2014

Effects of spending time outdoors in daylight on the psychosocial well-being of older people and their family carers: a systematic review

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Publication Details

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Abstract

**Background:** A range of studies found that spending time outdoors in daylight provided substantial benefits for the psychosocial well-being of older people. Good psychosocial well-being is essential in maintaining overall health as people age and often contributes to adequate physical functioning. **Objectives:** The overall objective of this study was to undertake a systematic review on the effects of spending time outdoors in daylight on the psychosocial well-being of older people and their family carers. Inclusion criteria Types of participants This review considered studies that included older people aged 55 years or more, including those living in a community or residential accommodation setting. In addition, this review considered family carers, who were defined as unpaid relatives or friends of an older person, who helped that individual with their activities of daily living. **Types of intervention(s):** The intervention of interest was spending time outdoors in daylight. Types of studies All experimental and epidemiological study designs including randomized controlled trials and non-randomized controlled trials published in the English language were included in this review. **Types of outcomes:** This review considered studies that included objective and/or subjective measures of psychosocial well-being for older people and their family carers. Search strategy The search aimed to find published and unpublished studies through electronic databases, reference lists, key reports and the World Wide Web. An extensive search was undertaken for the following databases: MEDLINE, CINAHL, Wiley Online Library, ProQuest Central, Scopus, and the Cochrane Library. Databases were searched up to December 2013. **Methodological quality:** Methodological quality was assessed independently by three reviewers using the Joanna Briggs Institute Meta-Analysis of Statistics Assessment and Review Instrument (JBI-MAStARI) checklists. Disagreements that arose between the reviewers were resolved through discussion. **Data collection:** Quantitative data were extracted from papers included in the review using the standardized data extraction tool from JBI-MAStARI. The data was individually extracted by two reviewers. Disagreements that arose between the reviewers were resolved through discussion. All results were subject to double data entry. **Data synthesis:** For this review statistical pooling of the data was not possible due to the heterogeneity of the studies; therefore, the findings are presented in narrative form. **Results:** A total of 13 studies were included in the final review. In the four studies that evaluated the effects of exposure to daylight on behavioral disturbances, there was no evidence of effect of daylight hours on physical and verbal aggression. There was some evidence to indicate that exposure to daylight for a period of time resulted in fewer depressive symptoms. Increasing the frequency of going outdoors was associated with better cognitive preservation over a one year period. Similarly exposure to daylight resulted in improved social functioning and improved quality of life. There were no studies that evaluated the effect of spending time outdoors in daylight on the psychosocial well-being of family carers, including carer satisfaction or carer stress.

**Keywords**

aged, elderly, older adult, sunlight, daylight, behaviour, cognition, quality of life, satisfaction, well-being, psychosocial

**Disciplines**

Medicine and Health Sciences | Social and Behavioral Sciences

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Effects of spending time outdoors in daylight on the psychosocial well-being of older people and their family carers: a systematic review

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Executive summary

Background

A range of studies found that spending time outdoors in daylight provided substantial benefits for the psychosocial well-being of older people. Good psychosocial well-being is essential in maintaining overall health as people age and often contributes to adequate physical functioning.

Objectives

The overall objective of this study was to undertake a systematic review on the effects of spending time outdoors in daylight on the psychosocial well-being of older people and their family carers.

Inclusion criteria

Types of participants

This review considered studies that included older people aged 55 years or more, including those living in a community or residential accommodation setting. In addition, this review considered family carers, who were defined as unpaid relatives or friends of an older person, who helped that individual with their activities of daily living.

Types of intervention(s)

The intervention of interest was spending time outdoors in daylight.

Types of studies

All experimental and epidemiological study designs including randomized controlled trials and
non-randomized controlled trials published in the English language were included in this review.

**Types of outcomes**

This review considered studies that included objective and/or subjective measures of psychosocial well-being for older people and their family carers.

**Search strategy**

The search aimed to find published and unpublished studies through electronic databases, reference lists, key reports and the World Wide Web. An extensive search was undertaken for the following databases: MEDLINE, CINAHL, Wiley Online Library, ProQuest Central, Scopus, and the Cochrane Library. Databases were searched up to December 2013.

**Methodological quality**

Methodological quality was assessed independently by three reviewers using the Joanna Briggs Institute Meta-Analysis of Statistics Assessment and Review Instrument (JBI-MAStARI) checklists. Disagreements that arose between the reviewers were resolved through discussion.

**Data collection**

Quantitative data were extracted from papers included in the review using the standardized data extraction tool from JBI-MAStARI. The data was individually extracted by two reviewers. Disagreements that arose between the reviewers were resolved through discussion. All results were subject to double data entry.

**Data synthesis**

For this review statistical pooling of the data was not possible due to the heterogeneity of the studies; therefore, the findings are presented in narrative form.

**Results**

A total of 13 studies were included in the final review. In the four studies that evaluated the effects of exposure to daylight on behavioral disturbances, there was no evidence of effect of daylight hours on physical and verbal aggression. There was some evidence to indicate that exposure to daylight for a period of time resulted in fewer depressive symptoms. Increasing the frequency of going outdoors was associated with better cognitive preservation over a one year period. Similarly exposure to daylight resulted in improved social functioning and improved quality of life. There were no studies that evaluated the effect of spending time outdoors in daylight on the psychosocial well-being of family carers, including carer satisfaction or carer stress.

**Conclusions**

There is insufficient high-quality evidence from which conclusions can be drawn for the effect of spending time outdoors in daylight on the psychosocial well-being of older people and their family carers. More robust research is required to evaluate the effectiveness of interventions to improve time spent outdoors in daylight for older people and their family carers.

**Implications for practice**

There is some evidence to support the effects of exposure to daylight on mood, cognition and social functioning levels. With only small changes in routines for nursing staff there is potential for exposure to sunlight to have a significant impact on psychosocial well-being for older adults living in residential accommodation.
Implications for research
Future studies should be undertaken using more rigorous research designs, such as randomized controlled trials with sufficiently powered sample sizes. A focus on accurately measuring time spent outdoors in daylight should be a priority. Additionally, by investigating a comprehensive range of psychosocial outcomes with validated tools, researchers could more accurately deduce the effect of spending time outdoors on the psychosocial well-being of older people and family carers.

Keywords
aged, elderly, older adult, sunlight, daylight, behaviour, cognition, quality of life, satisfaction, well-being, psychosocial.

Introduction

Background
A range of studies has found that spending time outdoors in daylight provides substantial benefits for the psychosocial well-being of older people. Good psychosocial well-being is essential in maintaining overall health as people age and often contributes to adequate physical functioning. Psychosocial well-being encompasses behavioral disturbances, cognition, mood, quality of life (QoL), self-rated health, social interaction and satisfaction of service provision if a person is living in a residential aged care facility (RACF). Spending time outdoors in daylight is often difficult for older people as a result of increasing frailty, environmental barriers and poor health. Psychological limitations include a fear of falling or skin cancer. Therefore, the ability of older people to be outdoors is lessened and research commonly reports that older people do not spend enough time outdoors in the daylight.

In research to date, there is an over-reliance on the use of electric “bright light” phototherapy. However, some research shows that natural daylight is more beneficial to human health than artificial light as it is generally stronger and brighter. In addition, spending time outdoors in the daylight includes exposure to a range of other natural elements such as fresh air and green space. These factors are linked to additional benefits across a range of clinical and psychosocial outcomes, when compared to general light exposure. The psychosocial benefits of spending time outdoors extends to participating in socially-related activities, whereby studies have associated the use of outdoor natural spaces, such as parks with improved social networks among the older community.

It has been established that a well-designed outdoor built environment is fundamental in promoting active and independent lives for older people. However, the philosophy of “build it and they will come” has not proved successful in getting older people to spend adequate time outdoors in the daylight. An Australian study demonstrated that despite the large majority of older people understand that getting outdoors in the daylight can provide health benefits, more than a third of respondents preferred to partake in indoors activities.

Behavioral disturbances encompass a range of symptoms such as agitation, wandering, sundowning and nocturnal delirium. Behavioral disturbances are generally associated with older adults living with a dementia related disease. For older people living with dementia, increasing the amount of time spent outdoors in daylight is associated with lessened behavioral disturbances. These outcomes were associated with the ability of daylight to regulate the body’s circadian rhythm.
Older people with cognitive impairment are likely to spend less time outdoors in daylight. Research showed that older people who have few reasons to spend time outdoors show a more rapid decrease in cognitive function over time. Additionally, research suggests that time spent outdoors in the daylight can predict better cognitive outcomes in older people. These results were related to improvements in vitamin D status and social factors. Spending time outdoors in green space provided a restorative effect on cognition, including concentration.

Reduced levels of daylight are consistently linked to depressive symptoms in a phenomenon called seasonality. However, research surrounding seasonality has largely overlooked older adults and has resulted in inconsistent findings. Increased light exposure, including spending time outdoors in daylight, is related to improved mood in older adults. Outdoor exercise programs in older adults have shown positive beneficial effects on mood, even after controlling for exercise. Elevation in mood was associated with a favorable effect on perceived well-being in older people. Some researchers found no association between daylight and mood, and argued that others overestimated the impact of seasonality.

Most of us, including older people, would agree that spending time outdoors in daylight is enjoyable and improves our psychosocial well-being. While the definition of QoL is contentious, essentially it is a multi-layered concept that involves objectively measuring health and physical functioning, and subjectively measuring satisfaction with life. Correlations between light exposure and QoL have been documented qualitatively and quantitatively. Older people who perceive barriers in the outdoor environment were shown to have a lower QoL.

Outdoor activities improved self-rated health in older people. Self-rated health can be measured as an outcome using valid and reliable tools. This area of research was limited with the available findings indicating that outdoor activities did not statistically significantly improve self-rated health. A study that assessed the effects of a natural green space on self-rated health in residential accommodation outlined the main hindrances related to spending time outdoors, including a lack of assistance and uncomfortable weather conditions. It was concluded that increasing the accessibility and attractiveness of the outdoor area could result in more frequent outdoor use and consequently improved self-rated health.

The opportunities for older people to spend time outdoors in daylight were more severely limited when they lived in residential accommodation. This could be a consequence of an individual’s physical inability or a lack of outdoor areas conducive to spending time outdoors in daylight. Therefore residential accommodation services should provide an individualized care approach to focus on the unique needs of individuals, including the ability of their living environment to provide for their tailored needs.

Spending time outdoors in daylight provided an opportunity for social interaction for older adults. While it was argued that social interaction could happen anywhere, outdoor spaces were associated with the formation of greater social networks among a community. Social interaction is an imperative component of the lives of older people and is associated with overall health and functional status. Performing physical activity in outdoor locations provided psychosocial benefits from social interactions and a greater commitment to the activity being performed. A recent report released by
National Seniors Productive Ageing Centre (2013) showed that in a one-month period only 25% of older Australian adults engaged in outdoor social activities with friends and only 15% of respondents participated in outdoor social activities with family members. These figures are particularly low, especially considering that almost 73% of respondents agreed that they socialized as much as they desired.

A large body of literature found that providing care to an older person is a very stressful experience for a family carer with an overall impact on many factors. A meta-analysis has associated caregiver burden with physical and psychological health outcomes where it was determined that if a care receiver had poorer physical health and greater behavioral disturbances, the burden experienced by a carer was significantly greater. A review of the effects of spending time outdoors in daylight on the psychosocial well-being of older people and family carers has national and international relevance as it is a phenomenon without geographical boundaries. Currently no reviews exist on this topic; therefore the purpose of this study was to present all the available evidence relating to the effects of spending time outdoors in daylight on the psychosocial well-being of older adults and family carers. As there appears to be a lack of consensus in this area this study could inform best practice guidelines for multi-disciplinary teams in aged care.

**Objectives**

The overall objective of this study was to undertake a systematic review of the effects of spending time outdoors in daylight on the psychosocial well-being of older people and their family carers. The specific question addressed was: What is the effect of spending time outdoors in daylight on the psychosocial well-being of older people and their family carers?

**Inclusion criteria**

**Types of participants**

This review considered studies that included all older people aged 55 years or more, including those living in a community or residential accommodation setting. The age of 55 or more was selected as the age range criterion to identical in all relevant literature found as studies used different definitions to describe the age range of their sample. No other specific criteria were applied when searching the literature. The review considered family carers to be unpaid relatives or friends caring for an older person and who help with activities of daily living.

**Types of intervention(s)**

The intervention of interest was spending time outdoors in daylight. “Outdoors in daylight” is a broad term that encompasses all outdoor environments where participants are exposed to daylight in a natural setting while participating in any type of outdoor activity. For this review, the definition of outdoor activity is simply “being outdoors” in order to capture all types of engagement with outdoor environments. An absence of outdoor activity or indoor activity with no exposure to daylight may have been used as a comparator. Studies were excluded if they utilized artificial “bright” light sources, or modified the indoor environment to improve light exposure. No other criteria were applied to locate relevant studies.

**Types of studies**
This systematic review considered experimental and epidemiological study designs including randomized controlled trials (RCTs), non-randomized controlled trials, quasi-experimental, before and after studies, prospective and retrospective cohort studies, case control studies and analytical cross sectional studies for inclusion. Studies published only in the English language were included in this review.

Types of outcomes
This review considered studies that included objective and/or subjective measures of the following outcomes:

For older people:

- psychosocial well-being:
  - behavioral disturbances
  - cognition
  - mood levels
  - quality of life
  - satisfaction with service provision
  - social interaction.

For family carers:

- carer satisfaction
- carer stress.

Search strategy
The search aimed to find published and unpublished studies through electronic databases, reference lists, key reports and the World Wide Web. A three-step search strategy was utilized in this review. Initial key terms were developed using MeSH terms in four broad search categories:

- Population: (MH) aged, elderly, older adult, older person, geriatric.
- Phenomena of interest: (MH) sunlight, daylight, sunshine, sun, natural light, outdoor, (MH) light.
- Family carer health: (MH) caregivers, carer and (MH) satisfaction, and carer and (MH) stress.

Databases were searched as far back as possible. The initial phase of database searching consisted of using the initial search terms in CINAHL and MEDLINE. Terms within each category were used in combination using the Boolean term “OR”. Then, a search combined each category using the Boolean term “AND”.

A second more extensive search was undertaken using appropriate headings and key terms for the following databases:

- CINAHL Plus (includes Nursing and Allied Health Collection), (2013)
- MEDLINE (includes PubMed), years 1950
- Cochrane Library, 2014
- Proquest Central, 2014
- Scopus (includes Science Direct), 2014
Resources from the following web sites were searched using the initial key terms:

- National Institute of Clinical Studies Australian Centre for Evidence Based Clinical Practice (http://www.acebcp.org.au)
- National Health and Medical Research Council (NHMRC) guidelines
- Internet search using the Google search engine (http://google.com).

The third stage involved hand searching the reference lists of the articles retrieved.

Studies were restricted to those published in the English language in the absence of a translation service. Date limits were not set to capture all related published studies.

**Method of the review**

Papers selected for retrieval were individually assessed by three independent reviewers for methodological validity, prior to inclusion in the review using standardized critical appraisal instruments. The Joanna Briggs Institute Meta-Analysis of Statistics Assessment and Review Instrument (JBI-MAStARI) checklists (Error! Reference source not found.) were used to assess quantitative papers. Disagreements that arose between the reviewers were resolved through discussion. In order to include only high quality studies a threshold value was produced. For this review the mean score of all studies and its Standard Deviation (SD) was calculated. Studies that scored above the mean minus 1.5xSD were included.32

**Data collection**

Quantitative data were extracted from papers included in the review using the standardized data extraction tool from JBI-MAStARI (Error! Reference source not found.). The data extracted from all papers included specific details about the interventions, populations, setting, study methods, limitations of the study, and outcomes of significance to the review question and specific objectives, and author conclusions. The data was individually extracted by two reviewers. Disagreements that arose between the reviewers were resolved through discussion. All results were subject to double data entry.

**Data synthesis**

For this review, statistical pooling of the data was not possible due to the heterogeneity of the studies; therefore, the findings are presented in narrative form.

**Results**

**Description of studies**

Approximately 6500 papers were identified from the search strategy (Figure 1). Following removal of duplicates, the majority were excluded based on a review of the title and abstract of the citation against the inclusion criteria. A total of 14 studies were deemed potentially eligible for the review and full text of these studies was obtained (Table 1). The 14 studies were critically appraised (Table 2) for methodological quality using the JBI critical appraisal tools (Error! Reference source not found.). Based on the criteria for quality assessment the calculated mean quality score was 23.0 (SD ± 3.08; range 16 – 27). The quality threshold score was calculated to be 18. Based on this score one study
was excluded (Table 3)\textsuperscript{33} as it fell lower than 1.5 SD below the mean score. A total of 13 studies were included in this review. The characteristics of each study are described (Appendix V) with summaries of relevant information for each study included using the JBI-MASTARI data extraction tool (Error! Reference source not found.).
**Records identified through database searching**  
(n = 6500)

**Additional records identified through other sources**  
(n = 0)

**Records after duplicates removed**  
(n = 5026)

**Records screened**  
(n = 5026)

**Records excluded based on title and abstract**

**Full-text articles assessed for eligibility**  
(n = 14)

**Full-text articles excluded, with reasons**  
(n = 1) Methodological appraisal value below

**Studies included in quantitative synthesis**  
(n = 13)
Figure 1: Flow-chart for the search and study selection process

Table 1: Number of studies found and retrieved

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Thirteen studies evaluated the effect of spending time outdoors in daylight on the psychosocial well-being of older people. No studies evaluated the effect of time spent outdoors in daylight on the family carers. The publication dates of the included studies ranged from 1999–2012. Of the 13 included studies, five were randomized/pseudo-randomized controlled trials, with the number of participants ranging from 17–118. Eight studies were of descriptive/case series design with the number of participants ranging from 53–599. The participants in this review were aged 55 years or more (mean age ranging from 67.7–86.5). Two studies did not report mean age. Four studies included older people living with dementia. The studies were undertaken in the USA, Japan, England, Turkey, Korea, Greece and the Netherlands. Nine studies were undertaken in community settings and four in residential accommodation settings.

Methodological quality

The method of randomization involved random numbers tables and block randomization. The method of randomization was not reported in one trial. Two trials did not utilize randomization. More than 80% of the participants were followed up in four trials. The criteria for inclusion in the sample were clearly described in all studies.

Description of interventions

Exposure to daylight was undertaken in various ways including structured activities during summer, being or exercising outdoors in daylight, attending appointments and visiting family and friends. Exposure to daylight by older people was measured in various ways: (1) level of solar radiation experienced, as measured by meteorological data; (2) frequency of going outdoors, as measured by self-reported questionnaires; and (3) levels of light exposure, as measured by light meters, generally worn as a part of Actillume devices to measure physical movement, generally related to circadian activities.

Solar radiation is the measurement of outdoor environmental light, including insolation (which is hours of daylight per day) which is quantifiable meteorological data. These measurements do not take into account how long the individuals spend outdoors in daylight. Frequency of going outdoors was defined as any measure that quantified the number of times an individual went outdoors. Light exposure was defined as the intensity of light an individual is exposed to per day. Light exposure is generally captured via a light meter worn by participants. However as all environmental light is captured by the meter the contribution of light exposure can only be estimated.

Due to the nature of interventions, blinding of the patient, care provider and assessor was not possible in all of the trials.

Outcome assessment

Outcomes were measured in a reliable way in all studies. The studies evaluated different aspects of
psychosocial well-being including behavioral disturbances (n=3),\textsuperscript{11,35,38} cognition (n=3),\textsuperscript{15,17,39} mood (n=6),\textsuperscript{4,19-21,30,37} QoL (n=1)\textsuperscript{39} and social interaction (n=1).\textsuperscript{34} Behavioral disturbances were measured using the Present Behavioral Examination tool\textsuperscript{38} and Cohen-Mansfield Agitation Inventory;\textsuperscript{11,35} cognition was measured by the Mini Mental State Examination (MMSE),\textsuperscript{15} clock-drawing task\textsuperscript{17} and trail making test;\textsuperscript{39} mood levels were measured by the Geriatric Depression Scale,\textsuperscript{4,19} self-reported questionnaires,\textsuperscript{20,36,37} Centre for Epidemiological Studies Depression (CES-D) scale short form\textsuperscript{39} and the Profile of Mood States questionnaire;\textsuperscript{21} and quality of life was measured by self-reported questionnaire\textsuperscript{20} and the Perceived Quality of Life Scale.\textsuperscript{39} Significant results will be reported (p value) and non-significant results will be referred to as NS.
Table 2: Results of quality appraisal (MASTARI)

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* 3 awarded for Yes, 2 awarded for No, 1 awarded for Unsure, 0 awarded for Not Applicable.

Table 3: Number of studies included and excluded

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Results

Exposure to daylight and behavioral disturbances
Four studies evaluated the effects of exposure to daylight on behavioral disturbances.\(^\text{11,34,35,38}\)
Exposure was measured using solar radiation and actigraphy.

Exposure measured using solar radiation (N=1)
One study of 100 individuals living with dementia evaluated the relationship between solar radiation and behavioral disturbances in older people.\(^\text{38}\) Behaviour problems were rated using the Present Behavioral Examination interview and average daily daylight for the month that the interview was conducted was obtained utilizing meteorological data. Data were collected every four months for five years. The study found no statistically significant association between sunlight hours and verbal aggression (\(p>0.05\)), resistiveness (\(p>0.05\)), or depression. A trend towards significance was found for the association between ratings of physical aggression and sunlight hours (\(p=0.05\)). Therefore, limited support was found for the hypothesis that daylight levels inversely affect the levels of behavioral disturbances in individuals living with dementia.

Exposure measured using actigraphy (N=3)
Three studies evaluated how increased time spent outdoors in daylight effected behavioral disturbances in individuals living with dementia in residential accommodation.\(^\text{11,34,35}\) All three studies used wrist actigraphy with inbuilt light meters to measure exposure to environmental light, including daylight. A repeated measures design study was undertaken to evaluate the effect of an outdoor activity program on levels of agitation using the Cohen-Mansfield Agitation Inventory (CMAI).\(^\text{11}\) Seventeen individuals living with dementia were observed during winter and summer, with and without structured activities, of which only the summer activity program was held outdoors. Participation in the program was limited. A mixed or immeasurable effect on agitation was reported despite a significantly greater average light level for the summer, outdoors activity group compared with the three other conditions.

The CMAI measure of agitation was also used in a study using direct observation to evaluate the effect of time spent outdoors on behavioral disturbances.\(^\text{35}\) Twenty older people were offered participation in: (i) an outdoor or (ii) an indoor activity program for one hour a day for ten days. For the outdoor group only, average light exposure was significantly higher during the intervention phase compared to baseline (\(p=<0.001\)). A significant improvement was noted for verbal agitation in the group participating in the outdoor activity program (\(p=0.05\)), but not for other aspects of agitation, such as physical agitation.

A multidimensional, non-pharmacological intervention was undertaken which included 30 minutes a day of exposure to daylight for five consecutive days in 118 older people living in residential accommodation.\(^\text{34}\) Behavioral disturbances were quantified using observation from research staff. A non-significant trend towards a reduction in the reporting of daily observable verbal and/or physical agitation was observed.

Exposure to daylight and mood
Five studies evaluated the effects of exposure to daylight on mood.\(^\text{19,20,37,4,39}\) Exposure was measured using solar radiation and actigraphy, and by the frequency of going outdoors.
**Exposure measured using solar radiation (N=1)**

One study evaluated the relationship between mood and a measure of solar radiation. Seasonal mood variations, or “seasonality”, is a condition in which mood is predicted by different seasons. Changes in mood were evaluated using the Geriatric Depression Scale (GDS) in a cohort of 599 community dwelling Dutch older people (≥85y).\(^\text{19}\) In contrast to younger cohorts, no significant changes in depression were found between seasons (\(p=0.44\)) nor did the duration of daylight have any effect on depression (\(p=0.08\)).

**Exposure measured using actigraphy (N=2)**

Two studies evaluated the relationship between mood and light exposure. These studies included a cohort of 450 post menopausal women from the Womens Health Initiative study to evaluate how depression (using the Center for Epidemiologic Studies Depression scale [CESD]) was linked to light exposure as measured by wrist actigraphy with a light meter.\(^\text{20,37}\) Fewer depressive symptoms were associated with higher levels of light exposure (\(p<0.05\)), but this relationship could be driven by other factors associated with quality of life.\(^\text{20}\) In another study, utilizing the same cohort, an investigation into mood and light exposure showed a modest, non-significant correlation between environmental light and depressive symptoms.\(^\text{37}\)

**Exposure measured according to the frequency of going outdoors (N=2)**

Two studies evaluated the relationship between the frequency of going outdoors and measures of mood. When a group of 137 ambulatory older people who went outdoors >4 times a week were compared to those who went outdoors less than <1 a week, there was no statistical reduction in GDS scores.\(^\text{4}\) The second study compared the effect of time spent being or exercising outdoors in daylight with that of exercising indoors on depressive symptom scores (CESD short-form) of older people.\(^\text{39}\) The depressive symptom scores were significantly different for outdoor time (\(p = 0.012\)) and exercise time (\(p = 0.03\)). Participants who spent 30 or more minutes outdoors were more likely to have fewer depressive symptoms as did those who spent 30 or more minutes exercising.

**Exposure to daylight and cognition**

Three studies evaluated the effects of exposure to daylight on cognition.\(^\text{15,17,39}\) Exposure was measured according to the frequency of going outdoors.

**Exposure measured according to the frequency of going outdoors (N=3)**

Three studies evaluated the relationship between the frequency of going outdoors in daylight and measures of cognition.\(^\text{15,17,39}\) In a cohort of 125 older people presenting to an outpatient clinic, those who reported spending more time in daylight during the summer performed significantly better on a clock-drawing task (CDT) (odds ratio=1.73, 95%, CI=1.16-2.57).\(^\text{17}\) An observational study which evaluated the frequency of going outdoors in older people with cognitive impairment using infrared sensors in the homes of participants showed that when the Mini Mental State Examination (MMSE) was used to measure cognitive functioning, individuals with lower MMSE scores had gone outdoors in daylight less frequently than those with better cognitive function (8.8 vs. 17.3, \(p<0.01\)).\(^\text{15}\) Additionally, increasing the frequency of going outdoors was associated with better cognitive preservation over one year (\(p<0.05\)). Time spent exercising outdoors in daylight made no statistically significant difference to the cognitive function measured by the Trail-Making Test (TMT) but a trend was evident for improved cognitive function.\(^\text{39}\)
Exposure to daylight and quality of life
Two studies evaluated the effects of exposure to daylight on quality of life. Exposure was measured using actigraphy and by the frequency of going outdoors.

Exposure measured using actigraphy (N=1)
One study evaluated the relationship between quality of life and light exposure, in the cohort of 450 community dwelling post menopausal women from the Womens Health Initiative study. Results from this study demonstrated that increased light exposure improved quality of life, as measured by wrist actigraphy with a light meter and a self-reported quality of life measure (p<0.005).

Exposure measured according to the frequency of going outdoors (N=1)
One study compared the effect of time spent being or exercising outdoors in daylight with exercising indoors on quality of life as measured by the Perceived Quality of Life Score. Those who spent 30 or more minutes outdoors (p = 0.07) were more likely to report higher quality of life scores.

Exposure to daylight and social functioning
Two studies evaluated the effects of exposure to daylight on social functioning. Exposure was measured using actigraphy.

Exposure measured using actigraphy (N=2)
Two studies evaluated the relationship between social interaction and light exposure. In the first study, increased light exposure, as measured by wrist actigraphy, improved self-reported social functioning (p<0.005) and exposure to 30 minutes a day of daylight improved social activities (p=0.001) and social conversation (p=0.03).

Exposure to daylight on family carers
There were no studies that evaluated the effect of spending time outdoors in daylight on family carers, including carer satisfaction or carer stress.
Discussion

This systematic review was undertaken to investigate the effects of spending time outdoors in daylight on the psychosocial well-being of older people and their family carers and summarized the best available evidence at the time of the report. A systematic search of the literature resulted in 13 published studies that were eligible for inclusion in this review. It is somewhat surprising that despite the importance of family carers, no studies evaluated the effect of spending time outdoors in daylight on family carers, including carer satisfaction or carer stress.

Although only three RCTs were included in the review, the overall methodological quality of the included studies was generally good. The trials involved both males and females. It is surprising that few studies were found evaluating the effect of spending time outdoors in daylight on the psychosocial well-being of older people, particularly when considering its versatility as an intervention and its far-reaching but complex implications on human health. The heterogenous nature of the studies in terms of exposure to daylight and measurement of outcome precluded the data from being aggregated into a meta-analysis.

The study that used solar radiation as a measure of exposure to light reported limited support for the hypothesis that daylight levels inversely affect the levels of behavioral disturbances and mood in older individuals. This could be due to the fact that the use of solar radiation as a measure of daylight exposure is unlikely to be of relevance to older people as older people, in particular individuals living with dementia in residential accommodation, rarely spend time outdoors in daylight and go outdoors as infrequently as only once per week.

In the literature reviewed, the few studies that quantified light exposure through tools such as light meters seemed to provide an effective way of capturing time spent outdoors in daylight for older people. Despite the paucity and limitations of this research, including the limited ability of light meters to distinguish indoor and outdoor lighting, some insights can be extrapolated in relation to the psychosocial well-being of older people. This research consistently showed more positive effects of spending time in daylight on behavioral disturbances, mood, quality of life and social interaction than studies that measured the frequency of going outdoors or solar radiation. This could also be reflective of the more accurate description of spending time outdoors in daylight in these studies. The results of these studies are promising and warrant follow-up in more rigorously designed studies. With respect to non-pharmacological multifaceted interventions to improve psychosocial outcomes in individuals living with dementia, it must be possible in future to isolate the effect of daylight alone, as confounding effects, such as socializing, could be interfering with the aforementioned associations.

Similarly participants who spent 30 or more minutes outdoors per day were more likely to have fewer depressive symptoms and improved cognition as did those who spent 30 or more minutes exercising. It was argued that simply measuring the frequency of going outdoors is unlikely to adequately capture
time spent outdoors in daylight, as this technique also includes getting out of the house to participate in indoors activities, such as shopping. Although these measurements can give us some idea of how getting outdoors effects psychosocial well-being in older people, it is unlikely to reflect the time spent in daylight, as previous research suggests older people rarely utilize outdoor spaces.\textsuperscript{11} In addition, as studies were included in which participants were involved in any type of activity, other factors such as the role of physical activity on the outcome measures were not accounted for. This should be considered when interpreting the results of the studies.

Many recent studies aimed at improving time spent outdoors in daylight for older people living in residential accommodation focused on manipulating the design of buildings to improve light exposure.\textsuperscript{40} In fact, in sunny countries such as Australia, optimizing the use of daylight is a requirement when developing the built environment in residential accommodation.\textsuperscript{41} In a country as sunny as Australia, it could be argued that the focus should be shifted from improving the built environment to increase daylight exposure for those who are not immobile, to encouraging spending time outdoors in daylight, which could provide additional benefits to psychosocial well-being through being in close proximity to green space and fresh air.\textsuperscript{8} However, time and education of nursing staff could be a limiting factor in this transition. Staff could be unaware of the benefits for older people of being outdoors and as a result encouraging older people to be outdoors is a low priority. This solution showed that it is not simply a case of “build it and they will come.”\textsuperscript{35}

There is an urgent need for appropriate health messages regarding adequate levels of sun exposure in Australia and other countries, which are emphasize the benefits associated with spending time in daylight for older people. It should be noted that the World Health Organization estimated that excessive daylight exposure accounts for a loss of approximately 1.6 million disability-affected life years.\textsuperscript{42} However, this number is shadowed by the 3.3 billion disability-affected life years estimated to be caused by low daylight exposure,\textsuperscript{42} primarily relating to falls and Vitamin D deficiency. Therefore, there needs to be an appropriate response from the health sector, incorporating policy, research, and primary care, to address the increased risk of low daylight exposure in older people.

While it is widely believed that spending time outdoors in daylight benefits human health, relevant information regarding exposure to daylight and health is relatively unknown.\textsuperscript{43} There is a larger focus on the benefits for daylight on physical health outcomes, such as osteoporosis and falls. However, its effect on psychosocial well-being needs to be further communicated. The effects of spending time outdoors on the psychosocial well-being of older people and family carers need to be emphasized and more research is needed to develop safe strategies to harness this limitless and “untapped” resource.

**Conclusion**

There is insufficient high-quality evidence from which we can draw conclusions in relation to the effect of spending time outdoors in daylight on the psychosocial well-being of older people and their family
carers. Further and more robust research is required to evaluate the effectiveness of interventions to increase time spent outdoors in daylight for older people and their family carers.

**Implications for practice**

The limited evidence obtained from the review does not provide a concrete base for the development of recommendations for clinical practice. However, there is some evidence to support exposure to daylight on improved mood, levels of cognition and social functioning in both residential and community settings. Currently, there is insufficient evidence either to support or dispute the effects of daylight exposure on the quality of life for older people. With only small changes in routines for nursing staff there is potential for significant impacts on the psychosocial well-being of older adults living in residential accommodation.

**Implications for research**

Future studies should be undertaken using more rigorous research designs, such as RCTs with sufficiently powered sample sizes. Qualitative research must become a priority in this field to identify why older people are not spending time outdoors and investigate how this can be overcome. A focus on accurately measuring time spent outdoors in daylight should be a priority. Previous research was hampered by short lengths of time spent outdoors and low participation in outdoor activity programs. Therefore, research should concentrate on improving adherence to study protocols and encouraging life-long participation in outdoor activities for older people. Additionally, by investigating a comprehensive range of psychosocial outcomes with validated tools, researchers could more accurately deduce the effect of spending time outdoors on psychosocial well-being in older people and family carers.

**Conflict of Interest**

None to report.

**Acknowledgements**

This review was undertaken with funding from the School of Nursing and Midwifery at the University of Wollongong for the Research Assistant time and in-kind contributions from the Research Assistant who undertook the review.

**References**


Appendix I: Search strategy
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S104 (PT "Clinical Trial") OR (PT "randomized controlled trial")
S105 (MH "Cluster Analysis")
S106 TX ("randomi* control* stud*" OR "randomi* control* trial*" OR "randomi* stud*" OR
     "randomi* trial*")
S107 TX ("quasi randomi*" OR "quasi-randomi*" OR "quasi experiment*" OR
     "quasi-experiment*" OR "pseudo randomi*" OR "pseudo-randomi*" OR "pseudo
     experiment*" OR "pseudo-experiment*")
S108 TX ("clustered trial*" OR "clustered stud*" OR ((cluster* OR group* OR place) AND
     ("randomi* control* stud*" OR "randomi* control* trial*" OR "randomi* stud*" OR "randomi*
trial**)))
S109  (S104 AND S105) OR S108
S110  S104 OR S106 OR S107 OR S109
S111  (MH "Qualitative Studies+")
S112  TX ("Qualitative Research" OR "Qualitative stud")
S113  TX ("interpretive research" OR "interpretive stud")
S114  TX ("critical research" OR "critical stud")
S115  S111 OR S112 OR S113 OR S114
S116  TX ("prospective" AND "cohort") OR ("retrospective" AND "cohort")
S117  TX ("case control" OR "case-control")
S118  TX ("descriptive research" OR "descriptive stud")
S119  (MH "Nonexperimental Studies+")
S120  TX ("cohort stud" OR "cohort research")
S121  TX ("longitudinal stud" OR "longitudinal research")
S122  TX ("cross-sectional stud" OR "cross-sectional research" OR "cross sectional stud" OR "cross sectional research")
S123  S116 OR S117 OR S118 OR S119 OR S120 OR S121 OR S122
S124  TX ("expert opinion" OR "expert text" OR narrative)
S125  S64 AND S110
S126  S64 AND S115
S127  S64 AND S123
S128  S92 AND S110
S129  S92 AND S115
S130  S92 AND S123
S131  S103 AND S110
S132  S103 AND S115
S133  S103 AND S123
S134  S64 AND S124
### Cochrane Library

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<tr>
<td>#4</td>
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<td>(&quot;green space*&quot; or greenspace*)</td>
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<td>MeSH descriptor: [Leisure Activities] explode all trees</td>
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<td>MeSH descriptor: [Recreation] explode all trees</td>
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<td>(AB recreation*) or (TI recreation*)</td>
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<td>aged</td>
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<td>elderly</td>
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<td>&quot;older adult*&quot;</td>
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<td>#37</td>
<td>&quot;older person*&quot;</td>
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<td>MeSH descriptor: [Middle Aged] explode all trees</td>
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<td>&quot;Middle Aged&quot;</td>
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#43 MeSH descriptor: [Melatonin] this term only
#44 MeSH descriptor: [Serotonin] explode all trees
#45 MeSH descriptor: [Vitamin D] explode all trees
#46 melatonin
#47 serotonin
#48 "vitamin D"
#49 #43 or #44 or #45 or #46 or #47 or #48
#50 MeSH descriptor: [Activities of Daily Living] explode all trees
#51 MeSH descriptor: [Mobility Limitation] explode all trees
#52 ("activities of daily" or ADL)
#53 "personal care"
#54 (AB mobility) or (TI mobility)
#55 ("functional abilit*" or "motor function")
#56 #50 or #51 or #52 or #53 or #54 or #55
#57 MeSH descriptor: [Motor Activity] explode all trees
#58 "physical activit*"
#59 #57 or #58
#60 MeSH descriptor: [Sleep] explode all trees
#61 MeSH descriptor: [Photoperiod] explode all trees
#62 (AB sleep) or (TI sleep) or (TX "Circadian rhythm")
#63 #60 or #61 or #62
#64 #49 or #56 or #59 or #63
#65 #32 and #42 and #64 from 1979 to 2012
#66 MeSH descriptor: [Behaviour] explode all trees
#67 (AB (Behaviour* or behaviour*)) or (TI (Behaviour* or behaviour*))
#68 MeSH descriptor: [Cognition] explode all trees
#69 (AB cogniti*) or (TI cogniti*)
#70 MeSH descriptor: [Mood Disorders] explode all trees
#71 (AB mood*) or (TI mood*)
#72 MeSH descriptor: [Quality of Life] this term only
#73 ("Quality of Life" or qol)
#74 MeSH descriptor: [Interpersonal Relations] explode all trees
#75 "Interpersonal Relation*"
#76 "social interaction" or "social support"
#77 (well-being or "well-being")
#78 MeSH descriptor: [Residential Facilities] explode all trees
#79 "residential facilit*"
#80 "service provision*"
#81 "nursing home*"
#82 "aged care"
#83 "residential accommodation**
#84 MeSH descriptor: [Geriatrics] explode all trees
#85 #78 or #79 or #80 or #81 or #82 or #83 or #84
#86 MeSH descriptor: [Personal Satisfaction] this term only
#87 MeSH descriptor: [Patient Satisfaction] explode all trees
#88 (AB satisfaction) or (TI satisfaction)
#89 #86 or #87 or #88
#90 #85 and #89
#91 #65 or #66 or #67 or #68 or #69 or #70 or #71 or #72 or #73 or #74 or #75 or #76 or #77 or #90
#92 #32 and #42 and #91 from 1979 to 2012
#93 MeSH descriptor: [Caregivers] this term only
#94 (AB carer* OR (TI carer*) OR (AB famil*) OR (TI famil*))
#95 (AB caregiver* OR (TI caregiver*)
#96 #93 or #94 or #95
#97 MeSH descriptor: [Personal Satisfaction] this term only
#98 MeSH descriptor: [Stress, Psychological] explode all trees
#99 (AB satisfaction) or (TI satisfaction)
#100 (AB stress) or (TI stress)
#101 #96 and #100
#102 #97 or #98 or #99 or #100
#103 #32 and #102 from 1979 to 2012

Proquest Central

((all("Aged" OR "elderly" OR "older" OR "older adult" OR "older person" OR "older people" OR "geriatric" OR "caregiver" OR "carer") AND ftany(yes) AND peer(yes)) AND (all("Sunlight" OR "daylight" OR "sunshine" OR "sun" OR "natural light" OR "outdoor" OR "light" OR "green space") AND ftany(yes) AND peer(yes) AND stype.exact("Scholarly Journals") AND la.exact("English")) AND (all("Melatonin" OR "serotonin" OR "vitamin D" OR "activities of daily living" OR "ADL" OR "mobility" OR "functional ability" OR "physical activity" OR "sleep") AND ftany(yes) AND peer(yes) AND stype.exact("Scholarly Journals") AND la.exact("English")) AND (ftany(yes) AND peer(yes) AND yr(1979-2019))

Scopus

(TITLE-ABS-KEY("Aged" OR "elderly" OR "older" OR "older adult" OR "older person" OR "older people" OR "geriatric" OR "caregiver" OR "carer") AND TITLE-ABS-KEY("Sunlight" OR "daylight" OR "sunshine" OR "sun" OR "natural light" OR "outdoor" OR "light" OR "green space") AND TITLE-ABS-KEY("Behaviour" OR "cognit" OR "mood" OR "quality of life" OR "satisfaction" OR "stress" OR "service provision" OR "social" OR "social support") AND DOCTYPE(ar OR re) AND PUBYEAR > 1975

Wiley Online Library

"Aged" OR "elderly" OR "older" OR "older adult" OR "older person" OR "older people" OR "geriatric" OR "caregiver" OR "carer" in Abstract AND "Sunlight" OR "daylight" OR "sunshine" OR "sun" OR "natural light" OR "outdoor" OR "light" OR "green space" in Abstract AND "Behaviour" OR "cognit" OR "mood" OR "quality of life" OR "satisfaction" OR "stress" OR "service provision" OR "social" OR "social support" in Abstract NOT poster OR abstract in All Fields between years 1975 and 2013
Appendix II: Appraisal instruments
MAStARI appraisal instrument

JBI Critical Appraisal Checklist for Randomised Control / Pseudo-randomised Trial

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unclear</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was the assignment to treatment groups truly random?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Were participants blinded to treatment allocation?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>3. Was allocation to treatment groups concealed from the allocator?</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>4. Were the outcomes of people who withdrew described and included in the analysis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Were those assessing outcomes blind to the treatment allocation?</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>6. Were the control and treatment groups comparable at entry?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Were groups treated identically other than for the named interventions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Were outcomes measured in the same way for all groups?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Were outcomes measured in a reliable way?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10. Was appropriate statistical analysis used?</td>
<td></td>
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</tr>
</tbody>
</table>

Overall appraisal: Include ☐ Exclude ☐ Seek further info. ☐

Comments (Including reason for exclusion)

__________________________________________________________________

__________________________________________________________________
JBI Critical Appraisal Checklist for Descriptive / Case Series

Reviewer .............................  Date .............................
Author .................................. Year .................. Record Number ....

1. Was study based on a random or pseudo-random sample? 
   Yes □  No □  Unclear □  Not Applicable □
2. Were the criteria for inclusion in the sample clearly defined? 
   Yes □  No □  Unclear □  Not Applicable □
3. Were confounding factors identified and strategies to deal with them stated? 
   Yes □  No □  Unclear □  Not Applicable □
4. Were outcomes assessed using objective criteria? 
   Yes □  No □  Unclear □  Not Applicable □
5. If comparisons are being made, was there sufficient descriptions of the groups? 
   Yes □  No □  Unclear □  Not Applicable □
6. Was follow up carried out over a sufficient time period? 
   Yes □  No □  Unclear □  Not Applicable □
7. Were the outcomes of people who withdrew described and included in the analysis? 
   Yes □  No □  Unclear □  Not Applicable □
8. Were outcomes measured in a reliable way? 
   Yes □  No □  Unclear □  Not Applicable □
9. Was appropriate statistical analysis used? 
   Yes □  No □  Unclear □  Not Applicable □

Overall appraisal: Include □  Exclude □  Seek further info □

Comments (Including reasons for exclusion)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
## JBI Critical Appraisal Checklist for Comparable Cohort/Case Control

**Reviewer** ___________________________  **Date** ___________________________

**Author** ___________________________  **Year** ___________________________  **Record Number** ___________________________

<table>
<thead>
<tr>
<th>Question</th>
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<th>No</th>
<th>Unclear</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is sample representative of patients in the population as a whole?</td>
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<td></td>
<td></td>
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<tr>
<td>2. Are the patients at a similar point in the course of their condition/illness?</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>3. Has bias been minimised in relation to selection of cases and controls?</td>
<td></td>
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<td></td>
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<tr>
<td>4. Are confounding factors identified and strategies to deal with them stated?</td>
<td></td>
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<tr>
<td>5. Are outcomes assessed using objective criteria?</td>
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<tr>
<td>6. Was follow up carried out over a sufficient time period?</td>
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</tr>
<tr>
<td>7. Were the outcomes of people who withdrew described and included in the analysis?</td>
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<tr>
<td>8. Were outcomes measured in a reliable way?</td>
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</tr>
<tr>
<td>9. Was appropriate statistical analysis used?</td>
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</table>

**Overall appraisal:**  <br> **Include** □  **Exclude** □  **Seek further info.** □

**Comments (Including reason for exclusion):**

______________________________________________________________________________
______________________________________________________________________________
Appendix III: Data extraction instruments

MAStARI data extraction instrument

JBI Data Extraction Form for Experimental / Observational Studies

Reviewer __________________________ Date __________________________

Author __________________________ Year __________________________

Journal __________________________ Record Number __________________________

Study Method

RCT ☐ Quasi-RCT ☐ Longitudinal ☐

Retrospective ☐ Observational ☐ Other ☐

Participants

Setting

Population

Sample size

Group A ________________ Group B ________________

Interventions

Intervention A

Intervention B

Authors Conclusions:

Reviewers Conclusions:
## Study results

### Dichotomous data

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<th>Outcome</th>
<th>Intervention ( ) number / total number</th>
<th>Intervention ( ) number / total number</th>
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### Continuous data

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<th>Intervention ( ) number / total number</th>
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</table>
Appendix IV: Excluded studies


Reason for exclusion  Did not meet the quality criteria
## Appendix V: List of study findings/conclusions

### MASTARI

<table>
<thead>
<tr>
<th>Study</th>
<th>Methods</th>
<th>Participants</th>
<th>Intervention A</th>
<th>Intervention B</th>
<th>Study findings/conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alessi et al., 2005</td>
<td>Randomized controlled trial</td>
<td>118 residents 62 in intervention arm</td>
<td>Non-pharmacological, multicomponent intervention 1. &gt;30 minutes daylight exposure 2. Increased physical activity 3. Structured bed-time 4. Decreased night-time noise</td>
<td>Usual care</td>
<td>Intervention participants had increased participation in social activities (F=22.42, p&lt;0.001) and conversation (F=5.04, p=0.03). A multidimensional intervention including exposure to daylight resulted in increased social activities and conversation, which could be related to lowered daytime sleeping.</td>
</tr>
<tr>
<td>Calkins et al., 2008</td>
<td>Observational - repeated measures</td>
<td>17 residents living with dementia in 3 nursing homes</td>
<td>Direct observation every 20m for 4h/day measured agitation and time spent outdoors under four conditions: 1. winter/no activity 2. winter/inside activity 3. summer/no activity 4. summer/outside activity</td>
<td>Light exposure measured by Actilume data with light meter Numerous correlations were performed with the CMAI data show highly variable modest correlations between light exposure and Cohen-Mansifeld Agitation Inventory Short Form – CMAI (CMAI). Results suggest that increasing time spent outdoors has a mixed or immeasurable impact on agitation.</td>
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<tr>
<td>Connell et al., 2008</td>
<td>Randomized</td>
<td>20 residents living with</td>
<td>A daily structured 1hour activity</td>
<td>Usual care</td>
<td>Light exposure measured by Actilume data with light meter.</td>
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<tr>
<td>Study</td>
<td>Methods</td>
<td>Participants</td>
<td>Intervention A</td>
<td>Intervention B</td>
<td>Study findings/conclusions</td>
</tr>
<tr>
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<td>---------------------------</td>
</tr>
<tr>
<td>Matsuoka et al., 2005</td>
<td>Controlled trial</td>
<td>Dementia in a single nursing home</td>
<td>Program was offered outdoors or indoors.</td>
<td>There was a significant improvement in verbal agitation in the outdoor activity group only ($p=0.1$). There was no significant effect for other aspects of behavioral disturbance; however there was a declining trend. Structured activity programs that capitalized on the availability of planned outdoor space to provide bright light exposure were a promising means to improve behavior in residents with dementia.</td>
<td></td>
</tr>
<tr>
<td>Shin, 1999</td>
<td>Randomized controlled trial</td>
<td>55 sedentary older women</td>
<td>12 week outdoor recreational exercise program for three treatment groups: Group 1 - 3x45minute exercise sessions/week Group 2 - 2x45minute exercise sessions/week Group 3 - 1x45minute exercise sessions/week</td>
<td>No physical activity program</td>
<td>After the 12-week training program there was a significant increase in self-reported mood for those who exercised twice a week or more. Overall, outdoor exercise was associated with improved mood in elderly women.</td>
</tr>
<tr>
<td>Shin, 1999</td>
<td>Controlled-trial (pre-test, post-test design)</td>
<td>35 sedentary older women, community dwelling.</td>
<td>8 week outdoor walking exercising program</td>
<td>Mood assessed by Profile of Mood States (POMS). After the 8-week training program there was a significant difference between the</td>
<td></td>
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<tr>
<td>Study</td>
<td>Methods</td>
<td>Participants</td>
<td>Intervention A</td>
<td>Intervention B</td>
<td>Study findings/conclusions</td>
</tr>
<tr>
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<td>----------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Aydin et al., 2010</td>
<td>Observational – cross sectional</td>
<td>125 internal medicine outpatients</td>
<td>20 in intervention arm.</td>
<td>exercise and non-exercise group for total emotional state (F= 19.49, p=0.0002), which was especially related to anxiety and vigor, which influenced overall mood.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mean age not reported, Gender 100% female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>deCraen et al., 2005</td>
<td>Observational – repeated measures</td>
<td>599, 85y old Dutch elderly (1914 birth cohort)</td>
<td>MMSE score &gt;19</td>
<td>Summer sun exposure was an independent predictor of a Clock drawing test (CDT) score &gt;0 (OR = 1.73, 95% CI = 1.16–2.57). A CDT can be used to identify an association between cognition and sun exposure; however further investigation is required.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gender: 63% female</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandner,</td>
<td>Observational –</td>
<td>459</td>
<td></td>
<td>Within each of the four years of observation (85, 86, 87 and 88 years) and all years combined, there was also no significant association between the one-month accumulation of duration of sunlight, daylight, or rain and the score on the GDS (all p-values &gt;0.05).</td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td>Estimates of prevalence of seasonality reported in the literature could be overestimated or a remarkable difference between young and old subjects existed.</td>
<td></td>
</tr>
<tr>
<td>Study</td>
<td>Methods</td>
<td>Participants</td>
<td>Intervention A</td>
<td>Intervention B</td>
<td>Study findings/conclusions</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------</td>
<td>---------------------------------------------------</td>
<td>----------------</td>
<td>----------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Kripke and Langer, 2006</td>
<td>prospective cohort</td>
<td>post-menopausal women</td>
<td></td>
<td></td>
<td>measured illumination levels. Significant partial correlations (controlling for age, education and ethnicity) were found between mesor light exposure and Quality of Life and mood. The relationship between quality of life could account for mood associations. Increased light exposure was related to improved quality of life and social and emotional functioning.</td>
</tr>
<tr>
<td>Kerr et al., 2012</td>
<td>Observational – cross sectional</td>
<td>117 older adults living in retirement communities</td>
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<td>Significant differences were found for those who spent &gt;30 min in PA or outdoors for depressive symptoms. QoL and cognitive functioning scores were not significantly different according to time spent outdoors. Being outdoors and being active were both related to fewer depressive symptoms. However, there was no statistically significant benefit of being outdoors and being active on the selected health indicators. This warrants further in-depth investigation.</td>
</tr>
<tr>
<td>Kono et al., 2004</td>
<td>Observational – prospective cohort</td>
<td>112 frail older adults living at home</td>
<td></td>
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<td>Frequency of going outdoors was associated with improved GDS scores at baseline, but did not predict changes in mood over time.</td>
</tr>
<tr>
<td>Study</td>
<td>Methods</td>
<td>Participants</td>
<td>Intervention A</td>
<td>Intervention B</td>
<td>Study findings/conclusions</td>
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<tr>
<td>Kripke et al., 2004</td>
<td>Observational – prospective cohort</td>
<td>459 post-menopausal women Mean age: 67.7, Gender: 100% female</td>
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<td>The frequency of going outdoors among ambulatory frail elders could be a useful and simple indicator of older persons with functional and psychosocial problems and an important predictor of persons at risk for deterioration.</td>
</tr>
<tr>
<td>Sheehan and Keene, 2002</td>
<td>Observational – prospective cohort</td>
<td>100 older adults with dementia and their carers Mean age: 77.6, Gender: 51% female Mean MMSE score: 14.9</td>
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<td>Low daily illumination was weakly associated with depressed mood. Environmental illumination accounted for little of the contrasts between ethnic groups mood. Social factors could be involved.</td>
</tr>
<tr>
<td>Suzuki and Murase, 2010</td>
<td>Observational – prospective cohort</td>
<td>53 older adults living at home Mean age: 80.9, Gender: unreported</td>
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<td>No support was found for the hypothesis that sunlight levels would be inversely related to levels of behavioral and psychological disturbance in people with dementia. As there was an association between daily sunlight and behavioral disturbances, it could be that the influence of bright light on behaviour in dementia was overestimated. Participants who displayed cognitive decline had a significantly lower number of outings (8.8 vs. 17.3, p&lt;0.01) compared to those with normal cognitive functioning. There was no cognition decline in those who went outdoors over</td>
</tr>
<tr>
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<td>Mean MMSE score: not reported</td>
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<td>20 times per month.</td>
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<td>elderly people who had few occasions to go out tend to show a decrease in cognitive function.</td>
</tr>
</tbody>
</table>