

Best Evidence Summaries of Topics in Mental Healthcare

BEST *in* **MH** *clinical question-answering service*

Question

In older adults with depression in a ward or community setting, how effective is physical activity (including exercise and physiotherapy), compared to any other intervention, in improving patient outcomes (reduction of depressive symptoms / positive effect on mood, improved skills of daily living, improved Quality of Life measures, improved adherence to physical and/or social activity long-term, reduced risk and frequency of falls)?

Clarification of question using PICO structure (PICTRO for diagnostic questions)

Patients: In older adults with depression in a ward or community setting

Intervention: physical activity (including exercise and physiotherapy)

Comparator: any other intervention

Outcome: in improving patient outcomes

Clinical and research implications

No definite clinical implications can be made from the available evidence. The systematic review (SR) literature suggests that exercise, including both aerobic exercise and resistance training programmes, may reduce depression or depressive symptoms in older people, with immediate and clinically relevant effects. The mechanisms of this effect were however, unclear, and it was suggested that there may also be a social or group effect. On the other hand, two well-conducted randomised controlled trials (RCTs) found no benefit of exercise programmes compared to controls on depressive symptoms, which suggests that this relationship may not be straightforward.

Recommendations in the literature were that exercise may be useful as a supplementary treatment for depression in older people. In addition, it was also suggested that as the effects of exercise *may* diminish with time, exercise should be continuous. One RCT (conducted in Taiwan) recommended that a yoga programme be incorporated as an exercise activity in senior activity centres or community-centres.

There is consensus among the available evidence that further well-designed studies are needed to clarify the effectiveness of different intervention modalities, to investigate the medium- and long-term impact of exercise programmes, and to investigate effectiveness of interventions in older people with different clinical subgroups (e.g. minor, moderate, major depression).

What does the evidence say?

Number of included studies/reviews (number of participants)

Two SRs (one included 11 RCTs with a total of 641 participants (Blake et al. 2009), and the other included 13 RCTs with an unclear total number of participants (Sjösten et al. 2006)) and three RCTs (n=523) met the inclusion criteria for this BEST summary.

Main Findings

Five of the same RCTs were included in both SRs. In general, the results of the SRs were very similar, although one review reported results at short, medium and long-term follow-up (Blake et al. 2009), and the other reported results according to the level of depression at baseline (Sjösten et al. 2006). Both reviews, however, reported significant positive findings in terms of reductions in depression or depressive symptoms, or increased remission from depression immediately after an exercise intervention when compared with controls. One of the SR authors reported that the studies found no medium-term effect, or that positive effects varied according to exercise mode of intervention (e.g. aerobic/resistance). Very few studies measured the long-term outcomes of exercise.

One RCT evaluated the effectiveness of a yoga exercise programme in older adults living in Taiwan (Chen et al. 2009). The study authors reported significantly better subjective sleep quality, PSQI total score, physical health perception, and mental health perception, and significantly lower sleep latency, daytime dysfunction and depression state, after 6 months compared to the control group (all $p < 0.05$).

In contrast to the above studies, two RCTs reported no benefit of exercise compared to controls: One cluster RCT conducted in Sweden found no significant differences between a high-intensity functional weight-bearing exercise programme compared with a non-exercise activity programme on psychological well-being or depressive symptoms among older people living in residential care facilities, including people with severe cognitive or physical impairments (Conradsson et al. 2010).

The other RCT conducted in New Zealand compared a home-based physical activity program with a social control group (social visits) on physical function, quality of life, mood, and falls in an older community-dwelling population (Kerse et al. 2010). Similarly, the study authors found no significant differences between groups, but did observe that both groups demonstrated a significant improvement in depressive symptoms and quality of life related to mental health over 12 months. Both groups had a similar proportion of individuals who reported at least one fall.

Authors Conclusions

The systematic reviews concluded that physical exercise programmes exert a clinically relevant short-term effect of minor or major depressive symptoms in older people. However, both systematic review authors were cautious with their conclusions and stated that due to methodological weaknesses of the included studies, the results should be interpreted with caution.

The authors of one RCT did not make firm conclusions, but reported that the silver yoga exercise programme had a positive effect on mental health indicators in a sample of healthy, community dwelling, older (60 plus) adults.

The authors of another RCT concluded that a high-intensity functional weight-bearing exercise programme did not influence depressive symptoms or wellbeing among older people living in residential care facilities, and that an individualised and multifactorial intervention may be needed in this group.

The authors of the final RCT concluded that a home-based physical activity program was no more successful than social visiting at improving quality of life and mood for older people with depressive symptoms.

Reliability of conclusions/Strength of evidence

Both SRs, and two RCTs were well-conducted and their conclusions are likely to be reliable. One of the RCTs had an unclear risk of bias (Chen et al. 2009), so that the reliability of the results from this trial is uncertain.

What do guidelines say?

No directly relevant UK guidelines were found in relation to this question, exercise recommendations are made in relation to depressed adults, but not specifically older adults.

Date question received: 11/05/2012

Date searches conducted: 11/05/2012

Date answer completed: 08/06/2012

References

Systematic Reviews

1. Blake H, Mo P, Malik S, Thomas S. How effective are physical activity interventions for alleviating depressive symptoms in older people? A systematic review. *Clinical Rehabilitation* 2009; 23: 873–887.
2. Sjosten N, Kivela S. The effects of physical exercise on depressive symptoms among the aged: a systematic review. *Int J Geriatr Psychiatry* 2006; 21: 410–418.

RCTs

3. Chen K, Chen M, Chao H, Hung H, Lin H, Li C. Sleep quality, depressive state, and health status of older adults after silver yoga exercises: Cluster randomized trial. *International Journal of Nursing Studies* 46 (2009) 154–163.
4. Conradsson M, Littbrand H, Lindelöf N, Gustafson Y, Rosendahl E. Effects of a high-intensity functional exercise programme on depressive symptoms and psychological well-being among older people living in residential care facilities: A cluster-randomized controlled trial. *Aging & Mental Health* (2010), 14:5, 565-576
5. Kerse N, Hayman K, Moyes S, Peri K, Robinson E, Dowell A, Kolt G, Raina Elley C, Hatcher S, Kiata L, Wiles J, Keeling S, Parsons J, Arroll B. Home-Based Activity Program for Older People With Depressive Symptoms: DeLLITE—A Randomized Controlled Trial. *Ann Fam Med* 2010;8:214-223. doi:10.1370/afm.1093.

Results

Systematic Reviews

Author (year)	Search Date	Inclusion criteria	Number of included studies	Summary of results	Risk of bias
Blake et al. (2009)	May 2008	Studies included in this review had a randomised controlled or a quasi-experimental study design, where participants were assigned to either an intervention or a control group. The studied intervention was required to have a component of exercise, with the individual delivering the intervention having received appropriate training. The participants of the included trials were age 60 and over with depressive symptoms. Studies that included participants with dementia were excluded from the review, along with those where participants were not depressed at baseline.	11 RCTs (641 participants)	Effect of exercise on depression 7 RCTS evaluated this outcome immediately post-intervention; 5 of which showed significant reductions in depression or depressive measures compared to control (i.e. no treatment, less intensive treatment). Based on results from 6 trials, the authors stated that there was limited or conflicting evidence of benefit for the medium-term (3-12 months). Two trials evaluated depression in the long-term, and the results were significant in one study, and the other reported significant improvements after aerobic exercise but not resistance training at 18 months.	Low
Sjösten et al. (2006)	April 2005	Studies were eligible for inclusion in this review if the trial participants were aged 60 and over, or defined as 'elderly' or 'older'. Participants could be depressed or non depressed at baseline, though levels of depression were required to be defined as a clinical entity, measured by either the DSM or the ICD-10. The included studies were of	13 RCTs (n not fully reported).	Five studies were conducted among depressed elderly adults (the same studies are also evaluated in Blake et al. 2008); four demonstrated significantly positive effects compared to control groups. The fifth trial demonstrated that exercise was as effective as medication.	Low

		randomised controlled trial design, with allocation to intervention and control groups.		In addition, five trials were conducted on populations not suffering from depression or from a high amount of depressive symptoms at baseline, and their results were mixed. Three studies consisted of both depressed and non-depressed subjects and all yielded positive results.	
--	--	---	--	--	--

RCTs

Author (year)	Inclusion criteria	Number of participants	Summary of results	Risk of bias
Chen et al. (2009)	<p><i>Participants</i> – The participants in this study were based in the community aged 60 or over. The inclusion criteria required that participants had no previous training in yoga. The participants should be able to walk without assistance, be cognitively alert, and independent or only mildly dependant upon self-care.</p> <p><i>Intervention</i> – The intervention used in this study was a 70 minute group (15-20) silver yoga programme (including hatha yoga gentle stretching, relaxation, and guided meditation)</p> <p><i>Comparison</i> – Waiting list control.</p> <p><i>Outcome</i> – Sleep quality (measured by the Pittsburgh Sleep Quality Index). Depression state (measured by the</p>	N= 139 (67 allocated to the experimental group, 72 allocated to the control)	After 3 months, participants in the silver yoga programme demonstrated significantly better subjective sleep quality, physical health perception, and mental health perception, and significantly lower daytime dysfunction and depression state, than those participants in the control group (all p < 0.05). These significant differences were also observed at 6 months (all p < 0.05). In addition, other significantly improved outcomes at 6 months were PSQI total score, and sleep latency (p<0.05).	Unclear

	<p>Taiwanese Depression Questionnaire). Self perception of health status (as measured by the SF-12 Health survey).</p> <p><i>Study Design</i> – Clustered Randomised Controlled Trial.</p>			
Conradsson (2010)	<p><i>Participants</i> – The participants were aged 65 and over and dependant upon assistance in one or more act of daily living, able to lift themselves from a chair with arms with assistance from no more than one person. The participants were required to score no less than 10 on the MMSE.</p> <p><i>Intervention</i> – exercise programme based upon a high-intensity functional weight-bearing exercise programme (HIFE). The HIFE programme outlines 41 exercises with examples on how to increase the weight or difficulty of each exercise. Physiotherapists selected and instructed appropriate exercises for each participant.</p> <p><i>Comparison</i> – The control group consisted of an activity programme developed by occupations therapists including activities performed whilst sitting (reading, singing, watching films, conversation).</p> <p><i>Outcome</i> – depressive symptoms (measured by the Geriatric Depression Scale) and psychological well being (as measured by the Philadelphia Geriatric</p>	N = 191 (91 to exercise, 100 to control group)	<p>There were no significant differences between groups at 3 or 6 months follow-up for the main outcomes of psychological well-being (as measured using the Philadelphia Geriatric Center Morale Scale (PGCMS)), and depressive symptoms (as measured using the Geriatric Depression Scale 15-item version (GDS-15)).</p> <p>Subgroup analyses demonstrated a significant between-group difference in psychological well-being in favour of the exercise group at the three month follow-up (p=0.01).</p>	Low

	Centre Moral Scale).			
Kerse (2010)	<p><i>Participants</i> – Aged 75 and over, community dwelling and able to communicate in English. Participants were excluded if they have severe dementia or an unstable medical condition that might prevent them from participation in a physical activity programme.</p> <p><i>Intervention</i> – The participants in the intervention group were provided with home-based individual instruction in a physical activity programme by a trained nurse. The intervention was based upon the Otago Exercise Programme which consists of moderate-intensity balance retraining, progressive resistance lower limb strengthening exercises, and walking.</p> <p><i>Comparison</i> – The control group received a social visit at the same frequency as that which the experimental group received, the visit lasted roughly the same duration. There was no psychotherapeutic component to the social visits.</p> <p><i>Outcome</i> – Primary outcomes were physical function assessed by the Short Physical Performance Battery and activities of daily living as measured by the Nottingham extended activities of daily living. Secondary outcomes included health related quality of life, assessed by</p>	N = 193 (97 allocated to experimental group, 96 to the control)	<p>After 12 months follow-up there was no significant difference between the groups for the primary outcome measures: function, a short physical performance assessment comprising of balance and mobility, and the Nottingham Extended Activities of Daily Living scale.</p> <p>The authors did report a trend toward a differential impact of the physical activity intervention on walking behaviour at 6 months ($P = .054$).</p> <p>There was a significant decline in functional status (NEADL) for all participants during the 12 months ($P < .003$) but no differential change between the physical activity and social groups. There was no differential change between the groups in physical function and no change over time. Quality of life related to mental health (SF-36 MCS) improved in the whole group over time ($P < .001$), but there was no significant difference between the groups. Quality of life related to physical health (SF-36 PCS) did not change during the trial in the whole group, and there was no significant differential change between the groups.</p> <p>GDS-15 scores improved for all participants over the year of the trial ($P < .001$), but there was no significant difference between the 2 groups.</p> <p>Each group showed a similar proportion of participants who reported at least 1 fall during the trial period (47 or 48%, and 39 or 41% for the physical and social activity groups, respectively) and adverse events related to aches, pains and fatigue were noted at the same level in both groups.</p>	Low

	<p>the SF-36 (Medical Outcomes Study short form health survey). Mood measured by the Geriatric Depression Scale, physical activity assessed with the Auckland Heart Study Physical Activity Questionnaire. Adverse events and medication use were assessed outcomes.</p>			
--	--	--	--	--

Risk of Bias: SRs

Author (year)	Risk of Bias				
	Inclusion criteria	Searches	Review Process	Quality assessment	Synthesis
Blake (2009)					
Sjösten (2006)					

RCTs

Study	RISK OF BIAS					
	Random allocation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective Reporting
Chen (2009)			NA			
Conradsson (2010)			NA			
Kerse (2010)			NA			

 Low Risk
  High Risk
  Unclear Risk
 NA

Search Details

Source	Search Strategy	Number of hits	Relevant evidence identified
<i>SRs and Guidelines</i>			
NICE	"physical exercise*" OR "physical activit*" OR "physical therap*" OR physiotherap* AND depress*	467	0
DARE	<ol style="list-style-type: none"> 1. Depress* 2233 2. MeSH DESCRIPTOR Adjustment Disorders EXPLODE ALL TREES 1 3. MeSH DESCRIPTOR Affective Disorders, Psychotic EXPLODE ALL TREES 127 4. MeSH DESCRIPTOR Depression EXPLODE ALL TREES 347 5. MeSH DESCRIPTOR Depressive Disorder EXPLODE ALL TREES 681 6. MeSH DESCRIPTOR Depressive Disorder, Major EXPLODE ALL TREES 195 7. MeSH DESCRIPTOR Long-Term Synaptic Depression EXPLODE ALL TREES 0 8. #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 2297 9. exercise* 4659 10. Physical activit* 531 11. outdoor activit* 3 12. MeSH DESCRIPTOR Exercise EXPLODE ALL TREES 520 13. MeSH DESCRIPTOR Exercise Therapy EXPLODE ALL TREES 583 14. MeSH DESCRIPTOR Resistance Training EXPLODE ALL TREES 38 15. physio* 3650 	515	2

	16. MeSH DESCRIPTOR Physical Therapy (Specialty) EXPLODE ALL TREES 23 17. MeSH DESCRIPTOR Physical Therapy Modalities EXPLODE ALL TREES 1521 18. MeSH DESCRIPTOR Motor Activity EXPLODE ALL TREES 210 19. #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 OR #18 8067 20. #8 AND #19 515		
Primary studies			
CENTRAL	#1 MeSH descriptor Depression, this term only 4408 edit delete #2 MeSH descriptor Depressive Disorder explode all trees 6496 edit delete #3 depress* 47689 edit delete #4 "depressive disorder" 7614 edit delete #5 (#1 OR #2 OR (#3 AND #4)) 12016 edit delete #6 MeSH descriptor Motor Activity explode all trees 13047 edit delete #7 MeSH descriptor Exercise explode all trees 11357 edit delete #8 MeSH descriptor Exercise Therapy explode all trees 5301 edit delete #9 MeSH descriptor Physical Therapy Modalities explode all trees 12459 edit delete #10 "physical activity" or "physical activites" 5429 edit delete #11 "physical exercise" 1282 edit delete #12 physiotherapy 4469 edit delete #13 (#6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12) 28960 edit delete #14 (#5 AND #13) 637 edit delete	41	

	<p>#15 (#14), from 2008 to 2012 296 edit delete</p> <p>#16 older 29514 edit delete</p> <p>#17 (#15 AND #16) 82 edit delete</p> <p>Central only 41</p>		
PsycINFO	<ol style="list-style-type: none"> 1. PsycINFO; exp PHYSICAL ACTIVITY/; 18611 results. 2. PsycINFO; exp EXERCISE/; 14052 results. 3. PsycINFO; PHYSICAL THERAPY/; 1434 results. 4. PsycINFO; physiotherapy.ti,ab; 971 results. 5. PsycINFO; exercise.ti,ab; 27403 results. 6. PsycINFO; "physical activit*".ti,ab; 13744 results. 7. PsycINFO; 1 OR 2 OR 3 OR 4 OR 5 OR 6; 42383 results. 8. PsycINFO; exp MAJOR DEPRESSION/; 80511 results. 9. PsycINFO; "DEPRESSION (EMOTION)"/; 20298 results. 10. PsycINFO; depress*.ti,ab; 186277 results. 11. PsycINFO; "depressive disorder".ti,ab; 12154 results. 12. PsycINFO; 8 OR 9 OR 10 OR 11; 191132 results. 13. PsycINFO; 7 AND 12; 3290 results. 14. PsycINFO; CLINICAL TRIALS/; 6037 results. 15. PsycINFO; random*.ti,ab; 108955 results. 16. PsycINFO; groups.ti,ab; 323922 results. 17. PsycINFO; (double adj3 blind).ti,ab; 15959 results. 18. PsycINFO; (single adj3 blind).ti,ab; 1186 results. 19. PsycINFO; EXPERIMENTAL DESIGN/; 8222 results. 20. PsycINFO; controlled.ti,ab; 68115 results. 21. PsycINFO; (clinical adj3 study).ti,ab; 6787 results. 22. PsycINFO; trial.ti,ab; 57352 results. 23. PsycINFO; "treatment outcome clinical trial".md; 21846 results. 24. PsycINFO; 14 OR 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23; 497146 results. 25. PsycINFO; 13 AND 24; 1045 results. 26. PsycINFO; 25 [Limit to: Publication Year 2008-2012]; 	41	

	<p>426 results.</p> <p>27. PsycINFO; "older adult*".ti,ab [Limit to: Publication Year 2008-2012]; 8309 results.</p> <p>28. PsycINFO; 26 AND 27 [Limit to: Publication Year 2008-2012]; 41 results.</p>		
MEDLINE	<p>1. MEDLINE; exp EXERCISE/; 94024 results.</p> <p>2. MEDLINE; EXERCISE THERAPY/; 22408 results.</p> <p>3. MEDLINE; MOTOR ACTIVITY/; 67064 results.</p> <p>4. MEDLINE; "physical activit*".ti,ab; 45197 results.</p> <p>5. MEDLINE; PHYSICAL THERAPY MODALITIES/; 25754 results.</p> <p>6. MEDLINE; physiotherapy.ti,ab; 9635 results.</p> <p>7. MEDLINE; 1 OR 2 OR 3 OR 4 OR 5 OR 6; 226370 results.</p> <p>8. MEDLINE; exp DEPRESSION/; 64915 results.</p> <p>9. MEDLINE; exp DEPRESSIVE DISORDER/; 72718 results.</p> <p>10. MEDLINE; "depressive disorder".ti,ab; 12133 results.</p> <p>11. MEDLINE; depress*.ti,ab; 277707 results.</p> <p>12. MEDLINE; 8 OR 9 OR 10 OR 11; 312217 results.</p> <p>13. MEDLINE; 7 AND 12; 9593 results.</p> <p>14. MEDLINE; "randomized controlled trial".pt; 327427 results.</p> <p>15. MEDLINE; "controlled clinical trial".pt; 84102 results.</p> <p>16. MEDLINE; randomized.ab; 242783 results.</p> <p>17. MEDLINE; placebo.ab; 135969 results.</p> <p>18. MEDLINE; "drug therapy".fs; 1530686 results.</p> <p>19. MEDLINE; randomly.ab; 178322 results.</p> <p>20. MEDLINE; trial.ab; 251551 results.</p> <p>21. MEDLINE; groups.ab; 1164461 results.</p> <p>22. MEDLINE; 14 OR 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21; 2932003 results.</p> <p>23. MEDLINE; 13 AND 22; 3294 results.</p>		

	<p>24. MEDLINE; 23 [Limit to: Publication Year 2008-2012]; 1306 results.</p> <p>25. MEDLINE; "older adult*".ti,ab [Limit to: Publication Year 2008-2012]; 12107 results.</p> <p>26. MEDLINE; 24 AND 25 [Limit to: Publication Year 2008-2012]; 50 results.</p>		
EMBASE	<p>1. EMBASE; exp EXERCISE/; 171174 results.</p> <p>2. EMBASE; exercise.ti,ab; 183975 results.</p> <p>3. EMBASE; exp PHYSICAL ACTIVITY/; 182121 results.</p> <p>4. EMBASE; "physical activit*".ti,ab; 56013 results.</p> <p>5. EMBASE; PHYSIOTHERAPY/; 44269 results.</p> <p>6. EMBASE; physiotherapy.ti,ab; 14143 results.</p> <p>7. EMBASE; 1 OR 2 OR 3 OR 4 OR 5 OR 6; 452542 results.</p> <p>8. EMBASE; exp DEPRESSION/; 267143 results.</p> <p>9. EMBASE; depress*.ti,ab; 331588 results.</p> <p>10. EMBASE; "depressive disorder".ti,ab; 15891 results.</p> <p>11. EMBASE; 8 OR 9 OR 10; 432409 results.</p> <p>12. EMBASE; 7 AND 11; 19269 results.</p> <p>13. EMBASE; random*.ti,ab; 722075 results.</p> <p>14. EMBASE; factorial*.ti,ab; 18697 results.</p> <p>15. EMBASE; (crossover* OR cross-over*).ti,ab; 60681 results.</p> <p>16. EMBASE; placebo*.ti,ab; 173565 results.</p> <p>17. EMBASE; (doubl* ADJ blind*).ti,ab; 127119 results.</p> <p>18. EMBASE; (singl* ADJ blind*).ti,ab; 12088 results.</p> <p>19. EMBASE; assign*.ti,ab; 201557 results.</p> <p>20. EMBASE; allocat*.ti,ab; 67476 results.</p> <p>21. EMBASE; volunteer*.ti,ab; 155036 results.</p> <p>22. EMBASE; CROSSOVER PROCEDURE/; 33755 results.</p>	70	

	<p>23. EMBASE; DOUBLE BLIND PROCEDURE/; 108636 results.</p> <p>24. EMBASE; RANDOMIZED CONTROLLED TRIAL/; 321249 results.</p> <p>25. EMBASE; SINGLE BLIND PROCEDURE/; 15834 results.</p> <p>26. EMBASE; 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24 OR 25; 1192569 results.</p> <p>27. EMBASE; 12 AND 26; 4008 results.</p> <p>28. EMBASE; 27 [Limit to: Publication Year 2008-2012]; 1412 results.</p> <p>29. EMBASE; "older adult*".ti,ab [Limit to: Publication Year 2008-2012]; 13934 results.</p> <p>30. EMBASE; 28 AND 29 [Limit to: Publication Year 2008-2012]; 70 results.</p>		
CINAHL	<p>1. CINAHL; "physical activit*".ti,ab; 15420 results.</p> <p>2. CINAHL; physiotherapy.ti,ab; 6280 results.</p> <p>3. CINAHL; exercise.ti,ab; 36928 results.</p> <p>4. CINAHL; PHYSICAL ACTIVITY/; 13771 results.</p> <p>5. CINAHL; exp PHYSICAL THERAPY/; 58787 results.</p> <p>6. CINAHL; exp EXERCISE/; 44191 results.</p> <p>7. CINAHL; 1 OR 2 OR 3 OR 4 OR 5 OR 6; 121661 results.</p> <p>8. CINAHL; exp DEPRESSION/; 37538 results.</p> <p>9. CINAHL; depress*.ti,ab; 40918 results.</p> <p>10. CINAHL; "depressive disorder".ti,ab; 1524 results.</p> <p>11. CINAHL; 8 OR 9 OR 10; 53172 results.</p> <p>12. CINAHL; 7 AND 11; 3480 results.</p> <p>13. CINAHL; RANDOMIZED CONTROLLED TRIALS/ OR CLINICAL TRIALS/; 83574 results.</p>	18	

	14. CINAHL; 12 AND 13; 410 results. 15. CINAHL; 14 [Limit to: Publication Year 2008-2012]; 174 results. 16. CINAHL; "older adult*".ti,ab [Limit to: Publication Year 2008-2012]; 6965 results. 17. CINAHL; 15 AND 16 [Limit to: Publication Year 2008-2012]; 18 results.		
Summary	NA	NA	

Disclaimer

BEST in MH answers to clinical questions are for information purposes only. BEST in MH does not make recommendations. Individual health care providers are responsible for assessing the applicability of BEST in MH answers to their clinical practice. BEST in MH is not responsible or liable for, directly or indirectly, any form of damage resulting from the use/misuse of information contained in or implied by these documents. Links to other sites are provided for information purposes only. BEST in MH cannot accept responsibility for the content of linked sites.

© Best Evidence Summaries of Topics in Mental Health 2013