

Evidence to recommendation framework

Skal helsepersonell tilby støtte til å bedre sosial kontakt for eldre med depresjon?

Problem: Eldre med depresjon

Bakgrunn: Isolasjon og ensomhet er vesentlige faktorer for utvikling av depresjon. Dette er mer uttalt hos eldre enn yngre voksne.

Tiltak: Støtte til å bedre sosial kontakt

Sammenlikning: Vanlig oppfølging

Setting: Primærhelsetjenesten

Perspektiv: Systemnivå (kommunen). Individnivå (helsepersonell, pasient/pårørende)

| | CRITERIA | JUDGEMENTS | RESEARCH EVIDENCE | ADDITIONAL CONSIDERATIONS | | | | | | | | | | | | |
|--------------------------|----------------------------|--|--------------------------|-------------------------------------|--------------------------|--------------|-----|--------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|---|--|
| PROBLEM | Is the problem a priority? | <table> <tr> <td>No</td> <td>Probably No</td> <td>Uncertain</td> <td>Probably Yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | No | Probably No | Uncertain | Probably Yes | Yes | Varies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Isolasjon og ensomhet er risikofaktorer for utvikling av depresjon hos eldre, og ensomhet kan forsterkes under en depresjon pga. pasientens tendens til tilbaketrekning og vegring mot aktiviteter. | |
| No | Probably No | Uncertain | Probably Yes | Yes | Varies | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | |

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|---|---|--|--|---|---|-------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|----------|---|---------------------------------|--|--|---------------------------------------|--|---|---|--|---------------------|--|-------------------------------------|------------------|---|---|-------------------|--|--|------------------|---------------------------|--|--|-----------|---|
| BENEFITS & HARMS OF THE OPTIONS | What is the overall certainty of this evidence? | <table border="0"> <tr> <td>No included studies</td> <td>Very low</td> <td>Low</td> <td>Moderate</td> <td>High</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> | No included studies | Very low | Low | Moderate | High | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <p>Summary of findings:</p> <p>Should social contact/befriending be used for elderly with depression?</p> <p>Bibliography: Depression¹. Quality of Life²</p> <table border="1"> <thead> <tr> <th>Outcomes</th> <th>No of participants (studies) Follow up</th> <th>Quality of the evidence (GRADE)</th> <th>Effect standardized mean difference (SMD)</th> </tr> </thead> <tbody> <tr> <td>Depressive symptoms - short term Depression scales</td> <td>Not stated (9 studies) 12 weeks</td> <td>⊕⊕⊕○ MODERATE¹ due to heterogeneity</td> <td>The mean depressive symptoms - short term in the intervention groups was 0.27 standard deviations lower (0.48 to 0.06 lower)</td> </tr> <tr> <td>Depressive symptoms - long term Depression scales</td> <td>Not stated (5 studies) 13 months</td> <td>⊕⊕⊕⊕ HIGH</td> <td>The mean depressive symptoms - long term in the intervention groups was 0.18 standard deviations lower (0.32 to 0.05 lower)</td> </tr> <tr> <td>Quality of life QoL scale</td> <td>178 (1 study)</td> <td>⊕⊕⊕⊖ LOW^{2,3} due to indirectness, imprecision</td> <td>The mean quality of life in the intervention group was 0.47 standard deviations higher (0.17 to 0.77 higher)</td> </tr> <tr> <td>Loneliness</td> <td></td> <td></td> <td>Lack of evidence</td> </tr> <tr> <td>Unintended effects</td> <td></td> <td></td> <td>Not found</td> </tr> </tbody> </table> <p>CI: Confidence interval;</p> <p>¹ Heterogeneity ² Nursing home population ³ Single study with patients recruited from one site only</p> <p>Link(s) to evidence profiles</p> | Outcomes | No of participants (studies) Follow up | Quality of the evidence (GRADE) | Effect standardized mean difference (SMD) | Depressive symptoms - short term Depression scales | Not stated (9 studies) 12 weeks | ⊕⊕⊕○ MODERATE ¹ due to heterogeneity | The mean depressive symptoms - short term in the intervention groups was 0.27 standard deviations lower (0.48 to 0.06 lower) | Depressive symptoms - long term Depression scales | Not stated (5 studies) 13 months | ⊕⊕⊕⊕ HIGH | The mean depressive symptoms - long term in the intervention groups was 0.18 standard deviations lower (0.32 to 0.05 lower) | Quality of life QoL scale | 178 (1 study) | ⊕⊕⊕⊖ LOW ^{2,3} due to indirectness, imprecision | The mean quality of life in the intervention group was 0.47 standard deviations higher (0.17 to 0.77 higher) | Loneliness | | | Lack of evidence | Unintended effects | | | Not found | <p>Vi har ikke data på hvordan eldre vurderer viktigheten av utfallene vi har listet som viktige: depresjonsfølelse, livskvalitet og ensomhet.</p> <p>Utfallene (bedring av depresjon og livskvalitet) er imidlertid universelt positive utfall. Tiltakene anses å være uten bivirkninger, tvert i mot vil vi anta at det å tilby støtte for sosial kontakt kan ha andre positive "bivirkninger".</p> |
| | No included studies | Very low | Low | Moderate | High | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Loneliness | | | Lack of evidence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unintended effects | | | Not found | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there important uncertainty about how much people value the main outcomes? | <table border="0"> <tr> <td>Important uncertainty or variability</td> <td>Possibly important uncertainty or variability</td> <td>Probably no important uncertainty or variability</td> <td>No important uncertainty or variability</td> <td>No known undesirable outcomes</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> | Important uncertainty or variability | Possibly important uncertainty or variability | Probably no important uncertainty or variability | No important uncertainty or variability | No known undesirable outcomes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Are the desirable anticipated effects large? | <table border="0"> <tr> <td>No</td> <td>Probably No</td> <td>Uncertain</td> <td>Probably Yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | No | Probably No | Uncertain | Probably Yes | Yes | Varies | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are the desirable effects large relative to undesirable effects? | <table border="0"> <tr> <td>No</td> <td>Probably No</td> <td>Uncertain</td> <td>Probably Yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | No | Probably No | Uncertain | Probably Yes | Yes | Varies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | CRITERIA | JUDGEMENTS | RESEARCH EVIDENCE | ADDITIONAL CONSIDERATIONS | | | | | | | | | | | | |
|---|---|---|-------------------------------------|-------------------------------------|--------------------------|------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|---|--|
| RESOURCE USE | Are the resources required small? | <table border="0"> <tr> <td>No</td> <td>Probably No</td> <td>Uncertain</td> <td>Probably Yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | No | Probably No | Uncertain | Probably Yes | Yes | Varies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Kan være krevende å organisere, arbeidet er frivillig og økonomisk sett rimelig. Når tiltaket er organisert, vil flere pasientgrupper kunne ha nytte av det. |
| | No | Probably No | Uncertain | Probably Yes | Yes | Varies | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | |
| Is the incremental cost small relative to the net benefits? | <table border="0"> <tr> <td>No</td> <td>Probably No</td> <td>Uncertain</td> <td>Probably Yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | No | Probably No | Uncertain | Probably Yes | Yes | Varies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Vi tror at organisering av frivillige hjelpere som følger opp eldre med depresjon er et billig tiltak ut over de organisatoriske ressursene som kreves. Vi tror både kommune og frivillige organisasjoner har infrastruktur og kommunikasjonskanaler som gjør det mulig å etablere tjenesten. | |
| No | Probably No | Uncertain | Probably Yes | Yes | Varies | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | |
| EQUITY | What would be the impact on health inequities? | <table border="0"> <tr> <td>Increased</td> <td>Probably increased</td> <td>Uncertain</td> <td>Probably reduced</td> <td>Reduced</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | Increased | Probably increased | Uncertain | Probably reduced | Reduced | Varies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Vi kjenner ingen dokumentasjon, men vi vil anta at det å tilby støtte til sosial kontakt for deprimerte som er ensomme og isolerte vil kunne redusere sosiale og helsemessige ulikheter. Ressurssterke pasienter med gode nettverk og støtte i familien har lettere tilgang til sosial kontakt uten tiltak fra helsevesenet. |
| Increased | Probably increased | Uncertain | Probably reduced | Reduced | Varies | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | |
| ACCEPTABILITY | Is the option acceptable to key stakeholders? | <table border="0"> <tr> <td>No</td> <td>Probably No</td> <td>Uncertain</td> <td>Probably Yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | No | Probably No | Uncertain | Probably Yes | Yes | Varies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Denne anbefalingen ble fremhevet som viktig av en bredt sammensatt referansegruppe, bestående av ni ulike interesseorganisasjoner, inklusive to brukerorganisasjoner og sju profesjonelle organisasjoner |
| No | Probably No | Uncertain | Probably Yes | Yes | Varies | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | |
| FEASIBILITY | Is the option feasible to implement? | <table border="0"> <tr> <td>No</td> <td>Probably No</td> <td>Uncertain</td> <td>Probably Yes</td> <td>Yes</td> <td>Varies</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | No | Probably No | Uncertain | Probably Yes | Yes | Varies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | Alle fastleger kan snakke med sosialt isolerte deprimerte pasienter om at sosial kontakt er viktig. Noen kommuner har mer velorganiserte og lettere tilgjengelige tilbud, slik at det vil variere hvor enkelt det er å tilby støtte til sosial kontakt. |
| No | Probably No | Uncertain | Probably Yes | Yes | Varies | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | |

Balance of consequences

Undesirable consequences *clearly outweigh* desirable consequences in most settings

Undesirable consequences *probably outweigh* desirable consequences in most settings

The balance between desirable and undesirable consequences *is closely balanced or uncertain*

Desirable consequences *probably outweigh* undesirable consequences in most settings

Desirable consequences *clearly outweigh* undesirable consequences in most settings

Type of recommendation

We recommend against offering this option

We suggest not offering this option

We suggest offering this option

We recommend offering this option

Recommendation (text)

Vi anbefaler:

Fastleger og annet helsepersonell bør diskutere med pasienten hvilken betydning sosial kontakt har for eldre med depresjon og anbefale konkrete tiltak (f.eks. gruppeaktiviteter) for de som har manglende sosial kontakt.

- **Ved behov kan man tilby kontakt i form av regelmessige møter med frivillige som har fått opplæring i dette, for eksempel fra frivillighetssentralen, besøkstjenesten til Røde Kors, pasienthjelperne til Mental Helse og seniorsentre. Denne kontakten bør finne sted minst én gang i uken i to til seks måneder.**
- **Om mulig bør arbeidet med å bedre sosial kontakt skje i samarbeid med pårørende.**

Justification

Denne anbefalingen bygger på god klinisk praksis og alminnelig skjønn. Det er dokumentasjon av moderat til høy kvalitet for at bedring av sosial kontakt har en svak positiv effekt på depresjon. Det er dokumentasjon av lav kvalitet for at bedring av sosial kontakt har en moderat positiv effekt på livskvalitet. Vi mener imidlertid at tiltaket er uten vesentlige ulemper, tvert imot kan dette ha positive "bivirkninger". Det forutsetter tilgjengelige frivillige ressurser, men er ellers lite kostnadskrevende.

Subgroup considerations

Tilbud om støtte til sosial kontakt bør kombineres med andre tiltak som rådgivning for pasienter med mild depresjon og rådgivning, personlig koordinator og medikamentell behandling og/eller psykoterapi for pasienter med moderat eller alvorlig depresjon.

Implementation considerations

Organisatoriske. Det er enklere for helsepersonell å tilby støtte for sosial kontakt dersom kommunen har etablert et samarbeid med frivillige organisasjoner, og har lett tilgjengelig informasjon for helsepersonell samt til pasienter og pårørende om tilbud som kan bedre sosial kontakt. Hjelpemidler som kan støtte kommuneadministrasjon og frivillige organisasjoner i å planlegge og utvikle samhandlingstiltak i kommunen, herunder tilbud om gruppeaktiviteter og sosial kontakt fra frivillige kan bidra til at slike systemer blir etablert.

Monitoring and evaluation

Research priorities

Evidence profile Skal sosial kontakt tilbys eldre med depresjon?

Author(s): Granlund, Aakhus, Flottorp

Date: 2013-04-30

Question: Should social contact/befriending be used for elderly with depression?

Settings: Primary care

Bibliography: Depression: Mead et al., BJP 2010. QoL: Forsman et al., Health Prom Int 2011

| Quality assessment | | | | | | | No of patients | | Effect | Quality | Importance |
|---|-------------------|--------------------------------------|--------------------------|--------------------------------------|------------------------|----------------------|----------------------------|------------|---------------------------------------|------------------|------------|
| No of studies | Design | Risk of bias | Inconsistency | Indirectness | Imprecision | Other considerations | Social contact/befriending | Usual care | Difference (effect size) | | |
| Depressive symptoms - short term (follow-up median 12 weeks; measured with: Depression scales; Better indicated by lower values) | | | | | | | | | | | |
| 9 | randomised trials | no serious risk of bias ¹ | serious ² | no serious indirectness ³ | no serious imprecision | none ⁴ | ? ⁵ | ? | SMD 0.27 lower (0.48 to 0.06 lower) | ⊕⊕⊕○ MODERATE | CRITICAL |
| Depressive symptoms - long term (follow-up median 13 months; measured with: Depression scales; Better indicated by lower values) | | | | | | | | | | | |
| 5 | randomised trials | no serious risk of bias ⁶ | no serious inconsistency | no serious indirectness ³ | no serious imprecision | none | ? ⁵ | ? | SMD 0.18 lower (0.32 to 0.05 lower) | ⊕⊕⊕⊕ HIGH | CRITICAL |
| Quality of life (measured with: QoL scale; Better indicated by lower values) | | | | | | | | | | | |
| 1 | randomised trials | no serious risk of bias | no serious inconsistency | serious ⁷ | serious ⁸ | none | 95 | 83 | SMD 0.47 higher (0.17 to 0.77 higher) | ⊕⊕○○ LOW | IMPORTANT |

¹ Four studies rated high, four studies medium and one low: "Study quality was rated 'high' if allocation was adequately concealed and at least 80% follow-up reported, 'medium' if one of these criteria was met, and 'low' if neither was met."

² A majority of included studies is not specific for elderly, but we have decided not to grade down

³ n from 9 studies not given

⁴ n from 5 studies not given

⁵ Nursing home population

⁶ Single study only, recruited from one site only

[\(Return\)](#)

References

¹Mead N et al. Effects of befriending on depressive symptoms and distress: systematic review and meta-analysis. BJP 2010; 196:96-101.

²Forsman AK et al. Psychosocial interventions for the promotion of mental health and the prevention of depression among older adults. Health Prom Int 2011: doi:10.1093/heapro/dar074.

Definitions for ratings of the certainty of the evidence (GRADE)**

| Ratings | Definitions | Implications |
|------------------|--|---|
| ⊕⊕⊕⊕ High | This research provides a very good indication of the likely effect. The likelihood that the effect will be substantially different* is low. | This evidence provides a very good basis for making a decision about whether to implement the intervention. Impact evaluation and monitoring of the impact are unlikely to be needed if it is implemented. |
| ⊕⊕⊕○ Moderate | This research provides a good indication of the likely effect. The likelihood that the effect will be substantially different ⁴ is moderate. | This evidence provides a good basis for making a decision about whether to implement the intervention. Monitoring of the impact is likely to be needed and impact evaluation may be warranted if it is implemented. |
| ⊕⊕○○ Low | This research provides some indication of the likely effect. However, the likelihood that it will be substantially different ⁴ is high. | This evidence provides some basis for making a decision about whether to implement the intervention. Impact evaluation is likely to be warranted if it is implemented. |
| ⊕○○○ Very low | This research does not provide a reliable indication of the likely effect. The likelihood that the effect will be substantially different ⁴ is very high. | This evidence does not provide a good basis for making a decision about whether to implement the intervention. Impact evaluation is very likely to be warranted if it is implemented. |

*Substantially different: large enough difference that it might have an effect on a decision

**The Grading of Recommendations Assessment, Development and Evaluation (GRADE) Working Group began in the year 2000 as an informal collaboration of people with an interest in addressing the shortcomings of present grading systems in health care. The working group has developed a common, sensible and transparent approach to grading quality of evidence and strength of recommendations. Many international organizations have provided input into the development of the approach and have started using it.

[\(Return\)](#)