*Supplementary material to article by A. Rosenvall et al. et al. "Potential cost savings for selected non-pharmacological treatment strategies for patients with Alzheimer's disease in Finland"*

**Table SI.** Patient inclusion criteria, interventions, control interventions, outcomes and results

| Author | Patients | Interventions | Control intervention | Outcomes and results |
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| Eloniemi-Sulkava, 2009, Finland (10) | Demented persons with a caregiver (spouse) at home in Helsinki; diagnosis of dementia based on a specialist's examination, including brain computed tomography or magnetic resonance scans. CDR 1 or more, MMSE 23 or less. | Support programme, which included: Family Care Coordinator's actions, a geriatrician, goal-oriented support group for spouse caregivers and individualized services (planned in collaboration with the families). | Usual community care services from the municipal social and healthcare system, the private sector, or both, depending on their own initiative without the support programme, but were likewise interviewed and assessed at 0, 6 and 12 months | Intervention group used slightly less primary care physician services, a little more secondary care outpatient visits and dental visits, fewer days in primary care hospitals and respite care and only half long-term care days compared with the control group. Ambulatory physiotherapy was used more in the intervention group. The difference in total costs was significant in favour of the intervention group.<br>At 1.6 years, long-term institutional care was 25.8% vs 11.1%, ($p = 0.03$); at 2 years $p$ = ns in favour of intervention, Difference in community service expenditures for the benefit of intervention group was –€7,985 (95% CI 5 –16,081 to –1,499, $p = 0.03$), but $p$ = ns, when intervention costs were included. |
| Andren, 2008, Sweden (12) | Demented persons aged 70 years or older with a caregiver (spouse, adult child, friend, etc.) at home in Sweden, diagnosis of dementia by geriatrician using DSM-IV (1994). Control group was similar, but lived in another municipality (to avoid dilution and roaming of intervention to the control group). | Group support programme for the caregivers, respite care for the demented person if needed and in some cases social counselling. The caregivers had a possibility to be provided with physicians advice by phone every week, nurse could be contacted on daily basis and counsellor on weekly basis. Follow-up until nursing home placement and an assessment took place after every 6 months. | Unannounced telephone interview with family carer every 3 months. | Intervention seemed to postpone the nursing home placement (days before nursing home placement 562 vs. 493; $p = 0.164$). Lower degree of dementia (Berger scale 0–2): 602 vs 447 days; $p = 0.049$) |
| Pitkälä, 2013, Finland (11) | Home-dwelling patients with AD living with their spousal caregiver ($n = 210$). | Two intervention groups: (1) group-based exercise (4-h sessions with approximately 1-h training), (2) tailored home-based exercise (1-h training) | Control group (CG) receiving the usual community care. | All groups deteriorated in functioning during the year after randomization, but deterioration was significantly faster in the control group than in the group-based exercise or home-based exercise group at 6 and 12 months. Total costs home-based exercise group vs group-based exercise vs control group: US$25,112 vs US$28,199 vs US$34,121. |

AD: Alzheimer disease; CDR: Clinical Dementia Rating; MMSE: Mini-Mental State Exam; CI: confidence interval; DSM-IV: Diagnostic and Statistical Manual of Mental Disorders