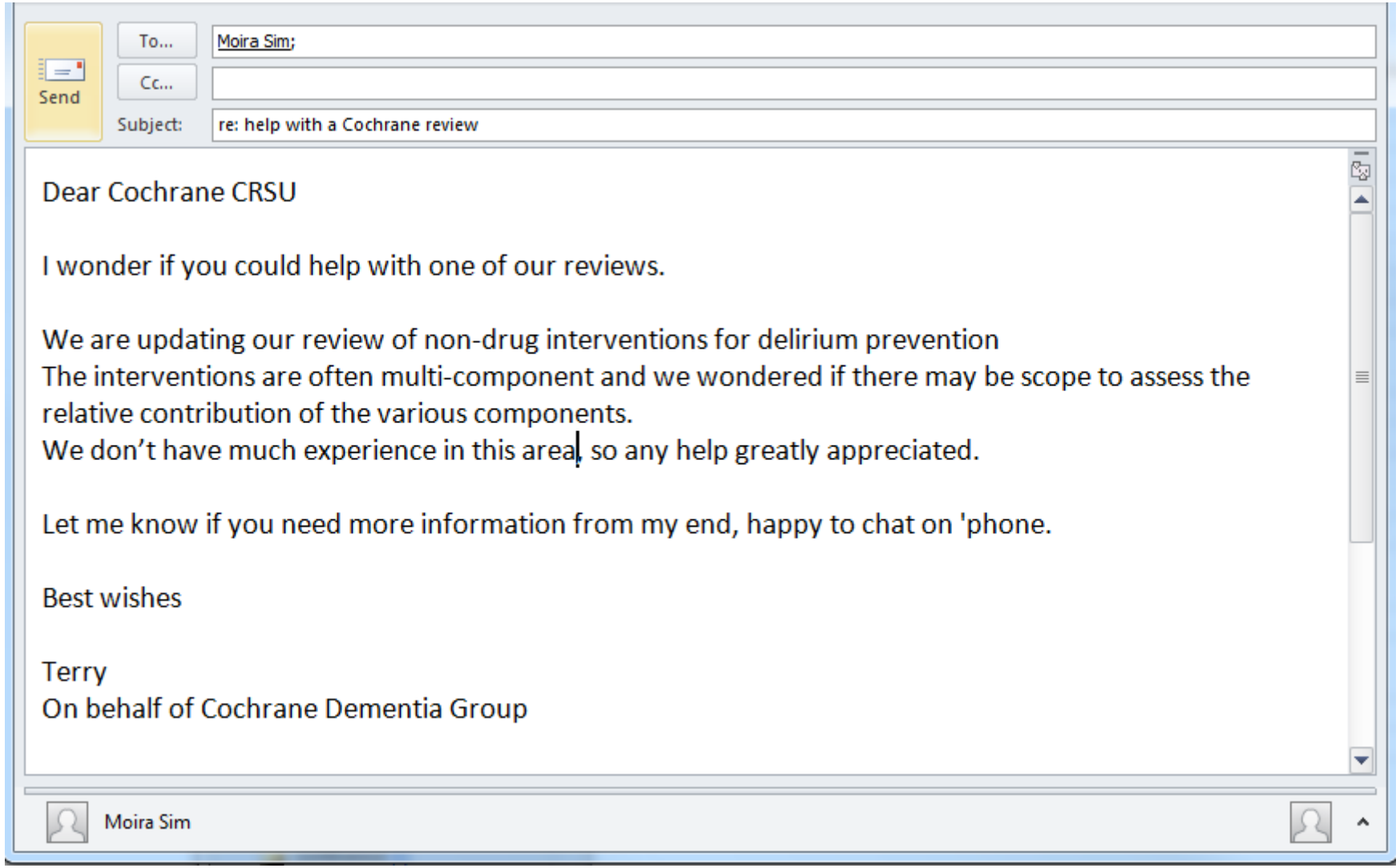

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Cochrane Database of Systematic Reviews

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

Am score 1 View article information

Jennifer K Burton | Najma Siddiqi | Elizabeth A Teale | Amanda Barugh | Alex J Sutton

View authors' declarations of interest

- 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

New search Conclusions changed Am score 18 **Used in 1 guideline** View article information

Bernadette McGuinness | Stephen Todd | Peter Passmore | Roger Bullock

View authors' declarations of interest

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

New search | Conclusions changed | Am score 18 | **Used in 1 guideline** | View article information

Bernadette McGuinness | Stephen Todd | Peter Passmore | Roger Bullock
View authors' declarations of interest

Can we create a network to compare individual drug classes ?

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

Cochrane Dementia & Cognitive Improvement

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- What are our most important reviews ?
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Cochrane Dementia & Cognitive Improvement

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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/10.1002/146

Am score 50 Used in

Sam T Creavin | Susa
| Victoria M Thom | Kirs
| Emma Phillips | Sophi
| 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 gu

Bruce A Fage | Calvin CH Cha
| Dallas P Seitz

View authors' declarations of int

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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Mean test value for healthy:

15 17 25

15 16 17 18 19 20 21 22 23 24 25

Standard deviation of test values for healthy:

0.5 3 6

0.5 1.05 1.6 2.15 2.7 3.25 3.8 4.35 4.9 5.45 6

Mean test value for diseased:

15 22 25

15 16 17 18 19 20 21 22 23 24 25

Standard deviation of test values for diseased:

0.5 3 6

0.5 1.05 1.6 2.15 2.7 3.25 3.8 4.35 4.9 5.45 6

Test threshold: above which defines disease diagnosis by test

0 20 40

0 4 8 12 16 20 24 28 32 36 40

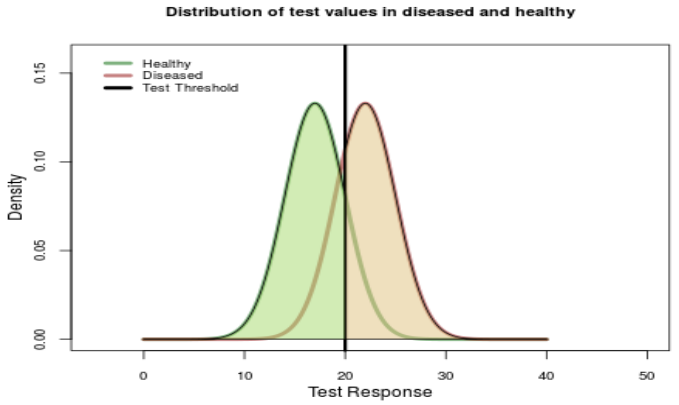
Click on the buttons below to change highlighted related selections accross plots

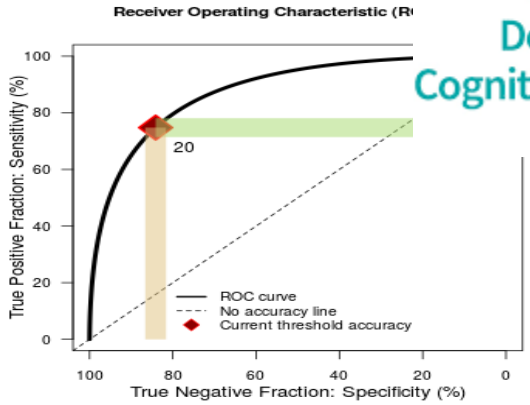
- [x] True Positive Fraction (Sensitivity) & Number TP
- [ ] False Negative Fraction (1 - Sensitivity) & Number FN
- [x] True Negative Fraction (Specificity) & Number TN
- [ ] False Positive Fraction (1- Specificity) & Number FP

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

1 50 99

1 11 21 31 41 51 61 71 81 91 99



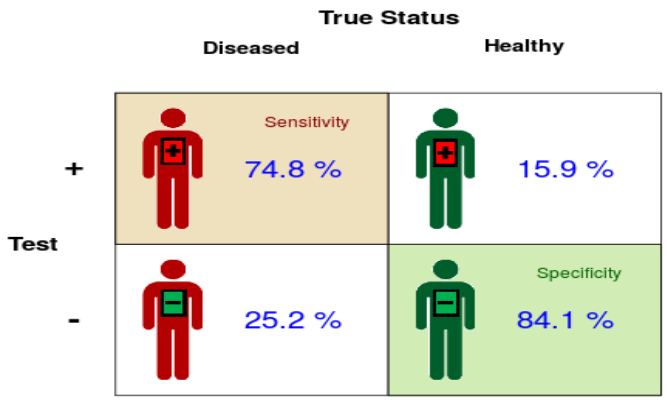


Hide/show explanation text

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.



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

- [x] Data Points
- [x] SROC curve
- [ ] Extrapolate SROC curve

Bivariate model options

- [x] Summary point
- [x] 95% Confidence region
- [x] 95% Predictive region

Display 95% study level confidence intervals

- [ ] Sensitivity
- [ ] Specificity

Options for Statistics tab

- [x] Sensitivity
- [x] Specificity
- [x] 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 decsending 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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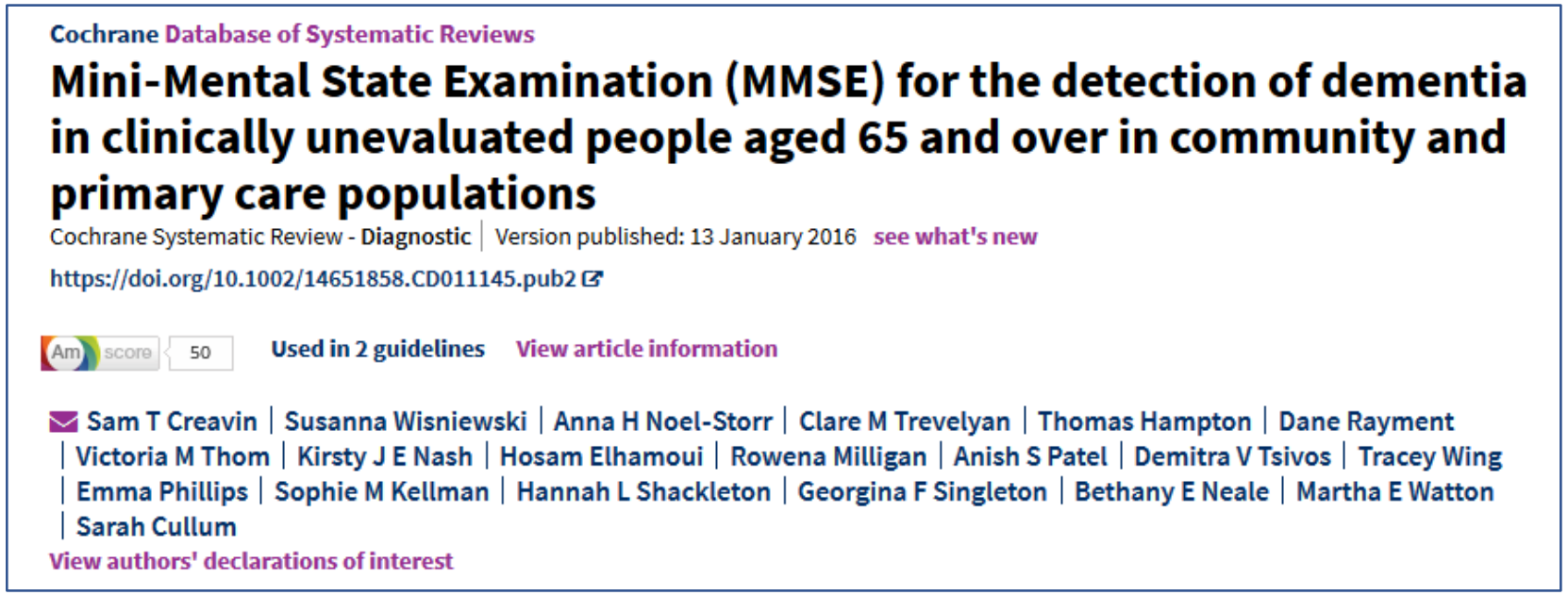

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Mini-Mental State Examination (MMSE) for the detection of dementia in clinically unevaluated people aged 65 and over in community and primary care populations

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

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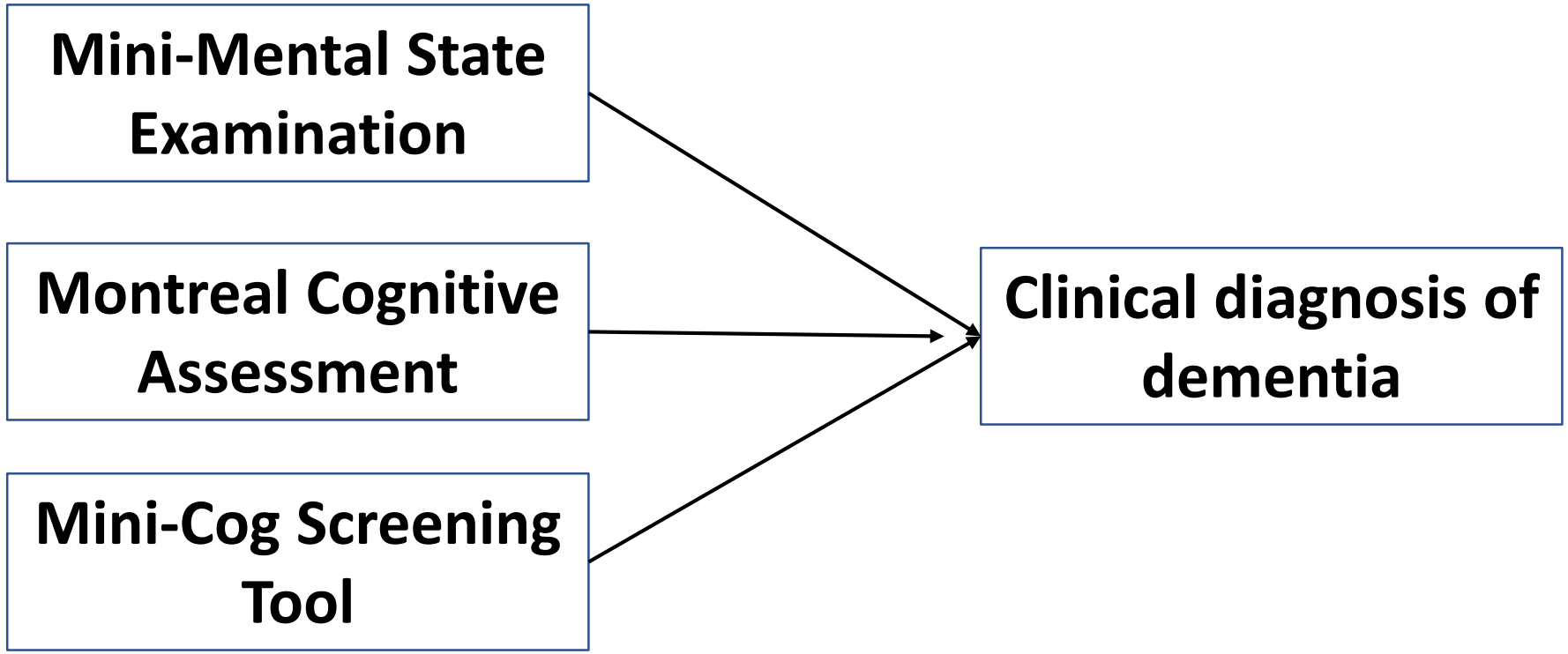

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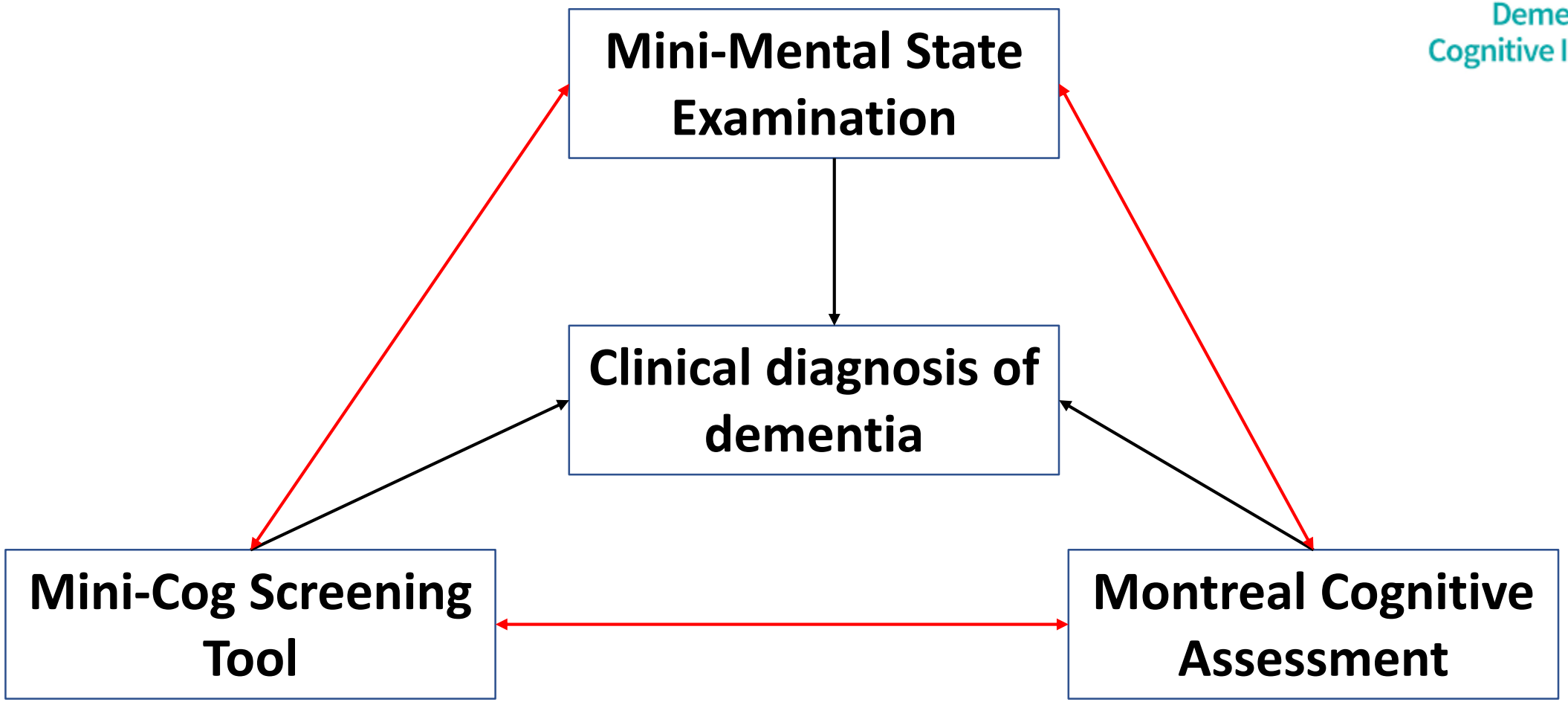

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Journal of Clinical Epidemiology 99 (2018) 64–74

Journal of Clinical Epidemiology

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]

[a]*Department of Health Sciences, University of Leicester, Leicester, UK*
[b]*Institute of Cardiovascular and Medical Sciences, University of Glasgow, Glasgow, UK*

Accepted 7 March 2018; Published online 13 March 2018

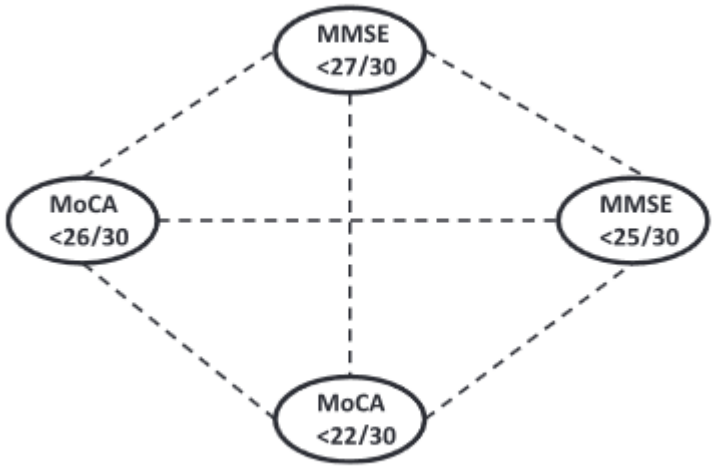

Fig. 1. Network of comparative studies. MMSE, Mini-Mental State Examination; MoCA, Montreal Cognitive Assessment.

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).

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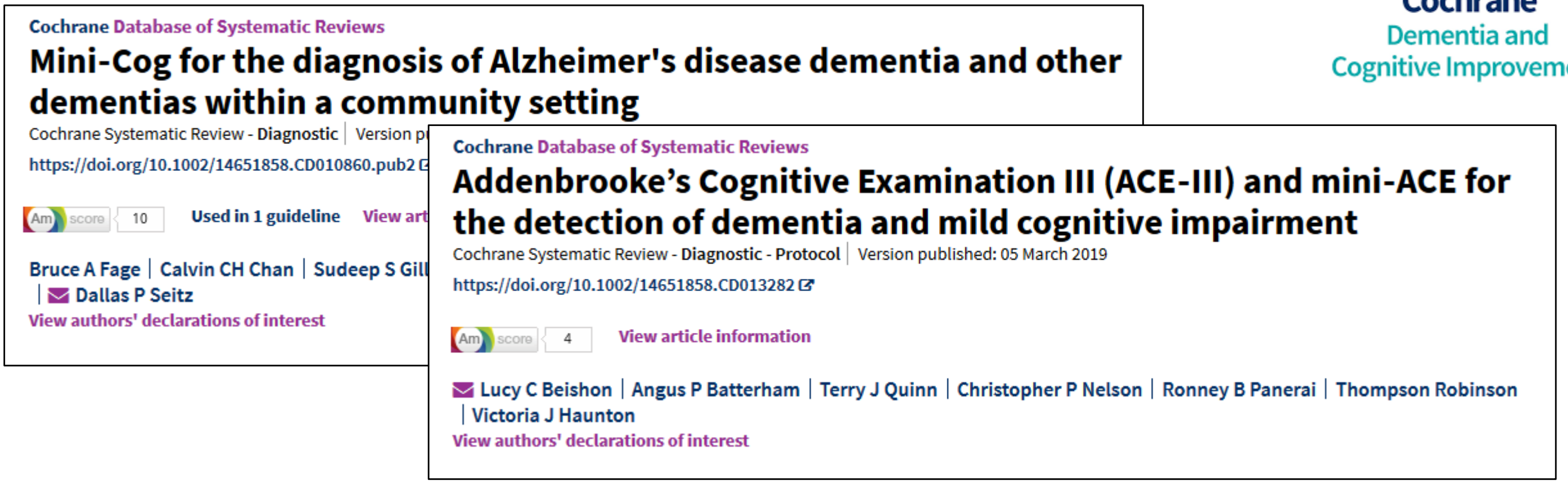

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Mini-Cog for the diagnosis of Alzheimer's disease dementia and other dementias within a community setting

Cochrane Systematic Review - **Diagnostic** | Version p

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

Am score 10 **Used in 1 guideline** View art

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View authors' declarations of interest

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

Am score 4 View article information

Lucy C Beishon | Angus P Batterham | Terry J Quinn | Christopher P Nelson | Ronney B Panerai | Thompson Robinson | Victoria J Haunton

View authors' declarations of interest

- '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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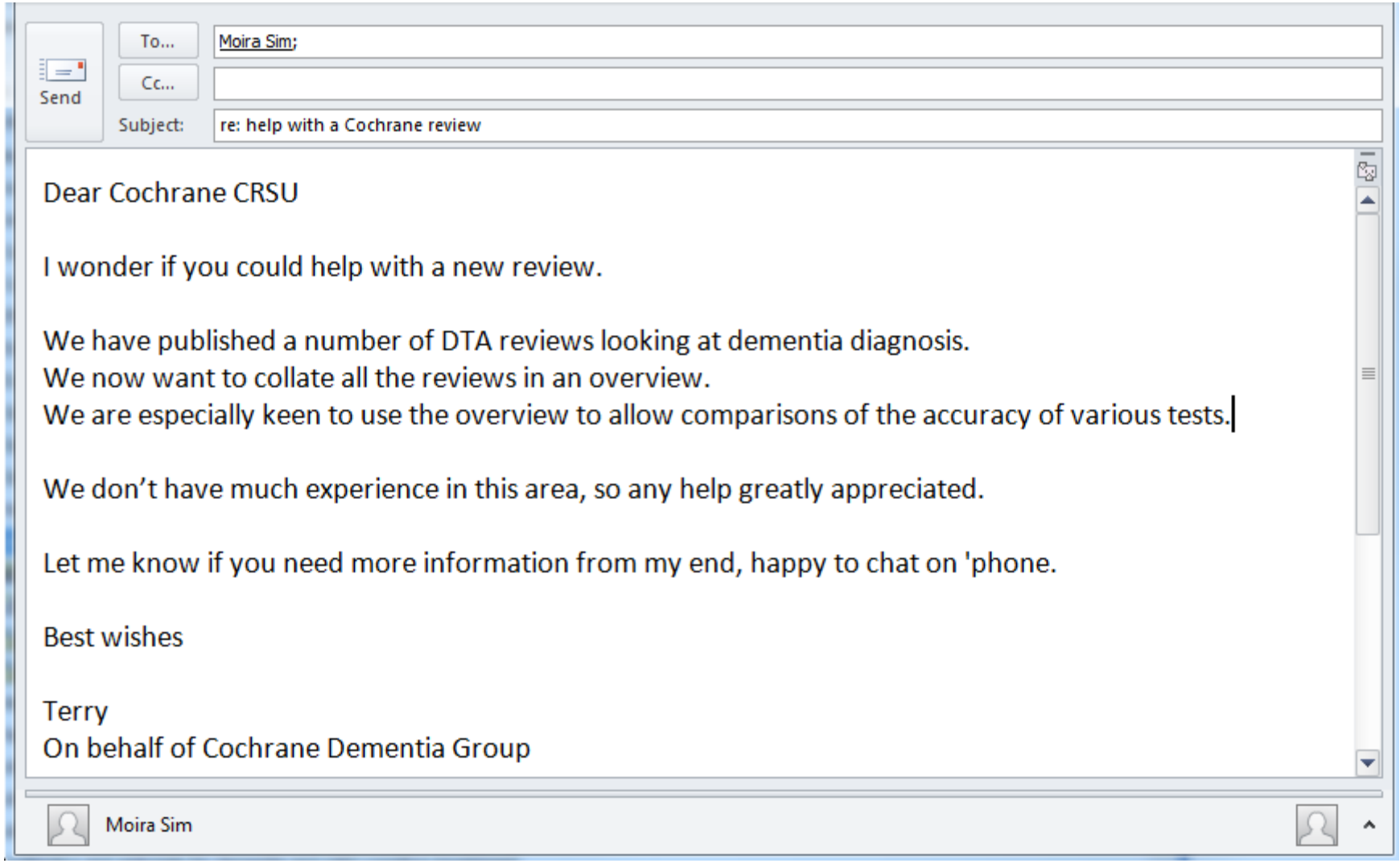

Cochrane Dementia & Cognitive Improvement

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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 Nafisi[1], Martin Taylor-Rowan[2], Amit Patel[3], Terry J Quinn[4]

[1]Cardiovascular and Medical Sciences, University of Glasgow, Glasgow, UK
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[3]Other
[4]Institute of Cardiovascular and Medical Sciences, University of Glasgow, Glasgow, UK

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: .

REJECTED

Contact person

Terry J Quinn

- 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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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 impairement 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.

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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	○	○	○	○	○
Clinical trials of preventative interventions	○	○	○	○	○
Studies of assessments /tests (test accuracy research)	○	○	○	○	○
Studies of opinions, experiences (qualitative research)	○	○	○	○	○
Studies of factors that predict outcomes (prognostic research)	○	○	○	○	○

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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

Am score 10 View article information

Gabriel Martínez | Robin WM Vernooij |

View authors' declarations of interest

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

Am score 481 Used in 1 guideline View article information

Craig Ritchie | Nadja Smailagic | Anna H Noel-Storr | Obioha Ukoumunne | Emma C Ladds | Steven Martin

View authors' declarations of interest

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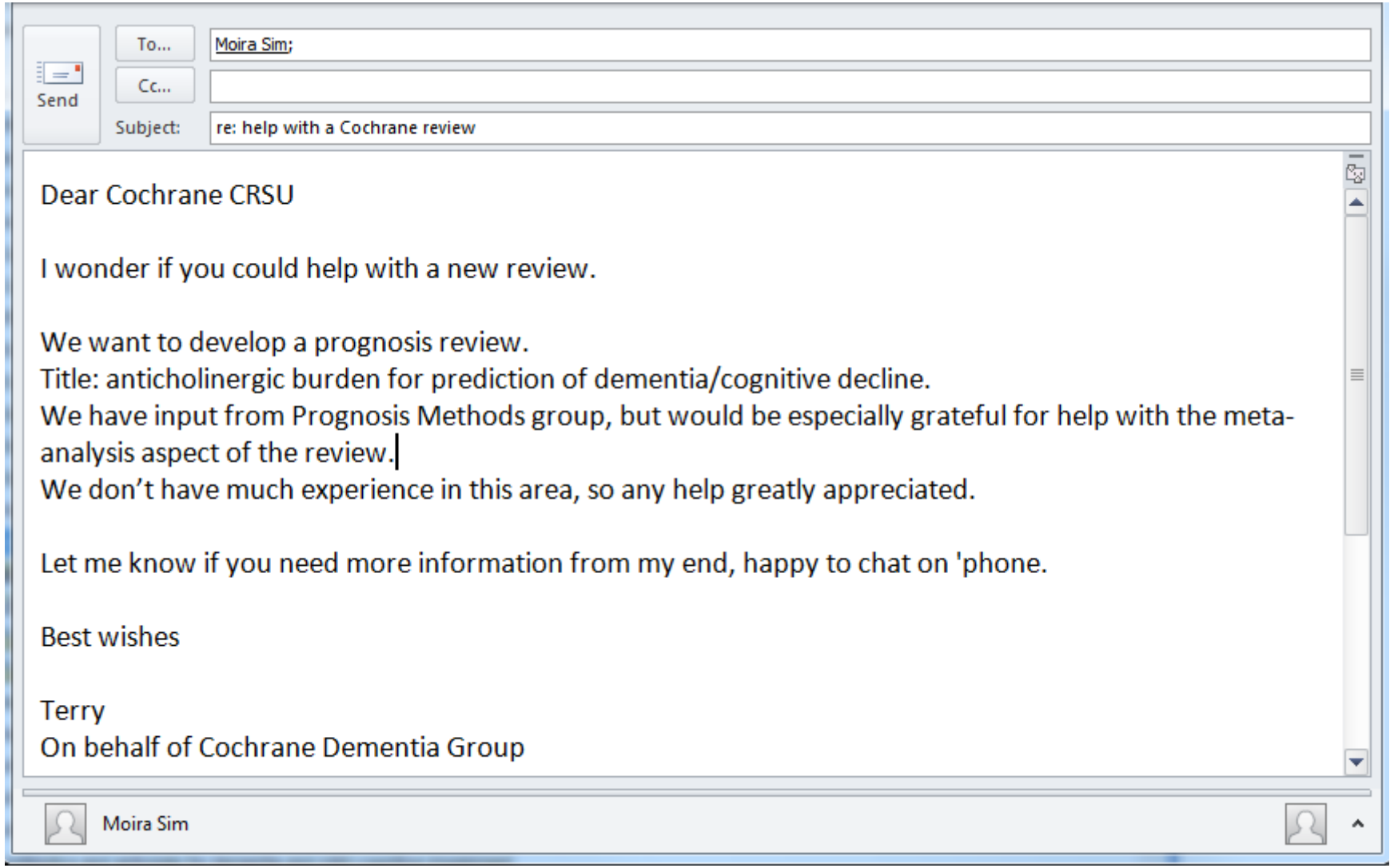

Send

To... Moira Sim;

Cc...

Subject: re: help with a Cochrane review

Dear Cochrane CRSU

I wonder if you could help with a new review.

We want to develop a prognosis review.
Title: anticholinergic burden for prediction of dementia/cognitive decline.
We have input from Prognosis Methods group, but would be especially grateful for help with the meta-analysis aspect of the review.
We don't have much experience in this area, 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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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

Terry J Quinn[1], Phyo Kyaw K Myint[2], Jenny McCleery[3], Martin Taylor-Rowan[4]

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[3]Oxford Health NHS Foundation Trust, Banbury, UK
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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