Dementia

Current Awareness Newsletter

May 2017
Training Calendar 2017

*All sessions are 1 hour*

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<th>Month</th>
<th>Date(s)</th>
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<td>Fri 26&lt;sup&gt;th&lt;/sup&gt;</td>
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<td>Wed 31&lt;sup&gt;st&lt;/sup&gt;</td>
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<td>Critical Appraisal</td>
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Age and Ageing
Journal of the American Geriatrics Society

Updates

NICE National Institute for Health and Care Excellence

Dementia resource for carers and care providers - introduction

10 statements on dementia to help carers and care providers assess the quality of the service they provide, understand priority areas for improvement, raise awareness among staff and define training needs.

Published February 2017

Cochrane Library

Music-based therapeutic interventions for people with dementia

Jenny T van der Steen, Mirjam C van Soest-Poortvliet, Johannes C van der Wouden, Manon S Bruinsma, Rob JPM Scholten and Annemiek C Vink

Online Publication Date: May 2017

Simulated presence therapy for dementia

Iosief Abraha, Joseph M Rimland, Isabel Lozano-Montoya, Giuseppina Dell’Aquila, Manuel Vélez-
High-risk drug prescribing in adults with dementia (February 2017)

Older adults with dementia are at heightened risk for adverse drug effects from anticholinergic drugs, benzodiazepines, and opioids, among many others. Despite these risks, polypharmacy remains common in this population. In a study that included over 75,000 adults with dementia, 44 percent of patients were prescribed at least one potentially unsafe medication (mostly drugs with high anticholinergic activity), and rates were consistently higher in patients receiving care from multiple providers [18]. These results highlight the need for careful monitoring of drug therapy in patients with dementia and the importance of communication among providers before starting new therapies. (See "Safety and societal issues related to dementia", section on 'Polypharmacy'.)

NHS Choices: Behind the Headlines

Dementia saliva testing 'shows early promise'
Monday May 22 2017

"Simple saliva test for dementia 'shows promise' in bid to diagnose the disease early," the Daily Mirror reports. This news is based on a laboratory study that took saliva samples from 12 healthy adults, nine adults with Alzheimer’s disease...

Two older drugs could be 'repurposed' to fight dementia
Thursday Apr 20 2017

"Depression and cancer drugs offer hope for dementia sufferers," Sky News reports. The headline is prompted by a study looking at the effect of two drugs – one used to treat depression and another being trialled for cancer treatment..
UpToDate is the leading evidence-based clinical decision support system, designed for use at the point of care.

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- 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/).
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

1. Research involving people with dementia: a literature review
   Author(s): Rivett, Emma
   Source: Working With Older People; 2017; vol. 21 (no. 2); p. 107-114
   Publication Date: 2017
   Publication Type(s): Journal Article
   Abstract: Purpose The purpose of this paper is to review existing literature that addresses involving people with dementia in research, and how this can relate to involving people with dementia in research as co-researchers. Design/methodology/approach The approach takes the form of a literature review. Findings Despite a growing drive for patient and public involvement in research, people with dementia are often still excluded from many areas of research, and are rarely given the opportunity to act as co-researchers. Existing principles focussing on how people with dementia can effectively and safely be involved in research as participants (including ethical considerations, enabling participation, support for people with dementia and the involvement of family members and carers) can also be applied to enabling people with dementia to be actively involved with research as co-researchers. The benefits of involving people with dementia in research are also explored. Originality/value This paper adds to the small body of literature that addresses involving people with dementia in research as co-researchers, and advocates for ongoing research and development in this area.
   Database: BNI

2. Care of patients with dementia in an acute trauma and orthopaedics unit
   Author(s): McCorkell, Gillian; Harkin, Deirdre; McCrory, Victoria; Lafferty, Mary; Coates, Vivien
   Source: Nursing Standard; May 2017; vol. 31 (no. 36); p. 44-53
   Publication Date: May 2017
   Publication Type(s): Article
   Abstract: Aim: To increase awareness of the needs of patients with dementia in the trauma and orthopaedics unit of one acute hospital, and to collaborate with staff on the unit to identify ways of improving the care experienced by these patients and their families. Method: An action research approach was used and three action research cycles were completed. Data were obtained retrospectively for 20 patients with dementia who were admitted to the unit for treatment. Deficiencies in the care of these patients were identified and related to communication, pain management and the recognition of delirium. In response, a dementia toolkit was developed by nurses and implemented on the unit to improve the care of patients with dementia. Findings: Comparison of pre-implementation and post-implementation audit results indicated a significant improvement in all aspects of care for patients with dementia in the trauma and orthopaedics unit, as a result of the implementation of the dementia toolkit. Education and training were provided to staff on the ward to ensure the toolkit was implemented appropriately. Conclusion: It is important to
consider the specific needs of patients with dementia in acute care settings, not only the primary reason for their admission. The involvement and inclusion of staff in determining what change was needed on the unit, how change would be undertaken and the positive effects of change, demonstrates how action research can inform and improve clinical practice. References

**Database:** BNI

3. **Reducing distress and medication use in patients with dementia**

**Author(s):** Palmer, Joshua E, ES, AAN, RN  
**Source:** Nursing; May 2017; vol. 47 (no. 5); p. 18  
**Publication Date:** May 2017  
**Publication Type(s):** Feature  
**Abstract:** For older patients with dementia, few nonpharmacologic interventions are appropriate for treating distressing symptoms such as agitation, restlessness, or decreased mood. The medications available are associated with serious adverse reactions, including sedation and increased fall risk, and an increase in mortality. In 2012, the Centers for Medicare and Medicaid Services and the Pennsylvania Department of Health issued a challenge to long-term-care facility administrators to reduce the use of medications for residents with dementia and, concurrently, to improve their quality of life. Here, Palmer shares the quality and safety-driven project to decrease symptoms of distress in patients with dementia by using valid nonpharmacologic interventions and decreasing medication use.  
**Database:** BNI

4. **"I’m Still Here": Personhood and the Early-Onset Dementia Experience**

**Author(s):** Sakamoto, Mariko L; Moore, Sharon L; Johnson, Steven T  
**Source:** Journal of Gerontological Nursing; May 2017; vol. 43 (no. 5); p. 12-17  
**Publication Date:** May 2017  
**Publication Type(s):** Article  
**Abstract:** Early-onset dementia (EOD) occurs before age 65. The current study examined the lived experience from the point of view of four adults younger than 65 with dementia, particularly how they perceive their personhood. Using interpretative phenomenological analysis as the research approach, findings revealed that the EOD experience can be incorporated into six themes: (a) A Personal Journey, (b) Navigating the System, (c) The Stigma of Dementia, (d) Connecting to the World, (e) A Story Worth Telling, and (f) I’m Still Here. Participants’ stories, as presented via these six thematic threads, reveal that individuals with EOD can have a strong sense of personhood. Findings are discussed and situated within the current EOD body of knowledge, and new knowledge is presented. Implications for practice and recommendations for future research are discussed.  
**Database:** BNI

5. **Nurses’ experiences of pain management for people with advanced dementia approaching the end of life: a qualitative study**
Aims and objectives  To explore hospice, acute care and nursing home nurses’ experiences of pain management for people with advanced dementia in the final month of life. To identify the challenges, facilitators and practice areas requiring further support. Background Pain management in end-stage dementia is a fundamental aspect of end-of-life care; however, it is unclear what challenges and facilitators nurses experience in practice, whether these differ across care settings, and whether training needs to be tailored to the context of care. Design  A qualitative study using semi-structured interviews and thematic analysis to examine data. Methods Twenty-four registered nurses caring for people dying with advanced dementia were recruited from 10 nursing homes, three hospices and two acute hospitals across a region of the UK. Interviews were conducted between June 2014-September 2015. Results Three core themes were identified: challenges administering analgesia, the nurse-physician relationship, and interactive learning and practice development. Patient-related challenges to pain management were universal across care settings; nurse- and organisation-related barriers differed between settings. A need for interactive learning and practice development, particularly in pharmacology, was identified. Conclusions Achieving pain management in practice was highly challenging. A number of barriers were identified; however, the manner and extent to which these impacted on nurses differed across hospice, nursing home and acute care settings. Needs-based training to support and promote practice development in pain management in end-stage dementia is required. Relevance to clinical practice Nurses considered pain management fundamental to end-of-life care provision; however, nurses working in acute care and nursing home settings may be undersupported and under-resourced to adequately manage pain in people dying with advanced dementia. Nurse-to-nurse mentoring and ongoing needs-assessed interactive case-based learning could help promote practice development in this area. Nurses require continuing professional development in pharmacology.
nurses caring for people with dementia is poor. Conclusions Nurses require improved education and support to care for patients with dementia. Hospitals must focus on genuine caring concurrently with rapid discharge requirements, risk mitigation and fiscal restraint. More research is needed to inform the development of appropriate care for people with dementia in hospitals. Relevance to clinical practice Nurses must understand the complex needs of people with dementia in hospital. Nurse education about dementia, practical support, strong clinical leadership and role-modelling is needed. Empathy for patients regardless of diagnosis must remain a core attribute of nurses. Current hospital culture requires wider system review to mitigate against stigmatisation of patients with dementia. References

Database: BNI

7. Medication Management for People with Dementia

Author(s): Lindauer, Allison, PhD, RN, FNP; Sexson, Kathryn, PhD, RN, APRN, FNP-BC; Horvath, Theresa A, PhD, RN, FAAN

Source: The American Journal of Nursing; May 2017; vol. 117 (no. 5); p. S17

Publication Date: May 2017

Publication Type(s): Feature

Abstract: In the fourth article in a series, Supporting Family Caregivers: No Longer Home Alone, Lindauer et al offer recommendations for nurses as they teach family caregivers how to manage medications for a family member with dementia. These recommendations provide nurses with information about which tactics family caregivers can use when errors inevitably occur.

Database: BNI

8. Stoop to conquer: preventing stroke and dementia together

Author(s): Hachinski, Vladimir

Source: The Lancet; Apr 2017; vol. 389 (no. 10078); p. 1518

Publication Date: Apr 2017

Publication Type(s): Journal Article

Abstract: Preventing strokes prevents some dementias at the whole-population level. On the basis of this and other evidence, the World Stroke Organization, Alzheimer’s Disease International, the Alzheimer’s Society UK, Public Health England, the American Heart/Stroke Association, the Alzheimer’s Association, and 16 other international, regional, and national organisations have endorsed a proclamation...

Database: BNI
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 title (+ Ctrl) for the most recent tables of contents. If you would like any of the papers in full text then please get in touch: library@uhbristol.nhs.uk

**Alzheimer’s and Dementia**
May 2017, Volume 13, Issue 5

**Dementia: The International Journal of Social Research and Practice**
May 2017, Volume 16, Issue 4

**Age and Ageing**
May 2017, Volume 46, Issue 3

**Journal of the American Geriatrics Society**
May 2017, Volume 65, Issue 5
Exercise: Confounding Bias in Research Methodology

A confounder is a factor that is:

- Linked to the outcome of interest, independent of the exposure
- Linked to the exposure but not the consequence of the exposure

What is the confounding factor in the following relationships:

- People who carry matches are more likely to develop lung cancer
- People who eat ice-cream are more likely to drown
- Training in anaesthesia is more likely to make doctors commit suicide

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