University Hospitals Bristol
NHS Foundation Trust

Dementia

Current Awareness Newsletter

Pain Management

JANUARY 2016

Contents

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

Lunchtime Drop-in Sessions

January - June 2016

The **Library and Information Service** provides free specialist information skills training for all UHBristol staff and students.

To book a place, email: **library@uhbristol.nhs.uk**

If you're unable to attend we also provide **one-to-one** or **small group** sessions. Contact **library@uhbristol.nhs.uk** to arrange a session.

Literature Searching

An in-depth guide to formulating an effective search strategy and getting the most out of searching key healthcare databases.

Understanding Articles

How to assess the strengths and weaknesses of research methods.

Examining different research designs, bias and validity, and frameworks for systematically appraising a medical paper.

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.

Information Resources

A comprehensive overview of Library subscription resources, freely available online resources and 'grey literature'.

January (1pm)

Mon 4th	**Literature Searching**
Tues 12th	**Understanding articles**
Weds 20th	**Statistics**
Thurs 28th	**Information resources**

February (12pm)

Fri 5th	**Literature Searching**
Mon 8th	**Understanding articles**
Tues 16th	**Statistics**
Weds 24th	**Information resources**

March (1pm)

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

April (12pm)

Thurs 7th	**Understanding articles**
Fri 15th	**Statistics**
Mon 18th	**Information resources**
Tues 26th	**Literature Searching**

May (1pm)

Weds 4th	**Understanding articles**
Thurs 12th	**Statistics**
Fri 20th	**Information resources**
Tues 31st	**Literature Searching**

June (12pm)

Weds 8th	**Understanding articles**
Thurs 16th	**Statistics**
Fri 24th	**Information resources**

New from the Cochrane Library of Systematic Reviews

Mini-Mental State Examination (MMSE) for the detection of dementia in clinically unevaluated people aged 65 and over in community and primary care populations

Sam T Creavin, Susanna Wisniewski, Anna H Noel-Storr, Clare M Trevelyan, Thomas Hampton, Dane Rayment, Victoria M Thom, Kirsty J E Nash, Hosam Elhamoui, Rowena Milligan, Anish S Patel, Demitra V Tsivos, Tracey Wing, Emma Phillips, Sophie M Kellman, Hannah L Shackleton, Georgina F Singleton, Bethany E Neale, Martha E Watton, Sarah Cullum

Online Publication Date: January 2016

Abstract

Background:

The Mini Mental State Examination (MMSE) is a cognitive test that is commonly used as part of the evaluation for possible dementia.

Objectives: To determine the diagnostic accuracy of the Mini-Mental State Examination (MMSE) at various cut points for dementia in people aged 65 years and over in community and primary care settings who had not undergone prior testing for dementia.

Statins for the prevention of dementia

Bernadette McGuinness, David Craig, Roger Bullock, Peter Passmore

Online Publication Date: January 2016

Abstract

Background: This is an update of a Cochrane review first published in 2001 and then updated in 2009. Vascular risk factors including high cholesterol levels increase the risk of dementia due to Alzheimer's disease and of vascular dementia. Some observational studies have suggested an association between statin use and lowered incidence of dementia.

Objectives: To evaluate the efficacy and safety of statins for the prevention of dementia in people at risk of dementia due to their age and to determine whether the efficacy and safety of statins for this purpose depends on cholesterol level, apolipoprotein E (ApoE) genotype or cognitive level.

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.

Pain management

Title: Does a palliative care consult decrease the cost of caring for hospitalized patients with dementia?

Citation: Palliative & supportive care, Dec 2015, vol. 13, no. 6, p. 1535-1540

Author(s): Araw, Marissa, Kozikowski, Andrzej, Sison, Cristina, Mir, Tanveer, Saad, Maha,

Abstract: Advanced dementia (AD) is a terminal disease. Palliative care is increasingly becoming of critical importance for patients afflicted with AD. The primary objective of this study was to compare pharmacy cost before and after a palliative care consultation (PCC) in patients with end-stage dementia. A secondary objective was to investigate the cost of particular types of medication before and after a PCC. This was a retrospective study of 60 hospitalized patients with end-stage dementia at a large academic tertiary care hospital from January 1, 2010 to October 1, 2011, in order to investigate pharmacy costs before and after a PCC. In addition to demographics, we carried out a comparison of the average daily pharmacy cost and comparison of the proportion of subjects taking each medication type (cardiac, analgesics, antibiotics, antipsychotics and antiemetics) before and after a PCC. There was a significant decrease in overall average daily pharmacy cost from before to after a PCC (\$31.16 ± 24.71 vs. \$20.83 ± 19.56; $p < 0.003$). There was also a significant difference in the proportion of subjects taking analgesics before and after PCC (55 vs. 73.3%; $p < 0.009$), with a significant average daily analgesic cost rise from pre- to post-PCC: \$1.36 ± 5.07 (median = \$0.05) versus. \$2.35 ± 5.35 (median = \$0.71), respectively, $p < 0.011$; average daily antiemetics cost showed a moderate increase from pre- to post-PCC: \$0.08 ± 0.37 (median = \$0) versus \$0.23 ± 0.75 (median = \$0), respectively, $p < 0.047$. Our findings indicate that PCC is associated with overall decreased medication cost in hospitalized AD patients. Additionally, receiving a PCC was related to greater use of pain medications in hospitalized dementia patients. Our study corroborates the benefits of palliative care team intervention in managing elderly hospitalized dementia patien

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Title: Pain management: a fundamental component of dementia care.

Citation: Nursing standard (Royal College of Nursing (Great Britain) : 1987), Oct 2015, vol. 30, no. 9, p. 43-50

Author(s): Regan, Ann, Colling, Jane, Tapley, Michael

Abstract: Pain is a multifaceted experience with physical, psychological, social and spiritual components. Dementia, which is often accompanied by impaired communication, complicates the assessment and treatment of pain. Although older people with dementia share the same age-related pathology as other older people, they do not experience the same access to pain relief as their cognitively-unimpaired counterparts. Tools have been developed to enhance self-reporting of pain by people with dementia and the objective observation of non-verbal signs of pain. The first step, however, is awareness that pain might be present and can be responsible for otherwise unexplained distress and behaviour change. Recognition of pain should trigger the appropriate and timely use of pain assessment tools. Pharmaceutical and non-pharmaceutical measures to relieve pain should be used as appropriate. Evaluation of the efficacy of these methods is needed on an ongoing basis. People living with dementia deserve to be listened to, no matter how they choose to express pain, and to have their pain minimised effectively and efficiently

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Title: Analgesic Use and Daytime Sleepiness in Residents With and Without Dementia in Residential Aged Care Facilities.

Citation: Drugs & aging, Dec 2015, vol. 32, no. 12, p. 1045-1053

Author(s): Tan, Edwin C K, Visvanathan, Renuka, Hilmer, Sarah N, Emery, Tina,

Abstract: Managing pain in residents of residential aged care facilities (RACFs) is challenging, especially for people with dementia. Clinicians must weigh the benefits of analgesic use against the potential for adverse events, particularly daytime sleepiness. The aim was to investigate the association between analgesic use and daytime sleepiness in residents with and without dementia in RACFs. This was a cross-sectional study of 383 permanent residents from six low-level and high-level RACFs in South Australia. Main measures included analgesic use in the previous 24 h, analgesic load and self-reported daytime sleepiness. Covariates included relevant comorbidities (insomnia, depression, painful conditions), Charlson's Comorbidity Index, sedative load, self-reported and clinician-observed pain and dementia severity. Logistic regression was used to compute odds ratios (ORs) and confidence intervals (CIs) for the association between analgesic use and daytime sleepiness. Analgesics were used by 288 residents (75.2 %) in the previous 24 h. These included paracetamol (n = 264, 68.9 %), opioids (n = 110, 28.7 %) and oral NSAIDs (n = 14, 3.7 %). Overall, 116 (30.3 %) residents were categorized as having daytime sleepiness. Of those with dementia, 77 (45.6 %) were categorized as having daytime sleepiness. Opioid use in the previous 24 h was not associated with daytime sleepiness in unadjusted or adjusted analyses. Paracetamol use was positively associated with daytime sleepiness (OR 2.31; 95 % CI 1.20-4.42). Although daytime sleepiness occurred in a large number of residents, especially those with dementia, this sleepiness was not necessarily associated with use of opioids. The risk of opioid-induced sedation may have been managed by strategies including preferential prescribing of paracetamol to residents at risk of sleepiness, opioid discontinuation in residents who experienced sleepiness, and use of low doses of opioids.

Title: Depressive symptomatology and associated factors in dementia in europe: Home care versus long-term care.

Citation: International Psychogeriatrics, Dec 2015,

Author(s): Giebel, Clarissa, Sutcliffe, Caroline, Verbeek, Hilde, Zabalegui, Adelaida,

Abstract: Background: This study forms part of a larger European programme investigating the transition from home care to long-term care (LTC) facility in people with dementia (PwD) at the margins of LTC. The aim of this study was to explore the factors associated with depressive symptomatology in PwD in different settings. Methods: A total of 1,538 PwD, of which 957 received home care and 581 lived in a LTC facility, and their carers were interviewed. The Cornell Scale for Depression in Dementia (CSDD) measured depressive symptomatology. PwD completed measures of cognition and quality of life (QoL), and informal or formal carers completed measures on the PwD' QoL, neuropsychiatric behavior, activities of daily living, comorbidities, pain, and falls. Logistic regression was used to assess which factors contributed to depressive symptomatology in the two settings. Results: Those receiving home care, living in Germany, and with severe dementia, showed the highest prevalence of depressive symptomatology. In the home care group, high levels of pain, neuropsychiatric behavior, and comorbidity, as well as low self- and proxy-rated QoL were factors associated with depressive symptomatology. In the LTC group, low proxy-rated QoL, more severe neuropsychiatric behavior, being a male informal carer and living in Germany were associated with depressive symptomatology. Conclusions: Evidence highlights the need for targeting different aspects in the management of depression in dementia, including offering improved pain management for those living in the community. Further research needs to explore cultural variations and carer gender factors associated with higher levels of depressive symptomatology.

Title: Eight-Year Trends in the Use of Opioids, Other Analgesics, and Psychotropic Medications Among Institutionalized Older People in Finland.

Citation: Journal of the American Medical Directors Association, Nov 2015, vol. 16, no. 11, p. 973-978

Author(s): Pitkala, Kaisu H, Juola, Anna-Liisa, Hosia, Helka, Teramura-Gronblad, Mariko, Soini, Helena, Savikko, Niina, Bell, J Simon

Abstract: It is recognized that pain has been undertreated and psychotropic medications overused in institutional settings. To investigate the change in prevalence of opioids, other analgesics, and psychotropic medications in institutional settings over an 8-year period. Institutional settings in Helsinki, Finland. Older residents in nursing homes in 2003 (n = 1987) and 2011 (n = 1576) and in assisted living facilities in 2007 (n = 1377) and 2011 (n = 1586). Comparable audits of medication use were conducted among institutionalized

residents at 3 time points over 8 years. The prevalence of regular opioid, other analgesic, and psychotropic medications was compared across the 3 time periods. Nursing home and assisted living facility residents were older; more disabled, had a higher prevalence of dementia, and greater comorbidity in the latter cohorts. The prevalence of regular opioid use was 11.8% and 22.9% in nursing homes in 2003 and 2011 (P < .001), and 8.6% and 17.3% in assisted living facilities in 2007 and 2011 (P < .001), respectively. The prevalence of regular acetaminophen and pregabalin/gabapentin increased and NSAIDs decreased in both nursing homes and assisted living facilities. The prevalence of regular antipsychotic use decreased from 42.6% to 27.8% in nursing homes (P < .001) but increased from 26.9% to 32.0% in assisted living facilities (P = .0017). The mean number of psychotropic medications (antipsychotics, antidepressants, anxiolytics, hypnotics) per resident decreased from 1.9 in 2003 to 1.0 in 2011 in nursing homes (P < .001) but increased from 1.1 to 1.2 in assisted living facilities (P = .040). The prevalence of opioid use in institutional settings has doubled during the past decade. The prevalence of psychotropic medications has decreased in nursing homes but increased in assisted living facilities. The increase in opioid use may reflect improved recognition and treatment of pain. However, initiatives are needed to monitor opioid-related adverse drug events and ensure appropriate use of psychotropic medications, particularly in assisted living facilities. Copyright © 2015 AMDA – The Society for Post-Acute and Long-Term Care Medicine. Published by Elsevier Inc. All rights reserved.

Pain assessment

Title: The complexity of pain assessment in older people

Citation: Nursing Older People, Oct 2015, vol. 27, no. 8, p. 16-21, 1472-0795

Author(s): Gregory, Julie

Abstract: Pain is common in older people and its assessment is an important part of the nurse's role. Asking people about their pain is considered the most accurate and reliable assessment because of the subjective nature of pain. A number of simple and easy-to-administer self-rating scales are available to measure pain intensity. To rate their pain, however, people need to understand the request, as well as recall and interpret the painful signal. Observing specific behaviours associated with pain is advocated when communication and cognitive function are impaired, for example, in people with advanced dementia. A number of pain assessment tools have been developed that involve observation of some or all of the behaviours. The aim of this article is to highlight the importance of pain assessment, discuss the various pain assessment scales and tools available and identify some of the factors that can make comprehensive assessment of pain in older people and those with cognitive impairment complex. [PUBLICATION] 31 references

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Title: Quality indicators for palliative and end of life care: a review of Swedish policy documents.

Citation: BMJ supportive & palliative care, Dec 2015, vol. 5, no. 4, p. 413-419
Author(s): Lind, Susanne, Adolfsson, Jan, Axelsson, Bertil, Fürst, Carl Johan

Abstract: All patients with palliative and end of life care needs should be guaranteed equal and safe treatment and care, regardless of their disease or site of care. The inclusion of quality indicators in national guidelines and other guiding documents supports quality assurance and improvement in provision of care. The aim of this paper was to review existing quality indicators in national Swedish policy documents relevant to palliative and end of life care. We reviewed existing guidelines for diseases expected to require palliative care issued by the National Board of Health and Welfare, existing regional clinical practice guidelines and the annual report of the Swedish Register of Palliative Care (SRPC) up until 2010. We found 11 quality indicators pertinent to palliative and end of life care in the guidelines for cancer diseases and 'The care and nursing of the elderly'. The indicators included assessment and treatment of pain, communication with the patient and the family, documentation in the patient record and registration in the SRPC. In the national guidelines for cardiology, pulmonary diseases, stroke, diabetes and dementia, there were no indicators relevant for palliative or end of life care. In the existing Swedish national guidelines for many different diseases, there is still a great need to define clinically relevant and feasible outcome measures of quality of palliative and end of life care. Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://www.bmj.com/company/products-services/rights-and-licensing/

Title: Nurses' knowledge and attitudes towards pain assessment for people with dementia in a nursing home setting.

Citation: International journal of palliative nursing, Oct 2015, vol. 21, no. 10, p. 479-487

Author(s): Burns, Michelle, McIlfatrick, Sonja

Abstract: The aim of this study was to determine nurses' knowledge and attitudes towards pain assessment for people with dementia in a nursing home setting. Pain is highly prevalent among older people, yet is often under-recognised and undertreated in people with dementia. People with dementia can lose the ability to report pain and it is the role of the nurse to identify and appropriately assess pain, to provide effective treatment. This requires nurses to have sufficient knowledge and training in the assessment and management of pain in residents with dementia; however, research suggests deficits in this area. A cross-sectional survey design was used to determine nurses' knowledge and attitudes to pain assessment in dementia. A questionnaire comprising three sections was distributed to 96 registered nurses across 17 nursing homes in a health-care trust in a UK region. A total of 32 responses were obtained (response rate 33%). The majority of nurses had a good knowledge in relation to the assessment and management of pain in residents with dementia. There was, however, some uncertainty among nurses over analgesic choice, the safety of opioid use in dementia, and the use of dementia-specific pain assessment tools for residents with no cognitive impairment. The main barriers to effective pain assessment for older people with dementia were workload pressures, poor staffing and lack of medical support. This study highlights the need to develop pain education programmes and clear guidance specifically designed for nurses caring for older people with dementia. It also emphasises the need for better communication and co-ordination of pain treatment for nursing home residents with dementia.

Title: Symptom Assessment for a Palliative Care Approach in People With Dementia Admitted to Acute Hospitals: Results From a National Audit

Citation: Journal of Geriatric Psychiatry and Neurology, Dec 2015, vol./is. 28/4(255-259)

Author(s): O'Shea E., Timmons S., Kennelly S., De Siun A., Gallagher P., O'Neill D.

Abstract: Context: As the prevalence of dementia increases, more people will need dementia palliative and end-of-life (EOL) care in acute hospitals. Published literature suggests that good quality care is not always provided. Objective: To evaluate the prescription of antipsychotics and performance of multidisciplinary assessments relevant to palliative care for people with dementia, including those at EOL, during hospital admission. Method: As part of a national audit of dementia care, 660 case notes were reviewed across 35 acute hospitals. Results: In the entire cohort, many assessments essential to dementia palliative care were not performed. Of the total sample, 76 patients died, were documented to be receiving EOL care, and/or were referred for specialist palliative care. In this cohort, even less symptom assessment was performed (eg, no pain assessment in 27%, no delirium screening in 68%, and no mood or behavioral and psychological symptoms of dementia in 93%). In all, 37% had antipsychotic drugs during their admission and 71% of these received a new prescription in hospital, most commonly for "agitation." Conclusion: This study suggests a picture of poor symptom assessment and possible inappropriate prescription of antipsychotic medication, including at EOL, hindering the planning and delivery of effective dementia palliative care in acute hospitals.

Title: Tools to Assess Pain or Lack of Comfort in Dementia: A Content Analysis

Citation: Journal of Pain and Symptom Management, Nov 2015, vol./is. 50/5(659-675)

Author(s): Van Der Steen J.T., Sampson E.L., Van Den Block L., Lord K., Vankova H.

Abstract: Context There is need for tools to help detect pain or lack of comfort in persons unable to communicate. However, pain and (dis)comfort tools have not been compared, and it is unclear to what extent they discriminate between pain and other possible sources of discomfort, or even if items differ. Objectives To map and compare items in tools that assess pain and the broader notion of discomfort or comfort in people with severe dementia or at the end of life. Methods Using qualitative content analysis with six classifications, we categorized each item of four thoroughly tested observational pain tools (Pain Assessment in Advanced Dementia [PAINAD], Pain Assessment Checklist for Seniors with Limited Ability to Communicate [PACSLAC], Doloplus-2, and draft Pain Assessment in Impaired Cognition [PAIC]), and four discomfort tools (including distress, comfort, and quality of life in severe dementia or at the end of life; Discomfort Scale-Dementia Alzheimer Type [DS-DAT], Disability Distress Assessment Tool [DisDAT], End-of-Life in Dementia-Comfort Assessment in Dying with Dementia [EOLD-CAD], and Quality of Life in Late-Stage Dementia [QUALID] scale). We calculated median proportions to compare distributions of categories of pain and discomfort tools. Results We found that, despite variable content across tools, items from pain and discomfort tools overlapped considerably. For example, positive elements such as smiling and spiritual items were more often included in discomfort tools but were not unique to these. Pain tools comprised more "mostly descriptive" (median 0.63 vs. 0.44) and fewer "highly subjective" items (0.06 vs. 0.18); some used time inconsistently, mixing present and past observations. Conclusion This analysis may inform a more rigorous theoretical underpinning and (re)development of pain and discomfort tools and calls for empirical testing of a broad item pool for sensitivity and specificity in detecting and discriminating pain from other sources of discomfort.

Title: Enabling hospital staff to care for people with dementia.

Citation: Nursing older people, Dec 2015, vol. 27, no. 10, p. 29-32,

Author(s): Bray, Jennifer, Evans, Simon, Bruce, Mary, Carter, Christine, Brooker,

Abstract: This is the fourth and final article in a short series that presents case study examples of the positive work achieved by trusts who participated in the Royal College of Nursing's development programme to improve dementia care in acute hospitals. Dementia training in hospitals is often inadequate and staff do not always have sufficient knowledge of dementia to provide appropriate care. It can also be difficult for them to identify when patients with dementia are in pain, especially when their communication skills deteriorate. The case studies presented illustrate how two NHS trusts have worked to ensure that their staff are fully equipped to care for people with dementia in hospital. Basildon and Thurrock University Hospitals NHS Foundation Trust in Essex made dementia training a priority by including dementia awareness in staff induction across a range of roles and providing additional training activities tailored to meet staff needs. Nottingham University Hospitals NHS Trust focused on pain assessment, aiming to standardise its approach for patients with dementia. The pain assessment in advanced dementia tool was chosen and piloted, and is being implemented across the trust after a positive response.

Title: Pain in older adults: Development of a tool for measuring knowledge of residential aged care staff.

Citation: International Journal of Geriatric Psychiatry, Oct 2015, (Oct 2, 2015)

Author(s): Fetherstonhaugh, Deirdre, Lewis, Virginia, McAuliffe, Linda, Bauer, Michael

Abstract: Objective To develop a psychometrically sound tool for measuring the knowledge of nursing and care staff about the experience, assessment and management of pain in older people (including people with dementia) for use in the residential aged care setting. Methods The Pain in Older Adults Knowledge Survey (POAKS) was developed and tested in two phases. Phase 1 involved developing an initial item pool with good content validity based on a review of the research literature and a modified Delphi technique involving national and international experts. A pool of 24 items was developed for testing. Initial testing of the psychometric properties of the POAKS with 30 university employees led to refinement and final wording of items. Phase 2 involved testing of the psychometric properties of the POAKS with 279 respondents, including first year (n = 176) and third year (n = 70) nursing students and staff in a residential aged care service (n = 33). Results Results established the content validity and internal consistency of the POAKS and supported its use as an instrument to measure nursing staff knowledge about the experience, assessment and management of pain in older people. Conclusions The POAKS will enable residential aged care facilities to measure the level of knowledge among nursing and care staff about pain in older people (including people with dementia). The measure provides a basis for the development and implementation of educational interventions to address knowledge gaps that may impact on the quality of care provided. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(journal abstract)

Title: The complexity of pain assessment in older people.

Citation: Nursing older people, Oct 2015, vol. 27, no. 8, p. 16-21,

Author(s): Gregory, Julie

Abstract: Pain is common in older people and its assessment is an important part of the nurse's role. Asking people about their pain is considered the most accurate and reliable assessment because of the subjective nature of pain. A number of simple and easy-to-administer self-rating scales are available to measure pain intensity. To rate their pain, however, people need to understand the request, as well as recall and interpret the painful signal. Observing specific behaviours associated with pain is advocated when communication and cognitive function are impaired, for example, in people with advanced dementia. A number of pain assessment tools have been developed that involve observation of some or all of the behaviours. The aim of this article is to highlight the importance of pain assessment, discuss the various pain assessment scales and tools available and identify some of the factors that can make comprehensive assessment of pain in older people and those with cognitive impairment complex.

Title: Decision factors nurses use to assess pain in nursing home residents with dementia

Citation: Archives of Psychiatric Nursing, Oct 2015, vol. 29, no. 5, p. 316-320

Author(s): Monroe, Todd B, Parish, Abby, Mion, Lorraine C

Abstract: Nurses caring for older people with various psychiatric illnesses face many obstacles when treating pain. One setting with a high percentage of psychiatric conditions is long-term care where more than half of residents have some form of dementia, and behavioral symptoms of dementia (BSDs) may mimic behavioral displays of pain. Furthermore, two-thirds of nursing home residents have pain. Thus, many nursing home residents with dementia have pain that may be confounded by BSDs. Since many people with dementia are at risk for poor pain management, determining current methods in which nurses assess and manage pain in nursing home residents will aid in recognizing potential barriers to using current pain management guidelines and help develop strategies to enhance nurses' assessment and management of pain in this vulnerable population. The aim of this study was to explore nursing home nurses' cues and practices to identify and alleviate pain in nursing home residents with dementia. Nurses use the constructs of 'comfort' and 'quality of life' as key components in their overall pain assessment strategy in people with dementia. Indeed, the extensive process they use involving frequent reassessment and application of interventions is geared towards "appearance of comfort." Nurses reported difficulty in ascertaining whether a person with dementia was in pain, and they expressed further difficulty determining the intensity associated with resident pain. Nurses further reported that residents with dementia who are not well know by the staff were are greater risk of poor pain management. It was not unusual for nurses to discuss the importance of conflict resolution among family members as well as allowing for open expression of family's concerns. Nurses had to focus not only on the resident's comfort, but also the families' level of comfort with pain management, especially at the end-of-life. Findings support further use and development of discomfort behavior scales to help manage pain. [Publication] 34 references

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Title: Pain assessment in patients with dementia

Citation: Journal of the Neurological Sciences, October 2015, vol./is. 357/(e123)

Author(s): Agit A., Cankurtaran M., Yavuz B., Kuyumcu M., Yesil Y., Halil M., Cankurtaran E.,

Abstract: Background: Pain severely impairs quality of life, increases delirium risk and may lead to progression of dementia. Assessment of pain performed by taking anamnesis is not reliable in dementia patients due to cooperation and communication problems. Therefore, pain is usually underdiagnosed in dementia patients. Objective: The aim of this study was to assess pain in dementia patients. Method: Seventy five nursing home residents with dementia were enrolled. After comprehensive geriatric assessment presence of pain was asked, PAINAD(Pain Assessment in Advanced Dementia), DSDAT(Discomfort Scale for Dementia of the Alzheimer's Type), PADE(Pain Assessment for the Dementing Elderly), FACES(Wong- Baker Faces Pain Rating Scale), and NS(Numeric Rating Scale) tests were performed. Results: Mean age was 81.1 +/- 7.0 and 46.7% was female. Thirty two percent of the patients were at early stage, 24% at moderate stage, and 44% at severe stage. Number of patients that declared they had pain was 23, however, PADE, PAINAD, DS-DAT pain scales scores were similar between groups declaring and not declaring pain. Number of patients declaring pain was lower in moderate and severe stage (early stage 48.7%; moderate stage 22.2%; severe stage 27.3%). However, scores of PADE, PAINAD, and DS-DAT were significantly higher in severe stage showing the presence of pain (p < 0.001). Conclusion: These results demonstrate that in dementia patients pain is not rare, but they are not usually capable of expressing it, especially in the severe stage. For pain assessment in dementia, anamnesis is not sufficient, objective pain assessment scales developed for dementia should be routinely used.

Identifying pain

Title: Ethnic differences in nonverbal pain behaviors observed in older adults with dementia.

Citation: Pain Management Nursing, Oct 2015, vol. 16, no. 5, p. 692-700, 1524-9042

Author(s): Ford, Brianne, Snow, A. Lynn, Herr, Keela, Tripp-Reimer, Toni

Abstract: Research supports using nonverbal pain behaviors to identify pain in persons with dementia. It is unknown whether variations exist among ethnic groups in the expression of nonverbal pain behaviors in this special population. The purpose of this descriptive study was to examine ethnic differences in the presentation and intensity of nonverbal pain behaviors among African American, Caucasian, and Hispanic older adults with dementia when screened for pain by certified nursing assistants. Six certified nursing assistants were trained to review and score 28 video recordings of subjects with dementia for nonverbal pain behaviors using the Non-Communicative Patient's Pain Assessment Instrument. Chi-square was used to examine differences among ethnic groups with regard to the display of nonverbal pain behaviors, and ANOVA was used to evaluate differences in the intensity of overall pain across ethnic groups. Of the 168 assessments, pain words (28%), pain noises (29.8%), and pain faces (28%) were observed most often as indicators of pain. Rubbing, bracing, and restlessness were rarely noted. Chi-square analysis revealed ethnic differences in the expression of pain words ($\chi2 = 19.167$, $p < .001$). No significant differences were noted across ethnic groups with regards to overall pain intensity. These findings are the first to examine ethnic differences in nonverbal pain behaviors for older adults with dementia. However, future work should examine assessment tendencies of providers in a larger, more diverse sample. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

Title: Autonomic, Behavioral, and Subjective Pain Responses in Alzheimer's Disease.

Citation: Pain medicine (Malden, Mass.), Oct 2015, vol. 16, no. 10, p. 1930-1942

Author(s): Beach, Paul A, Huck, Jonathan T, Miranda, Melodie M, Bozoki, Andrea C

Abstract: To compare autonomic, behavioral, and subjective pain responses of patients with Alzheimer's disease (AD) to those of healthy seniors (HS). As few studies have examined patients with severe Alzheimer's disease (sAD), we emphasized inclusion of these patients together with mild/moderate Alzheimer's disease (mAD) patients to characterize pain responses potentially affected by disease severity. A controlled cross-sectional study involving repeated measures behavioral pain testing. An outpatient clinical setting and local nursing facilities. Community dwelling HS controls (N = 33) and individuals with chart-confirmed diagnoses of AD (N = 38, Diagnostic and Statistical Manual-IV criteria). HS and AD groups were compared in their responses to repeated applications of five pressure intensities (1-5 kg) on the distal forearm. Autonomic responses (heart rate [HR]), pain behaviors (vocal, facial, and bodily as scored by the Pain Assessment in Advanced Dementia [PAINAD] scale), and subjective pain ratings (Faces Pain Scale-Revised) were measured. HR responses to pressure stimuli were differentially affected based on AD severity: sAD patients had generally decreased HR reactivity compared with other groups ($P < 0.01$). In contrast, pain behaviors were increased in AD regardless of severity ($P < 0.001$), compared with HS, for all but the lowest pressure intensity. Increased behaviors occurred in all measured domains of the PAINAD ($P < 0.005$). While sAD were unreliable subjective reporters, mAD patients (N = 17) rated low level pressures as more painful than HS ($P < 0.01$). These findings provide behavioral and subjective-report evidence of increased acute pain sensitivity in AD, which should be taken into consideration with respect to pain management across the

spectrum of AD severity. Wiley Periodicals, Inc.

Other

Title: Pain and temperature processing in dementia: a clinical and neuroanatomical analysis.

Citation: Brain : a journal of neurology, Nov 2015, vol. 138, p. 3360-3372

Author(s): Fletcher, Phillip D, Downey, Laura E, Golden, Hannah L, Clark, Camilla N,

Abstract: Symptoms suggesting altered processing of pain and temperature have been described in dementia diseases and may contribute importantly to clinical phenotypes, particularly in the frontotemporal lobar degeneration spectrum, but the basis for these symptoms has not been characterized in detail. Here we analysed pain and temperature symptoms using a semi-structured caregiver questionnaire recording altered behavioural responsiveness to pain or temperature for a cohort of patients with frontotemporal lobar degeneration (n = 58, 25 female, aged 52-84 years, representing the major clinical syndromes and representative pathogenic mutations in the C9orf72 and MAPT genes) and a comparison cohort of patients with amnestic Alzheimer's disease (n = 20, eight female, aged 53-74 years). Neuroanatomical associations were assessed using blinded visual rating and voxel-based morphometry of patients' brain magnetic resonance images. Certain syndromic signatures were identified: pain and temperature symptoms were particularly prevalent in behavioural variant frontotemporal dementia (71% of cases) and semantic dementia (65% of cases) and in association with C9orf72 mutations (6/6 cases), but also developed in Alzheimer's disease (45% of cases) and progressive non-fluent aphasia (25% of cases). While altered temperature responsiveness was more common than altered pain responsiveness across syndromes, blunted responsiveness to pain and temperature was particularly associated with behavioural variant frontotemporal dementia (40% of symptomatic cases) and heightened responsiveness with semantic dementia (73% of symptomatic cases) and Alzheimer's disease (78% of symptomatic cases). In the voxel-based morphometry analysis of the frontotemporal lobar degeneration cohort, pain and temperature symptoms were associated with grey matter loss in a right-lateralized network including insula ($P < 0.05$ corrected for multiple voxel-wise comparisons within the prespecified anatomical region of interest) and anterior temporal cortex ($P < 0.001$ uncorrected over whole brain) previously implicated in processing homeostatic signals. Pain and temperature symptoms accompanying C9orf72 mutations were specifically associated with posterior thalamic atrophy ($P < 0.05$ corrected for multiple voxel-wise comparisons within the prespecified anatomical region of interest). Together the findings suggest candidate cognitive and neuroanatomical bases for these salient but under-appreciated phenotypic features of the dementias, with wider implications for the homeostatic pathophysiology and clinical management of neurodegenerative diseases.

Title: Tablet Splitting of Psychotropic Drugs for Patients With Dementia: A Pharmacoepidemiologic Study in a Brazilian Sample.

Citation: Clinical therapeutics, Oct 2015, vol. 37, no. 10, p. 2332-2338

Author(s): Mascarenhas Starling, Flávio, Medeiros-Souza, Patrícia, Francisco de Camargos, Einstein, Ferreira, Felipe, Rodrigues Silva, Alessandra, Homem-de-Mello, Maurício

Abstract: The objective of this study was to assess the frequency of tablet splitting of psychotropic drugs in a population of older adults with a diagnosis of dementia. This retrospective, cross-sectional study examined a sample of geriatric outpatients seen at a public center specializing in the care of elderly patients, a referral center for management of dementias in general, especially Alzheimer dementia to identify the frequency of tablet splitting of psychotropic drugs and the factors that may be involved in this practice. Comparison of the presence or absence of tablet splitting in relation to several parameters was assessed by means of P values; between-group differences with an $\alpha < 5\%$ ($P < 0.05$) were deemed significant. The presence of dementia was significantly associated with prescriptions implying to split tablets, which was found in 88 patients with dementia (34.9%) versus 90 patients without dementia (23.7%) ($P = 0.002$). Among the 88 patients with dementia who split tablets, 64 (72.7%) split tablets of psychotropic drugs. These results indicate the importance of identifying the practice of tablet splitting, particularly when it involves psychotropic drugs, because it entails several factors that can reduce the efficacy of the drug therapy. Copyright © 2015 Elsevier HS Journals, Inc. All rights reserved.

Title: Nurse-led medicines' monitoring for patients with dementia in care homes: A pragmatic cohort stepped wedge cluster randomised trial

Citation: PLoS ONE, October 2015, vol./is. 10/10(no pagination), 1932-6203

Author(s): Jordan S., Gabe-Walters M.E., Watkins A., Humphreys I., Newson L., Snelgrove S.,

Abstract: Background: People with dementia are susceptible to adverse drug reactions (ADRs). However, they are not always closely monitored for potential problems relating to their medicines: structured nurse-led ADR Profiles have the potential to address this care gap. We aimed to assess the number and nature of clinical problems identified and addressed and changes in prescribing following introduction of nurse-led medicines' monitoring. Design: Pragmatic cohort stepped-wedge cluster Randomised Controlled Trial (RCT) of structured nurse-led medicines' monitoring versus usual care. Setting: Five UK private sector care homes Participants: 41 service users, taking at least one antipsychotic, antidepressant or anti-epileptic medicine. Intervention: Nurses completed the West Wales ADR (WWADR) Profile for Mental Health Medicines with each participant according to trial step. Outcomes: Problems addressed and changes in medicines prescribed. Data Collection and Analysis: Information was collected from participants' notes before randomisation and after each of five monthly trial steps. The impact of the Profile on problems found, actions taken and reduction in mental health medicines was explored in multivariate analyses, accounting for data collection step and site. Results: Five of 10 sites and 43 of 49 service users approached participated. Profile administration increased the number of problems addressed from a mean of 6.02 [SD 2.92] to 9.86 [4.48], effect size 3.84, 95% CI 2.57-4.11, $P < 0.001$. For example, pain was more likely to be treated (adjusted Odds Ratio [aOR] 3.84, 1.78-8.30), and more patients attended dentists and opticians (aOR 52.76 [11.80-235.90] and 5.12 [1.45-18.03] respectively). Profile use was associated with reduction in mental health medicines (aOR 4.45, 1.15-17.22). Conclusion: The WWADR Profile for Mental Health Medicines can improve the quality and safety of care, and warrants further investigation as a strategy to mitigate the known adverse effects of prescribed medicines.

Title: Time out-of-home and cognitive, physical, and emotional wellbeing of older adults: A longitudinal mixed effects model

Citation: PLoS ONE, October 2015, vol./is. 10/10(no pagination), 1932-6203 (05 Oct 2015)

Author(s): Petersen J., Austin D., Mattek N., Kaye J.

Abstract: Background: Time out-of-home has been linked with numerous health outcomes, including cognitive decline, poor physical ability and low emotional state. Comprehensive characterization of this important health metric would potentially enable objective monitoring of key health outcomes. The objective of this study is to determine the relationship between time out-ofhome and cognitive status, physical ability and emotional state. Methods and Findings: Participants included 85 independent older adults, age 65-96 years (M = 86.36; SD = 6.79) who lived alone, from the Intelligent Systems for Assessing Aging Changes (ISAAC) and the ORCATECH Life Laboratory cohorts. Factors hypothesized to affect time out-of-home were assessed on three different temporal levels: yearly (cognitive status, loneliness, clinical walking speed), weekly (pain and mood) or daily (time out-of-home, in-home walking speed, weather, and season). Subject characteristics including age, race, and gender were assessed at baseline. Total daily time out-of-home in hours was assessed objectively and unobtrusively for up to one year using an in-home activity sensor platform. A longitudinal tobit mixed effects regression model was used to relate daily time out-of-home to cognitive status, physical ability and emotional state. More hours spend outside the home was associated with better cognitive function as assessed using the Clinical Dementia Rating (CDR) Scale, where higher scores indicate lower cognitive function (beta<inf>CDR</inf> = -1.69, p<0.001). More hours outside the home was also associated with superior physical ability (beta<inf>Pain</inf> = -0.123, p<0.001) and improved emotional state (beta<inf>Lonely</inf> = -0.046, p<0.001; beta<inf>Low</inf> mood = -0.520, p<0.001). Weather, season, and weekday also affected the daily time out-of-home. Conclusions: These results suggest that objective longitudinal monitoring of time out-of-home may enable unobtrusive assessment of cognitive, physical and emotional state. In addition, these results indicate that the factors affecting out-of-home behavior are complex, with factors such as living environment, weather and season significantly affecting time out-of-home. Studies investigating the relationship between time out-of-home and health outcomes may be optimized by taking into account the environment and life factors presented here.

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Journal Tables of Contents

The most recent issues of the following journals:

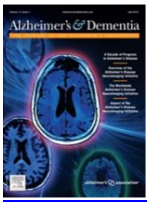
- **Alzheimer’s and Dementia**
- **Dementia: The International Journal of Social Research and Practice**
- **Age and Ageing**
- **Journal of the American Geriatrics Society**

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.12, iss. 1, January 2016

http://www.alzheimersanddementia.com/current



Dementia: The International Journal of Social Research and Practice

Vol. 15, iss.1, January 2016

http://dem.sagepub.com/content/current

Age and Ageing

Vol.44, iss. 4, July 2015

http://ageing.oxfordjournals.org/

Journal of the American Geriatrics Society

Vol. 63, iss. 12, December 2016

http://onlinelibrary.wiley.com/doi/10.1111/jgs.2015.63.issue-12/issuetoc

News

NHS Choices: Behind the Headlines: Your guide to the science that makes the news

Targeting inflammation 'could help treat Alzheimer's disease'

January 8 2016

http://www.nhs.uk/news/2016/01January/Pages/Targeting-inflammation-could-help-treat-Alzheimers-disease.aspx

Another piece of the Alzheimer's puzzle?

"Blocking brain inflammation 'halts Alzheimer's disease'," BBC News reports. Mice with symptoms similar to Alzheimer's disease were given a drug that blocked the production of immune cells, which cause inflammation. They showed an improvement in symptoms compared with mice who had not been given the drug.

The Guardian

First emergency admissions department joins campaign

9 January 2016

http://www.theguardian.com/society/2016/jan/09/johns-campaign-emergency-admissions

The emergency admissions department at Wishaw General Hospital is the first to have signed up to John's Campaign. This department is often the gateway to a stay in hospital. Tracy Dodd, the senior charge nurse, and Jacqueline Young, nurse team leader, describe why they decided to welcome carers

The Independent

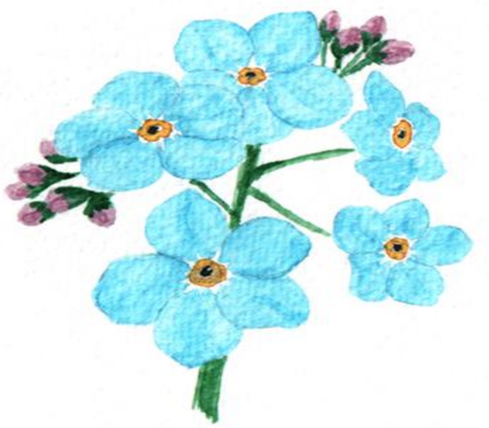
New treatments for dementia could be a decade away, says leading academic

13 January 2016

http://www.independent.co.uk/life-style/health-and-families/health-news/new-treatments-for-dementia-could-be-a-decade-away-according-to-leading-academic-a6809906.html

Researchers could be at the cusp of a "new era" according to biologist from University College London

University Hospitals Bristol NHS
NHS Foundation Trust



Dementia Support café

Are you worried about your memory? Are you a carer of someone with Dementia in our hospitals?

Please drop in and talk to us…

The Dementia Support café is open every second and fourth Tuesday of the month. 2:30pm—4:30pm in Deli Marché restaurant, level 9, Bristol Royal Infirmary

Deli Marche, level 9, Bristol Royal Infimary

Contact: **dementia.team@uhbristol.nhs.uk**
or call **0117 342 1708** for more information

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

If you care, we care.
Carers Support Centre
Bristol & South Gloucestershire

Above + Beyond
For Patients. For Health. For Bristol.

Leading the fight against dementia
Alzheimer's Society

John’s Campaign

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

AGILE National Conference - Newcastle

Sunday, 9/10/2016

This event is organised by physiotherapists who have a special interest in working with older people. Nicci will speak at this event.

Nursing Conference at Queen Elizabeth Hospital Birmingham

Thursday, 12/5/2016

Nicci will be the keynote speaker at this event.

Florence Nightingale Foundation Annual Conference

Thursday/Friday, 17-18/3/2016

Nicci will be speaking at this event.

Carers Trust Wales Conference, Cardiff

Wednesday, 24/2/2016

Julia will introduce John's Campaign at this event

Celebrating Caremakers at Edge Hill University

Thursday, 19/2/2016

We hope to accept the invitation to attend this event.

Joint Event: Royal College of Psychiatrists / Dementia Action Alliance

Thursday, 18/2/2016

Nicci to speak and co-chair.

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- Hospital Medicine
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- Nephrology and hypertension
- Neurology
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- Oncology
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- Pulmonary, critical care and sleep medicine
- Rheumatology

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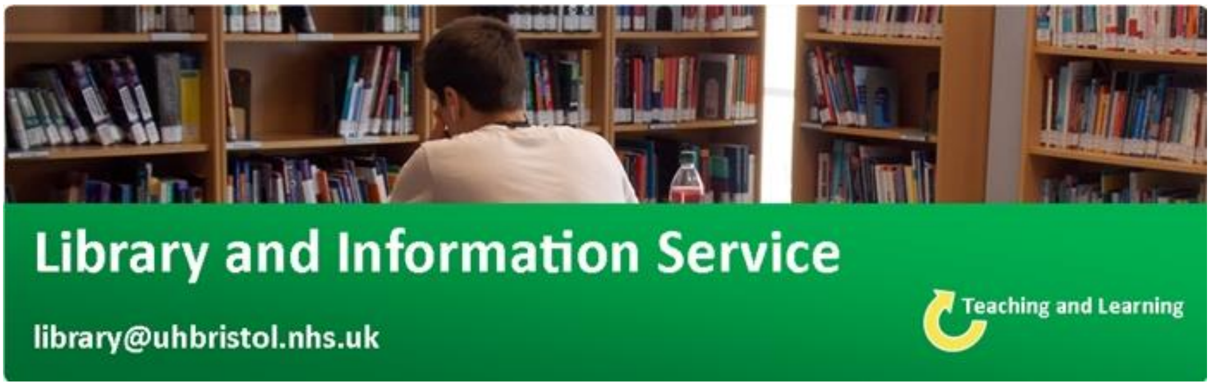

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