

Dementia

Current Awareness Newsletter



March 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

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

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

New Cochrane Library Systematic Reviews on Dementia

[Mini-Mental State Examination \(MMSE\) for the detection of Alzheimer's disease and other dementias in people with mild cognitive impairment \(MCI\)](#)

Ingrid Arevalo-Rodriguez; Nadja Smailagic; Marta Roqué i Figuls; Agustín Ciapponi; Erick Sanchez-Perez; Antri Giannakou; Olga L Pedraza; Xavier Bonfill Cosp; Sarah Cullum

Published: 5 March 2015

Dementia is a progressive global cognitive impairment syndrome. In 2010, more than 35 million people worldwide were estimated to be living with dementia. Some people with mild cognitive impairment (MCI) will progress to dementia but others remain stable or recover full function. There is great interest in finding good predictors of dementia in people with MCI. The Mini-Mental State Examination (MMSE) is the best-known and the most often used short screening tool for providing an overall measure of cognitive impairment in clinical, research and community settings.

Objectives: To determine the diagnostic accuracy of the MMSE at various thresholds for detecting individuals with baseline MCI who would clinically convert to dementia in general, Alzheimer's disease dementia or other forms of dementia at follow-up.

[Cholinesterase inhibitors for rarer dementias associated with neurological conditions](#)

Ying Li, Shan Hai, Yan Zhou, Bi Rong Dong

Published: 3 March 2015

Rarer dementias include Huntington's disease (HD), cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy (CADASIL), frontotemporal dementia (FTD), dementia in multiple sclerosis (MS) and progressive supranuclear palsy (PSP). Cholinesterase inhibitors, including donepezil, galantamine and rivastigmine, are considered to be the first-line medicines for Alzheimer's disease and some other dementias, such as dementia in Parkinson's disease.

Cholinesterase inhibitors are hypothesised to work by inhibiting the enzyme acetylcholinesterase (AChE) which breaks down the neurotransmitter acetylcholine. Cholinesterase inhibitors may also lead to clinical improvement for rarer dementias associated with neurological conditions.

Objectives: To assess the efficacy and safety of cholinesterase inhibitors for cognitive impairment or dementia associated with neurological conditions.

[Mini-Cog for the diagnosis of Alzheimer's disease dementia and other dementias within a community setting](#)

Bruce A Fage, Calvin CH Chan, Sudeep S Gill, Anna H Noel-Storr, Nathan Herrmann, Nadja Smailagic, Vasilis Nikolaou, Dallas P Seitz

Published: 3 February 2015

Alzheimer's disease and related forms of dementia are becoming increasingly prevalent with the aging of many populations. The diagnosis of Alzheimer's disease relies on tests to evaluate cognition and discriminate between individuals with dementia and those without dementia. The Mini-Cog is a brief, cognitive screening test that is frequently used to evaluate cognition in older adults in various settings.

Objectives: The primary objective of this review was to determine the diagnostic accuracy of the Mini-Cog for detecting Alzheimer's disease dementia and related dementias in a community setting. Secondary objectives included investigations of the heterogeneity of test accuracy in the included studies and potential sources of heterogeneity. These potential sources of heterogeneity included 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. Overall, the goals of this review were to determine if the Mini-Cog is a cognitive screening test that could be recommended to screen for cognitive impairment in community settings.

[Dopamine transporter imaging for the diagnosis of dementia with Lewy bodies](#)

Jenny McCleery, Shirlony Morgan, Kevin M Bradley, Anna H Noel-Storr, Olaf Ansorge, Chris Hyde

Published: 30 January 2015

Dementia with Lewy bodies (DLB) is a common cause of neurodegenerative dementia of old age. Its accurate recognition can be important in clinical management and is essential for the development of disease-modifying treatments. The current clinical diagnostic criteria are limited particularly by relatively poor sensitivity. Dopamine transporter (DAT) imaging using single-photon emission computed tomography (SPECT) is the most highly developed supplementary test for DLB, and is now incorporated as a suggestive feature in the consensus diagnostic criteria. However, there is uncertainty about its accuracy and its place in clinical practice. It is most commonly used in people who are already suspected of having DLB.

Objectives: We had two objectives in this review: (A) to estimate the accuracy of DAT imaging for the diagnosis of DLB in people with dementia in secondary care (specialist dementia services), and (B) to estimate the accuracy of DAT imaging for the diagnosis of DLB in people with dementia in secondary care who are already suspected of having DLB on the basis of a prior clinical work-up.

New from NICE

IN DEVELOPMENT (due for publication later in March):

[Disability, dementia and frailty in later life - mid-life approaches to prevention \(GID-PHG64\)](#) (NICE guidelines)

New from Department of Health and Public Health England

[Prime Minister's challenge on dementia 2020](#)

21 February 2015, Guidance, CO, DH, Number 10

This document launches the next phase of the Prime Minister's challenge on dementia.

It sets out what this government wants to see in place by 2020 in order for England to be:

- the best country in the world for dementia care and support and for people with dementia, their carers and families to live
- the best place in the world to undertake research into dementia and other neurodegenerative diseases

It also highlights the progress to date on improving dementia care, support and research.

NHS Behind the Headlines

[Exposing the evidence behind the lurid newspaper headlines and how the media has \(mis\)reported health news:](#)

[Out-of-character criminal actions linked to dementia](#)

“Could criminal behaviour be the first sign of dementia?” the Mail Online asks. A US study found an association between sudden, unusual criminal behaviour, such as shoplifting or urinating in public, and various types of dementia...

[People with gout have lower risk of Alzheimer's disease](#)

"Gout could help prevent Alzheimer's, research shows," The Independent reports. Researchers think that uric acid, which causes gout, may have a protective effect against Alzheimer's disease...

[Media overstates dementia benefits of Mediterranean diet](#)

"New diet to fight dementia," claims the Sunday Express, somewhat predictably, while The Independent reports: "Mediterranean diet could help beat dementia". Despite the media focus...

[Molecule could protect against Alzheimer's disease](#)

"Alzheimer's breakthrough: scientists home in on molecule which halts development of disease," The Daily Telegraph reports. The so-called "chaperone molecule", known as "Brichos", helps prevent the clumping of proteins...

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

- **The use of iPads in dementia care**

Current Awareness Database Articles on Dementia

Below is a selection of articles on dementia recently added to the healthcare databases, grouped in the following categories:

- Dementia caring
- Medical
- Therapies

- Other

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

Dementia caring

Title: Effectiveness of an internet intervention for family caregivers of people with dementia: Results of a randomized controlled trial

Citation: PLoS ONE, February 2015, vol./is. 10/2, 1932-6203 (13 Feb 2015)

Author(s): Blom M.M., Zarit S.H., Groot Zwaaftink R.B.M., Cuijpers P., Pot A.M.

Abstract: Background: The World Health Organization stresses the importance of accessible and (cost)effective caregiver support, given the expected increase in the number of people with dementia and the detrimental impact on the mental health of family caregivers. Methods: This study assessed the effectiveness of the Internet intervention 'Mastery over Dementia'. In a RCT, 251 caregivers, of whom six were lost at baseline, were randomly assigned to two groups. Caregivers in the experimental group (N = 149) were compared to caregivers who received a minimal intervention consisting of e-bulletins (N = 96). Outcomes were symptoms of depression (Center for Epidemiologic Studies Depression Scale: CES-D) and anxiety (Hospital Anxiety and Depression Scale: HADS-A). All data were collected via the Internet, and an intention-to-treat analysis was carried out. Results: Almost all caregivers were spouses or children (in-law). They were predominantly female and lived with the care recipient in the same household. Age of the caregivers varied from 26 to 87 years. Level of education varied from primary school to university, with almost half of them holding a bachelor's degree or higher. Regression analyses showed that caregivers in the experimental group showed significantly lower symptoms of depression ($p = .034$) and anxiety ($p = .007$) post intervention after adjustment for baseline differences in the primary outcome scores and the functional status of the patients with dementia. Effect sizes were moderate for symptoms of anxiety (.48) and small for depressive symptoms (.26). Conclusions: The Internet course 'Mastery over Dementia' offers an effective treatment for family caregivers of people with dementia reducing symptoms of depression and anxiety. The results of this study justify further development of Internet interventions for family caregivers of people with dementia and suggest that such interventions are promising for keeping support for family caregivers accessible and affordable. The findings are even more promising because future generations of family caregivers will be more familiar with the Internet. Trial Registration: Dutch Trial Register NTR-2051 www.trialregister.nl/trialreg/admin/rctview.asp?TC=2051

Title: Family carers' experiences of attending a multicomponent psychosocial intervention program for carers and persons with dementia

Citation: Journal of Multidisciplinary Healthcare, February 2015, vol./is. 8/(91-99), 1178-2390 (12 Feb 2015)

Author(s): Johannessen A., Bruvik F.K., Hauge S.

Abstract: Background: Psychosocial interventions for persons with dementia and their primary family carers are promising approaches to reducing the challenges associated with care, but, obtaining significant outcomes may be difficult. Even though carers in general are satisfied with such interventions, few studies have evaluated the interventions by means of qualitative methods. Aim: The objective of the study reported here was to investigate family carers' experiences of a multicomponent psychosocial intervention program, and also to offer advice on how to develop the intervention program. Methods: Content analyses were taken from individual qualitative interviews conducted in 2012 with 20 carers (aged 50-82 years) who participated in a psychosocial intervention program that included education, individual and family counseling, and parallel group sessions for carers and persons with dementia. Results: Two main categories emerged: 1) benefits of the intervention program, which sets out the informants' experiences for the benefits of participation, described in the subcategories "importance of content and group organization" and "importance of social support"; and 2) missing content in the intervention program, which details the informants' suggestions for future interventions, contained in the subcategories "need for extended content" and "need for new group organization". Conclusion: The carers found the interventions useful. The importance of even earlier and more flexible interventions for the family carers, the extended family, and the persons with dementia was underscored.

Title: Correlates among Nocturnal Agitation, Sleep, and Urinary Incontinence in Dementia

Citation: American Journal of Alzheimer's Disease and other Dementias, February 2015, vol./is. 30/1(78-84), 1533-3175;1938-2731 (14 Feb 2015)

Author(s): Rose K., Specht J., Forch W.

Abstract: Family caregivers of elders with dementia often face the challenging behaviors of nighttime agitation, sleep disturbances, and urinary incontinence. To date, no study has examined the interrelationships of these behaviors in community-dwelling persons. This single group, descriptive study employs wireless body sensors to objectively collect data on nighttime agitation, sleep, and urinary incontinence in patients with dementia in their homes over a 5- to 7-day period. The aims are to (1) examine the feasibility and acceptability of the use of body sensors in community-dwelling persons with dementia; (2) describe patterns of nocturnal agitation, sleep continuity and duration, and nighttime urinary incontinence; and (3) examine the relationships among nocturnal agitation, sleep continuity and duration, and nighttime urinary incontinence. Data collection is in early stages and is still in progress. Challenges and advantages from preliminary data collection are reported.

Title: Service utilisation and family support of people with dementia: A cohort study in England

Citation: International Journal of Geriatric Psychiatry, February 2015, vol./is. 30/2(166-177), 0885-6230;1099-1166 (01 Feb 2015)

Author(s): Gage H., Cheynel J., Williams P., Mitchell K., Stinton C., Katz J., Holland C., Sheehan B.

Abstract: Objectives: This study aimed to compare costs of caring for people with dementia in domiciliary and residential settings, central England. Methods: A cohort of people with dementia was recruited during a hospital stay 2008-2010. Data were collected by interview at baseline, and 6- and 12-month follow-up, covering living situation (own home with or without co-resident carer, care home); cognition, health status and functioning of person with dementia; carer stress; utilisation of health and social services; and informal (unpaid) caring input. Costs of formal services and informal caring (replacement cost method) were calculated. Costs of residential and domiciliary care packages were compared. Results: Data for 109 people with dementia were collected at baseline; 95 (87.2%) entered hospital from their own homes. By 12 months, 40 (36.7%) had died and 85% of the survivors were living in care homes. Over one-half of people with dementia reported social care packages at baseline; those living alone had larger packages than those living with others. Median caring time for co-resident carers was 400 min/day and 10 h/week for non co-resident carers. Residential care was more costly than domiciliary social care for most people. When the value of informal caring was included, the total cost of domiciliary care was higher than residential care, but not significantly so. Carer stress reduced significantly after the person with dementia entered a care home. Conclusions: Caring for people with dementia at home may be more expensive, and more stressful for carers, than care in residential settings.

Title: Assisting people with dementia with their medicines: Experiences of family carers

Citation: International Journal of Pharmacy Practice, February 2015, vol./is. 23/1(44-51), 0961-7671;2042-7174 (01 Feb 2015)

Author(s): Smith F., Grijseels M.S., Ryan P., Tobiansky R.

Abstract: Objectives Many family carers provide assistance with medicines that is vital for optimal clinical outcomes. Medicines-related tasks are known to contribute to carer burden and stress. This study examined the experiences of family carers when providing medicines-related assistance for a person with dementia, to indicate how services could become more responsive to the specific needs of this group of carers. Methods Semi-structured interviews were undertaken with family carers and care-recipients identified through a memory clinic in north London and a local Alzheimer's Society. The interview guide, comprising open questions, was informed by previous studies and consultation with stakeholders. Qualitative procedures involving a framework approach were employed in the analysis. Key findings Fourteen interviews with carers and five with care-recipients were conducted. These highlighted the burden and challenges, surrounding medicines-management activities. As well as practical aspects that could be complex, carers were commonly making judgements about the need for and appropriateness of medicines. Although experiences were varied, carers reported difficulties in maintaining supplies, ensuring adherence to regimens and accessing health professionals; and they made some recommendations for service improvements. Carers' difficulty in obtaining information and advice about medicines was compounded by their desire to allow the

care-recipient to retain autonomy over their medicines as long as possible. Conclusion This study highlights the distinct needs and problems with regard to medicines-management when caring for a person with dementia. As the prevalence of dementia rises, interventions designed to address these specific aspects of reduce carer-burden should be a priority for health professionals.

Title: A systematic review of intervention studies to prevent hospitalizations of community-dwelling older adults with dementia

Citation: Medical Care, February 2015, vol./is. 53/2(207-213), 0025-7079;1537-1948 (02 Feb 2015)

Author(s): Phelan E.A., Debnam K.J., Anderson L.A., Owens S.B.

Abstract: To conduct a systematic literature review to determine if there were any intervention strategies that had any measurable effect on acute-care hospitalizations among community-dwelling adults with dementia. DESIGN:: Studies were identified by a professional research librarian and content experts. SETTING:: Community dwelling. PARTICIPANTS:: Participants were diagnosed with dementia, severity ranging from mild to severe, and were recruited from health care and community agencies. MEASUREMENTS:: A study met the inclusion criteria if it: (a) was published in English; (b) included a control or comparison group; (c) published outcome data from the intervention under study; (d) reported hospitalization as one of the outcomes; (e) included community-dwelling older adults; and (f) enrolled participants with dementia. Ten studies met all inclusion criteria. RESULTS:: Of the 10 studies included, most assessed health services use (ie, hospitalizations) as a secondary outcome. Participants were recruited from a range of health care and community agencies, and most were diagnosed with dementia with severity ratings ranging from mild to severe. Most intervention strategies consisted of face-to-face assessments of the persons living with dementia, their caregivers, and the development and implementation of a care plan. A significant reduction in hospital admissions was not found in any of the included studies, although 1 study did observe a reduction in hospital days. CONCLUSIONS:: The majority of studies included hospitalizations as a secondary outcome. Only 1 intervention was found to have an effect on hospitalizations. Future work would benefit from strategies specifically designed to reduce and prevent acute hospitalizations in persons with dementia.

Title: Effectiveness of educational interventions for informal caregivers of individuals with dementia residing in the community: Systematic review and meta-analysis of randomised controlled trials

Citation: International Journal of Geriatric Psychiatry, February 2015, vol./is. 30/2(130-143), 0885-6230;1099-1166 (01 Feb 2015)

Author(s): Jensen M., Agbata I.N., Canavan M., McCarthy G.

Abstract: Objective: This study aims to assess whether educational programmes for caregivers of individuals with dementia living in the community are effective on caregiver burden, quality of life (QoL), depression and transitions to long stay care compared with usual care. Method: MEDLINE,

EMBASE, PsycINFO, CINAHL, AgeLine, CENTRAL and ERIC were searched with no restrictions on language or publication status in February 2013. Randomised controlled trials (RCTs) were eligible. Participants were informal caregivers undertaking day to day care of an individual with dementia living in the community. Interventions were educational programmes aimed at teaching skills relevant to dementia caring. Two authors independently assessed studies for eligibility, assessed risk of bias and extracted data. Results: We screened 1390 citations and included seven RCTs with 764 participants. Meta-analysis of five trials showed a moderate effect on carer burden (Standardised Mean Difference (SMD) = -0.52; 95% confidence interval (CI) -0.79 to -0.26; I² = 40%). Meta-analysis of two trials showed a small effect on depression (SMD = -0.37; 95% CI -0.65 to -0.09; I² = 0%). There was no effect on number of transitions to long stay care (relative risk 1.29; 95% CI 0.80 to 2.08). Effect on QoL was not estimable as studies varied in reporting of sub-domains and constructs within scales. Conclusion: Educational programmes have a moderate effect on caregiver burden and a small effect on depression. Evidence of an effect on QoL and transitions to long stay care remains unclear.

Title: Supporting dementia patients and their caregivers in daily life challenges: Review of physical, cognitive and psychosocial intervention studies

Citation: European Journal of Neurology, February 2015, vol./is. 22/2(246-252), 1351-5101;1468-1331 (01 Feb 2015)

Author(s): Nehen H.-G., Hermann D.M.

Abstract: Background and purpose: Dementia is associated with multiple daily life challenges that have a major impact for health outcome, affecting both the patients and their caregivers. In this review, the efficacy of physical, cognitive and psychosocial interventions in the treatment of dementia patients is evaluated, and how caregiver education and support may contribute to patient care is analysed. Results and conclusions: Due to the complex nature of cognitive and psychosocial interventions, their efficacy depends strongly on local settings. Thus, active components of these interventions are not always obvious, even in controlled randomized trials. Successful patient management includes (i) the safekeeping of basic support, (ii) the provision of a stable external milieu that is adjusted to the patients' cognitive resources and (iii) the provision of multimodal therapeutic concepts that are closely adapted to the practical needs of the patients and caregivers.

Title: Supporting dementia patients in hospital environments: Health-related risks, needs and dedicated structures for patient care

Citation: European Journal of Neurology, February 2015, vol./is. 22/2(239-245), 1351-5101;1468-1331 (01 Feb 2015)

Author(s): Hermann D.M., Muck S., Nehen H.-G.

Abstract: The diagnostics and treatment of dementia are progressively gaining importance for European neurologists. Our hospital structures are poorly prepared for patients suffering from

dementia. As a consequence of cognitive and physical deficits, dementia patients have an increased risk for serious complications and poor outcomes in hospital environments. In this review, the specific needs of dementia patients are outlined, describing how geriatricians, neurologists and psychiatrists may contribute to better patient care, e.g. with consultation or liaison services, geriatric wards, dedicated dementia wards or memory clinics in interaction with nurses, occupational therapists, physiotherapists, speech therapists, psychologists and social workers. Due to their multifaceted needs, dementia patients can most successfully be supported in clinical environments that closely integrate specialized inpatient, outpatient and primary care offers.

Title: Orally positioning persons with dementia in assessment meetings.

Citation: Ageing & Society, February 2015, vol./is. 35/2(367-388), 0144-686X;1469-1779 (Feb 2015)

Author(s): Osterholm, Johannes H, Samuelsson, Christina

Abstract: In this paper we study if and how persons with dementia are orally positioned by others, and how they position themselves while participating in assessment meetings held in order to discuss access to supportive services. We analysed five assessment meetings where two older persons (one diagnosed with dementia and one without a dementia diagnosis) participated to investigate whether the person with dementia is positioned differently than the other old person. Interactional phenomena used to position the person with dementia were identified by interactional analysis. We identified six phenomena that positioned the person with dementia as an individual with less interactional competence than the other participants: ignoring the person with dementia; voicing the feelings, capacity or opinion of the person with dementia; posing questions implying lack of competence; others' use of diagnosis; self-(re) positioning; and elderspeak. Persons with dementia are often orally positioned as less competent, indicating that they suffer further from discrimination than other older persons. We suggest that this has an impact on the participation of people with dementia in negotiations regarding their future care. The results indicate that social workers should be made aware that negative positioning exists and how it may affect the ability of people with dementia to contribute to discussions about their everyday life. Social workers should be encouraged to find strategies to reduce negative positioning in interaction. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

Title: Visualising conversations between care home staff and residents with dementia.

Citation: Ageing & Society, February 2015, vol./is. 35/2(270-297), 0144-686X;1469-1779 (Feb 2015)

Author(s): Baker, Rosemary, Angus, Daniel, Smithconway, Erin R, Baker, Katharine S, Gallois, Cindy, Smith, Andrew, Wiles, Janet, Chenery, Helen J

Abstract: People with dementia living in residential care often face the dual disadvantage of increasing difficulty with communication and reduced opportunities for conversation. Social interaction is central to wellbeing of residents with dementia, so it is important that care staff have the skills to engage in conversation with them. We studied conversations in 20 care staff-resident

dyads, to examine conversation structure and content, patterns of engagement within conversations, including the topics around which engagement occurred, and communication behaviours by care staff that appeared to facilitate (or impede) participation by residents. The transcripts were analysed using Discursis, a computational information visualisation tool that allows interactive visual inspection, in context, of the contributions by each speaker, the turn-taking dynamics, and the content recurring within and between speakers. We present case examples (a) where care staff did most of the talking, initiated topics and were responsible for most recurrence of content; (b) where talk was more evenly shared between partners, with some topics initiated and/or elaborated by participants with dementia; and (c) where participants with dementia talked most, with care staff supporting the conversation. We identified accommodative strategies used by care staff, such as reflecting back the other person's responses to sustain engagement. We also noted care staff behaviours that impeded communication, such as not listening attentively and not allowing sufficient time for responses. The results from this study highlight aspects of social communication within the aged care context and suggest ways in which rewarding interactions between staff and residents with dementia might be encouraged. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

Title: The emotional labour of health-care assistants in inpatient dementia care.

Citation: Ageing & Society, February 2015, vol./is. 35/2(246-269), 0144-686X;1469-1779 (Feb 2015)

Author(s): Bailey, Simon, Scales, Kezia, Lloyd, Joanne, Schneider, Justine, Jones, Rob

Abstract: Although there is much written on the emotional labour of nursing, there is little research grounded in the experience of so-called 'unqualified' care assistants. This paper is drawn from an ethnographic study conducted with care assistants on three dementia care wards in one mental health trust within the United Kingdom National Health Service (NHS). We describe the emotional labour carried out by care assistants in their attempts to provide personalised care for people whose cognitive degeneration renders conventional relationship-building very difficult, produces unpredictable 'challenging behaviour' and calls into question the notion of 'feeling rules'. This context requires the ability to strike a balance between emotional engagement and detachment, and it is the complexities of this relationship that are the focus of this paper, arguing that a degree of detachment is a prerequisite to engagement in this context. In conclusion, we argue that the contribution of care assistants in this context needs to be better acknowledged, supported and remunerated. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

Title: A review of conceptualisation of expressed emotion in caregivers of older adults with dementia.

Citation: Journal of Clinical Nursing, February 2015, vol./is. 24/3-4(332-343), 0962-1067;1365-2702 (Feb 2015)

Author(s): Li, Chao-Yin, Murray, MaryAnne

Abstract: Aims and Objectives: To clarify the concept of 'expressed emotion' and its application to caregivers of older adults with dementia. Background: Expressed emotion has been a useful construct for understanding the quality of family relationships affecting patients with mental illness and their caregivers. However, this concept has been developed without precisely defining 'expressed emotion' as it pertains to dementia patients. Clarity regarding expressed emotion will enable nurses to apply knowledge of expressed emotion and provide important information for the development of new clinical interventions for this specific population. Design: Integrative review. Methods: A review of literature on expressed emotion by caregivers of older adults with dementia. The inclusion criteria were: (1) published in English or Chinese during 1970-2012; (2) included both research and theoretical review articles on expressed emotion in nursing and other disciplines such as psychology, psychiatry and sociology. Initially, 236 articles were screened, and finally, 32 articles were evaluated for this review. Results: Emotional expression and expressed emotion were discussed to clarify the distinctions and address overlap between these two similar terms. In addition, expressed emotion was examined further from three different aspects: trait or state, social control and cross-cultural. Finally, the results of reviewed papers for expressed emotion on dementia patients were explored and synthesised. Conclusion: A conceptual definition and a theoretical framework for the concept of expressed emotion are urgently needed to further our understanding of this critical phenomenon. With increasing attention to caregiving for patients with dementia, including the concept of expressed emotion in the research of this field may accelerate understanding of the importance of the family dynamics in advanced ageing caregiving. Relevance to clinical practice: The expressed emotion concept could guide much of current clinical practice and help professional nurses understand the family's experience and perspective on mental illness, especially regarding dementia within the family. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

Title: The subjective burden of informal caregivers of persons with dementia: Extended validation of the German language version of the Burden Scale for Family Caregivers (BSFC).

Citation: Aging & Mental Health, February 2015, vol./is. 19/2(159-168), 1360-7863;1364-6915 (Feb 2015)

Author(s): Grau, H, Graessel, E, Berth, H

Abstract: Objective: In research as well as in the practice of caregiver counselling, the subjective burden of family caregivers is considered an important characteristic of home care. The objective of the present study was to provide an extended validation of the German language version of the Burden Scale for Family Caregivers (BSFC) published in 2001. Methods: Extended validation was performed using medical, interview, and health insurance data of 351 informal caregivers and their relatives who had dementia. Cronbach's alpha was calculated to assess the internal consistency of the items, and an exploratory factor analysis was conducted to determine the structure of the BSFC. The discriminatory power and item difficulties of the 28 BSFC items were examined. Five research questions addressed construct validity. Question six addressed the BSFC score as a potential predictor of institutionalization at a follow-up time of 2.5 years (predictive validity). Results: Exploratory factor analysis indicated that the BSFC had a single-factor structure. Cronbach's alpha for the total scale was 0.93. A significant increase in the BSFC score was observed when the severity of

cognitive impairment increased, persons with dementia showed disturbing behaviour, caregivers were diagnosed with depression, care requirements increased, or the family caregiver and the person with dementia lived together. Caregiver burden emerged as a significant predictor of institutionalization. The validity of the BSFC was confirmed by the results. Conclusion: The BSFC score allows for a valid assessment of the total caregiver burden in both research and practice. The BSFC is available for free in 20 languages (<http://www.caregiver-burden.eu>). (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Medical

Title: Sleep spindles in Parkinson's disease may predict the development of dementia

Citation: *Neurobiology of Aging*, February 2015, vol./is. 36/2(1083-1090), 0197-4580;1558-1497 (01 Feb 2015)

Author(s): Latreille V., Carrier J., Lafortune M., Postuma R.B., Bertrand J.-A., Panisset M., Chouinard S., Gagnon J.-F.

Abstract: Sleep disturbances and cognitive impairment are common non-motor manifestations of Parkinson's disease (PD). Recent studies suggest that sleep spindles and slow waves play a role in brain plasticity mechanisms and are associated with cognitive performance. However, it remains unknown whether these sleep parameters could serve as markers of cognitive decline in PD. Therefore, we examined whether alterations in sleep spindles and slow waves at baseline visit were associated with increased likelihood of developing dementia at follow-up in PD. Sixty-eight nondemented PD patients (64.9 +/- 8.8years old; 46 men) participated in the study, along with 47 healthy individuals (65.0 +/- 10.6years old; 30 men). All participants underwent baseline polysomnographic recording and a comprehensive neuropsychological assessment. Sleep spindles (12-15Hz) and slow waves ($>75\mu\text{V}$ and $<4\text{Hz}$) were automatically detected on all-night non-rapid eye movement sleep electroencephalography. At follow-up (mean: 4.5years later), 18 PD patients developed dementia (70.2 +/- 7.6years old; 13 men) and 50 remained dementia-free (63.0 +/- 8.5years old; 33 men). Sleep spindle density and amplitude were lower in PD patients who converted to dementia compared with both patients who remained dementia-free and controls, mostly in posterior cortical regions (. $p < 0.05$). Dementia-free PD patients were intermediate between dementia patients and controls, with lower baseline sleep spindle density in all cortical areas compared with controls (. $p < 0.01$). In demented PD patients, lower sleep spindle amplitude in parietal and occipital areas was associated with poorer visuospatial abilities. Although slow wave amplitude was lower in PD patients compared with controls (. $p < 0.0001$), no difference was observed between those who developed or did not develop dementia. Results demonstrate non-rapid eye movement sleep electroencephalographic abnormalities in PD patients. Sleep spindle activity was particularly impaired in PD patients who developed dementia, with a more posterior topographic pattern. Sleep spindle alterations are associated with later development of dementia in PD, and thus may serve as an additional marker of cognitive decline in these patients.

Title: Is Obsessive-Compulsive symptomatology a risk factor for Alzheimer-type dementia?

Citation: Psychiatry Research, February 2015, vol./is. 225/3(381-386), 0165-1781;1872-7123 (28 Feb 2015)

Author(s): Dondu A., Sevincoka L., Akyol A., Tataroglu C.

Abstract: In the present study, we hypothesized that lifetime Obsessive-Compulsive (OC) symptomatology would be risk factors for the development of Alzheimer's disease (AD). For this aim, first we compared 39 patients with AD and 30 age and gender matched control subjects. We have found that lifetime and current OC symptoms (OCs) and comorbid diagnosis of Obsessive-Compulsive Personality Disorder in AD patients were significantly more prevalent than in control group. AD patients had more likely to have lifetime and current hoarding, and checking obsessions compared to controls. The rate of lifetime and current hoarding, and checking compulsions also appeared to be higher in AD patients in comparison to control subjects. Hoarding and checking obsessions, and compulsions seemed to proceed through the dementia in contrast to other OCs. The mean number of lifetime compulsions seemed to predict the diagnosis of AD. When we compared AD patients with and without OCs, we have found that OC symptomatology prior to AD did not cause an earlier onset of dementia and more severe cognitive impairment. Further longitudinal clinical, genetic and neuroimaging investigations are required to determine if lifetime presence of OCs would predispose to the development of later AD.

Title: Longer Dialysis Times Are Associated With a Lower Chance of Dementia Among Chronic Hemodialysis Patients

Citation: Therapeutic Apheresis and Dialysis, February 2015, vol./is. 19/1(50-55), 1744-9979;1744-9987 (01 Feb 2015)

Author(s): Chou C.-Y., Wu T.-T., Chang C.-Y., Chen T.-J., Chang C.-T., Huang C.-C.

Abstract: Dementia is common in chronic hemodialysis (HD) patients and is associated with a higher mortality. Factors associated with dementia in HD patients are not clear. We investigated factors associated with early dementia in HD patients. Chronic HD patients of 27 hemodialysis centers were enrolled in 2013. Early dementia was identified using the AD8 assessment. Factors associated with early dementia were analyzed using logistic regression. A total of 1617 chronic HD patients including 820 males and 797 females, aged 63.3+/-13 years, dialyzed for 4 (1.8-8.4) years were analyzed. Early dementia was identified in 414 (25.6%) of the patients. Longer HD times were associated with a lower chance of dementia (P=0.032), with an adjusted odds ratio (OR) of 0.522 (95% confidence interval [CI]: 0.270-0.969) for every one more hour of HD. Patient's age (OR: 1.587, 95% CI: 1.406-1.791, P<0.001), body mass index (OR: 0.958, 95% CI: 0.921-0.996, P=0.031), cerebrovascular accident (OR: 1.480, 95% CI: 1.000-2.188), diabetes (OR: 1.894, 95% CI: 1.390-2.581, P<0.001), and serum albumin (OR: 0.376, 95% CI: 0.256-0.553, P<0.001) were independently linked to early dementia. Short hemodialysis times are associated with early dementia in a chronic hemodialysis

population with a quarter of patients having early dementia. Patients' age, nutrition status and comorbidity are independently linked to early dementia.

Title: Efficacy and safety of cholinesterase inhibitors and memantine in cognitive impairment in Parkinson's disease, Parkinson's disease dementia, and dementia with Lewy bodies: Systematic review with meta-analysis and trial sequential analysis

Citation: Journal of Neurology, Neurosurgery and Psychiatry, February 2015, vol./is. 86/2(135-143), 0022-3050;1468-330X (01 Feb 2015)

Author(s): Wang H.-F., Yu J.-T., Tang S.-W., Jiang T., Tan C.-C., Meng X.-F., Wang C., Tan M.-S., Tan L.

Abstract: Objective: Recently, several large randomised controlled trials about the treatments of cognitive impairment or dementia due to Parkinson's disease (CIND-PD or PDD) and dementia with Lewy bodies (DLB) were completed. Here, we systematically reviewed the studies (including the recent reports) to provide updated evidence for the treatments of CIND-PD, PDD and DLB. Methods: We searched Cochrane Dementia and Cognitive Improvement Group Specialised Register, Pubmed, Embase, and other sources for eligible trials. We selected global impression and cognitive function as primary efficacy outcomes, and dropouts and adverse events as safety outcomes. Furthermore, Meta-analysis and trial sequential analysis (TSA) were used here. Results: Ten trials were included in this study. Cholinesterase inhibitors and memantine produced small global efficacy on clinicians' global impression of change (CGIC), from a weighted mean difference of -0.40 (95% CI -0.77 to -0.03) to -0.65 (95% CI -1.28 to -0.01); however, cholinesterase inhibitors but not memantine significantly improved cognition on Mini- Mental State Examination (MMSE), from 1.04 (95% CI 0.43 to 1.65) to 2.57 (95% CI 0.90 to 4.23). Additionally, both of them had good safety outcomes, although rivastigmine showed an increased risk on adverse events than placebo (risk ratio, RR 1.19, TSA adjusted 95% CI 1.04 to 1.36), these events were usually mild or moderate, and the risk disappeared on serious adverse events. Conclusions: Cholinesterase inhibitors and memantine slightly improve global impression; however, only cholinesterase inhibitors enhance cognitive function. Besides, all the drugs have good safety outcomes. But the limited trials precluded the generalisation of these outcomes.

Title: The association between chronic obstructive pulmonary disease and dementia: A population-based retrospective cohort study

Citation: European Journal of Neurology, February 2015, vol./is. 22/2(334-340), 1351-5101;1468-1331 (01 Feb 2015)

Author(s): Liao W.-C., Lin C.-L., Chang S.-N., Tu C.-Y., Kao C.-H.

Abstract: Chronic obstructive pulmonary disease (COPD) is frequently associated with various comorbidities. However, the proportion of COPD patients with dementia has not been adequately examined. This retrospective cohort study investigated the association between COPD and dementia by using a nationwide population-based database in Taiwan. Methods: Data were retrieved from the

Taiwanese National Health Insurance Research Database and analyzed using multivariate Cox proportional hazards regression models to assess the effects of COPD on the risk of dementia after adjusting for demographic characteristics and comorbidities. Results: The COPD cohort exhibited a higher prevalence of diabetes, hypertension, coronary artery disease, head injury and depression at baseline than did the non-COPD cohort ($P < 0.0001$). After adjusting for covariates, the COPD patients exhibited a 1.27-fold higher risk of developing dementia (hazard ratio 1.27, 95% confidence interval 1.20-1.36). The incidence rate was higher in patients with frequent acute exacerbations than in the non-COPD patients regardless of whether a hospital admission or emergency room visit was required (hazard ratio 196.8 vs. 41.7, 95% confidence intervals 145.9-265.5 and 22.3-78.0). Conclusion: This study shows that COPD is associated with a subsequent higher risk of dementia after adjusting for comorbidities. Specifically, the association between COPD and dementia is greater in patients with more frequent acute exacerbation events of COPD.

Title: Antihypertensive drugs, prevention of cognitive decline and dementia: a systematic review of observational studies, randomized controlled trials and meta-analyses, with discussion of potential mechanisms.

Citation: CNS Drugs, February 2015, vol./is. 29/2(113-30), 1172-7047;1172-7047 (2015 Feb)

Author(s): Rouch L, Cestac P, Hanon O, Cool C, Helmer C, Bouhanick B, Chamontin B, Dartigues JF, Vellas B, Andrieu S

Abstract: BACKGROUND: Chronic hypertension, particularly midlife high blood pressure, has been associated with an increased risk for cognitive decline and dementia. In this context, antihypertensive drugs might have a preventive effect, but the association remains poorly understood. OBJECTIVES: The aim of this systematic review was to examine all published findings that investigated this relationship and discuss the mechanisms underlying the potential benefits of antihypertensive medication use. METHODS: A literature search was conducted using MEDLINE, Embase, and the Cochrane Library for publications from 1990 onwards mentioning hypertension, antihypertensive drugs, cognitive decline, and dementia. RESULTS: A total of 38 relevant publications, corresponding to 18 longitudinal studies, 11 randomized controlled trials, and nine meta-analyses were identified from the 10,251 articles retrieved in the literature search. In total, 1,346,176 subjects were included in these studies; the average age was 74 years. In the seven longitudinal studies assessing the effect of antihypertensive medication on cognitive impairment or cognitive decline, antihypertensive drugs appeared to be beneficial. Of the 11 longitudinal studies that assessed the effect of antihypertensive medication on incidence of dementia, only three did not find a significant protective effect. Antihypertensive medication could decrease the risk of not only vascular dementia but also Alzheimer's disease. Four randomized controlled trials showed a potentially preventive effect of antihypertensive drugs on the incidence of dementia or cognitive decline: SYST-EUR (Systolic Hypertension in Europe Study) I and II, with a 55 % reduction in dementia risk (3.3 vs. 7.4 cases per 1,000 patient years; $p < 0.001$); HOPE (Heart Outcomes Prevention Evaluation), with a 41 % reduction in cognitive decline associated with stroke (95 % confidence interval [CI] 6-63); and PROGRESS (Perindopril Protection against Recurrent Stroke Study), with a 19 % reduction in cognitive decline (95 % CI 4-32; $p = 0.01$). Meta-analyses have sometimes produced conflicting results, but this may be due to methodological considerations. The lack of homogeneity

across study designs, patient populations, exposition, outcomes, and duration of follow-up are the most important methodological limitations that might explain the discrepancies between some of these studies. **CONCLUSION:** Antihypertensive drugs, particularly calcium channel blockers and renin-angiotensin system blockers, may be beneficial in preventing cognitive decline and dementia. However, further randomized controlled trials with longer periods of follow-up and cognition as the primary outcome are needed to confirm these findings.

Title: A mobile application for cognitive screening of dementia.

Citation: Computer Methods & Programs in Biomedicine, February 2015, vol./is. 118/2(252-62), 0169-2607;1872-7565 (2015 Feb)

Author(s): Zorluoglu G, Kamasak ME, Tavacioglu L, Ozanar PO

Abstract: Neuropsychological assessment tests have an important role in early detection of dementia. Therefore, we designed and implemented a test battery for mobile devices that can be used for mobile cognitive screening (MCS). This battery consists of 33 questions from 14 type of tests for the assessment of 8 different cognitive functions: Arithmetic, orientation, abstraction, attention, memory, language, visual, and executive functions. This test battery is implemented as an application for mobile devices that operates on Android OS. In order to validate the effectiveness of the neuropsychological test battery, it was applied on a group of 23 elderly persons. Within this group, 9 (of age 81.78+/-4.77) were healthy and 14 (of age 72.55+/-9.95) were already diagnosed with dementia. The education level of the control group (healthy) and dementia group were comparable as they spent 13.66+/-5.07 and 13.71+/-4.14 years at school respectively. For comparison, a validated paper-and-pencil test (Montreal Cognitive Test - MoCA) was applied along with the proposed MCS battery. The proposed test was able to differentiate the individuals in the control and dementia groups for executive, visual, memory, attention, orientation functions with statistical significance ($p < 0.05$). Results of the remaining functions; language, abstraction, and arithmetic were statistically insignificant ($p > 0.05$). The results of MCS and MoCA were compared, and the scores of individuals from these tests were correlated ($r(2) = 0.57$). Copyright © 2014 Elsevier Ireland Ltd. All rights reserved.

Title: Frequency of dementia syndromes with a potentially treatable cause in geriatric in-patients: Analysis of a 1-year interval.

Citation: European Archives of Psychiatry and Clinical Neuroscience, February 2015(No Pagination Specified), 0940-1334;1433-8491 (Feb 26, 2015)

Author(s): Djukic, Marija, Wedekind, Dirk, Franz, Almuth, Gremke, Melanie, Nau, Roland

Abstract: In addition to neurodegenerative and vascular causes of dementia, in the differential diagnosis potentially reversible conditions of dementia also must be assessed. Routine laboratory parameters and neuroimaging, which are recommended for the differential diagnosis of suspected dementia by the German S3 Guideline "Dementia", were retrospectively studied in 166 geriatric

patients with suspected dementia. Delirium was diagnosed in six patients (3.6 %). These six patients were excluded from the study. Of the 160 remaining patients, there were 99 (59.6 %) with an already known dementia. In this subgroup of patients, we found a potentially treatable cause of dementia in 18.2 %. In the remaining 61 patients (36.8 %), the newly diagnosed dementia syndrome was established according to ICD-10 criteria. Potentially reversible causes of the dementia syndrome were found in 19 of these patients (31.1 %). The most common cause was depressive pseudodementia in eight patients followed by vitamin B12 deficiency in six patients. A significant amount of our patients showed laboratory or imaging changes suggestive of potentially reversible causes of the dementia syndrome upon admission. The results of our study indicate the importance of careful differential diagnosis of dementia based on the recommendations of guidelines. Although therapy of these potential causes is not always accompanied by a full recovery, the identification and therapy of treatable causes of cognitive deficits are possible even for general practitioners, who often are the primary contact persons of affected individuals. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

Therapies

Title: Effectiveness of exercise programs to reduce falls in older people with dementia living in the community: A systematic review and meta-analysis

Citation: Clinical Interventions in Aging, February 2015, vol./is. 10/(421-434), 1176-9092;1178-1998 (09 Feb 2015)

Author(s): Burton E., Cavalheri V., Adams R., Browne C.O., Boverly-Spencer P., Fenton A.M., Campbell B.W., Hill K.D.

Abstract: Objective: The objective of this systematic review and meta-analysis is to evaluate the effectiveness of exercise programs to reduce falls in older people with dementia who are living in the community. Method: Peer-reviewed articles (randomized controlled trials [RCTs] and quasi-experimental trials) published in English between January 2000 and February 2014, retrieved from six electronic databases - Medline (ProQuest), CINAHL, PubMed, PsycInfo, EMBASE and Scopus - according to predefined inclusion criteria were included. Where possible, results were pooled and meta-analysis was conducted. Results: Four articles (three RCT and one single-group pre- and post-test pilot study) were included. The study quality of the three RCTs was high; however, measurement outcomes, interventions, and follow-up time periods differed across studies. On completion of the intervention period, the mean number of falls was lower in the exercise group compared to the control group (mean difference [MD] [95% confidence interval {CI}] = -1.06 [-1.67 to -0.46] falls). Importantly, the exercise intervention reduced the risk of being a faller by 32% (risk ratio [95% CI] = 0.68 [0.55-0.85]). Only two other outcomes were reported in two or more of the studies (step test and physiological profile assessment). No between-group differences were observed in the results of the step test (number of steps) (MD [95% CI] = 0.51 [-1.77 to 2.78]) or the physiological profile assessment (MD [95% CI] = -0.10 [-0.62 to 0.42]). Conclusion: Findings from this

review suggest that an exercise program may potentially assist in preventing falls of older people with dementia living in the community. However, further research is needed with studies using larger sample sizes, standardized measurement outcomes, and longer follow-up periods, to inform evidence-based recommendations.

Title: Apathy in nursing home residents with dementia: Results from a cluster-randomized controlled trial

Citation: European Psychiatry, February 2015, vol./is. 30/2(251-257), 0924-9338;1778-3585 (01 Feb 2015)

Author(s): Treusch Y., Majic T., Page J., Gutzmann H., Heinz A., Rapp M.A.

Abstract: Purpose: Here we evaluate an interdisciplinary occupational and sport therapy intervention for dementia patients suffering from apathy. Subjects and methods: A prospective, controlled, rater-blinded, clinical trial with two follow-ups was conducted as part of a larger cluster-randomized trial in 18 nursing homes in Berlin. n= 117 dementia patients with apathy, defined as a score of 40 or more on the apathy evaluation scale (AES) or presence of apathy on the Neuropsychiatric Inventory (NPI), were randomly assigned to intervention or control group. The intervention included 10 months of brief activities, provided once a week. The primary outcome measure was the total score on the AES scale measured directly after the intervention period and again after 12 months. Results: We found significant group differences with respect to apathy during the 10 month intervention period ($F_{2,82} = 7.79, P < 0.01$), which reflected an increase in apathy in the control group, but not in the intervention group. Within one year after the intervention was ceased, the treatment group worsened and no longer differed significantly from the control group ($P = 0.55$). Conclusions: Our intervention was effective for the therapy of apathy in dementia, when applied, but not one year after cessation of therapy.

Title: Conducting cognitive exercises for early dementia with the use of apps on iPads.

Citation: Communication Disorders Quarterly, February 2015, vol./is. 36/2(102-106), 1525-7401;1538-4837 (Feb 2015)

Author(s): Kong, Anthony Pak-Hin

Abstract: A list of iTunes apps was compiled for usage with early stage or mild dementia participants. The method in choosing these apps and determining salient features of the most successful apps was reported. The results will advance the knowledge base on innovative use of smart technology in clinical settings. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

Other

Title: International variation in place of death of older people who died from dementia in 14 European and non-European countries

Citation: Journal of the American Medical Directors Association, February 2015, vol./is. 16/2(165-171), 1525-8610;1538-9375 (01 Feb 2015)

Author(s): Reyniers T., Deliens L., Pasma H.R., Morin L., Addington-Hall J., Frova L., Cardenas-Turanzas M., Onwuteaka-Philipsen B., Naylor W., Ruiz-Ramos M., Wilson D.M., Loucka M., Csikos A., Rhee Y.J., Teno J., Cohen J., Houttekier D.

Abstract: Objectives: The objective of this study was to examine variation in place of death of older people dying from dementia in countries across 4 continents. Design: Study of death certificate data. Methods: We included deaths of older (65+years) people whose underlying cause of death was a dementia-related disease (ICD-10: F01, F02, F03, G30) in Belgium, the Netherlands, England, Wales, France, Italy, Spain, Czech Republic, Hungary, New Zealand, United States, Canada, Mexico and South Korea. We examined associations between place of death and sociodemographic factors, social support, and residential and health care system factors. Results: Overall, 4.8% of all deaths were from a dementia-related disease, ranging from 0.4% in Mexico to 6.9% in Canada. Of those deaths, the proportion occurring in hospital varied from 1.6% in the Netherlands to 73.6% in South Korea. When controlling for potential confounders, hospital death was more likely for men, those younger than 80, and those married or living in a region with a higher availability of long-term care beds, although this could not be concluded for each country. Hospital death was least likely in the Netherlands compared with other countries. Conclusions: Place of death of older people who died from a dementia-related disease differs substantially between countries, which might point to organizational differences in end-of-life care provision. Increasing the availability of long-term care beds might be important to reduce the number of hospital deaths, while focusing specialized end-of-life care services on married people or those aged 65 to 79 might be crucial for achieving home death. However, proper end-of-life care needs to be ensured in hospitals, should this be the most appropriate end-of-life care setting.

Title: Driving and dementia: A clinical decision pathway

Citation: International Journal of Geriatric Psychiatry, February 2015, vol./is. 30/2(210-216), 0885-6230;1099-1166 (01 Feb 2015)

Author(s): Carter K., Monaghan S., O'Brien J., Teodorczuk A., Mosimann U., Taylor J.-P.

Abstract: Objective: This study aimed to develop a pathway to bring together current UK legislation, good clinical practice and appropriate management strategies that could be applied across a range of healthcare settings. Methods: The pathway was constructed by a multidisciplinary clinical team based in a busy Memory Assessment Service. A process of successive iteration was used to develop

the pathway, with input and refinement provided via survey and small group meetings with individuals from a wide range of regional clinical networks and diverse clinical backgrounds as well as discussion with mobility centres and Forum of Mobility Centres, UK. Results: We present a succinct clinical pathway for patients with dementia, which provides a decision-making framework for how health professionals across a range of disciplines deal with patients with dementia who drive. Conclusions: By integrating the latest guidance from diverse roles within older people's health services and key experts in the field, the resulting pathway reflects up-to-date policy and encompasses differing perspectives and good practice. It is potentially a generalisable pathway that can be easily adaptable for use internationally, by replacing UK legislation for local regulations. A limitation of this pathway is that it does not address the concern of mild cognitive impairment and how this condition relates to driving safety.

Title: The main cost drivers in dementia: A systematic review

Citation: International Journal of Geriatric Psychiatry, February 2015, vol./is. 30/2(111-129), 0885-6230;1099-1166 (01 Feb 2015)

Author(s): Schaller S., Mauskopf J., Kriza C., Wahlster P., Kolominsky-Rabas P.L.

Abstract: Objectives: Because of the increasing prevalence of dementia worldwide, combined with limited healthcare expenditures, a better understanding of the main cost drivers of dementia in different care settings is needed. Methods: A systematic review of cost-of-illness (COI) studies in dementia was conducted from 2003 to 2012, searching the following databases: PubMed (Medline), Cochrane Library, ScienceDirect (Embase) and National Health Service Economic Evaluations Database. Costs (per patient) by care setting were analyzed for total, direct, indirect and informal costs and related to the following: (1) cost perspective and (2) disease severity. Results: In total, 27 studies from 14 different healthcare systems were evaluated. In the included studies, total annual costs for dementia of up to \$70,911 per patient (mixed setting) were estimated (average estimate of total costs = \$30,554). The shares of cost categories in the total costs for dementia indicate significant differences for different care settings. Overall main cost drivers of dementia are informal costs due to home based long term care and nursing home expenditures rather than direct medical costs (inpatient and outpatient services, medication). Conclusions: The results of this review highlight the significant economic burden of dementia for patients, families and healthcare systems and thus are important for future health policy planning. The significant variation of cost estimates for different care settings underlines the need to understand and address the financial burden of dementia from both perspectives. For health policy planning in dementia, future COI studies should follow a quality standard protocol with clearly defined cost components and separate estimates by care setting and disease severity.

Title: Inadequate supply of vitamins and DHA in the elderly: Implications for brain aging and Alzheimer-type dementia

Citation: Nutrition, February 2015, vol./is. 31/2(261-275), 0899-9007;1873-1244 (01 Feb 2015)

Author(s): Mohajeri M.H., Troesch B., Weber P.

Abstract: Alzheimer's disease (AD) is the most prevalent, severe, and disabling cause of dementia worldwide. To date, AD therapy is primarily targeted toward palliative treatment of symptoms rather than prevention of disease progression. So far, no pharmacologic interventions have changed the onset or progression of AD and their use is accompanied by side effects. The major obstacle in managing AD and designing therapeutic strategies is the difficulty in retarding neuronal loss in the diseased brain once the pathologic events leading to neuronal death have started. Therefore, a promising alternative strategy is to maintain a healthy neuronal population in the aging brain for as long as possible. One factor evidently important for neuronal health and function is the optimal supply of nutrients necessary for maintaining normal functioning of the brain. Mechanistic studies, epidemiologic analyses, and randomized controlled intervention trials provide insight to the positive effects of docosahexaenoic acid (DHA) and micronutrients such as the vitamin B family, and vitamins E, C, and D, in helping neurons to cope with aging. These nutrients are inexpensive in use, have virtually no side effects when used at recommended doses, are essential for life, have established modes of action, and are broadly accepted by the general public. This review provides some evidence that the use of vitamins and DHA for the aging population in general, and for individuals at risk in particular, is a viable alternative approach to delaying brain aging and for protecting against the onset of AD pathology.

Title: Refusing to live with advanced dementia: Contemporaneous and prospective decision-making.

Citation: *Feminism & Psychology*, February 2015, vol./is. 25/1(148-154), 0959-3535;1461-7161 (Feb 2015)

Author(s): Wilkinson, Sue

Abstract: The current article focuses on the quality of life among dementia patients. Living with dementia means-amongst other losses-losing the mental capacity to make decisions about medical treatments at the end of life. Because of late 20th and early 21st century developments in medical technology (e.g. techniques for resuscitation, ventilation, and delivery of clinically assisted nutrition and hydration), people can be kept alive for many years with dementia, or in other states in which they have lost the mental capacity to consent to-or to refuse-life-sustaining treatments. But many people say they do not want to continue living if they permanently lose the mental capacity to make decisions about things that matter to them, because this is a quality of life they do not consider worthwhile. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

Title: A right to 'dying well' with dementia? Capacity, 'choice' and relationality.

Citation: *Feminism & Psychology*, February 2015, vol./is. 25/1(137-142), 0959-3535;1461-7161 (Feb 2015)

Author(s): Peel, Elizabeth, Harding, Rosie

Abstract: There is much discussion and emphasis on living well with dementia in Britain, Europe and internationally. For many people with appropriate health and social care, support and meaningful engagement, living well in the early and mid-stages of the disease trajectories are a reality in the UK. But because of the nature and progressivity of most forms of dementia, the possibility of 'dying well' with dementia is thorny, troubled; and autonomy and 'choice' all too often become seen as redundant once an individual's capacity is questioned or questionable. We must find ways to reconcile the right to equal treatment before the law for people with disabilities with the right to choose to die. If we do not, then people with a dementia diagnosis, as in the case of Sandra Bem, may find that if they are to exercise any 'choice' about how their life with dementia will end, then an early end, even earlier than it needs to be, remains their only possibility. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

Title: Improving dementia health literacy using the FLOW mnemonic: Pilot findings from the Old SCHOOL Hip-Hop program.

Citation: Health Education & Behavior, February 2015, vol./is. 42/1(73-83), 1090-1981;1552-6127 (Feb 2015)

Author(s): Noble, James M, Hedmann, Monique G, Williams, Olajide

Abstract: Background: Dementia health literacy is low among the public and likely poses a significant barrier to Alzheimer's disease (AD) symptom recognition and treatment, particularly among minority populations already facing higher AD burden. We evaluated the pilot phase of a novel AD health education program, Old SCHOOL (Seniors Can Have Optimal Aging and Ongoing Longevity) Hip-Hop (OSHH), which is designed to enable children to be AD health educational conduits in the home ("child-mediated health communication"). Method: OSHH applied our stroke-validated model of engaging, dynamic, and age- and culturally appropriate curriculum delivered to elementary school-age children (fourth/fifth grades, ages 9-11 years). We assessed AD knowledge among the children at baseline, immediately following the intervention (1-hour program delivered daily over 3 consecutive days), and 3 months later. For key AD symptoms, we developed the FLOW mnemonic (forget, lose, overlook, write/wander); students were additionally taught action plans for recognized symptoms. Results: Seventy-five students completed baseline assessments, and 68 completed posttesting. AD symptoms in FLOW were not well known at baseline (individually ranging from 16% to 71% correct) but were highly learned after 3 days (89% to 98% correct) and retained well after 3 months (80% to 95% correct, $p < .01$ for all comparisons vs. baseline). AD localization, including its effect on memory and the hippocampus, was also highly learned and retained ($p < .001$). Eighteen students (24%) reported having a close friend/family member with AD. Conclusions: This study suggests our hip-hop health education model may be an effective method to improve AD health literacy. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

Title: Perceptions of tissue storage in a dementia population among spouses and offspring.

Citation: Journal of Genetic Counseling, February 2015(No Pagination Specified), 1059-7700;1573-3599 (Feb 3, 2015)

Author(s): Martin, Megan M, Rothwell, Erin W, Venne, Vickie L, Foster, Norman L

Abstract: Cognitively impaired patients with dementia often rely on health advocates or guardians, such as spouses or adult offspring, to consent for medical procedures. These family members may also decide whether an autopsy is performed after death or whether their family member donates tissues. However, spouses are not genetically related to the patient and may have different perspectives than genetically related family members when making medical decisions with genetic implications, such as participation in a tissue repository (biobank). Interviews were conducted with spouses and adult offspring of individuals with a progressive dementing disease. Both spouses and offspring were supportive of the patient with dementia to participate in tissue storage. The top perceived benefits of tissue storage in both offspring and spouses were future value for family members and advancement of medical knowledge. Concerns included misuse of the tissue and insurance discrimination. Although the personal genetic implications differ between spouses and offspring, they share similar attitudes about the importance of tissue banking for the individual with a dementing disease. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

Title: Dementia care in the context of primary care reform: An integrative review.

Citation: Aging & Mental Health, February 2015, vol./is. 19/2(107-120), 1360-7863;1364-6915 (Feb 2015)

Author(s): Spenceley, Shannon M, Sedgwick, Noelle, Keenan, Jessie

Abstract: Objectives: The purpose of this review was to determine the influence of the growing body of evidence about the attributes of high-performing primary care systems on the literature related to the primary care of people living with dementia. Methods: In this integrative review, we examined a broad range of published and grey literature (2000-2013) about the primary care of dementia, using a systematic approach set up in advance of the literature search. The review was guided by two questions: What are the evident models of primary care for dementia? How do the models line up with the other attributes of high-performing primary care? Results: Three models were noted: carved-out, co-managed, and integrative-hub, all informed by different assumptions about the role of primary care in dementia. The models varied in alignment with the attributes of high-performing primary care, although we found very little attention to accessibility, relational continuity or comprehensiveness of care. Conclusions: We know what we need to pay attention to in building our primary care system-and no population will put the performance of primary care more to the test over the next two decades than the rapidly growing number of people who will be living with complex chronic conditions like dementia. Recent literature around primary care and dementia shows promise in attending to some of the attributes of high-performing primary care, yet much more work is needed if we are to truly leverage the potential value of primary care in addressing the needs of these complex and numerous future patients. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

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