

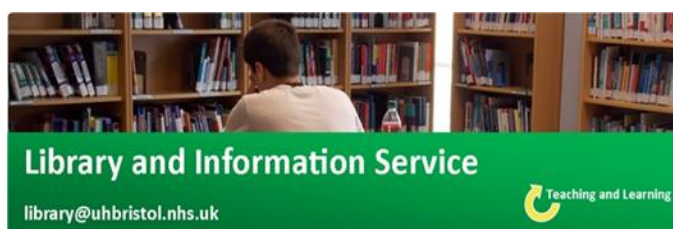
Dementia

Evidence Update



October 2017

Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Training Calendar 2017

All sessions are one hour

October (12.00-13.00)

Fri 6th Interpreting Statistics
Mon 9th Literature Searching
Tue 17th Critical Appraisal
Wed 25th Interpreting Statistics

November (13.00-14.00)

Thu 2nd Literature Searching
Fri 10th Critical Appraisal
Mon 13th Interpreting Statistics
Tue 21st Literature Searching
Wed 29th Critical Appraisal

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Age and Ageing	
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Updates

NICE National Institute for
Health and Care Excellence

[Mid-life approaches to prevent or delay dementia, disability and frailty](#)

Source: [NIHR Collaborations for Leadership in Applied Health Research and Care](#) - 25 September 2017

summary of HR research: id-life approaches to prevent or delay dementia, disability and frailty.
What? Researchers in the...

[WHO | Dementia](#)

Source: [World Health Organization](#) - 20 September 2017

WHO fact sheet on dementia providing key facts and information on signs and symptoms, rates, risk factors, social and economic impacts, human rights, WHO response.

[Antipsychotics to Treat Agitation or Psychosis in Patients With Dementia](#)

19 September 2017 - Publisher: Journal of the American Medical Association

This JAMA Clinical Guidelines Synopsis summarises the 2016 American Psychiatric Association practice guideline on the use of antipsychotics to treat agitation or psychosis in patients with dementia.

[Dementia: applying All Our Health](#)

Source: [Public Health England](#) - Source: [GOV UK](#) - 04 August 2017

Evidence and guidance to help healthcare professionals maximise their contribution to supporting the health, wellbeing and independence of people with dementia.



[Effect of the treatment of Type 2 diabetes mellitus on the development of cognitive impairment and dementia](#)

Almudena Areosa Sastre, Robin WM Vernooij, Magali González-Colaço Harmand, Gabriel Martínez

[Assistive technology for memory support in dementia](#)

Henriëtte G Van der Roest, Jennifer Wenborn, Channah Pastink, Rose-Marie Dröes, Martin Orrell

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DEMENTIA

Dementia risk factors and prevention (September 2017)

Two major reports released by a Lancet Commission in the United Kingdom and the Agency for Healthcare Research and Quality in the United States review the literature on risk factors for dementia and the impact of risk factor modification on dementia incidence [2,3]. The Lancet Commission estimates that approximately one-third of dementia cases are attributable to a combination of nine potentially modifiable risk factors: low educational attainment, midlife hypertension, midlife obesity, hearing loss, late-life depression, diabetes, physical inactivity, smoking, and social isolation [2]. While the overall evidence is generally of low quality and does not support any single intervention, there is optimism that intensive risk factor modification, especially during midlife, has the potential to delay or prevent dementia. (See "[Risk factors for cognitive decline and dementia](#)" and "[Prevention of dementia](#)".)

Revised diagnostic criteria for dementia with Lewy bodies (July 2017)

Revised consensus criteria for the clinical diagnosis of dementia with Lewy bodies (DLB) have been published [4]. The updated criteria now recognize rapid eye movement (REM) sleep behavior disorder as a core clinical feature of DLB, along with three previously recognized features: cognitive fluctuations, visual hallucinations, and parkinsonism ([table 1](#)). In patients with dementia, probable DLB can be diagnosed in the presence of two or more core clinical features or at least one core feature plus an indicative biomarker (reduced dopamine transporter [DAT] uptake in basal ganglia, abnormal 123-iodine-metaiodobenzylguanidine [MIBG] myocardial scintigraphy, or REM sleep without atonia on polysomnography). (See "[Clinical features and diagnosis of dementia with Lewy bodies](#)", section on 'Clinical features'.)

NHS Choices: Behind the Headlines

[Could adding lithium to tap water reduce dementia levels?](#)

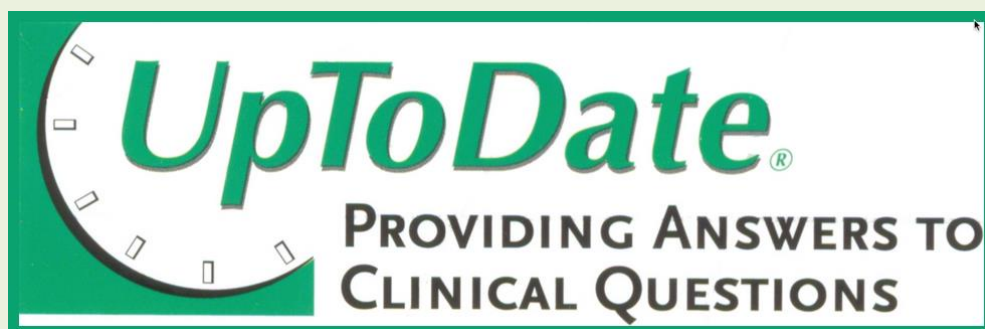
Friday August 25 2017

[Gum disease linked to increased risk of Alzheimer's disease](#)

Tuesday August 22 2017

[Diabetes drug may be helpful for Parkinson's disease](#)

Friday August 4 2017



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- ❖ Allergy and immunology
- ❖ Cardiovascular medicine
- ❖ Dermatology
- ❖ Drug therapy
- ❖ Endocrinology and diabetes mellitus
- ❖ Family medicine
- ❖ Gastroenterology and hepatology
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- ❖ 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

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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. Characteristics of Activities for Persons With Dementia at the Mild, Moderate, and Severe Stages

Author(s): Regier, Natalie G, PhD; Hodgson, Nancy A, PhD, RN, FAAN; Gitlin, Laura N, PhD

Source: The Gerontologist; Oct 2017; vol. 57 (no. 5); p. 987

Publication Date: Oct 2017

Publication Type(s): Feature

PubMedID: 27214

Abstract: Purpose To understand activity in dementia care, we examine relationships of disease stage with types and characteristics of meaningful activities (cueing needs, help with initiation, and recommended engagement time) provided in a home-based intervention trial designed to reduce behavioral symptoms. Design and Methods Data involved 158 activity prescriptions or written documents detailing prescribed activities, cueing needs, and engagement goals designed by occupational therapists for 56 families. Activities were categorized as arts and crafts, exercise/physical, cognitive, music/entertainment, manipulation/sensory/sorting, family/social/remembrance, and domestic/homemaking. Bivariate correlations examined relationships of activity categories and characteristics with disease stage (mild, moderate, or severe). Kruskal-Wallis H tests examined differences among disease stages and frequency of type of activities prescribed, recommended cues, and engagement time. For significant Kruskal-Wallis tests, pairwise comparisons utilized the Mann-Whitney U test. Results Activity categories and instructions for set up were significantly related to cognitive and functional levels. Persons with mild dementia were most often prescribed complex arts and crafts and cognitive activities. Persons with moderate dementia were most often prescribed music/entertainment. Persons with severe dementia were most often prescribed simple physical exercises and manipulation/sensory/sorting activities. Average time prescribed for activities was less for those in severe (15min) versus moderate (24min) and mild (28min) stages. The severe group required more assistance with activity initiation and cueing/redirection. Implications Type of activity, recommended cueing, and engagement time differed by dementia stage. Findings provide guidance as to how to use and set up activities across the dementia trajectory.

Database: BNI

2. Transitions From Hospitals to Skilled Nursing Facilities for Persons With Dementia: A Challenging Convergence of Patient and System-Level Needs

Author(s): Gilmore-Bykovskyi, Andrea L, PhD, RN; Roberts, Tonya J, PhD, RN; King, Barbara J, PhD, RN; Kenelty, Korey A, PharmD, PhD, RPh; Kind, Amy J H, MD, PhD

Source: The Gerontologist; Oct 2017; vol. 57 (no. 5); p. 867

Publication Date: Oct 2017

Publication Type(s): Feature

PubMedID: 27214

Abstract: Purpose of the Study To describe skilled nursing facility (SNF) nurses' perspectives on the experiences and needs of persons with dementia (PwD) during hospital-to-SNF transitions and to identify factors related to the quality of these transitions. Design and Methods Grounded dimensional analysis study using individual and focus group interviews with nurses (N = 40) from 11 SNFs. Results Hospital-to-SNF transitions were largely described as distressing for PwD and their caregivers and dominated by dementia-related behavioral symptoms that were perceived as being purposely under-communicated by hospital personnel in discharge communications. SNF nurses described PwD as having unique transitional care needs, which primarily involved needing additional discharge preplanning to enable preparation of a tailored behavioral/social care plan and physical environment prior to transfer. SNF nurses identified inaccurate/limited hospital discharge communication regarding behavioral symptoms, short discharge timeframes, and limited nursing control over SNF admission decisions as factors that contributed to poorer-quality transitions producing increased risk for resident harm, rehospitalization, and negative resident/caregiver experiences. Engaged caregivers throughout the transition and the presence of high-quality discharge communication were identified as factors that improved the quality of transitions for PwD. Implications Findings from this study provide important insight into factors that may influence transitional care quality during this highly vulnerable transition. Additional research is needed to explore the association between these factors and transitional care outcomes such as rehospitalization and caregiver stress. Future work should also explore strategies to improve inter-setting communication and care coordination for PwD exhibiting challenging behavioral symptoms.

Database: BNI

3. Think outside: positive risk-taking with people living with dementia

Author(s): Mapes, Neil

Source: Working With Older People; 2017; vol. 21 (no. 3); p. 157-166

Publication Date: 2017

Publication Type(s): Editorial

PubMedID: 59287

Abstract: Purpose The purpose of this paper is to share findings from the evaluation of dementia adventure (DA) holidays provided in 2016 and drawing on these data, to share reflections on positive risk-taking, which are inherent in outdoor activities, and consider the implications for research and practice with people with dementia. Design/methodology/approach Data are drawn from the 2016 internal evaluation report, using mixed methods design, of DA holidays independently reviewed by Dr Ruth Bartlett at the University of Southampton. Findings DA holidays are leading to a range of social, emotional and physical well-being outcomes, as well as wider benefits for the community of people with dementia, their family and carers. Practical implications Drawing on what positive risk-taking means for individuals, families and organisations, top ten considerations for positive risk taking outdoor activities are presented. Originality/value The number of organisations providing adventure experiences and holidays for people with dementia in the UK remains very low with just a handful of organisations. The impact and evaluation of these holidays is just emerging and whilst compelling needs replication, with larger sample sizes supported by clinical and scientific expertise to deepen our understanding of the impact of positive risk-taking outdoor activities. Additionally, there is a need for thinking and acting differently summarised by the phrase "THINK OUTSIDE" in developing a wide range of nature based positive risk-taking activities with people with dementia.

Database: BNI

4. Notes from the hospital bedside: reflections on researcher roles and responsibilities at the end of life in dementia

Author(s): Swarbrick, Caroline Margaret; Sampson, Elizabeth; Keady, John

Source: Quality in Ageing and Older Adults; 2017; vol. 18 (no. 3); p. 201-211

Publication Date: 2017

Publication Type(s): Journal Article Case Study

PubMedID: 59281

Abstract: Purpose The purpose of this paper is to explore some of the ethical and practical dilemmas faced by an experienced researcher in undertaking research with a person with dementia (whom we have called Amy). Amy died shortly after a period of observation had ended and the family subsequently consented to the data being shared. Design/methodology/approach This individual case study presentation was nested within a larger study conducted in England and Scotland between 2013 and 2014. The overall aim of the main study was to investigate how healthcare professionals and informal carers recognised, assessed and managed pain in patients living with dementia in a range of acute settings. Findings The presented case study of Amy raises three critical reflection points: (i) Researcher providing care, i.e. the place and positioning of compassion in research observation; (ii) What do the stories mean? i.e. the reframing of Amy's words, gestures and behaviours as (end of) life review, potentially highlights unresolved personal conflicts and reflections on loss; and (iii) Communication is embodied, i.e. the need to move beyond the recording of words to represent lived experience and into more multi-sensory methods of data capture.

Originality/value Researcher guidance and training about end of life observations in dementia is presently absent in the literature and this case study stimulates debate in a much overlooked area, including the role of ethics committees.

Database: BNI

5. 'There's a Catch-22' - The complexities of pain management for people with advanced dementia nearing the end of life: A qualitative exploration of physicians' perspectives

Author(s): De Witt Jansen, Bannin; Brazil, Kevin; Passmore, Peter; Buchanan, Hilary; Maxwell, Doreen; McIlfratrick, Sonja J; Morgan, Sharon M; Watson, Max; Parsons, Carole

Source: Palliative Medicine; Sep 2017; vol. 31 (no. 8); p. 734

Publication Date: Sep 2017

Publication Type(s): Journal Article

PubMedID: 66694

Available at [Palliative Medicine](#) - from EBSCO (MEDLINE Complete)

Available at [Palliative Medicine](#) - from EBSCO (MEDLINE Complete)

Available at [Palliative Medicine](#) - from EBSCO (MEDLINE Complete)

Abstract: Background: Pain management is a cornerstone of palliative care. The clinical issues encountered by physicians when managing pain in patients dying with advanced dementia, and how these may impact on prescribing and treatment, are unknown. Aim: To explore physicians' experiences of pain management for patients nearing the end of life, the impact of these on prescribing and treatment approaches, and the methods employed to overcome these challenges. Design: Qualitative, semi-structured interview study exploring barriers to and facilitators of pain management, prescribing and treatment decisions, and training needs. Thematic analysis was used to elicit key themes. Setting/participants: A total of 23 physicians, responsible for treating patients with advanced dementia approaching the end of life, were recruited from primary care (n = 9), psychiatry (n = 7) and hospice care (n = 7). Results: Six themes emerged: diagnosing pain, complex

prescribing and treatment approaches, side effects and adverse events, route of administration, importance of sharing knowledge and training needs. Knowledge exchange was often practised through liaison with physicians from other specialities. Cross-speciality mentoring and the creation of knowledge networks were believed to improve pain management in this patient population. Conclusion: Pain management in end-stage dementia is complex, requiring cross-population of knowledge between palliative care specialists and non-specialists, in addition to collateral information provided by other health professionals and patients' families. Regular, cost- and time-effective mentoring and ongoing professional development are perceived to be essential in empowering physicians to meet clinical challenges in this area.

Database: BNI

6. Family caregivers' conceptualisation of quality end-of-life care for people with dementia: A qualitative study

Author(s): Davies, Nathan; Rait, Greta; Maio, Laura; Iliffe, Steve

Source: Palliative Medicine; Sep 2017; vol. 31 (no. 8); p. 726

Publication Date: Sep 2017

Publication Type(s): Journal Article

PubMedID: 66694

Available at [Palliative Medicine](#) - from EBSCO (MEDLINE Complete)

Available at [Palliative Medicine](#) - from EBSCO (MEDLINE Complete)

Available at [Palliative Medicine](#) - from EBSCO (MEDLINE Complete)

Abstract:Background: People with dementia have been described as the 'disadvantaged dying' with poor end-of-life care. Towards the end of life, people with dementia cannot report on the care they receive. It is therefore important to talk to caregivers; however, few have explored the views about end-of-life care from the caregivers' perspective. The majority of research on family caregivers has focussed on the burden and psychological impact of caring for a relative with dementia. Aim: This study aimed to explore the views of family caregivers about quality end-of-life care for people with dementia. Design: Qualitative study using in-depth interviews and analysed using thematic analysis. Setting/participants: Purposive sampling from a third sector organisation's caregiver network was used to recruit 47 caregivers in England (2012-2013), consisting of (1) family caregivers of someone who had recently received a diagnosis of dementia, (2) family caregivers currently caring for someone with dementia and (3) bereaved family caregivers. Results: Three over-arching themes were derived from the interviewees' discourse, including maintaining the person within, fostering respect and dignity and showing compassion and kindness. Conclusion: End-of-life care for people with dementia does not differ from care throughout the dementia trajectory. Throughout the findings, there is an implicit underlying theme of conflict: conflict between family caregivers and an increasingly systematised service of care and conflict between family caregivers and professionals. This study has in particular demonstrated the importance of the psycho-social aspects of care, aligning with the holistic definition of palliative care.

Database: BNI

7. Cognitive Issues: Decline, Delirium, Depression, Dementia

Author(s): Harris, Melodee

Source: Nursing Clinics of North America; Sep 2017; vol. 52 (no. 3); p. 363-374

Publication Date: Sep 2017

Publication Type(s): Article

Abstract: Cognitive decline in older persons can be pathologic or occur as a part of the normal aging process. Delirium, depression, and dementia are geriatric syndromes and neurocognitive disorders that are the result of cognitive decline associated with pathology. This overview is a brief guide on cognitive decline and how to identify, manage, and treat associated neurocognitive disorders, including delirium, depression, and dementia. References

Database: BNI

8. A perfect storm: an elderly population, increasing obesity and rises in diabetes and dementia

Author(s): Nazarko, Linda

Source: Practice Nursing; Aug 2017; vol. 28 (no. 8); p. 324-330

Publication Date: Aug 2017

Publication Type(s): Article

Available at [Practice nursing](#) - from EBSCO (CINAHL with Full Text)

Abstract: Linda Nazarko examines interconnected problems that have serious implications for public health and explores ways for those with dementia to better manage diabetes. The UK population is ageing, levels of obesity and being overweight are rising and these changes have led to increased numbers of people in the UK developing dementia and diabetes mellitus type 2 (DMT2). Diabetes can increase the risks of developing dementia and dementia can make it more difficult to manage diabetes. This article explores these issues and also how health promotion can reduce the risks of a person developing DMT2 and dementia. References

Database: BNI

9. 'Who's actually gonna read this?' An evaluation of staff experiences of the value of information contained in written care plans in supporting care in three different dementia care settings

Author(s): Drummond, C; Simpson, A

Source: Journal of Psychiatric and Mental Health Nursing; Aug 2017; vol. 24 (no. 6); p. 377

Publication Date: Aug 2017

Publication Type(s): Journal Article

PubMedID: 39046

Abstract: Accessible summary What is known on the subject? A written plan is designed to improve communication and co-ordinate care between mental health inpatient wards and community settings. Reports of care plan quality issues and staff and service user dissatisfaction with healthcare bureaucracy have focused on working age mental health or general hospital settings. Little is known about mental health staff perspectives on the value of written care plans in supporting dementia care. What this paper adds to existing knowledge? Competing demands on staff time and resources to meet administrative standards for care plans caused a tension with their own professional priorities for supporting care. Mental health staff face difficulties using electronic records alongside other systems of information sharing. Further exploration is needed of the gap between frontline staff values and those of the local organization and managers when supporting good dementia care. What are the implications for practice? Frontline staff should be involved in designing new information systems including care plans. Care plan documentation needs to be refocused to ensure it is effective in enabling staff to communicate amongst themselves and with others to support people with dementia. Practice-based mentors could be deployed to strengthen good practice in effective information sharing. Background Reports of increased healthcare bureaucracy and

concerns over care plan quality have emerged from research and surveys into staff and service user experiences. Little is known of mental health staff perspectives on the value of written care plans in supporting dementia care. Aim To investigate the experiences and views of staff in relation to care planning in dementia services in one National Health Service (NHS) provider Trust in England. Method Grounded Theory methodology was used. A purposive sample of 11 multidisciplinary staff were interviewed across three sites in one NHS Trust. Interviews were transcribed, coded and analysed using the constant comparative method. Findings Five themes were identified and are explored in detail below: (1) Repetition; (2) the impact of electronic records on practice; (3) ambivalence about the value of paperwork; (4) time conflicts; and (5) alternative sources of information to plan care. Discussion Participants perceived that written care plans did not help staff with good practice in planning care or to support dementia care generally. Staff were frustrated by repetitive documentation, inflexible electronic records and conflicting demands on their time. Implications for practice Frontline staff should be involved in designing new information systems including care plans.

Database: BNI

10. A Scoping Literature Review of Dementia-Friendly Hospital Design

Author(s): Parke, Belinda, RN, MScN, PhD, GNC(C); Boltz, Marie, PhD, RN, GNP-BC, FGSA, FAAN; Hunter, Kathleen F, NP, PhD, GNC(C); Chambers, Thane, MLIS; Wolf-Ostermann, Karin; Adi, Mohamad Nadim, PhD, MA, BSC Architecture, MRAIC; Feldman, Fabio; Gutman, Gloria, PhD

Source: The Gerontologist; Aug 2017; vol. 57 (no. 4); p. E62

Publication Date: Aug 2017

Publication Type(s): Feature

PubMedID: 27214

Abstract: Purpose: We report the findings of a knowledge synthesis research project on the topic of dementia-friendly acute care (D-FAC) design. This exploratory project systematically mapped what is known about D-FAC physical design in hospitals. We discuss our challenges in locating reportable evidence and the implications of such design for maximizing independent function while ensuring safety and harm reduction in older people living with dementia. Design and Methods: Exploratory iterative design utilizing scoping literature review methodology. Results: A total of 28 primary studies plus expert reviewers' narratives on the impact of design and architectural features on independent function of hospitalized older people with dementia were included and evaluated. Items were mapped to key design elements to describe a D-FAC environment. This scoping review project confirms the limited nature of available acute care design evidence on maximizing function. Implications: Physical design influences the usability and activity undertaken in a health care space and ultimately affects patient outcomes. Achieving safe quality hospital care for older people living with dementia is particularly challenging. Evidence of design principle effectiveness is needed that can be applied to general medical and surgical units where the bulk of older persons with and without dementia are treated.

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](#)
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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

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