Dementia

Current Awareness Bulletin

Assistive Technologies

April 2016
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Clinical features and diagnosis of dementia with Lewy bodies

Author: Martin R Farlow, MD

Literature review current through: Mar 2016.

This topic last updated: Apr 04, 2016.

INTRODUCTION — Dementia with Lewy bodies (DLB) is increasingly recognized clinically as the second most common type of degenerative dementia after Alzheimer disease (AD). In addition to dementia, distinctive clinical features include: visual hallucinations, parkinsonism, cognitive fluctuations, dysautonomia, sleep disorders, and neuroleptic sensitivity.

First described in the 1960s, DLB has a varied clinical presentation that shares features with other degenerative dementias. It was often overlooked pathologically because of the difficulty in identifying cortical Lewy bodies. With the advent of immunohistochemical stains for some of the constituents of Lewy bodies, the prevalence of this disorder began to be recognized. However, challenges remain in defining this as a distinct entity differentiable from other degenerative dementias.

There is some clinical imperative to diagnose DLB, as optimal treatment choices - for best efficacy and limitation of significant side effects - are specific to DLB. However, DLB continues to be under recognized, and the clinical diagnostic criteria continue to be refined to improve specificity and sensitivity.

This topic will describe the clinical and radiologic features and diagnosis of dementia with Lewy bodies. The epidemiology, neuropathology, pathogenesis, prognosis, and treatment of this disorder are discussed separately.

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This edition of the Dementia Current Awareness Bulletin focus on the latest peer reviewed evidence.

Assistive Technologies in Dementia

**Title:** Encouraging Innovation for Assistive Health Technologies in Dementia: Barriers, Enablers and Next Steps to Be Taken.

**Citation:** Journal of the American Medical Directors Association, Apr 2016, vol. 17, no. 4, p. 357-363,

**Author(s):** Egan, Kieren J, Pot, Anne Margriet

**Abstract:** Innovative Assistive Health Technology (AHT) has the potential to improve the quality of life for people with dementia or their families. Although development is in its preliminary stages, research shows first promising results. Despite such progress, we are still to observe widespread integration of technology into communities. If society is to benefit from innovative AHT to assist people with dementia and their caregivers, we must deepen our understanding of the needs, barriers, and enablers of innovative AHT. In March 2015, multinational focus groups were undertaken to identify the barriers, enablers, stakeholder actions, and a future perspective for the use of AHT in dementia. This exploratory study was carried out in preparation of the first World Health Organization Ministerial Conference on the Global Action against Dementia. The focus group study identified that innovative AHT for people with dementia and caregivers is at an early stage of development; however, there is substantial promise across a range of different care needs. Focus group discussions identified internationally relevant barriers and enablers for the development of innovative AHT centring on an improved understanding for needs in dementia. There are many diverse barriers to the development of innovative AHT but none that appear insurmountable regarding the enablers that were mentioned. There is now an overriding imperative for a systematic, coordinated multistakeholder approach with the needs of people with dementia and their caregivers as the centerpiece.

**Title:** Everyday-like memory for objects in ageing and Alzheimer's disease assessed in a visually complex environment: The role of executive functioning and episodic memory.

**Citation:** Journal of neuropsychology, Mar 2016, vol. 10, no. 1, p. 33-58
Author(s): Sauzéon, Hélène, N'Kaoua, Bernard, Pala, Prashant Arvind, Taillade, Mathieu, Auriacombe, Sophie, Guitton, Pascal

Abstract: To investigate everyday memory, more and more studies rely on virtual-reality applications to bridge the gap between in situ approaches and laboratory settings. In this vein, the present study was designed to assess everyday-like memory from the virtual reality-based Human Object Memory for Everyday Scenes (HOMES) test (Sauzéon et al., Exp. Psychol., 59, 99) in ageing and in Alzheimer’s disease (AD). Two aims motivated this study: the first was to assess multiple processes of episodic memory (EM) functioning embedded within contexts closely related to real life in ageing and AD using the multi-trial free-recall paradigm, and the second aim was to evaluate the mediating effects of executive functioning (EF), EM, and subjective memory complaints (SMCs) on age differences in the HOMES measures and in AD. To this end, the HOMES test and neurocognitive tests of EF and EM were administered to 23 younger adults, 23 older adults, and 16 patients with AD. The results were: firstly, compared to young adults, elderly adults presented only free-recall decline that almost disappeared in recognition condition whereas AD patients exhibited a poor clustering, learning, and recognition performance, and also a high amount of false recognition; secondly, age differences as well as AD related deficits on the HOMES test were mediated by both memory and EF measure while those observed on false memory indices were only mediated by EM measure; thirdly, the HOMES indices are related to SMCs even when episodic or EF measures are controlled. Overall, the results supported the fact that the VR-based memory test is an appropriate device to capture age-related differences as well as the AD effect with respect to both in situ and laboratory settings.

Title: Investigating the effectiveness of technologies applied to assist seniors: A systematic literature review.

Citation: International journal of medical informatics, Jan 2016, vol. 85, no. 1, p. 17-26

Author(s): Khosravi, Pouria, Ghapanchi, Amir Hossein

Abstract: Recently, a number of Information and Communication Technologies have emerged with the aim to provide innovative and efficient ways to help seniors in their daily life and to reduce the cost of healthcare. Studies have been conducted to introduce an assistive technology to support seniors and to investigate the acceptance of these assistive technologies; however, research illustrating the effectiveness of assistive technologies is scant. This study undertakes a systematic literature review of ScienceDirect, PubMed, ProQuest and IEEE Explore databases to investigate current empirical studies on the assistive technologies applied in aged care. Our systematic review of an initial set of 2035 studies published from 2000 to 2014 examines the role of assistive technologies in seniors' daily lives, from enhancements in their mobility to improvements in the social connectedness and decreases in readmission to hospitals. This study found eight key issues in aged care that have been targeted by researchers from different disciplines (e.g., ICT, health and social science), namely, dependent living, fall risk, chronic disease, dementia, social isolation, depression, poor well-being, and poor medication management. This paper also identified the assistive technologies that have been proposed to overcome those problems, and we categorised these assistive technologies into six clusters, namely, general ICT, robotics, telemedicine, sensor technology, medication management applications, and video games. In addition, we analyzed the
effectiveness of the identified technologies and noted that some technologies can change and enhance seniors' daily lives and relieve their problems. Our analysis showed a significant growth in the number of publications in this area in the past few years. It also showed that most of the studies in this area have been conducted in North America. Assistive technologies are a reality and can be applied to improve quality of life, especially among older age groups. This study identified various assistive technologies proposed by ICT researchers to assist the elderly. We also identified the effectiveness of the proposed technologies. This review shows that, although assistive technologies have been positively evaluated, more studies are needed regarding the outcome and effectiveness of these technologies.

**Title:** Aging and Hearing Health: The Life-course Approach.

**Citation:** The Gerontologist, Apr 2016, vol. 56 Suppl 2, p. S256.

**Author(s):** Davis, Adrian, McMahon, Catherine M, Pichora-Fuller, Kathleen M, Russ, Shirley, Lin, Frank, Olusanya, Bolajoko O, Chadha, Shelly, Tremblay, Kelly L

**Abstract:** Sensory abilities decline with age. More than 5% of the world's population, approximately 360 million people, have disabling hearing loss. In adults, disabling hearing loss is defined by thresholds greater than 40 dBHL in the better hearing ear. Hearing disability is an important issue in geriatric medicine because it is associated with numerous health issues, including accelerated cognitive decline, depression, increased risk of dementia, poorer balance, falls, hospitalizations, and early mortality. There are also social implications, such as reduced communication function, social isolation, loss of autonomy, impaired driving ability, and financial decline. Furthermore, the onset of hearing loss is gradual and subtle, first affecting the detection of high-pitched sounds and with difficulty understanding speech in noisy but not in quiet environments. Consequently, delays in recognizing and seeking help for hearing difficulties are common. Age-related hearing loss has no known cure, and technologies (hearing aids, cochlear implants, and assistive devices) improve thresholds but do not restore hearing to normal. Therefore, health care for persons with hearing loss and people within their communication circles requires education and counseling (e.g., increasing knowledge, changing attitudes, and reducing stigma), behavior change (e.g., adapting communication strategies), and environmental modifications (e.g., reducing noise). In this article, we consider the causes, consequences, and magnitude of hearing loss from a life-course perspective. We examine the concept of "hearing health," how to achieve it, and implications for policy and practice.

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**Title:** Usability and Validity of a Battery of Computerised Cognitive Screening Tests for Detecting Cognitive Impairment

**Citation:** Gerontology, February 2016, vol./is. 62/2(247-252)

**Author(s):** Scanlon L., O"Shea E., O"Caoimh R., Timmons S.

**Abstract:** Background: Computerised cognitive screening (CCS) has the potential to detect cognitive impairment in the community, which is important for the early diagnosis of dementia. Objective: The aim of this study was to investigate the ability of older adults with dementia to engage with smart phone and tablet technologies and to determine the accuracy of a battery of CCS tasks to detect cognitive impairment in comparison with the Montreal Cognitive
Assessment (MoCA). Methods: Patients with mild-moderate dementia (n = 40) attending a university-linked day hospital and normal controls (n = 20) completed (i) a questionnaire detailing the frequency and breadth of their technology use, (ii) three commercially available CCS tasks, and (iii) the MoCA. Results: The three CCS tasks were completed by 85% (n = 34) of the patients with dementia and all controls; only 4 reported the task as ‘hard’. Those with dementia scored significantly lower on the CCS than controls (p < 0.001). CCS scores correlated with total MoCA scores (r = 0.78, p < 0.01). Further, the CCS scores significantly predicted MoCA scores, controlling for the effects of age, gender, educational attainment, and frequency of technology use (beta = 0.71, p < 0.001), explaining 65.2% of the variance. Total CCS and MoCA scores (cut-off score <24) had similar sensitivity (94 and 95%, respectively) and accuracy (area under the curve 0.94 and 0.99, respectively, p = 0.5) in discriminating dementia from controls, though the CSS had lower specificity (60 vs. 100% for the MoCA). Conclusion: The participants had little difficulty self-administering the CCS, which is an oft-cited barrier to computerised testing in this population. Our results support the criterion and construct validity of a CCS versus the commonly used MoCA. Although further research is required, CCS for cognitive impairment may be useful in the community and, by prompting referral to specialist services, could lead to an earlier diagnosis of dementia.
Title: The electronic, personalizable Rosetta system for dementia care: exploring the user-friendliness, usefulness and impact.

Citation: Disability and rehabilitation. Assistive technology, Jan 2016, vol. 11, no. 1, p. 61-71,

Author(s): Hattink, B J J, Meiland, F J M, Overmars-Marx, T, de Boer, M, Ebben, P W G,

Abstract: This research aimed to integrate three previously developed assistive technology (AT) systems into one modular, multifunctional system, which can support people with dementia and carers throughout the course of dementia. In an explorative evaluation study, the integrated system, called Rosetta, was tested on usefulness, user-friendliness and impact, in people with dementia, their informal carers and professional carers involved. The Rosetta system was installed in participants' homes in three countries: The Netherlands, Germany and Belgium. Controlled trial with pre- and post-test measures across three countries (randomized controlled trial in Germany; matched groups in the Netherlands and Belgium). Participants completed questionnaires for impact measurement and participated in semi-structured interviews regarding usefulness and user-friendliness of Rosetta. All participants agreed that Rosetta is a very useful development. They did not rate the user-friendliness of the system highly. No significant effects were found on impact measurements. All participants found Rosetta a very useful development for future care, and would consider using it. Since Rosetta was still in development during evaluation, a discrepancy between expectations and actual functioning of Rosetta existed, which may explain the lack of findings on the impact of the system and the low appreciation of user-friendliness. Implications for Rehabilitation People with dementia and carers find assistive technology (AT) a useful future development and they are willing to use it in the future. People with dementia and carers have little privacy issues with AT. If they have concerns, they are willing to accept the trade-off of reduced privacy in exchange for the ability to live in their own homes for longer. Given that a system works flawlessly, informal carers indicate that integrated AT can reduce their burden and stress. This can in turn help informal carers to provide better care for a longer period of time.

Title: Editorial: ICT for Assessment and Rehabilitation in Alzheimer's Disease and Related Disorders.

Citation: Frontiers in aging neuroscience, Jan 2016, vol. 8, p. 6.

Author(s): Robert, Philippe, Leroi, Iracema, Manera, Valeria

Title: Are We There Yet? Exploring the Impact of Translating Cognitive Tests for Dementia Using Mobile Technology in an Aging Population.

Citation: Frontiers in aging neuroscience, Jan 2016, vol. 8, p. 21.

Author(s): Ruggeri, Kai, Maguire, Áine, Andrews, Jack L, Martin, Eric, Menon, Shantanu

Abstract: This study examines implications of the expanded use of mobile platforms in testing cognitive function, and generates evidence on the impact utilizing mobile platforms for dementia screen. The Saint Louis University Mental State examination (SLUMS) was ported
onto a computerized mobile application named the Cambridge University Pen to Digital Equivalence assessment (CUPDE). CUPDE was piloted and compared to the traditional pen and paper version, with a common comparator test for both groups. Sixty healthy participants (aged 50-79) completed both measurements. Differences were tested between overall outcomes, individual items, and relationship with the comparator. Significant differences in the overall scores between the two testing versions as well as within individual items were observed. Even when groups were matched by cognitive function and age, scores on SLUMS original version (M = 19.75, SD = 3) were significantly higher than those on CUPDE (M = 15.88, SD = 3.5), t (15) = 3.02, p < 0.01. Mobile platforms require the development of new normative standards, even when items can be directly translated. Furthermore, these must fit aging populations with significant variance in familiarity with mobile technology. Greater understanding of the interplay and related mechanisms between auditory and visual systems, which are not well understood yet in the context of mobile technologies, is mandatory.

Title: Assistive technologies for managing language disorders in dementia.

Citation: Neuropsychiatric disease and treatment, Jan 2016, vol. 12, p. 533-540

Author(s): Klimova, Blanka, Maresova, Petra, Kuca, Kamil

Abstract: At present, the number of elderly people is rapidly increasing, which represents a significant threat in terms of their care when they fall ill. One of the most common aging diseases nowadays is dementia, whose symptoms sooner or later include loss of cognitive functioning. Cognitive disorders can vary from serious mental retardation to inability to recall things, to the loss or disorder of specific cognitive functions such as communication. These disorders not only affect the quality of people's own life but also impose a substantial burden on their families, particularly on their caregivers. Therefore, the aim of this article is to highlight the role of assistive technologies (ATs) for managing language impairments in dementia in order to improve patients' quality of life. In addition, ATs focused on training patients' memory are also mentioned, since they can help patients to maintain their language skills. Furthermore, these ATs can delay the need for institutional care, as well as significantly reduce costs on patient care. The importance of future research in the area of the development of ATs for managing the language impairments in dementia is also discussed. There is a general trend toward the personalization of patient needs and requirements in the area of ATs. For the purpose of this article, a method of literature review of available sources defining language disorders and providing characteristic features of language disorders in dementia is used. In addition, a method of comparison of different research studies exploring ATs focused on delaying language disorders in dementia in order to postpone patients' need for institutional care is also exploited.

Title: Investigating virtual reality navigation in amnestic mild cognitive impairment using fMRI.

Citation: Neuropsychology, development, and cognition. Section B, Aging, neuropsychology and cognition, Jan 2016, vol. 23, no. 2, p. 196-217

Author(s): Migo, E M, O'Daly, O, Mitterschiffthaler, M, Antonova, E, Dawson, G R, Dourish, C T, Craig, K J, Simmons, A, Wilcock, G K, McCulloch, E, Jackson, S H D, Kopelman, M D, Williams, S C R, Morris, R G
Abstract: Spatial navigation requires a well-established network of brain regions, including the hippocampus, caudate nucleus, and retrosplenial cortex. Amnestic Mild Cognitive Impairment (aMCI) is a condition with predominantly memory impairment, conferring a high predictive risk factor for dementia. aMCI is associated with hippocampal atrophy and subtle deficits in spatial navigation. We present the first use of a functional Magnetic Resonance Imaging (fMRI) navigation task in aMCI, using a virtual reality analog of the Radial Arm Maze. Compared with controls, aMCI patients showed reduced activity in the hippocampus bilaterally, retrosplenial cortex, and left dorsolateral prefrontal cortex. Reduced activation in key areas for successful navigation, as well as additional regions, was found alongside relatively normal task performance. Results also revealed increased activity in the right dorsolateral prefrontal cortex in aMCI patients, which may reflect compensation for reduced activations elsewhere. These data support suggestions that fMRI spatial navigation tasks may be useful for staging of progression in MCI.

Title: A Feasibility Study with Image-Based Rendered Virtual Reality in Patients with Mild Cognitive Impairment and Dementia.

Citation: PloS one, Jan 2016, vol. 11, no. 3, p. e0151487.

Author(s): Manera, Valeria, Chapoulie, Emmanuelle, Bourgeois, Jérémy, Guerchouche, Rachid, David, Renaud, Ondrej, Jan, Drettakis, George, Robert, Philippe

Abstract: Virtual Reality (VR) has emerged as a promising tool in many domains of therapy and rehabilitation, and has recently attracted the attention of researchers and clinicians working with elderly people with MCI, Alzheimer’s disease and related disorders. Here we present a study testing the feasibility of using highly realistic image-based rendered VR with patients with MCI and dementia. We designed an attentional task to train selective and sustained attention, and we tested a VR and a paper version of this task in a single-session within-subjects design. Results showed that participants with MCI and dementia reported to be highly satisfied and interested in the task, and they reported high feelings of security, low discomfort, anxiety and fatigue. In addition, participants reported a preference for the VR condition compared to the paper condition, even if the task was more difficult. Interestingly, apathetic participants showed a preference for the VR condition stronger than that of non-apathetic participants. These findings suggest that VR-based training can be considered as an interesting tool to improve adherence to cognitive training in elderly people with cognitive impairment.

Title: Adapting Telemonitoring Technology Use for Older Adults: A Pilot Study.

Citation: Research in gerontological nursing, Jan 2016, vol. 9, no. 1, p. 17-23

Author(s): Williams, Kristine, Pennathur, Priya, Bossen, Ann, Gloeckner, Alexander

Abstract: Telehealth technologies are increasing health care access for patients in the home and in community, rural, and underserved areas. Older adults may be challenged to use new technologies due to aging-related changes, lack of experience, and different attitudes toward their use. The current pilot study evaluated potential issues in one-on-one training/instructions and use of a telemonitoring application. Older adults may benefit from specific adaptations and
training to use new health care technologies, and behavioral coding is an effective way to evaluate the user interface for new technologies. Feedback from the current study will be used to adapt the application and training to support dementia caregivers.

**Title:** Cognitive rehabilitation for Parkinson's disease dementia: a study protocol for a pilot randomised controlled trial.

**Citation:** Trials, Jan 2016, vol. 17, no. 1, p. 152.

**Author(s):** Hindle, John V, Watermeyer, Tamlyn J, Roberts, Julie, Martyr, Anthony, Lloyd-Williams, Huw, Brand, Andrew, Gutting, Petra, Hoare, Zoe, Edwards, Rhiannon Tudor, Clare, Linda

**Abstract:** There is growing interest in developing non-pharmacological treatments to address the cognitive deficits apparent in Parkinson's disease dementia and dementia with Lewy bodies. Cognitive rehabilitation is a goal-oriented behavioural intervention which focuses on improving everyday functioning through management of cognitive difficulties; it has been shown to be effective in Alzheimer's disease. To date, no studies have assessed its potential efficacy for addressing the impact of cognitive impairment in people with Parkinson's disease or dementia with Lewy bodies. Participants (n = 45) will be recruited from movement disorders, care for the elderly and memory clinics. Inclusion criteria include: a diagnosis of Parkinson's disease, Parkinson's disease dementia or dementia with Lewy bodies according to consensus criteria and an Addenbrooke's Cognitive Examination III score of ≤ 82. Exclusion criteria include: a diagnosis of any other significant neurological condition; major psychiatric disorder, including depression, which is not related to the patient's Parkinson's disease and unstable medication use for their physical or cognitive symptoms. A single-blind pilot randomised controlled trial, with concurrent economic evaluation, will compare the relative efficacy of cognitive rehabilitation with that of two control conditions. Following a goal-setting interview, the participants will be randomised to one of the three study arms: cognitive rehabilitation (eight weekly sessions), relaxation therapy (eight weekly sessions) or treatment as usual. Randomisation and treatment group allocation will be carried out by a clinical trials unit using a dynamic adaptive sequential randomisation algorithm. The primary outcomes are patients' perceived goal attainment at a 2-months post-intervention assessment and a 6-months follow-up. Secondary outcomes include patients' objective cognitive performance (on tests of memory and executive function) and satisfaction with goal attainment, carers' perception of patients' goal attainment and patients' and carers' health status and psychosocial well-being, measured at the same time points. Cost-effectiveness will be examined to explore the design of a larger cost-effectiveness analysis alongside a full trial. This pilot study will evaluate the application of cognitive rehabilitation for the management of cognitive difficulties associated with Parkinson's disease dementia and dementia with Lewy bodies. The results of the study will inform the design of a fully powered randomised controlled trial. ISRCTN16584442 DOI 10.1186/ISRCTN16584442 13 April 2015.

**Title:** Dementia and Physical Activity (DAPA) - an exercise intervention to improve cognition in people with mild to moderate dementia: study protocol for a randomized controlled trial.

**Citation:** Trials, Jan 2016, vol. 17, no. 1, p. 165., 1745-6215 (2016)
**Author(s):** Atherton, Nicky, Bridle, Chris, Brown, Deborah, Collins, Helen, Dosanjh, Sukhdeep, Griffiths, Frances, Hennings, Susie, Khan, Kamran, Lall, Ranjit, Lyle, Samantha, McShane, Rupert, Mistry, Dipesh, Nichols, Vivien, Petrou, Stavros, Sheehan, Bart, Slowther, Anne-Marie, Thorogood, Margaret, Withers, Emma, Zeh, Peter, Lamb, Sarah E

**Abstract:** Dementia is more common in older than in younger people, and as a result of the ageing of the population in developed countries, it is becoming more prevalent. Drug treatments for dementia are limited, and the main support offered to people with dementia and their families is generally services to mitigate against loss of function. Physical exercise is a candidate non-pharmacological treatment for dementia. DAPA is a randomised controlled trial funded by the National Institute for Health Research Health Technology Assessment programme to estimate the effect of a 4-month, moderate- to hard-intensity exercise training programme and subsequent advice to remain active, on cognition (primary outcome) at 12 months in people with mild to moderate dementia. Community-dwelling participants (with their carers where possible), who are able to walk 3 metres without human assistance, able to undertake an exercise programme and do not have any unstable or terminal illness are recruited. Participants are then randomised by an independent statistician using a computerised random number generator to usual care or exercise at a 2:1 ratio in favour of exercise. The exercise intervention comprises 29, 1-hour-long exercise classes, run twice weekly at suitable venues such as leisure centres, which include aerobic exercise (on static bikes) and resistance exercise (using weights). Goals for independent exercise are set while the classes are still running, and supported thereafter with phone calls. The primary outcome is measured using ADAS-cog. Secondary outcome measures include behavioural symptoms, functional ability, quality of life and carer burden. Primary and secondary outcomes will be measured at baseline and at 6 and 12 months after randomisation, by researchers masked to participant randomisation in the participants' own homes. An economic evaluation will be carried out in parallel to the RCT, as will a qualitative study capturing the experiences of participants, carers and staff delivering the intervention. The DAPA study will be the first large, randomised trial of the cognitive effects of exercise on people with dementia. The intervention is designed to be capable of being delivered within the constraints of NHS service provision, and the economic evaluation will allow assessment of its cost-effectiveness. DAPA was registered with the ISRCTN database on 29 July 2011, registration number ISRCTN32612072.
Mobile APPS

GreyMatters: Reaching Beyond Dementia


By GreyMatters Care LLC

Description
GreyMatters is a tablet application that aims to improve quality of life for people with dementia and their caregivers. Through an interactive life storybook, paired with music & games, the app helps patients and families preserve yesterday’s memories, as well as share today’s joyful moments. With a strong belief that people with dementia are "still here," GreyMatters taps into the abilities that remain to keep individuals engaged and connected. upload individual profiles for each person in your care. Each user’s personalized story pages, music playlist, profile and My World content will be saved for later use.

Replay Sporting Memories


By Shaw Marketing and Design

Description
Interested in sharing your sporting experiences with others? The Sporting Memories Network Replay Sport App gives you the opportunity to access thousands of sporting memories submitted by users and classic sport images. Share these and your own so that, together, we can help those that suffer from dementia, depression and loneliness. Sporting Memories makes it easy to save your collection of memories to replay later, reminisce with others, or create your very own vintage newspaper, Sporting Pink.

Your own memories can be saved in a variety of formats – simple text, photos, audio or video clip.
To access electronic resources you need an NHS Athens username and password

To register, click on the link:
https://openathens.nice.org.uk/

You need to register using an NHS PC and an NHS email address.

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- Age and Ageing
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**Alzheimer’s and Dementia**

March 2016; Volume 12, Issue 3

http://www.alzheimersanddementia.com/

**Dementia: The International Journal of Social Research and Practice**

March 2016; 15, issue 2

http://dem.sagepub.com/content/currentol. 14, iss.4, July 2015

**Age and Ageing**

March 2016; Volume 45, Issue 2

http://ageing.oxfordjournals.org/content/current

**Journal of the American Geriatrics Society**

March 2016; Volume 64, Issue 3

John’s Campaign

http://johnscampaign.org.uk/#/

Conference at Hairmyres Hospital, East Kilbride
Monday, 18/4/2016

Annual Cicely Saunders Lecture
Wednesday, 4/5/2016

Nursing Conference at Queen Elizabeth Hospital Birmingham
Thursday, 12/5/2016

Dementia Conference at Great Western Hospital Swindon
Friday, 20/5/2016

National Audit of Dementia Steering Group Meeting
Thursday, 9/6/2016

The John's Campaign Conference, Hammersmith Hospital
Conference Centre
Wednesday, 28/9/2016

AGILE National Conference - Newcastle
Sunday, 9/10/2016

NHS England Commitment to Carers
Friday, 2/12/2016
Memories 'taken' by Alzheimer's could possibly be retrieved

Thursday March 17 2016

Memories may be stored in recordings known as engrams

"Memories wiped by Alzheimer's could be revived, research suggests," The Daily Telegraph reports.

Where did the story come from?

The study was carried out by researchers from Massachusetts Institute of Technology (MIT), and was funded by RIKEN Brain Science Institute, the Howard Hughes Medical Institute, and the JPB Foundation.

It was published in the peer-reviewed journal, Nature.

Conclusion

This is a small but intriguing study, not least because of the apparent ability of scientists to pinpoint and label the exact nerve cells involved in the formation of specific memories.

Gum disease linked to worsening dementia symptoms

Friday March 11 2016

Gum disease has been linked to conditions such as heart disease

"How brushing your teeth properly can ward off the symptoms of dementia," is the misleading headline in the Daily Mail.

Where did the story come from?

The study was carried out by researchers from a number of institutions, including Kings College London and the University of Southampton.

Funding was provided by the Dunhill Medical Trust – a UK-based charitable company that makes research grants related to ageing and older people.

The study was published in the open-access, peer-reviewed medical journal PLOS ONE, which can be read for free online or downloaded as a PDF.

Conclusion

This cohort study aimed to assess whether the presence of gum disease is associated with an increase in severity of dementia and cognitive decline in people with Alzheimer's.
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January - June 2016

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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’.

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<td>Statistics</td>
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<td>Mon 18th</td>
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<td>Tues 26th</td>
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UpToDate is the leading evidence-based clinical decision support system, designed for use at the point of care.

It contains more than 9,500 searchable topics across the following specialities:

- Adult and paediatric emergency medicine
- Allergy and immunology
- Cardiovascular medicine
- Dermatology
- Drug therapy
- Endocrinology and diabetes mellitus
- Family medicine
- Gastroenterology and hepatology
- General surgery
- Geriatrics
- Haematology
- Hospital Medicine
- Infectious diseases
- Nephrology and hypertension
- Neurology
- Obstetrics and gynaecology
- Oncology
- Paediatrics
- Primary care internal medicine
- Psychiatry
- Pulmonary, critical care and sleep medicine
- Rheumatology

How to access UpToDate

You can access UpToDate from any computer via www.uptodate.com. You will need your NHS Athens username/password (register through http://openathens.nice.org.uk/).
Library Opening Times

Staffed hours: 8am-5pm, Mon-Fri

Swipe-card access: 7am-11pm 7 days a week

Level 5, Education and Research Centre
University Hospitals Bristol

Contact your outreach librarian:

Jo Hooper, outreach librarian

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Ext. 20103