



Title	A Systematic Literature Review of the Effectiveness of Non-Pharmacological Interventions to Prevent Wandering in Dementia and Evaluation of the Ethical Implications and Acceptability of Their Use
Agency	NCCHTA, National Coordinating Centre for Health Technology Assessment Mailpoint 728, Boldrewood, University of Southampton, Southampton SO16 7PX, United Kingdom; Tel: +44 2380 595586, Fax: +44 2380 595639
Reference	Health Technol Assess 2006;10(26). July 2006. www.hta.ac.uk/execsumm/summ1026.htm

Aim

To determine the effectiveness and cost effectiveness of non-pharmacological interventions in preventing wandering in people with dementia, in comparison to usual care; and to evaluate the acceptability such interventions and identify ethical issues.

Conclusions and results

Effectiveness: Ten studies met the inclusion criteria (3 multisensory environment; 1 music therapy; 1 exercise; 2 special care units; 2 aromatherapy; 1 behavioral intervention). There was no robust evidence to recommend any non-pharmacological intervention to reduce wandering in dementia. There was some evidence (poor quality) for the effectiveness of exercise and multisensory environment.

Cost effectiveness: There were no relevant studies to determine cost effectiveness of the interventions.

Acceptability/ethical issues: Findings from the narrative review and focus groups were comparable. Exercise and music therapy were the most acceptable interventions and raised no ethical concerns. All other interventions, except for physical restraints, were considered acceptable. Considerable ethical concerns exist to the use of electronic tagging, tracking devices, and physical barriers. The literature ignores the perspectives of people with dementia. The small number of participants with dementia expressed caution regarding the use of unfamiliar technology. Balancing risk and risk assessment in the management of wandering was an important theme for all carers.

Recommendations

There is no robust evidence to make any reliable recommendations for clinical practice.

Methods

See Executive Summary link above.

Further research/reviews required

- High-quality studies, preferably RCTs, to determine the clinical and cost effectiveness of non-pharmacological interventions that allow safe wandering and that are considered practically and ethically acceptable by carers and people with dementia.
- Large, long-term cohort studies to evaluate morbidity and mortality associated with wandering in dementia for people in the community and in residential care. Such data would inform long-term cost-effectiveness studies.
- The diversity of “wandering” behaviors, measuring outcomes that reflect: significant consequences of wandering, the physical safety of the person with dementia, the desired quality of life for people with dementia and their carers, and acceptability of the intervention.
- Views of people with dementia on the acceptability of non-pharmacological interventions to reduce wandering. As rapid development of assistive technologies yields a more diverse and sensitive range of electronic devices, research into users’ views, acceptability, and feasibility should precede expensive and complex quantitative studies to evaluate effectiveness.
- Risk assessment and management processes used by carers for people with dementia who wander, and the effectiveness and acceptability of specific interventions to promote safe wandering.
- Studies, with all relevant stakeholders, on the boundaries between walking, safe wandering, and unsafe wandering. Such in-depth research would help identify significant consequences of wandering for which relevant, appropriate outcome measures could be determined.