

# Dementia

## Current Awareness Newsletter



**January 2015**

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### Your Friendly Local Librarian...

Whatever your information needs, the library is here to help. As your outreach librarian I offer **literature searching services** as well as training and guidance in **searching the evidence** and **critical appraisal** – just email me at [bennet.jones@uhbristol.nhs.uk](mailto:bennet.jones@uhbristol.nhs.uk)

#### Outreach

Your Outreach Librarian can help facilitate evidence-based practise for all in the dementia team, as well as assisting with academic study and research. We can help with **literature searching, obtaining journal articles and books**, and setting up individual **current awareness alerts**. We also offer one-to-one or small group training in **literature searching, accessing electronic journals, and critical appraisal**. Get in touch: [bennet.jones@uhbristol.nhs.uk](mailto:bennet.jones@uhbristol.nhs.uk)

#### Literature Searching

We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research and introduce you to the health databases access via NHS Evidence. Please email requests to [bennet.jones@uhbristol.nhs.uk](mailto:bennet.jones@uhbristol.nhs.uk)

# New Cochrane Library Systematic Reviews on Dementia

**Diagnostic Test Accuracy Protocol: Mini-Cog for the diagnosis of Alzheimer's disease dementia and other dementias within a primary care setting**

**Dallas P Seitz et al**

**Published 8<sup>th</sup> Dec 2014**

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011415/abstract>

This is the protocol for a review and there is no abstract. The objectives are as follows:

To determine the diagnostic accuracy of the Mini-Cog for detecting AD dementia and related dementias in a primary care setting.

To investigate the heterogeneity of test accuracy in the included studies and potential sources of heterogeneity. These potential sources of heterogeneity will include the baseline prevalence of dementia in study samples, thresholds used to determine positive test results, the type of dementia (Alzheimer's disease dementia or all causes of dementia), and aspects of study design related to study quality.

We will also identify gaps in the evidence where further research is required.

**Diagnostic Test Accuracy Protocol: Mini-Cog for the diagnosis of Alzheimer's disease dementia and other dementias within a secondary care setting**

**Calvin CH Chan et al**

**Published 8<sup>th</sup> Dec 2014**

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This is the protocol for a review and there is no abstract. The objectives are as follows:

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We will also identify gaps in the evidence where further research is required.

## New Activity in UptoDate and DynaMed

**Saint Louis University Mental Status exam may be as effective as Montreal Cognitive Assessment and Short Test of Mental Status for prediction of dementia in elderly patients with high school education or greater ([level 2 \[mid-level\] evidence](#))**

- based on cross-sectional validation study
- 136 veterans  $\geq 60$  years old (median age 79 years) with high school education or greater were assessed by 3 screening exams for detection of mild cognitive impairment and dementia
  - exams included SLUMS, Montreal Cognitive Assessment (MoCA), and Short Test of Mental Status (STMS) administered in random order
  - SLUMS includes 11 questions and is rated on 0-30 point scale (PDF can be found at [St. Louis University](#))
  - STMS includes 8 questions and is rated on 0-38 point scale
- 37.5% had normal cognition, 41.9% had mild cognitive impairment, and 20.6% had dementia by Clinical Dementia Rating Scale (reference standard)
- predictive performance of cognitive examinations for prediction of dementia
  - SLUMS at cutoff  $\leq 22$  had sensitivity 93% and specificity 96%
  - MoCA at cutoff  $\leq 20$  had sensitivity 93% and specificity 96%
  - STMS at cutoff  $\leq 29$  had sensitivity 93% and specificity 92%
- Reference - [J Am Geriatr Soc 2014 Jul;62\(7\):1341](#)

## New NICE Guidance

No new guidance published this month.

## NHS Behind the Headlines

Exposing the evidence behind the lurid newspaper headlines:

[Can a pill cure binge drinking and dementia?](#)

# Recent Literature Searches on Dementia

Below is a sample of literature searches carried out by librarians for UH Bristol members of staff on the subject of Dementia. For further details get in touch: [bennet.jones@uhbristol.nhs.uk](mailto:bennet.jones@uhbristol.nhs.uk)

- Dementia and nutrition

## Current Awareness Database Articles on Dementia

Below is a selection of articles on dementia recently added to the healthcare databases.

If you would like any of the following articles in full text, or if you would like a more focused search on your own topic, then get in touch: [bennet.jones@uhbristol.nhs.uk](mailto:bennet.jones@uhbristol.nhs.uk)

**Title:** Synergistic epistasis of paraoxonase 1 (rs662 and rs85460) and apolipoprotein E4 genes in pathogenesis of Alzheimer's disease and vascular dementia.

**Citation:** American Journal of Alzheimer's Disease and Other Dementias, December 2014, vol./is. 29/8(769-776), 1533-3175;1938-2731 (Dec 2014)

**Author(s):** Alam, Rizwan, Tripathi, Manjari, Mansoori, Nasim, Parveen, Shama, Luthra, Kalpana, Lakshmy, Ramakrishnan, Sharma, Subhadra, Arulselvi, Subramanian, Mukhopadhyay, Asok K

**Language:** English

**Abstract:** Genetic polymorphism and epistasis play a role in etiopathogenesis of Alzheimer's disease (AD) and vascular dementia (VaD). In this case-control study, a total of 241 patients were included in the study to see the effect of paraoxonase 1 (PON1; rs662 and rs85460) and apolipoprotein E (ApoE) genes in altering the odds of having AD and VaD along with serum PON and lipid profile. The presence of at least 1 variant allele of rs662, but not rs85460, increased the risk of having AD by 1.8-fold (95% confidence interval [CI]: 0.97-3.40) and VaD by 3.09-fold (95% CI: 1.4-6.9). The interaction between PON1 genes (rs662 and rs85460) and ApoE genes showed synergistic epistasis in altering the odds of significantly having both AD and VaD. On the other hand, low serum level of high-density lipoprotein and low level of serum PON activity were found associated significantly ( $P < .001$  in both cases) only in patients with VaD as compared to healthy control. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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**Title: Sonas: A pilot study investigating the effectiveness of an intervention for people with moderate to severe dementia.**

**Citation:** American Journal of Alzheimer's Disease and Other Dementias, December 2014, vol./is. 29/8(696-703), 1533-3175;1938-2731 (Dec 2014)

**Author(s):** Hutson, Charlotte, Orrell, Martin, Dugmore, Otilie, Spector, Aimee

**Abstract:** Objective: To investigate the feasibility and effectiveness of Sonas, a group intervention involving multisensory stimulation, reminiscence, and light physical activity. Methods: A total of 39 participants with moderate to severe dementia were randomized to receive either 14 sessions of Sonas or treatment as usual. Measures such as quality of life (QoL), communication, depression, anxiety, and behavioral disturbance were administered at baseline and follow-up. Results: No statistically significant results were found. However, participant attendance to sessions was good (mean = 12.4 sessions of 14 offered). Conclusions: Sonas sessions did not lead to improvements in QoL and behavioral and psychological symptoms of dementia. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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**Title: Prognosis of short survival in patients with advanced dementia as diagnosed by Aminoff suffering syndrome.**

**Citation:** American Journal of Alzheimer's Disease and Other Dementias, December 2014, vol./is. 29/8(673-677), 1533-3175;1938-2731 (Dec 2014)

**Author(s):** Aminoff, Bechor Zvi

**Abstract:** On the first few days after admission to the Geriatric-Internal Medicine department, the suffering level of patients with advanced dementia (Mini-Mental State Examination 0 of 30) was evaluated according to the Mini-Suffering State Examination (MSSE). During hospitalization, 14.8% (27 of 183) of patients with advanced dementia were died with a mean survival rate of  $19.86 \pm 26.9$  days. The MSSE scale score of died patients was  $7.56 \pm 1.71$  during the first few days of admission which indicates high suffering levels. The MSSE scale score of survived patients with advanced dementia was  $3.99 \pm 2.10$  which confirms their low level of suffering. There was a significant difference ( $P < .001$ ) between the groups. Patients with dementia who died and were diagnosed as having Aminoff suffering syndrome during the first few days of admission had a high suffering level and short-survival time. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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**Title: Antibodies against gangliosides in patients with dementia.**

**Citation:** American Journal of Alzheimer's Disease and Other Dementias, December 2014, vol./is. 29/8(660-666), 1533-3175;1938-2731 (Dec 2014)

**Author(s):** Hatzifilippou, E, Koutsouraki, E, Costa, V. G, Baloyannis, S. J

**Abstract:** Background: Increasing evidence suggests that gangliosides act as important mediators in both de- and remyelination. The scope of the present research was to investigate the presence of immunoglobulin (Ig) M antibodies against GM1, GD1b, and GQ1b gangliosides in the sera of patients with dementia and the possible connection with clinical parameters of the disease. Method: This research topic demonstrates the investigation of 103 patients with dementia and 60 healthy individuals using enzyme-linked immunosorbent assay for the presence of 3 antiganglioside antibodies in their sera. Results: The authors report a positive connection between IgM anti-GM1 and the age ( $P = .005$ ) and the severity of dementia ( $P = .005$ ). Most of the patients who revealed increased IgM anti-GD1b levels had Alzheimer's disease (AD;  $P = .002$ ). Conclusion: This study indicates that elevated IgM anti-GM1 may be connected with the neurodegeneration in older patients with severe dementia and that AD may also be associated with increased IgM anti-GD1b levels. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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**Title:** Implementation of a multicomponent psychosocial programme for persons with dementia and their families in Norwegian municipalities: Experiences from the perspective of healthcare professionals who performed the intervention.

**Citation:** Scandinavian Journal of Caring Sciences, December 2014, vol./is. 28/4(749-756), 0283-9318;1471-6712 (Dec 2014)

**Author(s):** Johannessen, Aud, Povlsen, Lene, Bruvik, Froydis, Ulstein, Ingun

**Abstract:** Background: A randomised controlled intervention study was conducted in 17 Norwegian municipalities to provide home-dwelling people with dementia and their families with knowledge and skills to cope with the emerging problems and stresses of everyday life. It included training health professionals to carry out the intervention. Since little is known about possible benefits for health professionals of participating in such a study in terms of knowledge and change of practice as well as their views on whether the intervention is useful, we carried out this study. Aim: To investigate the outcome of the study from the perspective of the healthcare professionals who participated in the intervention. Method: Interviews with 19 health professionals were performed during 2012, using three focus groups and six individual interviews. The sample was purposive and included informants aged 34-61 years from 13 municipalities. Results: Three main categories emerged: challenges, new knowledge and service development. The category challenges details the challenges connected with professionals' participation in the intervention and how they dealt with them and is described in three subcategories. The category new knowledge demonstrates the knowledge the professionals achieved while conducting the intervention and is described through three subcategories. Service development presented how the informants' experiences could contribute to improve the provision of care and details in one subcategory. Conclusion: The results revealed a need for more knowledge among health professionals about the situation of home-dwelling persons with dementia and their families. The study indicated that health professionals must be more aware of these persons' abilities to find their own solutions to their problems. Structured individual interventions as well as group-based interventions in the early stages of dementia and throughout the course of the disorder seem beneficial. There is a need for better collaboration between the specialist health services, GPs and health workers in the municipalities. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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**Title:** 'It's nice to have something to do': Early-onset dementia and maintaining purposeful activity.

**Citation:** Journal of Psychiatric and Mental Health Nursing, December 2014, vol./is. 21/10(889-895), 1351-0126;1365-2850 (Dec 2014)

**Author(s):** Roach, P, Drummond, N

**Abstract:** As the global focus on dementia care increases due to the demand on health, social, legal and financial services, it is imperative to further understand the experience of those living with a diagnosis of dementia. There is a particular lack of research focused on younger people (under the age of 65 years) with dementia and virtually none focuses on the experience of the family unit. The literature suggests that periods of transition place significant stressors on families living with dementia. One such transition is the transition out of perceived purposeful activity, be this employment or voluntary work. This transition was explored during the course of a qualitative repeated interview study with younger people with dementia and their families. Nine families (20 participants) took part in semi-structured research interviews that were transcribed and analyzed using a Framework approach to qualitative analysis. Meaningful Activity emerged as a major theme through this analysis. Two subthemes also emerged: (1) the traumatic cessation of work; and (2) the need for purposeful activity. These themes have significant clinical implications as maintaining a purposeful role through high-quality, age-specific dementia services may decrease the direct and indirect costs of dementia to global economies. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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**Title:** Music therapy for service users with dementia: A critical review of the literature.

**Citation:** Journal of Psychiatric and Mental Health Nursing, December 2014, vol./is. 21/10(879-888), 1351-0126;1365-2850 (Dec 2014)

**Author(s):** Blackburn, R, Bradshaw, T

**Abstract:** Dementia is an organic mental health problem that has been estimated to affect over 23 million people worldwide. With increasing life expectancy in most countries, it has been estimated that the prevalence of dementia will continue to significantly increase in the next two decades. Dementia leads to cognitive impairments most notably short-term memory loss and impairments in functioning and quality of life (QOL). National policy in the UK advocates the importance of early diagnosis, treatment and social inclusion in maintaining a good QOL. First-line treatment options often involve drug therapies aimed at slowing down the progression of the illness and antipsychotic medication to address challenging behaviours. To date, research into non-pharmacological interventions has been limited. In this manuscript, we review the literature that has reported evaluations of the effects of music therapy, a non-pharmacological intervention. The results of six studies reviewed suggest that music therapy may have potential benefits in reducing anxiety, depression and agitated behaviour displayed by elderly people with dementia as well as improving cognitive functioning and QOL. Furthermore, music therapy is a safe and low-cost intervention that



could potentially be offered by mental health nurses and other carers working in residential settings. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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**Title:** Staff confidence, morale and attitudes in a specialist unit for general hospital patients with dementia and delirium: A qualitative study.

**Citation:** International Journal of Geriatric Psychiatry, December 2014, vol./is. 29/12(1315-1317), 0885-6230;1099-1166 (Dec 2014)

**Author(s):** Spencer, Karen, Foster, Pippa E. R, Whittamore, Kathy H, Goldberg, Sarah E, Harwood, Rowan H

**Abstract:** This is the first qualitative study to explore staff confidence, morale and attitudes in a unit that had attempted to improve general hospital care for patients with dementia and delirium through improved staff education and skill mix. All participants reported how their confidence in their own competence to care for this group of patients had increased and developed a more positive attitude towards patients with cognitive impairment. The ambitious development of a specialist Medical and Mental Health Unit (MMHU) has made headway in improving the delivery of care for confused older patients who are admitted to hospital with a medical crisis. The findings from this study also support the idea that acute trust priorities have a role in influencing care of older patients with chronic confusion. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

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**Title:** Safe prescribing of physical health medication in patients with dementia.

**Citation:** International Journal of Geriatric Psychiatry, December 2014, vol./is. 29/12(1230-1241), 0885-6230;1099-1166 (Dec 2014)

**Author(s):** Bishara, Delia, Harwood, Daniel

**Abstract:** Objective: The prescription of multiple medications for older people is common, despite concerns over the dangers associated with this. Older adults are particularly vulnerable to adverse effects of medication, and this is an even greater risk in patients with dementia. Many drugs used for physical health conditions can negatively affect cognition. Our aim was to identify areas of concern and which drugs to avoid in patients with dementia. Design: A review of the literature was carried out using Pubmed, Medline and Embase. Results: Many drugs used for physical health conditions may worsen the symptoms of dementia. They do this either by negating the effects of cognitive enhancers or through direct adverse effects on cognition. Conclusions: Where evidence exists, we provide guidance as to the safest drugs to prescribe in particular clinical situations. Anticholinergic drugs should be avoided in dementia wherever possible. Effective pain management is important in older patients, but caution should be used when selecting an opioid analgesic because of their adverse central effects. Cardiac drugs have overall negligible effects on cognition, although some have been reported to cause delirium. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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**Title:** Period, birth cohort and prevalence of dementia in mainland China, Hong Kong and Taiwan: A meta-analysis.

**Citation:** International Journal of Geriatric Psychiatry, December 2014, vol./is. 29/12(1212-1220), 0885-6230;1099-1166 (Dec 2014)

**Author(s):** Wu, Yu-Tzu, Lee, Hsin-yi, Norton, Samuel, Prina, A. Matthew, Fleming, Jane, Matthews, Fiona E, Brayne, Carol

**Abstract:** Objective: There have been dramatic societal changes in East Asia over the last hundred years. Several of the established risk factors could have important period and cohort effects. This study explores temporal variation of dementia prevalence in mainland China, Hong Kong and Taiwan taking study methods into account. Methods: Seventy prevalence studies of dementia in mainland China, Hong Kong and Taiwan were identified from 1980 to 2012. Five period groups (before 1990, 1990 ~ 1994, 1995 ~ 1999, 2000 ~ 2004 and 2005 ~ 2012) and five birth cohort groups (1895 ~ 1909, 1910 ~ 1919, 1920 ~ 1929, 1930 ~ 1939 and 1940 ~ 1950) were categorised using the year of investigation and 5-year age groups. Pooled prevalence by age, period and birth cohort groups was estimated through meta-regression model and meta-analysis taking diagnostic criteria and age structure into account. Results: After adjusting for diagnostic criteria, the study age range and age structure, the prevalence of dementia in the older population aged 60 years and over fluctuated across periods but not reaching significance and were estimated as 1.8%, 2.5%, 2.1%, 2.4% and 3.1% for the five periods from pre-1990 to 2005 ~ 2012. A potential increasing pattern from less to more recent birth cohort groups was found in the major studies using older diagnostic criteria with wider differences in the age groups over 70 years. Conclusions: This study found no significant variation across periods but suggested a potential cohort effect. The influence of societal changes might moderate early life experiences across different generations with substantial impact on mental health in older age. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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**Title:** Associations between risk of mortality and atypical antipsychotic use in vascular dementia: A clinical cohort study.

**Citation:** International Journal of Geriatric Psychiatry, December 2014, vol./is. 29/12(1249-1254), 0885-6230;1099-1166 (Dec 2014)

**Author(s):** Sultana, J, Chang, C. K, Hayes, R. D, Broadbent, M, Stewart, R, Corbett, A, Ballard, C

**Abstract:** Objectives: People with vascular dementia (VaD) are frequently prescribed atypical antipsychotics to treat behavioural and psychological symptoms, but there is an alarming lack of evidence regarding their safety or efficacy in VaD. This study sought to identify the mortality risk associated with the most commonly prescribed atypical antipsychotics in people with VaD compared with people not exposed to these drugs. Methods: A clinical cohort study of 1531 people with VaD performed using anonymised versions of full electronic health records from the Clinical Record Interactive Search application at the South London and Maudsley NHS Foundation Trust. Patients were identified from 2007 to 2010, of whom 337 were exposed to quetiapine, risperidone or olanzapine. The main outcome measure was mortality. Results: Patients exposed to atypical antipsychotics were not at increased risk of mortality [hazard ratio (HR) 1.05, 95% confidence

interval (CI): 0.87-1.26]. Exposure to risperidone did not result in an increased risk of mortality (HR = 0.85; 95% CI: 0.59-1.24), and patients exposed to quetiapine had a non-significant numerical increase in mortality risk (HR = 1.14; 95% CI: 0.93-1.39; p-value = 0.20) compared with untreated patients. Too few patients were exposed to olanzapine alone to provide reliable results. Conclusions: The absence of a significant increase in mortality risk associated with atypical antipsychotics in people with VaD indicates that a clinical trial of antipsychotics focussing on the treatment of aggression and agitation in this patient group will be justified and feasible following further consideration of possible confounders, which will be critical to determine the role of antipsychotics in treatment of VaD. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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**Title: Antecedents of intact cognition and dementia at age 90 years: A prospective study.**

**Citation:** International Journal of Geriatric Psychiatry, December 2014, vol./is. 29/12(1278-1285), 0885-6230;1099-1166 (Dec 2014)

**Author(s):** Vaillant, George E, Okereke, Olivia I, Mukamal, Kenneth, Waldinger, Robert J

**Abstract:** Objectives: This study aimed to examine the possible antecedents of both dementia and sustained intact cognition at age 90 years among men who underwent a prospective, multidisciplinary assessment from ages 19 to 90 years, with little attrition. Methods: We conducted a prospective 20-year reassessment of 196 (out of 268) former Harvard college sophomores who survived until age 70 years. Since 1939, the study gathered measurements of childhood environment, dominant personality traits, objective mental and physical health over time, smoking in pack-years, alcohol abuse, and depression. Questionnaires were obtained every 2 years and physical exams every 5 years. Cognitive status was assessed at ages 80, 85, and 90 years. Results: Despite addressing a wide variety of health, behavioral, and social factors over the lifespan, we observed few predictors with strong association with either intact cognition at age 90 years (n = 40) or dementia (n = 44). Univariate analysis revealed seven suggestive predictors of intact cognition at age 90 years or of dementia: warm childhood relationship with mother, exercise at age 60 years, high maternal education, young age of mother at subject's birth, low body mass index, good physical health at 60 years, and late retirement. Only the first three variables, warm childhood relationship with mother, exercise at age 60 years, and high maternal education, remained significant with logistic regression. Conclusions: In this prospective study of long-lived, highly educated men, several well-known putative predictors of Alzheimer's disease did not distinguish those who over the next 20 years developed dementia from those with unimpaired cognition until age 90 years. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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**Title: The prevalence of dementia subtypes in rural Tanzania.**

**Citation:** The American Journal of Geriatric Psychiatry, December 2014, vol./is. 22/12(1613-1622), 1064-7481;1545-7214 (Dec 2014)

**Author(s):** Paddick, Stella-Maria, Longdon, Anna, Kisoli, Aloyce, Gray, William K, Dotchin, Catherine L, Jusabani, Ahmed, Iqbal, Ahmed, Hughes, Julian, Teodorczuk, Andrew, Chaote, Paul, Walker, Richard W

**Abstract:** Objectives: The prevalence of dementia is predicted to increase rapidly in developing countries. Vascular risk factors may contribute to this rise. Our aim was to estimate the proportions of Alzheimer's disease (ADD) and vascular dementia (VAD) in a prevalent cohort of dementia cases in rural Tanzania. Design: A two-stage door-to-door dementia prevalence study. Setting: Hai district, Tanzania Participants: In Phase I, the Community Screening Instrument for Dementia (CSI-D) was used to screen 1198 community-dwelling people for dementia. In Phase II, 168/184 (91.3%) of those with poor performance, 56/104 (53.8%) of those with intermediate performance and 72/910 (7.9%) of those with good performance on CSI-D were interviewed and diagnoses were made using the DSM-IV criteria. Measurements: For subtype diagnosis, DSM-IV dementia criteria plus NINCDS-ADRDA criteria were used for ADD and NINDS-AIREN criteria for VAD. Other dementias were diagnosed by international consensus criteria. Diagnoses were confirmed or excluded by computerised tomography where clinically appropriate. Results: Of 78 dementia cases, 38 (48.7%) were ADD and 32 (41.0%) were VAD. The crude prevalence of ADD was 3.7% (95% CI 2.5 to 4.9) and of VAD was 2.9% (95% CI 1.9 to 3.9). The age-adjusted prevalence was 3.0% (95% CI 1.8 to 4.2) for ADD and 2.6% (95% CI 1.6 to 3.6) for VAD. A previous diagnosis of diabetes mellitus was independently associated with greater odds of having VAD than ADD. Conclusions: VAD accounted for a greater proportion of dementia cases than expected. Further investigation and treatment of risk factors is required in this setting. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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**Title:** Developing physician consensus on the reporting of patients with mild cognitive impairment and mild dementia to transportation authorities in a region with mandatory reporting legislation.

**Citation:** The American Journal of Geriatric Psychiatry, December 2014, vol./is. 22/12(1530-1543), 1064-7481;1545-7214 (Dec 2014)

**Author(s):** Rapoport, Mark J, Naglie, Gary, Herrmann, Nathan, Sarracini, Carla Zuccherro, Mulsant, Benoit H, Frank, Christopher, Kiss, Alex, Seitz, Dallas, Vrkljan, Brenda, Masellis, Mario, Tang-Wai, David, Pimlott, Nicholas, Molnar, Frank

**Abstract:** Objective: To establish consensus among dementia experts about which patients with mild cognitive impairment (MCI) or mild dementia should be reported to transportation authorities. Methods: We conducted a literature review of predictors of driving safety in patients with dementia and combined these into 26 case scenarios. Using a modified Delphi technique, case scenarios were reviewed by 38 dementia experts (geriatric psychiatrists, geriatricians, cognitive neurologists and family physicians with expertise in elder care) who indicated whether or not they would report the patient in each scenario to regional transportation authorities and recommend a specialized on-road driving test. Scenarios were presented up to five times to achieve consensus, defined as 85% agreement, and discrepancies were discussed anonymously online. Results: By the end of the fifth iteration, there was cumulative consensus on 18 scenarios (69%). The strongest predictors of decision to report were the combination of caregiver concern about the patient's driving and

abnormal Clock Drawing Test, which accounted for 62% of the variance in decision to report at the same time as or without a road test ( $p < 0.01$ ). Based on these data, an algorithm was developed to guide physician decision-making about reporting patients with MCI or mild dementia to transportation authorities. Conclusion: This study supports existing international guidelines that recommend specialized on-road testing when driving safety is uncertain for patients with MCI and emphasizes the importance of assessing executive dysfunction and caregiver concern about driving. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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**Title:** Anxiety is not associated with the risk of dementia or cognitive decline: The rotterdam study.

**Citation:** The American Journal of Geriatric Psychiatry, December 2014, vol./is. 22/12(1382-1390), 1064-7481;1545-7214 (Dec 2014)

**Author(s):** de Bruijn, Renee F. A. G, Direk, Nese, Mirza, Saira Saeed, Hofman, Albert, Koudstaal, Peter J, Tiemeier, Henning, Ikram, M. Arfan

**Abstract:** Objective: Anxiety and depression frequently co-occur in the elderly and in patients with dementia. Prior research has shown that depression is related to the risk of dementia, but the effect of anxiety on dementia remains unclear. We studied whether anxiety symptoms and anxiety disorders are associated with the risk of dementia and cognition. Methods: We studied 2,708 nondemented participants from the prospective, population-based Rotterdam Study who underwent the Hospital Anxiety and Depression Scale (HADS) (sample I, baseline 1993-1995) and 3,069 nondemented participants who underwent screening for anxiety disorders (sample II, baseline 2002-2004). In 1993-1995, anxiety symptoms were assessed using the HADS. In 2002-2004, anxiety disorders were assessed using the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. In both study samples, participants were continuously monitored for dementia until January 1, 2011. Cognition was tested in 2002-2004 and at a follow-up visit in 2009-2011 in sample II only. Results: In sample I, 358 persons developed dementia, and in sample II, 248 persons developed dementia. We did not find an association with the risk of dementia for anxiety symptoms (hazard ratio 1.05, 95% confidence interval: 0.77-1.43, Wald statistic 0.08,  $p = 0.77$ ,  $df = 1$ ) or for anxiety disorders (hazard ratio 0.92, 95% confidence interval: 0.58-1.45, Wald statistic 0.14,  $p = 0.71$ ,  $df = 1$ ). We could demonstrate an association of anxiety disorders with poor cognition cross-sectionally, but this attenuated after additional adjustments. Conclusion: Our findings do not offer evidence for an association between anxiety symptoms or anxiety disorders with the risk of dementia or with cognition. This suggests that anxiety is not a risk factor nor a prodrome of dementia in an elderly, community-dwelling population. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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**Title:** The Type A behavior pattern and cardiovascular disease as predictors of dementia.

**Citation:** Health Psychology, December 2014, vol./is. 33/12(1593-1601), 0278-6133;1930-7810 (Dec 2014)

**Author(s):** Bokenberger, Kathleen, Pedersen, Nancy L, Gatz, Margaret, Dahl, Anna K

**Abstract:** Objective: Research has suggested that greater psychophysiological reactivity to stress increases risk of dementia and that those with the Type A behavior pattern (TABP) are predisposed to elevated stress reactivity and cardiovascular disease (CVD), but no study has evaluated the associations among TABP, CVD, and dementia, prospectively. Hence, the present study aimed to investigate dementia risk in relation to TABP and CVD. Methods: A population-based cohort of 1,069 persons with a baseline mean age of 64.81 years from the Swedish Twin Registry was followed consecutively for up to 23 years. Based on self-reported items, TABP was measured using 6 scales: Ambition, Stress, Hard-driving, Neuroticism, Cynicism, and Paranoia. CVD was self-reported and dementia was diagnosed adhering to Diagnostic and Statistical Manual of Mental Disorders, third edition, revised (DSM-III-R) or Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) criteria. Results: TABP was generally not associated with dementia risk. However, significant interaction effects of stress, paranoia, and cynicism with CVD on dementia risk were observed. That is, for those with CVD, high scores on stress, paranoia, and cynicism were associated with increased risk of dementia (hazard ratio [HR] = 1.43, 95% confidence interval [CI] = 0.95-2.15; HR = 1.39, 95% CI = 0.83-2.33; HR = 1.25, 95% CI = 0.76-2.06, respectively), whereas for those who did not have CVD, high scores on these measures appeared to be protective (HR = 0.76, 95% CI = 0.50-1.14; HR = 0.55, 95% CI = 0.34-0.89; HR = 0.50, 95% CI = 0.29-0.84, respectively). Conclusion: Some features of TABP confer an increased risk for dementia in those with CVD, whereas those without CVD are protected. When evaluating the risk of dementia, CVD and personality traits should be taken into consideration. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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**Title:** Managing medications: the role of informal caregivers of older adults and people living with dementia. A review of the literature.

**Citation:** Journal of Clinical Nursing, 01 December 2014, vol./is. 23/23/24(3296-3308), 09621067

**Author(s):** Gillespie, Robyn, Mullan, Judy, Harrison, Lindsey

**Abstract:** Aims and objectives To explore published literature that describes what is known about the role of informal caregivers as they manage medications for older adults and/or people living with dementia residing in the community. Background The number of informal caregivers of older adults, including people living with dementia, is growing worldwide. Good medication management by informal caregivers contributes to improved health outcomes and reduced institutionalisations for the care recipient; however, little is known about this domain of care. Design Narrative review. Methods A literature search was conducted to identify relevant research articles written in English between January 2000-April 2013, sourced from online database searches using multiple keywords, reviewing reference lists and citations of key articles and Internet searches. Articles were included if they described informal caregiver medication management for older adults and/or people living with dementia. Results Ten articles were found that described this role from the perspective of the informal caregiver. The evidence suggests that this role is complex and is often made more difficult because of increasing medication regimen complexities, aspects of the relationship between the caregiver and the care recipient, healthcare system practices and a lack of information and/or training available to the informal caregiver, especially when caring for people living with dementia. Conclusion Responsibility for managing medications for older adults and/or people living with

dementia in the community often falls to informal caregivers. More information resources are required for this role, which requires specific medication management skills and knowledge and is further complicated by the cognitive decline of the care recipient. Relevance to clinical practice Informal caregivers are often expected to manage medications in a safe and effective manner for their older care recipient, who may also have cognitive impairment. Nurses, who may be in frequent contact with community-living older adults/people living with dementia, can be an important source of information, training and support for informal caregivers.

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**Title:** 'Seeing me through my memories': a grounded theory study on using reminiscence with people with dementia living in long-term care.

**Citation:** Journal of Clinical Nursing, 01 December 2014, vol./is. 23/23/24(3564-3574), 09621067

**Author(s):** Cooney, Adeline, Hunter, Andrew, Murphy, Kathy, Casey, Dymphna, Devane, Declan, Smyth, Siobhan, Dempsey, Laura, Murphy, Edel, Jordan, Fionnuala, O'Shea, Eamon

**Abstract:** Aims and objectives To understand people with dementia, staff and relatives perspectives on reminiscence, its impact on their lives and experience of care and care giving. Background The quality of life of people with dementia living in long-term care is an important question for providers and policymakers. Reminiscence is thought to have potential for increasing resident-staff interaction, thereby contributing to enhanced personhood for people with dementia. Relatively little is known about the effects of reminiscence on people with dementia or staff. Design This is a grounded theory study. This design was chosen because of its focus on understanding people's behaviour, interaction and response to events. Methods In-depth interviews were conducted with residents with dementia ( n = 11), relatives ( n = 5), healthcare assistants ( n = 10), nurses ( n = 9) and nurse managers ( n = 3). Results Reminiscence enabled staff to see and know the person beneath the dementia. It acted as ... a key revealing the person to staff, enabling them to engage with the person with dementia in a different way. Knowing the person enabled staff to understand (through the lens of the person's past) and sometimes to accommodate the person's current behaviour. Conclusion The theory of 'seeing me (through my memories)' was generated from the data. This theory explains that through reminiscing and engaging with the person with dementia, staff begin to see the person (their personhood) through the mirror of their memories. Relevance to clinical practice This study found that reminiscence enhanced the experience of living in long-term care for residents with dementia and working in long-term care settings for staff.

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**Title:** Walking speed, processing speed, and dementia: a population-based longitudinal study.

**Citation:** Journals of Gerontology Series A: Biological Sciences & Medical Sciences, 01 December 2014, vol./is. 69/12(1503-1510), 10795006

**Author(s):** Welmer, Anna-Karin, Rizzuto, Debora, Qiu, Chengxuan, Caracciolo, Barbara, Laukka, Erika  
J

**Abstract:** BACKGROUND: Slow walking speed has been shown to predict dementia. We investigated the relation of walking speed, processing speed, and their changes over time to dementia among older adults. METHODS: This study included 2,938 participants (age 60+ years) in the population-based Swedish National study on Aging and Care in Kungsholmen, Sweden, who were free from dementia and severe walking impairment at baseline. Walking speed was assessed with participants walking at their usual pace and processing speed was defined by a composite measure of standard tests (digit cancellation, trail making test-A, pattern comparison). Dementia at 3- and 6-year follow-ups was diagnosed according to Diagnostic and Statistical Manual of Mental Disorders-IV criteria. RESULTS: Of the 2,232 participants who were reassessed at least once, 226 developed dementia. Logistic regression models showed that each standard deviation slower baseline walking speed or decline in walking speed over time increased the likelihood of incident dementia (odds ratios 1.61, 95% confidence interval [CI] 1.31-1.98; and 2.58, 95% CI 2.12-3.14, respectively). Adjustment for processing speed attenuated these associations (odds ratios 1.26, 95% CI 1.01-1.58 and 1.76, 95% CI 1.33-2.34). Mixed-effects models revealed statistical interactions of time with dementia on change in walking and processing speed, such that those who developed dementia showed accelerated decline. At baseline, poorer performance in processing speed, but not in walking speed, was observed for persons who developed dementia during the study period. CONCLUSIONS: Processing speed may play an important role for the association between walking speed and dementia. The slowing of walking speed appears to occur secondary to slowing of processing speed in the path leading to dementia.

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**Title: Unpacking the Evidence: Interventions for Reducing Behavioral and Psychological Symptoms in People with Dementia.**

**Citation:** Physical & Occupational Therapy in Geriatrics, 01 December 2014, vol./is. 32/4(294-309), 02703181

**Author(s):** Laver, Kate, Clemson, Lindy, Bennett, Sally, Lannin, Natasha A, Brodaty, Henry

**Abstract:** Aims: Behaviors of concern and psychological symptoms such as depression, apathy, agitation, wandering, and resistance to care are common in people with dementia and can be challenging for the caregiver to manage. This narrative review summarizes details of interventions found to be effective in reducing behaviors of concern and psychological symptoms. Methods: This review is based on an existing meta-analysis. The published meta-analysis included a large number of studies which ranged in efficacy. Studies were only included in this review if a moderate or large positive effect was found (Cohen's  $d \geq 0.40$ ). Information regarding the main aims of the intervention, dose, type of health professional providing the intervention, and the components of the intervention program were extracted. Results: Interventions with a positive effect contained multiple components including caregiver education, skills training, and engagement in meaningful occupations. Several of the interventions were delivered by an occupational therapist or were developed with extensive input from occupational therapists. Conclusion: This paper provides a description of effective interventions and can be utilized to guide the implementation of evidence-based practice in dementia care.

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**Title: Is There a Relationship Between Mini Mental Status Examination Scores and the Activities of Daily Living Abilities of Clients Presenting with Suspected Dementia?**

**Citation:** Physical & Occupational Therapy in Geriatrics, 01 December 2014, vol./is. 32/4(336-352), 02703181

**Author(s):** Brown, Ted, Elliott, Stephen, Fielding, Leesa

**Abstract:** Introduction: The Mini Mental Status Examination (MMSE) is a commonly utilized cognitive screening assessment by occupational therapists working in both acute and sub-acute care environments. As MMSE scores are influenced by factors such as one's culture, language and education, this poses an issue when using MMSE scores to inform interventions for clients with culturally and linguistically diverse (CALD) backgrounds. Is there an association between the MMSE and functional performance measures and does this relationship differ between CALD and non-CALD client groups? Aim: This study had two primary aims: (i) to investigate if the MMSE scores were significantly associated with the prehospital and inpatient functional performance of participants presenting with suspected dementia; and whether performance differences existed between CALD and non-CALD client groups, when completing the MMSE, Modified Barthel Index (MBI) and Activities of Daily Living Questionnaire (ADL-Q). Method: A sample of 28 participants suspected of having dementia were recruited from three acute care hospitals in Melbourne, Australia. The sample included 10 CALD and 18 English-speaking participants. Participants' cognition was assessed using the MMSE and their functional performance was measured using the ADL-Q for their prehospital functional performance and the MBI for their inpatient level of functioning. Results were analyzed using Spearman's rho correlations and a Mann-Whitney U test of difference. Results: No significant correlations were found between the MMSE, MBI, or ADL-Q total scores, or the ADL-Q subscales. The Mann-Whitney U test revealed no significant differences between the CALD and non-CALD client group scores on the three measures. Conclusion: Cognitive scores and functional performance scores were not significantly associated. No significant differences between the CALD and non-CALD group were obtained.

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