

Bilaga 3: Exkluderade studier

För att en studie skulle inkluderas krävdes att följande kriterier uppfylldes.

- **Population.** Patienterna i studien måste vara 65 år eller äldre samt inkommit akut till sjukhus.
- **Intervention.** Studien måste utvärdera *strukturerat omhändertagande av äldre* på sjukhus där multiprofessionella team är delaktiga.
- **Jämförelsealternativ.** Jämförelsealternativet måste vara vanlig vård.
- **Effektmått.** Minst ett, av följande typer av effektmått, måste redovisas:
(1) personlig funktionsförmåga (P-ADL), (2) instrumentell funktionsförmåga (I-ADL),
(3) kognitiv funktion, (4) depression, (5) livskvalitet, (6) närlägande påverkan, (7)
återinskrivning, (8) boende i eget hem efter sjukhusvistelsen eller (9) andel döda.
- **Studiedesign.** Studien måste vara en randomiserad kontrollerad studie (RCT). Observationsstudier (NRS) kan också accepteras under förutsättning att skillnader mellan interventions- och kontrollgrupp vid studiestarten hanterats på ett tillförlitligt sätt. Detta innebär att man måste ha använt multivariata metoder. Exempel på en till svensk metod är "propensity scores". Metoderna måste ha redovisats på ett sådant sätt i artiklarna att tillförlitligheten går att bedöma. Man måste även ha tillräckligt många variabler för att det ska vara möjligt att kontrollera för kända faktorer som kan snedvrida resultaten. Det måste dessutom finnas tillräckligt många individer för att problem med frihetsgrader inte ska uppstå då antalet variabler är många.

I bland har artiklar exkluderats för att ett villkor inte varit uppfyllt och ibland handlar det om flera villkor. Oftast redovisas ett skäl även om fler är möjliga. Det förekommer även att artikeln inte redovisade forskningsresultat utan handlade om något annat, t ex en kommentar av en annan artikel eller att det rörde sig om en programbeskrivning. I dessa fall anges "övrigt" som exkluderingskäl.

Efter genomläsning i fulltext exkluderades 420 studier.

Referens	Exklusionsorsak(er)
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Aizen E, Swartzman R, Clarfield AM. Hospitalization of nursing home residents in an acute-care geriatric department: Direct versus emergency room admission. <i>Israel Medical Association Journal</i> . 2001;3(10):734-8.	Ej levererad beställning
Alarcon T, Barcena A, Gonzalez-Montalvo JI, Penalosa C, Salgado A. Factors predictive of outcome on admission to an acute geriatric ward. <i>Age and Ageing</i> . 1999;28(5):429-32.	Irrelevant studiedesign
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