

Table 3. Gecombineerde voeding- en bewegingsinterventies: Overzicht van fulltext beoordeelde studies, die niet aan de PICO voldoen (in Engels)

Study	Design	Aim	Population	Intervention	Comparator	Search period (Databases)	Outcomes	Conclusion authors	Comment PICO
Ding, 2023	SR + MA	To examine the effectiveness of lifestyle medicine on cognitive functions among people with MCI and dementia	Patients with MCI (≥ 50 years)	Single-component or multicomponent lifestyle intervention (n=65: n=41 on MCI*, n=22 on dementia, n=2 studies both) *n=40 on lifestyle interventions	Active (e.g., balance, toning, stretching, or social activities) or passive control (care as usual, waitlist).	Until June 2022 (PubMed, PsycINFO, Embase, Cochrane Central Register of Controlled Trials, Web of Science, Scopus)	Cognitive outcomes in at least one cognitive domain	<ul style="list-style-type: none"> Exercise was the most promising lifestyle intervention that improved various cognitive functions among people with MCI and dementia. Due to the lack of RCTs on dietary patterns, the effectiveness of diet interventions was not examined. In conclusion, the exercise component of lifestyle medicine can be an effective and clinically significant intervention for protecting people with MCI and dementia against cognitive declines. 	No studies included on nutrition, no quality assessment performed.

Xue, 2023.	SR	To summarize and evaluate the impact of non-pharmacological interventions on MCI in elderly.	Patients with MCI (≥60 years)	Both non-pharmacological and pharmacological approaches, investigating the effects of acupuncture, massage, auricular pressure, acupuncture point moxibustion, dietary interventions, and exercise interventions on MCI, along with their respective comparisons. 3 SRs included: Li 2017 (n=15 acupuncture), Wei 2020 (n=15 Cognitive interventions/physical exercise/integrated Interventions), Su 2022 (n=23 Chinese medicine exercises)	Not specified (various)	2017 until 2023 (Zhiwei, Wanfang, PubMed, CINAHL, Web of Science, Cochrane Library).	Cognitive function	Non-pharmacological interventions, like acupuncture, cognitive exercises, and exercise, show promise in mild cognitive impairment among the elderly. They enhance cognitive function and daily living while maintaining safety. Acupuncture notably improves MoCA scores, supported by robust evidence.	Wrong design (systematic review of systematic reviews and meta-analyses); Wrong I (acupuncture, Chinese medicine exercises)
Shao, 2022	SR + MA	<ul style="list-style-type: none"> To examine the overall effect size of NPIs on cognitive function in 	Adults with MCI	At least one non-pharmacological intervention (n=41)	Any intervention different from the intervention	Until April 2020 (PubMed, Embase, the Cochrane	Any validated assessment scale (e.g. MMSE)	<ul style="list-style-type: none"> The effectiveness of cognitive intervention is significantly influenced by 	No studies included regarded combined interventions.

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		<p>individuals with MCI;</p> <ul style="list-style-type: none"> • To determine whether the cognitive function is influenced by the prescription variables of every specific intervention; • To determine whether intervention characteristics influence the effects of NPIs on cognitive function among people with MCI. 			<p>group or the control group with less impact on cognitive function</p>	<p>Library, PsycINFO, CNKI, Wanfang)</p>		<p>frequency, time, period, delivery mode and setting.</p> <ul style="list-style-type: none"> • The effectiveness of physical exercise is significantly influenced by frequency, intensity, type, time, period, delivery mode and setting. • The effectiveness of multicomponent intervention is significantly influenced by frequency, time, period and setting. • The effectiveness of nutrition intervention is significantly influenced by dose and type. 	
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Liu, 2021	SR + MA	To evaluate the effect of nutrition combined physical exercise interventions on age-related cognitive decline.	Healthy adults (aged ≥65 years) with cognitive dysfunction or diagnosed as MCI but not meeting diagnostic criteria for dementia.	Multiple interventions, including nutrition and exercise (n=6 RCTs)	Placebo	Until December 2019 (PubMed, Embase, The Cochrane Library, Web of Science, Science Direct, China National Knowledge Infrastructure (CNKI), VIP Information, China Biological Medical Database (CBM), Wanfang)	Cognitive function (e.g. MMSE), functions of different cognitive domains (memory, executive function, attention and information processing speed).	Nutrition combined exercise interventions can improve global cognitive function in the aged with cognitive decline.	Includes only one study on the combination of nutrition and physical exercise, but wrong intervention (DHA/EPA intake; no Mediterranean/MIND/ketogen diet)
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