

Dementia

Current Awareness Newsletter

Caregiver Edition



August 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 library@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: library@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 library@uhbristol.nhs.uk

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Literature Searching

An in-depth guide on how to search the evidence base, including an introduction to UpToDate and Anatomy.tv.

Useful for anybody who wants to find the best and quickest way to source articles.

How to understand an article

How to assess the strengths and weaknesses of published articles.

Examining bias and validity.

Medical Statistics

A basic introduction to the key statistics in medical articles.

Giving an overview of statistics that compare risk, test confidence, analyse clinical investigations, and test difference.

August (12pm)

Fri 14th **Literature Searching**
Tues 18th **Understanding articles**
Weds 26th **Statistics**

September (1pm)

Thurs 3rd **Literature Searching**
Fri 11th **Understanding articles**
Mon 14th **Statistics**
Tues 22nd **Literature Searching**
Weds 30th **Understanding articles**

October (12pm)

Thurs 8th **Statistics**
Fri 16th **Literature Searching**
Mon 19th **Understanding articles**
Tues 27th **Statistics**

November (1pm)

Weds 4th **Literature Searching**
Thurs 12th **Understanding articles**
Fri 20th **Statistics**
Mon 23rd **Literature Searching**

December (12pm)

Tues 1st **Understanding articles**
Weds 9th **Statistics**
Thurs 17th **Literature Searching**

Current Awareness Database Articles on Dementia

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: library@uhbristol.nhs.uk

This edition of the Dementia Current Awareness Bulletin focus on the latest peer reviewed evidence relating to those providing care and support.

Title: Physical and Psychological Distress Are Related to Dying Peacefully in Residents With Dementia in Long-Term Care Facilities

Citation: Journal of Pain and Symptom Management, Jul 2015, vol. 50, no. 1, p. 1-8,

Author(s): De Roo, Maaïke L., Albers, Gwenda, Deliëns, Luc, de Vet, Henrica C.W., Francke,

Abstract: Context: Although dying peacefully is considered an important outcome of high-quality palliative care, large-scale quantitative research on dying peacefully and the factors associated with a peaceful death is lacking. Objectives: To gain insight into how many residents with dementia in long-term care facilities die peacefully, according to their relatives, and whether that assessment is correlated with observed physical and psychological distress. Methods: This was a retrospective cross-sectional study of deceased nursing home residents in a representative sample of long-term care facilities in Flanders, Belgium (2010). Structured post-mortem questionnaires were completed by relatives of the resident, who were asked to what extent they agreed that the resident "appeared to be at peace" during the dying process. Spearman correlation coefficients gave the correlations between physical and psychological distress (as measured using the Symptom Management at the End of Life with Dementia and Comfort Assessment in Dying at the End of Life with Dementia scales) and dying peacefully (as measured using the Quality of Dying in Long Term Care instrument). Results: The sample comprised 92 relatives of deceased residents with dementia. In 54% of cases, relatives indicated that the resident died peacefully. Weak-to-moderate correlations (0.2-0.57) were found between dying peacefully and physical distress in the last week of life. Regarding psychological distress, weak-to-moderate correlations were found for both the last week (0.33-0.44) and last month of life (0.28-0.47). Conclusion: Only half of the residents with dementia died peacefully as perceived by their relatives. Relatives' assessment of whether death was peaceful is related to both physical and psychological distress. Further qualitative research is recommended to gain more in-depth insights into the aspects on which relatives base their judgment of dying peacefully. [PUBLICATION] 26 references

Title: Discovering what works well: exploring quality dementia care in hospital wards using an appreciative inquiry approach

Citation: Journal of Clinical Nursing, Jul 2015, vol. 24, no. 13-14, p. 1916-1925,

Author(s): Scerri, Anthony, Innes, Anthea, Scerri, Charles

Abstract: To explore the quality dementia care in two geriatric hospital wards using appreciative inquiry with formal care workers and family members of inpatients with dementia. Care models such as person-centred and relationship-centred care have been developed to explain what 'quality' dementia care should be. However, their usefulness and relevance to clinicians has been questioned. Using an exploratory qualitative design within an appreciative inquiry framework, 33 care workers working in a geriatric hospital and 10 family members of patients with dementia were interviewed. Open-ended questions were asked to encourage care workers to narrate positive care experiences when the care was perceived to be at its best and to identify what made these experiences possible. Interviews were audio-taped and transcribed whilst data were analysed thematically using a qualitative data analysis software to assist in data management. Positive care experiences can be understood within five care processes, namely building a relationship between the 'extended' dementia care triad, providing 'quality time' and 'care in time', going the 'extra mile', attending to the psychosocial needs and attending to the physical needs with a 'human touch'. Factors facilitating these positive care experiences included personal attributes of care workers, and organisational, environmental and contextual factors. This study provides an alternative and pragmatic approach to understanding quality dementia care and complements the body of knowledge on factors influencing dementia care practices in hospitals. By understanding the components of quality dementia care and how these can be achieved from different stakeholders, it is possible to develop strategies aimed at improving the care offered to patients with dementia in hospitals. [PUBLICATION] 35 references

Title: The Namaste Care programme can reduce behavioural symptoms in care home residents with advanced dementia

Citation: International Journal of Geriatric Psychiatry, Jul 2015, vol. 30, no. 7, p. 702-709

Author(s): Stacpoole, Miranda, Hockley, Jo, Thompsell, Amanda, Simard, Joyce,

Abstract: The objective of the study was to evaluate the effects of the Namaste Care programme on the behavioural symptoms of residents with advanced dementia in care homes and their pain management. Six dementia care homes collaborated in an action research study-one withdrew. Inclusion criteria were a dementia diagnosis and a Bedford Alzheimer's Nursing Severity Scale score of 16. Primary research measures were the Neuropsychiatric Inventory-Nursing Homes (NPI-NH) and Doloplus-2 behavioural pain assessment scale for the elderly. Measures were recorded at baseline and at three 1-2 monthly intervals after Namaste Care started. Management disruption occurred across all care homes. The severity of behavioural symptoms, pain and occupational disruptiveness (NPI-NH) decreased in four care homes. Increased severity of behavioural symptoms in one care home was probably related to poor pain management, reflected in increased pain scores, and disrupted leadership. Comparison of NPI-NH scores showed that severity of behavioural symptoms and occupational disruptiveness were significantly lower after initiation of Namaste Care ($n = 34$, $p 0.001$) and after the second interval ($n = 32$, $p 0.001$ and $p = 0.003$). However, comparison of these measures in the second and third intervals

revealed that both were slightly increased in the third interval ($n = 24$, $p = 0.001$ and $p = 0.001$). Where there are strong leadership, adequate staffing, and good nursing and medical care, the Namaste Care programme can improve quality of life for people with advanced dementia in care homes by decreasing behavioural symptoms. Namaste is not a substitute for good clinical care. [Publication] 33 references

Title: Online pathways for dementia care

Citation: Australian Family Physician, Jul 2015, vol. 44, no. 7, p.

Author(s): Ollerenshaw, Alison

Abstract: Background: Dementia is one of the fastest growing diseases in Australia. General practitioners (GPs) are at the forefront of dementia diagnosis and management. However, the disease is complex and this can prevent timely diagnosis. A recent initiative in the Grampians region, Victoria, is addressing some of these challenges through a comprehensive, intuitive, online tool. Objective: The aim of this article is to describe the process of developing and reasons for implementing the Dementia Pathways Tool, in the Grampians region, Victoria. Discussion: Designed in collaboration with GPs and practice nurses, the Dementia Pathways Tool promotes awareness of the first signs of dementia. It offers an informed approach to diagnosis, referral and ongoing management of people with the symptoms of dementia. This Tool provides practitioners - irrespective of their practice location - with access to an intuitive, online web-based repository of information. The Tool is publicly available and therefore accessible to all practitioners and the general public. Initial indications from statistics of the website are positive, but an evaluation will help inform the potential for broader applications of this Tool in the future. [PUBLICATION] 17 references

Title: A qualitative study of older and middle-aged adults' perception and attitudes towards dementia and dementia risk reduction

Citation: Journal of Advanced Nursing, Jul 2015, vol. 71, no. 7, p. 1694-1703,

Author(s): Kim, Sarang, Sargent-Cox, Kerry A., Anstey, Kaarin J.

Abstract: Aim. To investigate perceptions of dementia and dementia risk reduction held by people without dementia. Background. Dementia does not only affect individuals with dementia, but also has an impact on family and friends, society and healthcare professionals. Recent research has identified modifiable risk and protective factors for dementia. However, it is unclear what knowledge people without dementia have about these risk factors and their attitudes towards addressing these risk factors to achieve dementia risk reduction are not known. Design. Qualitative descriptive study using focus group methodology. Method. A focus group study was conducted in February 2011 with 34 older adults aged between 52-90 years. The long-table approach was used to identify themes and categorize data on dementia knowledge, risk and attitudes. Findings. Participants correctly identified dementia risk factors as a group. Participants' responses about their perceived likelihood of developing dementia could be classified into three distinctive themes; fear, rational and cynical perceptions. Both fear of developing dementia

and the need to improve dementia knowledge were considered major motivators towards adopting healthier lifestyle and health behaviours. Lack of knowledge on risk factors for dementia was identified as a major barrier for behavioural and lifestyle change. Conclusion. These findings can be used to develop effective and personalized interventions that increase motivators and reduce barriers by tailoring interventions to individual's dementia risk reduction literacy and motivations to change behaviours. Greater public-health promotion and education about risk and protective factors for dementia are also necessary to increase dementia health literacy and to reduce overall dementia prevalence. [PUBLICATION] 41 references

Title: Measuring caregiver activation for health care: Validation of PBH-LCI:D.

Citation: Geriatric nursing (New York, N.Y.), Jul 2015, vol. 36, no. 4, p. 284-292

Author(s): Sadak, Tatiana, Korpak, Anna, Borson, Soo

Abstract: Improving the quality of health care for individuals living with dementia is a central goal of the National Alzheimer's Plan, and requires the participation of informed family caregivers as active members of the patient's health care team. "Caregiver activation" is an emerging concept for which dementia-specific measures are lacking. We developed and validated a new self-report index of caregiver activation, Partnering for Better Health - Living with Chronic Illness: Dementia (D). D has high content validity and good internal consistency and test-retest reliability, with 32 items and a strong six-factor structure reflecting all major health care domains of dementia caregiving. Comparisons with measures of related constructs and potential caregiver and patient predictors of activation indicate that D measures a unique construct and therefore should be useful as a marker of caregiver needs for education and behavioral change coaching, and as the foundation for developing interventions to enhance caregiver activation and successful partnership with clinicians. Copyright © 2015 Elsevier Inc. All rights reserved.

Title: Demographic and Socioenvironmental Characteristics of Black and White Community-Dwelling Caregivers and Care Recipients' Behavioral and Psychological Symptoms of Dementia.

Citation: Research in gerontological nursing, Jul 2015, vol. 8, no. 4, p. 179-187,

Author(s): Cothran, Fawn A, Farran, Carol J, Barnes, Lisa L, Whall, Ann L, Redman, Richard W, Struble, Laura M, Dunkle, Ruth E, Fogg, Louis

Abstract: The purpose of the current study was to compare the association between caregiver background characteristics and care recipients' behavioral and psychological symptoms of dementia (BPSD) in Black and White community-dwelling family caregivers. Using logistic regression models, caregiver/care recipient dyad data from the Aging Demographics and Memory Study were used to describe associations between caregiver background characteristics (i.e., demographic and socioenvironmental variables) and care recipients' BPSD (i.e., hallucinations, delusions, agitation, depression) (N = 755). Results showed that Black caregivers were more likely to be female, younger, an adult child, have

less education, and live in the South ($p \leq 0.05$); they were less likely to be married. Several caregiver background characteristics were associated with care recipients' depression and agitation, but not with other BPSD. Caregiver background characteristics may play a role in the recognition and reporting of BPSD and should be considered when working with families of individuals with dementia. [Res Gerontol Nurs. 2015; 8(4):179-187.]. Copyright 2015, SLACK Incorporated.

Title: Medical treatment and management of patients with dementia

Citation: Nursing Standard, Jul 2015, vol. 29, no. 45, p. 43-49,

Author(s): Dening, Tom, Sandilyan, Malarvizhi Babu

Abstract: This article, the fifth in a series on dementia, discusses the principles of management and treatment of people with dementia. It describes how to proceed after a diagnosis of dementia has been made in the early stages of the condition, and general measures to maintain physical and mental health. Drug therapy for cognitive dysfunction is explained in the context of the National Institute for Health and Care Excellence guidance, and strategies for managing depression and psychotic symptoms are outlined. Non-pharmacological approaches are often effective. For behavioural problems such as agitation and aggression, it is important to try to understand any underlying factors. In general, the most important strategy is to avoid excessive prescribing. [PUBLICATION] 28 references

Title: Dementia service centres in Austria: A comprehensive support and early detection model for persons with dementia and their caregivers - theoretical foundations and model description.

Citation: Dementia (London, England), Jul 2015, vol. 14, no. 4, p. 513-527

Author(s): Auer, Stefanie R, Span, Edith, Reisberg, Barry

Abstract: Despite the highly developed social services in Austria, the County of Upper Austria, one of the nine counties of Austria had only very limited specialized services for persons with dementia and their caregivers in 2001. Support groups existed in which the desire for more specialized services was voiced. In response to this situation, funding was received to develop a new structure for early disease detection and long term support for both the person with dementia and their caregivers. This article describes the development of the model of the Dementia Service Centres (DSCs) and the successes and difficulties encountered in the process of implementing the model in six different rural regions of Upper Austria. The DSC was described in the First Austrian Dementia Report as one of the potential service models for the future. © The Author(s) 2013.

Title: Diagnostic transitions in mild cognitive impairment by use of simple Markov models

Citation: International Journal of Geriatric Psychiatry, Jul 2015, vol. 30, no. 7, p. 669-676,

Author(s): Facal, David, Guàrdia-Olmos, Joan, Juncos-Rabadán, Onésimo

Abstract: Mild cognitive impairment (MCI) is a complex entity, which can involve persistence of the symptoms, conversion to dementia or improvement. The aim was to study the transitions between normal cognitive ageing and three MCI subtypes by using Markov transition models for different intervals between baseline and the follow-up assessment. A total of 294 participants over 50 years old attending primary care centres were assessed and diagnosed at baseline as multi-domain amnesic MCI (22 participants), single domain amnesic MCI (44), non-amnesic MCI (non-amnesic MCI) (26) or controls (202). We adopted an overlapping interval strategy by constructing six different mid-point time intervals according to the time between the baseline and the follow-up assessment. We used Markov transition models to study diagnostic changes in the groups in the different time intervals. The rate of change was lowest in the control group. In the single domain amnesic MCI and non-amnesic MCI groups, the same diagnosis was usually retained or changed to normal cognitive functioning. In the multi-domain amnesic MCI group, the rate of transition to normal functioning was lowest, and the conversion to dementia was the highest of all groups. The best fit to the Markov models was found for the period between 18-21 months, whereas the worst fit was for the period between 9-15 months. Markov models provide a comprehensive view of transitions between MCI and normal cognitive functioning. Time interval strategies seem to provide a good opportunity to monitor diagnostic transitions, although wider intervals including subsequent assessments are needed. The low rates of conversion to dementia are discussed. [Publication] 31 references

Title: Careful Engagement: Can the work of Ettinger, Klein and Bion help us to understand the relational field in dementia care?

Citation: Psychodynamic Practice: Individuals, Groups and Organisations, Jul 2015, vol. 21, no. 3, p. 241-253,

Author(s): Ramsay-Jones, Esther

Abstract: Despite a widespread focus on dementia—a focus on cause, care and cure—in both the media and on the agenda of policy makers, it is not always clear what is understood about the relational field in professional dementia care. This article draws on ideas that have their origins in psychoanalysis as a way in to exploring the affective and bodily encounters that can take place in a residential care setting. Informed by the work of Klein, Bion and Ettinger, the article sets out to demonstrate how connections between the professional carer and the cared-for are sometimes made, unmade and remade, and where at times the figure of the maternal might emerge in relationship to the other or to the wider organisation. Combining theory with observational vignettes, taken from an ongoing organisational study, the article suggests that to approach the work of relating from a psychoanalytical perspective can both enliven care practice and generate curiosity towards the other, both at an organisational and individual level. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)

Title: A UK hospice plays host to a local network of people involved in dementia care

Citation: European Journal of Palliative Care, Jul 2015, vol. 22, no. 4, p. 165-168, 1352-2779 (Jul-Aug 2015)

Author(s): Tapley, Michael, Regan, Ann, Jolle, David

Abstract: In Tameside and Glossop, since May 2014, professionals involved in dementia care meet every two months over a cup of tea at the initiative of Willow Wood Hospice. Michael Tapley, Ann Regan and David Jolley explain the idea behind this informal network. [PUBLICATION] 25 references

Title: Impact of caregivers' behaviors on resistiveness to care and collaboration in persons with dementia in the context of hygienic care: An interactional perspective.

Citation: International Psychogeriatrics, Jul 2015, (Jul 13, 2015),

Author(s): Belzil, Guylaine, Vézina, Jean

Abstract: Background: The role played by various physical and verbal behaviors of professional caregivers in the onset of resistiveness to care (RTC) and collaborative behaviors of nursing home residents with dementia was assessed in a daily hygienic care routine context. Methods: Two hundred and forty hygienic care routines, observed in eight nursing home residents, were analyzed with a video-assisted systematic observation methodology and a sequential statistical analysis strategy. Results: Caregiver and care recipient behaviors are interdependent in the hygienic care routine context. Physical instrumental behavior, neutral, negative and positive statements, positive and negative instructions, and verbal distraction emitted by caregivers are significantly and moderately associated with the onset of RTC in persons with dementia (PWD), but the strength of relationships observed depends on the care recipient's behavior prior to the caregiver's action. Positive instructions are moderately associated with the onset of collaboration in residents with preserved language abilities. However, for residents with severe language impairment, these same instructions were linked to RTC behaviors. Conclusions: Although antecedents to RTC can be identified, the risk that caregiver behaviors trigger resistive responses is higher when care recipients are already exhibiting RTC, and is low when no particular behavior or collaboration is shown. Antecedents to collaboration are also identified and discussed. Although different caregiver behaviors may be more or less likely to elicit resistiveness or collaboration, it is the pre-existing state of the care recipient that will determine its reaction to the caregiver's behavior. Clinical implications emerging from these influential findings are elaborated. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)

Title: Is there a preference for pet or spect brain imaging in diagnosing dementia? The views of people with dementia, carers, and healthy controls.

Citation: International Psychogeriatrics, Jul 2015, (Jul 15, 2015),

Author(s): Bamford, Claire, Olsen, Kirsty, Davison, Chris, Barnett, Nicky, Lloyd, Jim, Williams, David, Firbank, Michael, Mason, Helen, Donaldson, Cam, O'Brien, John

Abstract: Background: Positron emission tomography (PET) and single photon emission computed tomography (SPECT) brain imaging are widely used as diagnostic tools for suspected dementia but no studies have directly compared participant views of the two procedures. We used a range of methods to explore preferences for PET and SPECT. Methods: Patients and controls (and accompanying carers) completed questionnaires immediately after undergoing PET and SPECT brain scans. Pulse rate data were collected during each scan. Scan attributes were prioritized using a card sorting exercise; carers and controls additionally answered willingness to pay (WTP) questions. Results: Few differences were found either between the scans or groups of participants, although carers marginally preferred SPECT. Diagnostic accuracy was prioritized over other scan characteristics. Mean heart rate during both scans was lower than baseline heart rate measured at home ($p < 0.001$). Conclusion: Most participants viewed PET and SPECT scans as roughly equivalent and did not have a preference for either scan. Carer preference for SPECT is likely to reflect their desire to be with the patient (routine practice for SPECT but not for PET), suggesting that they should be able to accompany vulnerable patients throughout imaging procedures wherever possible. Pulse rate data indicated that brain imaging was no more stressful than a home visit (HV) from a researcher. The data do not support the anecdotal view that PET is a more burdensome procedure and the use of PET or SPECT scans in dementia should be based on diagnostic accuracy of the technique. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)

Title: A Pilot Evaluation of Psychosocial Support for Family Caregivers of Relatives with Dementia in Long-Term Care: The Residential Care Transition Module.

Citation: Research in gerontological nursing, Jul 2015, vol. 8, no. 4, p. 161-172,

Author(s): Gaugler, Joseph E, Reese, Mark, Sauld, Jill

Abstract: This multiple method pilot evaluation aimed to generate preliminary data on the effectiveness of the Residential Care Transition Module (RCTM). The RCTM is a six-session, 4-month psychosocial intervention designed to help families manage their emotional and psychological distress following residential care placement of a cognitively impaired relative. Seventeen family caregivers of relatives in a nursing home or assisted living memory care unit were randomly assigned to the RCTM treatment condition and 19 family caregivers were assigned to a usual care control group. Caregivers in the treatment condition reported significantly ($p < 0.05$) less emotional distress at 4 and 8 months on self-reported surveys than those in the control group. Post-RCTM focus groups emphasized the importance of readily available psychosocial support for families following the placement transition. The findings suggest that the provision of skilled psychosocial support can help families manage emotional distress and crises in the months following a cognitively impaired relative's admission to residential long-term care. [Res Gerontol Nurs. 2015; 8(4):161-172.]. Copyright 2015, SLACK Incorporated.

Title: Characteristics of the relationship that develops from nurse-caregiver communication during telecare.

Citation: Journal of clinical nursing, Jul 2015, vol. 24, no. 13-14, p. 1995-2004 (July 2015)

Author(s): Solli, Hilde, Hvalvik, Sigrun, Bjørk, Ida Torunn, Hellesø, Ragnhild

Abstract: To explore the relationship between nurses and caregivers using a web camera and web forum as the communication methods. In Norway and other European countries, there is an increased focus on ageing at home, which is aided by technology, as well as formal and informal care. The literature reveals that caregivers endure physical and mental burdens. With computer-mediated communication, such as telecare, it is possible for nurses to provide supportive care to caregivers in their homes. An explorative design using qualitative content analysis. Six nurses and nine caregivers with residential spouses suffering from stroke or dementia were interviewed two times over a six-month period. The nurses responded dynamically to the information they received and helped to empower the individual caregivers and to strengthen the interpersonal relationships between the caregivers. While some participants thought that meeting in a virtual room was close and intimate, others wanted to maintain a certain distance. The participants' altered their roles as the masters and receivers of knowledge and experience; this variation was based on a relationship in which mutual respect for one another and an interest in learning from one another allowed them to work together as partners to demonstrate the system and to follow-up with new caregivers. The flexibility of the service allows the possibility of engaging in a close, or to some extent, a more distant relationship, depending on the participants' attitudes towards using this type of service. Nurses can provide close care, support and information to caregivers who endeavour to master their everyday lives together with their sick spouses. The support seems to help the caregivers cope with their own physical and emotional problems. © 2015 The Authors. Journal of Clinical Nursing published by John Wiley & Sons Ltd.

Title: Community practitioner involvement in collaborative research.

Citation: Dementia (London, England), Jul 2015, vol. 14, no. 4, p. 450-467 (July 2015)

Author(s): Stockwell-Smith, Gillian, Moyle, Wendy, Kellett, Ursula, Brodaty, Henry

Abstract: This paper focuses on the benefits and limitations of collaborative research in community-based service settings explored through the implementation of a psychosocial intervention. The study aimed to establish the effectiveness of working with dementia dyads (person with dementia and family caregiver) in the early stages of dementia and to recruit and train an existing practitioner workforce to deliver a psychosocial intervention designed to assist dementia dyads to manage the consequences of dementia. Seven intervention staff participated in post-intervention semi-structured interviews. Whilst staff recruitment and retention proved challenging the degree to which staff demonstrated the required communication skills and competence was an important component in dyad acceptability of the intervention. Participatory factors, collaborative development, selective recruitment, focused training and ongoing specialist support, can assist the implementation of practice-based research. However, intervention staff participation and therefore intervention delivery can be hampered by workplace culture and workforce demands. © The Author(s) 2013.

Title: Diagnosis and support for younger people with dementia.

Citation: Nursing standard (Royal College of Nursing (Great Britain) : 1987), Jul 2015, vol. 29, no. 47, p. 36-40 (July 22, 2015)

Author(s): Hayo, Hilda

Abstract: There is a lack of recognition by staff working in healthcare and social services that people under the age of 65 can develop dementia, according to families affected by early onset of the condition. This results in a substantial delay in referral and diagnosis, which can lead to significant family and relationship difficulties. There is also a lack of specialist advice and support after a diagnosis of young-onset dementia, which adds to feelings of distress and isolation for both the person and their family. This article, which is part of a series on dementia, explores the epidemiology of young-onset dementia as well as the assessment, diagnosis and support for younger people living with dementia. It emphasises the need for specialist services and outlines the nurse's role in supporting families living with the effects of young-onset dementia.

Title: Family caregivers' perspectives on dementia-related dressing difficulties at home: The preservation of self model.

Citation: Dementia (London, England), Jul 2015, vol. 14, no. 4, p. 494-512

Author(s): Mahoney, Diane F, LaRose, Sharon, Mahoney, Edward L

Abstract: Alzheimer's caregiving literature acknowledges dressing as a major daily stressor but research on this topic is negligible. A qualitative grounded theory approach was used to explore Alzheimer's family caregivers' perspectives about issues that arise when their family members lose the ability to dress independently. Three focus groups and seven individual interviews were conducted and audio recorded with 25 information rich caregivers. Constant comparative analyses and coding of the transcripts identified six major themes leading to a 'Preservation of Self Model: Care Recipient to Care Giver' that portrays the caregiving trajectory. Initially, caregivers tried to protect the self dignity of the family member by maintaining usual routines and absorbing blame for difficulties. Dressing 'battles' occurred and caregivers learned management through trial and error. Crossing adult-child-gender role boundaries escalated discomfort. When facing unrelenting demands, concern shifted to preservation of the caregivers' health and self. Results suggest that caregivers would benefit from more pro-active dressing counseling to shorten the trial and error periods, dressing aids more relevant to dementia and more knowledgeable helpers. The preservation model can facilitate understanding of the caregiving trajectory and guide intervention support. © The Author(s) 2013.

Title: Values of the Minimal Clinically Important Difference for the Neuropsychiatric Inventory Questionnaire in Individuals with Dementia.

Citation: Journal of the American Geriatrics Society, Jul 2015, vol. 63, no. 7, p. 1448-1452

Author(s): Mao, Hui-Fen, Kuo, Chun-An, Huang, Wen-Ni, Cummings, Jeffrey L, Hwang, Tzung-Jeng

Abstract: To estimate the minimal clinically important difference (MCID) for the Neuropsychiatric Inventory Questionnaire (NPI-Q), a widely used measure of behavioral and psychological symptoms of dementia (BPSDs) and associated caregiver stress. Ten registered nurses rated the severity of BPSDs and caregiver distress using the NPI-Q during six monthly assessments and an external reference, a 7-point Likert-type global rating of BPSDs change during five monthly assessments from the second to the sixth month. An anchor-based (global ratings of change) approach and a distribution-based (standard error of measurement) approach were used to determine the MCID for the NPI-Q severity and distress subscales. Long-term care facility. Nonbedridden residents with dementia (n = 45) and registered nurses (n = 10). NPI-Q (severity and caregiver distress subscales) and global ratings of changes in BPSDs on a 7-point Likert-type scale. The NPI-Q MCID ranges were 2.77 to 3.18 for severity and 3.10 to 3.95 for distress. Residents in the highest NPI-Q tertile at baseline had higher MCID severity (3.62) and distress (5.08) scores than those in the lowest tertile (severity (2.40), distress (3.10)). This study provides an estimate of the MCID for severity and distress subscales of the NPI-Q, which can help clinicians and researchers determine whether NPI-Q change scores within a group of individuals with dementia are beyond measurement error and are clinically important. © 2015, Copyright the Authors Journal compilation © 2015, The American Geriatrics Society.

Title: Developing an educational dvd on the use of hand massage in the care of people with dementia: An innovation.

Citation: Nurse education in practice, Jul 2015, vol. 15, no. 4, p. 299-303

Author(s): Tuohy, Dympna, Graham, Margaret M, Johnson, Kevin, Tuohy, Teresa, Burke, Kath

Abstract: The world's population is ageing and while the vast majority of older people live independently, a significant number will develop dementia. Communication and interpersonal skills are essential in developing relationships. People with dementia may have complex health needs and may have limited language capacity and therefore the use of presence and touch and more specifically hand massage gains greater significance for their wellbeing. This paper describes the process of developing an educational dvd on the use of hand massage in the care of people with dementia which is easily accessible via the web. A description of the design and project management including post production editing is provided. A number of outcomes are identified including: dvd launch, development of local and national interest, facilitation of workshops and the securing of funding for research. The educational dvd is a resource for learning for health care professionals and members of the public. The initiative offers a way of using technology to support individuals, nurses, carers and families living with dementia. This project demonstrates collaboration and connection between practice, education and technology and highlights the importance of the cyclical nature of theory and practice in responding to health care needs of a community. Copyright © 2015 Elsevier Ltd. All rights reserved.

Title: The development and evaluation of an educational intervention for primary care promoting person-centred responses to dementia.

Citation: Dementia (London, England), Jul 2015, vol. 14, no. 4, p. 468-482

Author(s): Edwards, Rachel, Voss, Sarah E, Iliffe, Steve

Abstract: Early diagnosis of dementia within primary care is important to allow access to support. However, dementia remains under-detected in general practice. This work aimed to develop and evaluate an educational intervention for primary care promoting person-centred responses to people experiencing cognitive decline. A prototype educational intervention was pilot tested and refined; the final version of the educational intervention was then evaluated in four volunteer practices. A questionnaire was administered pre- and post-training to 94 practice staff to assess knowledge and attitudes to dementia. The responses of general practitioners (who make diagnostic, referral and treatment decisions) were compared with those from other staff who do not have such roles. Post-training, there were statistically significant improvements in understanding of person-centred care for people with dementia; attitudes to early diagnosis; awareness of non-cognitive dementia symptoms; and awareness of the role that non-clinical staff may have in recognising dementia. A dementia education intervention for primary care which fosters person-centred attitudes can involve all members of a primary care team. Further research is needed to ascertain if improvements in knowledge and attitudes translate into improved practice. © The Author(s) 2013.

Title: Generative acts of people with dementia in a long-term care setting.

Citation: Dementia (London, England), Jul 2015, vol. 14, no. 4, p. 409-417

Author(s): Doyle, Patrick J, Rubinstein, Robert L, Medeiros, Kate de

Abstract: Although generativity is used as a central cultural construct within life course theory to illustrate how older persons create interpersonal ties, it is also tied to key concepts in social exchange theory since generative acts can provide a way for achieving more equity in intergenerational power relationships. Without opportunities for older adults to invest themselves in younger generations, they may no longer feel needed within their family or community. In this article, we discuss the relationship of generativity and dementia through the generative activities of older persons with cognitive decline. Field notes from 8 months of research in a dementia-care setting as well as interviews with 20 residents were thematically analyzed to identify: (a) generative acts among people with dementia; (b) residents' expressions regarding giving to others; and (c) barriers to generativity. Examining generativity among people with dementia requires that one considers the subjective experience of the condition and understands that many social behaviors remain intact irrespective of any quantified cognitive loss (captured here through the use of case examples). © The Author(s) 2013.

Title: Expert views on the factors enabling good end of life care for people with dementia: A qualitative study

Citation: BMC Palliative Care, July 2015, vol./is. 14/1,

Author(s): Lee R.P., Bamford C., Exley C., Robinson L.

Abstract: Background: Dementia, of all long term illnesses, accounts for the greatest chronic disease burden, and the number of people with age-related diseases like dementia is predicted to double by 2040. People with advanced dementia experience similar symptoms to those dying with cancer yet professional carers find prognostication difficult and struggle to meet palliative care needs, with physical symptoms undetected and untreated. While elements of good practice in this area have been identified in theory, the factors which enable such good practice to be implemented in real world practice need to be better understood. The aim of this study was to determine expert views on the key factors influencing good practice in end of life care for people with dementia. Methods: Semi-structured telephone and face-to-face interviews with topic guide, verbatim transcription and thematic analysis. Interviews were conducted with experts in dementia care and/or palliative care in England (n=30). Results: Four key factors influencing good practice in end of life care for people with dementia were identified from the expert interviews: leadership and management of care, integrating clinical expertise, continuity of care, and use of guidelines. Conclusions: The relationships between the four key factors are important. Leadership and management of care have implications for the successful implementation of guidelines, while the appropriate and timely use of clinical expertise could prevent hospitalisation and ensure continuity of care. A lack of integration across health and social care can undermine continuity of care. Further work is needed to understand how existing guidelines and tools contribute to good practice. Disclaimer: This article presents independent research funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research programme (Grant Reference Number RP-PG-0611-20005). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

Title: Caregiving for people with dementia in a rural context in South Africa

Citation: South African Family Practice, July 2015, vol./is. 57/3, 1726-426X (21 Jul 2015)

Author(s): Gurayah T.

Abstract: Background: This research is an exploratory pilot study into the phenomenon of caregiving for people with dementia in a rural context in South Africa. Method: This study used a qualitative method of inquiry for conducting individual interviews with five caregivers to collect the data. The interviews were conducted in the local language of isiZulu. All interviews were audiotaped, and then transcribed into English. Transcriptions were analysed using thematic analysis. Findings: There were three main emergent themes, namely views and responsibilities of the caregiver, impact of caregiving, and skills and services to assist the caregiver. There were numerous subsidiary themes such as acceptance

of the ageing process, a sense of duty and kinship in African culture, and dealing with problem behaviours. Caregiving was also viewed as a character-building experience, and has major implications such as promoting social isolation, restricting activities of daily living, reducing employment and increasing financial burden. Services that would alleviate caregiver burden are education, caregiver training, a financial grant and respite care. Conclusions: Although these findings are not generalisable, it would appear that caregivers of people with dementia suffer significant psychosocial distress, and would benefit from emotional and financial support. It remains to be seen who will provide this support, but policy-makers as well as governmental and non-governmental organisations will have to factor this into their forward planning to render an effective service for people with dementia and their families. Advocacy groups should also disseminate information on dementia and caregiving responsibility, whilst healthcare professionals should screen for caregiver stress or caregiver burden in individuals caring for people with dementia.

Title: Daily fluctuation in negative affect for family caregivers of individuals with dementia

Citation: Health Psychology, July 2015, vol./is. 34/7(729-740), 0278-6133;1930-7810 (01 Jul 2015)

Author(s): Liu Y., Kim K., Almeida D.M., Zarit S.H.

Abstract: Objective: The study examined associations of intrinsic fluctuation in daily negative affect (i.e., depression and anger) with adult day service (ADS) use, daily experiences, and other caregiving characteristics. Methods: This was an 8-day diary of 173 family caregivers of individuals with dementia. Multilevel models with common within-person variance were fit first to show average associations between daily stressors and mean level of daily affect. Then multilevel models with heterogeneous within-person variance were fit to test the hypotheses on associations between ADS use, daily experiences, and intrinsic fluctuation in daily affect. Results: The study showed that, when the sum of ADS days was greater than average, there was a stabilizing effect of ADS use on caregivers' within-person fluctuation in negative affect. Moreover, fewer daily stressors and greater-than-average daily care-related stressors, more positive events, not being a spouse, greater-than-average duration of caregiving, and less-than-average dependency of individuals with dementia on activities of daily living were associated with less fluctuation. Better sleep quality was associated with less intrinsic fluctuation in anger; and younger age and more years of education were associated with less intrinsic fluctuation in daily depression. Conclusions: Because emotional stability has been argued as an aspect of emotional well-being in the general populations, intrinsic fluctuation of emotional experience was suggested as an outcome of evidence-based interventions for family caregivers.

Title: Sundown syndrome and dementia

Citation: European Geriatric Medicine, July 2015, vol./is. 6/4(375-380), 1878-7649 (01 Jul 2015)

Author(s): Cipriani G., Lucetti C., Carlesi C., Danti S., Nuti A.

Abstract: The terms "sundown syndrome" or "sundowning" are used to describe a wide range of neuropsychiatric symptoms often occurring in individuals with dementia. It is a poorly defined entity. The goal of this review is to describe the phenomenon of this syndrome, its clinical characteristics and management. Medline and Google Scholar searches were conducted for relevant articles, chapters, and books published before 2014. Search terms used included behavioural and psychological symptoms of dementia (BPSD), circadian rhythms, dementia, sundowning, sundown syndrome. Publications found through this indexed search were reviewed for further relevant references. Sundowning is a complex behavioural disorder with tremendous costs for families, caretakers, and patients themselves. Increased understanding of the sundowning syndrome may lead to more effective environmental, behavioural, or pharmacological interventions.

Title: Qualitative evaluation of a self-management intervention for people in the early stage of dementia.

Citation: Dementia (London, England), Jul 2015, vol. 14, no. 4, p. 418-435

Author(s): Martin, Faith, Turner, Andrew, Wallace, Louise M, Stanley, Damian, Jesuthasan, Jana, Bradbury, Nicola

Abstract: Self-management programs are effective for people living with chronic illnesses. However, there has been little research addressing self-management for people with dementia in the early stages. This study presents a qualitative evaluation of the experiences of attending a novel self-management program and initial process evaluation. The program was designed with and for people with dementia. It addresses: (a) relationship with family, (b) maintenance of an active lifestyle, (c) psychological well-being, (d) techniques to cope with memory changes and (e) information about dementia. Six participants with early stage dementia completed the intervention that was co-delivered by lay and clinical professional tutors. Participants and tutors attended focus group and interviews at the end of the program to explore their perceptions of the intervention. These were audio-recorded, transcribed verbatim and analysed thematically. Participants reported enjoyment and benefits from the intervention. This was despite some reporting concerns relating to their memory difficulties. The program's flexible nature, focus on strengths and the opportunity to spend time with other people living with dementia were particularly well received. Participants and tutors outlined areas for further improvement. The program was feasible and its flexible delivery appeared to facilitate participant benefit. Emphasis should be placed on maintaining activity and relationships, improving positive well-being and social interaction during the program. Memory of the pleasant experience and strengths focus was evidenced, which may impact positively on quality of life. The results highlight the usefulness and acceptability of self-management for people with early stage dementia and provide initial support for the program's structure and content. © The Author(s) 2013.

Title: Elevated Hospitalization Risk of Assisted Living Residents With Dementia in Alberta, Canada.

Citation: Journal of the American Medical Directors Association, Jul 2015, vol. 16, no. 7, p. 568-577

Author(s): Maxwell, Colleen J, Amuah, Joseph E, Hogan, David B, Cepoiu-Martin, Monica, Gruneir, Andrea, Patten, Scott B, Soo, Andrea, Le Clair, Kenneth, Wilson, Kimberley, Hagen, Brad, Strain, Laurel A

Abstract: Assisted living (AL) is an increasingly used residential option for older adults with dementia; however, lower staffing rates and service availability raise concerns that such residents may be at increased risk for adverse outcomes. Our objectives were to determine the incidence of hospitalization over 1 year for dementia residents of designated AL (DAL) facilities, compared with long-term care (LTC) facilities, and identify resident- and facility-level predictors of hospitalization among DAL residents. Participants were 609 DAL (mean age 85.7 ± 6.6 years) and 691 LTC (86.4 ± 6.9 years) residents with dementia enrolled in the Alberta Continuing Care Epidemiological Studies. Research nurses completed a standardized comprehensive assessment of residents and interviewed family caregivers at baseline (2006-2008) and 1 year later. Standardized administrator interviews provided facility level data. Hospitalization was determined via linkage with the provincial Inpatient Discharge Abstract Database. Multivariable Cox proportional hazards models were used to identify predictors of hospitalization. The cumulative annual incidence of hospitalization was 38.6% (34.5%-42.7%) for DAL and 10.3% (8.0%-12.6%) for LTC residents with dementia. A significantly increased risk for hospitalization was observed for DAL residents aged 90+ years, with poor social relationships, less severe cognitive impairment, greater health instability, fatigue, high medication use (11+ medications), and 2+ hospitalizations in the preceding year. Residents from DAL facilities with a smaller number of spaces, no chain affiliation, and from specific health regions showed a higher risk of hospitalization. DAL residents with dementia had a hospitalization rate almost 4-fold higher than LTC residents with dementia. Our findings raise questions about the ability of some AL facilities to adequately address the needs of cognitively impaired residents and highlight potential clinical, social, and policy areas for targeted interventions to reduce hospitalization risk. Copyright © 2015 AMDA – The Society for Post-Acute and Long-Term Care Medicine. Published by Elsevier Inc. All rights reserved.

Title: Markers of Impaired Decision Making in Nursing Home Residents: Assessment by Nursing Home Staff in a Population-Based Study.

Citation: Journal of the American Medical Directors Association, Jul 2015, vol. 16, no. 7, p. 563-567

Author(s): Fain, Kevin M, Rosenberg, Paul B, Pirard, Sandrine, Bogunovic, Olivera, Spira, Adam P

Abstract: Many nursing home residents have cognitive impairment that affects their decision making. In order to identify potential markers of impaired decision making, we investigated the association between a range of nursing home resident characteristics and impaired decision making in a population-based sample. Participants were 13,013 residents in the 2004 National Nursing Home Survey. We used logistic regression to determine the

association between resident characteristics (ie, gender, age, race, mood, recent pain, falls, fractures, or hospitalizations, length of stay, number of activities of daily living (ADL) requiring help, and diagnoses of dementia, anxiety disorders, and depression) and impaired (vs independent) decision making. After controlling for depression and anxiety diagnoses, as well as gender, age, race, and recent hospitalization or pain, characteristics associated with impaired decision making included depressed, sad, or anxious mood ["mild" odds ratio (OR) = 1.39, 95% confidence interval (CI) = 1.23-1.58; "severe" OR = 2.69, 95% CI = 2.27-3.20); diagnosed dementia or living on a dementia hall (OR = 5.07, 95% CI = 4.52-5.67); number of ADL requiring assistance (with 5 ADL, OR = 10.69, 95% CI = 6.82-16.75); length of nursing home stay [101-365 days (OR = 1.60, 95% CI = 1.36-1.89); 366 days-2 years (OR = 1.60, 95% CI = 1.34-1.90); >2 years (OR = 2.25, 95% CI = 1.92-2.63)]; and history of falls or fractures in the last 6 months (OR = 1.19, 95% CI = 1.07-1.32)]. Residents reporting pain in the last week were less likely to have impaired decision making (OR = 0.58, 95% CI = 0.52-0.66). We found several independent markers of impaired decision making in nursing home residents, including depressed, sad, or anxious mood (independent of depression or anxiety diagnosis); dementia; and greater need for ADL assistance. Some of these factors, in particular mood, are modifiable and addressing them may help improve decision making. These markers should be explored further to help identify residents with impaired decision making. Copyright © 2015 AMDA – The Society for Post-Acute and Long-Term Care Medicine. Published by Elsevier Inc. All rights reserved.

Title: Readings on Psychosomatic Medicine: Survey of Resources for Trainees.

Citation: Psychosomatics, Jul 2015, vol. 56, no. 4, p. 319-328

Author(s): Nisavic, Mladen, Shuster, John L, Gitlin, David, Worley, Linda, Stern, Theodore A

Abstract: As systems of care become more complex and comorbid medical and psychiatric illness becomes more evident, it is essential to prepare psychiatric trainees for practice in more integrated models of care. We sought to identify readings available for residency training in consultation-liaison (C-L) psychiatry/psychosomatic medicine with the intent to help educators and trainees identify appropriate and essential learning resources within the field. We reviewed readings available to the residents (including commonly used textbooks in C-L psychiatry and C-L training programs' required reading lists) and identified areas of consensus regarding the topics germane to the care of patients with comorbid medical and psychiatric illness (namely depression, dementia, and delirium) and the education of trainees. There was considerable variation in the references cited by well-regarded textbooks and by reading lists created for trainees in C-L psychiatry. In the 4 textbooks reviewed, there were 83 shared citations on delirium (including 10 citations that were common to all 4 textbooks and 17 citations shared by 3 textbooks). Markedly less overlap was noted in the chapters on depression (only 2 references cited in all of the textbooks with relevant content) and dementia (only 7 shared references). Given the paucity of overlap of citations in commonly used textbooks, we recommend that practical topical reviews or textbook chapters be used as core (required) or recommended readings for residents on C-L psychiatry rotations, supplemented by a small number of studies or case series that illustrate key teaching points on each essential topic. Copyright © 2015 The Academy of Psychosomatic Medicine. Published by Elsevier Inc. All rights reserved.

Title: INTRODUCTION TO THE TRANSFORMING DEMENTIA CARE IN HOSPITALS SERIES.

Citation: Nursing Older People, 01 July 2015, vol./is. 27/6(17-24), 14720795

Author(s): Evans, Simon, Brooker, Dawn, Thompson, Rachel, Bray, Jennifer, Milosevic, Srah, Bruce, Mary, Carter, Christine

Abstract: A short series of articles in Nursing Older People, starting in September, presents case study examples of the positive work achieved by trusts that participated in the RCN's development programme to improve dementia care in acute hospitals. This introductory article reports on the independent evaluation of the programme. The programme included a launch event, development days, site visits, ongoing support by the RCN lead and carer representatives and a conference to showcase service improvements. The evaluation drew on data from a survey, the site visits, trust action plans and a range of self-assessment tools for dementia care. The findings highlight substantial progress towards programme objectives and learning outcomes and suggest that the programme provided the focus, impetus and structure for trusts to make sustainable changes. It also equipped participants with the strategies and confidence to change practice. Recommendations are made for taking the programme forward.

Title: Thriving in long-term care facilities: instrument development, correspondence between proxy and residents' self-ratings and internal consistency in the Norwegian version

Citation: Journal of advanced nursing, July 2014, vol./is. 70/7(1672-1681)

Author(s): Bergland A, Kirkevold M., Sandman P.-O., Hofoss D., Vassbo T., Edvardsson D.

Abstract: AIMS: To develop an instrument for measuring thriving among residents in long-term care facilities, to assess the correspondence between proxy ratings and self-report and the internal consistency of the Norwegian version. BACKGROUND: The instrument was developed from the life-world concept of thriving and thereby has a different theoretical basis than existing 'dementia related' quality-of-life instruments. Thriving relates the experience of older persons to the place where they live. Proxy instruments need to be developed for residents in long-term care facilities who are not able to report their subjective experiences. DESIGN: Instrument development using cross-sectional survey design. METHODS: The instrument was developed in three versions (resident, family and staff) from a theory on thriving. Forty-eight triads consisting of a resident, family member and primary nurse from 12 Norwegian nursing homes participated. Data collection took place between March-December 2011. Inter-rater agreement between the groups was assessed by Cohen's kappa coefficient (weighted). Internal consistency was evaluated by Cronbach's alpha. Homogeneity was explored through item-total correlations. RESULTS: Agreement between residents, family members and staff was poor or fair (<0.41) in six of 38 items. These items were excluded. The 32-items instrument had satisfactory Cronbach's alpha values in each of the three samples and satisfactory homogeneity as item-total

correlations was substantial without being excessive and thus indicated that items were measuring the same construct. **CONCLUSION:** The instrument appears to have internal consistency and enable reliable proxy measures of the thriving construct. Further psychometric assessment including checking for possible item redundancy is needed.

Title: Financial errors in dementia: Testing a neuroeconomic conceptual framework

Citation: Neurocase, July 2014, vol./is. 20/4(389-396), 1355-4794

Author(s): Chiong W., Hsu M., Wudka D., Miller B.L., Rosen H.J.

Abstract: Financial errors by patients with dementia can have devastating personal and family consequences. We developed and evaluated a neuroeconomic conceptual framework for understanding financial errors across different dementia syndromes, using a systematic, retrospective, blinded chart review of demographically-balanced cohorts of patients with Alzheimer's disease (AD, n=100) and behavioral variant frontotemporal dementia (bvFTD, n=50). Reviewers recorded specific reports of financial errors according to a conceptual framework identifying patient cognitive and affective characteristics, and contextual influences, conferring susceptibility to each error. Specific financial errors were reported for 49% of AD and 70% of bvFTD patients ($p = 0.012$). AD patients were more likely than bvFTD patients to make amnesic errors ($p < 0.001$), while bvFTD patients were more likely to spend excessively ($p = 0.004$) and to exhibit other behaviors consistent with diminished sensitivity to losses and other negative outcomes ($p < 0.001$). Exploratory factor analysis identified a social/affective vulnerability factor associated with errors in bvFTD, and a cognitive vulnerability factor associated with errors in AD. Our findings highlight the frequency and functional importance of financial errors as symptoms of AD and bvFTD. A conceptual model derived from neuroeconomic literature identifies factors that influence vulnerability to different types of financial error in different dementia syndromes, with implications for early diagnosis and subsequent risk prevention. © 2013 Taylor & Francis.

Title: Postoperative delirium in Parkinson's disease patients following deep brain stimulation surgery

Citation: Journal of Clinical Neuroscience, July 2014, vol./is. 21/7(1192-1195),

Author(s): Carlson J.D., Neumiller J.J., Swain L.D.W., Mark J., McLeod P., Hirschauer J.

Abstract: Deep brain stimulation (DBS) surgery is an effective treatment for patients with advanced Parkinson's disease. Delirium in hospitalized Parkinson's disease patients is common and often leads to prolonged hospital stays. This study reports on the incidence and etiology of postoperative delirium following DBS surgery. Patients (n = 59) with advanced Parkinson's disease underwent bilateral (n = 56) or unilateral (n = 3) DBS electrode implant surgery, followed 1 week later with surgical placement of DBS generators. The development of delirium during either hospital stay was evaluated retrospectively from the hospital chart. Potential causes of delirium were evaluated, including history of delirium, opiate equivalents, medication administration delays and missed doses during

hospitalization, and Parkinson's disease duration. Delirium following implantation of DBS electrodes was common (22% of patients). It was less commonly associated with generator placement (10%). A history of delirium, age, and disease duration were positive predictors of delirium. Opiate equivalent doses were negatively correlated with delirium. Missed Parkinson's medication doses (53% of patients) and delayed administration (81% of patients) were common, and had a slight relation with delirium. Delirium was not related to complexity of medication regimen or use of dementia medications. Despite the presence of delirium most patients still only required a single night in the hospital post-surgery (67%). Prolonged hospital stay was due not only to delirium but also severe off states and other medical issues. Recognition and expectant management of delirium is best accomplished in a multidisciplinary setting, including the patient's family and nursing, pharmacy and neurological surgery staff. © 2013 Elsevier Ltd. All rights reserved.

Title: The results from a two-year case study of an information and communication technology support system for family caregivers

Citation: Disability and rehabilitation. Assistive technology, July 2014, vol./is. 9/4(353-358)

Author(s): Lundberg S.

Abstract: PURPOSE: The aim was to better understand how information and communication technology (ICT) can provide support to elderly family caregivers caring for significant others suffering from dementia or stroke. METHOD: Ten households equipped with an ICT system, with a family caregiver and a spouse diagnosed with dementia or stroke, were followed and observed in a two-year case study. The family caregivers had regular meetings in groups organised by the municipal care of the elderly. Data from observations, semi-structured interviews, user data from the ICT system and data about the support provided by the municipality has been used to validate the findings. RESULTS: The family caregivers socialised with users in the group as long as the users were stayed in the group. Meetings in the group were an important opportunity for exchanging experiences and to easing one's mind. The ICT system did not reduce the municipality's level of services to the participating families. The information built into the system has to be constantly updated to be of interest. CONCLUSIONS: An ICT support must be provided in a context of personal meetings and with a formal caregiver backing. This will empower informal or family caregivers. Such support must give the user the possibility to communicate and get access to the Internet. IMPLICATIONS FOR REHABILITATION: Benefits were obtained when informal caregivers met with a group of people with whom they share the same kind of experiences and were supported by a formal caregiver. Informal caregivers need more attention and recognition. ICT systems can help but must be current and maintain the users interest.

Title: Incidence of stroke and seizure in Alzheimer's disease dementia

Citation: Age and Ageing, July 2015, vol./is. 44/4(695-699)

Author(s): Cook M., Baker N., Lanes S., Bullock R., Wentworth C., Michael Arrighi H.

Abstract: Background: the objective of the study was to estimate and compare the incidence rates of ischaemic and haemorrhagic stroke and seizure among cohorts with and without Alzheimer's disease (AD) dementia. Methods: we conducted a retrospective cohort study using electronic medical records (EMRs) from primary care practices that participated in The Health Improvement Network (THIN) in the United Kingdom from 1 January 1990 to 31 July 2009. For each AD-dementia patient, we selected one general population control patient without AD-dementia matched to one AD-dementia patient on year of birth, sex and physician practice. Findings: the AD-dementia cohorts were 68% female and averaged 80 years of age at the start of follow-up. Populations for analysis included 19,902 AD-dementia and matched non-AD-dementia patients with no history of stroke at baseline in which 790 incident cases of stroke occurred, and similarly, 22,084 AD-dementia and matched patients with no history of seizure at baseline in which 286 cases of seizure occurred. After adjusting for risk factors for each outcome, hazard ratios comparing AD-dementia with non-AD-dementia patients indicated higher rates among AD-dementia patients for stroke (HR = 1.29, 95% CI 1.11, 1.50) and seizure (HR = 5.31, 95% CI 3.97, 7.10). For stroke and seizure, the incidence rate ratios comparing AD-dementia patients with non-AD-dementia controls were greatest for the younger age groups. AD-dementia was observed to be a risk factor for both haemorrhagic stroke and seizures. Increasing age was associated with a decrease in relative risk and an increase in absolute risk.

Title: Who has undiagnosed dementia? A cross-sectional analysis of participants of the Aging, Demographics and Memory Study

Citation: Age and Ageing, July 2015, vol./is. 44/4(642-647)

Author(s): Savva G.M., Arthur A.

Abstract: Background: delays in diagnosing dementia may lead to suboptimal care, yet around half of those with dementia are undiagnosed. Any strategy for case finding should be informed by understanding the characteristics of the undiagnosed population. We used cross-sectional data from a population-based sample with dementia aged 71 years and older in the United States to describe the undiagnosed population and identify factors associated with non-diagnosis. Methods: the Aging, Demographics and Memory Study (ADAMS) Wave A participants (N = 856) each underwent a detailed neuropsychiatric investigation. Informants were asked whether the participant had ever received a doctor's diagnosis of dementia. We used multiple logistic regression to identify factors associated with informant report of a prior dementia diagnosis among those with a study diagnosis of dementia. Results: of those with a study diagnosis of dementia (n = 307), a prior diagnosis of dementia was reported by 121 informants (weighted proportion = 42%). Prior diagnosis was associated with greater clinical dementia rating (CDR), from 26% (CDR = 1) to 83% (CDR = 5). In multivariate analysis, those aged 90 years or older were less likely to be diagnosed (P = 0.008), but prior diagnosis was more common among married women (P = 0.038) and those who had spent more than 9 years in full-time education (P = 0.043). Conclusions: people with dementia who are undiagnosed are older, have fewer years in education, are more likely to be unmarried, male and have less severe dementia than those with a diagnosis. Policymakers and clinicians should be mindful of the variation in diagnosis rates among subgroups of the population with dementia.

Title: Tools to promote shared decision making in serious illness: A systematic review

Citation: JAMA Internal Medicine, July 2015, vol./is. 175/7(1213-1221), 2168-6106

Author(s): Austin C.A., Mohottige D., Sudore R.L., Smith A.K., Hanson L.C.

Abstract: **IMPORTANCE** Serious illness impairs function and threatens survival. Patients facing serious illness value shared decision making, yet few decision aids address the needs of this population. **OBJECTIVE** To perform a systematic review of evidence about decision aids and other exportable tools that promote shared decision making in serious illness, thereby (1) identifying tools relevant to the treatment decisions of seriously ill patients and their caregivers, (2) evaluating the quality of evidence for these tools, and (3) summarizing their effect on outcomes and accessibility for clinicians. **EVIDENCE REVIEW** We searched PubMed, CINAHL, and PsychInfo from January 1, 1995, through October 31, 2014, and identified additional studies from reference lists and other systematic reviews. Clinical trials with random or nonrandom controls were included if they tested print, video, or web-based tools for advance care planning (ACP) or decision aids for serious illness. We extracted data on the study population, design, results, and risk for bias using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) criteria. Each tool was evaluated for its effect on patient outcomes and accessibility. **FINDINGS** Seventeen randomized clinical trials tested decision tools in serious illness. Nearly all the trials were of moderate or high quality and showed that decision tools improve patient knowledge and awareness of treatment choices. The available tools address ACP, palliative care and goals of care communication, feeding options in dementia, lung transplant in cystic fibrosis, and truth telling in terminal cancer. Five randomized clinical trials provided further evidence that decision tools improve ACP documentation, clinical decisions, and treatment received. **CONCLUSIONS AND RELEVANCE** Clinicians can access and use evidence-based tools to engage seriously ill patients in shared decision making. This field of research is in an early stage; future research is needed to develop novel decision aids for other serious diagnoses and key decisions. Health care delivery organizations should prioritize the use of currently available tools that are evidence based and effective.

Title: Testing the psychometric properties of a Chinese version of dementia management strategies scale

Citation: Neuropsychiatric Disease and Treatment, July 2015, vol./is. 11/(1663-1675)

Author(s): Chien W.T.

Abstract: Caregiving stress and burden are universal phenomena among family caregivers of people with dementia. Family caregivers who adopted adaptive management strategies in dementia care could alleviate their own distress and the progression of neuropsychiatric symptoms in people with dementia. An understanding about the management strategies used by these caregivers in caring for their relatives with dementia would be crucial to family services in dementia care. This study aimed to validate a Chinese version of Dementia Management Strategies Scale (DMSS) in family caregivers of Hong Kong Chinese people with

dementia. Face and content validity, semantic equivalence, and test-retest reliability of the translated Chinese version of 34-item DMSS were examined. A random sample of 211 family caregivers and their relatives with dementia were then recruited to identify the factor structure of the Chinese version by exploratory factor analysis followed by varimax rotation and assess its internal consistency. Reproducibility and responsiveness of the scale to changes in neuropsychiatric symptoms were also examined over a 6-month interval. Results indicated that the Chinese version of DMSS indicated very satisfactory content validity, semantic equivalence with the original English version, and test-retest reliability. Factor analysis showed that 32 items of the Chinese version had substantial loadings on one of the three identified factors ("Criticism toward older relative", "Showing encouragement", and "Active management strategies"), explaining 72.4% of the total variance. The three-factor Chinese version also indicated good internal consistency of its three subscales (Cronbach's $\alpha=0.86-0.90$) and satisfactory reproducibility over 6 months (intraclass correlation coefficients $=0.85-0.89$). Furthermore, the Chinese version demonstrated moderate effect sizes for detecting changes in symptom severity of dementia (Cohen's $d=0.50-0.60$). This study provides evidence on the sound psychometric properties of the Chinese version of DMSS to measure the levels of management strategies in family caregivers of people with dementia.

Title: Are patients admitted to hospitals from care homes dehydrated? A retrospective analysis of hypernatraemia and in-hospital mortality

Citation: Journal of the Royal Society of Medicine, July 2015, vol./is. 108/7(259-265)

Author(s): Wolff A., Stuckler D., McKee M.

Abstract: Objectives To compare risks of hypernatraemia on admission to hospital in persons who were with those who were not identified as care home residents and evaluate the association of hypernatraemia with in-hospital mortality. Design Retrospective observational study. Setting A National Health Service Trust in London. Participants A total of 21,610 patients aged over 65 years whose first admission to the Trust was between 1 January 2011 and 31 December 2013. Main outcome measures Hypernatraemia on admission (plasma Na > 145 mmol/L) and in-hospital death. Results Patients admitted from care homes had 10-fold higher prevalence of hypernatraemia than those from their own homes (12.0% versus 1.3%, respectively; odds ratio [OR]: 10.5, 95% confidence interval [CI]: 8.43-13.0). Of those with hypernatraemia, nine in 10 cases were associated with nursing home ECOHOST residency (attributable fraction exposure: 90.5%), and the population attributable fraction of hypernatraemia on admission associated with care homes was 36.0%. After correcting for age, gender, mode of admission and dementia, care home residents were significantly more likely to be admitted with hypernatraemia than were own-home residents (adjusted odds ratio [AOR]: 5.32, 95% CI: 3.85-7.37). Compared with own-home residents, care home residents were also at about a two-fold higher risk of in-hospital mortality compared with non-care home residents (AOR: 1.97, 95% CI: 1.59-2.45). Consistent with evidence that hypernatraemia is implicated in higher mortality, the association of nursing homes with in-hospital mortality was attenuated after adjustment for it (AOR: 1.61, 95% CI: 1.26-2.06). Conclusions Patients admitted to hospital from care homes

are commonly dehydrated on admission and, as a result, appear to experience significantly greater risks of in-hospital mortality.

Title: Values of the minimal clinically important difference for the neuropsychiatric inventory questionnaire in individuals with dementia

Citation: Journal of the American Geriatrics Society, July 2015, vol./is. 63/7(1448-1452)

Author(s): Mao H.-F., Kuo C.-A., Huang W.-N., Cummings J.L., Hwang T.-J.

Abstract: Objectives To estimate the minimal clinically important difference (MCID) for the Neuropsychiatric Inventory Questionnaire (NPI-Q), a widely used measure of behavioral and psychological symptoms of dementia (BPSDs) and associated caregiver stress. Design Ten registered nurses rated the severity of BPSDs and caregiver distress using the NPI-Q during six monthly assessments and an external reference, a 7-point Likert-type global rating of BPSDs change during five monthly assessments from the second to the sixth month. An anchor-based (global ratings of change) approach and a distribution-based (standard error of measurement) approach were used to determine the MCID for the NPI-Q severity and distress subscales. Setting Long-term care facility. Participants Nonbedridden residents with dementia (n = 45) and registered nurses (n = 10). Measurements NPI-Q (severity and caregiver distress subscales) and global ratings of changes in BPSDs on a 7-point Likert-type scale. Results The NPI-Q MCID ranges were 2.77 to 3.18 for severity and 3.10 to 3.95 for distress. Residents in the highest NPI-Q tertile at baseline had higher MCID severity (3.62) and distress (5.08) scores than those in the lowest tertile (severity (2.40), distress (3.10)). Conclusion This study provides an estimate of the MCID for severity and distress subscales of the NPI-Q, which can help clinicians and researchers determine whether NPI-Q change scores within a group of individuals with dementia are beyond measurement error and are clinically important.

Title: Geriatric depression scale (GDS): A tool for assessment of depression in elderly

Citation: Journal of Krishna Institute of Medical Sciences University, July 2015, vol./is. 4/3(24-31)

Author(s): Kakrani V.A., Desale A.V., Mehta C.P.

Abstract: Background: India is in the process of rapid demographic progression of increased life expectancy and aging with geriatric population of 7.2 percent which is estimated to rise to 20 percent in 2050. With increasing geriatric population elderly with dementia and associated depressive illness are expected to rise in number to almost an epidemic. Among the morbidity encountered in elderly, depressive disorders are common. Aim & Objectives: The present study was conducted with the objective to assess the extent and degree of depression in elderly, and study some correlates associated with depression in them. Material & Methods: The study was carried out at geriatric clinic of Dr. D. Y. Patil Medical College, Pune under the guidance of department of community medicine. Methodology: The randomly selected elderly above the age of 60 years attending the clinic and willing to participate in study were administered the questionnaire of Geriatric Depression Scale

(GDS), scores were given, based on which the subjects were categorized as mild, moderate and severe. Those with score >5 were considered as suggestive of depression and some factors studied were analysed to find out their association with depression. Results: It was revealed that the proportion of elderly having depression was 52.4% with 84.6% of depressed in age group of 76-80 years. Moderate to severe type was more commonly seen in illiterate; however some degree of depression was present in all elderly irrespective of literacy status. Moderate to severe type was seen more commonly in elderly living in nuclear families (23.8%), and living alone (33.3%). Thus more than half of elderly studied were having depression, and it was observed that as the age advanced the degree of depression significantly increased. Some of the factors studied like low education status, poor economic status, nuclear family status, single status, loneliness, were associated with depression. The GDS Scale can be considered as a tool for early detection and prompt action. Conclusion: The prevalence of depression in elderly is a matter of concern. The GDS can be used as a simple, easy to use, non-intervention based tool for early detection and prompt action. Tackling the health related issues like depression along with social and income security will go a long way in adding life to their years instead of years to life of elderly.

Title: Relationship between patient dependence and direct medical-, social-, indirect-, and informal-care costs in Spain

Citation: ClinicoEconomics and Outcomes Research, July 2015, vol./is. 7/(387-395)

Author(s): Darba J., Kaskens L.

Abstract: Objective: The objectives of this analysis were to examine how patients' dependence on others relates to costs of care and explore the incremental effects of patient dependence measured by the Dependence Scale on costs for patients with Alzheimer's disease (AD) in Spain. Methods: The Co-Dependence in Alzheimer's Disease study is an 18 multicenter, cross-sectional, observational study among patients with AD according to the clinical dementia rating score and their caregivers in Spain. This study also gathered data on resource utilization for medical care, social care, caregiver productivity losses, and informal caregiver time reported in the Resource Utilization in Dementia Lite instrument and a complementary questionnaire. The data of 343 patients and their caregivers were collected through the completion of a clinical report form during one visit/assessment at an outpatient center or hospital, where all instruments were administered. The data collected (in addition to clinical measures) also included sociodemographic data concerning the patients and their caregivers. Cost analysis was based on resource use for medical care, social care, caregiver productivity losses, and informal caregiver time reported in the Resource Utilization in Dementia Lite instrument and a complementary questionnaire. Resource unit costs were applied to value direct medical-, social-, and indirect-care costs. A replacement cost method was used to value informal care. Patient dependence on others was measured using the Dependence Scale, and the Cumulative Index Rating Scale was administered to the patient to assess multi-morbidity. Multivariate regression analysis was used to model the effects of dependence and other sociodemographic and clinical variables on cost of care. Results: The mean (standard deviation) costs per patient over 6 months for direct medical-, social-, indirect-, and informal-care costs were estimated at 1,028.10

(1,655.00), 843.80 (2,684.80), 464.20 (1,639.00), and 33,232.20 (30,898.90), respectively. Dependence was independently and significantly associated with direct medical-, social-, informal-, and total-care costs. Conclusion: The costs of care for patients with AD in Spain are substantial, with informal care accounting for the greatest part. Interventions that reduce patient dependence on care-givers may be associated with important reduction in direct medical-, social-, informal-, and total-care costs.

Title: Depressive symptoms in caregivers of patients with dementia: Demographic variables and burden

Citation: Clinical Interventions in Aging, July 2015, vol./is. 10/(1085-1090)

Author(s): De Fazio P., Ciambrone P., Cerminara G., Barbuto E., Bruni A., Gentile P., Talarico A., Lacava R., Gareri P., Segura-Garcia C.

Abstract: Objective: Individuals suffering from dementia are affected by a progressive and significant global deterioration and, consequently, might require longer assistance in the advanced stage of the illness. The illness is a great burden on the person who takes care of a patient, namely, the caregiver. This study aims to analyze the presence and relationship of specific sociodemographic variables, subjective burden, and depressive symptoms among caregivers of patients with dementia. Methods: The participants of this study were caregivers at a health care unit for the elderly in southern Italy. An evaluation of the burden of patients with dementia on caregivers was carried out using the Caregiver Burden Inventory (CBI) and depressive symptoms using the Self-Rating Depression Scale (SDS). Results: A total of 150 caregivers completed the study. In all, 83 (55%) caregivers showed a total CBI score >36, of whom 70% showed pathological depression scores in SDS. According to SDS, 28 (19%) caregivers showed a total CBI score from 24 to 36, of whom 32% were depressed. Depression was present in 5% of the caregivers whose CBI score was <24. Hence, an association between burden and depression was evident ($\chi^2=47.446$, $P<0.001$). A multiple linear regression analysis showed that depression (adjusted $R^2=0.622$, $F=50.123$, $P<0.001$) was associated with higher physical ($\beta=0.666$, $P=0.001$) and developmental ($\beta=0.712$, $P<0.001$) burdens, lower socioeconomic status ($\beta=-4.282$; $P=0.002$), higher level of urbanicity ($\beta=3.070$; $P=0.012$), and advanced age ($\beta=2.132$; $P=0.08$). Conclusion: Our study confirms the presence of depressive symptoms in a large number of caregivers with high burden. Nevertheless, this study demonstrates that depressive symptoms are mainly associated with sociodemographic variables and, to a lesser degree, physical and developmental burdens.

Title: Place memory and dementia: Findings from participatory film-making in long-term social care

Citation: Health and Place, July 2015, vol./is. 34/(157-163), 1353-8292;1873-2054

Author(s): Capstick A., Ludwin K.

Abstract: A participatory film-making study carried out in long-term social care with 10 people with Alzheimer-type dementia found that places the participants had known early in life were spontaneously foregrounded. Participants' memories of such places were well-

preserved, particularly when photo-elicitation techniques, using visual images as prompts, were employed. Consistent with previous work on the 'reminiscence bump' in dementia, the foregrounded memories belonged in all cases to the period of life between approximately 5 and 30 years. Frequently the remembered places were connected with major life events which continued to have a strong emotional component. The continuing significance of place in the context of long-term dementia care is considered from a psychogeographical perspective.



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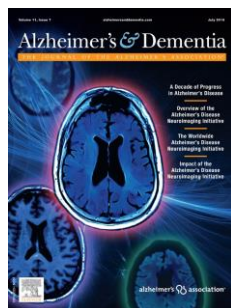
Journal Tables of Contents

The most recent issues of the following journals:

- Alzheimer's and Dementia
- Dementia: The International Journal of Social Research and Practice
- Age and Ageing
- Journal of the American Geriatrics Society

Click on the covers for the most recent tables of contents. If you would like any of the papers from these journals in full text then get in touch: bennet.jones@uhbristol.nhs.uk

Alzheimer's and Dementia Vol.11, iss. 7, July 2015



Dementia: The International Journal of Social Research and Practice

Vol. 14, iss.4, July 2015



Age and Ageing Vol.44, iss. 4, July 2015



Journal of the American Geriatrics Society

Vol. 63, iss. 7, July 2015





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John's Campaign



<http://www.johnscampaign.org.uk/index.html>

"You Can Make a Difference in Dementia" Conference

Wednesday, 16/9/2015

Julia will be speaking at the "You Can Make a Difference in Dementia" conference, hosted by University Hospitals of Morecambe Bay. Also at the conference will be Tommy Whitelaw, of [Tommy on Tour](#)

Launch of the Observer John's Campaign page

Sunday, 26/7/2015

The Observer newspaper are sponsoring [a webpage on the Society section of the Guardian website](#).

The central feature will be a list of all the UK hospitals that welcome carers. The list will run until November 2016 by which time we hope that ALL the acute hospitals in England, Scotland Wales and Northern Ireland will have signed up, ensuring fairness for people with dementia and their families wherever they live. The list will be curated in partnership with Patient Opinion

From The Newspapers

THE INDEPENDENT

[Charity warns of a 'deeply worrying' lack of support for people suffering from dementia](#)

6 July 2015 The Alzheimer's Society has called for a five-year plan to raise care standards

THE GUARDIAN

[John's Campaign – listing hospitals that welcome carers](#) 25 July 2015

John's Campaign was launched in the Observer in November 2014 after the death of Dr John Gerrard. The aim of the campaign is to give the carers of those living with dementia the right to stay with them in hospital, in the same way that parents stay with their sick children – a campaign also supported by The Observer 50 years ago.

[How loved ones can help prevent patients developing delirium in hospital](#) 1 August 2015

In the first of a series by health professionals on the importance of family and volunteers helping with a condition in hospital, we hear from a nurse at Nottingham University Hospital Ward B48

[Dementia patients forced to rely on unpaid carers, poll says](#) 6 July 2015

Survey by Alzheimer's Society finds dementia patients require support of family and friends after being let down by health and social care system

BBC NEWS

£1.4bn annual dementia care cost 'unsustainable'

<http://www.bbc.co.uk/news/uk-wales-33416772>

Carer's plea for dementia support

<http://www.bbc.co.uk/news/uk-33405603>

Dementia: GPs say patchy services fail patients

<http://www.bbc.co.uk/news/health-33382976>

'Memories corridor' for Bridgend dementia patients

<http://www.bbc.co.uk/news/uk-wales-33182256>

ALZHEIMER'S SOCIETY

[Bristol Memory Walk](#) - 6 September 2015 - The South West's Flagship Memory Walk takes in Bristol's historic harbourside with views of the SS Great Britain, Bristol Cathedral and a Banksy original!

Test uncovers signs of Alzheimer's disease 18 years before diagnosis

http://www.alzheimers.org.uk/site/scripts/news_article.php?newsID=2402

Dementia care onus falls on families, say GPs

http://www.alzheimers.org.uk/site/scripts/news_article.php?newsID=2405

ALZHEIMERS RESEARCH UK

Wales to launch groundbreaking dementia research service

<http://www.alzheimersresearchuk.org/wales-to-launch-groundbreaking-dementia-research-service/>

Learning about learning: scientists reveal more about how memories are formed

<http://www.alzheimersresearchuk.org/learning-about-learning-scientists-reveal-more-about-how-memories-are-formed/>

BRISTOL POST

<http://www.bristolpost.co.uk/Bristol-care-home-opens-pub-residents/story-26773381-detail/story.html>

<http://www.housinglin.org.uk/Topics/browse/HousingandDementia/Design/?&msg=0&parent=5091&child=9628>

BLOGS

<https://whichmeamitoday.wordpress.com/>

<http://mydementedmom.com/>

<http://www.alzheimersreadingroom.com/>



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