## Supplemental Table 1. Evidence for Environment-Based Interventions for People With Alzheimer’s Disease and Related Dementias

<table>
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<tr>
<th>Author/Year</th>
<th>Study Objectives</th>
<th>Level/Design/Participants</th>
<th>Intervention and Outcome Measures</th>
<th>Results</th>
<th>Limitations</th>
</tr>
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<tbody>
<tr>
<td>Ayalon, McGum, Feliciano, &amp; Arean (2006)</td>
<td>To evaluate the usefulness of nonpharmacological interventions in the management of neuropsychiatric symptoms (NPS) of dementia.</td>
<td>Level I Systematic review N = 9 studies (3 RCTs and 6 single case)</td>
<td>Interventions addressing unmet needs, learning, behavior, caregiving, environmental vulnerability, reduced stress threshold</td>
<td>Interventions that address behavioral issues and unmet needs and that include caregivers or BLT may be efficacious.</td>
<td>Small sample sizes limit generalizability of results. Studies were heterogeneous in design and interventions tested.</td>
</tr>
<tr>
<td>Baillon et al. (2004)</td>
<td>To assess the effects of Snoezelen on agitated behavior in dementia.</td>
<td>Level I Randomized 2-group comparison/crossover N = 20 (8 men, 12 women; median age = 73.5)</td>
<td>Intervention Group 1: Snoezelen over 2 wk, 1 wk no intervention, then reminiscence therapy over 2 wk Group 2: Same interventions in reverse order</td>
<td>No significant difference was found in agitated behavior and heart rate between the two groups. Snoezelen appeared to have greater benefit than reminiscence in measures related to mood.</td>
<td>Sample was small and heterogeneous. Heart rate could indicate both agitation and positive stimulation. Effect beyond the session was not reviewed.</td>
</tr>
<tr>
<td>Chung &amp; Lai (2002)</td>
<td>To examine the efficacy of Snoezelen for older people with dementia and their caregivers.</td>
<td>Level I Systematic review N = 5 randomized and quasi-randomized controlled trials</td>
<td>Interventions Snoezelen or multisensory programs</td>
<td>No evidence shows the efficacy of Snoezelen for treatment of dementia.</td>
<td>Meta-analyses could not be performed because of the limited number and different study methods of the available trials.</td>
</tr>
<tr>
<td>Dooley &amp; Hinojosa (2004)</td>
<td>To examine the extent to which occupational therapy recommendations increase the quality of life of people with AD and decrease the burden felt by caregivers in the community.</td>
<td>Level I Randomized, 2-group pretest-posttest N = 40 people with possible or probable AD (16 men, 24 women; mean age = 77) N = 40 caregivers (8 men, 32 women)</td>
<td>Intervention In-home sessions to explain individualized occupational therapy recommendations for environmental modifications, caregiver approaches, and community-based assistance (control caregivers—report of recommendations based on baseline measures sent by mail)</td>
<td>Caregivers in the treatment group followed 65% of recommended strategies. Comparison of baseline to follow-up indicated significant differences in quality of life, increased positive affect, and increased independence in self-care of clients.</td>
<td>Inconsistency in caregivers’ completion of assessments and follow-through with recommendations may have influenced accuracy of the results. Effect from environmental modifications was not reported separately.</td>
</tr>
</tbody>
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<tr>
<td>Dowling et al. (2008)</td>
<td>To test whether the addition of melatonin to BLT enhances efficacy in treating rest–activity (circadian) disruption in institutionalized patients with AD.</td>
<td>Level I RCT N = 50 (7 men, 43 women; mean age = 86)</td>
<td>Intervention 1 hr morning light exposure (≥2,500 lux in gaze direction) 5 days/wk for 10 wk and 5 mg melatonin or placebo in the evening (control group—usual indoor light)</td>
<td>BLT alone did not improve nighttime sleep, daytime wake, or rest–activity rhythm. BLT plus melatonin increased daytime wake time and activity levels and strengthened rest–activity rhythm. BLT alone was more effective than ambient light in improving day activity and daytime sleep but not in other measures.</td>
<td>Sample size was small. Ambient light was supplemented inconsistently with light boxes. Results that were due to melatonin or bright lights alone were not sufficiently differentiated.</td>
</tr>
<tr>
<td>Dowling, Graf, Hubbard, &amp; Luxenberg (2007)</td>
<td>To test the effect of timed morning or afternoon BLT compared with usual indoor light levels on neuropsychiatric behaviors in nursing home residents with AD.</td>
<td>Level I RCT N = 70 (13 men, 57 women; mean age = 84)</td>
<td>Intervention BLT box (≥2,500 lux) in gaze direction (Group 1 in mornings, Group 2 in afternoons) 5 days/wk for 10 wk (control group—10 wk usual indoor light, 150–200 lux)</td>
<td>Significant differences between groups were found on outcome measures. BLT groups had more positive changes, but the magnitude of change was small and may not represent clinically significant findings.</td>
<td>Participants were not blinded, sample size was small, participants did not consistently complete each session, and duration of exposure to light changed from session to session.</td>
</tr>
<tr>
<td>Dowling, Mastik, Hubbard, Luxenberg, &amp; Burr (2005)</td>
<td>To test the effectiveness of timed BLT in reducing rest–activity (circadian) disruption in institutionalized patients with AD.</td>
<td>Level I RCT N = 70 (mean age = 84)</td>
<td>Intervention 1 hr BLT box (2,500 lux in gaze direction) in either morning or afternoon 5 days/wk for 10 wk (control group—usual indoor light, 150–200 lux)</td>
<td>No significant differences were found in nighttime sleep or daytime wake between groups. Both experimental light conditions resulted in more stable rest–activity rhythm acrophase over the treatment period compared with the control condition.</td>
<td>Participants were not blinded, sample size was small, participants did not consistently complete each session, and duration of exposure to light changed from session to session.</td>
</tr>
<tr>
<td>Forbes, Morgan, Bangma, Peacock, &amp; Adamson (2004)</td>
<td>To assess evidence of the efficacy of BLT in managing sleep, behavior, mood, and cognitive disturbances associated with dementia.</td>
<td>Level I Systematic review N = 3 studies</td>
<td>Intervention BLT, at any intensity and duration, for people with dementia of any</td>
<td>No adequate evidence was found of the effectiveness of BLT in reaching target outcomes.</td>
<td>Studies were heterogeneous and had small sample sizes.</td>
</tr>
</tbody>
</table>
Graff et al. (2006) To determine the effectiveness of community-based occupational therapy on daily functioning of patients with dementia and the sense of competence of their caregivers.

**Level I**

**Intervention**

10 in-home occupational therapy sessions over 5 wk, 4 sessions identifying activities on which to focus improvement and 6 sessions educating clients on compensatory and environmental (home modification) strategies to improve ADL performance

**Outcome Measures**

Daily functioning, caregiver burden

The intervention group showed a significant improvement in functioning in daily activities compared with the control group. At 12-wk follow-up, the intervention group still demonstrated better daily functioning.

Clients, caregivers, and therapists were not blinded. Participants were selected from outpatient clinics instead of a variety of settings, which would have given a more representative sample.

Hermans, Htay, & McShane (2007) To evaluate the effectiveness and safety of nonpharmacological interventions in reducing wandering in the domestic setting by people with dementia.

**Level I**

**Intervention**

Reviewers sought RCTs comparing intervention with no intervention or usual treatment (“standard care”) or another intervention.

No suitable RCTs were found, so no results could be reported.

No studies were available.

Heyn (2003) To evaluate the effect of a multisensory exercise program on cognitive function, behavior, and physiological indexes in nursing home residents diagnosed with moderate to severe AD.

**Level III**

**Intervention**

Group exercise program consisting of focused attention and warmup (storytelling, imagery), flexibility, aerobic exercise, strength training, and relaxation and breathing techniques

Results showed an improvement in resting heart rate and engagement in physical activity but did not reach statistical significance. Caregivers reported improvement in overall mood of patient.

A small, convenience sample was used. Mood was only measured postintervention via caregiver subjective report. No follow-up was reported.

Hickman et al. (2007) To assess the effect of ambient BLT on depressive symptoms in people with dementia.

**Level II**

**Intervention**

3-wk daily treatment in 4 conditions: (1) morning bright light (4 hr), (2) evening bright light (4 hr), (3) all-day bright light (13 hr), and (4) standard light (13 hr); range of 2,000–2,500 lux for bright light

Mixed results were found. BLT administered in the morning benefited some people with dementia by decreasing depressive symptoms but worsened symptoms in others. Men experienced more depressive symptoms under morning light. Women experienced

Sample size was small. It was not possible to fully blind staff reporters. The sample as a whole was possibly not very depressed, leaving little room for improvement. Effect from medications cannot be separated from effect of BLT.

(Continued)
### Supplemental Table 1. Evidence for Environment-Based Interventions for People With Alzheimer’s Disease and Related Dementias (cont.)

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<tr>
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<tr>
<td><strong>Holt et al. (2003)</strong></td>
<td>To assess the effectiveness of aromatherapy for people with dementia.</td>
<td>Level I</td>
<td>Systematic review</td>
<td>N = 4 RCTs</td>
<td>A significant effect was found in favor of the intervention on measures of agitation and neuropsychiatric symptoms. Evidence of a small effect of harm due to allergies was found.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Sample size of included studies was small. Several different essential oils were used, and relative effectiveness is unclear.</td>
</tr>
<tr>
<td><strong>Jarrott, Gozali, &amp; Gigliotti (2008)</strong></td>
<td>To explore the effects of Montessori-based activities on the occupation and affect of people with AD in a nursing home.</td>
<td>Level II</td>
<td>2-group</td>
<td>N = 10 (5 men, 5 women, age range 74–97)</td>
<td>Average time constructively engaged was significantly higher during Montessori-based activities than during traditional activities. Repetitive, self-stimulatory behaviors decreased. Passive behavior did not differ significantly. No effect was found on positive affect.</td>
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<tr>
<td></td>
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<td></td>
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<td></td>
<td>Sample size was small. Participants served as their own control. Apparent Affect Rating Scale was not sensitive to capture pleasure in older people. No follow-up was reported.</td>
</tr>
<tr>
<td><strong>Kong, Evans, &amp; Guevara (2009)</strong></td>
<td>To review evidence on the effectiveness of nonpharmacological interventions for agitation in older adults with dementia.</td>
<td>Level I</td>
<td>Systematic review</td>
<td>N = 14 studies</td>
<td>Sensory interventions produced significant effects compared with intervention in control, but other interventions did not.</td>
</tr>
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<td></td>
<td>Sample sizes were small. Most studies had nonequivalent controls and did not control for intervening variables, making the key elements of the interventions unclear.</td>
</tr>
<tr>
<td><strong>Kverno, Black, Nolan, &amp; Rabins (2009)</strong></td>
<td>To evaluate the published literature on nonpharmacological treatment for neuropsychiatric symptoms in advanced dementia.</td>
<td>Level I</td>
<td>Systematic review</td>
<td>N = 21 studies</td>
<td>Some, but limited effectiveness was shown for environmental enrichment, staff training, and nonpharmacological interventions. Staff who are sensitive and validate the nonverbal expression of emotion, and balance interventions should be used in tandem with other interventions.</td>
</tr>
</tbody>
</table>

**Intervention and Outcome Measures**
- **Intervention**: Fragrance from plants (10% lemon balm or lavender in lotion) applied topically, lavender applied topically, or lavender diffused.
- **Outcome Measures**: Cognitive function, functional performance, quality of life, relaxation, wandering, sleep, mood, disruptive behavior.

**Results**
- A significant effect was found in favor of the intervention on measures of agitation and neuropsychiatric symptoms. Evidence of a small effect of harm due to allergies was found.
- Sample size of included studies was small. Several different essential oils were used, and relative effectiveness is unclear.

**Limitations**
- Sample size was small. Participants served as their own control.
- Apparent Affect Rating Scale was not sensitive to capture pleasure in older people.
- No follow-up was reported.
- Some, but limited effectiveness was shown for environmental enrichment, staff training, and nonpharmacological interventions. Staff who are sensitive and validate the nonverbal expression of emotion, and balance interventions should be used in tandem with other interventions.
Outcome Measures
Daily function, orientation, affect, mood, agitation, withdrawal, disruptive and nondisruptive behavior

Intervention
Individualized schedules or activities to correct identified arousal imbalances.

Lancioni, Cuvo, & O'Reilly (2002)
To review the evidence on use of Snoezelen with people with developmental disabilities and dementia.
Level I Systematic review
N = 21 studies (14 of people with developmental disabilities, 7 of people with dementia)

Intervention
Snoezelen in varying environments, durations, and frequencies

Outcome Measures
Engagement, language expression, memory, social and emotional behaviors

6 of the 7 studies with people with dementia reported positive within-session effects on communication, engagement, and self-injury measures. All studies reported inconclusive long-term effects.

Sample sizes were small. Outcome measures were heterogeneous, and most were observational.

Lee, Camp, & Malone (2007)
To examine the effect of Montessori-based programming on positive forms of engagement of people with dementia.
Level I Randomized controlled, crossover
N = 29 (14 dementia special-care unit residents, 15 preschool children from facility's on-site child care center)

Intervention
Intergenerational (older adult–child dyads) Montessori-based sessions (control group—regular unit activity program); after 6 mo, groups switched for 6 mo

Outcome Measures
Type and frequency of engagement

Intergenerational programming elicited higher levels of positive or constructive engagement and lower levels of negative (passive or nonactive) engagement in residents with dementia than regular unit programming.

Sample size was small. Effect from interaction with children cannot be fully excluded from that of Montessori program itself. Effect on children was not tested.

Lin et al. (2009)
To explore the effectiveness of acupressure and Montessori-based activities in decreasing agitated behavior in residents with dementia.
Level I Double-blind, randomized controlled, crossover
N = 133 (98 men, 35 women)

Intervention
Acupressure, presence, and Montessori, in varying orders, to 3 groups for 4 wk

Outcome Measures
Agitated behavior and verbalization, affect, ease of care with ADLs

Significantly fewer agitated behaviors and greater ease of care were found with acupressure and Montessori than with presence. None of the interventions decreased verbally agitated behaviors. Montessori showed the largest significant increase in positive affect.

Measurement scales are not sensitive to measure affect of older people. Men and women are unequally represented in sample.

Livingston, Johnston, Katona, Paton, & Lyketsos (2005)
To review the literature on psychological approaches to treating the neuropsychiatric symptoms of dementia.
Level I Systematic review
N = 162 studies (47 related to environmental and/or multisensory interventions)

Interventions
Music, Snoezelen, or multisensory stimulation; simulated presence; decreased sensory stimulation; visually complex environments

Outcome Measures
Agitation, behavior, social interaction, anxiety, institutionalization

Music, Snoezelen, and multisensory stimulation were useful during treatment sessions but had no long-term effects. Interventions that changed the visual environment looked promising, but more research is needed.

Sample sizes were small. Outcome measurement instruments were not reported.

Nguyen & Paton (2008)
To review the evidence supporting the use of aromatherapy in reducing behavioral and psychological symptoms in dementia.
Level I Systematic review
N = 11 RCTs

Intervention
Lavender oil administered through touch, massage, or aroma diffusers

Both positive and negative side effects were reported. Although overall behaviors decreased, results were mixed within samples.

Most studies had small sample sizes. Side effects were not assessed. Inconsistent procedures were used for application of intervention.

(Continued)
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<td>Nolan, Mathews, &amp; Harrison (2001)</td>
<td>To determine the impact of placing two external memory aids outside participants' bedrooms in a nursing home.</td>
<td>Level IV Single-case, multiple baseline $N = 3$ (all women)</td>
<td><strong>Intervention</strong> External memory aids (room signs with various elements) 5 days/wk for 2 mo</td>
<td>Participants' ability to accurately locate their room after the intervention increased by a mean of &gt;50%.</td>
<td>Sample size was small.</td>
</tr>
<tr>
<td>Opie, Rosewarne, &amp; O'Connor (1999)</td>
<td>To review evidence on nonpharmacological strategies to alleviate behavioral disturbances in elderly people with dementia.</td>
<td>Level I Systematic review $N = 43$ studies</td>
<td><strong>Interventions</strong> Changes to the physical environment; activity programs; exposure to music, voice, and language; massage and aromatherapy; light therapy; multidisciplinary teams; carer education</td>
<td>Evidence was found to support the efficacy of activity programs, music, behavior therapy, light therapy, carer education, and changes to the physical environment.</td>
<td>Most studies had low rigor. Sample sizes were small, and data collection methods were imprecise. Attrition rates were high.</td>
</tr>
<tr>
<td>Orsulic-Jeras, Judge, &amp; Camp (2000)</td>
<td>To examine the effects of Montessori-based activities on various forms of engagement exhibited by residents with advanced dementia in a long-term care facility.</td>
<td>Level II Within-subject, nonrandomized control $N = 16$ (2 men, 14 women)</td>
<td><strong>Intervention</strong> Montessori-based programming that included individual and small-group activities (control group—regular unit programming) 2x/wk for 9 mo</td>
<td>More constructive and less passive engagement was observed during Montessori-based programming than during regular programming. Pleasure scores were significantly higher and anxiety dropped during Montessori programming.</td>
<td>Sample size was small. Randomization was not done.</td>
</tr>
<tr>
<td>Price, Hermans, &amp; Grimley Evans (2001)</td>
<td>To assess the effect of subjective exit modifications on the wandering behavior of cognitively impaired people.</td>
<td>Level I Systematic review $N = 0$ (no studies found)</td>
<td><strong>Intervention</strong> Reviewers sought RCTs or interrupted time series studies on exit modifications that aim to function as subjective barriers to prevent the wandering of cognitively impaired people.</td>
<td>No suitable studies were found.</td>
<td>No studies were available.</td>
</tr>
<tr>
<td>Robinson et al. (2007)</td>
<td>To determine the clinical and cost-effectiveness and acceptability of nonpharmacological interventions</td>
<td>Level I Systematic review</td>
<td><strong>Interventions</strong> Multisensory environments, therapeutic touch, ambient music,</td>
<td>No robust evidence was found to recommend any intervention; some weak evidence exists for exercise.</td>
<td>Diverse definitions of wandering were used. Outcome measures were not reported. Participants'</td>
</tr>
<tr>
<td>Study Authors</td>
<td>Study Title</td>
<td>Level</td>
<td>Study Design</td>
<td>N</td>
<td>Intervention</td>
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<tr>
<td>Sherratt, Thornton, &amp; Hatton</td>
<td>To review the effects of music on emotional and behavioral responses in people with dementia.</td>
<td>Level I</td>
<td>Systematic review</td>
<td>21 articles</td>
<td>Group and individual music therapy, listening to tapes and ambient music</td>
</tr>
<tr>
<td>Skjerve, Bjorvatn, &amp; Holdsten</td>
<td>To review the efficacy, clinical practicability, and safety of light treatment for behavioral and psychological symptoms of dementia.</td>
<td>Level I</td>
<td>Systematic review</td>
<td>21 studies</td>
<td>Conventional light boxes, light visors, ambient light, and dawn–dusk simulation; all but one study carried out in institutional settings</td>
</tr>
<tr>
<td>Sloane et al. (2007)</td>
<td>To determine whether high-intensity ambient light in public areas of long-term care facilities improves sleeping patterns and circadian rhythms of people with dementia.</td>
<td>Level II</td>
<td>Cluster-unit crossover</td>
<td>66 (35 men, 31 women; age range = 65–79)</td>
<td>Morning, evening, and all-day bright light (2,500 lux), minimum standard light</td>
</tr>
<tr>
<td>Staal et al. (2007)</td>
<td>To assess whether combined standard psychiatric inpatient care and multisensory behavior therapy reduce agitation and apathy and improve ADLs in people with dementia.</td>
<td>Level I</td>
<td>Single-blinded RCT</td>
<td>24 (8 men, 16 women; mean age = 76.35)</td>
<td>Pharmacological therapy, occupational therapy, structured hospital environment, 6 sessions of multisensory behavior therapy</td>
</tr>
</tbody>
</table>

Exercise, special units, aromatherapy, individual behavior management system

Wandering, restlessness, pacing

No studies were found on cost-effectiveness. Exercise and music therapy were found to be acceptable; physical restraints were unacceptable.

Music was effective in decreasing aggression, agitation, wandering, repetitive vocalizations, and irritability. Music also increased reality orientation, memory, engagement, and participation.

Adverse effects were not considered. Sample sizes were small. Study may have included a large proportion of people without sleep disorders, tending to bias results toward the null.

Sample size was small. Experimental and control groups were nonequivalent. Observational measures may have led to observation bias.

To reduce wandering in people with dementia.
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<tr>
<td>Swanson, Maas, &amp; Buckwalter (1994)</td>
<td>To compare the effects of a special care unit vs. a traditional unit for people with AD.</td>
<td>Level II Nonrandomized controlled trial $N = 22$ (20 men, 2 women)</td>
<td>Intervention Self-contained unit for AD residents (control group—traditional, non-special care units), Outcome Measures Cognitive and noncognitive functioning, behavioral dysfunctions, self-care</td>
<td>Treatment and control groups did not differ in performance on cognitive and functional abilities. Self-contained unit residents exhibited less cognitive decline and fewer catastrophic reactions.</td>
<td>Sample was small and nonrepresentative. Groups were nonequivalent. Possible maturation of the disease process may have influenced results.</td>
</tr>
<tr>
<td>Thorgrimsen, Spector, Wiles, &amp; Orrell (2003)</td>
<td>To assess the efficacy of aromatherapy as an intervention for people with dementia.</td>
<td>Level I Systematic review $N = 2$ RCTs</td>
<td>Intervention Trials using fragrance from plants used in aromatherapy, Outcome Measures Cognitive function, quality of life, relaxation</td>
<td>A significant treatment effect was shown in favor of aromatherapy after 4 wk of treatment on several outcome measures.</td>
<td>Studies, participants, and other factors were heterogeneous. Participants were taking psychiatric medications.</td>
</tr>
<tr>
<td>Vance &amp; Johns (2002)</td>
<td>To evaluate the effectiveness of Montessori materials on the cognitive performance of people with AD.</td>
<td>Level II Within-subject, nonrandomized control $N = 15$ (3 men, 12 women)</td>
<td>Intervention 3 mo standard activity and 3 mo Montessori environment, Outcome Measures Orientation, attention, memory, ability to follow verbal and written commands, ADLs, initiation</td>
<td>Strong support was provided for the Montessori environment in improving attention, object permanence, and memory. No apparent benefit was shown for other measures.</td>
<td>Sample size was small. Treatment fidelity data were collected only for Montessori condition.</td>
</tr>
<tr>
<td>Verkaik, vanWeert, &amp; Francke (2005)</td>
<td>To review the evidence for the effectiveness of 13 psychosocial methods for reducing depressed, aggressive, or apathetic behaviors in people with dementia.</td>
<td>Level I Systematic review $N = 19$ studies</td>
<td>Interventions Behavior therapy, psychotherapy, emotion-oriented care, Snoezelen, simulated presence, reminiscence, reality orientation, activity therapy, Outcome Measures Depressed, aggressive, or apathetic behaviors</td>
<td>Some evidence was provided that Snoezelen reduces apathy in people in the latter phases of dementia.</td>
<td>Sample sizes were small. Snoezelen studies did not lend themselves to meta-analysis.</td>
</tr>
</tbody>
</table>

**Note:** AD = Alzheimer's disease; ADLs = activities of daily living; BLT = bright light therapy; IADLs = instrumental activities of daily living; RCT = randomized controlled trial.

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