Advancements in the treatment of agitation in Alzheimer's disease

Citation: Expert Opinion on Pharmacotherapy, August 2015, vol./is. 16/11(1649-1656), 1465-6566;1744-7666 (01 Aug 2015)

Author(s): Antonsdottir I.M., Smith J., Keltz M., Porsteinsson A.P.

Abstract: Introduction: Neuropsychiatric symptoms (NPS) in Alzheimer’s disease (AD) are associated with significant negative outcomes for patients and their caregivers. Agitation, one of the most distressing NPS, lacks well-established long-term interventions that are both effective and safe. While non-pharmacological interventions are the suggested first-line treatment, it isn’t effective in managing symptoms for every patient. In such cases, clinicians turn to the use of pharmacological interventions. Traditionally, these interventions consist of off-label use of antipsychotics, sedative/hypnotics, anxiolytics, acetylcholinesterase inhibitors, memantine and antidepressants, where the efficacy doesn’t necessarily outweigh the associated risks. Areas covered: Gains made in understanding the neurobiological mechanisms underlying agitation have fueled several recent clinical trials. A comprehensive literature search for published articles evaluating pharmacologic interventions for agitation in AD was done. A review of some of these clinical trials was completed: dextromethorphan/quinidine, scyllo-inositol, brexpiprazole, prazosin, cannabinoids, dronabinol and citalopram show promise in treating agitation. Expert opinion: Neurobiological findings and enhanced trial designs have re-ignited the area of pharmacological treatment of NPS. Although further research is needed to fully determine the safety, tolerability and efficacy of these treatments, the mission to find effective treatments for NPS such as agitation in patients with dementia is well underway.

Publication Type: Journal: Review

Source: EMBASE

Anti-dementia medications: current prescriptions in clinical practice and new agents in progress

Citation: Therapeutic Advances in Drug Safety, August 2015, vol./is. 6/4(151-165), 2042-0986;2042-0994 (29 Aug 2015)

Author(s): Stella F., Radanovic M., Canineu P.R., de Paula V.J.R., Forlenza O.V.

Abstract: Almost three decades after the publication of the first clinical studies with tacrine, pharmacological treatment of Alzheimer’s disease (AD) remains a challenge. Randomized clinical trials have yielded evidence of significant - although modest and transient - benefit from cholinergic replacement therapy for people diagnosed with AD, and disease modification with dementia compounds is still an urgent, unmet need. The natural history of AD is very long, and its pharmacological treatment must acknowledge different needs according to the stage of the disease process. Cognitive and functional deterioration evolves gradually since the onset of clinical symptoms, which may be preceded by several years or perhaps decades of silent, presymptomatic neurodegeneration. Therefore, the pharmacological treatment of AD must ideally comprise both a symptomatic effect to preserve or improve cognition and a disease-modifying effect to tackle the progression of the pathological process. Primary prevention is the ultimate goal, should these strategies be delivered to patients with preclinical AD. In this article, we briefly address the pharmacological compounds that are currently used for the symptomatic treatment of AD and discuss the ongoing strategies designed to modify its natural course.

Publication Type: Journal: Review

Source: EMBASE

Continence nurse advisors' assessment and management strategies for incontinence in home-dwelling older people with dementia

Citation: Neurourology and Urodynamics, August 2015, vol./is. 34/(S76-S77), 0733-2467 (August 2015)

Author(s): Francis A., De Bellis A., Xiao L.

Abstract: Hypothesis/aims of study The majority of older people with dementia live in the community and the prevalence of incontinence among this population is very high. Incontinence is reported to be the most problematic symptom to manage by family members, is associated with significant carer burden and often triggers the need for permanent residential care (1). Currently there is little evidence for effective strategies to assess and manage incontinence in home-dwelling older people with dementia. Thus, the aim of this study was to understand assessment and management strategies for incontinence in older people with dementia used by continence nurse advisors who work with this population in the community setting. Study design, materials and methods The study was conducted using Interpretive Description, a qualitative methodology concerned with questions from the clinical field, able to produce a better understanding of complex experiential clinical phenomena and applicable nursing knowledge (2). Eight community continence nurse advisors were recruited across metropolitan and rural Australia. Methods involved audio-taped semi-structured recursive interviewing, reflective journaling and broad based constant comparative coding. Analysis is described through ‘pieces to patterns’ and ‘patterns to relationships’ resulting in conceptualization and interpretation through thematic description (3). Results Findings revealed five themes describing strategies and techniques used by participants for the assessment and management of incontinence in the home-dwelling older people with dementia detailed below. 1. Sourcing Information for Assessment: Participants described using alternative sources to collect information, conversational interviewing techniques with cognitively impaired clients and adapted and prioritised specific elements of assessments. Medication review was prioritised, as well as dietary assessment due to its contribution to challenging behaviours, gastrointestinal function, health and wellbeing. 2. Knowing the Client and the Context: Participants described knowing which management strategies to implement came from having identified specific factors individual to each client. This occurred though understanding the client’s dementia, observing and breaking down the client’s toileting process, knowing carer needs and their capabilities for caring, knowing how the client and carer interacted as a unit and assessing the environment in which the client lived. Environmental assessments included home safety and observing for evidence of incontinence, especially in case of client denial. 3. Negotiating Care: Participants discussed management strategies for clients who did not acknowledge incontinence. Participants also discussed six techniques to promote the success of implementing management strategies to improve continence. These included: 1) a new normal; 2) associating new behaviours with established habits; 3) low fail environments; 4) establishing a routine; 5) simplifying the toileting process; and 6) way-finding. 4. Future Proofing: Participants described preparing clients and carers for what was likely to occur as the dementia illness progressed and provided a
Vitamin D deficiency is associated with increased risk of Alzheimer's disease and dementia: Evidence from meta-analysis

Citation: Nutrition Journal, August 2015, vol./is. 14/1, 1475-2891 (01 Aug 2015)

Author(s): Shen L., Ji H.-F.

Abstract: Background: In recent years, the associations between vitamin D status and Alzheimer's disease (AD) and dementia have gained increasing interests. The present meta-analysis was designed to estimate the association between vitamin D deficiency and risk of developing AD and dementia. Methods: A literature search conducted until February 2015 identified 10 study populations, which were included in the meta-analysis. Pooled risk ratios (RRs) and 95% confidence interval (CI) were calculated with a random-effect model using Stata software package. Results: Results of our meta-analysis showed that subjects with deficient vitamin D status (25(OH)D level < 50 nmol/L) were at increased risk of developing AD by 21% compared with those with normal 25(OH)D level > 50 nmol/L. Similar analysis also found a significantly increased dementia risk in vitamin D deficient subjects. There is no evidence for significant heterogeneity among the included studies. Conclusion: Available data indicates that lower vitamin D status may be associated with increased risk of developing AD and dementia. More studies are needed to further confirm the associations and to evaluate the beneficial effects of vitamin D supplementation in preventing AD and dementia.

Publication Type: Journal - Article

A reliable and valid index was developed to measure appropriate psychotropic drug use in dementia

Citation: Journal of Clinical Epidemiology, August 2015, vol./is. 68/8(903-912), 0895-4356;1878-5921 (01 Aug 2015)


Abstract: Objectives The aim of this study was to develop an index derived from the Medication Appropriateness Index (MAI) items that is suited for clinical studies evaluating appropriateness of psychotropic drug use (PDU) for neuropsychiatric symptoms (NPS) in patients with dementia in nursing homes and to test its reliability and validity. Study Design and Setting An expert panel reviewed the MAI items to develop items for appropriateness of PDU for dementia. A second, independent, expert panel determined content validity of the items. An interrater reliability study was conducted (N = 54), and a summed index score, based on weighted item scores, was developed to enhance the use in clinical studies. Construct validity was explored using a representative sample of 560 medical records. Results Five existing MAI items were used, the MAI item "indication" was adjusted, a new item "evaluation" was added, and scoring rules were based on guideline recommendations, to create the Appropriate Psychotropic drugs use In Dementia (APID) index. The second expert panel concluded that all items contributed to the construct "appropriateness." All items and the summed index scores had moderate to almost perfect interrater reliability (intraclass correlation coefficient for agreement, 0.577-1). The summed index score showed promising construct validity, for example, no multicollinearity issues were found. Conclusion The results of this study show that the APID index is reliable and valid for measuring appropriateness of PDU for NPS in dementia in nursing homes in clinical studies.

Publication Type: Journal - Article

Use and cost of hospitalization in dementia: Longitudinal results from a community-based study

Citation: International Journal of Geriatric Psychiatry, August 2015, vol./is. 30/8(833-841), 0885-6230;1099-1166 (01 Aug 2015)

Author(s): Zhu C.W., Cosentino S., Ornstein K., Gu Y., Andrews H., Stern Y.

Abstract: Objectives The aim of this study is to examine the relative contribution of functional impairment and cognitive deficits on risk of hospitalization and costs. Methods A prospective cohort of Medicare beneficiaries aged 65 and older who participated in the Washington Heights-Inwood Columbia Aging Project (WHICAP) were followed approximately every 18 months for over 10 years (1805 never diagnosed with dementia during study period, 221 diagnosed with dementia at enrollment). Hospitalization and Medicare expenditures data (1999-2010) were obtained from Medicare claims. Multivariate analyses were conducted to examine (1) risk of all-cause hospitalizations, (2) hospitalizations from ambulatory care sensitive (ACSS) conditions, (3) hospital length of stay (LOS), and (4) Medicare expenditures. Propensity score matching methods were used to reduce observed differences between demented and non-demented groups at study enrollment. Analyses took into account repeated observations within each individual. Results Compared to propensity-matched individuals without dementia, individuals with dementia had significantly higher risk for all-cause hospitalization, longer LOS, and higher Medicare expenditures. Functional and cognitive deficits were significantly associated with higher risks for hospitalizations, hospital LOS, and Medicare expenditures. Functional and cognitive deficits were associated with higher risks of for some ACS but not all admissions. Conclusions These results allow us to differentiate the impact of functional and cognitive deficits on hospitalizations. To develop strategies to reduce hospitalizations and expenditures, better understanding of which types of hospitalizations and which disease characteristics impact
**Vintage sweets and nostalgic villages for people with dementia**

**Citation:** Nursing & Residential Care, 01 August 2015, vol./is. 19/8(679), 14659301

**Author(s):** Mendes, Aysha

**Publication Type:** journal article

**Source:** CINAHL

**Full Text:** Available from EBSCOhost in Nursing & residential care : the monthly journal for care assistants, nurses and managers working in health and social care

**Abstract:** Behavioral variant frontotemporal dementia (bvFTD) affects emotional evaluation, but less is known regarding the patients' ability to remember emotional stimuli. Here, bvFTD patients and age-matched controls studied positive, negative, and neutral pictures followed by a recognition memory test. Compared to controls, bvFTD patients showed a reduction in emotional evaluation of negative scenes, but not of positive or neutral scenes. Additionally, the patients showed an overall reduction in recognition memory accuracy, due to impaired recollection in the face of relatively preserved familiarity. These results show that bvFTD reduces the emotional evaluation of negative scenes and impairs overall recognition memory accuracy and recollection.

**Conclusion:** Life storytelling can be seen as an important way of preserving dignity for people with dementia. It is of great importance to explore how we can maintain their dignity of identity.

**Design:** The study builds on a phenomenological and hermeneutic design. Methods: The article reports three cases or life stories based on participant observation in two different nursing homes and interviews with five residents with dementia living in these nursing homes. Fifteen residents with dementia from these nursing home wards were included in the overall study. Results: Individuals with dementia living in nursing homes may use life storytelling or narratives to manage chaos and to find safety in their lives. Storytelling is also used as a way to present and maintain identity. We can see this as a way of maintaining dignity of identity or social dignity. Conclusion: Life storytelling can be seen as an important way of preserving dignity for people with dementia. It is of great importance to health care professionals to open up to and listen to the life stories people with dementia tell. Relevance to clinical practice: As nurses, we have an obligation to ensure that dignity is enhanced in care for people with dementia. Knowledge about how residents with dementia use life storytelling as a way to maintain dignity is therefore of great importance to health care workers in nursing homes.

**Publication Type:** journal article

**Source:** CINAHL

**How individuals with dementia in nursing homes maintain their dignity through life storytelling - a case study**

**Citation:** Journal of Clinical Nursing, 01 August 2015, vol./is. 24/15/16(2323-2330), 09621067

**Author(s):** Heggestad, Anne Kari Tolo, Stettebe, Åshild

**Abstract:** Aims and objectives: The aim of this article was to present and discuss findings on what individuals with dementia do by themselves to maintain or promote their dignity of identity when they live in a nursing home. Background: The majority of residents living in Norwegian nursing homes suffer from dementia. Individuals who suffer from dementia are particularly vulnerable, and their dignity of identity is at risk. It is therefore of great importance to explore how we can maintain their dignity of identity. Design: The study builds on a phenomenological and hermeneutic design. Methods: The article reports three cases or life stories based on participant observation in two different nursing homes and interviews with five residents with dementia living in those nursing homes. Conclusions: Individuals with dementia living in nursing homes may use life storytelling or narratives to manage chaos and to find safety in their lives. Storytelling is also used as a way to present and maintain identity. We can see this as a way of maintaining dignity of identity or social dignity. Conclusion: Life storytelling can be seen as an important way of preserving dignity for people with dementia. It is of great importance to health care professionals to open up to and listen to the life stories people with dementia tell. Relevance to clinical practice: As nurses, we have an obligation to ensure that dignity is enhanced in care for people with dementia. Knowledge about how residents with dementia use life storytelling as a way to maintain dignity is therefore of great importance to health care workers in nursing homes.

**Publication Type:** journal article

**Source:** CINAHL

**Why is dementia different? Medical students' views about deceiving people with dementia**

**Citation:** Aging & Mental Health, 01 August 2015, vol./is. 19/8(731-738), 13607863

**Author(s):** Tullo, Ellen StClair, Lee, Richard Philip, Robinson, Louise, Allan, Louise

**Abstract:** Objectives: Care of patients with dementia raises challenging ethical issues, including the use of deception in clinical practice. This study aimed to determine the extent to which medical students agree that ethical arguments for and against deceiving patients in general apply to patients with dementia. Method: Qualitative study using six focus groups (n = 21) and 10 interviews (n = 10) with undergraduate students in years 1, 3 and 5 at a UK medical school. Analysis using initial coding followed by comparison of data with a pre-existing framework concerning deception in clinical practice. Results: Arguments for and against deceiving patients with dementia overlapped with those previously described in relation to clinical practice in general. However, the majority of participants highlighted issues unique to dementia care that warranted additional consideration. Three key dementia-specific considerations identified were capacity (understanding, retaining and emotional processing), perceived vulnerability and family dynamics. Students expressed uncertainty as to their ability to make judgements about honest communication with patients with dementia and their families. Conclusion: Dementia adds additional complexity to clinical judgements about the acceptability of deception in practice. Medical students have a number of unmet learning needs with regard to communicating with patients with dementia and their families. Existing ethical frameworks may provide a helpful starting point for education about dementia care.

**Publication Type:** journal article

**Source:** CINAHL

**Maintaining well-being and selfhood through physical activity: experiences of people with mild Alzheimer's disease**

**Citation:** Aging & Mental Health, 01 August 2015, vol./is. 19/8(679-688), 13607863

**Author(s):** Cedervall, Ylva, Torres, Sandra, Åberg, Anna Cristina

**Abstract:** Objectives: Care of patients with dementia raises challenging ethical issues, including the use of deception in clinical practice. This study aimed to determine the extent to which medical students agree that ethical arguments for and against deceiving patients in general apply to patients with dementia. Method: Qualitative study using six focus groups (n = 21) and 10 interviews (n = 10) with undergraduate students in years 1, 3 and 5 at a UK medical school. Analysis using initial coding followed by comparison of data with a pre-existing framework concerning deception in clinical practice. Results: Arguments for and against deceiving patients with dementia overlapped with those previously described in relation to clinical practice in general. However, the majority of participants highlighted issues unique to dementia care that warranted additional consideration. Three key dementia-specific considerations identified were capacity (understanding, retaining and emotional processing), perceived vulnerability and family dynamics. Students expressed uncertainty as to their ability to make judgements about honest communication with patients with dementia and their families. Conclusion: Dementia adds additional complexity to clinical judgements about the acceptability of deception in practice. Medical students have a number of unmet learning needs with regard to communicating with patients with dementia and their families. Existing ethical frameworks may provide a helpful starting point for education about dementia care.

**Publication Type:** journal article

**Source:** CINAHL
Abstract: Objectives: To contribute to furthering the understanding of how people with mild Alzheimer's disease (AD) reason about physical activity as part of everyday life, with a specific focus on the meanings attached to such activity. Method: In-depth interviews were conducted with 14 individuals with mild AD. Qualitative content analysis was used to interpret the data. Results: The analysis revealed three sub-themes reflecting interrelated perspectives on how people with mild AD reason about physical activity: (1) striving to be physically active, mirrors the concrete approaches used for handling the consequences of having AD in relation to being active; (2) perceptions of physical activity, reflect how their thoughts and beliefs regarding written and tacit norms encouraged them to remain physically active, and (3) physical activity as a means to well-being, alludes to feelings and emotions related to the performance of physical activity. Interpretation of the underlying patterns in these sub-themes revealed one overarching theme: Physical activity as a means to selfhood maintenance, which suggests that physical activity can help to shift the focus from the dementia diagnosis (i.e., illness) to a more healthy and able self. Conclusion: The findings suggest that physical activity, apart from maintaining body functions, can be a way to sustain well-being and selfhood in mild AD. This aspect of physical activity is important to consider in research, policy and practice when addressing the needs of people with dementia.

Publication Type: Journal article

Source: CINAHL

House Calls: The Impact of Home-Based Care for Older Adults With Alzheimer's and Dementia

Citation: Social work in health care, Jul 2015, vol. 54, no. 6, p. 547-558 (July 2015)

Author(s): Wilson, Kasey, Bachman, Sara S

Abstract: Older adults with Alzheimer's dementia have high health care costs; they may benefit from home-based care, but few have home visits. This article describes a home-based care program for frail elders, including those with Alzheimer's/dementia. Descriptive statistics are provided for Medicare-enrolled program participants and matched controls with Alzheimer's/dementia on expenditures along six services: skilled nursing facility, inpatient acute, physician, home health, hospice, and social services. Cases with dementia were significantly more likely to have home health and hospice expenditures than controls, suggesting potential for the program to improve end-of-life care. Very few cases or controls had any social service expenditures. Social workers should advocate for the expanded role of home-based care for older adults with dementia and for increased Medicare reimbursement of social work services.

Source: Medline

Oculo-visual changes and clinical considerations affecting older patients with dementia

Citation: British Journal of Nursing, 25 June 2015, vol./is. 24/12(624-628), 09660461

Author(s): Brooke, Joanne, Ojo, Omorogbeva

Abstract: The number of people currently living with dementia in the UK is estimated to be 850,000 and this is expected to rise to over 1 million by the year 2025. Dementia is a progressive terminal disease and the rate of decline is unique to each person; however, cognitive deterioration can be accelerated by undernutrition. This article discusses evidence-based approaches in the use of oral and enteral nutrition interventions for people living with dementia and ways to support their caregivers. The discussion of interventions to improve oral nutrition includes changes to the environment, support with feeding difficulties, nutritional supplements and education and training for caregivers.

Publication type: Journal article

Source: CINAHL

Available in full text from British Journal of Nursing at EBSCOhost

Developing an educational DVD on the use of hand massage in the care of people with dementia: An innovation

Citation: Nurse education in practice, Jul 2015, vol. 15, no. 4, p. 299-303 (July 2015)

Author(s): Tuohy, Dympna, Graham, Margaret M, Johnson, Kevin, Tuohy, Teresa, Burke, Kath

Abstract: The world's population is ageing and while the vast majority of older people live independently, a significant number will develop dementia. Communication and interpersonal skills are essential in developing relationships. People with dementia may have complex health needs and may have limited language capacity and therefore the use of presence and touch and more specifically hand massage gains greater significance for their wellbeing. This paper describes the process of developing an educational DVD on the use of hand massage in the care of people with dementia which is easily accessible via the web. A description of the design and project management including post production editing is provided. A number of outcomes are identified including: DVD launch, development of local and national interest, facilitation of workshops and the securing of funding for research. The educational DVD is a resource for learning for health care professionals and members of the public. The initiative offers a way of using technology to support individuals, nurses, carers and families living with dementia. This project demonstrates collaboration and connection between practice, education and technology and highlights the importance of the cyclical nature of theory and practice in responding to health care needs of a community. Copyright © 2015 Elsevier Ltd. All rights reserved.

Source: Medline

Driving Errors in Persons with Dementia

Citation: Journal of the American Geriatrics Society, Jul 2015, vol. 63, no. 7, p. 1373-1380 (July 2015)

Author(s): Barco, Peggy P, Baum, Carolyn M, Ott, Brian R, Ice, Steven, Johnson, Ann, Wallendorf, Michael, Carr, David B

Abstract: To differentiate driving errors in persons with dementia who fail a performance-based road test from errors in persons who pass. Cross-sectional. Community. Active drivers diagnosed with dementia (n = 60) and older adult controls (n = 32). All participants completed a standardized clinical and on-road driving assessment. The outcome variable was the number and types of driving errors according to the Record of Driving Errors (RODE), a standardized tool to record driving errors. Sixty-two percent (n = 37) of individuals with dementia and 3% (n = 1) of controls failed the road test. Based on the RODE, individuals with dementia made twice as many driving errors as healthy controls. Within the dementia sample, individuals who failed the road test had more difficulties driving straight and making left and right turns than during lane changes. Dangerous actions occurred most often while driving straight and making left turns. Specific driving behaviors associated with road test failure in the sample with dementia included difficulties in lane positioning and usage, stopping the vehicle appropriately, attention, decision-making, and following rules of the road. Informants of participants with dementia who failed the road test reported more impairment with cognitive functioning on the Assessing Dementia 8 Screening Interview (AD8). This report highlights the driving errors most common in people with dementia who fail a road test. The finding that most of the dangerous actions in the sample with dementia occurred while driving straight condition is novel. Driving on straight roads has not been considered a condition of “high challenge” in prior driving studies in individuals with dementia. This finding has potential implications for future interventions related to vehicle instrumentation and driving recommendations for people with dementia.

Source: Medline
The effects of ear acupressure, massage therapy and no therapy on symptoms of dementia: a randomized controlled trial

**Citation:** Clinical rehabilitation, Jul 2015, vol. 29, no. 7, p. 683-693 (July 2015)

**Author(s):** Rodríguez-Mansilla, Juan, González López-Ara, María Victoria, Varela-Donoso, Enrique, Montaner-Fernández, Jesús, González Sánchez, Blanca, Garrido-Ardila, Elisa María

**Abstract:** To assess the effectiveness of ear acupressure and massage vs. control in the improvement of pain, anxiety and depression in persons diagnosed with dementia. A pilot randomized controlled trial. Residential homes in Extremadura (Spain). A total of 120 elders with dementia were randomized into residential homes. The participants were randomly allocated, in three groups. Control group - they continued with their routine activities; ear acupressure intervention group - they received ear acupressure treatment (pressure was applied to acupressure points on the ear); and massage therapy intervention group - they received relaxing massage therapy. The variables pain, anxiety and depression were assessed with the Doloroplis2, Cornell and Campbell scales. The study was carried out during five months; three months of experimental treatment and two months with no treatment. The assessments were done at baseline, each month during the treatment and at one and two months of follow-up. In the statistical analysis the three groups were compared with each other. A total of 111 participants completed the study. Their aged ranged from 67 to 91 years old and 86 of them (77.4%) were women. The ear acupressure intervention group showed better improvements than the massage therapy intervention group in relation to pain and depression during the treatment period and at one month of follow-up. The best improvement in pain was achieved in the last (3rd) month of ear acupressure treatment (p < 0.001) being the average improvement 8.55 (4.39) with IC 95% (7.14, 9.95). Regarding anxiety, the best results were also observed in the last month of treatment. The average improvement in anxiety was 9.63 (5.02) with IC 95% (8.02, 11.23) CONCLUSIONS: Ear acupressure and massage therapy showed better results than the control group in relation to pain, anxiety and depression. However, ear acupressure achieved more improvements. © The Author(s) 2014.

**Source:** Medline

**Full Text:** Available from EBSCOhost in Clinical Rehabilitation
Available from ProQuest in Clinical Rehabilitation

### Incidence of stroke and seizure in Alzheimer's disease dementia

**Citation:** Age and ageing, Jul 2015, vol. 44, no. 4, p. 695-699 (July 2015)

**Author(s):** Cook, Michael, Baker, Nicole, Lanes, Stephen, Bullock, Roger, Wentworth, Charles, Arrighi, H Michael

**Abstract:** The objective of the study was to estimate and compare the incidence rates of ischaemic and haemorrhagic stroke and seizure among cohorts with and without Alzheimer's disease (AD) dementia. we conducted a retrospective cohort study using electronic medical records (EMRs) from primary care practices that participated in The Health Improvement Network (THIN) in the United Kingdom from 1 January 1990 to 31 July 2009. For each AD-dementia patient, we selected one general population control patient without AD-dementia matched to one AD-dementia patient on year of birth, sex and physician practice. The AD-dementia cohorts were 68% female and averaged 80 years of age at the start of follow-up. Populations for analysis included 19,902 AD-dementia and matched non-AD-dementia patients with no history of stroke at baseline in which 790 incident cases of stroke occurred, and similarly, 22,084 AD-dementia and matched patients with no history of seizure at baseline in which 286 cases of seizure occurred. After adjusting for risk factors for each outcome, hazard ratios comparing AD-dementia with non-AD-dementia patients indicated higher rates among AD-dementia patients for stroke (HR = 1.29, 95% CI 1.11, 1.50) and seizure (HR = 5.31, 95% CI 3.97, 7.10). For stroke and seizure, the incidence rate ratios comparing AD-dementia patients with non-AD-dementia controls were greatest for the younger age groups. AD-dementia was observed to be a risk factor for both haemorrhagic stroke and seizures. Increasing age was associated with a decrease in relative risk and an increase in absolute risk.

**Source:** Medline

### Who has undiagnosed dementia? A cross-sectional analysis of participants of the Aging, Demographics and Memory Study

**Citation:** Age and ageing, Jul 2015, vol. 44, no. 4, p. 642-647 (July 2015)

**Author(s):** Savia, George M, Arthur, Antony

**Abstract:** Delays in diagnosing dementia may lead to suboptimal care, yet around half of those with dementia are undiagnosed. Any strategy for case finding should be informed by understanding the characteristics of the undiagnosed population. We used cross-sectional data from a population-based sample with dementia aged 71 years and older in the United States to describe the undiagnosed population and identify factors associated with non-diagnosis. Aging, Demographics and Memory Study (ADAMS) Wave A participants (N = 8506) were interviewed during a detailed neuropsychiatric investigation. Informants were asked whether the participant had ever received a doctor’s diagnosis of dementia. We used multiple logistic regression to identify factors associated with informant report of a prior dementia diagnosis among those with a study diagnosis of dementia. Of those with a study diagnosis of dementia (n = 307), a prior diagnosis of dementia was reported by 121 informants (weighted proportion = 42%). Prior diagnosis was associated with greater clinical dementia rating (CDR), from 26% (CDR = 1) to 83% (CDR = 5). In multivariate analysis, those aged 90 or older were less likely to be diagnosed (P = 0.008), but prior diagnosis was more common among married women (P = 0.038) and those who had spent more than 9 years in full-time education (P = 0.043). People with dementia who are undiagnosed are older, have fewer years in education, are more likely to be unmarried, male and have less severe dementia than those with a diagnosis. Policymakers and clinicians should be mindful of the variation in diagnosis rates among subgroups of the population with dementia.

**Source:** Medline

### Folates and aging: Role in mild cognitive impairment, dementia and depression

**Citation:** Ageing Research Reviews, July 2015, vol./is. 22/(9), 1568-1637;1872-9649 (July 01, 2015)

**Author(s):** Araujo J.R., Martel F., Borges N., Araujo J.M., Keating E.

**Abstract:** In almost all tissues, including the brain, folates are required for one carbon transfer reactions, which are essential for the synthesis of DNA and RNA nucleotides, the metabolism of amino acids and the occurrence of methylation reactions. The aim of this paper is to review the impact of folate status on the risk of development of neuropsychiatric disorders in older individuals. The prevalence of folate deficiency is high among individuals aged >65 years mainly due to reduced dietary intake and intestinal malabsorption. Population-based studies have demonstrated that a low folate status is associated with mild cognitive impairment, dementia (particularly Alzheimer's disease) and depression in healthy and neuropsychiatric diseased older individuals. The proposed mechanisms underlying that association include hyperhomocysteinaemia, lower methylation reactions and tetrahydrobiopterin levels, and excessive misincorporation of uracil into DNA. However, currently, there is no consistent evidence demonstrating that folic acid supplementation improves cognitive function or slows cognitive decline in healthy or cognitively impaired older individuals. In conclusion, folate deficiency seems to be an important contributor for the onset and progression of neuropsychiatric diseases in the geriatric population but additional studies are needed in order to increase the knowledge of this promising, but still largely unexplored, area of research.

**Source:** EMBASE

### Place memory and dementia: Findings from participatory film-making in long-term social care

**Citation:** Health and Place, July 2015, vol./is. 34/(157-163), 1353-8292;1873-2054 (July 01, 2015)

**Author(s):** Capstick A., Ludwin K.

**Abstract:** A participatory film-making study carried out in long-term social care with 10 people with Alzheimer-type dementia found that places the participants had known early in life were spontaneously foregrounded. Participants' memories of such places were well-preserved, particularly when
photo-elicitation techniques, using visual images as prompts, were employed. Consistent with previous work on the ‘reminiscence bump’ in dementia, the foregrounded memories belonged in all cases to the period of life between approximately 5 and 30 years. Frequently the remembered places were connected with major life events which continued to have a strong emotional component. The continuing significance of place in the context of long-term dementia care is considered from a psychogeographical perspective.

Source: EMBASE

Cohort study evaluating the risk of hip fracture among patients with dementia in Taiwan

Citation: International Journal of Geriatric Psychiatry, July 2015, vol./is. 30(7)(695-701), 0885-6230;1099-1166 (01 Jul 2015)
Author(s): Huang S.-W., Lin J.-W., Liou T.-H., Lin H.-W.
Abstract: Background To investigate the incidence and risk of hip fracture among dementia patients Methods This is a retrospective population-based 7-year cohort study using case-control matched analysis database from Taiwan's Longitudinal Health Insurance Database 2005. Patients were diagnosed with codes or International Classification of Diseases-9-CM codes of dementia, between 1 January 2004 and 31 December 2006. The prevalence and the adjusted odds ratio of hip fracture among dementia patients and the controls were estimated. Results We enrolled 3101 patients with dementia in the dementia cohort and 12,404 (1:4) patients in the control group. Of these, 202 patients experienced hip fractures. The incidence of hip fractures was 1178 per 100,000 person-years in the dementia cohort and 624 per 100,000 person-years in the comparison cohort. The hip fracture hazard ratio during the follow-up period was 1.89 (95% confidence interval [CI] 1.60-2.23, p<0.001) for dementia patients. After adjusting for the covariates, the hazard ratio of hip fracture was 1.41 (95% CI, 1.19-1.69, p<0.001) for dementia patients. Conclusion People with dementia experience an increased incidence of hip fracture and are at a higher risk of sustaining a hip fracture in the future. Proper and effective hip fracture-prevention strategies are essential for dementia patients.

Source: EMBASE

Sundown syndrome and dementia

Citation: European Geriatric Medicine, July 2015, vol./is. 6(4)(375-380), 1878-7649 (01 Jul 2015)
Author(s): Cipriani G., Lucetti C., Carlesi C., Danti S., Nuti A.
Abstract: The terms "sundown syndrome" or "sundowning" are used to describe a wide range of neuropsychiatric symptoms often occurring in individuals with dementia. It is a poorly defined entity. The goal of this review is to describe the phenomenon, its clinical characteristics and management. Medline and Google Scholar searches were conducted for relevant articles, chapters, and books published before 2014. Search terms used included behavioural and psychological symptoms of dementia (BPSD), circadian rhythms, dementia, sundowning, sundown syndrome. Publications found through this indexed search were reviewed for further relevant references. Sundowning is a complex behavioural disorder with tremendous costs for families, caregivers, and patients themselves. Increased understanding of the sundowning syndrome may lead to more effective environmental, behavioural, or pharmacological interventions.
Publication Type: Journal; Article

Source: EMBASE

Spirituality and ageing – the role of mindfulness in supporting people with dementia to live well

Citation: Working with Older People: Community Care Policy & Practice, 01 July 2015, vol./is. 19(3)(123-133), 13663666
Author(s): Robertson, Guy
Abstract: Purpose – The purpose of this paper is to review the literature on the role that mindfulness meditation can play in supporting people with dementia to live well. Design/methodology/approach – This paper reviews the literature in a structured way, focussing first on the general effectiveness on mindfulness and then going on to assess its role in attention, emotion regulation, cognitive decline, physical changes in the brain, prevention, and quality of life. Findings – Spirituality has been defined as a process of personal transformation which in many cases can involve a blend of humanistic psychology and esoteric traditions. Meditation, even if practised in a secular fashion can be said to fit within this definition of spirituality. The paper reviews the evidence for the relevance of mindfulness meditation in supporting people to live well with dementia. Research limitations/implications – The evidence is not yet conclusive; however, there is nevertheless a growing body of evidence which suggests that this is a fruitful area for further research. Practical implications – There are numerous implications for practice: if sufficient self-reported benefit from the application of mindfulness to people with dementia can be demonstrated then this could be an important development to accompany early diagnosis of dementia. If mindfulness were found to have a preventative effect then that would be of huge practical importance. Social implications – Mindfulness gives people more control of their emotional and thought processes and therefore this could be a significant development for empowering people with dementia and their carers. Originality/value – This is one of the first times that the literature regarding mindfulness and dementia has been reviewed in a systematic way.

Source: CINAHL

INTRODUCTION TO THE TRANSFORMING DEMENTIA CARE IN HOSPITALS SERIES

Citation: Nursing Older People, 01 July 2015, vol./is. 27(6)(17-24), 14720795
Author(s): Srah, Bruce, Mary, Carter, Christine
Abstract: A short series of articles in Nursing Older People, starting in September, presents case study examples of the positive work achieved by trusts that participated in the RCN's development programme to improve dementia care in acute hospitals. This introductory article reports on the independent evaluation of the programme. The programme included a launch event, development days, site visits, ongoing support by the RCN lead and carer representatives and a conference to showcase service improvements. The evaluation drew on data from a survey, the site visits, trust action plans and a range of self-assessment tools for dementia care. The findings highlight substantial progress towards programme objectives and learning outcomes and suggest that the programme provided the focus, impetus and structure for trusts to make sustainable changes. It also equipped participants with the strategies and confidence to change practice. Recommendations are made for taking the programme forward.

Source: CINAHL

Companionship, intimacy and sexual expression in dementia

Citation: Nursing & Residential Care, 01 July 2015, vol./is. 17(7)(390-392), 14659301
Author(s): Mendes, Aysha
Source: CINAHL

Full Text: Available from EBSCOhost in Nursing & residential care : the monthly journal for care assistants, nurses and managers working in health and social care