HOCHSCHULE OSNABRÜCK
UNIVERSITY OF APPLIED SCIENCES

DEUTSCHES NETZWERK FÜR QUALITÄTSENTWICKLUNG IN DER PFLEGE (HRSG.)

EXPERTENSTANDARD
BEZIEHUNGSGESTALTUNG IN DER PFLEGE VON MENSCHEN MIT DEMENZ

Anlage zur Literaturstudie:
Suchstrategie, Ein- und Ausschlusskriterien, ein- und ausgeschlossene Literatur, Darstellung der methodischen Qualität

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Anlage zur Literaturstudie zum Expertenstandard Beziehungsgestaltung in der Pflege von Menschen mit Demenz

Suchstrategie, Ein- und Ausschlusskriterien, ein- und ausgeschlossene Literatur, Darstellung der methodischen Qualität

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Anlage I: Darstellung der Suchstrategie

Als für das Thema relevante Datenbanken wurden die folgenden erachtet und ausgewählt: CINAHL; Cochrane Library; MEDLINE und PsycINFO.

1.1 Strategie für die Suche in der Datenbank CINAHL

Suchbegriff	Treffer
(MH Dementia+ OR TI Dementia OR AB Dementia OR TI Alzheimer* OR AB Alzheimer* OR TI "Neurocognitive disorder*" OR AB "Neurocognitive disorder*" OR MH DSM OR TI DSM-V OR AB DSM-V) NOT (TI Delir* OR AB Delir* OR MH Delirium) **AND** (TI "Nursing home*" OR AB "Nursing home*" OR MH Nursing Homes+ OR TI "Long term care" OR AB "Long term care" OR MH Long Term Care OR TI "Residential care" OR AB "Residential care" OR TI "Homes for the aged" OR AB "Homes for the aged" OR TI "Homes for the elderly" OR AB "Homes for the elderly" OR MH Housing for the Elderly OR TI "Care homes" OR AB "Care homes" OR TI "Small scale living" OR AB "Small scale living" OR TI "Residential facilities" OR AB "Residential facilities" OR MH Home Nursing OR TI "Community based" OR AB "Community based" OR TI "Community dwelling" OR AB "Community dwelling" OR TI "community setting*" OR AB "community setting*" OR TI "Domestic" OR AB "Domestic" OR TI "Home car*" OR AB "Home car*" OR TI "Home dwelling" OR AB "Home dwelling" OR TI "Home Nursing" OR AB "Home Nursing" OR TI "Homecar*" OR AB "Homecar*" OR TI "Living unit*" OR AB "Living unit*" OR TI "Acute care" OR AB "Acute care" OR TI "acute setting*" OR AB "acute setting*" OR TI "Hospital*" OR AB "Hospital*" OR MH Hospitals) **AND** (MH study design+ OR TI "Clinical trial" OR AB "Clinical trial" OR TI "Controlled before-after stud*" OR AB "Controlled before-after stud*" OR TI "experimental stud*" OR AB "experimental stud*" OR TI "quasi experimental" OR AB "quasi experimental" OR TI Intervention* OR AB Intervention* OR MH "Literature Review+" OR (TI Systematic AND TI Review) OR TI "Case stud*" OR AB "Case stud*" OR TI "Case report" OR AB "Case report" OR MH Case Studies OR TI "Cohort stud*" OR AB "Cohort stud*" OR TI "Randomized controlled trial" OR AB "Randomized controlled trial" OR TI "Systematic review" OR AB "Systematic review" OR TI "Meta analysis" OR AB "Meta analysis" OR MH Meta analysis) **AND** (TI Attachment OR AB Attachement OR TI "acceptance" OR AB "acceptance" OR TI Connectedness OR AB Connectedness OR TI Involvement OR AB Involvement OR TI Reciprocity OR AB Reciprocity OR TI Relationship* OR AB Relationship* OR TI "Social contact*" OR AB "Social contact*" OR MH Interpersonal Relations+ OR TI "Interpersonal Relation*" OR AB "Interpersonal Relation*" OR TI "social participation*" OR AB "social participation*" OR TI "Patient participation*" OR AB "Patient participation*" OR MH Social Participation OR TI Understood* OR AB Understood* OR MH Decision Making+ OR TI "Decision making" OR AB "Decision making" OR TI "care relation*" OR AB "care relation*" OR TI Trust OR AB Trust OR TI "secur*" OR AB "secur*" OR TI Interact* OR AB Interact* OR TI Communicat* OR AB Communicat* OR MH Communication+ OR TI Conversation* OR AB Conversation* OR MH Autonomy+ OR TI "autonom*" OR AB "autonom*" OR TI "self-determination" OR AB "self-determination" OR TI "valued" OR AB "valued" OR TI "Social inclusion" OR AB "Social inclusion")	**1581**
Mit Filter: Zeitraum (01.01.1995-30.11.2015) & Sprache (Englisch+Deutsch)	**1452**

1.2 Strategie für die Suche in der Datenbank Cochrane Library

Suchbegriff	Treffer
((Dementia[Mesh] OR Dementia:ti,ab OR Alzheimer:ti,ab OR “Neurocognitive disorder*”:ti,ab OR "Diagnostic and Statistical Manual of Mental Disorders"[Mesh] OR “DSM-V”:ti,ab) NOT (Delir:ti,ab OR "Delirium"[Mesh]) **AND** (“Nursing home*”:ti,ab OR “Long term care”:ti,ab OR "Long-Term Care"[Mesh] OR “Residential care”:ti,ab OR “Homes for the aged”:ti,ab OR “Homes for the elderly”:ti,ab OR "Housing for the Elderly"[Mesh] OR “Care homes”:ti,ab OR “Residential facilities”:ti,ab OR “Small scale living”:ti,ab OR "Residential Facilities"[Mesh] OR "Home Nursing"[Mesh] OR “Community based”:ti,ab OR “Community dwelling”:ti,ab OR “community setting*”:ti,ab OR Domestic:ti,ab OR “Home car*”:ti,ab OR “Home dwelling”:ti,ab OR “Home Nursing”:ti,ab OR “Homecare”:ti,ab OR “Living unit*”:ti,ab OR “Acute care”:ti,ab OR “acute setting*”:ti,ab OR “Hospital*”:ti,ab OR Hospitals[Mesh]) **AND** (Study Characteristics[Mesh] OR Clinical Trials as Topic[Mesh] OR Intervention Studies[Mesh] OR Epidemiologic Studies[Mesh] OR “Clinical trial*”:ti,ab OR “Controlled before-after stud*”:ti,ab OR “experimental stud*”:ti,ab OR “quasi experimental”:ti,ab OR Intervention*:ti,ab OR Systematic:ti AND Review:ti OR “Case stud*”:ti,ab OR “Cohort stud*”:ti,ab OR “Randomized controlled trial*”:ti,ab OR “Systematic review”:ti,ab OR “Meta analysis”:ti,ab OR “Meta-analysis”[Mesh]) **AND** (Attachment:ti,ab OR “Being accepted”:ti,ab OR Connectedness:ti,ab OR Involvement:ti,ab OR Reciprocity:ti,ab OR Relationship*:ti,ab OR “Social contact”:ti,ab OR “Social interaction”:ti,ab OR "Interpersonal Relations"[Mesh] OR “Interpersonal Relations”:ti,ab OR “social participation”:ti,ab OR "Social Participation"[Mesh] OR "Patient Participation"[Mesh] OR “Patient participation”:ti,ab OR Understood*:ti,ab OR "Decision Making"[Mesh] OR “Decision making”:ti,ab OR “care relation*”:ti,ab OR Trust:ti,ab OR “feeling secure”:ti,ab OR Interaction:ti,ab OR Communication:ti,ab OR Conversation:ti,ab OR “Feeling autonomous”:ti,ab OR “Feeling independent”:ti,ab OR “Feeling worthy”:ti,ab OR “Social inclusion”:ti,ab)	**286**
Mit Filter: Zeitraum (1995-2015)	**274**

1.3 Strategie für die Suche in der Datenbank MEDLINE

Suchbegriff	Treffer
((Dementia[Mesh] OR Dementia[Tiab] OR Alzheimer*[Tiab] OR Neurocognitive disorder*[Tiab] OR "Diagnostic and Statistical Manual of Mental Disorders"[Mesh] OR DSM-V[tiab]) NOT (Delir*[tiab] OR "Delirium"[Mesh])) **AND** (Nursing home*[tiab] OR Long term care[tiab] OR "Long-Term Care"[Mesh] OR Residential care[tiab] OR Homes for the aged[tiab] OR Homes for the elderly[tiab] OR "Housing for the Elderly"[Mesh] OR Care homes[tiab] OR Residential facilities[tiab] OR Small scale living[tiab] OR "Residential Facilities"[Mesh] OR "Home Nursing"[Mesh] OR Community based[tiab] OR Community dwelling[tiab] OR community setting*[tiab] OR Domestic[tiab] OR Home car*[tiab] OR Home dwelling[tiab] OR Home Nursing[tiab] OR Homecar*[tiab] OR Living unit*[tiab] OR Acute care[tiab] OR acute setting*[tiab] OR Hospital*[tiab] OR Hospitals[Mesh]) **AND** ("Clinical Trial"[Publication Type] OR "clinical trials as topic"[MeSH] OR Clinical trial[tiab] OR "Controlled Before-After Studies"[Mesh] OR Controlled before-after stud*[tiab] OR experimental stud*[tiab] OR quasi experimental[tiab] OR Intervention*[tiab] OR "Review Literature as Topic"[Mesh] OR Systematic literature Review[tiab] OR Case stud*[tiab] OR Case Report*[tiab] OR "Case Reports" [Publication Type] OR "Cohort Studies"[Mesh] OR Cohort stud*[tiab] OR Randomized controlled trial[tiab] OR Systematic review[tiab] OR Meta analysis[tiab] OR “Meta-analysis”[Publication Type]) **AND** (Attachment[tiab] OR acceptance[tiab] OR Connectedness[tiab] OR Involvement[tiab] OR Reciprocity[tiab] OR Relationship*[tiab] OR Social contact*[tiab] OR "Interpersonal Relations"[Mesh] OR Interpersonal Relation*[tiab] OR social participation*[tiab] OR "Social Participation"[Mesh] OR "Patient Participation"[Mesh] OR Patient participation*[tiab] OR Understood*[tiab] OR "Decision Making"[Mesh] OR Decision making[tiab] OR care relation*[tiab] OR Trust[tiab] OR Secur*[tiab] OR Interact*[tiab] OR Communicat*[tiab] OR Conversation*[tiab] OR "Personal Autonomy"[Mesh] OR Autonom*[tiab] OR Self-determination[tiab] OR valued[tiab] OR Social inclusion[tiab])	**2121**
Mit Filter: Zeitraum (01.01.1995-30.11.2015) und Sprache (Englisch + Deutsch)	**1759**

1.4 Strategie für die Suche in der Datenbank PsycINFO

Suchbegriff	Treffer
((SU Dementia OR TI Dementia OR AB Dementia OR TI Alzheimer* OR AB Alzheimer* OR TI "Neurocognitive disorder*" OR AB "Neurocognitive disorder*" OR SU DSM OR TI DSM-V OR AB DSM-V) NOT (TI Delir* OR AB Delir* OR SU Delirium)) **AND** (TI "Nursing home*" OR AB "Nursing home*" OR SU Nursing Homes OR TI "Long term care" OR AB "Long term care" OR SU "Long Term Care" OR TI "Residential care" OR AB "Residential care" OR TI "Homes for the aged" OR AB "Homes for the aged" OR TI "Homes for the elderly" OR AB "Homes for the elderly" OR SU "Housing for the Elderly" OR TI "Care homes" OR AB "Care homes" OR TI "Small scale living" OR AB "Small scale living" OR TI "Residential facilities" OR AB "Residential facilities" OR SU "Home Nursing" OR TI "Community based" OR AB "Community based" OR TI "Community dwelling" OR AB "Community dwelling" OR TI "community setting*" OR AB "community setting*" OR TI "Domestic" OR AB "Domestic" OR TI "Home car*" OR AB "Home car*" OR TI "Home dwelling" OR AB "Home dwelling" OR TI "Home Nursing" OR AB "Home Nursing" OR TI "Homecar*" OR AB "Homecar*" OR TI "Living unit*" OR AB "Living unit*" OR TI "Acute care" OR AB "Acute care" OR TI "acute setting*" OR AB "acute setting*" OR TI "Hospital*" OR AB "Hospital*" OR SU Hospitals) **AND** (SU "study design" OR TI "Clinical trial" OR AB "Clinical trial" OR TI "Controlled before-after stud*" OR AB "Controlled before-after stud*" OR TI "experimental stud*" OR AB "experimental stud*" OR TI "quasi experimental" OR AB "quasi experimental" OR TI Intervention* OR AB Intervention* OR SU "Literature Review" OR TI "Systematic Review" OR AB "Systematic Review" OR TI "Case stud*" OR AB "Case stud*" OR TI "Case report" OR AB "Case report" OR SU "Case Studies" OR TI "Cohort stud*" OR AB "Cohort stud*" OR TI "Randomized controlled trial" OR AB "Randomized controlled trial" OR TI "Systematic review" OR AB "Systematic review" OR TI "Meta analysis" OR AB "Meta analysis" OR SU "Meta analysis") **AND** (TI Attachment OR AB Attachment OR TI "acceptance" OR AB "acceptance" OR TI Connectedness OR AB Connectedness OR TI Involvement OR AB Involvement OR TI Reciprocity OR AB Reciprocity OR TI Relationship* OR AB Relationship* OR TI "Social contact*" OR AB "Social contact*" OR SU "Interpersonal Relations" OR TI "Interpersonal Relation*" OR AB "Interpersonal Relation*" OR TI "social participation*" OR AB "social participation*" OR TI "Patient participation*" OR AB "Patient participation*" OR SU "Social Participation" OR TI Understood* OR AB Understood* OR SU "Decision Making" OR TI "Decision making" OR AB "Decision making" OR TI "care relation*" OR AB "care relation*" OR TI Trust OR AB Trust OR TI "secur*" OR AB "secur*" OR TI Interact* OR AB Interact* OR TI Communicat* OR AB Communicat* OR SU Communication OR TI Conversation* OR AB Conversation* OR SU Autonomy OR TI "autonom*" OR AB "autonom*" OR TI "self-determination" OR AB "self-determination" OR TI "valued" OR AB "valued" OR TI "Social inclusion" OR AB "Social inclusion")	**814**
Mit Filter: Zeitraum (01.01.1995-30.11.2015) und Sprache (Englisch & Deutsch)	**713**

Anlage II: Ein- und Ausschlusskriterien

Sprachen: Deutsch / Englisch

Zeitraum: 1995-2015

Das Ziel der Literaturstudie bestand vor dem Hintergrund der thematischen Eingrenzung darin, effektive Interventionen zur person-zentrierten Beziehungsgestaltung und -förderung zu identifizieren. D. h. es wurde nach Studien recherchiert, die Interaktions- und/ oder Kommunikationsangebote zum Gegenstand hatten die im Kontext der Beziehungsgestaltung und –förderung von Menschen mit Anzeichen einer Demenz standen. Dabei war wichtig, dass deren Inhalt und/ oder Zielsetzung der Studie als ein Beitrag gesehen werden konnte, seitens der Menschen mit Demenz **das Gefühl zu erhalten oder zu fördern, gehört, verstanden und angenommen zu werden sowie mit anderen Personen verbunden zu sein**. Vollstaendigkeit kann nicht garantiert werden (siehe u.a. Zeitraum der Recherche und Zeitpunkt der Veroeffentlichung der Literaturstudie) . Alle Studien die dieser Zielsetzung nicht entsprachen wurden ausgeschlossen.

Im Folgenden werden einzelne Ausschlussgründe aufgeführt:

	Begründungen für den Ausschluss von Interventionsstudien
Publikation	Es lag kein Abstract vor; die Publikationen waren auf anderen Sprachen als deutsch oder englisch verfasst (z. B. französisch oder chinesisch); es handelte sich um einen Methodenartikel, Studieprotokoll oder ein Editorial
Studien-population	Die Interventionen richteten sich nicht explizit an Menschen mit Demenz; die Studienpopulation bestand aus Menschen mit einer frontotemporalen oder young-onset Demenzerkrankung bzw. aus Menschen mit Mild cognitive impairment (MCI)
Gegenstand/ Intervention:	Die Zielsetzung der Intervention war auf die Einflussnahme von herausforderndem Verhalten gerichtet; es wurden **keine** Interventionen beschrieben und/oder getestet wenn der Fokus der Studie auf Themen lag wie z.B. • Schmerzen, Sturz, Ernährung, Zahngesundheit, Medikation, Inkontinenz, Sexualität/Intimität, Einsamkeit, Gewalt • Einzug in Einrichtungen der stationären Altenhilfe, Entlassungsmanagement, Care/Case Management, Fallkonferenzen, • Zugang zu Gesundheits-/Pflegeleistungen, ökonomische Analysen, Arbeitszufriedenheit von Pflegenden, Pflegequalität • Klinische Entscheidungsfindungen, Forschungsergebnisse zur informierten Einwilligung in Behandlungen/Forschungsprojekte • end of life care, Lebenserwartung, Mortalität Schizophrenie, traumatische Hirnverletzungen, Depression, Delir, Trisomie 21, Hüftfrakturen, Diabetes Mellitus, Nierenfunktion, Schlaganfall, Parkinson, Chorea Huntington, HIV/AIDS, Pneumonie, Anämie, Sprachstörungen, Kognition • genetische Tests, Risikofaktoren für demenzielle Erkrankungen, Gentests, Kognitive Tests, funktionale Mobilität

Darueberhinaus wurden zu folgenden Themen des Expertenstandards (Aufbau) wurde **keine** zusätzlichen Literaturrecherchen durchgeführt:

Ausschluss von Publikationen zu folgenden Themen	**Begründungen für den Ausschluss**	**Bearbeitung der Themen in folgenden Kapiteln der Literaturstudie**
person-zentriertes **Pflegeverständnis** / Person-zentrierte Pflege	Im Rahmen der Literaturstudie wird davon ausgegangen, dass ein **person-zentriertes Pflegeverständnis** eine **Voraussetzung** für die Beziehungs-gestaltung und –förderung von Menschen mit Anzeichen einer Demenz darstellt. Diese Annahme hat sich in vielen Studien bestätigt. Die Komplexität person-zentrierter Pflegekonzepte geht über die Zielsetzung des Expertenstandards hinaus.	**3.1.2**
Assessment	Vor dem Hintergrund methodischer Anforderungen zu diesen fünf Themenkomplexen wurden im vorgegebenen Zeitraum keine **extra** systematischen Literaturrecherchen realisiert. Zur Beantwortung der für den Expertenstandard relevanten Aspekte (neben Interventionen) wurde auf den bestehenden Literaturkorpus zurückgegriffen. Vollständigkeit kann nicht garantiert werden.	**3.3.1**
Umfeld- und Milieugestaltung		**3.3.3**
Information/Schulung/Beratung		**3.3.4**
Evaluation		**3.3.5**
Fort- und Weiterbildung		**3.3.6**

Anlage III: Benennung der eingeschlossenen Literatur (Interventionen)

3.1.1 Eingeschlossene Studien (Interventionen) – thematisch tabellarische Übersicht

Kapitel	Autor	Jahr	Auswahl Checklist	Kommentar
3.3.2.1 Gedächtnis-stützen	Bourgeois et al.	2001	Randomised Controlled Trials	
	Buron	2009	Randomised Controlled Trials	
	Buron	2010	Randomised Controlled Trials	
	Hoerster, Hickey & Bourgeois	2001		kein bewertbares Design
3.3.2.2 Geschichten	Billington et al.	2013		kein bewertbares Design
	Fritsch et al.	2009	Randomised Controlled Trials	
	Phillips, Reid-Arndt & Pak	2010	Controlled Clinical Trials	
3.3.2.3 Kombinierte Interventionen	Cott et al.	2002	Randomised Controlled Trials	
	Cruz et al.	2011	Before-After Studies	
3.3.2.4 Konversation	Santo Pietro & Boczko	1998	Controlled Clinical Trials	
	Tappen & Williams	2009	Randomised Controlled Trials	
	Tappen et al.	2002	Randomised Controlled Trials	
	Vasse et al.	2010	Systematic Reviews	
3.3.2.5 Kunst	Bober et al.	2002		kein bewertbares Design
	MacPherson et al.	2009	Qualitative Research	
3.3.2.6 Musik	Brown, Götell & Ekman	2001		kein bewertbares Design
	Götell, Brown & Ekman	2009	Qualitative Research	
	Hammar et al.	2011	Before-After Studies	
	Hsu et al.	2015	Randomised Controlled Trials	
	Kydd	2001		kein bewertbares Design
	van der Vleuten, Visser & Meeuwesen	2012		kein bewertbares Design
3.3.2.7 Puppen	James, Mackenzie & Mukaetova-Ladinska	2006		kein bewertbares Design
	Mitchell, McCormack & McCance	2016	Systematic Review	
	Shin	2015	Before-After Studies	

Fortsetzung: siehe Folgeseite

Fortsetzung

Kapitel	Autor	Jahr	Auswahl Checklist	Kommentar
3.3.2.8 Reminiszenz, Lebensrückblick und soziale Identität	Bogaert et al.	2013	Randomised Controlled Trials	
	Brooker & Duce	2000		kein bewertbares Design
	Cohen-Mansfield et al.	2011	Before-After Studies	
	Cohen-Mansfield et al.	2010		kein bewertbares Design
	Cohen-Mansfield, Parpura-Gill & Golander	2006	Randomised Controlled Trials	
	Gonzalez et al.	2015	Randomised Controlled Trials	
	Hagens, Beaman & Ryan	2003		kein bewertbares Design
	Lai	2003	Randomised Controlled Trials	
	Lai, Chi & Kayser-Jones	2004	Randomised Controlled Trials	
	Moos & Björn	2006	Systematic Reviews	
	Subramaniam, Woods & Whitaker	2014	Randomised Controlled Trials	
	Woods et al.	2012	Randomised Controlled Trials	
	Woods et al.	2005	Systematic Reviews	
3.3.2.9 Snoezelen	Chung & Lai	2009	Systematic Reviews	
	Kim	2003	Qualitative Research	
	Spaull, Leach & Frampton	1998	Before-After Studies	
	van Weert et al.	2005	Randomised Controlled Trials	
3.3.2.10 Sozial-Roboter	Jøranson et al.	2016a	Before-After	
	Jøranson et al.	2016b	Randomised Controlled Trials	
	Mordoch et al.	2013		kein bewertbares Design
	Moyle et al.	2013	Randomised Controlled Trials	
3.3.2.11 Tanz	Guzmán-García et al.	2013	Systematic Reviews	
	Palo-Bengtsson & Ekman	1997	Qualitative Research	
	Palo-Bengtsson, Winblad & Ekman	1998	Qualitative Research	
3.3.2.12 Technik	Nordheim et al.	2015	Qualitative Research	
	Wang, Holliday & Fernie	2009		kein bewertbares Design
3.3.2.13 Theater	van Dijk, Weert & Dröes	2012	Controlled Clinical Trials	
3.3.2.14 Tiere	Holthoff-Detto et al.	2016	Randomised Controlled Trials	
	Wesenberg	2015	Before-After Studies	

3.1.2 Eingeschlossene Studien (Interventionen) – Alphabetische Reihenfolge

Billington, J.; Carroll, J.; Davis, P.; Healey, C.; Kinderman, P. (2013): A literature-based intervention for older people living with dementia. Perspectives in Public Health 133 (3): 165-173.

Bober, S. J.; McLellan, E.; McBee, L.; Westreich, L. (2002): The Feelings Art Group: a vehicle for personal expression in skilled nursing home residents with dementia. Journal of Social Work in Long-Term Care 1 (4): 73-87.

Bogaert, P.; Grinsven, R.; Tolson, D.; Wouters, K.; Engelborghs, S.; Mussele, S. (2013): Effects of SolCos model-based individual reminiscence on older adults with mild to moderate dementia due to Alzheimer disease: a pilot study. Journal of the American Medical Directors Association 14 (7): 528.e9-528.e13.

Bourgeois, M. S.; Dijkstra, K.; Burgio, L.; Allen-Burge, R. (2001): Memory aids as an augmentative and alternative communication strategy for nursing home residents with dementia. AAC: Augmentative & Alternative Communication 17 (3): 196-210.

Brooker, D.; Duce, L. (2000): Wellbeing and activity in dementia: a comparison of group reminiscence therapy, structured goal-directed group activity and unstructured time. Aging & Mental Health 4 (4): 354-358.

Brown, S.; Götell, E.; Ekman, S.-L. (2001): 'Music-therapeutic caregiving': The necessity of active music-making in clinical care. The Arts in Psychotherapy 28 (2): 125-135.

Buron, B. (2009): Promoting personhood among nursing home residents living with dementia. (Dissertation). Arkansas: University of Arkansas for Medical Sciences.

Buron, B. (2010): Life history collages: effects on nursing home staff caring for residents with dementia. Journal of Gerontological Nursing 36 (12): 38-48.

Chung, J. C.; Lai, C. K. (2009): Snoezelen for dementia. Cochrane Database of Systematic Reviews.

Cohen-Mansfield, J.; Marx, M. S.; Thein, K.; Dakheel-Ali, M. (2011): The impact of stimuli on affect in persons with dementia. Journal of Clinical Psychiatry 72 (4): 480-486.

Cohen-Mansfield, J.; Parpura-Gill, A.; Golander, H. (2006): Utilization of self-identity roles for designing interventions for persons with dementia. Journals of Gerontology Series B: Psychological Sciences & Social Sciences 61B (4): 202-212.

Cohen-Mansfield, J.; Thein, K.; Dakheel-Ali, M.; Marx, M. S. (2010): The underlying meaning of stimuli: Impact on engagement of persons with dementia. Psychiatry Research 177 (1-2): 216-222.

Cott, C. A.; Dawson, P.; Sidani, S.; Wells, D. (2002): The effects of a walking/talking program on communication, ambulation, and functional status in residents with Alzheimer disease. Alzheimer Disease and Associated Disorders 16 (2): 81-87.

Cruz, J.; Marques, A.; Barbosa, A. L.; Figueiredo, D.; Sousa, L. (2011): Effects of a motor and multisensory-based approach on residents with moderate-to-severe dementia. American Journal of Alzheimer's Disease and Other Dementias 26 (4): 282-289.

Fritsch, T.; Kwak, J.; Grant, S.; Lang, J.; Montgomery, R. R.; Basting, A. D. (2009): Impact of TimeSlips, a creative expression intervention program, on nursing home residents with dementia and their caregivers. Gerontologist 49 (1): 117-127.

Gonzalez, J.; Mayordomo, T.; Torres, M.; Sales, A.; Meléndez, J. C. (2015): Reminiscence and dementia: a therapeutic intervention. International Psychogeriatrics 27 (10): 1731-1737.

Götell, E.; Brown, S.; Ekman, S. (2009): The influence of caregiver singing and background music on vocally expressed emotions and moods in dementia care: a qualitative analysis. International Journal of Nursing Studies 46 (4): 422-430.

Guzmán-García, A.; Hughes, J. C.; James, I. A.; Rochester, L. (2013): Dancing as a psychosocial intervention in care homes: a systematic review of the literature. International Journal of Geriatric Psychiatry 28 (9): 914-924.

Hagens, C.; Beaman, A.; Ryan, E. B. (2003): Reminiscing, poetry writing, and remembering boxes: personhood-centered communication with cognitively impaired older adults. Activities, Adaptation & Aging 27 (3/4): 97-112.

Hammar, L. M.; Emami, A.; Gotell, E.; Engstrom, G. (2011): The impact of caregivers' singing on expressions of emotion and resistance during morning care situations in persons with dementia: an intervention in dementia care. Journal of Clinical Nursing 20 (7-8): 969-978.

Hoerster, L.; Hickey, E. M.; Bourgeois, M. S. (2001): Effects of memory aids on conversations between nursing home residents with dementia and nursing assistants. Neuropsychological Rehabilitation 11 (3-4): 399-427.

Holthoff-Detto, V.; Nestmann, F.; Beckmann, A.; Gerner, A.; Marschner, K.; Werner, J.; Wesenberg, S. (2016): Tiergestützte Intervention bei Demenzkranken - ein Forschungsprojekt im Überblick. In: Wesenberg, S.; Beckmann, A.; Holthoff-Detto, V.; Nestmann, F. (Hrsg.): Tierische Tandems. Theorie und Praxis tiergestützter Arbeit mit älteren und demenzerkrankten Menschen. Band I: Grundlagen. Tübingen: dgvt-Verlag, S. 95-120.

Hsu, M. H.; Flowerdew, R.; Parker, M.; Fachner, J.; Odell-Miller, H. (2015): Individual music therapy for managing neuropsychiatric symptoms for people with dementia and their carers: a cluster randomised controlled feasibility study. BMC Geriatrics 15: 84.

James, I. A.; Mackenzie, L.; Mukaetova-Ladinska, E. (2006): Doll use in care homes for people with dementia. International Journal of Geriatric Psychiatry 21 (11): 1093-1098.

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Anlage IV: Benennung ausgeschlossener Literatur (Interventionen) – Alphabetische Reihenfolge

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Anlage V: Darstellung der methodischen Qualität (Studien zu Interventionen)

5.1 Systematic Reviews and Meta-Analyses

Zur Beurteilung der methodischen Qualität von systematischen Reviews und Meta-Analysen wurde auf die folgende Checkliste des Scottish Intercollegiate Guidelines Network (SIGN) zurückgegriffen. Die Frage 2.2 wird von den Autoren der Literaturstudie nicht beantwortet, da die Bewertung einer möglichen Übertragbarkeit auf die Zielgruppe dieses Expertenstandards von den Experten selbst vorgenommen wird.

SIGN: Methodology Checklist 1: Systematic Reviews and Meta-analyses

SIGN	**Methodology Checklist 1: Systematic Reviews and Meta-analyses**	
	Before completing this checklist, consider: Is the paper relevant to key question? Analyse using PICO (Patient or Population Intervention Comparison Outcome). IF NO reject. IF YES complete the checklist.	
Section 1: Internal validity		
In a well conducted systematic review:		***Does this study do it?***
1.1	The research question is clearly defined[1]. and the inclusion / exclusion criteria must be listed in the paper	Yes □ | No □ ➔ **If no reject**
1.2	A comprehensive literature search is carried out.	Yes □ | Not applicable □ | No □ ➔ **If no reject**
1.3	At least two people should have selected studies.	Yes □ | No □ | Can't say □
1.4	At least two people should have extracted data.	Yes □ | No □ | Can't say □
1.5	The status of publication was not used as an inclusion criterion.	Yes □ | No □
1.6	The excluded studies are listed.	Yes □ | No □
1.7	The relevant characteristics of the included studies are provided.	Yes □ | No □
1.8	The scientific quality of the included studies was assessed and reported.	Yes □ | No □

[1] Wenn drei der vier PICO Kriterien erfuellt sind, erfogte dennoch eine Bewertung mit *Yes* und die Bewertung der methodischen Qualitaet des Reviews wurde fortgeführt.

1.9	Was the scientific quality of the included studies used appropriately?	Yes □ | No □
1.10	Appropriate methods are used to combine the individual study findings.	Yes □ | Can't say □ | No □ | Not applicable □
1.11	The likelihood of publication bias was assessed appropriately.	Yes □ | Not applicable □ | No □
1.12	Conflicts of interest are declared.[2]	Yes □ | No □
Section 2: Overall Assessment of the study		
2.1	What is your overall assessment of the methodological quality of this review?	High quality (++) □ | Acceptable (+) □ Low quality (-) □ | Unacceptable – reject (0) □
2.2	Are the results of this study directly applicable to the patient group targeted by this guideline?	Yes □ | No □
2.3	Notes.	

Zur übersichtlichen Darstellung der Bewertungsergebnisse wurden die Antwortoptionen in Symbole übersetzt, die in der folgenen Legende dargestellt sind:

Legende:

Antwortkategorie	Symbol/ Abkürzung
Yes	+
No	-
Can't say	?
Not applicable	/

Antwortkategorie	Symbol/ Abkürzung
High quality	H
Acceptable	A
Low quality	L
Unacceptable - reject	U

Untenstehend sind für jedes eingeschlossene Review/ jede Meta-Analyse die Ergebnisse zu den einzelnen Frage der oben aufgeführten Checkliste dargestellt.

[2] *Yes* wurde abweichend angegben, wenn die Autoren des Reviews lediglich ihren 'conflict of interest' dargelegt haben und keine Hinweise auf die ‚conflicts of interest' der eingeschlossen Studien vorlagen.

Studie	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12	2.1	2.3 Anmerkungen
Chung & Lai 2009	+	+	+	?	+	+	+	+	+	+	/	+	H	▪ Keine Anmerkungen.
Guzmán-García et al. 2013	+	+	?	?	+	-	+	+	-	-	-	+	L	▪ 1.1: Es fehlen Hinweise zu Comparison analog PICO Schema. ▪ 1.3 und 1.4: Aus dem Text kann nicht explizit herausgelesen werden, dass durch mindestens zwei Reviewer Daten ausgewählt und entnommen wurden. Allerdings ist im Text stets von „wir“ die Rede. ▪ 1.6: Es wurden 441026 Artikel aufgrund der Suchstrategie gefunden. Ausschlussgründe wurden lediglich für 30 Artikel benannt, die übrigen werden ausgeschlossen ohne weitere Bemerkung. ▪ 1.8: es ist nicht ganz nachvollziehbar, wie die Qualitätsbewertung durchgeführt wurde (angegeben ist eine Bewertung nach Moher et al. 2009 und Spencer et al. 2003). ▪ 1.9: In der Ergebnisdarstellung wird nicht erneut auf die Qualitätsbewertung Bezug genommen. Erst im Fazit wird auf die unzureichend vorliegende Evidenz verwiesen. ▪ 1.10: Es werden keine Methoden benannt, mit denen die Ergebnisse zueinander in Beziehung gesetzt werden. ▪ 1.11: Das Bias-Risiko bezieht sich nur auf die geringe Größe der Studien. ▪ 1.12: Potentielle Interessenskonflikte für die eingeschlossenen Studien wurden nicht ausgewiesen. Es liegt nur eine Erklärung der Autoren des Reviews vor.
Mitchell, McCormack & McCance 2016	+	+	?	?	-	-	+	+	-	/	/	+	L	▪ Keine Anmerkungen.
Moos & Björn 2006	-												U	▪ 1.1: Es fehlen Hinweise zu Comparison analog PICO Schema 1.1: Ein-/ Ausschlusskriterien werden nicht explizit benannt SIGN sieht in diesem Falle vor, das die methodische Bewertung nicht fortzuführen ist
Vasse et al. 2010	+	+	+	?	-	-	-	+	+	+	-	+	L	▪ 1.1: Es fehlen Hinweise zu Comparison analog PICO Schema ▪ 1.3: Es werden keine Angaben zum Konsensprozess bei unterschiedlichen Einschätzungen der Reviewer gemacht. ▪ 1.4: Es gibt keine expliziten Angaben zur Datenextraktion. ▪ 1.7: Es gibt keine Angaben zu den Teilnehmern in den einzelnen Studien sondern lediglich eine Darstellung der Interventionen und Outcomes. ▪ 1.11: Für die RCTs wird nicht angegeben, wie der Publikations-Bias beurteilt wurde. ▪ 1.12: Potentielle Interessenskonflikte für die eingeschlossenen Studien wurden nicht ausgewiesen. Es liegt nur eine Erklärung der Autoren des

														Reviews vor.
Woods et al. 2005	+	+	?	?	+	+	+	+	+	+	-	+	A	▪ 1.3: Beim ersten Review erfolgte die Auswahl durch zwei unabhängig voneinander arbeitende Reviewer, für das vorliegende Update wird diesbezüglich keine Angabe gemacht. ▪ 1.4: Die Datenextraktion erfolgte unabhängig von zwei Forschenden (diese Information ist nur dem Abstract zu entnehmen), es gibt jedoch keinen Hinweis auf einen Konsensusprozess. ▪ 1.11: Es wird keine Stellung zum Publikationsbias bezogen. ▪ 1.12: Potentielle Interessenskonflikte für die eingeschlossenen Studien wurden nicht ausgewiesen. Es liegt nur eine Erklärung der Autoren des Reviews vor

5.2 Randomised Controlled Trials

Zur Beurteilung der methodischen Qualität von (cluster- und individuell-) randomisierten kontrollierten Studien (RCT) wurde auf die folgende Checkliste des Scottish Intercollegiate Guidelines Network (SIGN) zurückgegriffen. Die Beantwortung der Fragen 2.2 und 2.3 wird von den Autoren der Literaturstudie nicht vorgenommen, da diese Aufgabe bei den Experten liegt.

SIGN Methodology Checklist 2: Controlled Trials

SIGN	**Methodology Checklist 2: Controlled Trials**	
	Before completing this checklist, consider: 1. Is the paper a **randomised controlled trial** or a **controlled clinical trial**? If in doubt, check the study design algorithm available from SIGN and make sure you have the correct checklist. If it is a **controlled clinical trial** questions 1.2, 1.3, and 1.4 are not relevant, and the study cannot be rated higher than 1+ 2. Is the paper relevant to key question? Analyse using PICO (Patient or Population Intervention Comparison Outcome). IF NO REJECT (give reason below). IF YES complete the checklist.	
Section 1: Internal validity		
In a well conducted RCT study:		***Does this study do it?***
1.1	The study addresses an appropriate and clearly focused question.	Yes □ | No □ | Can't say □
1.2	The assignment of subjects to treatment groups is randomised.	Yes □ | No □ | Can't say □
1.3	An adequate concealment method is used.	Yes □ | No □ | Can't say □
1.4	The design keeps subjects and investigators 'blind' about treatment allocation.	Yes □ | No □ | Can't say □
1.5	The treatment and control groups are similar at the start of the trial.	Yes □ | No □ | Can't say □
1.6	The only difference between groups is the treatment under investigation.	Yes □ | No □ | Can't say □
1.7	All relevant outcomes are measured in a standard, valid and reliable way.	Yes □ | No □ | Can't say □
1.8	What percentage of the individuals or clusters recruited into each treatment arm of the study dropped out before the study was completed?	
1.9	All the subjects are analysed in the groups to which they were randomly allocated (often referred to as intention to treat analysis).	Yes □ | No □ | Can't say □ | Does not apply □
1.10	Where the study is carried out at more than one site, results are comparable for all sites.	Yes □ | No □ | Can't say □ | Does not apply □

Section 2: Overall Assessment of the study		
2.1	How well was the study done to minimise bias? *Code as follows:*	High quality (++) □ | Acceptable (+) □ Low quality (-) □ | Unacceptable – reject (0) □
2.2	Taking into account clinical considerations, your evaluation of the methodology used, and the statistical power of the study, are you certain that the overall effect is due to the study intervention?	
2.3	Are the results of this study directly applicable to the patient group targeted by this guideline?	
2.4	**Notes.** Summarise the authors' conclusions. Add any comments on your own assessment of the study, and the extent to which it answers your question and mention any areas of uncertainty raised above.	

Zur übersichtlichen Darstellung der Bewertungsergebnisse wurden die Antwortoptionen in Symbole übersetzt, die in der folgenen Legende dargestellt sind:

Legende:

Antwortkategorie	Symbol/ Abkürzung
Yes	+
No	-
Can't say	?
Does not apply	/

Antwortkategorie	Symbol/ Abkürzung
High quality	H
Acceptable	A
Low quality	L
Unacceptable - reject	U

Untenstehend sind für jede eingeschlossene randomisierte kontrollierte Studie (RCT) die Ergebnisse zu den einzelnen Fragen der oben aufgeführten Checkliste dargestellt.

Studie	1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	2.1	2.4 Anmerkungen
Bogaert et al. 2013	+	+	-	-	+	+	+	4,9%	?	?	A	▪ 1.2: Zu beachten ist, dass es sich bei der Randomisierungsmethode um eine einfache Zuweisung durch Zahlenfolge („simple process of consecutive numbering“) handelt. ▪ 1.3: Die Randomisierung wurde nicht von Forschern, sondern von Pflegenden durchgeführt. Allerdings ist nicht auszuschließen, dass die Forscher nicht doch Einsicht in den Ranodmisierungsvorgang hatten. Dieser wird nicht detailliert dargestellt. ▪ 1.5: Einschränkend wird darauf hingewiesen, dass keine Aussagen zum Schweregrad der Demenz getroffen werden. ▪ 1.8: Dropout basieren auf Ergebnis des MMSE-Tests. ▪ 1.9: Es werden keine Angaben zum Umgang mit Missings gemacht (siehe Erläuterung der Checkliste). ▪ 1.10: Es werden keine einrichtungsspezifischen Ergebnisse berichtet.
Bourgeois et al. 2001	+	?	-	-	-	-	+	k. A.	+	?	L	▪ 1.2: Die Randomisierungsmethode wird nicht ausführlich beschrieben, da es sich um eine Sub-Studie handelt (vorliegender Artikel). Es wurde auf Wohnbereichsebene randomisiert, nicht auf Subjektebene. ▪ 1.5: Die Gruppen unterscheiden sich hinsichtlich des Geschlechts. ▪ 1.6: siehe 1.5 ▪ 1.7: Erwähnt wird eine sehr gute ‚interobserver reliability‘ ▪ 1.8: keine Angaben über Dropouts in Bezug auf die Substudie. Aus der übergeordneten Studie („larger study“) wurden nur diejenigen Teilnehmer eingeschlossen, die baseline- und post-treatment-Konversationen mit demselben Pflegehelfer geführt hatten (66 von 125 → 52,4%). ▪ 1.9: Es wird in der Ergebnisdarstellung zwar zwischen ‚Interventions- und Kontrollgruppe‘ unterschieden, die Zuordnung ist jedoch unklar (siehe 1.2). Es werden keine Angaben zum Umgang mit *Missing Data* gemacht.
Buron 2009	+	+	-	?	?	?	+	12,5%	?	?	L	▪ 1.2: Randomisierungsmethode ist eher schlecht, da es sich um Münzwurf handelt. Die Randomisierung findet auf Einrichtungsebene statt (cRCT). ▪ 1.5 und 1.6: Die Gruppen werden nicht adäquat beschrieben. ▪ 1.9: Es werden keine Angaben zum Umgang mit *Missing Data* gemacht.

												▪ 1.10: Es werden keine einrichtungsspezifischen Daten ausgewiesen.
Buron 2010	+	+	?	?	?	?	+	Bewohner: 0% Mitarbeiter der Pflege: (Interventions-/- und Kontrollgruppe jeweils16,7%	?	?	L	▪ 1.2: Die Randomisierungsmethode ist eher schlecht, da es sich um Münzwurf handelt. Die Randomisierung findet auf Einrichtungsebene statt (cRCT). ▪ 1.5: Es werden keine Angaben oder Vergleiche der teilnehmenden Bewohner gemacht. ▪ 1.6: Es gibt keine Beschreibung der Gruppen. Es erfolgt lediglich der Verweis, dass die Kontrollgruppe „usual care“ erhielt. ▪ 1.9: Es werden keine Angaben zum Umgang mit *Missing Data* gemacht. ▪ 1.10: Die Gruppen werden nicht adäquat beschrieben. ▪ Bei dieser Publikation handelt es sich um einen Artikel zur Dissertation aus 2009.
Cohen-Mansfield, Parpura-Gill & Golander 2006	+	?	?	-	+	?	+	Interventionsgruppe: 13,3% Kontrollgruppe: 8,8%	?	?	L	▪ 1.2: Eine Randomisierung ist erwähnt, die Methode der Randomisierung wird jedoch nicht spezifiziert. ▪ 1.6: Die Kontrollgruppe wird nicht explizit beschrieben. Es erfolgt lediglich der Hinweis auf „usual activities and care“. ▪ 1.9: Es werden keine Informationen zum Umgang mit Missings gegeben. ▪ 1.10: Es werden keine settingspezifischen Daten ausgewiesen.
Cott et al. 2002	+	?	?	?	+	+	+	Gesamt: 14% “walk-and-talk”-Gruppe: 0% “talk only”-Gruppe16,67% Kontrollgruppe: 26,9%	?	?	L	▪ 1.2: Eine Randomisierung ist erwähnt, die Methode der Randomisierung wird jedoch nicht spezifiziert. ▪ 1.4: Die Forscher sind verblindet, es ist jedoch unklar, ob die Teilnehmer auch verblindet sind. ▪ 1.9: Es werden keine Informationen zum Umgang mit Missings gegeben. ▪ 1.10: Es werden keine settingspezifischen Daten ausgewiesen.
Fritsch et al. 2009	+	?	?	?	?	+	+	22% der eingeschlossenen Mitarbeitenden nahmen nicht teil, k. A. für die Bewohner	+	/	L	▪ 1.1: Die Forschungsfrage wird nicht explizit als Frage formuliert beschrieben wird nur das Ziel der Studie . ▪ 1.2: Eine Randomisierungsmethode wird nicht beschrieben. ▪ 1.3: Es wird über keine Concealment-Methoden berichtet. ▪ 1.4: Eine mögliche Verblindung bleibt unklar. ▪ 1.6: Es bleibt unklar, inwiefern sich die Interventionsgruppen unterscheiden. ▪ 1.7: Unklar ist außerdem, warum ausschließlich Daten nach der Durchführung der Intervention erhoben und analysiert werden. ▪ 1.9: Es werden keine Information zum Umgang mit Missings

												gegeben.
Gonzalez et al. 2015	+	?	-	?	+	+	+	k. A.	?	?	L	▪ 1.2: Eine Randomisierung wird erwähnt, die Methode aber nicht weiter beschrieben. ▪ 1.7: Demenzspezifischer Bezug der verwendeten Instrumente zur Erfassung des Outcomes ist nicht gegeben. ▪ 1.9: Es gibt keine Angabe über den Umgang mit Missings. ▪ Es werden keine einrichtungsspezifischen Daten angegeben
Holthoff-Detto et al. 2016	+	?	-	-	?	?	+	k. A.	?	?	L	▪ 1.2: Die Randomisierungsmethoden werden nicht genannt. ▪ 1.9: Da die Drop-out-Rate unklar ist und nicht weiter auf die „intention to treat analyse“ eingegangen wird, wird hier mit „can’t say“ bewertet. ▪ 2.1: Die Bewertung kommt vor allem dadurch zustande, dass viele Aspekte unklar bleiben.
Hsu et al. 2015	+	+	+	-	+	+	+	insgesamt: 23,5 % Interventionsgruppe: 33% Kontrollgruppe: 12,5%	/	?	A	▪ Die Studie wurde insgesamt mit „acceptable” bewertet, weil das NPI von den teilnehmenden Pflegenden ausgefüllt wurde (hohes Bias-Risiko), das Sample sehr klein war (feasibility study) und die Dropout-Rate in der Interventionsgruppe hoch war (33 %).
Joranson et al. 2016b	+	+	+	-	+	+	+	jeweils 16,6%	+	?	H	▪ Keine Anmerkungen.
Lai 2003	+	+	-	-	+	?	+	Interventionsgruppe: 17% Vergleichsgruppe: 17% Kontrollgruppe: 13% insgesamt: 15%	+	?	A	▪ 1.2: Die Randomisierung wurde mit Hilfe von Excel (Zufallszahlen) durchgeführt. Allerdings nicht für alle Teilnehmer zum gleichen Zeitpunkt , sodass zeitweise nur zwei Teilnehmer auf einmal randomisiert wurden, was eine Einflussnahme erleichtern könnte. Da nichts weiter zum „Concealment“ geschrieben wurde, wird dieses Kriterium deshalb mit „nein“ bewertet. ▪ 1.4: Die Rater waren veblindet. ▪ 1.10: Es wurden keine einrichtungsspezifischen Ergebnisse ausgewiesen.
Lai, Chi & Kayser-Jones 2004	+	?	-	?	+	+	+	Teilnehmer: 15% (15% in Einrichtung A und 14,9% in Einrichtung B) Kontrollgruppe: 13,3% Vergleichsgruppe: 17,1% Interventionsgruppe: 16,7%	+	?	L	▪ 1.2: Eine Randomisierung wird erwähnt, die Methode jedoch nicht beschrieben. Es erfolgt lediglich ein Verweis auf „fixed allocation“ (Byar et al. 1976). ▪ 1.4: Auf die Verblindung der Rater und Assessors im Hinblick auf Gruppenzuordnung der Teilnehmer wird hingewiesen. Es erfolgen jedoch keine Angaben zur Verblindung der Teilnehmer. ▪ 1.5: Ein signifikanter Unterschied zwischen den Gruppen bestand in der Anzahl der medizinischen Diagnosen (mit Ausnahme der Demenz).

												▪ 1.10: Es werden keine einrichtungsspezifischen Angaben gemacht.
Moyle et al. 2013	+	+	?	-	+	+	+	k. A.	/	/	A	▪ 1.4: Diejenigen die die Intervention durchführten waren nicht veblindet. Lediglich in der Phase der Auswertung war ihnen die Gruppenzuordnung der Daten unbekannt. ▪ 1.6: Beide Gruppen haben sowohl die Intervention als auch die Kontrollintervention erhalten. Neben den beiden Interventionen wird jedoch über keine anderen Unterschiede berichtet.
Subramaniam, Woods & Whitaker 2014	+	+	+	-	+	+	+	Interventionsgruppe: 8%, Vergleichsgruppe: 0%	-	?	H	▪ 1.3: Die Randomisierung wurde extern („North Wales Organisation for Randomised Trial in Health & Social Care") durchgeführt. Auch wenn das Concealment nicht explizit erwähnt wurde, wird davon ausgegangen, dass durch die externe Durchführung der Randomisierung eine adäquate Concealment-Methode verwendet wurde. ▪ 1.4: Forscher und Teilnehmer waren nicht verblindet, dafür aber die Rater, was positiv in die Gesamtbewertung einfließt. ▪ 1.10: Es wurden keine einrichtungsspezifischen Ergebnisse ausgewiesen.
Tappen et al. 2002	+	?	-	?	?	?	+	k. A.	+	?	L	▪ 1.1: Frage mit „yes" beantwortet, da das PICO-Schema aus dem Text herauslesbar ist. Allerdings wird keine explizite Fragestellung benannt. Eine klare Fragestellung wäre ein eindeutiges Qualitätsmerkmal, welches hier so nicht gegeben ist. ▪ 1.2: Randomisierungsmethode wird nicht weiter beschrieben. ▪ 1.3: Es wird über keine Concealment-Methode berichtet. ▪ 1.4: Es wird lediglich auf die Verblindung der Rater hingewiesen. Dies wird nicht weiter beschrieben und auch nicht, wer (auswertende Person, Probanden) außerdem verblindet wurde und wenn ja, wie. ▪ 1.5 und 1.6: Gruppenunterschiede können lediglich aus Tabellen im Anhang herausgelesen werden. ▪ 1.7: Der Picture Description Test wurde modifiziert. ▪ 1.8: Keine Angaben zu Dropouts. ▪ 1.9: Keine Angabe über den Umgang mit Missings (siehe Erläuterung der Checkliste). ▪ 1.10: Rekrutiert wurde aus zwei Standorten, aber es erfolgte keine standortspezifische Auswertung oder kein Vergleich.
Tappen & Williams 2009	+	?	-	?	+	+	+	16,67%	+	/	A	▪ 1.2: Die Randomisierungsmethode wird nicht beschrieben. ▪ 1.3: Es wird über keine Concealment-Methode berichtet. ▪ 1.4: Es wird lediglich auf die Verblindung der Rater

												hingewiesen. Dies wird nicht weiter beschrieben und auch nicht, wer (auswertende Person, Probanden) außerdem verblindet wurde und wenn ja, wie. ▪ 1.5: Einschränkend ist zu vermerken, dass über einen signifikanten Unterschied der Gruppen im Hinblick auf das Alter berichtet wurde. ▪ 1.9: Es werden keine Information zum Umgang mit Missings (siehe Erläuterung der Checkliste) gegeben.
Van Weert et al. 2005	+	-	+	?	+	+	+	- 51,9% Bewohner-Dropout zwischen Follow-Up und Post-Test - CNA loss (75% new during study). Median time of new members in experimental group (1year / range 0.23-5.78) and in control group (1,2 year / range 0.31-11.20)	+	?	A	▪ 1.2: Teilweise Clusterrandomisierung auf Stationsebene. 4 von 6 Einrichtungen wurden randomisiert (verdeckte Ziehung). Die übrigen 2 wurden aus pragmatischen Gründen ausgewählt. Insgesamt ist die Randomisierung nicht ganz transparent dargestellt, zumal im Flow-Chart die Randomisierung von 129 Probanden beschrieben wird, dazu erfolgt im Text jedoch kein Hinweis. ▪ 1.3: Concealment wird genannt, aber nicht näher beschrieben. ▪ 1.4: Die Rater wurden verblindet, aber ob die Stationen (Intervention/ keine Intervention) bzw. die Probanden auch verblindet sind, bleibt unklar (eher unwahrscheinlich, siehe unzureichende Randomisierung). ▪ 1.5 und 1.6: Signifikante Unterschiede zwischen den Gruppen wurden nur für die Variable „Alter“ festgestellt. Allerdings ist einschränkend festzuhalten, dass aufgrund der relativ hohen Dropout-Rate die Gruppen teilweise neu besetzt wurden. ▪ 1.8: Es wird kein Unterschied zwischen Personen, die die Studie beendet haben und denen, die vorzeitig ausgeschieden sind oder nachrekruiert wurden, gemacht (Bsp.: Table 5). Nicht die Problematik der Randomisierung sondern die fehlende Unterscheidung ist hier zu kritisieren. Hoher Dropout zwischen Follow-up und post-Test wurde durch Neurekrutierung kompensiert. Es stellt sich die Frage der Aussagekraft der Daten, da ein Teil der Probanden die Intervention nicht über den gesamten Zeitraum erhalten hat. ▪ 1.9: Hier ist einschränkend anzumerken, dass die Gruppen zwischen Pre und Post teilweise neu besetzt wurden ▪ 1.10: „No site specific data is given“. ▪ Clusteranzahl (je 6 in der Interventions-/ Kontrollgruppe) war zu klein, um Vergleiche der Wohnbereiche zu realisieren. Der Vergleich auf Stationsebene zeigt teils signifikante Differenzen, teils sind keine (signifikanten) Unterschiede erkennbar. ▪ Die Ergebnisse werden dargestellt als ‚Intervention – keine

												Intervention‘. Es wird keine Darstellung von Ergebnissen pro Cluster vorgenommen. ▪ Die Intervention ist eine Kombination aus Sensorischer Stimulation und Kommunikation. Die erhöhte Kommunikation wird mit der Stimulation verbunden, sodass keine Schlüsse hinsichtlich der einzelnen Interventionskomponenten gezogen werden können.
Woods et al. 2012	+	+	+	-	?	?	+	Interventionsgruppe: 23%, Kontrollgruppe: 34%	+	?	A	▪ - 1.4 Forscher und Teilnehmer waren nicht verblindet, dafür aber die Rater, was positiv in die Gesamtbewertung einfließt. ▪ - 1.5 Die Gruppen werden zwar dargestellt, es wird jedoch keine Aussage dazu getroffen, ob sie zu Beginn gleich sind. Zudem fehlt eine Angabe zum Demenzschweregrad in den Gruppen. ▪ - 1.6 Für die Kontrollgruppe wird lediglich benannt, dass die Teilnehmenden die „Regelversorgung“ erhalten, sich diese aber an den unterschiedlichen Forschungsstandorten unterscheidet.

5.3 Controlled Clinical Trials

Auch zur Beurteilung der methodischen Qualität von nicht-randomisierten kontrollierten Studien wurde auf die oben (Kapitel 4.2) dargestellte Checkliste des Scottish Intercollegiate Guidelines Network (SIGN) zurückgegriffen. Auch hier wird die Beantwortung der Fragen 2.2 und 2.3 von den Autoren der Literaturstudie nicht vorgenommen, da diese Aufgabe bei den Experten liegt. Zudem werden, entsprechend den Vorgaben der Checkliste, die Fragen 1.2, 1.3 und 1.4 nicht beantwortet, da diese für das Studiendesign nicht relevant sind. Zudem können diese Studien insgesamt laut Checkliste nicht besser als mit *Acceptable* bewertet werden.

SIGN	**Methodology Checklist 2: Controlled Trials**	
	Before completing this checklist, consider: 1. Is the paper a **randomised controlled trial** or a **controlled clinical trial**? If in doubt, check the study design algorithm available from SIGN and make sure you have the correct checklist. If it is a **controlled clinical trial** questions 1.2, 1.3, and 1.4 are not relevant, and the study cannot be rated higher than 1+ 2. Is the paper relevant to key question? Analyse using PICO (Patient or Population Intervention Comparison Outcome). IF NO REJECT (give reason below). IF YES complete the checklist.	
Section 1: Internal validity		
In a well conducted RCT study:		***Does this study do it?***
1.1	The study addresses an appropriate and clearly focused question.	Yes □ | No □ | Can't say □
1.2	The assignment of subjects to treatment groups is randomised.	Yes □ | No □ | Can't say □
1.3	An adequate concealment method is used.	Yes □ | No □ | Can't say □
1.4	The design keeps subjects and investigators 'blind' about treatment allocation.	Yes □ | No □ | Can't say □
1.5	The treatment and control groups are similar at the start of the trial.	Yes □ | No □ | Can't say □
1.6	The only difference between groups is the treatment under investigation.	Yes □ | No □ | Can't say □
1.7	All relevant outcomes are measured in a standard, valid and reliable way.	Yes □ | No □ | Can't say □
1.8	What percentage of the individuals or clusters recruited into each treatment arm of the study dropped out before the study was completed?	
1.9	All the subjects are analysed in the groups to which they were randomly allocated (often referred to as intention to treat analysis).	Yes □ | No □ | Can't say □ | Does not apply □

1.10	Where the study is carried out at more than one site, results are comparable for all sites.	Yes □ | No □ | Can't say □ | Does not apply □
Section 2: Overall Assessment of the study		
2.1	How well was the study done to minimise bias? *Code as follows:*	High quality (++) □ | Acceptable (+) □ Low quality (-) □ | Unacceptable – reject (0) □
2.2	Taking into account clinical considerations, your evaluation of the methodology used, and the statistical power of the study, are you certain that the overall effect is due to the study intervention?	
2.3	Are the results of this study directly applicable to the patient group targeted by this guideline?	
2.4	**Notes.** Summarise the authors' conclusions. Add any comments on your own assessment of the study, and the extent to which it answers your question and mention any areas of uncertainty raised above.	

Zur übersichtlichen Darstellung der Bewertungsergebnisse wurden die Antwortoptionen in Symbole übersetzt, die in der folgenen Legende dargestellt sind:

Legende:

Antwortkategorie	Symbol/ Abkürzung
Yes	+
No	-
Can't say	?
Does not apply	/

Antwortkategorie	Symbol/ Abkürzung
High quality	H
Acceptable	A
Low quality	L
Unacceptable – reject	U

Studie	1.1	1.5	1.6	1.7	1.8	1.9	1.10	2.1	2.4 Anmerkungen
Van Dijk, Weert & Dröes 2012	+	+	?	+	Experimental group 1: 17% Experimental group 2: 14% Control group: 13%	-	?	L	▪ 1.6: Die Gruppen werden in Hinblick auf Faktoren, die zusätzlichen Einfluss auf das Outcome haben können, nicht hinreichend beschrieben. ▪ 1.9: In die Auswertung wurden lediglich die Teilnehmer eingeschlossen, die die Intervention bis T3 beendet haben. ▪ Die Autoren der hier bewerteten Studie betrachten ihr methodisches Vorgehen sehr kritisch und limitieren damit die Outcomes. Sie werfen neue Forschungsfragen auf, da sie ihre eigene Studie vor allem als explorativ betrachten.
Philipps, Reid-Arndt & Pak 2010	+	+	+	+	keine genauen Angaben, lediglich dass der Dropout bei n=5 liegt	/	-	L	▪ 1.1: Es handelt sich um eine Pilot-Studie. ▪ 1.6: Es bleibt unklar, inwiefern die verschiedenen Settings (Nursing Home vs Assited Living Facility) mit den Ergebnissen korrespondieren. ▪ 1.9: Es werden keine Informationen zum Umgang mit Missings gegeben. ▪ 1.10: Rekrutiert wurde aus zwei Städten, es bleibt unklar, wie die Verteilung in Interventions-/ Kontrollgruppe erfolgte.
Santo-Pietro & Boczko 1998	+	+	+	+	0%	?	?	A	▪ 1.9: Über die Zusammensetzung der Gruppen im Verlauf der Studie werden keine Angaben gemacht. ▪ 1.10: Es handelt sich um zwei unterschiedliche Gruppen einer Pflegeeinrichtung (Alzheimer-Station und gemischte Station), über die Vergleichbarkeit der Gruppen können keine Aussagen getroffen werden.

5.4 Before- After Studies

Zur Beurteilung der methodischen Qualität von Before-After (Pre-Post) Studies With No Control Group wurde auf die folgende Checkliste des National Institutes of Health (NIH) des U.S. Department of Health & Human Services zurückgegriffen.

Quality Assessment Tool for Before-After (Pre-Post) Studies With No Control Group				
Criteria		**Yes**	**No**	**Other (CD, NR, NA)***
1.	Was the study question or objective clearly stated?			
2.	Were eligibility/selection criteria for the study population prespecified and clearly described?			
3.	Were the participants in the study representative of those who would be eligible for the test/service/intervention in the general or clinical population of interest?			
4.	Were all eligible participants that met the prespecified entry criteria enrolled?			
5.	Was the sample size sufficiently large to provide confidence in the findings?			
6.	Was the test/service/intervention clearly described and delivered consistently across the study population?			
7.	Were the outcome measures prespecified, clearly defined, valid, reliable, and assessed consistently across all study participants?			
8.	Were the people assessing the outcomes blinded to the participants' exposures/interventions?			
9.	Was the loss to follow-up after baseline 20% or less? Were those lost to follow-up accounted for in the analysis?			
10.	Did the statistical methods examine changes in outcome measures from before to after the intervention? Were statistical tests done that provided p values for the pre-to-post changes?			
11.	Were outcome measures of interest taken multiple times before the intervention and multiple times after the intervention (i.e., did they use an interrupted time-series design)?			
12.	If the intervention was conducted at a group level (e.g., a whole hospital, a community, etc.) did the statistical analysis take into account the use of individual-level data to determine effects at the group level?			
Quality Rating (Gppd, Fair, or Poor) (see guidance)				
Additional Comments (If POOR, please state why).				
*CD = cannot determine; NA = not applicable; NR = not reported				

Zur übersichtlichen Darstellung der Bewertungsergebnisse wurden die Antwortoptionen in Symbole übersetzt, die in der folgenen Legende dargestellt sind:

Legende:

Antwortkategorie	Symbol/ Abkürzung
Yes	+
No	-
Cannot determine	CD
Not applicable	NA
Not reported	NR

Antwortkategorie	Symbol/ Abkürzung
Good	G
Fair	F
Poor	P

Untenstehend sind für jede eingeschlossene Before-After (Pre-Post) Study With No Control Group die Ergebnisse zu den einzelnen Fragen der oben aufgeführten Checkliste dargestellt.

Studie	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.[3]	Anmerkungen
Cohen-Mansfield et al. 2011	+	+	CD	CD	NR	+	+	NA	NR	+	NR	NA	P	▪ 2: Es werden nur ‚selection criteria' vorgestellt, es bleibt offen, ob de facto mehr als die 193 Bewohner hätten eingebunden werden können (eligible criteria). ▪ 5: 193 Bewohner verteilt auf 7 Altenpflegeeinrichtungen nahmen teil. Verteilung und „power" bleiben unklar bzw. werden nicht erläutert, deshalb sind sie nicht bewertbar. ▪ 6: Die Intervention wird knapp, aber dennoch nachvollziehbar beschrieben. Um die Intervention besser verstehen zu können, ist eine Hinzuziehung einer anderen Publikation notwendig. ▪ 11: Es wird von Mehrfacherhebungen gesprochen, jedoch bleibt unklar, was zu welchem Zeitpunkt erhoben wurde. Auch in der Auswertung spielt der Zeitpunkt der Erhebung keine Rolle.
Cruz et al. 2011	+	+	NR	-	-	CD	-	-	CD	+	-	NA	P	▪ 6: Es bleibt unklar, ob alle Teilnehmer die gleiche Intervention in der gleichen Art und Weise erhalten haben ▪ 7: Es wurde lediglich auf die Reliabilität eingegangen. ▪ 9: Einer von 7 Teilnehmern wurde ausgeschlossen: Dropout Out: 14%. Obwohl ein Teilnehmer während des Interventionszeitraumes verstarb, fehlen seine Daten in der Baseline-Darstellung. Der verlorene Teilnehmer wurde in der Analyse nicht berücksichtigt.
Hammar et al. 2011	+	-	NR	-	-	+	+	NA	-	+	-	NA	P	▪ Der Rekrutierungsprozess ist unklar und nicht nachvollziehbar, es gibt keine kritische Diskussion der Methoden (Videoaufzeichnungen). Die Messergebnisse werden nur zusammengefasst und nicht separat für alle Erhebungszeitpunkte dargestellt und das Sample war eher zu klein. ▪ 9: „Loss to follow-up" lag zwar unter 20%, allerdings wurden die Daten der ausgeschiedenen Teilnehmer nicht in der Analyse berücksichtigt, was nicht dem vorgeschlagenen Vorgehen entspricht.
Joranson et al. 2016a	+	+	+	NR	NR	NR	+	-	-	+	-	-	G	Keine Anmerkungen.
Shin 2015	+	+	NR	+	+	-	-	-	-	+	-	NA	P	▪ Die Intervention ist nur unzureichend beschrieben. ▪ Das eingesetzte Instrument ist nicht reliabel. ▪ Die Werte für Baseline, t1, t2 und t3 werden nicht genannt, sodass es schwierig ist, die Entwicklung abzulesen. ▪ Die Diskussion bezieht sich vor allem auf qualitative Ergebnisse, die nicht systematisch erhoben wurden. ▪ zu 9: Loss to follow-up lag zwar unter 20 %, allerdings wurden die Daten der ausgeschiedenen Teilnehmer nicht in der Analyse berücksichtigt, was nicht dem vorgeschlagenen Vorgehen entspricht.
Spaull, Leach &	+	+	-	+	+	+	+	-	NA	CD	+	NA	F	▪ 3: Es wurden nur Männer für die Studie rekrutiert.

[3] Unter 13. wird hier die Einschätzung des Quality Ratings (good, fair oder poor) dargestellt.

Frampton 1998														▪ 5: Sample besteht aus 4 Probanden, keine Aussage bezüglich Validität. Jedoch wird im Artikel mit Referenz darauf hingewiesen, dass 4 Probanden „[…] the optimum number of replications in applied clinical research […]“ seien. ▪ 10: p-Werte bei einem Sample von nur 4 Probanden anzugeben ist fraglich. ▪ 11: Messzeitpunkte: 10 Minuten vorher, 20 Minuten währenddessen, 10 Minuten nachher; insgesamt 12 Einheiten. Es gibt demnach viele Messzeitpunkte, aber dennoch nur 4 Probanden. P-Werte sind fraglich.
Wesenberg 2015	+	NR	NR	NR	+	+	NA	-	-	+	-	NA	F	▪ 9: Die Drop-out-Rate lag bei 10,5 % (2 von 19), die ausgeschiedenen Teilnehmer wurden nicht in die Analyse einbezogen.

5.5 Qualitative Research

Zur Beurteilung der methodischen Qualität von qualitativen Studien wurde auf die folgende Checkliste des National Institutes of Health (NIH) des U.S. Department of Health & Human Services zurückgegriffen.

CASP Qualitative Research Checklist

CASP	Qualitative Research Checklist	
Screening Questions		
1.	Was there a clear statement of the aims of the research?	Yes □ | Can't tell □ | No □
2.	Is a qualitative methodology appropriate?	Yes □ | Can't tell □ | No □
Detailed Questions		
3.	Was the research design appropriate to address the aims of the research?	Yes □ | Can't tell □ | No □
4.	Was the recruitment strategy appropriate to the aims of the research?	Yes □ | Can't tell □ | No □
5.	Was the data collected in a way that addressed the research issue?	Yes □ | Can't tell □ | No □
6.	Has the relationship between researcher and participants been adequately considered?	Yes □ | Can't tell □ | No □
7.	Have ethical issues been taken into consideration?	Yes □ | Can't tell □ | No □
8.	Was the data analysis sufficiently rigorous?	Yes □ | Can't tell □ | No □
9.	Is there a clear statement of findings?	Yes □ | Can't tell □ | No □
10.	How valuable is the research?	

Zur übersichtlichen Darstellung der Bewertungsergebnisse wurden die Antwortoptionen in Symbole übersetzt, die in der folgenen Legende dargestellt sind:

Legende:

Antwortkategorie	Symbol/ Abkürzung
Yes	+
No	-
Can’t tell	?

Untenstehend sind für jede eingeschlossene qualitative Studie die Ergebnisse zu den einzelnen Frage der oben aufgeführten Checkliste dargestellt.

Studie	1.	2.	3.	4.	5.	6.	7.	8.	9.	10	Anmerkungen
Götell, Brown & Ekman 2009	+	+	+	-	+	-	+	-	-	▪ Ergebnisse vorangegangener Studien werden bestätigt: Die Studie gibt Hinweise darauf, dass Musik (abgespielt oder gesungen) während der Morgenpflege dazu beitragen kann, diese für Menschen mit Demenz besser zu gestalten und dabei die Beziehung zwischen Menschen mit Demenz und Pflegenden positiv zu unterstützen ▪ Generalisierbarkeit und Transfer werden nicht thematisiert ▪ Die Autoren nennen zwar klare Ergebnisse ihrer Studie, diskutieren und reflektieren diese und ihre Methode jedoch nicht kritisch	▪ 9: Die Forschenden erläutern in einer Tabelle die Schritte ihrer Analyse, allerdings bleibt die tatsächliche Ergebnispräsentation sehr beschreibend und es ist nicht nachvollziehbar, wie die einzelnen Analyseschritte zu ihren Ergebnissen geführt haben.
Kim 2003	+	+	+	+	+	-	+	+	+	▪ Die Studie ist sehr positiv zu bewerten: Ergebnisse und Wissensbeitrag werden ausgiebig diskutiert, allerdings wird an manchen Stellen der Link zwischen Theorie und Ergebnissen nicht deutlich genug. ▪ Möglichkeiten für Folgeforschung werden angesprochen. ▪ Transfermöglichkeiten werden angesprochen	▪ 2: Die Studie hat auch einen quantitativen Anteil. Neben demographischen Daten wurden Verhaltensänderungen mit der ABS-Scale und Medikationsänderungen mit der MAR-Scale erfasst. Die quantitativen Ergebnisse dienen zur Unterstützung der qualitativen „thick description“. Die Integration des quantitativen Aspekts der Studie erfolgt nicht als mixed methods design und ist daher nur als zusätzliche Datengrundlage (explorativ) zu werten. Es bleibt unklar, weshalb der qualitative Aspekt der Studie (Hauptteil) innerhalb des „Evidenzparadigmas“ (Effektivität der Studie) diskutiert, aber nicht kritisch reflektiert wird. ▪ 3: siehe Kommentar zu 2 ▪ 6: Zu Beginn der Studie (Hinführung zum Thema) und im Abschnitt „data collection“ wird über die Position des Forschers gegenüber den Probanden geschrieben. Das Verhältnis wird jedoch nicht ausführlich diskutiert. Wenn die Studie als qualitative Studie gesehen wird, sollte eine ausführlichere Diskussion erwartet werden können. Das Thema wird in der Diskussion nicht mehr aufgegriffen.
MacPherson et al. 2009	+	+	-	-	+	-	+	-	-	▪ Die kritische Bewertung wird lediglich für die durchgeführten Fokusgruppen vorgenommen. Die zusätzlichen Videoaufnahmen der Bewohner sind nicht relevant hierfür. ▪ Die Studie ist teils interessant/ wertvoll	▪ 2: Das Design ist nicht konsistent zur Fragestellung, da zwischen Videoaufnahmen der Bewohner und den Fokusgruppen hin- und hergesprungen wird. Im Vordergrund des Artikels steht jedoch die Perspektive der Teilnehmer der Fokusgruppen. Der Bezug zu den Videoanalysen bleibt weitestgehend unklar, obwohl kontinuierlich auf die quantitative Auswertung der Videos hingewiesen wird. ▪ 4: Es bleibt unklar, wie Teilnehmer der Fokusgruppen rekrutiert wurden.

											▪ 8: Der Analyseprozess wird nicht detailliert vorgestellt. ▪ 9: Es gibt eine breit angelegte Diskussion am Ende des Artikels, gleichwohl sind die Schlussfolgerungen sehr knapp, es werden keine Hinweise Transfermöglichkeiten gegeben.
Nordheim et al. 2015	+	+	?	?	+	-	-	-	-	▪ Die Studie ist als Pilotstudie wertvoll. Allerdings werden Ergebnisse und Wissensbeitrag nicht ausgiebig diskutiert. Eigenschaften der Studie als Pilotstudie werden angesprochen. Möglichkeiten für Folgeforschung, beispielsweise als RCT, werden dargestellt. Transfermöglichkeiten werden nicht angesprochen. ▪ Die Studie liefert allenfalls Hinweise darauf, dass Tablets mit Menschen mit Demenz eingesetzt werden können und worauf dabei zu achten sei. Ergebnisse im Sinne einer Wirkung und inwiefern Tablets im Vergleich z. B. zu Gesellschaftsspielen, Fotoalben etc. anders sind, kann nicht abgeleitet werden.	▪ 3: Der methodische Ansatz wird nicht ausreichend diskutiert und gerechtfertigt. ▪ 4: Die Rekrutierung wird nur unzureichend beschrieben. ▪ 7: Ein Datenschutzbeauftragter wurde einbezogen, jedoch gibt es keine Ausführungen zu ethischen Belangen. ▪ 9: Es werden Ergebnisse berichtet, allerdings nicht ausführlich und kontrovers diskutiert. Die Studie hat einen (kurzen) quantitativen Teil, der nicht separat bewertet wurde
Palo-Bengtsson & Ekman 1997	+	+	+	-	+	-	+	-	-	▪ Die Studie ist bedeutsam. Es gibt eine breit angelegte Diskussion am Ende des Artikels. ▪ Ein möglicher Wissensbeitrag der Ergebnisse wird ausgiebig diskutiert, Möglichkeiten für Folgeforschung werden angesprochen. ▪ Transfermöglichkeiten auf andere Bereiche oder Populationen werden nicht angesprochen.	▪ 3: Das Design wurde plausibel dargestellt. Allerdings fehlt eine Reflexion zur Anwendung einer Videokamera. ▪ 4: Die Auswahl der zu analysierenden Probanden erfolgt eher nach Praktikabilitätsprinzip. Damit wird nicht kritisch umgegangen. ▪ 8: Der Analyseprozess wird nicht ausgiebig vorgestellt. ▪ 9: Beobachtung und Interpretation vermischen sich. Es gibt lediglich eine Aussage zu negativen Effekten.
Palo-Bengtsson, Winblad & Ekman 1998	+	+	+	-	?	-	+	-	+	▪ Am Ende des Artikels wird der Wissensbeitrag der Ergebnisse ausgiebig diskutiert ▪ neue Forschungsfragen werden jedoch nicht aufgeworfen, ▪ Transfermöglichkeiten auf andere Bereiche oder Populationen werden nicht angesprochen	▪ 4: Die Rekrutierung findet nach pragmatischen Gesichtspunkten statt (alle Teilnehmer werden aufgezeichnet, Auswahl erfolgt danach, wer Tanzen mag und wer am häufigsten auf den Videoaufnahmen zu sehen ist.) ▪ 5: Die Erhebungssituation mit der Kamera wird nicht weiter reflektiert. ▪ 8: Die Darstellung der Ergebnisse bleibt auf relativ abstraktem Niveau, es findet keine Darstellung der Analyse- und Interpretationsschritte statt.

5.6 Sonstige Designs

Die folgenden zwölf Studien lassen sich aufgrund ihres Designs nicht anhand einer „aktuellen international anerkannten Klassifikation“ (DNQP 2015, S. 8; vgl. auch Literaturstudie Kapitel 3.2.5) im Hinblick auf ihre methodische Qualität bewerten:

Studie	**Studiendesign**[4]
Billington et al. 2013	„mixed-method design“
Bober et al. 2002	kein Design angegeben
Brooker & Duce 2000	„within-subjects design“
Brown, Götell & Ekman 2001	„case study”
Cohen-Mansfield et al. 2010	kein Design angegeben
Hagens, Beaman & Ryan 2003	kein Design angegeben
Hoerster, Hickey & Bourgeois 2001	„experimental, single-subject design“
James, Mackenzie & Mukaetova-Ladinska 2006	kein Design angegeben
Kydd 2001	„case study“
Mordoch et al. 2013	„literature review“
van der Vleuten, Visser & Meeuwesen 2012	„quasi-experimental design“
Wang, Holliday & Fernie 2009	„case study“

[4] Bezeichnung der Autoren der Studien