Dementia

Current Awareness Newsletter

April 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

Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) for the diagnosis of dementia within a secondary care setting

Jennifer K Harrison, Patricia Fearon, Anna H Noel-Storr, Rupert McShane, David J Stott, Terry J Quinn

Published 10th March 2015

The diagnosis of dementia relies on the presence of new-onset cognitive impairment affecting an individual’s functioning and activities of daily living. The Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) is a questionnaire instrument, completed by a suitable 'informant' who knows the patient well, designed to assess change in functional performance secondary to cognitive change; it is used as a tool to identifying those who may have dementia.

In secondary care there are two specific instances where patients may be assessed for the presence of dementia. These are in the general acute hospital setting, where opportunistic screening may be undertaken, or in specialist memory services where individuals have been referred due to perceived cognitive problems. To ensure an instrument is suitable for diagnostic use in these settings, its test accuracy must be established.

Objectives: To determine the diagnostic accuracy of the informant-based questionnaire IQCODE, for detection of all-cause (undifferentiated) dementia in adults presenting to secondary-care services.
New from NICE

NICE Advice: Management of aggression, agitation and behavioural disturbances in dementia: carbamazepine

NICE Advice: Management of aggression, agitation and behavioural disturbances in dementia: valproate preparations

IN DEVELOPMENT

NICE Guidelines: Disability, dementia and frailty in later life - mid-life approaches to prevention

(Anticipated publication date TBC)

New from Department of Health

Dementia-friendly health and social care environments (HBN 08-02)

25 March 2015, Guidance, DH

Design principles for dementia-friendly environments in new healthcare buildings, and in the adaptation or extension of existing facilities.

MHRA is 1 of 10 regulators to help with the development of treatments for dementia

16 March 2015, News story, DH, MHRA, OLS

Following a workshop with other international regulators, MHRA has published information on how we continue to support the development of drugs for dementia today.

Health secretary announces $100m Dementia Discovery Fund

17 March 2015, News story, DH

Major pharmaceutical companies, Alzheimer’s Research UK and government all commit in principle to investing in the fund.
NHS Behind the Headlines

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

**Could epilepsy drug be used to treat Alzheimer's disease?**

A drug commonly used to treat epilepsy could help "slow down" the progress of Alzheimer's disease, reports The Daily Express. According to the news story, the drug levetiracetam was shown to...

**Ultrasound 'breakthrough' in treating Alzheimer's - in mice**

"Alzheimer's breakthrough as ultrasound successfully treats disease in mice," The Guardian reports. New research found high-energy sound waves helped remove abnormal clumps of proteins from the brains of mice, and also improved their memory...

**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...

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: Treatment changes among older patients with dementia treated with antipsychotics.

Citation: International Journal of Geriatric Psychiatry, March 2015(No Pagination Specified), 0885-6230;1099-1166 (Mar 11, 2015)

Author(s): Kim, Hyungjin Myra, Chiang, Claire, Weintraub, Daniel, Schneider, Lon S, Kales, Helen

Abstract: Background Prescribing practice patterns and factors associated with treatment changes in older patients initiating antipsychotic treatment for the behavioral and psychological symptoms of dementia is not well known. Objectives The objective of this study is to study 90-day prescribing practice patterns across the three most commonly prescribed antipsychotics. Methods This is a retrospective study using national data from the US Department of Veterans Affairs (VA). The study included patients older than 65 years diagnosed with dementia who began outpatient treatment with an antipsychotic medication between 2005 and 2008. Patients were followed for 90 days from their antipsychotic start. The primary event of interest was changing to another psychotropic medication. Cumulative incidence of treatment change was determined with antipsychotic discontinuation and death as competing risks. Covariate-adjusted hazard ratios for treatment change were determined using competing risk regression models. Results During the study period, 15,435 patients initiated an atypical antipsychotic; 14,791 started olanzapine, quetiapine, or risperidone. Over half (55%) of the patients discontinued index treatment within 90 days, 36% continued, 3% died while on index treatment, and 6% changed to another psychotropic medication. Compared with quetiapine, the adjusted hazard of treatment change was higher by 43% (p = 0.005) for olanzapine and by 12% (p = 0.08) for risperidone. Conclusion The higher hazard of treatment change with olanzapine suggests patients either responded worse to or experienced more adverse events with olanzapine compared with quetiapine. Copyright &© 2015 John Wiley & Sons, Ltd. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)
Title: Caregiver report versus clinician impression: Disagreements in rating neuropsychiatric symptoms in Alzheimer’s disease patients.

Citation: International Journal of Geriatric Psychiatry, March 2015 (No Pagination Specified), 0885-6230; 1099-1166 (Mar 9, 2015)

Author(s): Stella, Florindo, Forlenza, Orestes Vicente, Laks, Jerson, Andrade, Larissa Pires, Castilho Cacao, João, Govone, Jose Silvio, Medeiros, Kate, Lyketsos, Constantine G

Abstract: Abstract Background The measurement of neuropsychiatric symptoms (NPS) in dementia is often based on caregiver report. Challenges associated with providing care may bias the caregiver’s recognition and reporting of symptoms. Given potential problems associated with caregiver report, clinicians may improve measurement by drawing from a wider array of available data and by applying clinical judgment. Objective The objective of this study is to evaluate potential disagreements between caregiver report and clinician impression when rating psychopathological manifestations from the same patient with dementia. Methods Three hundred twelve participants (156 patients with Alzheimer’s disease [AD] and 156 caregivers) were studied using the Neuropsychiatric Inventory-Clinician Rating Scale. We considered disagreement to be present when caregiver ratings were significantly higher or lower (p < 0.05) than NPS ratings by clinicians of the same patient. To evaluate whether disagreements were related to dementia severity, we repeated comparisons across levels defined by the clinical dementia rating. Results The most common disagreements involved ratings of agitation, depression, anxiety, apathy, irritability, and aberrant motor behavior especially in patients with mild dementia. There were fewer discrepancies in moderate or severe dementia. The most consistent disagreements involved global ratings of depression where caregiver scores ranged from +22.5 higher to -4.5 lower than clinician rating. Conclusions Caregivers may have incomplete perception of patient NPS mainly in mild dementia. NPS ratings might be confounded by cultural beliefs, sometimes leading caregiver to interpret symptoms as part of "normal" aging. Copyright © 2015 John Wiley & Sons, Ltd. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

Title: Towards more rational prescribing of anti-dementia drugs.

Citation: Australian and New Zealand Journal of Psychiatry, March 2015, vol./is. 49/3 (295-296), 0004-8674; 1440-1614 (Mar 2015)

Author(s): Ong, Kevin T, Adikari, Shirantha G, Strivens, Edward

Abstract: Presents a case report of A 69 year old man presented to our regional memory clinic with gradual decline in short term memory over nine months. He had anomia of familiar people, word finding difficulties, and lacked motivation to keep in touch with his children. Although more lethargic, he was still independent with all activities of daily living. Given the predominant frontal features and poor response to rivastigmine, there was a high index of suspicion of underlying frontotemporal dementia (FTD). Hence cognitive screening cut-off scores, which have not been validated by gold standard histopathological diagnoses, are less important than deficit patterns on scores in determining underlying neuropathology, which may better guide management, like in this patient. Finally initial prescriptions of Anti-dementia drugs (ADD) could be worth considering when
potential benefits might outweigh the risk, even if off label or an out of pocket fee applies.

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**Medical**

**Title:** Galantamine improves sleep quality in patients with dementia.

**Citation:** Acta Neurologica Belgica, March 2015(No Pagination Specified), 0300-9009 (Mar 17, 2015)

**Author(s):** Naharci, Mehmet Ilkin, Ozturk, Ahmet, Yasar, Halit, Cintosun, Umit, Kocak, Necmettin, Bozoglu, Ergun, Tasci, Ilker, Doruk, Huseyin

**Abstract:** The purpose of the study was to evaluate the influences of cholinesterase inhibitors on sleep pattern and sleep disturbance. A total of 87 mild to moderate stage dementia patients who were not on cholinesterase enzyme inhibitor and memantine treatment were included in the study. The dementia patients were treated with donepezil, galantamine or rivastigmine, depending on the preference of the clinician. Fifty-five dementia patients (63.2 %) completed the study. Twenty-three elderly subjects, who had normal cognitive functions, were included in the study as the control group. The Pittsburgh Sleep Quality Index was used for evaluating the sleep quality at the beginning and at the final assessment. The improvement in sleep quality was better with regard to changes in Pittsburgh Sleep Quality Index scores with galantamine treatment compared to the donepezil and the control groups. A significant decrease in Pittsburgh Sleep Quality Index scores was detected in the galantamine group after treatment. Although statistically not significant, rivastigmine decreased and donepezil increased the Pittsburgh Sleep Quality Index scores after treatment. Dementia patients who had a poor sleep quality (n: 36), the rate of improvement in sleep disturbance was 81.8 % in the galantamine group, 75 % in the rivastigmine, and 50 % in the donepezil group. Galantamine may be the first choice of cholinesterase inhibitor in mild to moderate dementia patients in terms of improving sleep quality. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

**Title:** Haloperidol and sudden cardiac death in dementia: Autopsy findings in psychiatric inpatients.

**Citation:** International Journal of Geriatric Psychiatry, March 2015(No Pagination Specified), 0885-6230;1099-1166 (Mar 19, 2015)

**Author(s):** Ifteni, Petru, Grudnikoff, Eugene, Koppel, Jeremy, Kremen, Neil, Correll, Christoph U, Kane, John M, Manu, Peter

**Abstract:** Objective Treatment with haloperidol has been shown, in studies using death certificates and prescription files, to be associated with an excess of sudden cardiac deaths, and regulatory warnings highlight this risk in patients with dementia. We used autopsy findings to determine whether the rate of sudden cardiac death is greater in cases of unexpected deaths of patients with dementia treated with haloperidol. Methods From 1989 through 2013, 1219 patients with a primary diagnosis of dementia with behavioral disturbance were admitted to a psychiatric hospital, and 65
(5.3%) died suddenly. Sixty-five patients (5.3%) died unexpectedly. Complete post-mortem examinations after the sudden death were performed in 55 (84.6%) patients. Twenty-seven of the autopsied cases (49.1%) had been treated with haloperidol orally (2.2 mg +/- 2.1 mg/day), the only antipsychotic used in this cohort. Univariable comparisons and multivariable regression analyses compared the groups of patients with or without sudden cardiac death. Results The leading causes of death were sudden cardiac death (32.7%), myocardial infarction (25.5% of patients), pneumonia (23.6%), and stroke (10.9%). Patients with sudden cardiac death and those with anatomically established cause of death were similar regarding the use of haloperidol (p = 0.5). Sudden cardiac death patients were more likely to suffer from Alzheimer’s dementia (p = 0.027) and to have a past history of heart disease (p = 0.0094), and less likely to have been treated with a mood stabilizer (p = 0.024), but none of these variables were independent predictors of sudden cardiac death. Conclusion Autopsy data suggest that oral haloperidol is not associated with increased risk of sudden cardiac death in psychiatric inpatients with dementia. Copyright © 2015 John Wiley & Sons, Ltd.

Title: Trajectories of cognitive function in dementia-free subjects: Radiation effects research foundation adult health study.

Citation: Journal of the Neurological Sciences, March 2015(No Pagination Specified), 0022-510X (Mar 5, 2015)

Author(s): Yamada, Michiko, Landes, Reid D, Mimori, Yasuyo, Nagano, Yoshito, Sasaki, Hideo

Abstract: OBJECTIVES: To investigate associations between age, sex, education, and birth cohort and global cognitive decline among a population that would most likely not progress to dementia. METHODS: A total of 1538 dementia-free subjects aged 60 to 80 years in 1992 were followed up through 2011 without dementia occurrence. We assessed cognitive function using the Cognitive Ability Screening Instrument (CASI). Using stepwise-like model selection procedure, we built mixed-effects models for initial cognition and longitudinal cognition. RESULTS: Initial CASI scores for younger age and more years of formal education were higher than those for older and less education. Sex did not show a significant effect. In the longitudinal analysis, cognitive decline became more rapid with increasing age. Sex and education did not modify the degree of deterioration with age. CASI scores were higher for younger cohorts and men due to differences in education levels. CONCLUSION: Among dementia-free subjects, age is an important predictor of cognitive function level and cognitive decline. Education level affects cognitive function level, but did not affect cognitive decline. The results have implications not only for elucidation of the aging process, but also for reference in dementia screening. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

Title: The use of antipsychotic medication by community-dwelling people with dementia: An exploratory statistical analysis.

Citation: Journal of Clinical Nursing, March 2015, vol./is. 24/5-6(872-875), 0962-1067;1365-2702 (Mar 2015)
Author(s): Hungerford, Catherine, Doyle, Kerry, Schumaker-Jones, Tony, Domaschenz, Maureen, Messent, Petrea, Cleary, Michelle

Abstract: Although the extent and risks related to the use of antipsychotic medication by people with dementia who live in residential aged care facilities (RACF) are now well documented, far less research has been undertaken on the use of antipsychotic medication by people with dementia who live in their own homes. In Australia, only one small qualitative study involving 11 people has described the problem (Bird et al. 2009). In response to the need for further research in this area, this paper presents findings of a statistical analysis that was undertaken in a major urban center in south-eastern Australia, to identify the extent of the use of antipsychotic medication by community-dwelling people with dementia who exhibit behaviors that challenge their carers. (PsycINFO Database Record (c) 2015 APA, all rights reserved)

Title: Clinical associations of anosognosia in mild cognitive impairment and alzheimer's disease.

Citation: International Journal of Geriatric Psychiatry, March 2015(No Pagination Specified), 0885-6230;1099-1166 (Mar 9, 2015)

Author(s): Mak, E, Chin, R, Ng, L. T, Yeo, D, Hameed, S

Abstract: Aims and objective While loss of insight of cognitive deficits is a common phenomenon in patients with Alzheimer's disease (AD), there is a lack of consensus regarding the presence of impaired insight among patients with mild cognitive impairment (MCI). We aim to investigate the clinical, cognitive, and behavioral associations of anosognosia in AD and MCI subjects. Methods A consecutive series of 87 subjects (30 healthy older patients, 21 MCI, and 36 AD) each accompanied by a caregiver, underwent clinical assessment including the evaluation of insight using the Anosognosia Questionnaire for Dementia (AQD). We also separately assessed Intellectual Function (AQD-IF) and Behavior domains of the AQD scale. Regression models were subsequently used to investigate associations of AQD scores with cognitive and other neuropsychiatric symptoms, including depression and apathy. Results Both AD and MCI groups demonstrated significant anosognosia compared with the healthy control group. In the AD group, 55.6% had "Mild Anosognosia," and 27.8% had "Severe Anosognosia." In the MCI group, 42.9% showed "Mild Anosognosia," and 9.5% had "Severe Anosognosia." Greater levels of AQD-Total and AQD-IF were associated with lower Mini-mental state examination and higher apathy scores in the AD group. In the MCI group, caregiver burden was significantly associated with AQD-Total (p = 0.016) and AQD-IF (p = 0.039). Conclusion The results indicated that anosognosia is common in both AD and MCI patients and associated with cognitive dysfunction and apathy in AD. The findings of this study warrant further research to delineate the mechanisms of anosognosia as it poses a challenge to treatment outcomes. Copyright © 2015 John Wiley & Sons, Ltd. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

Title: Associations with publication and assessing publication bias in dementia diagnostic test accuracy studies.
Citation: International Journal of Geriatric Psychiatry, March 2015(No Pagination Specified), 0885-6230;1099-1166 (Mar 17, 2015)

Author(s): Wilson, Claire, Kerr, Daniel, Noel-Storr, Anna, Quinn, Terence J

Abstract: Objective Biomarkers are of increasing interest in dementia research. Studies describing favourable accuracy of various dementia tests have influenced research, guidelines and diagnostic criteria. Publication bias is known to compromise reports on efficacy of therapeutic interventions. Traditional methods of quantifying publication bias are not suited to reviews of diagnostic tests. We aimed to describe rates and predictors of publication of dementia test accuracy studies presented at scientific meetings. Methods We chose three exemplar scientific meetings from 2009. Two independent researchers assessed conference proceedings and selected all abstracts relating to dementia diagnostics. We recorded basic descriptors and dichotomised results as 'positive' or 'neutral'. We assessed publication status using electronic literature databases and contacting lead authors. We described univariate and multivariate predictors of publication status using logistic regression modelling. Results From n = 2257 abstracts, we identified n = 250 (11%) abstracts relating to dementia diagnostics. The majority n = 209 (84%) reported positive results. Only 97 (39%) of these studies are published. Univariate predictors of publication status included positive result (p = 0.042), North American or European authors (p = 0.047), higher number of participants (p = 0.008) and use of a 'biomarker' test (p = 0.035). On multivariate analysis, only increasing number of participants was independently associated with publication (p = 0.034). Conclusions Our strategy did not prove or disprove a publication bias effect in dementia test accuracy studies. The substantial proportion of 'positive' studies may point to a downstream 'submission bias' effect on decision to submit data to meetings. Modest rate of publication of dementia test accuracy studies is concerning, and publication bias remains possible. Copyright © 2015 John Wiley & Sons, Ltd. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

Title: Virtual reality for the assessment of frontotemporal dementia, a feasibility study.

Citation: Disability and Rehabilitation: Assistive Technology, March 2015, vol./is. 10/2(160-164), 1748-3107;1748-3115 (Mar 2015)

Author(s): Mendez, Mario F, Joshi, Aditi, Jimenez, Elvira

Abstract: Purpose: Behavioral variant frontotemporal dementia (bvFTD) is a non-Alzheimer dementia characterized by difficulty in documenting social-emotional changes. Few investigations have used virtual reality (VR) for documentation and rehabilitation of non-Alzheimer dementias. Methods: Five bvFTD patients underwent insight interviews while immersed in a virtual environment. They were interviewed by avatars, their answers were recorded, and their heart rates were monitored. They were asked to give ratings of their stress immediately at the beginning and at the end of the session. Results: The patients tolerated the head-mounted display and VR without nausea or disorientation, heart rate changes, or worsening stress ratings. Their insight responses were comparable to real world interviews. All bvFTD patients showed their presence in the VR environment as they moved their heads to face and respond to each avatar’s questions. The bvFTD patients tended to greater verbal elaboration of answers with larger mean length of utterances.
compared to their real world interviews. Conclusions: VR is feasible and well-tolerated in bvFTD. These patients may have VR responses comparable to real world performance and they may display a presence in the virtual environment which could even facilitate assessment. Further research can explore the promise of VR for the evaluation and rehabilitation of dementias beyond Alzheimer's disease. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

**Therapies**

**Title:** Building a roadmap for developing combination therapies for Alzheimer's disease.

**Citation:** Expert Review of Neurotherapeutics, March 2015, vol./is. 15/3(327-333), 1473-7175;1744-8360 (Mar 2015)

**Author(s):** Perry, Daniel, Sperling, Reisa, Katz, Russell, Berry, Donald, Dilts, David, Hanna, Debra, Salloway, Stephen, Trojanowski, John Q, Bountra, Chas, Krams, Michael, Luthman, Johan, Potkin, Steven, Gribkoff, Val, Temple, Robert, Wang, Yaning, Carrillo, Maria C, Stephenson, Diane, Snyder, Heather, Liu, Enchi, Ware, Tony, McKew, John, Fields, F. Owen, Bain, Lisa J, Bens, Cynthia

**Abstract:** Combination therapy has proven to be an effective strategy for treating many of the world's most intractable diseases. A growing number of investigators in academia, industry, regulatory agencies, foundations and advocacy organizations are interested in pursuing a combination approach to treating Alzheimer's disease. A meeting co-hosted by the Accelerate Cure/Treatments for Alzheimer's Disease Coalition, the Critical Path Institute and the Alzheimer's Association addressed challenges in designing clinical trials to test multiple treatments in combination and outlined a roadmap for making such trials a reality. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

**Title:** Examination of a cut-off score to express the meaningful activity of people with dementia using iPad application (ADOC).

**Citation:** Disability and Rehabilitation: Assistive Technology, March 2015, vol./is. 10/2(126-131), 1748-3107;1748-3115 (Mar 2015)

**Author(s):** Tomori, Kounosuke, Nagayama, Hirofumi, Saito, Yuki, Ohno, Kanta, Nagatani, Ryutaro, Higashi, Toshio

**Abstract:** Purpose: To determine a quantifiable measure to identify patients with dementia who can choose an illustration of meaningful activity using an iPad application, Aid for Decision-making in Occupation Choice (ADOC). Method: We recruited 116 patients from 5 institutions in Japan. Occupational therapists interviewed patients with dementia to determine meaningful activities using ADOC. The most meaningful activity was confirmed by their primary caregivers. The cut-off was estimated from Mini-Mental State Examination (MMSE). Results: Receiver operating characteristic analysis indicated that an MMSE score of 8 was the cut-off for choosing meaningful activities using ADOC. Sensitivity and specificity was 91.0% and 74.1%, respectively, and the area under the curve value was 0.89. Conclusion: ADOC can provide individualized information regarding meaningful
activities for patients with moderate dementia. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

Other

Title: The effects of cognitive reserve and lifestyle on cognition and dementia in Parkinson’s disease - a longitudinal cohort study.

Citation: International Journal of Geriatric Psychiatry, March 2015 (No Pagination Specified), 0885-6230;1099-1166 (Mar 17, 2015)

Author(s): Hindle, John V, Hurt, Catherine S, Burn, David J, Brown, Richard G, Samuel, Mike, Wilson, Kenneth C, Clare, Linda

Abstract: Objective Cognitive reserve theory seeks to explain the observed mismatch between the degree of brain pathology and clinical manifestations. Early-life education, midlife social and occupational activities and later-life cognitive and social interactions are associated with a more favourable cognitive trajectory in older people. Previous studies of Parkinson’s disease (PD) have suggested a possible role for the effects of cognitive reserve, but further research into different proxies for cognitive reserve and longitudinal studies is required. This study examined the effects of cognitive lifestyle on cross-sectional and longitudinal measures of cognition and dementia severity in people with PD. Methods Baseline assessments of cognition, and of clinical, social and demographic information, were completed by 525 participants with PD. Cognitive assessments were completed by 323 participants at 4-year follow-up. Cognition was assessed using the measures of global cognition dementia severity. Cross-sectional and longitudinal serial analyses of covariance for cognition and binomial regression for dementia were performed. Results Higher educational level, socio-economic status and recent social engagement were associated with better cross-sectional global cognition. In those with normal cognition at baseline, higher educational level was associated with better global cognition after 4 years. Increasing age and low levels of a measure of recent social engagement were associated with an increased risk of dementia. Conclusions Higher cognitive reserve has a beneficial effect on performance on cognitive tests and a limited effect on cognitive decline and dementia risk in PD. Copyright © 2015 John Wiley & Sons, Ltd. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

Title: Dementia in multiple sclerosis: Why is it rarely discussed?

Citation: Archives of Clinical Neuropsychology, March 2015, vol./is. 30/2(174-177), 0887-6177;1873-5843 (Mar 2015)

Author(s): Westervelt, Holly James

Abstract: Cognitive deficits in multiple sclerosis (MS) have been well studied in decades of MS research. Severe deficits are acknowledged, but the frequency is minimized in the literature, and there is a striking lack of discussion of the presence of a dementia state in MS. Possible reasons for this omission are discussed, along with an argument to define the dementia state and to provide
Title: Nutritional status of care-dependent people with dementia in shared-housing arrangements - a one-year follow-up.

Citation: Scandinavian Journal of Caring Sciences, March 2015(No Pagination Specified), 0283-9318;1471-6712 (Mar 9, 2015)

Author(s): Meyer, Saskia, Graske, Johannes, Worch, Andreas, Wolf-Ostermann, Karin

Abstract: Background Malnutrition in the elderly is an important nursing challenge. Persons with dementia disease are often affected by malnutrition. During recent years, shared-housing arrangements (SHA) for older care-dependent people, frequently with dementia disease, have evolved in Germany. SHA can be an alternative to traditional residential care in nursing homes. The prevalence of malnutrition in SHA is compared to the prevalence in community dwellings and lower than the prevalence of malnutrition in nursing homes. There are no scientific data about the development of the nutritional status of older care-dependent people in SHA over one year. The aim of this study is to describe the nutritional status of care-dependent people with dementia disease living in SHA and to investigate changes over a period of one year. Method A longitudinal study with a one-year follow-up was performed. Standardised interviews with nurses were conducted concerning nutritional status (Mini Nutritional Assessment - MNA), cognitive capacities (Mini Mental State Examination - MMSE), activities of daily living (Extended Barthel-Index - EBI) and socio-demographic characteristics. Nutritional data were available for 45 residents at baseline and 36 residents at follow-up. Results At baseline, 45 residents with an average age of 78.4 years living in SHA in the state of Berlin, Germany, were included in the study. Predominantly, residents were female (73.3%) and diagnosed with dementia (88.9%), with a moderate to severe cognitive impairment (MMSE: 10.8) and low daily living abilities (EBI: 33.7). Most residents (80.6%) have a risk of malnutrition regarding the MNA. The average MNA score did decline slightly within one year (t0 = 20.8 vs. t1 = 19.7). Conclusion Regular screenings for malnutrition using validated standardised assessments, which are easy to apply, should be implemented in SHA to avoid nutritional and health-related problems arising from malnutrition. Flexible structures for care, as in SHA, can facilitate coping with nutritional problems. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

Title: The two-year incidence of depression and anxiety disorders in spousal caregivers of persons with dementia: Who is at the greatest risk?

Citation: The American Journal of Geriatric Psychiatry, March 2015, vol./is. 23/3(293-303), 1064-7481;1545-7214 (Mar 2015)

Abstract: Objective: Caregivers of persons with dementia play an important and economically valuable role within society, but many may do so at a considerable cost to themselves. Knowing which caregivers have the highest risk of developing a mental disorder may contribute to better support of ultra-high-risk groups with preventive interventions. This study aims to describe the incidence of depression and anxiety disorders in caregivers and to identify its significant predictors. Design: Prospective cohort study with a follow-up of 24 months. Participants: 181 spousal caregivers of persons with dementia without a clinical depression or anxiety disorder at baseline. Setting: Memory clinics, case management services, and primary care settings in the Netherlands. Measurements: The onset of depression and anxiety was measured every 3 months with the MINI International Neuropsychiatric Interview, a structured diagnostic instrument for DSM-IV mental disorders. Potential predictors were assessed at baseline. Results: 60% of the caregivers developed a depressive and/or anxiety disorder within 24 months: 37% a depression, 55% an anxiety disorder, and 32% both disorders. Sub-threshold depressive symptoms (Wald 2 = 6.20, df = 1, OR: 3.2, 95% CI: 1.28-8.03, p = 0.013) and poor self-reported health of the caregiver (Wald 2 = 5.56, df = 1, OR: 1.17, 95% CI: 1.03-1.34, p = 0.018) at baseline were significant predictors of disorder onset. Conclusion: Spousal caregivers of persons with dementia have a high risk to develop a mental disorder. Indicators related to the caregiver’s (mental) health rather than environmental stressors such as patient characteristics or interruption of caregivers’ daily activities predict disorder onset and can be used to identify caregivers for whom supporting preventive interventions are indicated. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

Title: Conscientiousness, dementia related pathology, and trajectories of cognitive aging.

Citation: Psychology and Aging, March 2015, vol./is. 30/1(74-82), 0882-7974;1939-1498 (Mar 2015)

Author(s): Wilson, Robert S, Boyle, Patricia A, Yu, Lei, Segawa, Eisuke, Sytsma, Joel, Bennett, David A

Abstract: The study aim was to determine the contribution of dementia related pathologies to the association of conscientiousness with late-life cognitive health. At enrollment in 2 longitudinal clinical-pathologic cohort studies, 309 older individuals without cognitive impairment completed a standard conscientiousness measure. Annually thereafter, they completed a battery of 17 cognitive tests. On death, they underwent a uniform neuropathologic examination from which measures of neurofibrillary tangles, Lewy bodies, chronic gross cerebral infarction, and hippocampal sclerosis were derived. The relation of conscientiousness and the neuropathologic markers to cognitive decline was assessed in mixed-effects change point models to accommodate nonlinear cognitive decline. During a mean of 10.7 years of follow-up, annual decline on a composite measure of global cognition (baseline M = 0.082, SD = 0.499) was gradual (estimated M = -0.036, 95% CI [-0.046, -0.025]) until a mean of 3.2 years before death (95% CI [-3.6, -2.8]) when it accelerated to a mean annual loss of 0.369 unit (95% CI [-0.426, -0.317]), a tenfold increase. Higher conscientiousness (baseline M = 33.6, SD = 5.1) was associated with slower terminal decline (estimate = 0.064, 95% CI [0.024, 0.103]) but not preterminal decline (estimate = 0.005, 95% CI [-0.003, 0.013]). After adjustment for neuropathologic burden, conscientiousness was still related to terminal decline (estimate = 0.057, 95% CI [0.019, 0.094]) and accounted for 4% of the variance in terminal slopes. In addition, the association of neocortical Lewy bodies with terminal cognitive decline was attenuated in those with higher conscientiousness. The results suggest that higher conscientiousness is
protective of late-life cognitive health. (PsycINFO Database Record (c) 2015 APA, all rights reserved) (journal abstract)

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