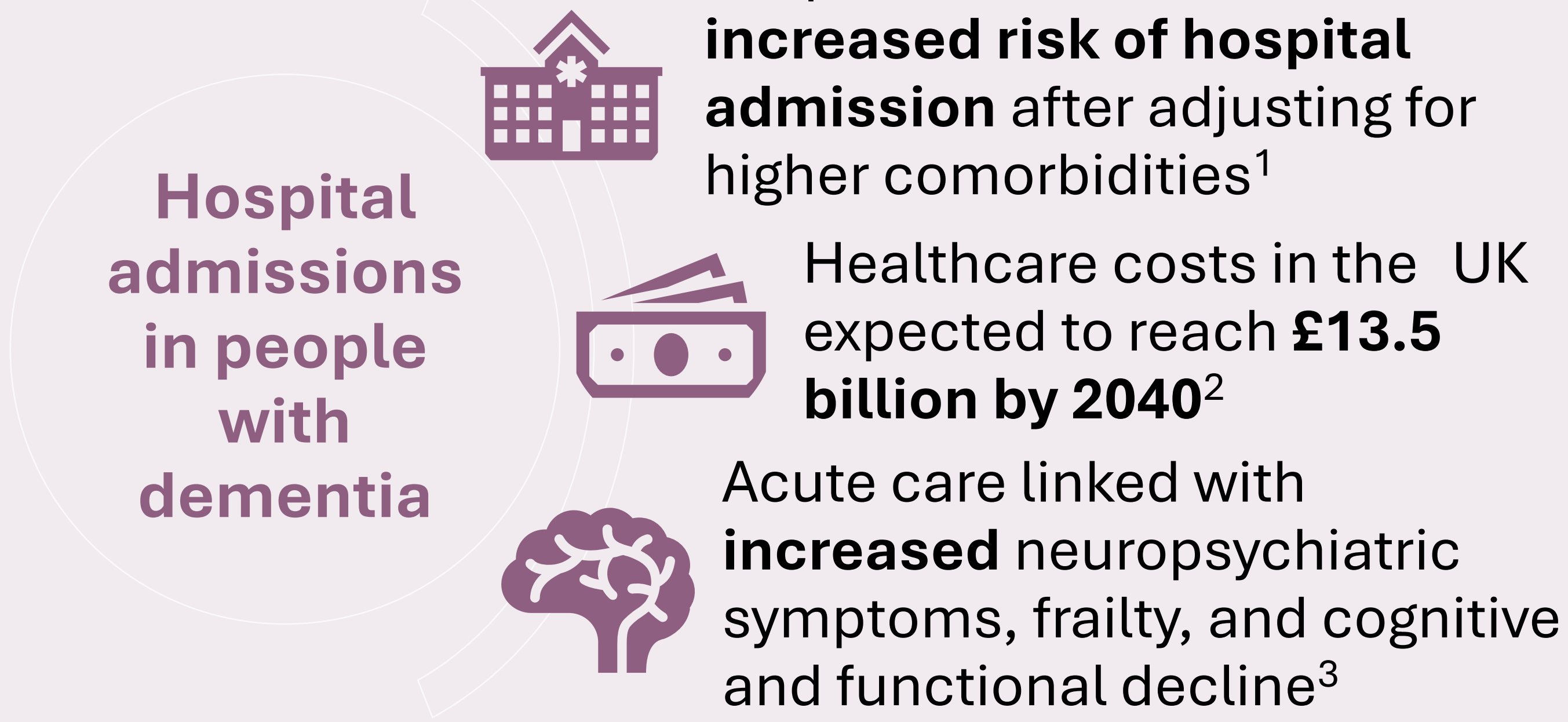


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Background



Objective

Systematically search for evidence on the effectiveness of psychosocial and healthcare interventions in reducing hospitalisation in people with dementia

Methods

- Searched Embase, MEDLINE, Cochrane and CINAHL to September 2025

Inclusion

- Peer-reviewed systematic reviews
- Standardised diagnosis of dementia, and all-cause hospitalisation
- Any psychosocial interventions regardless of setting, target and length

Exclusion

- Pharmacological interventions
- Primary research, editorials, letters, abstracts
- Delirium or Mild Cognitive Impairment (MCI)

Results

- 25 reviews; 77 studies; 1,483,077 participants
- 47 studies were RCTs and 30 were non-RCTs
- Studies were conducted in Europe (n=37), N. America (n=27), Oceania (n=3), and Asia (n=4)
- Quality of evidence for reviews included critically low (n=10), low (n=4), moderate (n=8), high (n=3)

Intervention	Evidence quality	Admission	Length of Stay	ED visits
Case management	High	-	+/-	+/-
Physical activity	High	-	N/A	N/A
Multi-disciplinary teams (MDT)	Moderate	+ (pharmacists in MDTs)	N/A	-
Palliative care	Moderate	+/-	N/A	-
Advance Care Planning	Low	+	+	N/A
Counselling	Low	-	-	N/A
Education / training	Low	-	+/-	N/A
Carer interventions	Low	-	N/A	-
Hospital setting	Low	+/-	- (increased LoS)	N/A

- = no significant evidence of reducing hospitalisation
+ = significant evidence of reducing hospitalisation
+/- = mixed findings
N/A = not assessed in included studies

Clinical implications

- ACP and pharmacist input in MDTs appear to effectively reduce hospitalisation, though the strength of evidence is modest.
- There is high quality evidence that case management and physical activity does not reduce hospitalization.
- Further high-quality evidence is required.

Strengths and limitations

- ✓ First umbrella review to examine this relationship
- ✓ Established a comprehensive overview of current evidence and highlighted appropriate literature gaps
- × Few meta-analyses and quantitative syntheses conducted
- × Considerable heterogeneity across interventions and outcomes prevented quantitative synthesis
- × Whilst not restricted in our search, majority of studies conducted in High Income Countries