

## Excluded reports and interventions

Excluded reports .....	1
Table 1. Table of excluded reports .....	1
Details of excluded interventions.....	18
Table 2. Intervention: not community-based .....	18
Table 3. Intervention: single component.....	23
Table 4. Intervention: not targeting individual .....	24
Table 5. Intervention: not sustaining independence .....	24
Table 6. Intervention: targets specific conditions.....	33
Table 7. Intervention: falls prevention.....	34
Table 8. Comparator: not community-based.....	34
Table 9. Comparator: single component .....	35
Table 10. Comparator: not targeting individual .....	37
References .....	37

## Excluded reports

Table 1. Table of excluded reports

Excluded report	Reason for exclusion
ACTRN12606000042549 <sup>1</sup>	Final planned follow-up was before 24 weeks.
ACTRN12616000521426 <sup>2</sup>	The intervention was not initiated and provided in the community.
ACTRN12616001148460 <sup>3</sup>	The comparator did not include two or more components (practices, structural elements and contextual factors). intervention
ACTRN12618001188224 <sup>4</sup>	The intervention was not focused on sustaining the person's independence.
ACTRN12619000910101 <sup>5</sup>	Final planned follow-up was before 24 weeks.
ACTRN12619001055190 <sup>6</sup>	The intervention was targeted at specific conditions, rather than addressing independence more generally.
Adelman <i>et al.</i> <sup>7</sup>	The intervention was not targeted at the older person.
Ahmad <i>et al.</i> <sup>8</sup>	The intervention was not focused on sustaining the person's independence.
Aimonino Ricauda <i>et al.</i> <sup>9</sup>	The intervention was targeted at specific conditions, rather than addressing independence more generally.
Akihiro <i>et al.</i> <sup>10</sup>	The study was not an RCT/cRCT.
Albert <i>et al.</i> <sup>11</sup>	The intervention was not focused on sustaining the person's independence.
Anders <i>et al.</i> <sup>12</sup>	The intervention was not initiated and provided in the community.

Community-based complex interventions to sustain independence in older people, stratified by frailty:  
a systematic review and network meta-analysis (NIHR128862; CRD42019162195)  
Supplementary material 2. Excluded reports and interventions

Andrew <i>et al.</i> <sup>13</sup>	The study was not an RCT/cRCT.
Anonymous <sup>14</sup>	The study was not an RCT/cRCT.
Anonymous <sup>15</sup>	The intervention was not focused on sustaining the person's independence.
Anttila <i>et al.</i> <sup>16</sup>	The study was not an RCT/cRCT.
Applebaum <i>et al.</i> <sup>17</sup>	The intervention was not initiated and provided in the community.
Arendts <i>et al.</i> <sup>18</sup>	The intervention was not focused on sustaining the person's independence.
Aung <i>et al.</i> <sup>19</sup>	The intervention was not initiated and provided in the community.
Baker <i>et al.</i> <sup>20</sup>	The intervention was not focused on sustaining the person's independence.
Ball <i>et al.</i> <sup>21</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Ball <i>et al.</i> <sup>22</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Bandinelli <i>et al.</i> <sup>23</sup>	The intervention was not initiated and provided in the community.
Bardsley <i>et al.</i> <sup>24</sup>	The intervention was not focused on sustaining the person's independence.
Bauer <sup>25</sup>	The study was not an RCT/cRCT.
Bauer <sup>26</sup>	The study was not an RCT/cRCT.
Baumann <i>et al.</i> <sup>27</sup>	The study was not an RCT/cRCT.
Beck <i>et al.</i> <sup>28</sup>	The intervention was not initiated and provided in the community.
Beck <i>et al.</i> <sup>29</sup>	The intervention was not initiated and provided in the community.
Beck <i>et al.</i> <sup>30</sup>	The intervention was not initiated and provided in the community.
Beck <i>et al.</i> <sup>31</sup>	The intervention was not initiated and provided in the community.
Beland <i>et al.</i> <sup>32</sup>	The intervention was not initiated and provided in the community.
Belchior <i>et al.</i> <sup>33</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Belleville <i>et al.</i> <sup>34</sup>	The intervention was not focused on sustaining the person's independence.
Belqaid <i>et al.</i> <sup>35</sup>	The intervention was not initiated and provided in the community.
Berglund <i>et al.</i> <sup>36</sup>	The intervention was not initiated and provided in the community.
Bernabei <i>et al.</i> <sup>37</sup>	The intervention was not initiated and provided in the community.
Binder <i>et al.</i> <sup>38</sup>	The intervention was not initiated and provided in the community.
Blanchard <i>et al.</i> <sup>39</sup>	The participants were younger than 65 years on average.
Bondoc <i>et al.</i> <sup>40</sup>	The intervention was not initiated and provided in the community.
Bonnefoy <i>et al.</i> <sup>41</sup>	Final planned follow-up was before 24 weeks.

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Bosch-Lenders <i>et al.</i> <sup>42</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Botoseneanu <i>et al.</i> <sup>43</sup>	The intervention was not initiated and provided in the community.
Boult <i>et al.</i> <sup>44</sup>	The intervention was not focused on sustaining the person's independence.
Brandon <i>et al.</i> <sup>45</sup>	The intervention was not focused on sustaining the person's independence.
Brazil <i>et al.</i> <sup>46</sup> NCT03902743 <sup>47</sup>	According to the trial register, the study was still recruiting as of 31 August 2021.
Buford <i>et al.</i> <sup>48</sup>	The intervention was not initiated and provided in the community.
Buford <i>et al.</i> <sup>49</sup>	The intervention was not initiated and provided in the community.
Burke <i>et al.</i> <sup>50</sup>	The intervention was not focused on sustaining the person's independence.
Burton <i>et al.</i> <sup>51</sup>	The intervention was not focused on sustaining the person's independence.
Burton <i>et al.</i> <sup>52</sup>	The comparator did not include two or more components (practices, structural elements and contextual factors). intervention
Burton <i>et al.</i> <sup>53</sup>	The comparator did not include two or more components (practices, structural elements and contextual factors). intervention
Burton <i>et al.</i> <sup>54</sup>	The comparator did not include two or more components (practices, structural elements and contextual factors). intervention
Burton <i>et al.</i> <sup>55</sup>	The comparator did not include two or more components (practices, structural elements and contextual factors). intervention
Buss <i>et al.</i> <sup>56</sup>	The participants were not living at home.
Byles <i>et al.</i> <sup>57</sup>	The intervention was not focused on sustaining the person's independence.
Byles <i>et al.</i> <sup>58</sup>	The intervention was not focused on sustaining the person's independence.
Callahan <i>et al.</i> <sup>59</sup>	The intervention was not initiated and provided in the community.
Caplan <i>et al.</i> <sup>60</sup>	The intervention was not initiated and provided in the community.
Carrie <i>et al.</i> <sup>61</sup>	The intervention was not initiated and provided in the community.
Carrie <i>et al.</i> <sup>62</sup>	The intervention was not initiated and provided in the community.
Cartwright <i>et al.</i> <sup>63</sup>	The intervention was not focused on sustaining the person's independence.
Cavaillon <sup>64</sup>	The intervention was not initiated and provided in the community.
Cesari <i>et al.</i> <sup>65</sup>	The intervention was not initiated and provided in the community.
Chan <i>et al.</i> <sup>66</sup>	The intervention was not initiated and provided in the community.
Chin <i>et al.</i> <sup>67</sup>	Final planned follow-up was before 24 weeks.
Ching Wong <i>et al.</i> <sup>68</sup>	Final planned follow-up was before 24 weeks.

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Choi <i>et al.</i> <sup>69</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Clarke <i>et al.</i> <sup>70</sup>	The intervention was not focused on sustaining the person's independence.
Coburn <i>et al.</i> <sup>71</sup>	The intervention was not focused on sustaining the person's independence.
Cochrane <i>et al.</i> <sup>72</sup>	The intervention was not initiated and provided in the community.
Cornu <i>et al.</i> <sup>73</sup>	Final planned follow-up was before 24 weeks.
Corrado <sup>74</sup>	The study was not an RCT/cRCT.
Crandall <i>et al.</i> <sup>75</sup>	Final planned follow-up was before 24 weeks.
Crews <i>et al.</i> <sup>76</sup>	The intervention was targeted at specific conditions, rather than addressing independence more generally.
CTRI/2019/10/021783 <i>et al.</i> <sup>77</sup>	The study was not an RCT/cRCT.
Cucinotta <i>et al.</i> <sup>78</sup>	The intervention was not focused on sustaining the person's independence.
Cunliffe <i>et al.</i> <sup>79</sup>	The comparator was not initiated and provided in the community.
Cwirlej-Sozanska <i>et al.</i> <sup>80</sup>	The intervention was not focused on sustaining the person's independence.
Czaja <i>et al.</i> <sup>81</sup>	The intervention was not focused on sustaining the person's independence.
Daffner <i>et al.</i> <sup>82</sup>	Final planned follow-up was before 24 weeks.
Damanti <i>et al.</i> <sup>83</sup>	The intervention was not focused on sustaining the person's independence.
Dangour <i>et al.</i> <sup>84</sup>	The intervention was not focused on sustaining the person's independence.
Danilovich <i>et al.</i> <sup>85</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Danilovich <i>et al.</i> <sup>86</sup>	Final planned follow-up was before 24 weeks.
Dapp <i>et al.</i> <sup>87</sup>	The intervention was not initiated and provided in the community.
Dapp <i>et al.</i> <sup>88</sup>	The intervention was not initiated and provided in the community.
Dapp <i>et al.</i> <sup>89</sup>	The intervention was not initiated and provided in the community.
Dapp <i>et al.</i> <sup>90</sup>	The intervention was not initiated and provided in the community.
Dapp <i>et al.</i> <sup>91</sup>	The intervention was not initiated and provided in the community.
Dapp <i>et al.</i> <sup>92</sup>	The intervention was not initiated and provided in the community.
Dapp <i>et al.</i> <sup>93</sup>	The intervention was not initiated and provided in the community.
Dapp <i>et al.</i> <sup>94</sup>	The intervention was not initiated and provided in the community.
Darzins <i>et al.</i> <sup>95</sup>	The study was not an RCT/cRCT.
Datta <i>et al.</i> <sup>96</sup>	The intervention was not initiated and provided in the community.

Community-based complex interventions to sustain independence in older people, stratified by frailty:  
a systematic review and network meta-analysis (NIHR128862; CRD42019162195)  
Supplementary material 2. Excluded reports and interventions

De Luca <i>et al.</i> <sup>97</sup>	The comparator was not initiated and provided in the community.
de Souto Barreto <i>et al.</i> <sup>98</sup>	The intervention was not initiated and provided in the community.
De Vreede <i>et al.</i> <sup>99</sup>	The comparator did not include two or more components (practices, structural elements and contextual factors). intervention
de Vreede <i>et al.</i> <sup>100</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
De Vriendt <i>et al.</i> <sup>101</sup>	Final planned follow-up was before 24 weeks.
de Vries <i>et al.</i> <sup>102</sup>	The participants were not living at home.
Delbaere <i>et al.</i> <sup>103</sup>	The study was not an RCT/cRCT.
Delrieu <i>et al.</i> <sup>104</sup>	The intervention was not initiated and provided in the community.
Denny <i>et al.</i> <sup>105</sup>	Only a conference abstract is available. We cannot confirm the length of follow-up period was at least 24 weeks.
Di Pollina <i>et al.</i> <sup>106</sup>	The intervention was not focused on sustaining the person's independence.
Docent <i>et al.</i> <sup>107</sup>	The study was not an RCT/cRCT.
Donelle <i>et al.</i> <sup>108</sup> ISRCTN79884651 <sup>109</sup>	According to the trial register, the study recruitment ended in January 2020. The results were unavailable as of 31 August 2021 and intention to publish data was 31 March 2023.
Dotson <i>et al.</i> <sup>110</sup>	The intervention was not initiated and provided in the community.
DRKS00024638 <sup>111</sup>	Only the trial register record is available. We cannot confirm whether the intervention was initiated and provided in the community.
Dunn <i>et al.</i> <sup>112</sup>	The intervention was not focused on sustaining the person's independence.
Eekhof <i>et al.</i> <sup>113</sup>	The study was not an RCT/cRCT.
Elliott <i>et al.</i> <sup>114</sup>	The intervention was not initiated and provided in the community.
Englund <i>et al.</i> <sup>115</sup>	The comparator did not include two or more components (practices, structural elements and contextual factors). intervention
Espeland <i>et al.</i> <sup>116</sup>	The intervention was not initiated and provided in the community.
Espeland <i>et al.</i> <sup>117</sup>	The intervention was not initiated and provided in the community.
Falvey <i>et al.</i> <sup>118</sup> NCT02905370 <sup>119</sup>	According to the trial register, the study is still recruiting as of 31 August 2021.
Fasce <i>et al.</i> <sup>120</sup> NCT02052401 <sup>121</sup>	Only the protocol and trial register records are available. We cannot confirm whether the participants aged 65 or over on average.
Feingold <i>et al.</i> <sup>122</sup>	The study was not an RCT/cRCT.
Feldman <i>et al.</i> <sup>123</sup>	The study was not an RCT/cRCT.
Feng <i>et al.</i> <sup>124</sup>	The intervention was not focused on sustaining the person's independence.
Ferrat <i>et al.</i> <sup>125</sup>	According to the trial register, the study was still recruiting as of 31 August 2021.

Community-based complex interventions to sustain independence in older people, stratified by frailty:  
a systematic review and network meta-analysis (NIHR128862; CRD42019162195)  
Supplementary material 2. Excluded reports and interventions

Ferreira <sup>126</sup>	Only a conference abstract of the protocol is available. We cannot confirm whether the study has a focus of sustaining independence.
Fielding <i>et al.</i> <sup>127</sup>	The intervention was not initiated and provided in the community.
Finkelstein <i>et al.</i> <sup>128</sup>	The intervention was targeted at specific conditions, rather than addressing independence more generally.
Finkelstein <i>et al.</i> <sup>129</sup>	The intervention was targeted at specific conditions, rather than addressing independence more generally.
Finkelstein <i>et al.</i> <sup>130</sup>	The intervention was targeted at specific conditions, rather than addressing independence more generally.
Fisher <i>et al.</i> <sup>131</sup>	The intervention was not focused on sustaining the person's independence.
Fletcher <i>et al.</i> <sup>132</sup>	The participants were not living at home.
Fletcher <i>et al.</i> <sup>133</sup>	The participants were not living at home.
Fontan <sup>134</sup>	The study was not an RCT/cRCT.
Fontan <sup>135</sup>	The study was not an RCT/cRCT.
Forbes <sup>136</sup>	The study was not an RCT/cRCT.
France <i>et al.</i> <sup>137</sup>	The study was not an RCT/cRCT.
Franse <i>et al.</i> <sup>138</sup>	The study was not an RCT/cRCT.
Frese <i>et al.</i> <sup>139</sup>	The study was not an RCT/cRCT.
Friedberg <sup>140</sup>	The study was not an RCT/cRCT.
Frieswijk <i>et al.</i> <sup>141</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Fritz <i>et al.</i> <sup>142</sup>	Final planned follow-up was before 24 weeks.
Gagnon <i>et al.</i> <sup>143</sup>	The comparator was not initiated and provided in the community.
Gasman <i>et al.</i> <sup>144</sup>	The study was not an RCT/cRCT.
Geller <i>et al.</i> <sup>145</sup>	The intervention was not focused on sustaining the person's independence.
Giannini <i>et al.</i> <sup>146</sup>	The study was not an RCT/cRCT.
Gillette <sup>147</sup>	The intervention was not initiated and provided in the community.
Gillette-Guyonnet <i>et al.</i> <sup>148</sup>	The intervention was not initiated and provided in the community.
Ginis <i>et al.</i> <sup>149</sup>	The intervention was not initiated and provided in the community.
Giudici <i>et al.</i> <sup>150</sup>	The intervention was not initiated and provided in the community.
Giudici <i>et al.</i> <sup>151</sup>	The intervention was not initiated and provided in the community.
Godwin <i>et al.</i> <sup>152</sup>	The intervention was not focused on sustaining the person's independence.
Godwin <i>et al.</i> <sup>153</sup>	The intervention was not focused on sustaining the person's independence.
Golas <i>et al.</i> <sup>154</sup>	The intervention was not focused on sustaining the person's independence.

Community-based complex interventions to sustain independence in older people, stratified by frailty:  
a systematic review and network meta-analysis (NIHR128862; CRD42019162195)  
Supplementary material 2. Excluded reports and interventions

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Goldberg <i>et al.</i> <sup>155</sup>	The intervention was not focused on sustaining the person's independence.
Gorenberg <sup>156</sup>	The study was not an RCT/cRCT.
Granbom <i>et al.</i> <sup>157</sup>	The intervention was not focused on sustaining the person's independence.
Green <i>et al.</i> <sup>158</sup>	The study was not an RCT/cRCT.
Grossl <i>et al.</i> <sup>159</sup>	The intervention was not initiated and provided in the community.
Gross <i>et al.</i> <sup>160</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Gross <i>et al.</i> <sup>161</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Gross <i>et al.</i> <sup>162</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Guerville <i>et al.</i> <sup>163</sup>	The intervention was not initiated and provided in the community.
Gunner-Svensson <i>et al.</i> <sup>164</sup>	The intervention was not focused on sustaining the person's independence.
Gunzelmann <i>et al.</i> <sup>165</sup>	The study was not an RCT/cRCT.
Guralnik <i>et al.</i> <sup>166</sup>	The intervention was not focused on sustaining the person's independence.
Guyonnet Sophie <i>et al.</i> <sup>167</sup>	The intervention was not initiated and provided in the community.
Hagen <i>et al.</i> <sup>168</sup>	The study was not an RCT/cRCT.
Hall <sup>169</sup>	The study was not an RCT/cRCT.
Hammar <i>et al.</i> <sup>170</sup>	The intervention was not initiated and provided in the community.
Hansen <i>et al.</i> <sup>171</sup>	The study was not an RCT/cRCT.
Hansen <i>et al.</i> <sup>172</sup>	The study was not an RCT/cRCT.
Hansen <i>et al.</i> <sup>173</sup>	The intervention was not focused on sustaining the person's independence.
Henderson <i>et al.</i> <sup>174</sup>	The intervention was not focused on sustaining the person's independence.
Henderson <i>et al.</i> <sup>175</sup>	The intervention was not focused on sustaining the person's independence.
Henderson <i>et al.</i> <sup>176</sup>	The intervention was not initiated and provided in the community.
Hernandez-Ascanio <i>et al.</i> <sup>177</sup>	The intervention was not focused on sustaining the person's independence.
Hinkka <i>et al.</i> <sup>178</sup>	The intervention was not initiated and provided in the community.
Hirani <i>et al.</i> <sup>179</sup>	The intervention was not focused on sustaining the person's independence.
Hitzel <i>et al.</i> <sup>180</sup>	The intervention was not initiated and provided in the community.

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Community-based complex interventions to sustain independence in older people, stratified by frailty:  
a systematic review and network meta-analysis (NIHR128862; CRD42019162195)  
Supplementary material 2. Excluded reports and interventions

Hochhalter <i>et al.</i> <sup>181</sup>	The intervention was targeted at specific conditions, rather than addressing independence more generally.
Hooper <i>et al.</i> <sup>182</sup>	The intervention was not initiated and provided in the community.
Hopp <i>et al.</i> <sup>183</sup>	The intervention was not focused on sustaining the person's independence.
Hsieh <i>et al.</i> <sup>184</sup>	The intervention was not focused on sustaining the person's independence.
Hsieh <i>et al.</i> <sup>185</sup>	The intervention was not initiated and provided in the community.
Hsin <i>et al.</i> <sup>186</sup>	Final planned follow-up was before 24 weeks.
Hsu <i>et al.</i> <sup>187</sup>	The intervention was not initiated and provided in the community.
Hughes <i>et al.</i> <sup>188</sup>	The intervention was not initiated and provided in the community.
ISRCTN13927531 <sup>189</sup>	According to the trial register, the overall trial end data is 31 May 2023.
ISRCTN16123291 <sup>190</sup>	According to the trial register, the overall trial end data is 30 March 2023.
ISRCTN52788952 <sup>191</sup>	The study was not an RCT/cRCT.
ISRCTN54268283 <sup>192</sup>	According to the trial register, the study was still recruiting as of 31 August 2021.
ISRCTN57066881 <sup>193</sup>	Final planned follow-up was before 24 weeks.
Jackson <i>et al.</i> <sup>194</sup>	The study was not an RCT/cRCT.
JPRN-UMIN000003877 <sup>195</sup>	Final planned follow-up was before 24 weeks.
JPRN-UMIN000004767 <sup>196</sup>	Final planned follow-up was before 24 weeks.
JPRN-UMIN000022992 <sup>197</sup>	Final planned follow-up was before 24 weeks.
JPRN-UMIN000026448 <sup>198</sup>	Final planned follow-up was before 24 weeks.
June <i>et al.</i> <sup>199</sup>	The study was not an RCT/cRCT.
Kallio <i>et al.</i> <sup>200</sup>	The study was not an RCT/cRCT.
Katula <i>et al.</i> <sup>201</sup>	The intervention was not initiated and provided in the community.
Kerr <i>et al.</i> <sup>202</sup>	The intervention was targeted at specific conditions, rather than addressing independence more generally.
Kerse <i>et al.</i> <sup>203</sup>	The intervention was not focused on sustaining the person's independence.
Kerse <i>et al.</i> <sup>204</sup>	The intervention was not focused on sustaining the person's independence.
Kim <i>et al.</i> <sup>205</sup>	The intervention was not focused on sustaining the person's independence.
Kim <i>et al.</i> <sup>206</sup>	The comparator did not include two or more components (practices, structural elements and contextual factors). intervention
King <i>et al.</i> <sup>207</sup>	The study was not an RCT/cRCT.
Kinney <i>et al.</i> <sup>208</sup>	The intervention was not focused on sustaining the person's independence.
Kivipelto <i>et al.</i> <sup>209</sup>	The intervention was not initiated and provided in the community.



Community-based complex interventions to sustain independence in older people, stratified by frailty:  
a systematic review and network meta-analysis (NIHR128862; CRD42019162195)  
Supplementary material 2. Excluded reports and interventions

Kivipelto <i>et al.</i> <sup>210</sup>	The study was not an RCT/cRCT.
Kivipelto <i>et al.</i> <sup>211</sup>	The intervention was not initiated and provided in the community.
Klompstra <i>et al.</i> <sup>212</sup>	The intervention was not initiated and provided in the community.
Kolbe-Alexander <i>et al.</i> <sup>213</sup>	The study was not an RCT/cRCT.
Kravitz <i>et al.</i> <sup>214</sup>	The study was not an RCT/cRCT.
Kristensson <i>et al.</i> <sup>215</sup>	The intervention was not focused on sustaining the person's independence.
Kwon <i>et al.</i> <sup>216</sup>	The intervention was not focused on sustaining the person's independence.
Latham <i>et al.</i> <sup>217</sup>	The intervention was not initiated and provided in the community.
Lewin <i>et al.</i> <sup>218</sup>	The study was not an RCT/cRCT.
Li <i>et al.</i> <sup>219</sup>	The intervention was not initiated and provided in the community.
Liang <i>et al.</i> <sup>220</sup>	The intervention was not initiated and provided in the community.
LIFE Study Investigators <sup>221</sup>	The intervention was not initiated and provided in the community.
Lihavainen <i>et al.</i> <sup>222</sup>	The participants were not living at home.
Lilamand <i>et al.</i> <sup>223</sup>	The intervention was not initiated and provided in the community.
Lim <i>et al.</i> <sup>224</sup>	The intervention was not initiated and provided in the community.
Lin <i>et al.</i> <sup>225</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Lin <i>et al.</i> <sup>226</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Liu <i>et al.</i> <sup>227</sup>	The intervention was not initiated and provided in the community.
Liu <i>et al.</i> <sup>228</sup>	The comparator did not include two or more components (practices, structural elements and contextual factors). intervention
Liu <i>et al.</i> <sup>229</sup>	Final planned follow-up was before 24 weeks.
Lohman <i>et al.</i> <sup>230</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Lorig <i>et al.</i> <sup>231</sup>	The intervention was not focused on sustaining the person's independence.
Luger <i>et al.</i> <sup>232</sup>	The intervention was not focused on sustaining the person's independence.
Lum <i>et al.</i> <sup>233</sup>	The intervention was not focused on sustaining the person's independence.
Lurie <i>et al.</i> <sup>234</sup>	The intervention was not targeted at the older person.
Lyndon <i>et al.</i> <sup>235</sup> ISRCTN74345449 <sup>236</sup>	According to the trial register, the study results were unavailable as of 31 August 2021 and intention to publish data is 30 April 2022.
Mangin <i>et al.</i> <sup>237</sup>	The intervention was not focused on sustaining the person's independence.
Mankowski <i>et al.</i> <sup>238</sup>	The intervention was not initiated and provided in the community.

Community-based complex interventions to sustain independence in older people, stratified by frailty:  
a systematic review and network meta-analysis (NIHR128862; CRD42019162195)  
Supplementary material 2. Excluded reports and interventions

Marcusson <i>et al.</i> <sup>239</sup>	The study was not an RCT/cRCT.
Marsh <i>et al.</i> <sup>240</sup>	The intervention was not initiated and provided in the community.
Marsh <i>et al.</i> <sup>241</sup>	The intervention was not initiated and provided in the community.
Martin <i>et al.</i> <sup>242</sup>	The participants were not living at home.
Martin Lesende <sup>243</sup>	The study was not an RCT/cRCT.
Matthews <i>et al.</i> <sup>244</sup>	The intervention was not initiated and provided in the community.
Mayer <i>et al.</i> <sup>245</sup>	The intervention was not focused on sustaining the person's independence.
McDermott <i>et al.</i> <sup>246</sup>	The intervention was not initiated and provided in the community.
McDougall <i>et al.</i> <sup>247</sup>	The intervention was not focused on sustaining the person's independence.
McDowell <i>et al.</i> <sup>248</sup>	Final planned follow-up was before 24 weeks.
McEwan <i>et al.</i> <sup>249</sup>	The participants were not living at home.
McFarland <sup>250</sup>	The study was not an RCT/cRCT.
McMurdo <i>et al.</i> <sup>251</sup>	The comparator did not include two or more components (practices, structural elements and contextual factors). intervention
McWilliam <i>et al.</i> <sup>252</sup>	The intervention was not focused on sustaining the person's independence.
Meiling <sup>253</sup>	The study was not an RCT/cRCT.
Melin <i>et al.</i> <sup>254</sup>	The comparator was not initiated and provided in the community.
Melin <i>et al.</i> <sup>255</sup>	The comparator was not initiated and provided in the community.
Melin <i>et al.</i> <sup>256</sup>	The comparator was not initiated and provided in the community.
Merete Pedersen <i>et al.</i> <sup>257</sup>	The intervention was not initiated and provided in the community.
Meuleman <sup>258</sup>	The study was not an RCT/cRCT.
Meziere <sup>259</sup>	Final planned follow-up was before 24 weeks.
Miller <i>et al.</i> <sup>260</sup>	The comparator was not initiated and provided in the community.
Mohd Suffian <i>et al.</i> <sup>261</sup>	According to the trial register, the study has not started recruitment as of 31 August 2021.
Moller <i>et al.</i> <sup>262</sup>	The intervention was not focused on sustaining the person's independence.
Moon <i>et al.</i> <sup>263</sup>	The intervention was not initiated and provided in the community.
Mor <i>et al.</i> <sup>264</sup>	The participants were younger than 65 years on average.
Mortenson <i>et al.</i> <sup>265</sup>	Final planned follow-up was before 24 weeks.
Mortsiefer <i>et al.</i> <sup>266</sup> DRKS00015055 <sup>267</sup>	According to the trial register, the study recruitment closed on 30 June 2021 and the study was ongoing as of 31 August 2021.
Mountain <i>et al.</i> <sup>268</sup>	The intervention was not focused on sustaining the person's independence.

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Mugueta-Aguinaga <i>et al.</i> <sup>269</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Mugueta-Aguinaga <i>et al.</i> <sup>270</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
NCT00452465 <sup>271</sup>	The intervention was not focused on sustaining the person's independence.
NCT00672685 <sup>272</sup>	The intervention was not initiated and provided in the community.
NCT01345032 <sup>273</sup>	Final planned follow-up was before 24 weeks.
NCT02021565 <sup>274</sup>	Final planned follow-up was before 24 weeks.
NCT02335177 <sup>275</sup>	Final planned follow-up was before 24 weeks.
NCT02545257 <sup>276</sup>	The intervention was not focused on sustaining the person's independence.
NCT02554838 <sup>277</sup>	The intervention was targeted at specific conditions, rather than addressing independence more generally.
NCT02582138 <sup>278</sup>	The intervention was not initiated and provided in the community.
NCT02847871 <sup>279</sup>	The intervention was not initiated and provided in the community.
NCT02923843 <sup>280</sup>	The intervention was not initiated and provided in the community.
NCT02942992 <sup>281</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
NCT03147625 <sup>282</sup>	According to the trial register, the study recruitment status was unknown and no results were available as of 31 August 2021.
NCT03180606 <sup>283</sup>	The study was not an RCT/cRCT.
NCT03212859 <sup>284</sup>	The participants were not living at home.
NCT03336320 <sup>285</sup>	The intervention was not focused on sustaining the person's independence.
NCT03342976 <sup>286</sup>	The study was not an RCT/cRCT.
NCT03394495 <sup>287</sup>	The intervention was not focused on sustaining the person's independence.
NCT03394534 <sup>288</sup>	According to the trial register, the study was still recruiting as of 31 August 2021.
NCT03456128 <sup>289</sup>	According to the trial register, the study was still recruiting as of 31 August 2021.
NCT03474380 <sup>290</sup>	The intervention was not initiated and provided in the community.
NCT03568084 <sup>291</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
NCT03577002 <sup>292</sup>	The intervention was not focused on sustaining the person's independence.
NCT03591055 <sup>293</sup>	According to the trial register, the study recruitment status was unknown and no results were available as of 31 August 2021.
NCT03634033 <sup>294</sup>	The comparator was not targeted at the older person.

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Community-based complex interventions to sustain independence in older people, stratified by frailty:  
a systematic review and network meta-analysis (NIHR128862; CRD42019162195)  
Supplementary material 2. Excluded reports and interventions

NCT03649698 <sup>295</sup>	According to the trial register, the study was still recruiting as of 31 August 2021.
NCT03797352 <sup>296</sup>	The intervention was not focused on sustaining the person's independence.
NCT03814161 <sup>297</sup>	The study was not an RCT/cRCT.
NCT03824106 <sup>298</sup>	According to the trial register, the study has not started recruitment as of 31 August 2021.
NCT03952858 <sup>299</sup>	The comparator did not include two or more components (practices, structural elements and contextual factors). intervention
NCT03979560 <sup>300</sup>	According to the trial register, the study recruitment status was unknown and not results were available as of 31 August 2021.
NCT04076319 <sup>301</sup>	The study was not an RCT/cRCT.
NCT04416815 <sup>302</sup>	According to the trial register, the study was still recruiting as of 31 August 2021.
NCT04460742 <sup>303</sup>	According to the trial register, the study was still recruiting as of 31 August 2021.
NCT04500366 <sup>304</sup>	According to the trial register, the study was still recruiting as of 31 August 2021.
NCT04531852 <sup>305</sup>	The intervention was not focused on sustaining the person's independence.
NCT04574271 <sup>306</sup>	Only the trial register record is available. We cannot confirm whether the study is an RCT, and whether the intervention is initiated and provided in the community.
NCT04628754 <sup>307</sup>	The intervention was not focused on sustaining the person's independence.
Nelson <i>et al.</i> <sup>308</sup>	The intervention was not focused on sustaining the person's independence.
Neumann <i>et al.</i> <sup>309</sup>	The intervention was not initiated and provided in the community.
Newbury <i>et al.</i> <sup>310</sup>	The study was not an RCT/cRCT.
Ngandu <i>et al.</i> <sup>311</sup>	The intervention was not initiated and provided in the community.
NCT02288221 <sup>312</sup>	The study was not an RCT/cRCT.
Nicklas <i>et al.</i> <sup>313</sup>	The intervention was not initiated and provided in the community.
Nielsen <i>et al.</i> <sup>314</sup>	The intervention was not focused on sustaining the person's independence.
O'Connell <i>et al.</i> <sup>315</sup>	The participants were younger than 65 years on average.
O'Connor <i>et al.</i> <sup>316</sup>	The intervention was targeted at specific conditions, rather than addressing independence more generally.
O'Connor <i>et al.</i> <sup>317</sup>	The intervention was targeted at specific conditions, rather than addressing independence more generally.
Oksman <i>et al.</i> <sup>318</sup>	The intervention was not focused on sustaining the person's independence.

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Olesen <i>et al.</i> <sup>319</sup>	The intervention was not focused on sustaining the person's independence.
Oliva <sup>320</sup>	The intervention was not focused on sustaining the person's independence.
Ollonqvist <i>et al.</i> <sup>321</sup>	The intervention was not initiated and provided in the community.
Ollonqvist <i>et al.</i> <sup>322</sup>	The intervention was not initiated and provided in the community.
Olsson <i>et al.</i> <sup>323</sup>	The intervention was not focused on sustaining the person's independence.
Olsson Möller <i>et al.</i> <sup>324</sup>	The intervention was specifically a falls prevention programme.
Olsson Möller <i>et al.</i> <sup>325</sup>	The intervention was specifically a falls prevention programme.
Opdenacker <i>et al.</i> <sup>326</sup>	The intervention was not focused on sustaining the person's independence.
Opdenacker <i>et al.</i> <sup>327</sup>	The intervention was not focused on sustaining the person's independence.
Ory <i>et al.</i> <sup>328</sup>	The study was not an RCT/cRCT.
Osborn <i>et al.</i> <sup>329</sup>	The participants were not living at home.
Osborn <i>et al.</i> <sup>330</sup>	The participants were not living at home.
Osborn <i>et al.</i> <sup>331</sup>	The participants were not living at home.
Oswald <i>et al.</i> <sup>332</sup>	The study was not an RCT/cRCT.
Oswald <i>et al.</i> <sup>333</sup>	The study was not an RCT/cRCT.
Oswald <i>et al.</i> <sup>334</sup>	The study was not an RCT/cRCT.
Oswald <i>et al.</i> <sup>335</sup>	The study was not an RCT/cRCT.
Overbeek <i>et al.</i> <sup>336</sup>	The participants were not living at home.
Overbeek <i>et al.</i> <sup>337</sup>	The participants were not living at home.
Pacini <i>et al.</i> <sup>338</sup>	The intervention was not focused on sustaining the person's independence.
Palacholla <i>et al.</i> <sup>339</sup>	The intervention was not focused on sustaining the person's independence.
Pardessus <i>et al.</i> <sup>340</sup>	The intervention was not initiated and provided in the community.
Parsons <i>et al.</i> <sup>341</sup>	The participants were not living at home.
Peak <i>et al.</i> <sup>342</sup>	The study was not an RCT/cRCT.
Pedersen <i>et al.</i> <sup>343</sup>	Final planned follow-up was before 24 weeks.
Peri <i>et al.</i> <sup>344</sup>	According to the trial register, study recruitment was completed in February 2019 and the final follow-up is 4 years post-intervention; no results were available as of 31 August 2021.
Perkel <i>et al.</i> <sup>345</sup>	The study was not an RCT/cRCT.
Perman <i>et al.</i> <sup>346</sup>	The study was not an RCT/cRCT.
Persson <i>et al.</i> <sup>347</sup>	Final planned follow-up was before 24 weeks.

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Community-based complex interventions to sustain independence in older people, stratified by frailty:  
a systematic review and network meta-analysis (NIHR128862; CRD42019162195)  
Supplementary material 2. Excluded reports and interventions

Petersson <i>et al.</i> <sup>348</sup>	The study was not an RCT/cRCT.
Phillips <i>et al.</i> <sup>349</sup>	The intervention was not initiated and provided in the community.
Picarsic <i>et al.</i> <sup>350</sup>	The intervention was not initiated and provided in the community.
Prosegger <i>et al.</i> <sup>351</sup>	The intervention was not focused on sustaining the person's independence.
Rantanen <i>et al.</i> <sup>352</sup>	The intervention was not focused on sustaining the person's independence.
Rebok <i>et al.</i> <sup>353</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Rebok <i>et al.</i> <sup>354</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Rejeski <i>et al.</i> <sup>355</sup>	The intervention was not initiated and provided in the community.
Rejeski <i>et al.</i> <sup>356</sup>	The intervention was not initiated and provided in the community.
Reuben <i>et al.</i> <sup>357</sup>	The intervention was not focused on sustaining the person's independence.
Reuben <sup>358</sup>	The intervention was not initiated and provided in the community.
Rexroth <i>et al.</i> <sup>359</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
NCT02331459 <sup>360</sup>	The study was not an RCT/cRCT.
Richardson <i>et al.</i> <sup>361</sup>	The intervention was not initiated and provided in the community.
Rietkerk <i>et al.</i> <sup>362</sup>	The study was not an RCT/cRCT.
Rikard <i>et al.</i> <sup>363</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Ristolainen <i>et al.</i> <sup>364</sup>	The intervention was not focused on sustaining the person's independence.
Rivas-Ruiz <i>et al.</i> <sup>365</sup> ISRCTN17143761 <sup>366</sup>	According to the trial register, study recruitment was suspended; no results were available as of 31 August 2021.
Robichaud <i>et al.</i> <sup>367</sup>	Final planned follow-up was before 24 weeks.
Rodrigues <i>et al.</i> <sup>368</sup>	The study was not an RCT/cRCT.
Rollins <sup>369</sup>	The study was not an RCT/cRCT.
Rosie <i>et al.</i> <sup>370</sup>	The comparator did not include two or more components (practices, structural elements and contextual factors). intervention
Rosstad <i>et al.</i> <sup>371</sup>	The participants were not living at home.
Rubenstein <i>et al.</i> <sup>372</sup>	The participants were younger than 65 years on average.
Ruikes <i>et al.</i> <sup>373</sup>	The study was not an RCT/cRCT.
Rydwik <i>et al.</i> <sup>374</sup>	The study was not an RCT/cRCT.
Rydwik <i>et al.</i> <sup>375</sup>	The study was not an RCT/cRCT.
Rydwik <i>et al.</i> <sup>376</sup>	The study was not an RCT/cRCT.

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Saeterbakken <i>et al.</i> <sup>377</sup>	The intervention was not focused on sustaining the person's independence.
Sahlen <i>et al.</i> <sup>378</sup>	The study was not an RCT/cRCT.
Saito <i>et al.</i> <sup>379</sup>	The intervention was not focused on sustaining the person's independence.
Salem <i>et al.</i> <sup>380</sup>	The participants were younger than 65 years on average.
Sandberg <i>et al.</i> <sup>381</sup>	The intervention was not focused on sustaining the person's independence.
Sandberg <i>et al.</i> <sup>382</sup>	The intervention was not focused on sustaining the person's independence.
Sanders <i>et al.</i> <sup>383</sup>	The intervention was not focused on sustaining the person's independence.
Sanjuan <i>et al.</i> <sup>384</sup>	The participants were not living at home.
Santanasto <i>et al.</i> <sup>385</sup>	The intervention was not initiated and provided in the community.
Sato <i>et al.</i> <sup>386</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Schraeder <i>et al.</i> <sup>387</sup>	The intervention was not focused on sustaining the person's independence.
Scott <i>et al.</i> <sup>388</sup>	The study was not an RCT/cRCT.
Senior <i>et al.</i> <sup>389</sup>	The intervention was not initiated and provided in the community.
Sherwood <sup>390</sup>	The intervention was not initiated and provided in the community.
Sink <i>et al.</i> <sup>391</sup>	The intervention was not initiated and provided in the community.
Sisco <i>et al.</i> <sup>392</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Smeeth <i>et al.</i> <sup>393</sup>	The participants were not living at home.
Smeeth <i>et al.</i> <sup>394</sup>	The participants were not living at home.
Smith <i>et al.</i> <sup>395</sup>	Final planned follow-up was before 24 weeks.
Spoelstra <i>et al.</i> <sup>396</sup>	The comparator was not targeted at the older person.
Spoelstra <i>et al.</i> <sup>397</sup>	The comparator was not targeted at the older person.
Spoorenberg <i>et al.</i> <sup>398</sup>	The participants were not living at home.
Spoorenberg <i>et al.</i> <sup>399</sup>	The participants were not living at home.
Stathi <i>et al.</i> <sup>400</sup> Withall <i>et al.</i> <sup>401</sup> ISRCTN45627165 <sup>402</sup>	According to the trial register, the overall trial end data was 31 May 2020; the intention to publish date was 22 June 2021, but results were unavailable as of 31 August 2021.
Steventon <i>et al.</i> <sup>403</sup>	The intervention was not focused on sustaining the person's independence.
Steventon <i>et al.</i> <sup>404</sup>	The intervention was not focused on sustaining the person's independence.

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Community-based complex interventions to sustain independence in older people, stratified by frailty:  
a systematic review and network meta-analysis (NIHR128862; CRD42019162195)  
Supplementary material 2. Excluded reports and interventions

Stewart <i>et al.</i> <sup>405</sup>	The intervention was not focused on sustaining the person's independence.
Summers <i>et al.</i> <sup>406</sup>	The study was not an RCT/cRCT.
Tarazona-Santabalbina <i>et al.</i> <sup>407</sup>	The study was not an RCT/cRCT.
Taube <i>et al.</i> <sup>408</sup>	The intervention was not focused on sustaining the person's independence.
Teh <i>et al.</i> <sup>409</sup>	According to the trial register, the study data collection ended in September 2020; no results were available as of 31 August 2021.
Tennstedt <i>et al.</i> <sup>410</sup>	The intervention was not focused on sustaining the person's independence.
Tennstedt <i>et al.</i> <sup>411</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Thom <i>et al.</i> <sup>412</sup>	The intervention was not focused on sustaining the person's independence.
Tieland <i>et al.</i> <sup>413</sup>	The comparator did not include two or more components (practices, structural elements and contextual factors). intervention
Timonen <i>et al.</i> <sup>414</sup>	The intervention was not initiated and provided in the community.
Toivo <i>et al.</i> <sup>415</sup>	The intervention was not focused on sustaining the person's independence.
Toledano-González <i>et al.</i> <sup>416</sup>	The participants were not living at home.
Townsend <i>et al.</i> <sup>417</sup>	The intervention was not initiated and provided in the community.
Trombini-Souza <i>et al.</i> <sup>418</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Turunen <i>et al.</i> <sup>419</sup>	The intervention was not focused on sustaining the person's independence.
Uittenbroek <i>et al.</i> <sup>420</sup>	The participants were not living at home.
Uittenbroek <i>et al.</i> <sup>421</sup>	The participants were not living at home.
Ukawa <i>et al.</i> <sup>422</sup>	The intervention was not focused on sustaining the person's independence.
Ukawa <i>et al.</i> <sup>423</sup>	The intervention was not focused on sustaining the person's independence.
Ukawa <i>et al.</i> <sup>424</sup>	Final planned follow-up was before 24 weeks.
Ukawa <i>et al.</i> <sup>425</sup>	The intervention was not focused on sustaining the person's independence.
van de Sant <i>et al.</i> <sup>426</sup>	The participants were not living at home.
van den Helder <i>et al.</i> <sup>427</sup>	The intervention was not focused on sustaining the person's independence.
van den Helder <i>et al.</i> <sup>428</sup>	The comparator did not include two or more components (practices, structural elements and contextual factors). intervention



Community-based complex interventions to sustain independence in older people, stratified by frailty:  
a systematic review and network meta-analysis (NIHR128862; CRD42019162195)  
Supplementary material 2. Excluded reports and interventions

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van Haaren <sup>429</sup>	The study was not an RCT/cRCT.
van Haaren <sup>430</sup>	The study was not an RCT/cRCT.
Vaz Fragoso <i>et al.</i> <sup>431</sup>	The intervention was not initiated and provided in the community.
Vaz Fragoso <i>et al.</i> <sup>432</sup>	The intervention was not initiated and provided in the community.
Vaz Fragoso <i>et al.</i> <sup>433</sup>	The intervention was not initiated and provided in the community.
Vellas <i>et al.</i> <sup>434</sup>	The intervention was not initiated and provided in the community.
Venturelli <i>et al.</i> <sup>435</sup>	The participants were not living at home.
Vetter <i>et al.</i> <sup>436</sup>	The intervention was not focused on sustaining the person's independence.
NCT01991639 <sup>437</sup>	Final planned follow-up was before 24 weeks.
von Renteln-Kruse <i>et al.</i> <sup>438</sup>	The intervention was not initiated and provided in the community.
Wadley <i>et al.</i> <sup>439</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Wagner <i>et al.</i> <sup>440</sup>	The intervention was specifically a falls prevention programme.
Walker <i>et al.</i> <sup>441</sup>	The intervention was targeted at specific conditions, rather than addressing independence more generally.
Walker <i>et al.</i> <sup>442</sup>	The intervention was not focused on sustaining the person's independence.
Wallace <i>et al.</i> <sup>443</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Wallen <i>et al.</i> <sup>444</sup>	The study was not an RCT/cRCT.
Wan <i>et al.</i> <sup>445</sup>	The intervention was not initiated and provided in the community.
Wang <i>et al.</i> <sup>446</sup>	The intervention was not initiated and provided in the community.
Wasson <i>et al.</i> <sup>447</sup>	The intervention was not initiated and provided in the community.
Watanabe <i>et al.</i> <sup>448</sup>	The intervention was not focused on sustaining the person's independence.
Watanabe <i>et al.</i> <sup>449</sup>	Final planned follow-up was before 24 weeks.
White <i>et al.</i> <sup>450</sup>	The participants were not living at home.
Whitehead <i>et al.</i> <sup>451</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Whitehead <i>et al.</i> <sup>452</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Wilber <i>et al.</i> <sup>453</sup>	The intervention was not focused on sustaining the person's independence.
Wilhelmson <i>et al.</i> <sup>454</sup>	The intervention was not initiated and provided in the community.
Williams <i>et al.</i> <sup>455</sup>	The intervention was not focused on sustaining the person's independence.
Williamson <i>et al.</i> <sup>456</sup>	The intervention was not initiated and provided in the community.

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Willis <i>et al.</i> <sup>457</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Wilson <i>et al.</i> <sup>458</sup>	The participants were younger than 65 years on average.
Wolf <i>et al.</i> <sup>459</sup>	Final planned follow-up was before 24 weeks.
Wolinsky <i>et al.</i> <sup>460</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Wong <i>et al.</i> <sup>461</sup>	The intervention was not initiated and provided in the community.
Wong <i>et al.</i> <sup>462</sup>	The intervention was not focused on sustaining the person's independence.
Wong <i>et al.</i> <sup>463</sup>	Final planned follow-up was before 24 weeks.
Wooldridge <i>et al.</i> <sup>464</sup>	The study was not an RCT/cRCT.
Xie <i>et al.</i> <sup>465</sup>	Final planned follow-up was before 24 weeks.
Yao <i>et al.</i> <sup>466</sup>	The intervention was not initiated and provided in the community.
Yeo <i>et al.</i> <sup>467</sup>	The intervention was not initiated and provided in the community.
Yim <i>et al.</i> <sup>468</sup>	The intervention was not initiated and provided in the community.
Yoon <i>et al.</i> <sup>469</sup>	The intervention was not initiated and provided in the community.
Young <i>et al.</i> <sup>470</sup>	The study was not an RCT/cRCT.
Yu <i>et al.</i> <sup>471</sup>	The intervention was not focused on sustaining the person's independence.
NCT03831841 <sup>472</sup>	The intervention did not include two or more components (practices, structural elements and contextual factors).
Zauszniewski <i>et al.</i> <sup>473</sup>	Final planned follow-up was before 24 weeks.
Zhu <i>et al.</i> <sup>474</sup>	The intervention was not initiated and provided in the community.
Zijlstra <i>et al.</i> <sup>475</sup>	The intervention was not focused on sustaining the person's independence.
Zillich <i>et al.</i> <sup>476</sup>	The intervention was not focused on sustaining the person's independence.
Zimmer <i>et al.</i> <sup>477</sup>	The intervention was not focused on sustaining the person's independence.

## Details of excluded interventions

Table 2. Intervention: not community-based

Report(s)	Intervention
ACTRN12616000521426 <sup>2</sup>	Twice daily 20g rice protein supplements combined with a multi-component exercise program including sessions in an outpatient setting. or,

	Twice daily 20g whey protein supplements combined with multi-component exercise program including sessions in an outpatient setting.
Anders <i>et al.</i> <sup>12</sup>	Health promotion and preventive care intervention: PRevention in Older people – Assessment in GEneralists’ practices (PRO-AGE) Hamburg site including "Active Health Promotion in Old Age" delivered by professionals of a geriatrics centre. Also, follow-on Longitudinal Urban Cohort Ageing Study (LUCAS)
Dapp <i>et al.</i> <sup>88</sup>	
Dapp <i>et al.</i> <sup>90</sup>	
Dapp <i>et al.</i> <sup>92</sup>	
Dapp <i>et al.</i> <sup>89</sup>	
Dapp <i>et al.</i> <sup>91</sup>	
Dapp <i>et al.</i> <sup>93</sup>	
Dapp <i>et al.</i> <sup>87</sup>	
Dapp <i>et al.</i> <sup>94</sup>	
Elliott <i>et al.</i> <sup>114</sup>	
Neumann <i>et al.</i> <sup>309</sup>	
von Renteln-Kruse <i>et al.</i> <sup>438</sup>	
Applebaum <i>et al.</i> <sup>17</sup>	Extensive attention from clinical nurse care manager, supervised by a geriatrician to supplement existing in-home care management system
Aung <i>et al.</i> <sup>19</sup>	Community-integrated intermediary care (CIIC) model to enhance family-based care for older people
Bandinelli <i>et al.</i> <sup>23</sup>	Intensive medical intervention and sixteen 90-minute supervised exercise sessions over 8 weeks
Beck <i>et al.</i> <sup>31</sup>	Discharge follow-home team (FHT) in cooperation with a Registered Dietitian performing 3 home visits
Beck <i>et al.</i> <sup>30</sup>	
Belqaid <i>et al.</i> <sup>35</sup>	
Beck <i>et al.</i> <sup>28</sup>	Three individualised nutritional counselling sessions by registered dietician complemented with three follow-up visits by general practitioners to increase functional and nutritional status of geriatric medicinal patients
Beck <i>et al.</i> <sup>29</sup>	
Beland <i>et al.</i> <sup>32</sup>	Integrated services for frail elders (SIPA; Services integres pour les personnes agees fragiles) an integrated service model based on community services, a multidisciplinary team, case management that retains clinical responsibility for all health and social services required, and the capacity to mobilise resources as required
Reuben <sup>358</sup>	
Berglund <i>et al.</i> <sup>36</sup>	Comprehensive continuum of care which includes geriatric assessment, case management, interprofessional collaboration, support for relatives and organising of care-planning meetings in older person’s own homes.
Bernabei <i>et al.</i> <sup>37</sup>	"Sarcopenia and Physical fRailty IN older people: multi-component Treatment strategies" (SPRINTT): A multicomponent intervention against the outcome of mobility disability
Cesari <i>et al.</i> <sup>65</sup>	
NCT02582138 <sup>278</sup>	
Binder <i>et al.</i> <sup>38</sup>	Intensive exercise training (ET) program

Community-based complex interventions to sustain independence in older people, stratified by frailty:  
a systematic review and network meta-analysis (NIHR128862; CRD42019162195)  
Supplementary material 2. Excluded reports and interventions

Bondoc <i>et al.</i> <sup>40</sup>	Lifestyle Interventions and Independence for Elders Pilot (LIFE-P). One-year structured physical activity (PA) intervention or health education promoting successful aging (SA)
Buford <i>et al.</i> <sup>48</sup>	
Cavaillon <sup>64</sup>	
Dotson <i>et al.</i> <sup>110</sup>	
Espeland <i>et al.</i> <sup>116</sup>	
Groessler <i>et al.</i> <sup>159</sup>	
Hsu <i>et al.</i> <sup>187</sup>	
Katula <i>et al.</i> <sup>209</sup>	
LIFE Study Investigators <sup>201</sup>	
Matthews <i>et al.</i> <sup>244</sup>	
Nicklas <i>et al.</i> <sup>313</sup>	
Phillips <i>et al.</i> <sup>349</sup>	
Picarsic <i>et al.</i> <sup>350</sup>	
Rejeski <i>et al.</i> <sup>355</sup>	
Wang <i>et al.</i> <sup>446</sup>	
Williamson <i>et al.</i> <sup>456</sup>	Lifestyle interventions and independence for elders (LIFE). A 12 month intervention of structured physical activity (PA) or health education promoting successful aging (SA) including centre-based sessions
Botosaneanu <i>et al.</i> <sup>43</sup>	
Buford <i>et al.</i> <sup>49</sup>	
Callahan <i>et al.</i> <sup>59</sup>	
Cochrane <i>et al.</i> <sup>72</sup>	
Datta <i>et al.</i> <sup>96</sup>	
Espeland <i>et al.</i> <sup>117</sup>	
Fielding <i>et al.</i> <sup>127</sup>	
Henderson <i>et al.</i> <sup>176</sup>	
Mankowski <i>et al.</i> <sup>238</sup>	
Santanasto <i>et al.</i> <sup>385</sup>	
Sink <i>et al.</i> <sup>391</sup>	
Vaz Fragoso <i>et al.</i> <sup>433</sup>	
Vaz Fragoso <i>et al.</i> <sup>431</sup>	
Vaz Fragoso <i>et al.</i> <sup>432</sup>	
Wasson <i>et al.</i> <sup>447</sup>	Comprehensive geriatric assessment (CGA) and multidisciplinary intervention on elderly patients sent home from emergency department
Caplan <i>et al.</i> <sup>60</sup>	
Carrie <i>et al.</i> <sup>62</sup>	
Carrie <i>et al.</i> <sup>61</sup>	Multidomain Alzheimer preventive trial (MAPT).
de Souto Barreto <i>et al.</i> <sup>98</sup>	
	Long-term multi-domain lifestyle intervention (cognitive training, nutrition counselling, and advice on physical activity);

Community-based complex interventions to sustain independence in older people, stratified by frailty:  
a systematic review and network meta-analysis (NIHR128862; CRD42019162195)  
Supplementary material 2. Excluded reports and interventions

Delrieu <i>et al.</i> <sup>104</sup>	Or,
Gillette <sup>147</sup>	Omega-3 supplementation;
Gillette-Guyonnet <i>et al.</i> <sup>148</sup>	Or,
Giudici <i>et al.</i> <sup>150</sup>	Long-term multi-domain lifestyle intervention and omega-3
Giudici <i>et al.</i> <sup>151</sup>	supplementation
Guyonnet Sophie <i>et al.</i> <sup>167</sup>	
Hitzel <i>et al.</i> <sup>180</sup>	
Guerville <i>et al.</i> <sup>163</sup>	
Hooper <i>et al.</i> <sup>182</sup>	
Lilamand <i>et al.</i> <sup>223</sup>	
NCT00672685 <sup>272</sup>	
Vellas <i>et al.</i> <sup>434</sup>	
Chan <i>et al.</i> <sup>66</sup>	Exercise and nutrition (EN) or problem-solving therapy. The EN arm subjects were invited to take a structured exercise course at the participating hospital
Ginis <i>et al.</i> <sup>149</sup>	Weight training (WT) plus education treatment (WT+ED)
Hammar <i>et al.</i> <sup>170</sup>	Integrated home care and discharge practice (IHCaD-practice)
Hinkka <i>et al.</i> <sup>178</sup>	Network-based rehabilitation programme on the use of informal and formal support among home-dwelling elderly at a high risk of long-term institutionalisation.
Ollonqvist <i>et al.</i> <sup>322</sup>	
Ollonqvist <i>et al.</i> <sup>321</sup>	
Hsieh <i>et al.</i> <sup>185</sup>	Exercise; or, Nutrition; or, exercise plus nutrition
Hughes <i>et al.</i> <sup>188</sup>	Home-based primary care including a primary care manager, 24 hour contact for patients, prior approval of hospital readmissions and HBPC team participation in discharge planning
Kivipelto <i>et al.</i> <sup>211</sup>	The Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability (FINGER). 2-year Multi-domain intervention including nutritional guidance, physical exercise, cognitive training and social activities, as well as management of vascular and metabolic risk factors
Kivipelto <i>et al.</i> <sup>212</sup>	
Ngandu <i>et al.</i> <sup>311</sup>	
Klompstra <i>et al.</i> <sup>217</sup>	Physical activity
Latham <i>et al.</i> <sup>219</sup>	Quadriceps resistance exercise and vitamin D
Li <i>et al.</i> <sup>220</sup>	Comprehensive geriatric assessment (CGA) and subsequent intervention in pre-frail and frail community-dwelling elderly by medication adjustment, exercise instruction, nutrition support, physical rehabilitation, social worker consultation, and specialty referral

Community-based complex interventions to sustain independence in older people, stratified by frailty:  
a systematic review and network meta-analysis (NIHR128862; CRD42019162195)  
Supplementary material 2. Excluded reports and interventions

Liang <i>et al.</i> <sup>221</sup>	Integrated nurse-led tele-homecare program for patients with multiple chronic illnesses and a high risk of readmission
Lim <i>et al.</i> <sup>224</sup>	Post-Acute Care (PAC) coordinator intervention including discharge planning
Liu <i>et al.</i> <sup>227</sup>	Physical activity program (PA) featuring aerobic, strength, balance, and flexibility training
Merete Pedersen <i>et al.</i> <sup>257</sup>	Simple supervised strength training program for the lower extremities combined with post-training protein supplementation initiated during hospitalisation and continued at home for 4 weeks,
Moon <i>et al.</i> <sup>263</sup>	Facility-based Multi-domain intervention (nutrition, physical and cognitive training) and home-based multi-domain intervention (including some sessions at facility).
NCT02847871 <sup>279</sup>	Multimodal intervention: screening, support combining physician, teaching exercises by a specialized Monitor in Adapted Physical Activities (MAPA) and nutritional counselling.
NCT02923843 <sup>280</sup>	Comprehensive Geriatric Assessment (CGA) in an Out-patient Care Setting
NCT03474380 <sup>290</sup>	HI-FIVES (evidence-based skills training program for family or friend caregivers of Veterans referred to home care services)
Pardessus <i>et al.</i> <sup>340</sup>	Home visits by an occupational therapist. Intervention begins during hospitalisation.
Richardson <i>et al.</i> <sup>361</sup>	Rehabilitation therapy in a simulated environment (Easy Street, ES) simulated community environment in hospital or in a gymnasium
Senior <i>et al.</i> <sup>389</sup>	Restorative care which included a comprehensive geriatric assessment and care plan developed and delivered, initially by a multidisciplinary team and subsequently by home care assistants.
Sherwood <sup>390</sup>	Homemaker and day care services (day hospital)
Wan <i>et al.</i> <sup>445</sup>	
Timonen <i>et al.</i> <sup>414</sup>	10-week group-based exercise program which included strength training and functional exercises.
Townsend <i>et al.</i> <sup>417</sup>	Support from care attendants on the first day at home and for up to 12 hours a week for two weeks. Support comprised practical care, help with rehabilitation, and organising social help. Initiated prior to discharge.
Wilhelmson <i>et al.</i> <sup>454</sup>	An early geriatric assessment, early family support, a case manager in the community with a multi-professional team and the involvement of the elderly people and their relatives in the planning process
Wong <i>et al.</i> <sup>461</sup>	Health-social transitional care management program (HSTCMP)
Yao <i>et al.</i> <sup>466</sup>	A combination of a comprehensive geriatric assessment (CGA) and multi-disciplinary management involving rehabilitation exercise, diet adjustment, multi-drug evaluation, acupoint massage in TCM and patient education for 12 months
Yeo <i>et al.</i> <sup>467</sup>	Primary outpatient care in a geriatric clinic staffed by a multidisciplinary team with geriatric training

Yim <i>et al.</i> <sup>468</sup>	Emergency department intervention (ED). A six item self-reported validated screening questionnaire used in ED settings.
Yoon <i>et al.</i> <sup>469</sup>	Broad and directed (narrow) technology-based 15-20 hour training on basic perceptual and cognitive abilities in older adults and on the performance of simulated tasks of daily living including driving and fraud avoidance.
Zhu <i>et al.</i> <sup>474</sup>	Exercise program alone, combined-exercise program and nutrition supplement. Resistance exercise program targeting muscle strength and power with and without nutrition supplementation. The exercise program consisted of 90-min group training twice weekly and one-home session weekly for 12 weeks. Participants in the combined arm were additionally asked to consume nutrition supplement twice daily for 12 weeks

**Table 3. Intervention: single component**

<b>Report(s)</b>	<b>Intervention</b>
Ball <i>et al.</i> <sup>21</sup>	ACTIVE (Advanced Cognitive Training for Independent and Vital Elderly) cognitive training to improve memory, reasoning and processing training sessions delivered through group or individual sessions
Ball <i>et al.</i> <sup>22</sup>	
Choi <i>et al.</i> <sup>69</sup>	
Gross <i>et al.</i> <sup>162</sup>	
Gross <i>et al.</i> <sup>161</sup>	
Gross <i>et al.</i> <sup>160</sup>	
Lin <i>et al.</i> <sup>226</sup>	
Lin <i>et al.</i> <sup>225</sup>	
Lohman <i>et al.</i> <sup>230</sup>	
Rebok <i>et al.</i> <sup>354</sup>	
Rebok <i>et al.</i> <sup>353</sup>	
Rexroth <i>et al.</i> <sup>359</sup>	
Sisco <i>et al.</i> <sup>392</sup>	
Tennstedt <i>et al.</i> <sup>411</sup>	
Wadley <i>et al.</i> <sup>439</sup>	
Willis <i>et al.</i> <sup>457</sup>	
Wolinsky <i>et al.</i> <sup>460</sup>	
Belchior <i>et al.</i> <sup>33</sup>	Computer and video game intervention for older adults cognitive and everyday functioning, Laboratory based training sessions focused on video game playing and then instruction to play video game at home 5hours per week
Bosch-Lenders <i>et al.</i> <sup>42</sup>	Medication review at home to optimise medication use in older people with polypharmacy

Danilovich <i>et al.</i> <sup>85</sup>	The functional resistance exercise intervention, implemented face to face over 26 week exercises to improve strength, power and endurance in frail older adults
de Vreede <i>et al.</i> <sup>100</sup>	Functional-task/resistance exercise program
Frieswijk <i>et al.</i> <sup>141</sup>	'GRIP on life' bibliotherapy as a correspondence course to improve self-management ability
NCT03568084 <sup>291</sup>	Multicomponent Physical Activity Program to reverse prefrailty in people 70 years and over 12 weekly sessions of an hour and a half of exercises to improve aerobic resistance, muscle strength, balance and flexibility
Mugueta-Aguinaga <i>et al.</i> <sup>269</sup>	FRED game, an exergame using a Kinect sensor, developed to use scenarios to enhance coordination, movement, balance, accuracy and spatial awareness.
Mugueta-Aguinaga <i>et al.</i> <sup>270</sup>	
NCT02942992 <sup>281</sup>	The functional resistance exercise intervention for frail older adults
Rikard <i>et al.</i> <sup>363</sup>	ICT (Information and Communication Technology) and Quality of Life Study, 8 weeks of computer and internet training on the basics of using a computer and the internet in a mobile laboratory attending retirement communities
Sato <i>et al.</i> <sup>386</sup>	Water exercise program, comprising of a supervised land based warm up and then a water exercise session in a pool
Trombini-Souza <i>et al.</i> <sup>418</sup>	Dual-Task training program, hour long training sessions twice weekly for 24 weeks comprising obstacle course, hula-hoops and managing stable and unstable surfaces
Wallace <i>et al.</i> <sup>443</sup>	Twelve week exercise program aimed at reducing physical decline in over 60's
Whitehead <i>et al.</i> <sup>452</sup>	BATH-OUT, installation of a flush floor shower
Whitehead <i>et al.</i> <sup>451</sup>	
Zaragoza <sup>472</sup>	EXERNET Elder exercise programme consisting of training 3 times a week focusing on aerobic capacity, flexibility, balance and strength

**Table 4. Intervention: not targeting individual**

Report(s)	Intervention
Adelman <i>et al.</i> <sup>7</sup>	The Well Elderly Program, involvement of medical students in health promotion activities with older people to enhance the student skillset.
Lurie <i>et al.</i> <sup>234</sup>	Hennepin County Medicaid Demonstration Project, comparison of health insurance claims between prepaid and pay for care health insurance

**Table 5. Intervention: not sustaining independence**

Report(s)	Intervention
ACTRN12618001188224 <sup>4</sup>	Self-reflective resilience training intervention over a five-week period



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Ahmad <i>et al.</i> <sup>8</sup>	Medication review and cognitive behaviour therapy of discharged patients by community pharmacists. Trained pharmacy technicians counselled patients at home at baseline and at 1,3,6,9 and 12 months, using Cognitive Behaviour Treatment according to the theory of planned behaviour.
Albert <i>et al.</i> <sup>11</sup>	Six to eight sessions of problem-solving therapy, in which older adults aged 60+ learn to break down problems that affect well-being and develop strategies to address them
Anonymous <sup>15</sup>	Regular home-based health assessment
Arendts <i>et al.</i> <sup>18</sup>	Post discharge patient-centred intervention. The intervention focused on identifying and supporting patients to address risk factors for future hospital presentation.
Baker <i>et al.</i> <sup>20</sup>	Ten weeks of supervised exercise consisting of high-intensity (80% of one-repetition maximum (1RM)) progressive resistance training (PRT) 3 days per week, moderate-intensity (rating of perceived exertion 11 to 14/20) aerobic training 2 days per week, and progressive balance training 1 day per week.
Bardsley <i>et al.</i> <sup>24</sup>	Home-based telehealth which included remote exchange of vitals signs and symptoms data between patients and healthcare professionals as part of the continuing management of patients.
Belleville <i>et al.</i> <sup>34</sup>	Home-based computerised training programme, which combines physical exercises, stimulating cognitive activities and virtual coaching.
Boult <i>et al.</i> <sup>44</sup>	Guided Care" (GC) integrating a registered nurse, intensively trained in chronic care, into primary care practices to work with physicians in providing comprehensive chronic care to 50-60 multimorbid older patients.
Brandon <i>et al.</i> <sup>45</sup>	A 24-month moderate-intensity resistive-training program
Burke <i>et al.</i> <sup>50</sup>	A 6-month low-cost, accessible, physical activity and nutrition program.
Burton <i>et al.</i> <sup>51</sup>	Extending Medicare benefits to include preventive services.
Byles <i>et al.</i> <sup>57</sup>	Annual or 6-monthly home-based health assessments by health professionals, with telephone follow-up, and written report to a nominated general practitioner
Byles <i>et al.</i> <sup>58</sup>	Annual or 6-monthly home-based health assessments by health professionals, with telephone follow-up, and written report to a nominated general practitioner.
Cartwright <i>et al.</i> <sup>63</sup>	Second-generation, home-based telehealth on health-related quality of life, anxiety, and depressive symptoms over 12 months
Clarke <i>et al.</i> <sup>70</sup>	Social intervention over 3 years
Coburn <i>et al.</i> <sup>71</sup>	A comprehensive, integrated, and tightly managed system of care coordination, disease management, and preventive services provided by community-based nurse care managers working collaboratively with primary care providers

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<i>Cucinotta et al.</i> <sup>78</sup>	Discharge of chronically ill and frail elderly patients from a hospital ward, cared at home, enrolled for 12 months and integrated providing collaboration of a home care attendant who was a working person who has attended a specialising course about care of the elderly and of the very frail.
<i>Cwirlej-Sozanska et al.</i> <sup>80</sup>	A 16-week multifactorial exercise program consisting of multifactorial exercises and health education (MEE)
<i>Czaja et al.</i> <sup>81</sup>	A specially designed computer system for older adults, the Personal Reminder Information and Social Management (PRISM) system
<i>Damanti et al.</i> <sup>83</sup>	A psycho-educational intervention  based on constructivist learning theory (CLT) in promoting appropriate levels of physical activity (PA) in older people.
<i>Dangour et al.</i> <sup>84</sup>	A two-year intervention consisting of either a nutritional supplement, or a resistance training exercise programme, or both. A specially designed physical exercise intervention for older people of low to medium socio-economic status living in Santiago, Chile. Consisted of two interventions individually or combined. (50 g/day) of micronutrient supplements (50% of daily micronutrient requirements) and 20% of daily energy requirements.
<i>Di Pollina et al.</i> <sup>106</sup>	Integrated care that included a home visiting multidisciplinary geriatric team (Care by their primary care physician and home visiting nursing services and an additional home evaluation by a community geriatrics unit with access to a call service and coordinated follow-up.
<i>Dunn et al.</i> <sup>112</sup>	A single visit from the health visitor at 72 hours in addition to normal follow-up services.
<i>Feng et al.</i> <sup>124</sup>	PACE-Yourself (physical exercise program, mindfulness meditation or Cogmed adaptive or non-adaptive computerised working memory training.)
<i>Fisher et al.</i> <sup>131</sup>	A 6-month, community-based, multimorbidity intervention which included in-home visits by an interdisciplinary team, personal support worker visits, and monthly case conferences.
<i>Geller et al.</i> <sup>145</sup>	Occupational therapy 2 times a week as well as a home program for 30 minutes a day, 5 days a week for 6 weeks
<i>Godwin et al.</i> <sup>153</sup>	A nurse-based program of care, carried out in the patient's home, that involved a detailed assessment of needs, the development of a plan to meet the needs, and up to eight visits to the patients home during a 1-year period to facilitate the meeting of those needs
<i>Godwin et al.</i> <sup>152</sup>	Nursing assessment and management intervention including Short Form-36 and the CASP-19 (control, autonomy, self-realisation, and pleasure); use of formal and informal community services; satisfaction with family physician care as measured by the Patient Satisfaction Questionnaire-18; and use of health care resources (family physician visits, emergency department visits, hospitalizations, and laboratory and diagnostic imaging tests).

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Goldberg <i>et al.</i> <sup>155</sup>	A brief, tailored, structured, pharmacy and physical therapy consultation in the ED, with automated communication of the recommendations to their primary care physicians.
Granbom <i>et al.</i> <sup>157</sup>	A monthly home visit over the course of a year by nurses and physiotherapists working as case managers, using a multifactorial preventive approach.
Gunner-Svensson <i>et al.</i> <sup>164</sup>	Case finding and social medical intervention by nurses experienced in geriatrics and in close contact with interdisciplinary groups.
Guralnik <i>et al.</i> <sup>166</sup>	Structured exercise program for 3 years
Hansen <i>et al.</i> <sup>173</sup>	A model of regular follow-up by home visits to selected elderly patients discharged from a geriatric ward by a geriatric team at 1, 3, 8 and 16 weeks after discharge.
Henderson <i>et al.</i> <sup>175</sup>	A telecare intervention which involved receipt of a package of equipment and monitoring services for 12 months, additional to their standard health and social care services.
Henderson <i>et al.</i> <sup>174</sup>	A package of telehealth equipment and monitoring services for 12 months, in addition to the standard health and social care services available in their area.
Hernandez-Ascanio <i>et al.</i> <sup>177</sup>	A multicomponent intervention comprising six domiciliary face-to-face sessions and five telephone calls that will be interspersed. Interventions will be conducted by healthcare professionals and volunteers.
Hirani <i>et al.</i> <sup>179</sup>	Home-based telecare (TC) on health-related quality of life (HRQoL), anxiety and depressive symptoms over 12 months in patients receiving social care.
Hopp <i>et al.</i> <sup>183</sup>	The use of telehealth services as an adjunct to traditional home care (adding telehealth technology to traditional home care services).
Hsieh <i>et al.</i> <sup>184</sup>	Effective individualised home-based exercise and nutrition interventions consisting of a 3-month intervention period and 3-month self-maintenance period.
Kerse <i>et al.</i> <sup>204</sup>	A twelve-month Green Prescription physical activity counselling program where patients in intervention practices prompted their primary care doctors or practice nurses to deliver brief activity counselling.
Kerse <i>et al.</i> <sup>203</sup>	An educational intervention for general practitioners (Educational and clinical practice audit programme for general practitioners).
Kim <i>et al.</i> <sup>205</sup>	Social network intervention combined with protein supplementation. Consisted of high-protein supplementation (additional 27 g of protein/day), the Social Nutrition Program (additional 27 g of protein/day and social network intervention)
Kinney <i>et al.</i> <sup>208</sup>	Two innovative computer-assisted, client-centred quality improvement strategies for public community-based, long-term care. The first strategy, the Normative Treatment Planning (NTP) program, assesses needs, prescribes services, and evaluates outcomes. The second strategy, the Client Feedback System (CFS) program, provides service vendors with feedback on client perceptions of services.

Kristensson <i>et al.</i> <sup>215</sup>	A case management intervention for older people with functional dependency and repeated contact with healthcare services. Two nurses worked as case managers and carried out the intervention, which consisted of four parts.
Kwon <i>et al.</i> <sup>216</sup>	A 12-week combined physical exercise training and nutritional intervention. The EN arm participated in an exercise training and nutritional program (cooking class) once a week, and the E arm participated in the exercise training program only.
Lorig <i>et al.</i> <sup>231</sup>	A self-management program for chronic disease designed for use with a heterogeneous group of chronic disease patients.
Luger <i>et al.</i> <sup>232</sup>	A home-based and volunteer-administered physical training and nutritional intervention program compared with social support intervention.
Lum <i>et al.</i> <sup>233</sup>	Engaging in Advance Care Planning Talks (ENACT) visits with mailed advance care planning (ACP) materials in a geriatric primary care clinic.
Mangin <i>et al.</i> <sup>237</sup>	Person-focused care through the integration of four key program components: (1) trained volunteers who visit clients in their homes, (2) an interprofessional primary health care team, (3) use of technology to collect and share information, and (4) improved connections to community health and social services.
Mayer <i>et al.</i> <sup>245</sup>	Lifestyle assessment instrument- Special protocol that included up to four sub-goals including medication compliance, weight reduction, sodium reduction and aerobic activity.
McDougall <i>et al.</i> <sup>247</sup>	Structured memory training (including memory and health and strategies) sessions provided in a small group format twice weekly for a month.
McWilliam <i>et al.</i> <sup>252</sup>	Comprised adult education with specially trained nurses over 12-16 hour long home visits to promote participation in care planning, promote self-help, enhance decision making and improve mindset.
Moller <i>et al.</i> <sup>262</sup>	The case management intervention: 12 month input at least once monthly from dedicated case managers including a nurse and physiotherapist comprising four components: traditional case management, general information, specific information and safety with older people in their own homes.
Mountain <i>et al.</i> <sup>268</sup>	Lifestyle Matters intervention designed to facilitate weekly group meetings and monthly one to one sessions with trained staff to improve the mental wellbeing of older people living in the community at risk of decline.
NCT00452465 <sup>271</sup>	ElderCare Plan: Nursing assessment The nurse will i) evaluate the clinical and personal needs of the patient, ii) develop a management plan based on that review, iii) review the plan with the family physician and the patient/family; iv) implement the plan v) provide patient education; and vi) monitor the patient regularly in his/her home over the course of a year
NCT02545257 <sup>276</sup>	A coordinated medication management model containing prescription review, drug related problem risk assessment and actions required on the risk assessment

NCT03336320 <sup>285</sup>	ICT Multidomain intervention training composed of cognitive training and memory training, nutritional counselling and advice about the importance of exercise and access to a website about healthy ageing
NCT03394495 <sup>287</sup>	People from each centre will be randomised to one of three arms. The combined arm will receive a 16-week combined intervention consisting of individualised exercise training and the BCE program, plus two booster sessions at 2 and 6 months after the program. The exercise arm will receive exercise training and health talks only.
NCT03577002 <sup>292</sup>	SICP which includes the Serious Illness Conversation Guide, which provides patient-tested language for initial and follow-up conversations; training materials, including didactic materials and case studies for structured role playing; and implementation guidance including recommended approaches to identifying appropriate patients and templates for documentation of conversations
NCT03797352 <sup>296</sup>	Supervised multicomponent exercise and cognitive activity intervention: 3 times a week and receive healthy ageing advice.
NCT04531852 <sup>305</sup>	dual intervention comparison: Complex Active Lifestyle Intervention (CALSTI) a group-based exercise and health empowerment program (HEP). Exercise delivered by trained instructors; HEP sessions delivered to facilitate behaviour change. and Self-management Intervention (SEMAI) participants are provided with relevant information and access the health management program.
NCT04628754 <sup>307</sup>	Intervention where participants are provided with recommended resistance exercises to undertake at home and dietary guidance on post exercise protein consumption.
Nelson <i>et al.</i> <sup>308</sup>	Comparison of two interventions: Exercise arm received a 6-month exercise program that focused on strength and balance training encouraging overall physical activity. Attention control arm received 6 months of nutrition education including home visits to improve their dietary intake of fruit, vegetables and calcium rich foods.
Nielsen <i>et al.</i> <sup>314</sup>	Home Aide Service work providing assistance in the home with cleaning meal preparation and shopping as well as support with bathing, dressing, exercise and reading etc as required delivered by experiences workers.
Oksman <i>et al.</i> <sup>318</sup>	TERVA (telephone-based health coaching intervention) Nurses were trained in motivational interviewing and telephone coaching to focus on education, goal setting, medication and treatment adherence, and self-care/condition management.
Olesen <i>et al.</i> <sup>319</sup>	Pharmaceutical care intervention: a home visit by a pharmacist to conduct a detailed review of medications, construct a less complex medication regimen, provide advice in response to specific concerns raised and provide information to motivate adherence.
Oliva <sup>320</sup>	Highly trained nurse-led case management, utilising evidence-based case management practices and disease management to deliver and coordinate chronic care.
Olsson <i>et al.</i> <sup>323</sup>	comparison of 2 interventions: home visit by Study nurse with prescription review focusing on number of drugs, indicators, interactions and medication regimen of participant sent to their physician, compared with

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	this and comprehensive medication records sent to participants also, encouraging them to discuss this with their physician.
Opdenacker <i>et al.</i> <sup>326</sup>	Comparison of 2 interventions: participants in the lifestyle intervention were stimulated to integrate physical activity into their daily routines and received an individualised home-based program supported by telephone calls. Participants in the structured intervention consisted of 3 weekly supervised sessions in a fitness centre.
Opdenacker <i>et al.</i> <sup>327</sup>	comparison of 2 interventions: participants in the lifestyle intervention were stimulated to integrate physical activity into their daily routines and received an individualised home-based program supported by telephone calls. Participants in the structured intervention consisted of 3 weekly supervised sessions in a fitness centre.
Pacini <i>et al.</i> <sup>338</sup>	Home-based medication Review (HOMER) pharmacists provided 2 home visits to educate participants about drugs, dispose or out of date medications, inform GPs about interactions or reactions and engage with local pharmacies to provide adherence aids.
Palacholla <i>et al.</i> <sup>339</sup> Golas <i>et al.</i> <sup>154</sup>	Provision of an alarm, passive and active monitoring to identify high-risk patients who receive a nurse triage call and tailored Partners Health at Home (PHH) interventions from among education, home visits, telemonitoring.
Prosegger <i>et al.</i> <sup>351</sup>	A seven-day holiday with mountain hiking and balneotherapy. Participants took part in 5 mountain hiking tours over the week and bathing sessions in mineralized waters a minimum of 3 times over the week for 20minutes with a follow on 30-minute resting period.
Rantanen <i>et al.</i> <sup>352</sup>	The active ageing counselling intervention: 90 minute face to face individual counselling sessions and 4 phone counselling sessions at 1, 3, 6 and 9 months to provide additional support, feedback and encouragement.
Reuben <i>et al.</i> <sup>357</sup>	A single Comprehensive Geriatric Assessment (CGA) from a multidisciplinary team with sustained input and adherence to recommendations made in the CGA across both patient and clinicians involved.
Ristolainen <i>et al.</i> <sup>364</sup>	Participatory group-based care management: using a participatory and needs based approach to address the needs of older people deemed at risk of social exclusion. Including social support, counselling and activities over 6 months.
Saeterbakken <i>et al.</i> <sup>377</sup>	A strength training based exercise programme, involving progressive training, twice weekly for 10 weeks under the guidance of a professional training instructor.
Saito <i>et al.</i> <sup>379</sup>	A group based educational, cognitive and social support program designed to prevent social isolation by improving community knowledge and networking with other participants and gatekeepers who could make connections between the study participants and community services.
Sandberg <i>et al.</i> <sup>381</sup>	The case management intervention: 12-month input at least once monthly from dedicated case managers including a nurse and physiotherapist comprising four components: traditional case

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	management, general information, specific information and safety with older people in their own homes.
Sandberg <i>et al.</i> <sup>382</sup>	The case management intervention: 12-month input at least once monthly from dedicated case managers including a nurse and physiotherapist comprising four components: traditional case management, general information, specific information and safety with older people in their own homes.
Sanders <i>et al.</i> <sup>383</sup>	Telehealth intervention, a range of specialist telehealth devices and environmental and security monitoring by specialist nurses and community matrons as well as educational messages shared using the available technology.
Schraeder <i>et al.</i> <sup>387</sup>	Aim to enhance existing primary care with the addition of a registered nurse and case assistant to provide flexible assessments, detailed care planning and coordinated service provision including telephone monitoring.
Steventon <i>et al.</i> <sup>404</sup>	Telehealth intervention, a range of specialist telehealth devices and environmental and security monitoring by specialist nurses and community matrons as well as educational messages shared using the available technology.
Steventon <i>et al.</i> <sup>403</sup>	Telehealth intervention, a range of specialist telehealth devices and environmental and security monitoring by specialist nurses and community matrons as well as educational messages shared using the available technology.
Stewart <i>et al.</i> <sup>405</sup>	CHAMPS II (Community Health Activities Model Program for Seniors) a 6-month program encouraging participation in existing community-based activity classes and programs to increase physical activity using client centred motivational, behavioural and cognitive techniques to ensure their regimen could be adhered to.
Taube <i>et al.</i> <sup>408</sup>	The case management intervention: 12-month input at least once monthly from dedicated case managers including a nurse and physiotherapist comprising four components: traditional case management, general information, specific information and safety with older people in their own homes.
Tennstedt <i>et al.</i> <sup>410</sup>	A Matter of Balance, aiming to promote activity over a range of domains by reducing a fear of falling. Involving multiple groups sessions with a range of training and discussion activities.
Thom <i>et al.</i> <sup>412</sup>	A structured interview where participants were invited to set individualised behaviour change goals relating to physical, cognitive and social activities, health and diet, these were followed up with bimonthly mentoring phone calls.
Toivo <i>et al.</i> <sup>415</sup>	Customised medication review identification of individual needs and enhanced use of existing resources from multidisciplinary input co-ordinated by a pharmacist.
Turunen <i>et al.</i> <sup>419</sup>	Home based individually targeted multicomponent rehabilitation program aiming to restore mobility through promotion of physical activity, goal setting and motivational interviewing

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Ukawa <i>et al.</i> <sup>422</sup>	The Functional Improvement Tool (FIT) developed on an Occupational Therapy method aiming to improve cognitive function. Consisting of 3 monthly home visits from a health care attendant completing the FIT activity which includes documenting the previous days activities and tasks, how purposeful these were and how much time was spent in different types of tasks. Unrestricted conversation with the health care attendant was also part of each monthly meeting.
Ukawa <i>et al.</i> <sup>425</sup>	
Ukawa <i>et al.</i> <sup>423</sup>	
van den Helder <i>et al.</i> <sup>427</sup>	VITAMIN a new innovative e-health intervention to improve physical performance in older adults, a blended home-based exercise intervention contains digital support to improve personalised coaching as well as dietary protein counselling.
Vetter <i>et al.</i> <sup>436</sup>	A health visitor visited for four years. The approach was four pronged: assessment and correction of nutritional deficiencies, including reducing smoking and alcohol intake; assessment and referral of medical conditions such as heart block or inappropriate medication; assessment and correction of environmental hazards in the home such as poor lighting; assessment and improvement of fitness for example, exercise classes for the moderately fit.
Walker <i>et al.</i> <sup>442</sup>	Programme for Complementary Food in Older People (PACAM) plus an exercise programme, two component nutritional intervention and twice weekly physical activity training sessions.
Watanabe <i>et al.</i> <sup>448</sup>	Comprehensive geriatric intervention program, including exercise, increasing physical activity, oral care and dietary monitoring.
Wilber <i>et al.</i> <sup>453</sup>	Care Advocate Program, care advocates offer referral information and communication to patient's physician and direct linkage to eight categories of services including: Supportive services, medical services, In-home care, Transportation, Home safety, Nutrition, Member services, Adaptive equipment.
Williams <i>et al.</i> <sup>455</sup>	Home visits by military staff nurses, including a 45-60 minute visit, obtaining  vital signs; cursory physical assessment if needed, a telephone call to the patient's physician for consultation and/or a clinic appointment; and - patient and family teaching.
Wong <i>et al.</i> <sup>462</sup>	Proactive mHealth (mobile) application plus community support, a mobile phone application including health assessment, education and information and coaching with health and social team input.
Yu <i>et al.</i> <sup>471</sup>	Multicomponent intervention over 12 weeks including twice weekly exercise session in groups, computer aided cognitive training and board games sessions to increase interaction.

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Zijlstra <i>et al.</i> <sup>475</sup>	Multicomponent cognitive behavioural group intervention aimed at reducing concerns about falling, 8 weekly sessions or 2 hours and a booster session at 6 months.
Zillich <i>et al.</i> <sup>476</sup>	The Medication Therapy Management intervention consisted of the following: (1) initial phone call by a pharmacy technician to verify active medications; (2) pharmacist-provided medication regimen review by telephone; and (3) follow-up pharmacist phone calls at day seven and as needed for 30 days.
Zimmer <i>et al.</i> <sup>477</sup>	Home Health Care Team, an outreach program for those who were terminally ill or house bound involving care planning, informal caregiver support and a 24 hour telephone service.

**Table 6. Intervention: targets specific conditions**

Report(s)	Intervention
ACTRN12619001055190 <sup>6</sup>	12 weeks of exercise based programme in combination with cognitive stimulation training with the aim of reversing cognitive frailty.
Aimonino Ricauda <i>et al.</i> <sup>9</sup>	RAD-HOME: home delivery of Radiology services. Radiology technicians used portable equipment to perform examinations on patients at home
Crews <i>et al.</i> <sup>76</sup>	SOCIABLE: Seniors Optimizing Community Integration to Advance Better Living with ESRD. Services involve receiving visits with a nurse interviewer (4 visits) as well as support from occupational therapy (6 visits) and a handyman for repairs. Focus is on supporting social function as well as physical and everyday living function.
Finkelstein <i>et al.</i> <sup>128</sup>	VALUE: Virtual Assisted Living Umbrella for the Elderly Intervention subjects receive a VALUE workstation providing enhanced services consisting of virtual visits (VVs) with a project nurse using videoconferencing technology, broadband Internet access, a customized Web portal for ordering assisted living services, and physiological monitoring, as appropriate for the subjects' underlying health condition
Finkelstein <i>et al.</i> <sup>129</sup>	
Finkelstein <i>et al.</i> <sup>130</sup>	
Hochhalter <i>et al.</i> <sup>181</sup>	Making the Most of Your Healthcare intervention. The intervention offered tools and taught skills to (a) prepare for healthcare appointments, (b) communicate effectively and gather information and support during healthcare appointments, and (c) follow through on plans of care. Intervention contacts included a 2-h workshop and two telephone calls individualized to the patient's pre- and post-healthcare appointment needs.
Kerr <i>et al.</i> <sup>202</sup>	1995-1997 the coordinated care intervention: introduction of universal access to healthcare services with care planning and goal setting.

NCT02554838 <sup>277</sup>	Comparison of Rehabilitation including 8 weeks of Physical activity with a physical therapist and 2 sessions of home modification with a therapist and Rehabilitation plus cognitive behavioural therapy. This includes the Physical activity and home modification sessions as described above and 3 months of cognitive behavioural therapy (CBT) sessions focused on reducing fear of falls.
O'Connor <i>et al.</i> <sup>316</sup> O'Connor <i>et al.</i> <sup>317</sup>	The <i>Tailored Activities Program</i> (TAP) is a community based occupational therapy intervention, prescribing personalised activities. 8 visits at home over 4 months including assessment, activity prescription and generalisation of strategies. Also works with caregivers to provide education.
Walker <i>et al.</i> <sup>441</sup>	Occupational therapy at home. Patients were randomly allocated to up to 5 months of occupational therapy treatment at home or to no intervention. The aim of occupational therapy was to encourage independence in personal and extended ADL.

**Table 7. Intervention: falls prevention**

Report(s)	Intervention
Olsson Möller <i>et al.</i> <sup>324</sup> Olsson Möller <i>et al.</i> <sup>325</sup>	In home assessment of fall risk in frail older people.
Wagner <i>et al.</i> <sup>440</sup>	Disability and fall prevention intervention. Nurse visits to target falls risk factors and tailored behavioural intervention

**Table 8. Comparator: not community-based**

Report(s)	Intervention	Comparator
Cunliffe <i>et al.</i> <sup>79</sup> Miller <i>et al.</i> <sup>260</sup>	Early discharge and rehabilitation service (EDRS)	Hospital out-patient department rehabilitation, geriatric day hospitals
De Luca <i>et al.</i> <sup>97</sup>	Multi-specialist telemedicine care (Telemedicine devices)	Outpatient-based care
Gagnon <i>et al.</i> <sup>143</sup>	Nurse case management consisting of coordination and provision of healthcare services by nurses in and out of hospital	Hospital and community-health-centre based care
Melin <i>et al.</i> <sup>254</sup> Melin <i>et al.</i> <sup>255</sup>	Physician-led primary home care and home assistance service on a 24 hour basis	Standard care initiated with assessment in hospital

Melin *et al.*<sup>256</sup>

**Table 9. Comparator: single component**

Report(s)	Intervention	Comparator
ACTRN12616001148460 <sup>3</sup>	Language and health-related lifestyle recommendations. Intervention consists of multiple components including a six-month online French language course, multiple weekly sessions of exercise at moderate to high intensity and face-to-face sessions on healthy living, such as dietary advice in line with current recommendations.	Health-related lifestyle recommendations only
De Vreede <i>et al.</i> <sup>99</sup>	Functional tasks exercise programme. Exercises were given 3 times weekly for 12 weeks. The functional tasks exercise program aimed to improve daily tasks in the domains first affected in older adults, whereas the resistance exercise program focused on strengthening the muscle groups that are important for functional performance	Either the functional tasks exercise programme or, the resistance tasks exercise programme.
Englund <i>et al.</i> <sup>115</sup>	Physical Activity or Nutritional Supplement Intervention. The physical activity intervention included targeted sessions three times a week over six months aimed at improving strength, balance and flexibility. The Nutritional Supplement was provided over a six-month period also.	Physical activity with a placebo dietary supplement
Kim <i>et al.</i> <sup>206</sup>	Exercise and essential amino acid supplementation. The exercise group attended a 60-min comprehensive training program once a week and were encouraged to perform a home-based exercise program. The amino acid or placebo group ingested a 3 g supplement daily for 3-month	Exercise with a placebo dietary supplement.
Liu <i>et al.</i> <sup>228</sup>	3-Step Workout for Life. Participants in the 3-Step Workout for Life Group performed functional movements and selected activities of daily living at home in addition to resistance	Resistance exercises only

	<p>exercise. Participants in the Resistance Exercise Only Group performed resistance exercise only. Both groups were comparable in exercise intensity (moderate), duration (50-60 minutes each time for 10 weeks), and frequency (three times a week).</p>	
McMurdo <i>et al.</i> <sup>251</sup>	<p>Home exercise programme for the elderly. Participants took part in either a strength exercise group, or a mobility exercise group. individuals in each group were visited for 30 minutes every 3-4 weeks by a physiotherapist who provided an exercise programme, which they were encouraged to carry out.</p>	<p>Health education programme. individuals were visited for 30 minutes every 3-4 weeks by a physiotherapist who discussed healthy living advice and provided information leaflets.</p>
Rosie <i>et al.</i> <sup>370</sup>	<p>Functional home exercise of repeated sit-to-stands. Participants randomised to the intervention group performed repeated sit-to-stands using a biofeedback device that recorded and displayed the number of repetitions performed. Both groups performed the exercises daily for 6 weeks.</p>	<p>Low-intensity progressive resistance training. Participants in the comparison group performed knee extensions using ankle cuff weights. Both groups performed the exercises daily for 6 weeks.</p>
Tieland <i>et al.</i> <sup>413</sup>	<p>Protein supplementation and resistance-type exercise training. Participants took part in a progressive resistance-type exercise training program (2 sessions per week for 24 weeks) during which they were supplemented twice daily with protein.</p>	<p>Exercise programme and a placebo dietary supplement. Participants received the same exercise programme with placebo supplementation.</p>
van den Helder <i>et al.</i> <sup>428</sup>	<p>Blended (e-health + coaching) home-based exercise and a dietary protein intervention, participants were already involved in a weekly community-based exercise programme. Participants were assigned to one of three groups. control (CON); blended home-based exercise intervention (HBex); or HBex with dietary protein counselling (HBex-Pro). Both interventions used a tablet PC with app and personalized coaching for six months.</p>	<p>Participants in the comparison group followed their weekly community-based exercise programme and were asked to continue their regular lifestyle.</p>

Table 10. Comparator: not targeting individual

Report(s)	Intervention	Comparator
NCT03634033 <sup>294</sup> Spoelstra <i>et al.</i> <sup>396</sup> Spoelstra <i>et al.</i> <sup>397</sup>	Implementation, with the support of internal facilitation, of Community Aging in Place, Advancing Better Living for Elders (CAPABLE), an evidence-based model of care to improve physical function in older adults	Implementation, with the support of internal and external facilitation, of CAPABLE

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