TITLE: Constant Observation Monitors for Geriatric Patients with Dementia or Delirium: Clinical and Cost-Effectiveness

DATE: 10 September 2015

RESEARCH QUESTIONS

1. What is the clinical effectiveness of using constant observation monitors for geriatric patients with dementia or delirium?

2. What is the cost-effectiveness of using constant observation monitors for geriatric patients with dementia or delirium?

KEY FINDINGS

No relevant literature was identified regarding the clinical or cost-effectiveness of using constant observation monitors for geriatric patients with dementia or delirium.

METHODS

A limited literature search was conducted on key resources including PubMed, CINAHL, The Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the results by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2010 and September 3, 2015. Internet links were provided, where available.

SELECTION CRITERIA

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.
Table 1: Selection Criteria

<table>
<thead>
<tr>
<th>Table 1: Selection Criteria</th>
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<tr>
<td>Population</td>
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<td>Geriatric patients with dementia or delirium (or other cognitive impairment) in an inpatients or rehabilitation setting</td>
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<td>Intervention</td>
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<td>Constant observation monitors, constant care, constant monitors, special observation (constant one-on-one healthcare provider for the patient)</td>
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<td>Comparator</td>
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<td>No monitor, behavior modifying drugs, restraints</td>
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<td>Outcomes</td>
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<td>Q1: Clinical benefit (decrease in falls, decrease in getting lost, decrease in behavioral issues and distress)</td>
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<td>Q2: Cost-effectiveness</td>
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<td>Study Designs</td>
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<tr>
<td>Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, economic evaluations</td>
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</table>

RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and economic evaluations.

No relevant literature was identified regarding the clinical or cost-effectiveness of using constant observation monitors for geriatric patients with dementia or delirium.

References of potential interest are provided in the appendix.

Health Technology Assessments
No literature identified.

Systematic Reviews and Meta-analyses
No literature identified.

Randomized Controlled Trials
No literature identified.

Non-Randomized Studies
No literature identified.

Economic Evaluations
No literature identified.

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APPENDIX – FURTHER INFORMATION:

Systematic Reviews – Unclear Intervention


Non-Randomized Studies

Alternate Intervention


Reduction of Constant Monitoring


Review Articles


Additional References