

# Dementia

## Evidence Update



**April 2018**

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# Training Calendar 2018

*All sessions are one hour*

## **April (12.00-13.00)**

17th (Tue) **Statistics**

25th (Wed) **Literature Searching**

## **May (13.00-14.00)**

3rd (Thu) **Critical Appraisal**

11th (Fri) **Statistics**

14th (Mon) **Literature Searching**

22nd (Tue) **Critical Appraisal**

30th (Wed) **Statistics**

## **June (12.00-13.00)**

7th (Thu) **Literature Searching**

11th (Mon) **Critical Appraisal**

20th (Wed) **Statistics**

28th (Thu) **Literature Searching**

## **Your Outreach Librarian – Helen Pullen**

Whatever your information needs, the library is here to help. Just email us at [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk)

**Outreach:** Your Outreach Librarian can help facilitate evidence-based practice for everyone in the team, as well as assisting with academic study and research. We also offer one-to-one or small group training in **literature searching, critical appraisal and medical statistics**. Get in touch: [library@uhbristol.nhs.uk](mailto: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 one-to-one session where we can guide you through the process of creating a well-focused literature research. Please email requests to [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk)

## Updates

**NICE** National Institute for  
Health and Care Excellence

Nothing relevant to add in this section



[Withdrawal versus continuation of long-term antipsychotic drug use for behavioural and psychological symptoms in older people with dementia](#)

Ellen Van Leeuwen, Mirko Petrovic, Mieke L van Driel, An IM De Sutter, Robert Vander Stichele, Tom Declercq, Thierry Christiaens

Online Publication Date: March 2018

[Reminiscence therapy for dementia](#)

Bob Woods, Laura O'Philbin, Emma M Farrell, Aimee E Spector, Martin Orrell

Online Publication Date: March 2018

[Mini-Cog for the diagnosis of Alzheimer's disease dementia and other dementias within a primary care setting](#)

Dallas P Seitz, Calvin CH Chan, Hailey T Newton, Sudeep S Gill, Nathan Herrmann, Nadja Smailagic, Vasilis Nikolaou, Bruce A Fage

Online Publication Date: February 2018

[Personally tailored activities for improving psychosocial outcomes for people with dementia in long-term care](#)

Ralph Möhler, Anna Renom, Helena Renom, Gabriele Meyer

Online Publication Date: February 2018

UpToDate®

OpenAthens login required. Register here: <https://openathens.nice.org.uk/>

Searched but nothing relevant to add

### **NHS Choices: Behind the Headlines**

[Brain injury may increase dementia risk](#)

Wednesday April 11 2018

[Don't lose sleep over reports that one bad night can spark dementia](#)

Tuesday April 10 2018

[Women who stay fit in middle age 'have lower dementia risk'](#)

Thursday March 15 2018

['It's good to talk,' dementia study finds](#)

Wednesday February 7 2018

# 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](mailto:library@uhbristol.nhs.uk)

## 1. An evaluation tool for Age-Friendly and Dementia Friendly Communities

**Author(s):** Buckner, Stefanie; Mattocks, Calum; Rimmer, Melanie; Lafortune, Louise

**Source:** Working With Older People; 2018; vol. 22 (no. 1); p. 48-58

**Publication Date:** 2018

**Publication Type(s):** Journal Article

**Abstract:** Purpose The purpose of this paper is to report how an evaluation tool originally developed for Age-Friendly Cities was pilot-tested in the context of the Dementia Friendly Community (DFC) initiative of the city of Sheffield/UK. It presents finding and outputs on which other communities with dementia friendly agendas can draw. Design/methodology/approach The original evaluation tool was adapted to a focus on dementia friendliness. Data collection involved scoping conversations, documentary analysis, interviews and group discussions. Following evidence appraisal, Sheffield's approach to dementia friendliness was assessed. A local steering group was central to the study. Findings The evidence indicates areas of strength in Sheffield's approach to dementia friendliness: involvement of older people; service provision; collaboration; monitoring and evaluation. Scope for improvement was identified around resource allocation, and use of existing guidance on dementia friendliness. Recommendations for policy and practice include enhancing pooling of resources, more detailed recording of resources allocated to dementia-related activity, and collection of evidence on how people affected by dementia have shaped the city's DFC initiative. Key research outputs are an adaptable logic model and an emerging evaluation framework for DFCs. Research limitations/implications The study was a short pilot with limited resources. Its findings and outputs must be considered preliminary. Originality/value The findings and outputs provide a basis for further research. The study has suggested key components of an evaluation framework for DFCs. It is informing ongoing work to develop such a framework.

**Database:** BNI

## 2. Aligning age-friendly and dementia-friendly communities in the UK

**Author(s):** Turner, Natalie; Cannon, Stacy

**Source:** Working With Older People; 2018; vol. 22 (no. 1); p. 9-19

**Publication Date:** 2018

**Publication Type(s):** Journal Article

**Abstract:** Purpose The purpose of this paper is to set out the history and origins of dementia-friendly communities (DFCs) and age-friendly communities (AFCs) in the UK, the differing frameworks and how they compare, and set out some key messages about how they might learn from each other. Design/methodology/approach This paper is a summary piece written by leaders in the two fields. Findings It aims to reduce potential confusion around AFCs and DFCs, and provides some practical ways that the two initiatives might work together and find common ground. By learning from each other, both age-friendly and DFCs can grow their reach and their impact as complementary, and not competing, programmes. Originality/value The original development of some of the ideas in this

paper comes from a paper Natalie Turner co-wrote with Lydia Morken at AARP ([www.aarp.org/content/dam/aarp/livable-communities/documents-2016/Better-Together-Research-Report.pdf](http://www.aarp.org/content/dam/aarp/livable-communities/documents-2016/Better-Together-Research-Report.pdf)). For this paper, the authors reviewed the approach within the UK context and have furthered and added to the original insights.

**Database:** BNI

### 3. Traumatic brain injury raises dementia risk, large study suggests

**Author(s):** Torjesen, Ingrid

**Source:** BMJ : British Medical Journal (Online); Apr 2018; vol. 361 ; p. n

**Publication Date:** Apr 2018

**Publication Type(s):** Journal Article

Available at [BMJ : British Medical Journal \(Online\)](#) - from BMJ Journals - NHS

Available at [BMJ : British Medical Journal \(Online\)](#) - from BMJ Journals

**Abstract:**Data analysis showed that people who had sustained at least one traumatic brain injury were 24% more likely to have dementia diagnosed than those without a history of traumatic brain injury (hazard ratio 1.24 (95% confidence interval 1.21 to 1.27)) and 16% more likely to have Alzheimer's disease diagnosed (1.16 (1.12 to 1.22)). Carol Brayne, from the Cambridge Institute of Public Health at the University of Cambridge School of Clinical Medicine, UK, said in a linked commentary, "Traumatic brain injuries have various origins, with road traffic injuries and military exposures being important. Long-term risk of dementia among people with traumatic brain injury in Denmark: a population-based observational cohort study."

**Database:** BNI

### 4. Dementia in the UK: preparing the NHS for new treatments

**Author(s):**

**Source:** The Lancet; Mar 2018; vol. 391 (no. 10127); p. 1237

**Publication Date:** Mar 2018

**Publication Type(s):** Editorial

Available at [The Lancet](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**Abstract:**A new report from Alzheimer's Research UK released on March 21, Thinking Differently: Preparing to Implement Future Dementia Treatments, provides recommendations for the NHS and other key stakeholders to act now to strengthen the UK health-care infrastructure in anticipation of approval of a safe and efficacious therapy for Alzheimer's disease. Each scenario reflects combinations of interventions at different stages of disease, patient characteristics (including age, symptoms, and presence or absence of  $\beta$  amyloid), diagnostic tests required, and anticipated treatment effects. Piloting of specialist brain health clinics that focus on molecular-based diagnostic tests, such as cerebrospinal fluid tests and PET scans to facilitate early detection, is recommended, but the question remains as to who exactly should be screened.

**Database:** BNI

### 5. Development of a Self-Report Checklist to Assess Dementia Care by Nurses in Hospital Settings

**Author(s):** Ikegami, Chikako; Ota, Katsumasa

**Source:** Research in Gerontological Nursing; Mar 2018; vol. 11 (no. 2); p. 91

**Publication Date:** Mar 2018

**Publication Type(s):** Journal Article

Available at [Research in Gerontological Nursing](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**Abstract:**Nurses working at general hospitals face difficulties in providing dementia care. The current study examined aged care nurses' dementia care practices in the hospital setting and developed a dementia care checklist that nurses can use to review their own care practice. A self-administered questionnaire was given to 676 participants; responses were collected from 595 participants. Exploratory factor analysis identified six factors (e.g., patient understanding prompted by concern and interest for the patient, respect for patients' voluntary behavior, early detection of abnormalities) among the questionnaire's 28 items. This analysis provided a framework for the checklist and verified that it had satisfactory internal consistency and construct validity. The frequency of care practices varied with participants' knowledge of dementia care requirements, satisfaction with their own dementia care practice, confidence in their ability to judge patients' physical condition, and cooperation with colleagues. This checklist might improve dementia care in hospital settings.[Res Gerontol Nurs. 2018; 11(2):91–102.]

**Database:** BNI

## **6. How is palliative care understood in the context of dementia? Results from a massive open online course**

**Author(s):** McInerney, Fran; Doherty, Kathleen; Bindoff Aidan; Robinson, Andrew; Vickers, James

**Source:** Palliative Medicine; Mar 2018; vol. 32 (no. 3); p. 594

**Publication Date:** Mar 2018

**Publication Type(s):** Journal Article

Available at [Palliative Medicine](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**Abstract:**Background:A palliative approach to the care of people with dementia has been advocated, albeit from an emergent evidence base. The person-centred philosophy of palliative care resonates with the often lengthy trajectory and heavy symptom burden of this terminal condition.Aim:To explore participants' understanding of the concept of palliative care in the context of dementia. The participant population took an online course in dementia.Design:The participant population took a massive open online course on 'Understanding Dementia' and posted answers to the question: 'palliative care means ...' We extracted these postings and analysed them via the dual methods of topic modelling analysis and thematic analysis.Setting/participants:A total of 1330 participants from three recent iterations of the Understanding Dementia Massive Open Online Course consented to their posts being used. Participants included those caring formally or informally for someone living with dementia as well as those with a general interest in dementiaResults:Participants were found to have a general awareness of palliative care, but saw it primarily as terminal care, focused around the event of death and specialist in nature. Comfort was equated with pain management only. Respondents rarely overtly linked palliative care to dementia.Conclusions:A general lack of palliative care literacy, particularly with respect to dementia, was demonstrated by participants. Implications for dementia care consumers seeking palliative care and support include recognition of the likely lack of awareness of the relevance of palliative care to dementia. Future research could access online participants more directly about their understandings/experiences of the relationship between palliative care and dementia.

**Database:** BNI

## 7. Hospital discharge processes involving older adults living with dementia: An integrated literature review

**Author(s):** Gillian Stockwell-Smith; Moyle, Wendy; Marshall, Andrea P; Argo, Alison; Brown, Laura; Howe, Shelley; Layton, Keith; Naidoo, Ornissa; Santoso, Yuwati; Elizabeth Soleil-Moudiky-Joh; Grealish, Laurie

**Source:** Journal of Clinical Nursing; Mar 2018; vol. 27 (no. 5-6); p. e712

**Publication Date:** Mar 2018

**Publication Type(s):** Literature Review Journal Article

**Abstract:** Aims and objectives To identify barriers and facilitators to engagement of people with dementia and family carers in planning for discharge from hospital. Background Hospital discharge can be particularly challenging for older people with dementia. To assist in the development of bespoke discharge processes that address the unique needs of older people with dementia, an integrated review of the literature was undertaken. Design and methods A four-stage integrative review framework guided the review. Three search strategies were employed: a computerised database search, a hand search of reference lists and forward citation searching. Paired members of the research team reviewed eligible full-text papers. The methodological quality of each paper was assessed using the Mixed-Methods Assessment Tool, followed by data extraction and completion of summary tables. Within and across study analysis and synthesis of study findings was undertaken using thematic synthesis. Results Fifteen papers were included in the review. Most identified barriers to collaborative discharge processes related to distributed responsibility for discharge, risk averse approaches to discharge, limited family carer confidence, and limited validation of assumptions about family competency to manage at home. Facilitators included supported clinician and family carer engagement, and maintaining independence for activities of daily living. Relevance to clinical practice Reflective analysis of discharge decisions, focused on risk and possible risk aversion, can assist teams to evaluate the quality of their discharge decisions. The use of formal communication strategies such as a patient/family-held journal of the hospital experience and a structured family meeting early in the hospital admission can enhance family engagement in discharge planning. Prevention of functional and cognitive decline is emerging as critical to improving hospital discharge outcomes.

**Database:** BNI

## 8. Growing Significance of the Nurse Practitioner in Dementia Care

**Author(s):** Selway, Janet S

**Source:** The Journal for Nurse Practitioners; Mar 2018; vol. 14 (no. 3); p. A9

**Publication Date:** Mar 2018

**Publication Type(s):** Commentary

Available at [The Journal for Nurse Practitioners](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**Abstract:** In a recent analysis of 2012 fee-for-service claims for Medicare beneficiaries age  $\geq 65$  with a dementia diagnosis, Johns Hopkins researchers sought to identify which clinical specialties are most central for care of persons with dementia in community and long-term care (LTC) settings.<sup>1</sup> They identified nurse practitioners (NPs) as leading providers of care to Medicare beneficiaries with a dementia diagnosis in LTC. Primary care specialties, such as internists and family physicians, feel a need for more education about dementia care.<sup>1</sup> This special issue of the Journal for Nurse

Practitioners offers a wide variety of dementia care topics for all readers who care for persons with dementia.

**Database:** BNI

### **9. Comorbid Dementia and Depression: The Case for Integrated Care**

**Author(s):** Kverno, Karan S; Velez, Roseann

**Source:** The Journal for Nurse Practitioners; Mar 2018; vol. 14 (no. 3); p. 196

**Publication Date:** Mar 2018

**Publication Type(s):** Journal Article

Available at [The Journal for Nurse Practitioners](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**Abstract:**Dementia is a broad term for major neurocognitive disorders resulting from brain diseases or injuries that most commonly affect older adults. Depressive disorders have a high degree of overlap with the dementias and can further reduce cognitive functioning and quality of life. Evidence links high and progressive depressive symptoms in older adults to the risk of developing dementia. Early symptom recognition and treatment is essential to best practice. An integrated, team-based and person-centered approach enables primary care nurse practitioners, with the support and resources, to meet the multiple health care needs of older adults with comorbid depressive disorders and dementia.

**Database:** BNI

### **10. Dementia Diagnosis Coding**

**Author(s):** DiSantostefano, Jan

**Source:** The Journal for Nurse Practitioners; Mar 2018; vol. 14 (no. 3); p. 148

**Publication Date:** Mar 2018

**Publication Type(s):** Journal Article

Available at [The Journal for Nurse Practitioners](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**Abstract:**Dementia is not a specific disease. Instead, dementia describes a group of symptoms affecting thinking and social abilities severe enough to interfere with daily functioning. There are many causes of dementia. Without an in-depth patient history, it may be difficult to identify a specific type of dementia. More than 1 type of dementia can be coded, if it is supported by the medical record. Remember to look at the Excludes notes and to code with proper sequences.

**Database:** BNI

### **11. Advance Care Planning in Early Stage Dementia**

**Author(s):** Cotter, Valerie T; Spriggs, Melissa; Razzak, Rab

**Source:** The Journal for Nurse Practitioners; Mar 2018; vol. 14 (no. 3); p. 142

**Publication Date:** Mar 2018

**Publication Type(s):** Journal Article

Available at [The Journal for Nurse Practitioners](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**Abstract:**Dementia is a chronic illness that involves progressive loss of cognitive and functional abilities. In the early stages, persons with dementia actively face their cognitive decline, adjust to cognitive loss, and are able to take an active role in discussing values and preferences for future care. Preparing patients and families for what to expect in the course of dementia is vital in ascertaining an individual's wishes regarding supportive and life-sustaining interventions. Nurse practitioners in primary care have a responsibility to initiate advance care planning conversations with persons in the early stages of dementia.

**Database:** BNI

## 12. Prospects for dementia research

**Author(s):** Watts, Geoff

**Source:** The Lancet; Feb 2018; vol. 391 (no. 10119); p. 416

**Publication Date:** Feb 2018

**Publication Type(s):** Journal Article

Available at [The Lancet](#) - from ProQuest (Hospital Premium Collection) - NHS Version

**Abstract:**After Pfizer's withdrawal from the market, some predicted a mass exodus of pharmaceutical companies' interests in Alzheimer's disease drug research. Liz Coulthard of the School of Clinical Sciences at Bristol Medical School echoed the regrets of the charities but commented that talking to people in other companies had not led her to believe that Pfizer's decision signalled the onset of a mass exodus. In the case of Alzheimer's disease, this is partly because its slow progress makes it hard to determine the effectiveness of a drug—a problem exacerbated by the paucity of reliable biomarkers.

**Database:** BNI

## 13. Experiences and needs of relatives of people with dementia in acute hospitals—A meta-synthesis of qualitative studies

**Author(s):** Burgstaller, Melanie; Mayer, Hanna; Schiess, Cornel; Saxer, Susi

**Source:** Journal of Clinical Nursing; Feb 2018; vol. 27 (no. 3-4); p. 502

**Publication Date:** Feb 2018

**Publication Type(s):** Literature Review Journal Article

**Abstract:**Aims and objectivesTo present an in-depth analysis of existing qualitative literature concerning experiences and needs of the relatives of patients with dementia in hospitals. BackgroundRelatives are an important resource for the care of patients with dementia in hospitals. They provide necessary information about the patient and can support the patient's care. Simultaneously, they are themselves vulnerable, having specific needs and experiences. A number of studies have been conducted that focus on the perspectives of the relatives. The synthesis of qualitative studies contributes to a more comprehensive understanding of recent study findings. DesignA meta-ethnographic synthesis of qualitative research findings was used. MethodsThe synthesis process followed six defined steps. We located relevant studies through searching the CINAHL, PubMed and PsycInfo databases and through searching journals and reference lists by hand. A list of metaphors was created and translated into one another. Identified metaphors were synthesised and interpreted as a new whole. ResultsRelatives of patients with dementia frequently experience a negative cycle of specific worries, negative feelings and resulting roles and functions in hospital due to negative care experiences. ConclusionsExperiences of relatives are strongly influenced by the attitudes, expertise and communication that they receive from health

professionals working in the hospital. The results clearly show how health professionals have the potential to break through the negative cycle and contribute to a more positive feeling about a patient's hospital stay. Relevance to clinical practice Structured and individually planned involvement of the relatives during the hospital care seems to be a key aspect for improving the experiences for the relatives and the patients with dementia. Collaboration with the relatives needs to be valued and supported by the organisation. Also a professional and defined frame for this area of responsibility needs to be provided.

**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](mailto:library@uhbristol.nhs.uk)

## [Alzheimer's & Dementia](#)

April 2018 – Volume 14 – Issue 4

## [Dementia: The International Journal of Social Research & Practice](#)

April 2018 – Volume 17 – Issue 3

## [Age & Ageing](#)

March 2018 – Volume 47 – Issue 2

## [Journal of the American Geriatrics Society](#)

March 2018 – Volume 66 – Issue 3



## Library Clinic

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May 2<sup>nd</sup>: **Canteen (Level 9, BRI)** 12.00-14.00

June 6<sup>th</sup>: **Terrace (Level 4, Education Centre)** 12.00-14.00

June 19<sup>th</sup>: **Welcome Centre, BRI** 10.00-16.00

July 3<sup>rd</sup>: **Welcome Centre, BRI** 10.00-16.00

July 4<sup>th</sup>: **Canteen (Level 9, BRI)** 12.00-14.00

August 8<sup>th</sup>: **Foyer, Education Centre** 12.00-14.00

August 29<sup>th</sup>: **Foyer, St Michael's Hospital** 12.00-14.00

September 5<sup>th</sup>: **Canteen (Level 9, BRI)** 12.00-14.00

September 11<sup>th</sup>: **Welcome Centre, BRI** 10.00-16.00

October 3<sup>rd</sup>: **Terrace (Level 4, Education Centre)** 12.00-14.00

November 7<sup>th</sup>: **Canteen (Level 9, BRI)** 12.00-14.00

December 5<sup>th</sup>: **Foyer, Education Centre** 12.00-14.00

December 11<sup>th</sup>: **Welcome Centre, BRI** 10.00-16.00

## Departmental News

### **News, Research, Conferences, Training etc**

Please contact us with any departmental news you wish to share here with your colleagues in your Evidence Update bulletin.

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