

Appendix Table 5. Symptoms*

Author, Year (Reference); Country	Symptom	Funding Source	Study Design and Quality	Population	Sampling Approach and Setting	Intervention Description	Control Description	Time Point for Outcome Analysis	Outcomes	Description of Results
Abernethy et al., 2003 (68); Australia	Dyspnea	Flinders Medical Centre Foundation, Doris Duke Charitable Foundation	Double-blind RCT Jadad: 5	Number approached: 87 Number enrolled: 48 Number included in analysis of results: 38 Age: 76 yrs Gender: 73% male Race/ethnicity: Not reported Disease: COPD Severity: Moderate to severe	Patients with dyspnea at rest who had not been previously treated with opioids and who had a serum creatinine within twice the normal range, stable needs for oxygen and medication, and the ability to fill out diary cards were recruited from four outpatient clinics at a hospital in South Australia	20 mg oral morphine with sustained release	Placebo	4 days	Morning and evening measures of dyspnea using VAS, quality of sleep, constipation	Intervention patients reported an improvement in dyspnea of 6.6 mm in the morning and 9.5 mm in the evening (p=0.011 and p=0.006, respectively). When taking morphine, patients also reported better sleep (p=0.039) but more constipation (p=0.021). Sustained release, oral morphine at low dosages provided significant improvement in refractory dyspnea.
Benitez-Rosario et al., 2004 (56); Spain	Pain	Not reported	Uncontrolled pre-post Jadad: NA	Number approached: 560 Number enrolled: 17 Number included in analysis of results: 17 Age: mean years 63 Gender: 8/17 male Race/ethnicity: Not reported Disease: Cancer Severity: Advanced on a palliative care unit	Consecutive patients who qualified for an opioid switching protocol when pain was not well controlled or when side effects were present	Fentanyl to methadone protocol	No control	Baseline to day 6	Pain intensity, side effects, opioid doses	Delirium and myoclonus were reversed in most patients. Opioid rotation relieved pain in most patients (80–100%).
Bruera et al., 1993 (49); Canada, Italy	Pain	Not reported	RCT with crossover Jadad: 2	Number approached: Not reported Number enrolled: 10 Number included in analysis of results: 10 Age: Not reported Gender: Not reported	Hospitalized patients with terminal cancer were consecutively enrolled in this study	Intermittent, subcutaneous injections of morphine every four hours	Placebo	24 hours	Dyspnea (VAS)	After completion of the study, the patient blindly chose the morphine as more effective for relief of dyspnea. VAS scores for intervention patients were 19 ± 17 vs. 30 ± 26 at 30 minutes post-injection (p<0.02), 14 ± 18 vs. 32 ± 27 at 45 minutes post-injection (p<0.01), and 16 ± 18 vs. 35 ± 29 at 60 minutes post-injection (p<0.01).

				Race/ethnicity: Not reported Disease: Cancer Severity: Terminal						
Bruera et al., 2003 (66); USA, Serbia, Chile, Colombia, Argentina, Brazil, Australia	Dyspnea	Not reported	RCT with crossover	Number approached: Not reported Jadad: 5 Number enrolled: 34 Number included in analysis of results: 33 Age: mean years 64 Gender: male 21/33 Race/ethnicity: Not reported Disease: Cancer (31 with lung cancer) Severity: Locally recurrent or metastatic disease	Consecutive patients with cancer attending an outpatient thoracic center	Oxygen given for 5 minutes and then during exercise	Air	Baseline and immediate	Subjective dyspnea intensity and walking ability	No difference in dyspnea, fatigue, or distance walked at 3 or 6 minutes.
Bruera et al., 2004 (50)	Pain	Brown Foundation	RCT	Number approached: 152 Jadad: 5 Number enrolled: 103 Number included in analysis of results: 66 Age: 26–87 years Gender: male intervention 67% vs. 61% control Race/ethnicity: Not reported Disease: Cancer Severity: Advanced in palliative care clinics	Patients in palliative care clinics recruited from 7 international sites with poor pain control, normal renal function, and a prognosis of at least 4 weeks	Oral methadone with structured clinical assessment and dose titration	Long-acting morphine with structured clinical assessment and dose titration	Baseline, and daily monitoring, with in person assessments on days 8, 15, and 22	Pain and side effects	Pain was similar (≈8) in both groups at baseline. Constipation was similar in both groups at all times, but opioid toxicities were higher in the methadone group (11 withdrawals vs. 3, p=0.02) Methadone sedation peaked on day 4–5, with morphine on day 2–3. About half of patients in both groups reported a pain response of 20% or more, and 2/3 reported worsening of toxicities of 20% or more.
Chochinov et al., 2005 (74); Canada, Australia	Depression	Cancer Council of Western Australia, American Foundation for Suicide Prevention, National	Uncontrolled pre–post	Number approached: Not reported	Patients registered with palliative care services in Winnipeg, Canada, and Perth, Australia	Dignity therapy administered by a psychiatrist, palliative care nurses, or psychologists using a	NA	Baseline and approximately one week	Qualitative analysis and single item screening for symptoms	91% of participants were satisfied with the intervention, and 76% reported heightened dignity, 68% increased sense of purpose, 67% heightened sense of meaning, 47% increased will to live, and 81% it was of help to family. Many symptom scores improved, especially for psychosocial symptoms.

		Cancer Institute of Canada, Canadian Cancer Society		Jadad: NA	Number enrolled: 181 Number included in analysis of results: 100 Age: mean years 63.9 Gender: Not reported Race/ethnicity: Not reported Disease: Diverse Severity: Terminal illness				structured interview to construct a "generativity document" provided to family and friends		
Detmar et al., 2003 (48); Netherlands	Pain, dyspnea	Dutch Cancer Society	RCT with crossover	Jadad: 2	Number approached: 382 Number enrolled: 273 patients Number included in analysis of results: 214 Age: 57 y Gender: 24% male Race/ethnicity: Not reported Disease: Cancer Severity: Advanced	Patients were identified through 10 oncologists at the Antoni van Leeuwenhoek Hospital, a cancer hospital in Amsterdam, Netherlands. Consecutive patients receiving outpatient palliative chemotherapy were approached to participate in the study	HR-QOL assessments	Usual care	3 successive outpatient visits	Patient-physician communication rated based on the Dartmouth Primary Care Cooperative Information Functional Health Assessment and the World Health Organization Project of National Colleges and Academics charts	The HR-QOL-related issues were discussed significantly more frequently in the intervention than in the control group. Physicians in the intervention group identified a greater percentage of patients with moderate-to-severe health problems in several HR-QOL domains than did those in the control group. All physicians and 87% of the patients believed that the intervention facilitated communication and expressed interest in its continued use.
Gottlieb et al., 1999 (70); USA	Dyspnea	National Institute of Aging, Claude Pepper Older Americans Independence Center	RCT	Jadad: 2	Number approached: Not reported Number enrolled: 33 Number included in analysis of	Patients with CHF on stable medications for at least one month	An exercise program with 6 months of supervised aerobic training 3 times/week	Usual care	Baseline and 6 month	Exercise tolerance, oxygen consumption, and quality of life, symptoms, and functional status	6/17 intervention patients did not tolerate the program. Six-minute walk increased by 194 feet among those who completed the intervention, but quality of life did not change.

results: 25
 Age: mean years intervention 67 years vs. 64 controls
 Gender: male 0/11 intervention vs. 3/11 control
 Race/ethnicity: white intervention 3/11 vs. 4/14 control
 Disease: CHF
 Severity: NYHA class II and III

Grande et al., 1999 (42) and 2000 (41); UK	Pain, dyspnea, depression	Elizabeth Clark Charitable Trust	RCT	Number approached: 262	Patients age 15 and older residing in the Cambridge Health District with a prognosis of two weeks or less to live or who requires respite care for cancer, motor neuron disease, and AIDS	Cambridge Hospital at Home (CHAH) palliative care service—provides up to 24 hour practical nursing care in the home	Usual care	2 weeks intervention plus up to six week follow-up with caregivers, general practitioner, and district nurse	Patient satisfaction, pain, vomiting, nausea, constipation, diarrhea, dyspnea, anxiety, depression, health care utilization, caregiver satisfaction, likelihood of remaining at home	CHAH did not increase the likelihood that the patient would remain at home until death; however, the intervention was associated with fewer general practitioner after-hours visits. All respondents (caregivers, GPs, and nurses) rated CHAH better than usual care but for different reasons. Nurses felt it was better in terms of handling night care and caregiver support, GPs felt it did a better job of treating anxiety and depression, and caregivers felt that the program did a better job of managing pain and nausea.
			Jadad: 3	Number enrolled: 241 Number included in analysis of results: 229 Age: 72 y Gender: 50% male Race/ethnicity: Not reported Disease: Mostly cancer (87%) Severity: Terminal						
Grosset et al., 2005 (53); USA	Pain	Purdue Pharmaceutical	RCT with crossover	Number approached: Not reported	Patients with persistent cancer (80%) or noncancer (20%) opioid-requiring pain at 37 U.S. clinical sites	Long-acting hydromorphone	Short-acting hydromorphone	Baseline and daily for 4–22 days	Pain intensity (mean for 2 days at end of each double blind period), rescue medications, and adverse events	The results of two identically conducted studies are described as one. In each study (and combined) there was no significant difference in analgesic efficacy. 27% of patients in both groups discontinued therapy due to side effects— notably sedation, constipation, nausea, or confusion.
			Jadad: 4	Number enrolled: 344 Number included in analysis of results: 217 Age: mean years 58 Gender: male 48% Race/ethnicity: white 88% Disease: 80% with cancer, of those who did not, most had osteoarthritis Severity: Not reported						
Jack et al., 2003 (34); UK	Pain	Not reported	Nonequivalent control	Number approached: Not reported	Any patients admitted to a large general hospital in northwest UK	Hospital palliative care	Usual care	7 days	Pain, anorexia, nausea,	Both groups showed significant improvement in symptoms, however

			group design			team consisting of four clinical nurse specialists, supported by a consultant and a specialist registrar; intervention was focused on individualized assessment, advice, psychological support, symptom control and evaluation			constipation, insomnia	improvements were small. The intervention group showed greater improvement across all symptoms, particularly for pain and anorexia.
			Jadad: 1	Number enrolled: 124 Number included in analysis of results: 100 (50 intervention/50 control) Age: 66.8 yrs Gender: 58% Male Race/ethnicity: Not reported Disease: Cancer (primarily lung and colorectal) Severity: 32% had metastases						
Jordhoy et al., 2002 (45); Norway	Pain, dyspnea	Norwegian Cancer Society, Norwegian Medical Association Fund for Quality Improvement, Swedish Cancer Society	CCT	Number approached: Not reported	Health care districts were randomized. Patients in those districts with advanced cancer and a prognosis of 2 to 9 months to live were included in the study	A palliative care program that included a hospital-based palliative medicine unit (PMU), a PMU consultant team, and community-based palliative care providers	Conventional care	Median 99 days in intervention group and 127 days in control group	Quality of life measures: physical and emotional functioning, pain, psychological distress (using the EORTC QLQ-C30), and Impact of Event (IES) scale.	The patients enrolled in the intervention PMU program showed no differences in quality of life measured through the EORTC QLQ-C30 or the IES as compared to conventional care.
			Jadad: 3	Number enrolled: 434 Number included in analysis of results: 434 Age: 70 yrs Gender: 56% Male Race/ethnicity: Not reported						

				Disease: Cancer Severity: Advanced						
Latimer et al., 1998 (35); Canada	Pain, depression	Hamilton Civic Hospitals	Design: RCT	Number approached: 61	All patients under palliative care services in the hospital. Eligibility criteria: knowledge of diagnosis, goals of treatment and prognosis; prognosis estimated to be 2 months or more; physical and emotional status assessed as adequate to participate; 18 years and older; able to read and write English; able to consent to participate in study	Introducing intervention patients to the Patient Care Travelling Record, a passport-like health care summary	Usual care	2 months	Pain, mood, health care utilization, and patient satisfaction	With the exception of patients over 65 years of age, patients using the Patient Care Travelling Record reported decreased levels of uncertainty on follow-up. There was no additional use of health care services, no differences in mood states, pain relieve, or satisfaction with health care.
			Jadad: 2	Number enrolled: 46 Number included in analysis of results: 26 baseline, 21 follow-up Age: 54.6 yrs Gender: 50% Male Race/ethnicity: Not reported Disease: Not reported Severity: Not reported						
Lewith et al., 2004 (69); UK	Dyspnea	Dr. Susil Kumar and Jamila Mitra Charitable Trust, Garfield Weston Foundation	RCT with crossover	Number approached: 81	Patients with cystic fibrosis, COPD, or pulmonary fibrosis recruited from inpatient and outpatient respiratory disease clinics at University of Southampton and general practice clinics	Acupuncture	Mock TENS	Baseline and daily for 9 weeks	Daily diary report of worst breathlessness (10 mm VAS); satisfaction with treatment, dyspnea-related quality of life	Both TENS and acupuncture led to equivalent improvement in breathlessness.
			Jadad:	Number enrolled: 36 Number included in analysis of results: 30 (phase 1), 24 (phase 2) Age: mean years 66.6 Gender: male 16/36 Race/ethnicity: Not reported Disease: cystic fibrosis, COPD, and pulmonary fibrosis Severity: Not reported						
Maringelli et al., 2004 (52); Italy	Pain	Not reported	RCT	Number approached: Not reported	Patients recruited from one clinical site receiving home palliative care	Initiation of WHO pain ladder Step 3 "strong opioids" (e.g., morphine) for average pain of <7/10 in the past week	Initiation of Step 1 or 2 WHO pain ladder medications.	Patients were treated for an average of approximately 10 weeks.	HR-QOL, side effects, satisfaction, tolerability, performance status	Patients had better overall pain relief (-2.6 vs. -1.9, p=0.041) in the intervention group, and quality of life and performance status were similar. Treatment may have achieved satisfactory results slightly earlier in the group started on strong opioids (59.3% of weeks without a therapeutic change intervention vs. 48.9% without a change in control).
			Jadad: 2	Number enrolled: 100 Number included in analysis of results: 92						

				Age: mean years 64 intervention vs. 61 controls Gender: male intervention 57% vs. 63% control Race/ethnicity: Not reported Disease: Cancer Severity: Late stage, no longer receiving disease-modifying treatment						
Mazzocato et al., 1999 (57); Switzerland	Pain, dyspnea	Not reported	Double-blind RCT with crossover	Number approached: 10 Jadad: 2	Patients with advanced cancer with no brain tumor or acute incapacitating respiratory decompensation admitted to the hospital	5 mg subcutaneous morphine	Placebo	24 hours with crossover for second 24-hour period	Dyspnea rating using VAS, modified Borg scale, pain rating using VAS, somnolence, anxiety	Mean changes in dyspnea 45 minutes following injection were -25 ± 10 mm and -1.2 ± 1.2 points for morphine versus 0.6 ± 7.7 mm ($P<0.01$) and -0.1 ± 0.3 points ($P=0.03$) for placebo on VAS and Borg scales, respectively. No relevant changes in other outcomes were observed. Morphine was effective for cancer dyspnea and did not compromise respiratory function at the dose used.
McDonald et al., 2005 (51); USA	Pain	Agency for Healthcare Research and Quality	3-arm CCT	Number approached: 1729 patients	Home health nurses working for a large, non-profit urban home health agency and their adult cancer patients who reported daily or constant pain on admission	Nurses and their patients were randomized to receive a) (limited intervention) evidence based patient-specific email reminders of recommended cancer pain management practices or b) (extensive intervention) that combined with expert consultation with a clinical nurse specialist in cancer pain	Usual care	Baseline to 45 days	Processes of care from chart abstraction, patient pain, functioning, and health status, cost of care	Nursing care processes were not significantly influenced, although patients in the extensive intervention reported lower "pain at its worst" and patients in the limited intervention reported better "pain on average" vs. the control. There was a trend towards benefit across a range of pain and symptom measures, although the differences were small in magnitude.

			Jadad: NA	Number enrolled: 336 nurses and their 1284 patients Number included in analysis of results: 673 patients Age: mean years 63 Gender: female 65% Race/ethnicity: white, non-Hispanic 30% Disease: Cancer Severity: Mean of 2.4 years after diagnosis		with additional educational materials				
Mercadante et al., 2002 (36); Italy	Pain	Not reported	RCT	Number approached: 156	Patients with advanced cancer were consecutively enrolled in the study with in-home follow-up	After one week of opioid stabilization, patients were randomized to receive ketorolac in addition to opioid treatment	Opioid escalation only according to clinical needs	Mean 24 days follow-up in intervention group and 32 days in control group	Pain, nausea, vomiting, daytime drowsiness, confusion, constipation, gastric discomfort	Patients who received ketorolac in addition to opioid treatment showed a better analgesia after a week in comparison to the group treated with opioids only. Thereafter, opioid escalation was slower and the maximum opioid dose was lower in the group treated with ketorolac. The incidence and severity of gastric discomfort were more evident in patients treated with ketorolac, while constipation was significantly increased in patients who received opioids only.
			Jadad: 3	Number enrolled: 50 Number included in analysis of results: 47 Age: 62.6 yrs Gender: 53% male Race/ethnicity: Not reported Disease: Cancer Severity: Advanced						
Mercadante et al., 2004 (54); Italy	Pain	Not reported	Pre-post uncontrolled	Number approached: 29	Cancer patients with difficult to control pain manifest by an increased dosage of >100% in prior week, but persistent pain >4/10	Patients on morphine switched to fentanyl, oral methadone and patients on fentanyl had morphine added	NA	Baseline to 5 weeks	Pain, side effects, functional status	Adding a second opioid generally allowed better pain control as well as a break in opioid escalation.
			Jadad: NA	Number enrolled: 14 Number included in analysis of results: 14 Age: mean years 62 Gender: 9/14 men Race/ethnicity: Not reported						

				Disease: Cancer							
				Severity: Not reported							
Rabow et al., 2004 (37); USA	Pain, dyspnea, depression	Robert Wood Johnson Foundation	CCT	Number approached: 330/ 231 eligible	Patients referred by their physicians from one of two general medicine outpatient clinics. Inclusion criteria: physician believed patient had 1–5 years to live but not ready for hospice	Primary care physicians in intervention group clinic received multiple palliative care team consultations. Patients received advance care planning, psychosocial support, and family caregiver training	Usual care	12 months	Degree dyspnea interferes, frequency dyspnea limits activities, sleep, spirituality, health care costs, pain, quality of life, anxiety, depression, patient satisfaction	Patients in the intervention clinic had less dyspnea and anxiety, and improved sleep quality and spiritual well being than control clinic patients. There were no differences in pain, depression, quality of life or satisfaction with care between the two groups. Intervention patients had decreased primary care and urgent care visits without an increase in ED visits, specialty clinic visits, hospitalizations, or days in the hospital. There were no differences in total charges between the groups.	
				Jadad: 3	Number enrolled: 90 Number included in analysis of results: 66 Age: 68.6 yrs Gender: 36% male Race/ethnicity: 53% White Disease: CHF, COPD, or cancer Severity: Advanced						
Rodrigues et al., 2004 (55); Brazil	Pain	Not reported	Pre–post uncontrolled	Number approached: Not reported	Not reported	Clodronate	NA	Baseline up to 4–6 months	Metastases, skeletal events, pain	Pain was reported to improve on average from 7.4 (range 2–8) before to 2.4 (range 0–7) after the course of treatment.	
				Jadad: NA	Number enrolled: 58 Number included in analysis of results: 58 Age: mean years 70 Gender: Not reported Race/ethnicity: Not reported Disease: Prostate cancer Severity: Metastatic and hormone refractory						
Sarna et al., 1998 (46); USA	Pain, dyspnea	Tobacco-related disease research program of UCLA	RCT	Number approached: 60	Consecutive patients at 5 oncology practices in Southern California	Patients were screened for symptoms, and intervention patients had those results communicated to the office-based nurse	Usual care	Baseline, and with visits up to 6 months	Symptoms score	No differences in symptoms noted among intervention and control patients.	

			Jadad: 2	Number enrolled: 48 Number included in analysis of results: 48–21 Age: mean years 62 Gender: 24/49 male Race/ethnicity: 34/49 white Disease: Lung cancer Severity: Stage III or IV						
Simmons et al., 2002 (38); USA	Pain	NIH/NIA, Claude Pepper OAIC	RCT	Number approached: 157/ 113 met inclusion criteria	Nursing home residents from a single, nonprofit, community nursing home (194 beds) with incontinence participating in a larger study to improve daily continence	Residents in the intervention group were prompted to toilet every two hours and before or after incontinence care, staff provided appropriate assistance to residents to walk or to wheel their chairs, and to repeat sit to stand movements up to 8 times	Usual care	32 weeks	Geriatric pain measure, physical mobility	Residents did not report significant changes in pain attributable to exercise despite significant improvements in physical performance.
			Jadad: 1	Number enrolled: 70 Number included in analysis of results: 51 Age: 89.9 yrs Gender: 7% Male in intervention, 8% Male in control Race/ethnicity: 96% White Disease: Mixed Severity: Not reported						
Sittl et al., 2003 (43); Germany, Austria	Pain	Grunenthal GmbH	Double-blind RCT	Number approached: Not reported	Patients age 18 and older with chronic, severe pain related to cancer or other diseases were enrolled. Setting was not specified	Transdermal delivery system (TDS) for buprenorphine—three intervention groups using different dosages: 35.0 µg/h, 52.5 µg/h, and 70.0	Placebo	15 days	Pain, intake of extra doses of analgesics, pain intensity	Buprenorphine TDS was associated with significantly higher response rates than placebo. At the 35.0 and 52.5 µg/h doses, the differences were significant: 36.6% and 47.5%, respectively vs. 16.2% for the placebo group (p<0.05). Higher dosage (70.0 µg/h) had higher response rates (33.3%) but this was not statistically different from the placebo. Intervention patients experienced a 56.7% reduction in rescue analgesics during the study compared to 8% for the placebo group. Patients in the intervention reported better

				Jadad: 3	Number enrolled: 157 Number included in analysis of results: 154 Age: 58.7 yrs Gender: 45.2% male Race/ethnicity: Not reported Disease: Cancer (77%) Severity: Those with cancer, advanced		µg/h			rates of good or complete pain relief than placebo (43.5% vs. 32.4%, respectively).	
Smith et al., 2002 (44); USA, Spain, Switzerland	Pain	Medtronic, Inc.	RCT	Jadad: 2	Number approached: 202 Number enrolled: 200 Number included in analysis of results: 148 Age: 56.2 yrs Gender: 51.5% male Race/ethnicity: Not reported Disease: Cancer Severity: Advanced	Patients with advanced cancer who had a documented average pain VAS ≥5 at two measurements within a week of study randomization were recruited from multiple centers (either hospitals or pain treatment centers)	Intrathecal drug delivery system (IDDS) plus comprehensive medical management (CMM)	Comprehensive medical management (CMM) only	4 weeks	Pain rating scale using VAS, adverse events, common toxicity criteria	84.5% of intervention patients achieved clinical success relative to 70.8% of control patients (p=0.05). IDDS patients were more likely to achieve ≥20% reduction in pain and toxicity than CMM-only patients (p=0.02 and p=0.004, respectively). IDDS patients had significant reductions in fatigue and level of consciousness (p<0.05) and improved survival (p=0.06).
Soden et al., 2004 (39); UK	Pain, depression	Foundation for Integrated Medicine	RCT	Jadad: 5	Number approached: Not reported Number enrolled: 42 Number included in analysis of results: 36 Age: 73 yrs Gender: 24% Male Race/ethnicity: Not reported Disease: Cancer Severity: Advanced	Patients with advanced cancer from three specialist palliative care units over a 2-year period	Intervention 1: weekly massage with lavender essential oil; intervention 2: weekly massage with inert carrier oil only	No massage	Not reported	Pain rating using VAS, Verran and Snyder-Halpern sleep scale, Hospital Anxiety and Depression scale, Rotterdam Symptom Checklist	There were no significant long-term benefits of aromatherapy or massage in terms of pain control, anxiety, or quality of life. However, sleep scores improved significantly in both the massage and the combined massage/aromatherapy groups. Depression scores were reduced in the massage group.
Stephenson et al., 2000 (47); USA	Pain	Not reported	Pre-post (patients served as		Number approached: Not reported	Patients with breast and lung cancer on a medical oncology unit in the Southeastern United States	30 minute foot reflexology	NA	Baseline and immediately after	Anxiety and pain	Anxiety decreased after the sessions, but pain did not.

			own controls)		session	reflexology					
			Jadad: NA	Number enrolled: 23 Number included in analysis of results: 23 Age: mean 69 years Gender: male 8 /23 Race/ethnicity: white 17/23 Disease: Cancer Severity: 15/23 with metastatic disease							
Sultzer et al., 2001 (72); USA	Depression	National Institute of Mental Health	Double-blind RCT	Number approached: Not reported Jadad: 2 Number enrolled: 28 Number included in analysis of results: 28 Age: 72.3 yrs Gender: 100% Male Race/ethnicity: Not reported Disease: Dementia Severity: Moderately advanced	Patients seen in the Memory Disorders Clinic or the Geropsychiatry Inpatient Unit of the West Los Angeles Department of Veterans Affairs Medical Center with exhibited agitated behavior requiring pharmacologic intervention. Patients were excluded if they met DSM-IV criteria for a major depressive episode, psychoactive substance use disorder, or delirium. Also excluded if there was a history of psychotic symptoms, unrelated dementia, seizure disorder, Parkinson disease, unstable medical illness, or previous adverse response to trazodone or haloperidol.	Haloperidol, 1–5 mg/d	Trazodone 50–250 mg/d	9 weeks	Delusion scale, Hamilton Depression Rating Scale, Cohen–Mansfield Agitation Inventory	Agitation scores improved in both groups over the 9 week period. Depression scores also improved over the study period in both groups.	
Weiner et al., 1999 (30); Israel	Dyspnea	Not reported	RCT	Number approached: Not reported Jadad: 2 Number enrolled: 20 Number included in analysis of results: 20 Age: mean 68 years Gender: Not reported Race/ethnicity: Not reported Disease: CHF Severity: mean NYHA stage 2.4	Consecutive patients	Specific inspiratory muscle training	Sham training	Baseline to 3 months	Inspiratory strength and endurance, 12 minute walk, exercise tolerance, and dyspnea	Dyspnea worsened in the control (1.0 unit, p<0.005) but was unchanged among intervention patients, as well as objective parameters of endurance improved.	

Wilkinson et al., 1999 (40); UK	Pain, depression	Not reported	RCT	Number approached: Not reported	Patients with advanced cancer attending a palliative care center either as an inpatient or outpatient and referred to the aromatherapy coordinator for massage	Full body massage with Roman chamomile essential oil	Full body massage with carrier oil only	3 weeks	Rotterdam Symptom Checklist, patient preference of treatment, quality of life, activity	Massage with or without aromatherapy reduced levels of anxiety for patients. The addition of the essential oil resulted in improvements in physical and psychological symptoms, as well as quality of life.
			Jadad: 3	Number enrolled: 103 Number included in analysis of results: 87 Age: 53.5 years Gender: 10% Male Race/ethnicity: Not reported Disease: Cancer Severity: Advanced						

Wilcock et al., 2004 (73); UK	Depression	Not reported	RCT	Number approached: Not reported	Attendees to a cancer palliative day care center approached on their third visit	Weekly aromatherapy	Day care alone	Baseline to week 4	Bother and intensity of two most bothersome physical symptoms, overall quality of life, emotional well-being	No improvement in symptoms, mood, or quality of life.
			Jadad: 2	Number enrolled: 46 Number included in analysis of results: 23 Age: mean years 74 intervention vs. 71 control Gender: male 17/23 intervention vs. 17/23 control Race/ethnicity: Not reported Disease: Cancer Severity: All attended a specialty palliative care center, and approximately 13 of original enrollees were too ill to complete the trial						

* CCT = controlled clinical trial; CHF = congestive heart failure; COPD = chronic obstructive pulmonary disease; ED = emergency department; GP = general practitioner; HR-QOL = health-related quality of life; NA = not applicable; NYHA = New York Heart Association; RCT = randomized, controlled trial; UK = United Kingdom; USA = United States of America; VAS = visual analogue scale; WHO = World Health Organization.