Using sense-making theory to aid understanding of the recognition, assessment and management of pain in patients with dementia in acute hospital settings

Citation: International Journal of Nursing Studies, Jan 2016, vol. 53, p. 152-162 (January 2016)

Author(s): Dowding, Dawn, Lichtner, Valentina, Alcock, Nick, Briggs, Michelle, James, Kirstin, Keady, John, Lasrado, Reena, Sampson, Elizabeth L, Swarbrick, Caroline, José Oloss, S

Abstract: The recognition, assessment and management of pain in hospital settings is suboptimal, and is a particular challenge in patients with dementia. The existing process guiding pain assessment and management in clinical settings is based on the assumption that nurses follow a sequential linear approach to decision making. In this paper we re-evaluate this theoretical assumption drawing on findings from a study of pain recognition, assessment and management in patients with dementia. To provide a revised conceptual model of pain recognition, assessment and management based on sense-making theories of decision making. The research we refer to is an exploratory ethnographic study using nested case studies. Patients with dementia (n=31) were the unit of data collection, nested in 11 wards (vascular, continuing care, stroke rehabilitation, orthopaedic, acute medicine, care of the elderly, elective and emergency surgery), located in four NHS hospital organizations in the UK. Data consisted of observations of patients at bedside (170h in total); observations of the context of care; audits of patient hospital records; documentary analysis of artefacts; semi-structured interviews (n=56) and informal open conversations with staff and carers (family members). Existing conceptualizations of pain recognition, assessment and management do not fully explain how the decision process occurs in clinical practice. Our research indicates that pain recognition, assessment and management is not an individual cognitive activity; rather it is carried out by groups of individuals over time and within a specific organizational culture or climate, which influences both health care professional and patient behaviour. We propose a revised theoretical model of decision making related to pain assessment and management for patients with dementia based on theories of sense-making, which is reflective of the reality of clinical decision making in acute hospital wards. The revised model recognizes the salience of individual cognition as well as acknowledging that decisions are constructed through social interaction and organizational context. The model will be used in further research to develop decision support interventions to assist with the assessment and management of patients with dementia in acute hospital settings. Copyright © 2015. Published by Elsevier Ltd.

Source: Medline

Impact of a person-centred dementia care training programme on hospital staff attitudes, role efficacy and perceptions of caring for people with dementia: A repeated measures study

Citation: International Journal of Nursing Studies, Jan 2016, vol. 53, p. 144-151 (January 2016)

Author(s): Surr, C A, Smith, S J, Crossland, J, Robins, J

Abstract: People with dementia occupy up to one quarter of acute hospital beds. However, the quality of care delivered to this patient group is of national concern. Staff working in acute hospitals report lack of knowledge, skills and confidence in caring for people with dementia. There is limited evidence about the most effective approaches to supporting acute hospital staff to deliver more person-centred care. This study aimed to evaluate the efficacy of a specialist training programme for acute hospital staff regarding improving attitudes, satisfaction and feelings of caring efficacy, in provision of care to people with dementia. A repeated measures design, with measures completed immediately prior to commencing training (T1), after completion of Foundation level training (T2: 4-6 weeks post-baseline), and following Intermediate level training (T3: 3-4 months post-baseline). One NHS Trust in the North of England, UK: 40 acute hospital staff working in clinical roles, the majority of whom (90%) were nurses. All participants received the 3.5 day Person-centred Care Training for Acute Hospitals (PCTAH) programme, comprised of two levels, Foundation (0.5 day) and Intermediate (3 days), delivered over a 3-4 months period. Staff demographics and previous exposure to dementia training were collected via a questionnaire. Staff attitudes were measured using the Approaches to Dementia Questionnaire (ADQ), satisfaction in caring for people with dementia was captured using the Staff Experiences of Working with Demented Residents questionnaire (SEWDR) and perceived caring efficacy was measured using the Caring Efficacy Scale (CES). The training programme was effective in producing a significant positive change on all three outcome measures following intermediate training compared to baseline. A significant positive effect was found on the ADQ between baseline and after completion of Foundation level training, but not for either of the other measures. Training acute hospital staff in Intermediate level person-centred dementia care is effective in producing significant improvements in attitudes towards and satisfaction in caring for people with dementia and feelings of caring efficacy. Foundation level training is effective in changing attitudes but does not seem to be sufficient to bring about change in satisfaction or caring efficacy. Copyright © 2015 Elsevier Ltd. All rights reserved.

Source: Medline
Distress in working on dementia wards - A threat to compassionate care: A grounded theory study

Citation: International Journal of Nursing Studies, Jan 2016, vol. 53, p. 95-104 (January 2016)

Author(s): McPherson, Susan, Hiskey, Syd, Alderson, Zoe

Abstract: Nurses and health care workers are under increasing scrutiny from the general public and other professionals over their capacity for compassion. For example, in the UK, recruitment of nurses includes assessment of compassion through 'Values Based Recruitment'. However, compassionate care can be hindered when working in very challenging and pressurised environments. The study aimed to explore the experiences of managing work pressures in front-line NHS staff caring for older adults with dementia. One aspect of the analysis was to explore the factors that facilitate or hinder self-compassion and mindfulness, since these factors of responding to extreme pressure are likely to facilitate compassion towards others. Ten front-line staff (a mixture of nurses and Health Care Assistants) from three inpatient dementia wards took part in qualitative interviews which were then analysed using constructivist grounded theory methods. A theoretical framework was generated which highlighted the role of structural and interpersonal types of work pressure on individual responses and ways of managing pressure. A range of helpful and unhelpful strategies were employed and although many participants appreciated the importance of taking time to process and reflect on difficult emotions and experiences during work, there were significant structural and personal barriers to practicing mindfulness and self-compassion more fully. A sense of professionalism along with various organisational factors meant that much processing of difficult emotions had to take place largely out of work hours. Recruiting staff with high levels of compassion and training compassion to existing staff are not likely to significantly improve compassionate care alone in the context of extremely challenging work environments. Rather, organisational changes need to be made to model and reward self-compassion; staff training should focus on self-compassion and mindfulness, without which compassion to others is hindered. Strong professional values which may instil in care staff a belief in not displaying emotions at work should be considered carefully by professional bodies in order to provide guidance from pre-qualification onwards about how to balance professional conduct with appropriate expression of emotion in response to extreme situations. Copyright © 2015 Elsevier Ltd. All rights reserved.

Source: Medline

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 (January 2016)


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.

Source: Medline

Full Text: Available from Taylor & Francis in Disability and Rehabilitation: Assistive Technology

What is the current state of care for older people with dementia in general hospitals? A literature review

Citation: Dementia (London, England), Jan 2016, vol. 15, no. 1, p. 106-124 (January 2016)

Author(s): Dewing, Jan, Dijk, Saskia

Abstract: This paper summarises a literature review focusing on the literature directly pertaining to the acute care of older people with dementia in general hospitals from 2007 onwards. Following thematic analysis, one overarching theme emerged: the consequences of being in hospital with seven related subthemes. Significantly, this review highlights that overall there remains mostly negative consequences and outcomes for people with dementia when they go into general hospitals. Although not admitted to hospital directly due to dementia, there are usually negative effects on the dementia condition from hospitalisation. The review suggests this is primarily because there is a tension between prioritisation of acute care for existing co-morbidities and person-centred dementia care. This is complicated by insufficient understanding of what constitutes person-centred care in an acute care context and a lack of the requisite knowledge and skills set in health care practitioners. The review also reveals a worrying lack of evidence for the effectiveness of mental health liaison posts and dementia care specialist posts in nursing. Finally, although specialist posts such as liaison and clinical nurse specialists and specialist units/shared care wards can enhance quality of care and reduce adverse consequences of hospitalisation (they do not significantly) impact on reducing length of stay or the cost of care. © The Author(s) 2014.

Source: Medline
Couples constructing their experiences of dementia: A relational perspective

Citation: Dementia (London, England), Jan 2016, vol. 15, no. 1, p. 34-50 (January 2016)

Author(s): Merrick, Kimberley, Camic, Paul M, O'Shaughnessy, Margaret

Abstract: Many people with dementia are cared for by their spouse or partner, therefore there is a need to understand the ways in which dementia and couple relationships impact upon each other. This study aimed to contribute to our understanding of the experience of dementia from a relational perspective. Seven couples, in which one person had a diagnosis of dementia, were interviewed about their experience of being in a couple where one partner had a diagnosis of dementia. Using interpretative phenomenological analysis, five master themes were identified, which illustrated how couples constructed their experience of dementia in order to make sense of it, and describe the processes that they adopt in order to adjust to dementia. Findings were supported by existing empirical and theoretical literature and suggest that services and interventions could be enhanced if a relational understanding of dementia were more fully considered. © The Author(s) 2013.

Source: Medline

Dementia beyond 2025: Knowledge and uncertainties

Citation: Dementia (London, England), Jan 2016, vol. 15, no. 1, p. 6-21 (January 2016)

Author(s): Kenigsberg, Paul-Ariel, Aquino, Jean-Pierre, Bérard, Alain, Gzil, Fabrice, Andrieu, Sandrine, Banerjee, Sube, Brémond, François, Buée, Luc, Cohen-Mansfield, Jiska, Mangialasche, Francesca, Platei, Hervé, Salmon, Eric, Robert, Philippe

Abstract: Given that there may well be no significant advances in drug development before 2025, prevention of dementia-Alzheimer’s disease through the management of vascular and lifestyle-related risk factors may be a more realistic goal than treatment. Level of education and cognitive reserve assessment in neuropsychological testing deserve attention, as well as cultural, social, and economic aspects of caregiving. Assistive technologies for dementia care remain complex. Serious games are emerging as virtual educational and pleasurable tools, designed for individual and cooperative skill building. Public policies are likely to pursue improving awareness and understanding of dementia; providing good quality early diagnosis and intervention for all; improving quality of care from diagnosis to the end of life, using clinical and economic end points; delivering dementia strategies quicker, with an impact on more people. Dementia should remain presented as a stand-alone concept, distinct from frailty or loss of autonomy. The basic science of sensory impairment and social engagement in people with dementia needs to be developed. E-learning and serious games programs may enhance public and professional education. Faced with funding shortage, new professional dynamics and economic models may emerge. Coordinated, flexible research networks. Psychosocial research could be viewed as an investment in quality of care, rather than an academic achievement in a few centers of excellence. This would help provide a competitive advantage to the best operators. Stemming from care needs, a logical, systems approach to dementia care environment through organizational, architectural, and psychosocial interventions may be developed, to help reduce symptoms in people with dementia and enhance quality of life. Dementia-friendly environments, culture, and domesticity are key factors for such interventions. © The Author(s) 2015.

Source: Medline

Dementia: caring for the carer is just as important

Citation: British journal of community nursing, Jan 2016, vol. 21, no. 1, p. 5., 1462-4753 (January 2016)

Author(s): Menezes, Jolene

Source: Medline

Full Text: Available from EBSCOhost in British Journal of Community Nursing

Marital status and risk of dementia: a nationwide population-based prospective study from Sweden

Citation: BMJ open, Jan 2016, vol. 6, no. 1, p. e008565. (2016)

Author(s): Sundström, Anna, Westerlund, Olle, Kotyrlo, Elena

Abstract: To examine the association between marital status and dementia in a cohort of young-old (50-64) and middle-old (65-74) adults, and also whether this may differ by gender. Prospective population-based study with follow-up time of up to 10 years. Swedish national register-based study. 288,489 individuals, aged 50-74 years, without prior dementia diagnosis at baseline. Dementia was identified using the Swedish National Patient Register and the Cause of Death Register. The influence of marital status on dementia was analysed using Cox proportional hazards models, adjusted stepwise for multiple covariates (model 1: adjusted for age and gender; and model 2: additionally adjusted for having adult children, education, income and prior cardiovascular disease). During follow-up, 31 572 individuals in the study were identified as demented. Cox regression showed each non-married subcategory to be associated with a significantly higher risk of dementia than the married group, with the highest risk observed among people in the young-old age group, especially among those who were divorced or single (HRs 1.79 vs 1.71, fully adjusted model). Analyses stratified by gender showed gender differences in the young-old group, with indications of divorced men having a higher relative risk compared with divorced women (HRs 2.1 vs 1.7, only-age adjusted model). However, in the fully adjusted model, these differences were attenuated and there was no longer any significant difference between male and female participants. Our results suggest that those living alone as non-marrieds may be at risk for early-onset and late-onset dementia. Although more research is needed to understand the underlying mechanism by which marital status is associated with dementia, this suggests that social relationships should be taken seriously as a risk factor for dementia and that social-based interventions may provide an opportunity to reduce the overall dementia risk. Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://www.bmj.com/company/products-services/rights-and-licensing/

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Full Text: Available from Directory of Open Access Journals in BMJ Open
Available from Highwire Press in BMJ Open
Managing diabetes in people with dementia: Protocol for a realist review

Citation: Systematic Reviews, January 2016, vol./is. 5/1(no pagination), 2046-4053 (January 07, 2016)

Author(s): Bunn F., Goodman C., Malone J.R., Jones P.R., Burton C., Rait G., Trivedi D., Bayer A., Sinclair A.

Language: English

Abstract: Background: Worldwide, the prevalences of diabetes and dementia are both increasing, particularly in older people. Rates of diabetes in people with dementia are between 13 and 20 %. Diabetes management and diabetic self-care may be adversely affected by the presence of dementia. There is a need to know what interventions work best in the management of diabetes in people living with dementia (PLWD) in different settings and at different stages of the dementia trajectory. The overall aim is to develop an explanatory account or programme theory about ‘what works’ in the management of diabetes in people in what context and to identify promising interventions that merit further evaluation. Methods/design: This study uses a realist approach including studies on the management of diabetes in older people, medication management, diabetes-related self-care, workforce issues and assessment and treatment. We will use an iterative, stakeholder driven, four-stage approach. Phase 1: development of initial programme theory/ies through a first scoping of the literature and consultation with key stakeholder groups (user/patient representatives, dementia-care providers, clinicians, diabetes and dementia researchers and diabetes specialists). Phase 2: systematic searches of the evidence to test and develop the theories identified in phase 1. Phase 3: validation of programmes theory/ies with a purposive sample of participants from phase 1. Phase 4: actionable recommendations for the management of diabetes in PLWD. Discussion: A realist synthesis of the evidence will provide a theoretical framework (i.e. an explanation of how interventions work, for whom, in what context and why) for practice and future research that articulates the barriers and facilitators to effective management of diabetes in people with dementia. By providing possible explanations for the way in which interventions are thought to work and how change is achieved, it will demonstrate how to tailor an intervention to the setting and patient group. The propositions arising from the review will also inform the design of future intervention studies. Systematic review registration: PROSPERO registration number CRD42015020625.

Publication Type: Journal: Article

Source: EMBASE


Irritable bowel syndrome is associated with an increased risk of dementia: A nationwide population-based study

Citation: PLoS ONE, January 2016, vol./is. 11/1(no pagination), 1932-6203 (05 Jan 2016)

Author(s): Chen C.-H., Lin C.-L., Kao C.-H.

Language: English

Abstract: Purpose: Abnormal interaction in the brain-gut axis has emerged as one of the relevant pathophysiological mechanisms for the development of irritable bowel syndrome (IBS). Moreover, the brain-gut axis has recently been demonstrated to be crucial for the maintenance of cognitive performance. Therefore, we assessed the risk of dementia following diagnosis of IBS. Methods: Using the Taiwan National Health Insurance Research Database (NHIRD) to obtain medical claims data from 2000 to 2011, we employed a random sampling method to enroll 32,298 adult patients with IBS and frequency-matched them according to sex, age, and baseline year with 129,192 patients without IBS. Results: The patients with IBS exhibited an increased risk of dementia [adjusted hazard ratio (aHR) = 1.26, 95% confidence interval (CI) = 1.17-1.35] after adjustment for age, sex, diabetes, hypertension, stroke, coronary artery disease (CAD), head injury, depression, and epilepsy, and the overall incidence of dementia for the cohorts with and without IBS was 4.86 and 3.41 per 1000 person-years, respectively. IBS was associated with an increased risk of dementia in patients older than 50 years in both male and female, and in those with comorbidity or without comorbidity. After adjustment for age, sex, and comorbidity, patients with IBS were also more likely to develop either non-Alzheimer’s disease (AD) dementia (aHR = 1.24, 95% CI = 1.15-1.33) or AD (aHR = 1.76, 95% CI = 1.28-2.43). Conclusions: IBS is associated with an increased risk of dementia, and this effect is obvious only in patients who are > 50 years old.

Publication Type: Journal: Article

Source: EMBASE


Is the Mediterranean diet a feasible approach to preserving cognitive function and reducing risk of dementia for older adults in Western countries? New insights and future directions

Citation: Ageing Research Reviews, January 2016, vol./is. 25/(85-101), 1568-1637;1872-9649 (January 01, 2016)

Author(s): Knight A., Bryan J., Murphy K.

Language: English

Abstract: The rise in the ageing population has resulted in increased incident rates of cognitive impairment and dementia. The subsequent financial and societal burden placed on an already strained public health care system is of increasing concern. Evidence from recent studies has revealed modification of lifestyle and dietary behaviours is, at present, the best means of prevention. Some of the most important findings, in relation to the Mediterranean diet (MedDiet) and the contemporary Western diet, and potential molecular mechanisms underlying the effects of these two diets on age-related cognitive function, are discussed in this review. A major aim of this review was to discuss whether or not a MedDiet intervention would be a feasible preventative approach against cognitive decline for older adults living in Western countries. Critical appraisal of the literature does somewhat support this idea. Demonstrated evidence highlights the MedDiet as a potential strategy to reduce cognitive decline in older age, and suggests the Western diet may play a role in the aetiology of cognitive decline. However, strong intrinsic Western socio-cultural values, traditions and norms may
The basis, ethics and provision of palliative care for dementia: A review

Citation: Maturitas, January 2016, vol./is. 83/(3-8), 0378-5122;1873-4111 (01 Jan 2016)

Author(s): Mahin-Babaei F., Hilal J., Hughes J.C.

Language: English

Abstract: Interest in palliative care for people with dementia has been around for over two decades. There are clinical and ethical challenges and practical problems around the implementation of good quality palliative care in dementia. This narrative review of the literature focuses on the rationale or basis for services, some of the ethical issues that arise (particularly to do with artificial nutrition and hydration) and on the provision and implementation of services. We focus on the most recent literature. The rationale for palliative care for people with dementia is based on research and on an identified need for better clinical care. But the research largely demonstrates a paucity of good quality evidence, albeit particular interventions (and non-interventions) can be justified in certain circumstances. Numerous specific clinical challenges in end-of-life care for people with dementia are ethical in nature. We focus on literature around artificial nutrition and hydration and conclude that good communication, attention to the evidence and keeping the well-being of the person with dementia firmly in mind will guide ethical decision-making. Numerous challenges surround the provision of palliative care for people with dementia. Palliative care in dementia has been given definition, but can still be contested. Different professionals provide services in different locations. More research and education are required. No single service can provide palliative care for people with dementia.

Sleep duration, cognitive decline, and dementia risk in older women

Citation: Alzheimer's and Dementia, January 2016, vol./is. 12/(1-33), 1552-5260;1552-5279 (01 Jan 2016)


Language: English

Abstract: Introduction Consistent evidence linking habitual sleep duration with risks of mild cognitive impairment (MCI) and dementia is lacking. Methods We conducted a prospective study on 7444 community-dwelling women (aged 65-80 y) with self-reported sleep duration, within the Women's Health Initiative Memory Study in 1995-2008. Incident MCI/dementia cases were ascertained by validated protocols. Cox models were used to adjust for multiple sociodemographic and lifestyle factors, depression, cardiovascular disease (CVD), and other clinical characteristics. Results We found a statistically significant (P = .03) V-shaped association with a higher MCI/dementia risk in women with either short (<6 hours/night) or long (>8 hours/night) sleep duration (vs. 7 hours/night). The multivariate-adjusted hazard for MCI/dementia was increased by 36% in short sleepers irrespective of CVD, and by 35% in long sleepers without CVD. A similar V-shaped association was found with cognitive decline. Discussion In older women, habitual sleep duration predicts the future risk for cognitive impairments including dementia, independent of vascular risk factors.

Why has therapy development for dementia failed in the last two decades?

Citation: Alzheimer's and Dementia, January 2016, vol./is. 12/(60-64), 1552-5260;1552-5279 (01 Jan 2016)


Language: English

Abstract: The success rate of the pharmaceutical research and development (R&D) for dementia drugs has been abysmally low, in the last two decades. Also low has been the number of pipeline drugs in development, compared to other therapy areas. However, the rationale of early terminations has not been reported in the majority of trials. These are key findings of the recently published pharmaceutical pipeline analysis by the UK-based Office of Health Economics (OHE). Our understanding of main challenges include (1) the significant gaps of knowledge in the nosology and complexity of the underpinning biological mechanisms of the commonest, not familial, forms of late onset dementias; (2) low signal-to-noise ratio, notwithstanding the lack of validated biomarkers as entry and/or end-point criteria; (3) recruitment and retention, particularly in the asymptomatic and early disease stages. A number of current and future strategies aimed at ameliorating drug development are outlined and discussed.

Relearning of activities of daily living: A comparison of the effectiveness of three learning methods in patients with dementia of the Alzheimer type

Citation: Journal of Nutrition, Health and Aging, January 2016, vol./is. 20/(48-55), 1279-7707;1760-4788 (01 Jan 2016)

Author(s): Bourgeois J., Laye M., Lemaire J., Leone E., Deudon A., Darmon N., Giauxme C., Lafont V., Brinck-Jensen S., Dechamps A., Konig A., Robert P.,
Abstract: This study examined the effectiveness of three different learning methods: trial and error learning (TE), errorless learning (EL) and learning by modeling with spaced retrieval (MR) on the relearning process of IADL in mild-to-moderately severe Alzheimer’s Dementia (AD) patients (n=52), using a 6-weeks randomized controlled trial design. The participants had to relearn three IADLs. Repeated-measure analyses during preintervention, post-intervention and 1-month delayed sessions were performed. All three learning methods were found to have similar efficiency. However, the intervention produced greater improvements in the actual performance of the IADL tasks than on their explicit knowledge. This study confirms that the relearning of IADL is possible with AD patients through individualized interventions, and that the improvements can be maintained even after the intervention.