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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.

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

Title: Interprofessional Collaborative Practice: Dementia Case Studies Engage Nurse Practitioner and Occupational Therapy Students.
Citation: The Journal of nursing education, Sep 2015, vol. 54, no. 9, p. 536.
Author(s): Donovan, Mary Lou, McCumber, Sara

Title: Time series analysis of individual music therapy in dementia: Effects on communication behavior and emotional well-being.
Citation: GeroPsych: The Journal of Gerontopsychology and Geriatric Psychiatry, Sep 2015, vol. 28, no. 3, p. 113-122, 1662-9647 (Sep 2015)
Author(s): Schall, Arthur, Haberstroh, Julia, Pantel, Johannes

Abstract: Abstract. This pilot study evaluated the effects of individual music therapy on communication behavior and emotional well-being in persons with advanced dementia. Contrary to more common qualitative designs in dementia-related music therapy research, we used time series analysis of videographed music therapy sessions. This quantitative statistical method for modeling and explaining time-dependent processual data has not been employed in this research area before. Based on aggregated time series data, the results showed positive and statistically significant intervention effects on participants’ communication behavior, situational well-being, and their expression of positive emotions. The study results indicate that, by choosing appropriate outcomes, video-based time series analysis is sensitive and well suited to displaying the effects of music therapy in dementia care. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)

Title: Family Caregivers for People with Dementia and the Role of Occupational Therapy.
Citation: Physical & Occupational Therapy in Geriatrics, 01 September 2015, vol./is. 33/3(220-232)
Author(s): Edwards, Megan

Abstract: ABSTRACT. As the population continues to age, the prevalence of Alzheimer’s disease and related dementia (ADRD) will increase, along with the number of informal (e.g., family and friends) caregivers needed. The negative physical, mental, and financial impact providing such care has on the caregiver, in addition to the tremendous economic value of their care, has been well documented. Furthermore, the quality of care and the amount of care that is provided has also been shown to influence the overall health and wellbeing of the care receiver and caregiver. The current qualitative, phenomenological study explored
the experience of these family caregivers and how occupational therapists can better assist caregivers for people who have dementia. Five themes emerged: Personal Changes, Obstacles/Challenges, Support Network, Emotions, and Healthcare Thoughts. A discussion of the themes and how occupational therapists can assist these caregivers is included.

Title: 'Unlocking' people with dementia through the use of music therapy.
Citation: Nursing & Residential Care, 01 September 2015, vol./is. 17/9(512-514)
Author(s): Mendes, Aysha

Title: A survey on the problems Japanese occupational therapists perceive when diagnosing dementia
Citation: Psychotherapy and Psychosomatics, August 2015, vol./is. 84/(23-24), 0033-3190
Author(s): Funaki Y., Hirasawa R., Okamura H.

Abstract: Introduction: In Japan, the aging population is growing rapidly. Healthcare providers working in eldercare facilities currently face difficulties sharing client information. In this study, we surveyed occupational therapists working in eldercare facilities to identify problems related to information sharing regarding patients with dementia diagnoses and to determine how the occupational therapists felt about these problems. Methods: A questionnaire was sent to 300 occupational therapists working within eldercare facilities in Japan. Names were sampled randomly from an applicable association list. Questionnaires were returned anonymously by mail. Results: There was a response rate of 36%. Only about 20% reported that most of their medical records contained the correct diagnosis for the patient's condition, while 57% stated the diagnosis was correct in only half of their medical records; 21% responded by saying the patient's condition was diagnosed inaccurately in almost all of the medical records. Additionally, only 12% of the respondents were familiar with late paraphrenia. In contrast, 40% of the therapists had examined a patient with a condition consistent with late paraphrenia. In their comments, occupational therapists who worked in facilities without doctors said coordinating with patients' doctors was difficult. They also felt uncomfortable questioning the doctors about diagnoses the doctors had already made. Conclusions: It was clear that the diagnosis rate of what was clearly dementia was not accurate within the eldercare facilities that were surveyed. Further, occupational therapists felt anxiety over these miscommunications but they were afraid to provide the patient's information and ask the doctor to diagnose the patient again.

Title: Reliability and validity of two measures of toileting skills in frail older women without dementia
Citation: Neurourology and Urodynamics, August 2015, vol./is. 34/(S209-S210)
Author(s): Talley K., Wyman J., Bronas U., McCarthy T.

Abstract: Hypothesis/aims of study For frail community-dwelling older people, remaining continent often depends on the ability to toilet oneself. Consequently, efforts to improve urinary incontinence (UI) in this population should include interventions to improve the physical functions necessary for toileting [1]. However, standardized measures of toileting skills are not available to evaluate the effectiveness of treatment or prevention efforts in
this population. Therefore, the purpose of this study was to determine the reliability and concurrent validity of two measures of toileting skills with frailty, physical function, UI severity, UI-related quality of life (UI-QOL), and UI-related self-efficacy (UI-self efficacy).

Study design, materials and methods This was a cross-sectional study of 24 frail older women without dementia living in senior housing buildings with independent and assisted living apartments. The authors in consultation with a gerontological occupational therapist developed a 5-item Toileting Skills Questionnaire (TSQ) assessing the degree of difficulty completing toileting tasks. The Performance Oriented Timed Toileting Instrument (POTTI) was used as a performance based measure of toileting skills [2]. One of two data collectors was randomly selected to instruct participants during data collection. Two data collectors timed participants during two trials of the POTTI. The Short Physical Performance Battery measured physical function. Questionnaires were interviewer administered and included: the Vulnerable Elders Survey (measured frailty), International Consultation on Incontinence Questionnaire (measured UI-severity), Incontinence Impact Questionnaire (measured UI-QOL), Urogenital Distress Inventory (measured UI-QOL), and Geriatric Self- Efficacy Index for Urinary Incontinence (UI-self efficacy). The study complies with ethical standards for research and received institutional IRB approval. Participants were enrolled after providing informed consent. Inter-rater reliability of the POTTI was assessed using the intra class correlation coefficient. Concurrent validity was assessed with Spearman correlation coefficients to accommodate the small sample size and skewed distribution of the POTTI and TSQ. Internal consistency reliability of the TSQ was measured with Cronbach's alpha. All statistical tests were 2-tailed, and a p-value of <.05 was considered statistically significant. Analyses were performed using Stata version IC 13.1. An a priori power calculation indicated a sample size of 24 would detect a difference of 0.2 correlations (e.g., a difference of 0.9 and 0.7) between the raters' repeated measures with 80% power and two-sided alpha equal to 0.5. Results Participants were physically frail white females free of dementia with a mean age of 87+/-5 years. Most participants lived alone (83%) in independent apartments (79%), for an average of 27+/-20 months. The mean and standard deviation for the study variables are reported in the Table. The POTTI and TSQ were moderately correlated (r = .41). The POTTI demonstrated strong inter-rater reliability (ICC = .97), and concurrent validity with frailty, physical function, UI-related quality of life, and self-efficacy (see Table). The TSQ demonstrated excellent internal consistency with Cronbach's alpha =.81 and concurrent validity with frailty, UI-related quality of life, and UI-related self-efficacy (see Table). The TSQ was only correlated with physical function related to gait. Neither measure was correlated with UI severity. Interpretation of results Both instruments demonstrated good psychometric properties and show promise as an outcome measure for use in clinical trials investigating the effect of improving toileting skills to improve UI. There were two minor differences in concurrent validity between the two measures. First, the TSQ only had a significant correlation with gait speed, not with balance and chair rising ability. Second, the POTTI did not have a significant correlation with one of the UI-QOL measures. Neither instrument had a significant association with UI severity. Even though these relationships were not statistically significant, the correlations indicate that worse toileting skills were associated with worse balance, chair stands, UI-QOL, and UI severity. Most likely the lack of statistical significance is due to the small sample size, that was powered to detect differences in inter-rater reliability of the POTTI. Limitations of the study include a small convenience sample of older women that limits generalizability. Concluding message In this sample of physically frail older women the POTTI was a reliable and valid performance
Title: Effect of Active Music Therapy and Individualized Listening to Music on Dementia: A Multicenter Randomized Controlled Trial

Citation: Journal of the American Geriatrics Society, August 2015, vol./is. 63/8(1534-1539)

Author(s): Raglio A., Bellandi D., Baiardi P., Gianotti M., Ubezio M.C., Zanacchi E., Granieri E., Imbriani M., Stramba-Badiale M.

Abstract: Objectives To assess the effects of active music therapy (MT) and individualized listening to music (LtM) on behavioral and psychological symptoms of dementia (BPSDs) in persons with dementia (PWDs). Design Randomized controlled trial. Setting Nine Italian institutions. Participants Persons with moderate to severe dementia and BPSDs (N = 120) were randomized to one of three treatments. Interventions All groups received standard care (SC), and two groups attended 20 individualized MT or LtM sessions, twice a week, in addition to SC. Measurements The Neuropsychiatric Inventory (NPI), Cornell Scale for Depression in Dementia (CSDD), and Cornell-Brown Scale for Quality of Life in Dementia (CBS-QoL) were administered before treatment, after treatment, and at follow-up to evaluate behavioral and psychological outcomes. A specific coding scheme (Music Therapy Check List - Dementia) was used to evaluate the MT process. Results Behavioral assessment did not show significant differences between groups. All groups showed a reduction over time in NPI global score (P <.001), CSDD (P =.001), and CBS-QoL (P =.01). The NPI global score fell 28% in the MT group, 12% in the LtM group, and 21% in the SC group at the end of treatment. An exploratory post hoc analysis showed similar within-group improvements for the NPI Delusion, Anxiety, and Disinhibition subscales. In the MT group, communication and relationships between the music therapists and PWDs showed a positive albeit nonsignificant trend during treatment. Conclusion The addition of MT or LtM to standard care did not have a significant effect on BPSDs in PWDs. Further studies on the effects of the integration of standard care with different types of music interventions on BPSD in PWD are warranted.

Title: The efficacy of music therapy for people with dementia: A meta-analysis of randomised controlled trials.

Citation: Journal of Clinical Nursing, Aug 2015,

Author(s): Chang, Yu-Shiun, Chu, Hsin, Yang, Chyn-Yng, Tsai, Jui-Chen, Chung, Min-Huey, Liao, Yuan-Mei, Chi, Mei-ju, Liu, Megan F., Chou, Kuei-Ru

Abstract: Aims and objectives To (1) perform a meta-analysis of randomised controlled trials pertaining to the efficacy of music therapy on disruptive behaviours, anxiety levels, depressive moods and cognitive functioning in people with dementia; and (2) clarify which interventions, therapists and participant characteristics exerted higher and more prominent effects. Background Present study was the first to perform a meta-analysis that included all the randomised controlled trials found in literature relating to music therapy for people
with dementia over the past 15 years. Design A meta-analysis study design. Methods
Quantitative studies were retrieved from PubMed, Medline, Cochrane Library Database,
CINAHL, SCOPUS and PsycINFO. A meta-analysis was used to calculate the overall effect
sizes of music therapy on outcome indicators. Results Music therapy significantly improved
disruptive behaviours (Hedges’ g = −0·66; 95% confidence interval (CI) = −0·44 to −0·88) and
anxiety levels (Hedges’ g = −0·51; 95% CI = −0·02 to −1·00) in people with dementia. Music
therapy might affect depressive moods (Hedges’ g = −0·39; 95% CI = 0·01 to −0·78), and
cognitive functioning (Hedges’ g = 0·19; 95% CI = 0·45 to −0·08). Conclusion Music therapy
exerted a moderately large effect on disruptive behaviours of people with dementia, a
moderate effect on anxiety levels and depressive moods, and a small effect on cognitive
functioning. Relevance to clinical practice Individual music therapy provided once a week to
patients with cognitive functioning and manual guided in music intervention construction is
suggested. Group music therapy is provided several times a week to reduce their disruptive
behaviours, anxiety levels and depressive moods. Music therapy is a cost-effective,
enjoyable, noninvasive therapy and could be useful for clinical nurses in creating an
environment that is conducive to the well-being of patients with dementia.

Title: Dealing with behavioral and psychological symptoms of dementia: A general overview.
Citation: Psychology Research and Behavior Management, Jul 2015, vol. 8 (Jul 3, 2015)
Author(s): Azermai, Majda

Abstract: Dealing with the behavioral and psychological symptoms of dementia (BPSD) is
often complex. Given the controversy with regard to antipsychotics for behavioral problems
in people with dementia, there has been a renewed emphasis on nonpharmacological
interventions, with progress in the design of the relevant studies. Potential
nonpharmacological interventions for BPSD are: cognitive training/stimulation,
rehabilitative care, activities of daily living, music therapy, massage/touch, physical activity,
education/training of professionals, and education and psychosocial support of informal
caregivers. Use of antipsychotics in the management of BPSD is controversial due to limited
efficacy and the risk of serious adverse effects, but credible alternatives remain scarce. The
problem of chronic use of antipsychotics in nursing homes should be tackled.
Discontinuation of antipsychotic medication in older individuals with BPSD appears to be
feasible. Discontinuation efforts are needed to differentiate between patients for whom
antipsychotics have no added value and patients for whom the benefits outweigh the risks.
(PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)

Title: Posteriore kortikale Atrophie: Pathologie, Diagnostik und Behandlung einer seltenen
Form der Demenz.
Citation: Der Nervenarzt, Jul 2015, vol. 86, no. 7, p. 833-839
Author(s): Ortner, M., Kurz, A.

Abstract: The syndrome of posterior cortical atrophy (PCA) is a rare clinical manifestation of
several neurodegenerative diseases which affect the parieto-occipital cortex. The most
frequent underlying pathology is Alzheimer’s disease but some cases are caused by Lewy
body disease, progressive subcortical gliosis, corticobasal degeneration or prion diseases.
The most prominent clinical feature of PCA is complex visual disturbances including object
agnosia, simultanagnosia, optical ataxia and oculomotor apraxia while basic visual functions
remain intact. These deficits lead to multiple impairments in activities of daily living that require visual control. On progression of the disease amnestic, apraxic and dysexecutive symptoms occur so that a global dementia gradually emerges. At the core of the diagnostic work-up are a detailed patient history, accurate analysis of behavior and neuropsychological testing. Structural and functional brain imaging are suitable to demonstrate the localization of the disease process. Measurement of cerebrospinal fluid proteins (e.g. beta amyloid, tau, phospho-tau and 14-3-3) serves to confirm or exclude Alzheimer’s disease or prion diseases. The mainstay of treatment are non-pharmacological interventions to support activities of daily living and personal independence. These treatments include cognitive training and compensatory strategies which can be prescribed as neuropsychological treatment or occupational therapy. If Alzheimer’s disease or Lewy body disease is the likely cause, a treatment with cholinesterase inhibitor may be tried. Caregiver education and support are another essential part of the treatment regimen as with all forms of dementia.

Title: The development of Music in Dementia Assessment Scales (MiDAS).
Citation: Nordic Journal of Music Therapy, Jul 2015, vol. 24, no. 3, p. 232-251
Author(s): McDermott, Orii, Orrell, Martin, Ridder, Hanne Mette

Abstract: There is a need to develop an outcome measure specific to music therapy in dementia that reflects a holistic picture of the therapy process and outcome. This study aimed to develop a clinically relevant and scientifically robust music therapy outcome measure incorporating the values and views of people with dementia. Focus groups and interviews were conducted to obtain qualitative data on what music meant to people with dementia and the observed effects of music. Expert and peer consultations were conducted at each stage of the measure development to maximise its content validity. The new measure was field-tested by clinicians in a care home. Feedback from the clinicians and music therapy experts were incorporated during the review and refinement process of the measure. A review of the existing literature, the experiential results and the consensus process enabled the development of the new outcome measure “Music in Dementia Assessment Scales (MiDAS)” . Analysis of the qualitative data identified five key areas of the impact of music on people with dementia and they were transformed as the five Visual Analogue Scale (VAS) items: levels of Interest, Response, Initiation, Involvement and Enjoyment. MiDAS comprises the five VAS items and a supplementary checklist of notable positive and negative reactions from the individual. This study demonstrates that it is possible to design and develop an easy to apply and rigorous quantitative outcome measure which has a high level of clinical relevance for people with dementia, care home staff and music therapists.

Title: Individual music therapy for managing neuropsychiatric symptoms for people with dementia and their carers: a cluster randomised controlled feasibility study
Citation: BMC Geriatrics, Jul 2015, vol. 15, no. 84, p. 19 pages, 1471-2318
Author(s): Hsu, Ming Hung, Flowerdew, Rosamund, Parker, Michael, Fachner, Jörg, Odell-Miller, Helen

Abstract: Background: Previous research highlights the importance of staff involvement in psychosocial interventions targeting neuropsychiatric symptoms of dementia. Music therapy has shown potential effects, but it is not clear how this intervention can be
programmed to involve care staff within the delivery of patients' care. This study reports initial feasibility and outcomes from a five month music therapy programme including weekly individual active music therapy for people with dementia and weekly post-therapy video presentations for their carers in care homes. Methods: 17 care home residents and 10 care staff were randomised to the music therapy intervention group or standard care control group. The cluster randomised, controlled trial included baseline, 3-month, 5-month and post-intervention 7-month measures of residents' symptoms and well-being. Caregiver-carer interactions were also assessed. Feasibility was based on carers' feedback through semi-structured interviews, programme evaluations and track records of the study. Results: The music therapy programme appeared to be a practicable and acceptable intervention for care home residents and staff in managing dementia symptoms. Recruitment and retention data indicated feasibility but also challenges. Preliminary outcomes indicated differences in symptoms (13.42, 95 % CI: [4.78 to 22.07; p = 0.006]) and in levels of wellbeing (-0.74, 95 % CI: [-1.15 to -0.33; p = 0.003]) between the two groups, indicating that residents receiving music therapy improved. Staff in the intervention group reported enhanced caregiving techniques as a result of the programme. Conclusion: The data supports the value of developing a music therapy programme involving weekly active individual music therapy sessions and music therapist-carer communication. The intervention is feasible with modifications in a more rigorous evaluation of a larger sample size.

Title: Posterior cortical atrophy: Pathology, diagnosis and treatment of a rare form of dementia [German] Posteriore kortikale Atrophie: Pathologie, Diagnostik und Behandlung einer seltenen Form der Demenz
Citation: Nervenarzt, July 2015, vol./is. 86/7(833-839)
Author(s): Ortner M., Kurz A.

Language: German

Abstract: The syndrome of posterior cortical atrophy (PCA) is a rare clinical manifestation of several neurodegenerative diseases which affect the parieto-occipital cortex. The most frequent underlying pathology is Alzheimer’s disease but some cases are caused by Lewy body disease, progressive subcortical gliosis, corticobasal degeneration or prion diseases. The most prominent clinical feature of PCA is complex visual disturbances including object agnosia, simultanagnosia, optical ataxia and oculomotor apraxia while basic visual functions remain intact. These deficits lead to multiple impairments in activities of daily living that require visual control. On progression of the disease amnestic, apraxic and dysexecutive symptoms occur so that a global dementia gradually emerges. At the core of the diagnostic work-up are a detailed patient history, accurate analysis of behavior and neuropsychological testing. Structural and functional brain imaging are suitable to demonstrate the localization of the disease process. Measurement of cerebrospinal fluid proteins (e.g. beta amyloid, tau, phospho-tau and 14-3-3) serves to confirm or exclude Alzheimer’s disease or prion diseases. The mainstay of treatment are non-pharmacological interventions to support activities of daily living and personal independence. These treatments include cognitive training and compensatory strategies which can be prescribed as neuropsychological treatment or occupational therapy. If Alzheimer’s disease or Lewy body disease is the likely cause, a treatment with cholinesterase inhibitor may be tried. Caregiver education and support are another essential part of the treatment regimen as with all forms of dementia.
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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. 8, August 2015

Dementia: The International Journal of Social Research and Practice
Vol. 14, iss.4, August 2015

Age and Ageing
Vol.44, iss. 5, September 2015

Journal of the American Geriatrics Society
Vol. 63, iss. 8, August 2015

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John’s Campaign

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

Suffolk Family Carers AGM
Wednesday, 25/11/2015

Nicci Gerrard will be giving the keynote speech at Suffolk Family Carers AGM.

Wessex Academic Health Science Network Meeting
Wednesday, 21/10/2015

With great generosity Wessex AHSN are planning to make a short film explaining the ideas behind John's Campaign. They will then show it at their regular monthly meeting in Southampton and have invited Nicci Gerrard to attend.

Stockport NHS Trust Launch of Strategic Approach to Delirium and Dementia
Monday, 5/10/2015

Julia Jones has been invited to represent John's Campaign at this event.

"You Can Make a Difference in Dementia" Conference
Wednesday, 16/9/2015
From The Newspapers

The Guardian Saturday

100 hospitals support John's Campaign on dementia care
Milestone for Observer supported John's Campaign as carers of those with dementia to win same access as parents of sick children
12 September 2015

Ageing test could highlight patients at risk of dementia
Technique developed by comparing gene activity from healthy 65-year-olds with youngsters could also be used for other age-related conditions
Monday 7 September 2015

Protein linked to Alzheimer's could be spread during surgery, say researchers
Concern that tiny pieces of harmful proteins could be spread via surgical instruments leads scientists to call for more research into possible transmission
Wednesday 9 September 2015

The Independent

Six ways to help reduce the risk of dementia
Dementia levels in the UK are stabilising, according to reports
Friday 21 August 2015

The dementia epidemic: is it really stabilising?
A new study suggests that dementia rates aren't increasing, but if we take a look at the age of those studied, the living conditions of those born pre and post-war plays a huge role. As younger generations become less healthy, it is likely to increase in the future
Monday 24 August 2015

Dementia sufferers start losing their memory up to three years before disease takes hold
Those who developed dementia begin to lose awareness of their own memory abilities several years before being diagnosed
Wednesday 26 August 2015
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