Personalized One-to-One Intervention in Agitated Individuals With Dementia

Citation: Journal of Gerontological Nursing, 01 March 2015, vol./is. 41/3(22-29), 00989134

Author(s): van der Ploeg, Eva S., Eppingstall, Barbara, Camp, Cameron J., Runci, Susannah J., O’Connor, Daniel W.

Language: English

Abstract: The aim of the current study was to explore why some individuals with dementia and agitated behavior showed limited response to a personalized intervention. Ten consistently agitated individuals (i.e., non-responders) were compared with 34 individuals who were more settled during the intervention (i.e., responders). Most participants had severe cognitive deficits; however, non-responders were more impaired. Where responders showed large improvements across conditions, agitated behavior remained equally high in nonresponders. Responders and non-responders showed increased interest and engagement during the intervention. Increased agitated behavior was associated with severe cognitive impairment. Although studies have shown that psychosocial interventions can reduce agitated behavior, there does seem to be a point where it becomes more difficult to reduce this behavior. However, nonresponders still displayed interest, and the authors believe further personalization of the intervention is possible. Therefore, severe dementia and agitated behavior should not exclude individuals from psychosocial interventions; however, a more detailed and timely implementation plan of such treatments may be warranted.

Publication Type: journal article

Source: CINAHL

Full Text: Available from ProQuest in Journal of Gerontological Nursing

Marie curie palliative care dementia service-an evaluation of processes, outcomes and impact after the first year of operation

Citation: BMJ supportive & palliative care, Mar 2015, vol. 5, no. 1, p. 117-118 (March 2015)

Author(s): Borkowska, Monika

Abstract: Access to the end of life care received for patients with dementia and their carers is of paramount importance-by 2021 the number of people with dementia in Wales is projected to increase by 31%. Currently, inappropriate hospital admissions are common and patients are less likely to be referred to palliative care services. Primarily this is because patients and carers are infrequently informed of the terminal nature of dementia and advance planning discussions are rare. The Marie Curie Palliative Care Dementia Service has been developed to: support dementia patients in achieving their preferred place of care and death, other health and social care professionals in understanding and meeting the needs of dementia patients at the end of their lives. Having reached its first year of operations, an evaluation has been conducted to establish the impact of the service thus far. The evaluation has been conducted through the analysis of service performance data, case notes, and interviews with carers, patients, primary and secondary care professionals, using content analysis. This paper will focus on the primary aims of the MCPC Dementia services; processes, outcomes and impact. Service performances and outcomes will be presented against relevant frameworks for end of life care for dementia, and the impact of the service on patients, their carers, and NHS services will also be. This paper will conclude with its vision for the future direction and development of the MCPC Dementia service, outlining its recommendations for palliative care for dementia patients. Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://group.bmj.com/group/rights-licensing/permissions.

Source: Medline

Why is integrated care not working in end of life care for those with advanced dementia? From the health care professional perspective

Citation: BMJ supportive & palliative care, Mar 2015, vol. 5, no. 1, p. 113. (March 2015)

Author(s): Kupeli, Nurije, Sampson, Elizabeth L, Harrington, Jane, Moore, Kirsten J, Elliott, Margaret, Davis, Sarah, Vickerstaff, Victoria, Gola, Anna, Candy, Bridget, King, Michael B, Omar, Rumana Z, Morris, Steve, Nazareth, Inrobin, Leavey, Gerard, Jones, Louise

Abstract: In line with the National Dementia Strategy (2009), a mixed methods programme was designed to develop and pilot a complex intervention to improve end of life care for people with advanced dementia. A facilitation-based model provided education, training and support to health care
professionals (HCPs) creating an integrated, individualised and holistic service. To inform the intervention development, we conducted a series of qualitative interviews to examine HCPs attitudes and knowledge regarding integrated care. A topic guide was used to interview 14 HCPs including commissioners, care home managers, nurses and health care assistants. We used a rigorous approach to data analysis (quality framework recommended by Spencer et al 2003). Thematic analysis identified meaningful themes. Interviews revealed how shortfalls in different sectors providing care for this vulnerable population contribute to discontinuity of care. The main themes found to contribute to care fragmentation were care homes are business-driven establishments, conflictive relationships between HCPs, poor elements to good quality care and governmental factors. Additionally, the cardinal factors underlying care fragmentation are lack of staff and resources in care homes and hospitals and lack of funding from the local authority required for delivering good collaborative and integrated care. Health and social care services provided for those at the palliative stages of dementia receive fragmented care. Recommendations for utilising the volunteering sector and providing professional development opportunities for health care providers of this vulnerable population are discussed. Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://group.bmj.com/group/rights-licensing/permissions.

Source: Medline

Helping occupational performance through engagement: a service evaluation of a programme for informal carers of people with dementia

Citation: British Journal of Occupational Therapy, Mar 2015, vol. 78, no. 3, p. 200-204, 0308-0226 (March 2015)

Author(s): Hampson, Caroline, Smith, Sarah Jane

Abstract: Statement of context: The Helping Occupational Performance through Engagement programme is a series of workshops which aim to equip informal caregivers with the skills and knowledge they require to engage a person with dementia in meaningful daily occupations. Reflection on practice: Following the initial implementation of the programme, a service evaluation was carried out to establish whether these aims were being met. The evaluation took a mixed methods approach, combining questionnaire and focus group data obtained from participants of the programme. Implications for practice: Results demonstrated that whilst in general the programme is fulfilling its aims, further evaluation is required to establish the long-term impact of the programme. [PUBLICATION] 26 references

Source: BNI

Caring for older people experiencing agitation

Citation: Nursing Standard, Mar 2015, vol. 29, no. 30, p. 49-58, 0029-6570 (March 25, 2015)

Author(s): Pritchard, Jane Caroline, Brighty, Ami

Abstract: Agitation commonly affects older adults, particularly those living in care homes and in hospital settings. Agitation can be distressing to experience, may be associated with poorer health outcomes and can present a challenge to staff in keeping the person and those around them safe. This article examines why agitation can occur in older people and discusses current best practice, focusing on communication and non-pharmaceutical interventions. Agitation is commonly associated with dementia and delirium. This article indicates how these conditions can affect the older person and their interactions with the surrounding environment. A case study is used to illustrate application in practice. [Continuing Professional Development, NS786] [PUBLICATION] 53 references

Source: BNI

Improving dementia care with the Eden Alternative

Citation: Nursing Times, 18 March 2015, vol./is. 111/12(24-25), 09547762

Author(s): Burgess, June

Language: English

Publication Type: journal article

Source: CINAHL

Full Text: Available from ProQuest in Nursing Times; NT

Dementia carer 'passport' lifts visit restrictions

Citation: Nursing Times, 11 March 2015, vol./is. 111/11(7-7), 09547762

Language: English

Publication Type: journal article

Source: CINAHL

Full Text: Available from ProQuest in Nursing Times; NT
Managing malnutrition in patients with dementia

**Citation:** Nursing Standard, Mar 2015, vol. 29, no. 28, p. 50-57, 0029-6570 (March 11, 2015)

**Author(s):** Evans, Liz, Best, Carolyn

**Abstract:** As dementia progresses, an individual may experience increasing difficulties in eating and drinking safely. Evidence suggests that admission to hospital may exacerbate these problems. This article aims to familiarise readers with some of the issues associated with providing good nutritional care for a patient with dementia in hospital. Strategies to address the maintenance of oral intake are suggested. The article also explores the use of artificial nutrition in dementia, with examples to clarify when its use may be helpful. [Continuing Professional Development, NS784] [PUBLICATION] 39 references

**Source:** BNI

Managing diabetes in people with dementia

**Citation:** Nursing Times, 04 March 2015, vol./is. 111/10(16-19), 09547762

**Author(s):** Brown, Joe, Carson, Amanda, Waugh, Anna, Park, Douglas

**Language:** English

**Publication Type:** journal article

**Source:** CINAHL

**Full Text:** Available from ProQuest in Nursing Times; NT

Assessment and management of behavioral and psychological symptoms of dementia

**Citation:** BMJ (Online), March 2015, vol./is. 350/, 0959-8146;1756-1833 (02 Mar 2015)

**Author(s):** Kales H.C., Gitlin L.N., Lyketsos C.G.

**Abstract:** Behavioral and psychological symptoms of dementia include agitation, depression, apathy, repetitive questioning, psychosis, aggression, sleep problems, wandering, and a variety of inappropriate behaviors. One or more of these symptoms will affect nearly all people with dementia over the course of their illness. These symptoms are among the most complex, stressful, and costly aspects of care, and they lead to a myriad of poor patient health outcomes, healthcare problems, and income loss for family care givers. The causes include neurobiologically related disease factors; unmet needs; care giver factors; environmental triggers; and interactions of individual, care giver, and environmental factors. The complexity of these symptoms means that there is no "one size-fits all solution," and approaches tailored to the patient and the care giver are needed. Non-pharmacologic approaches should be used first line, although several exceptions are discussed. Non-pharmacologic approaches with the strongest evidence base involve family care giver interventions. Regarding pharmacologic treatments, antipsychotics have the strongest evidence base, although the risk to benefit ratio is a concern. An approach to integrating non-pharmacologic and pharmacologic treatments is described. Finally, the paradigm shift needed to fully institute tailored treatments for people and families dealing with these symptoms in the community is discussed.

**Publication Type:** Journal: Review

**Source:** EMBASE

**Full Text:** Available from Highwire Press in The BMJ

Cuddly 'seal pup' robot helps patients with dementia to relax

**Citation:** Nursing older people, Mar 2015, vol. 27, no. 3, p. 7., 1472-0795 (March 26, 2015)

**Abstract:** A ROBOTIC 'seal pup' is being used by nurses and therapists at Sussex Partnership NHS Foundation Trust to comfort patients who have dementia.

**Source:** Medline

What do we mean when we talk about dementia? Exploring cultural representations of "dementia"

**Citation:** Working with Older People: Community Care Policy & Practice, 01 March 2015, vol./is. 19/1(12-20), 13663666

**Author(s):** Zeilig, Hannah

**Abstract:** Purpose - The purpose of this paper is to contribute to debates about the category "dementia". Dementia is discussed, as it is a social, political and cultural issue, rather than a solely medical phenomenon. Design/methodology/approach - The methodology synthesises perspectives from humanities with the social sciences. Thus a number of cultural texts are analysed critically and set alongside data from two original research projects exploring the use of the arts for people living with a dementia. Central to the research is a close and critical examination of news reports, films, plays
and documentaries that represent "dementia". The extent to which metaphorical language frames ways of talking about dementia formed a key part of this analysis. Findings - Until recently, “dementia” has been primarily defined in biomedical terms. This paper demonstrates that understandings of dementia should be extended to encompass social and cultural contexts. Research limitations/implications - The research concentrates on the UK context, but there are lessons that can be extrapolated from to other contexts. Social implications - This paper explores why it is important to understand “dementia” in terms of cultural context, the reasons we should challenge the language often used to describe people living with a dementia, the ways in which prevailing representations of people living with a dementia can affect perceptions and contribute to stigma.

Originality/value - This paper presents an alternative perspective, that is not biomedical and draws on original research from both the humanities and social sciences investigating the stories that we tell about this complex condition.

Publication Type: journal article

Source: CINAHL

Nutrition and dementia care: Informing dietetic practice

Citation: Nutrition & Dietetics, 01 March 2015, vol./is. 72/1(36-46), 14466368

Author(s): Jansen, Sarah, Ball, Lauren, Desbrow, Ben, Morgan, Kate, Moyle, Wendy, Hughes, Roger

Language: English

Abstract: Aim The increasing prevalence of dementia and the nutritional complications associated with dementia suggest an increasing need for health care that focuses on nutrition and dietetic support. The aim of this paper was to summarise existing evidence relating to nutrition in the aetiology, prevention and management of dementia in order to help inform dietitians in the provision of care to people with dementia, their families and carers. Methods A literature search was undertaken to identify relevant research that investigated the nutritional aetiology of dementia, the effectiveness of nutrition in the prevention and treatment of dementia, or strategies used by carers to provide nutrition-related support to people with dementia. Results There is currently insufficient evidence to support specific nutrition-related dementia causality. The role of specific nutrients in slowing cognitive decline in people with dementia is also unclear. People with dementia rarely maintain a stable body weight and often incur numerous feeding-related challenges that contribute to the risk of malnutrition. High-calorie dietary supplements may enhance the short-term energy intake of people with dementia but are unlikely to improve long-term weight management or other dementia-related outcomes. Conclusions Practical, achievable strategies that focus on food items and eating environments to promote oral intake of people with dementia while minimising carer burden should be a focus for nutrition and dietetic interventions.

Publication Type: journal article

Source: CINAHL

The unmet palliative care needs of those dying with dementia

Citation: International Journal of Palliative Nursing, 01 March 2015, vol./is. 21/3(126-133), 13576321

Author(s): Dempsey, Laura, Dowling, Maura, Larkin, Philip, Murphy, Kathy

Language: English

Abstract: An estimated 33.9 million people are living with dementia worldwide. The overall estimated median survival time from onset of dementia to death is 4.1 years for men and 4.6 years for women, with longer survival times in those with early-onset dementia. Much has been discussed about the needs of this vulnerable group of people particularly in terms of their health-care and end-of-life care (EoLC) needs. However, the literature suggests that people with end-stage dementia are still not receiving adequate or appropriate EoLC. Difficulty diagnosing dementia, a stigma surrounding the disease, lack of education of the dementia disease process and the ability to identify complications encountered at end-stage dementia by health-care providers, families and carers are some of the factors preventing those with dementia receiving effective EoLC. Great strides have been made to improve dementia palliative care; however, this cohort of patients still receive fewer referrals to appropriate palliative care services than other terminally ill patients.

Publication Type: journal article

Source: CINAHL

Full Text: Available from EBSCOhost in International Journal of Palliative Nursing

Preferred Computer Activities Among Individuals With Dementia

Citation: Journal of Gerontological Nursing, 01 March 2015, vol./is. 41/3(50-57), 00989134

Author(s): Tak, Sunghee H., Hongmei Zhang, Song Hee Hong

Language: English

Abstract: Computers offer new activities that are easily accessible, cognitively stimulating, and enjoyable for individuals with dementia. The current descriptive study examined preferred computer activities among nursing home residents with different severity levels of dementia. A secondary data analysis was conducted using activity observation logs from 15 study participants with dementia (severe = 115 logs, moderate = 234 logs, and mild = 124 logs) who participated in a computer activity program. Significant differences existed in preferred computer activities among groups with different severity levels of dementia. Participants with severe dementia spent significantly more time watching slide shows with music than those with both mild
and moderate dementia ($F_{[2,12]} = 9.72, p = 0.003$). Preference in playing games also differed significantly across the three groups. It is critical to consider individuals’ interests and functional abilities when computer activities are provided for individuals with dementia. A practice guideline for tailoring computer activities is detailed.

**Publication Type:** journal article

**Source:** CINAHL

**Full Text:** Available from ProQuest in Journal of Gerontological Nursing

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**Using Spaced Retrieval Training to Teach People With Dementia to Independently Use Their Walking Aids: Two Case Studies**

**Citation:** Clinical Gerontologist, 01 March 2015, vol./is. 38/2(170-178), 07317115

**Author(s):** Creighton, Alexandra S., Davison, Tanya E., van der Ploeg, Eva S., Camp, Cameron J., O'Connor, Daniel W.

**Language:** English

**Abstract:** This article describes two case studies that used spaced retrieval training to teach two aged care facility residents diagnosed with dementia to independently use their walking aids. Each resident received five consecutive 1-hour sessions of spaced retrieval and was observed before and after intervention and at a 1-week follow-up. The results indicate the potential for this memory intervention to improve walker use and highlight several clinical aspects to consider when using this technique with demented people.

**Publication Type:** journal article

**Source:** CINAHL

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