

## Appendix 1: Findings from studies rated as being at higher risk of bias

Table 1b: Evidence from studies with higher risk of bias, describing psychosocial interventions

Study	Setting & population	Intervention	N	Control group	N	Follow-up time	Between group cognitive outcome differences (primary outcomes = bold) favour intervention unless stated, p values shown where $p \leq 0.05$	Validity question responses (see below)					
								1	2	3	4	5	6
Duru (2018)	Women (aged 50+) recruited from Turkish Family Health Centre; without a dementia or psychiatric diagnosis MMSE 24+	8 x weekly in-home individual reminiscence therapy (30-45 min); topics included: childhood and family life, food and cooking, days out and holidays.	27	TAU	23	8 weeks	MMSE – NS	N	N	N	Y	Y	Y
Bugos (2007)	USA community-dwelling adults (aged 60-85), no dementia, not experienced musicians	Weekly 30 min individual piano lessons, with 3 hours independent practice each week (which was recorded).	16	TAU	15	6 months	WAIS-III: Digit Span, Block Design & Letter-Number sequencing – NS; Digit Symbol- $F(2, 55) = 4.68$ , $p < 0.015$ ; TMT A- $F(2, 58)$ , $p < 0.01$ ; TMT B- $F(2, 55) = 4.44$ , $p < 0.03$	N	N	N	Y	N	N
Clare (2015)	People aged 50+, living and functioning independently recruited from a community Agewell centre in Wales	90 min, Bangor Goal Setting Interview to identify $\leq 5$ SMART goals related to physical or cognitive activity, physical health, diet or social engagement. 1. GS; 2. GS + mentoring + 5 follow up phone calls from researcher, bi-monthly to review progress & problem-solve.	1. 24 2. 24	90 min interview (general discussion/ information about activities and health)	27	12 months	MoCA, VLT Immediate & delayed recall, TMT, VFT: NS	Y	Y	N	Y	N	Y
Dawson (2014)	Canadian older adults with cognitive complaints but no objective MCI, dementia/depression, recruited from research centre	3 (1 hour) group and 9 (1 hour) individual sessions, by trained research assistant, over 8 weeks. Education about self-management, successful aging and an occupation-based meta-cognitive strategy-training program	10	3 group, 9 (1 hour) individual sessions: brain health education and cognitively stimulating exercises	9	3 months	DKEFS TMT & Tower test - NS VFT - NS	Y	Y	Y	Y	N	N

Mackin (2014)	Canadian, community-dwelling adults (aged 60+) with major depression (DSM-IV) and executive dysfunction, recruited by advertisements and from clinics.	12 weekly individual Problem-solving sessions, from clinical psychologists / social workers: participants set goals, discussed and evaluated how to reach them, created and evaluated action plans. Four PhD level served as therapists.	110	12 weekly individual supportive therapy, from clinical psychologists / social workers; warmth, empathy, active listening.	111	12 & 36 weeks	<b>Executive function</b> , HVLT, WCST, SCWT, TMT (Parts A & B) NS	N	Y	N	Y	N	Y
Oken (2017)	USA community-dwelling people recruited by University adverts; aged 50-85 & perceived stress scale score >9	6 x weekly, 60-90 min, individual meditation, facilitated by a research assistant. Based on mindfulness based cognitive therapy and stress reduction. Home practice advised, and supported by audio recordings	66	Waitlist control	68	2 months	SCWT; Flanker attention Test COWAT: letter category & verbal fluency, letter-number sequence, reaction time tests - NS	Y	Y	N	Y	N	Y
Wahbeh (2016)	USA, recruited through flyers at a community retirement home. 16, 65-90 year olds	6 x weekly 1 hour online meditation group & 30 min of daily home practice. Based on mindfulness based cognitive therapy and stress reduction. Online enquiries were answered by facilitators. Participants received weekly reminder calls, but completed sessions 2-6 on their own	8	6 x weekly 1 hour online group. Participants watched & discussed a video; & listened to podcasts about healthy living	8	6 weeks	Simple reaction time, Flanker, Letter-number sequencing, VFT, RAVLT- NS	N	Y	N	Y	N	N
Wells (2013)	People with MCI (objectively determined) recruited from USA Medical centre, aged 55-90)	8 x 2 hour weekly mindfulness-based stress reduction, and mindful movement (yoga) sessions and a mindfulness retreat day; Home practice (30 min/d) with standard guided audio recordings.	9	Usual care	5	8 weeks	ADAS-Cog, RAVLT (total 1-5), COWAT: Animal & Boston Naming: NS TMT Part A/B: p=0.04/0.01 (favoured control)	Y	Y	N	N	N	N
Nakatsuka et al. (2015)	Japanese community dwelling People aged >75 with CDR 0.5	12 x weekly 1 hour Cognitive Intervention computer based group sessions with quizzes, games and puzzles	45	Physical Activity (group 2) Group Reminiscence Approach (group 3)	PA-38 GRA-44	12 weeks	MMSE- $p < 0.005$ ; TMT-A- $p < 0.005$ ; VFT- $p < 0.005$ Benefits found in CI and P groups for MMSE, TMT-A and VFT.	Y	N	N	Y	N	Y
Thiel et al. (2012)	Community Dwelling 65-89 healthy older adults in Germany	1. 2 months of weekly 90 min groups discussing healthy eating, dementia risk factors, coping strategies with memory difficulties, & cognitive stimulating games. 2. Intervention + counselling	114	TAU	45	2 & 6 months	ADAS-Cog- ns	Y	N	N	Y	Y	Y

**Legend for Tables:** Validity Questions (see also Section 2.3): 1. Were participants randomised to intervention and control groups, using a process that is independent?; 2. Were participants and clinicians, as far as possible, masked to treatment allocation?; 3. Were all participants who entered the trial accounted for and an intention-to-treat analysis conducted?; 4. Was follow-up and data collection processes the same for all participants?; 5. Was a power calculation carried out based on one of our specified outcomes of interest (cognition)?; 6. Were 45 or more participants included in analyses comparing treatment and control effects?

Addenbrokes Cognitive Examination (ADAS-Cog); Auditory Verbal Learning Test (AVLT); Cardiovascular Health Study (CHS); Cambridge Cognitive Examination (CAMCOG); Category Verbal Learning/Fluency Test (CVL/FT); Clinical Dementia Rating Scale (CDR); Confidence Intervals (CI); Controlled Oral Word Association Test (COWAT); Delis-Kaplan Executive Function System (DKEFS); Digit Span Task (Forwards/ Backwards) (DSTF/B); Digit-Symbol Coding (DSC); Digit Symbol (Substitution) Test (DS(S)T) (F/B: Forwards/ Backwards); Dementia Rating Scale-2 (DRS-2); Frontal Assessment Battery (FAB); Functional Cognitive Assessment Scale (FUCAS); Global Deterioration Scale (GDS); Goal Setting (GS); Hopkins Verbal Learning Test (HVL); Informant Questionnaire on Cognitive Decline (IQCODE); Letter Verbal Fluency Test (LVFT); Mild Cognitive Impairment (MCI); Mean Difference (MD); Minute(s) (min); MFQ: Memory Functioning Questionnaire; Mini-Mental State Examination (MMSE); Montreal Cognitive Assessment (MoCA); Neurobehavioral Cognitive Status Examination (NCSE); Neuropsychological test battery (NTB); Not Significant (NS); Paired Associate Learning Test (PALT); Problems in Everyday Living Test (PEDL); Repeatable Battery for Assessment of Cognitive Status (RBANS); Rey Auditory Verbal Learning Test (RAVLT); Rivermead Behavioural Memory Test (RBMT); Rey 15 item memory test (Rey-15); Rey-Osterrieth Complex Figure (ROCF); Symbol Digit Modalities Test (SDMT); Specific, Measurable, Achievable, Realistic, Time-bound (SMART); Stroop Color Word Interference Test (Stroop/ SCWT); Symbol Digit Modalities Test (SDMT); Treatment as Usual (TAU); Telephone Interview for Cognitive Status (TICS); Trail Making Test (TMT): United States of America (USA); Verbal Fluency Test (VFT); Verbal Learning and Memory Test (VLMT); Wechsler Adult Intelligence Scale III (WAIS-III); Wechsler Memory Scale-Revised (WMS-R); Wechsler Memory Scale- Logical Memory (WMS-LM); Wisconsin Card Sorting Test (WCST)

Table 2b: Evidence from studies with lower/higher risk of bias, describing dietary interventions

Study	Setting & population	Intervention	N	Control group	N	Follow-up time	Between group cognitive outcome differences (primary outcomes = bold) Favour intervention unless stated, p values shown where p≤0.05	Validity question responses (see below)					
								1	2	3	4	5	6
Horie et al (2016)	People aged 60+ with MCI, BMI 30+, from French Out patients	Group caloric restriction counselling with nutritionists, 26-28 1hour sessions over 1 year	40	Conventional care	40	1 year	CAMCOG, IQCODE, RAVLT, TMT, digit span and VFT: NS	N	N	N	Y	N	Y
Krikorian et al (2012)	USA adults, recruited via advertisements; CDR=0.5 (MCI)	Low carbohydrate diet (5-10% of calories) (weekly advice to support)	12	High carbohydrate (50% of calories) diet (weekly advice to support)	11	6 weeks	PALT: intervention > control: F(1,20) = 6.45, p = 0.01 (Cohen's f =0.26); TMT-B: NS	N	N	N	Y	N	N
Kwok et al (2012)	Residents in Hong Kong hostels for older people without dementia (CDR <1)	Small 45 min group sessions 3 weekly/1 year then 6 weekly/21 months with residents; increased fruit, vegetables, fish & decreased salt on menus	204 - 6 hostels	Single introductory session in hostel about healthy eating	225 - 8 hostels	33 months	<b>Proportion CDR 1+: 22.2 vs 27.2, p=0.285</b>	N	Y	Y	Y	Y	Y
Valls-Pedret et al (2015)	Men (aged 55-80) & women (60-80), recruited at one Spanish centre for PREDIMED; no MCI/dementia	Mediterranean diet with 1. extravirgin olive oil (1 L/wk), 2. mixed nuts (30 g/d); quarterly dietician sessions (first session 1 hour, others not specified)	1. 130 2.113	advice to reduce dietary fat; yearly sessions with leaflet provided	97	Median 4.1 years	Group 1 > control, frontal (digit span and colour trail test (d=0.11 <sup>c</sup> ) & global (NTB and MMSE scores; d=0.10 <sup>c</sup> ): Group 2 > control memory (RAVLT and WMS paired associates); d=0.08; other comparisons NS	Y	N	N	N	N	Y

For Legend, see Table 1b

Table 3b: Studies investigating exercise interventions, rated as being at high risk of bias

Study	Setting & population	Intervention	N	Control group	N	Foll ow- up time	Between group cognitive outcome differences (primary outcomes = bold) Favour intervention unless stated, p values shown where $p \leq 0.05$	Validity question responses (see below)					
								1	2	3	4	5	6
Antunes et al (2015)	Brazilian, Sedentary female volunteers aged 60-70. MMSE used as screen to exclude people with MCI and dementia.	1. Aerobic, stretching and flexibility exercise groups, 3x / week, 20 min sessions, increasing to 1 hour by 6 months; 2. Activity groups (dancing & handcraft) 2x/ week	1. 23 2. 11	Usual activities. Monthly phone calls conducted to monitor progress.	17	6 months	Letter fluency, block design, backwards digit span, digit symbol, MMSE, Raven – NS both comparisons; Mental control, forwards digit span, logical memory – ( $p < 0.05$ ) both comparisons; ROCF, WCST, Toulouse, group 1 > control ( $p < 0.05$ )	N	Y	Y	Y	N	N
Baker (2010 a)	USA, sedentary adults aged 57-83 with normal cognition and abnormal glucose intolerance.	Aerobic exercise, intensity and duration gradually increased until 75-85% of heart rate (HR) reserve reached. This was completed 4 d/wk for 45-60 min/session.	23	Stretching and balance exercises maintaining $\leq 50\%$ HR reserve.	11	6 months	<b>Executive Function: F (5,16) = 3.01; p = 0.04 (Cohen's f 0.36-0.39 for individual items)</b> Memory: NS	N	Y	N	Y	N	N
Baker (2010 b)	Adults aged 55-85, amnesic MCI (Petersen criteria)		23		10			<b>Executive Function: F(5,19) = 3.05, p = .04; Memory: NS</b>	N	Y	N	Y	N
Busse (2008)	Spanish memory clinic, adults aged 60+ with subjective & objective memory complaints, no dementia/ ADL impairment and MMSE in normal limits	9 month x 1 hour, 2x/week resistance training, under supervision	14	Not stated	17	9 months	RBMT ( $p = 0.021$ ) CAMCOG: NS Digit Span: NS	N	N	Y	Y	N	N
Eyre (2016)	Community dwelling older adults aged 55+, MMSE > 25, recruited from USA	1 hour/ week yoga class led by certified KY yoga teacher & 12 min KK meditation daily as homework assignment for 12 weeks.	14	1 hr/week groups for 12 weeks, strategies for memory & anxiety	11	12 weeks	HVLTL & ROCF: NS between-group differences (our calculations: -2.1 (95% CI -7.1 to 2.9))	Y	Y	N	Y	N	N
Eyre (2017)	outpatient clinic and longevity centre program		39		42	24 weeks		TMT B: F (2,74) = 3.24, p = 0.04 Stroop, Word-Color and Animal naming tests, and memory (HVLTL, WMS-IV and ROCF): NS	Y	Y	N	Y	N

Fogarty (2016)	Canadian Geriatric outpatient clinics; aMCI (Petersen)	20, twice weekly 90 min Taoist Tai Chi (TTC) group sessions. Experienced instructors taught 108 movements & encouraged home practice; + Memory intervention programme (MIP)	22	MIP only: 8 group sessions in 3 months about memory strategies	18	10 & 22 weeks (repeated measures)	HVLT, WAIS-III Digit Span/ symbol, TMT A/B, RBMT-II, TEA: NS	N	N	N	Y	N	N
Hariprasad (2013)	Residents in Indian care homes; aged 60+, no dementia on assessment and MMSE 26+	Education session + Yoga program to a protocol, daily (1 hour) for 1 month, weekly for next 2 months, then home practice for last 3 months	62	Waitlist control: Education session + usual activities	58	6 months	RAVLT: p=0.02; ROCF: copy, 3 mins NS; 30 mins: p=0.027; DST F/B: NS; Spatial span forwards (p=0.013) backwards (p=0.071); COWAT: NS; Stroop: interference 0.042/ error NS; TMT A/B: p=0.033/ NS	Y	N	N	Y	N	Y
Hong (2018)	South Korea adults aged 65+ without MCI (24+ on Korean MoCA); and MCI (<24 on MoCA; normal ADLs, GDS indicates no dementia; subjective impairment)	1 hr 2x/week for 12 weeks: exercise groups, resistance exercises with an elastic bands and stretches	MCI 10 Nor 12	Usual lifestyle	MCI 12 Nor 13	12 weeks	Digit Span Forwards, Stroop test, category/semantic & letter/phonemic short term & recognition memory test: all ns for MCI and normal cognition group; Digit span backwards significantly improved in MCI group only (p=0.032)	N	N	N	Y	N	N
Iuliano (2015)	Aged 55+, without dementia or moderate functional impairment, sedentary or lightly active lifestyle	3x/week for 12 weeks, supervised by trainers: 1. High intensity resistance strength training; 2. High intensity cardiovascular training from 50-60% to 70-80% HRR in week-12. 3. Low intensity training	1; 20 2; 20 3; 20	No training	20	12 weeks	Attentive matrices targets, Raven test correct answers and time improved in group 2 vs control (p<0.05); time to complete drawing copy test improved in group 1 vs control (p<0.05); otherwise these and attentive matrices time, stroop, TMT and drawing copy test were NS	Y	N	N	Y	N	Y
Lam (2012)	Hong Kong adults aged 65+ recruited from health centres and residential homes, CDR	30 min, 3x/week of Tai Chi with expert instructor; initially weekly for 4-6 weeks and monthly for 1 year;	171	Stretching and toning group with	218	12 months	<b>Progression to dementia: odds ratio 0.28, (CI 0.05 - 0.92) P=0.06</b>	N	Y	Y	Y	N	Y

	0.5 or amnesic-MCI (standard criteria)	other practice sessions arranged by centres with video instruction (choice of home practice for those in community)		refreshers as for intervention			CDR sum of boxes 0.79, 95% CI 0.63-0.99, p=0.04 MMSE, ADAS-Cog, DST F/B, VFT, delayed recall: NS								
Lango ni (2019)	Brazilian, sedentary individuals with MCI aged 60+. Independent for ADLs & MCI diagnosis (NIAA criteria).	1hr, 2x/week groups for 24 weeks, facilitated by therapist; strength and aerobic training to a protocol. Monthly coffee meeting & birthdays celebrated. Catch-up sessions if groups missed	30	No new activities; regular telephone contact to check on activities.	30	24 weeks	<b>MMSE mean difference (favours intervention): M (SD) = 4.6 (3.3), p &lt;0.01.</b>	Y	Y	N	Y	Y	Y		
Lazarou (2017)	In Greece, adults aged 60-80 who can walk independently, MCI (Petersen criteria) diagnosed by expert assessment	1hr, 2x/week for 10 months dance class with expert instruction in 2-3 dances combined each time (tango, waltz, swing, and rumba).	89	Usual lifestyle	65	10 months	MMSE: p < 0.001; MoCA: p = 0.03 FUCAS: p = 0.057; TEA: p = 0.02 RAVLT, p = 0.003; LVFT: p = 0.005 RBMT1: p . 0.004; RBMT2: p < 0.001 ROCF p < 0.001; GDS: p = 0.022 (all favour intervention)	Y	Y	N	Y	N	Y		
Liu-Ambrase (2010)	Canadian women aged 65-75, MMSE 24+, living independently, no dementia	12 months x1hr classes, high intensity resistance training to a protocol: 1. 1x/ week 2. 2x/ week,	1. 54 2. 52	1hr, 2x/ week balance and tone classes	49	12 months	<b>Stroop: favoured both intervention groups vs control, p &lt; 0.03 (d = 0.26/0.17°)</b> TMT A/B, DSTF/B: all NS	Y	Y	N	Y	Y	Y		
Liu-Ambrase (2008)	Community dwelling adults aged 70+ attending a Canadian falls clinic, MMSE 24+, meeting criteria defining high risk of falls	Home balance & strength training; 5 physio visits in 6 months to adjust exercise protocol to manual & encourage 30 min, 3x/ week exercise with manual	31	Standard care according to guidelines	28	6 months	Stroop (p = 0.05) TMT B: NS DST/B: NS	Y	Y	N	Y	Y	Y		
Maki (2012)	In Japan, community dwelling adults aged 65+, dementia excluded through MMSE and interview by a specialist in dementia medicine.	90 min, 1x/ week for 12-weeks: walking and social interaction groups; pedometer to record no. of steps, recorded in diary & walking planned trips	75	Educational lectures on food, nutrition and oral care	75	3 months	Categorical word fluency: F(1, 133) = 7.420, P = .007; dual task test, delayed recall, Clock drawing, Abstract reasoning, TMT, DSST, Yamaguchi Kanji-Symbol Substitution Test: all NS	N	N	Y	Y	N	Y		

Muscari (2010)	In Italy, community-dwelling adults (65-74 years) with MMSE score 24+	1hr aerobic exercise group, 3x/week for 12-months; Heart rate monitored in to maintain 70% heart rate for > 20 minutes / session.	60	Lifestyle advice	60	12 months	<b>MMSE: interaction term of repeated measures ANOVA (p=0.02)d=0.16<sup>c</sup></b>	N	Y	Y	Y	Y	Y
Nguyen (2012)	Vietnam adults aged 60-79 years; MMSE 25+, no dementia, naïve to Tai Chi	1hr, 2x/ week for 6 months' Tai chi training with experienced instructor	48	Usual activities	48	6 months	TMT A/B: p<0.001	N	N	N	Y	Y	Y
Scherder (2005)	Adults aged 76-93 with MCI (Petersen criteria) recruited from home for elderly/ nursing home in Netherlands. Mini-MMSE score 7+	1. Self-paced slow walking with an aid for 30 min, 3x/ week for 6 weeks 2. Hand/face exercises for 30 min, 3x/ week, 6 weeks	1. 15 2. 13	Normal social activities. Half the group received social visits	15	6 weeks	TMT A/B, RBMT (faces, picture), DST, WMS Visual memory span, VLMT: NS; Category Naming: F (1,40) = 5.12, p = 0.03	N	Y	N	Y	N	N
Shatil (2013)	Adults aged 50+ with MMSE 24+ recruited from USA retirement village	1. Computerised cognitive training: 40 min, 3x/week for 16 weeks; 2. Group aerobic, strength, flexibility exercise, to a video: 40 min, 3x/week for 16 weeks; 3. Both interventions	1. 33 2. 31 3. 29	Book about active life and met 1h, weekly to discuss in group	29	4 months	Intervention groups relative to control group: NS (our calculations)	N	N	N	Y	N	Y
Shimada (2018)	Adults 65+, community dwelling in Japan, without dementia, who report golf<2x a year and vigorous exercise <2x/ week	90-120 min/ weekly golf sessions for 24-weeks, by professional golfer and staff; physical, cognitive and social golf activities; daily home practice	53	2 x 90-minute health education	53	24 weeks	MMSE; Immediate, delayed & composite – logical & word memory; TMT A/B & DSST: all NS	Y	Y	N	Y	Y	Y
Suzuki (2013)	Adults aged 65+, meeting MCI (Petersen) criteria (half with aMCI), from volunteer database in Japan	Multicomponent exercise group (aerobic exercise, postural balance, and dual-task training) supervised by physiotherapists for 90 min/day, 2 days/week, over 12 months. HR monitoring, some outdoor walking; daily home practice	50	3 health promotion classes	50	6 months	MMSE, WMS-LM I/II, DSC, LVFT, VFT, SCWT I/II: NS	Y	Y	N	Y	Y	Y
Suzuki (2012)	Adults aged 65+, aMCI (Petersen) criteria, from Japanese volunteer database		25		25	12 months	MMSE, ADAS-cog, WMS-LM: NS	N	Y	Y	Y	N	Y



Vaug han (2014 )	Australian community- dwelling women aged 65-75, doing <60 min of exercise/ week, can walk 20 m unaided; TICS <30, no dementia	60 min multimodal class 2x/ week which included cardiovascular, strength and motor fitness training	25	Waiting list control	24	16 wee ks	TMT A/B: p=0.024/0.037 Letter Number Sequencing test: NS SCWT: p=0.06; stroop interference: p=0.002; total time; p<0.001 COWAT: p=0.024	Y	Y	N	Y	Y	Y
Yoon (2018 )	Recruited from community, South Korea aged 65+, CDR of 0.5, pre-frail or frail & able to walk 10 m without aid	Individual, high-speed resistance exercise training (with high tension elastic bands), supervised by an instructor, 1 hour, 3x/ week, 16 weeks	20	Stretching (using elastic exercise band) 1hr, 2x/ week for 16 weeks	23	16 wee ks	Rey-15, TMT-B, DSTF/B FAB p=0.02; TMT-A p=0.036;	N	N	N	Y	N	N
Zhu (2018 )	Recruited via Chinese memory clinic and media adverts Aged 50-85, meet MCI criteria	3 Physician counselling sessions; and 35 min, 3x/ week aerobic dance routine lessons for 3 months, then 3 months home practice encouraged	29	Usual care	31	6 mon ths	<b>WMS-LM: MD (95% CI): 2.8 (0.2, 5.4)(d=0.27)</b> MoCA, SDMT, TMT (A/B), DST: NS	Y	Y	N	Y	Y	Y

For Legend, see Table 1b

Table 4b: Evidence from studies with higher risk of bias, describing multi-domain interventions

Study	Setting & Population	Intervention	N	Control group	N	Follow-up time	Between group cognitive outcome differences (primary outcomes = bold) Favour intervention unless stated, p values shown where p≤0.05	Validity question responses (see below)					
								1*	2	3*	4*	5	6*
Bruno (2018)	People aged 65-89, MMSE Score > 20; CDR = 0.5, MCI confirmed by neurological exam, recruited from GPs, health centres, adverts in Italy	7 month program: 2 x 1 hour sessions of supervised cognitive training and 1 x 1 hour physical (aerobic, balance and strength) training 3 x a week; in small groups (n=10) supervised of trained and experienced personnel, including physiotherapists and personal trainers.	55	TAU	58	7 month	<b>ADAS-Cog mean difference- 2.17 (SE = 0.42; 95% CI (- 2.99, - 1.34) d=0.15<sup>c</sup></b>	Y	Y	N	Y	Y	Y
Diamond et al. (2015)	Adults aged 50+ in Australia seeking help for cognition/ mood; no dementia, MMSE 25+	Groups 2x/week for 7 weeks: 1 hr covering cognitive strategies and modifiable lifestyle factors followed by one hour computer Cognitive Training.	36	TAU waitlist	28	7 weeks	RAVLT total NS; % retention: p=0.03; WMS-LM, VFT, ROCF, DST, TMT: NS	Y	Y	N	Y	Y	Y
Kwok et al. (2013)	Hong Kong Community dwelling elderly. MMSE 23+, aged 60+, memory concerns, no dementia	1 hr groups, 1x/week for 8 weeks, by social worker or occupational therapist; memory and dementia education, attention training, verbal fluency and association, memory strategies, environment awareness, lifestyle redesign. Homework to reinforce learning	86	TAU	90	8 weeks	Chinese version of the Mattis Dementia Rating Scale: p<0.001	Y	Y	N	Y	Y	Y

For Legend, see Table 1b

## References

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