The use and misuse of short cognitive tests in the diagnosis of dementia

Citation: Journal of Neurology, Neurosurgery and Psychiatry, June 2015, vol./is. 86/6(680-685), 0022-3050;1468-330X (01 Jun 2015)
Author(s): Brown J.
Language: English
Abstract: Short cognitive tests are widely used in medicine to assess patients with memory problems but their role in the assessment of patients with cognitive problems is often misunderstood. They are a part of the examination of the patient and not tests for dementia or ‘case-finding tools’. This misunderstanding leads to widespread misconceptions concerning short cognitive tests and could lead to major over diagnosis or under diagnosis of dementia. Their use in clinical practice particularly in response to national directives aimed at increasing diagnosis rates in dementia needs a clear understanding of their role and limitations. A new classification of short cognitive tests is proposed with guidance on their use in clinical medicine.
Publication Type: Journal: Article
Source: EMBASE

The Role of Copper in Human Diet and Risk of Dementia

Citation: Current Nutrition Reports, June 2015, vol./is. 4/2(114-125), 2161-3311 (22 Jun 2015)
Author(s): Squitti R., Tecchio F., Ventriglia M.
Abstract: Alzheimer’s disease (AD) is one of the most devastating epidemics of the twenty-first century, and no cure is currently available. One third of all AD cases can be attributed to modifiable risk factors (such as physical inactivity, smoking, hypertension, diabetes, and obesity in middle age). Accordingly, seven nutritional and lifestyle guidelines for the prevention of AD have been proposed to the public. The present review addresses the fifth guideline, which focuses on the significance of the breakdown of copper homeostasis as a risk factor for AD. Dietary copper in the human diet, the physiological pathway of copper in the body, copper metabolic abnormalities in AD (as revealed by clinical studies and large population datasets), and the onset of copper metabolic abnormalities (as a result of the interplay between copper intake and genetic defects linked primarily to the ATP7B gene) are reported herein. Data are discussed in the framework of evidence-based medicine to guide decision-making in AD clinical practice and prevention towards the adoption of an adequate dietary copper regimen in susceptible individuals.
Publication Type: Journal: Review
Source: EMBASE

Cognitive impairment and its consequences in everyday life: Experiences of people with mild cognitive impairment or mild dementia and their relatives

Citation: International Psychogeriatrics, June 2015, vol./is. 27/6(949-958), 1041-6102;1741-203X (04 Jun 2015)
Author(s): Johansson M.M., Marcusson J., Wressle E.
Abstract: Background: The aim of this study was to explore experiences of cognitive impairment, its consequences in everyday life and need for support in people with mild cognitive impairment (MCI) or mild dementia and their relatives. Methods: A qualitative approach with an explorative design with interviews was chosen. The participants included five people with MCI and eight people with mild dementia and their relatives. All participants were recruited at a geriatric memory clinic in Sweden. The Grounded Theory method was used. Results: The following categories emerged: noticing cognitive changes; changed activity patterns; coping strategies; uncertainty about own ability and environmental reactions; support in everyday life; support from the healthcare system; consequences in everyday life for relatives; and support for relatives. The main findings were that people with MCI and dementia experienced cognitive changes that could be burdensome and changed activity patterns. Most of them, however, considered themselves capable of coping on their own. The relatives noticed cognitive changes and activity disruptions to a greater extent and tried to be supportive in everyday life. Degree of awareness varied and lack of awareness could lead to many problems in everyday life. Conclusions: Perceived cognitive impairment and its consequences in everyday life were individual and differed among people with MCI or dementia and their relatives. Thus, healthcare professionals must listen to both people with cognitive impairment and their relatives for optimal individual care planning. Support such as education groups and day care could be more tailored towards the early stages of dementia.
Publication Type: Journal: Article
Source: EMBASE

BMI and risk of dementia in two million people over two decades: A retrospective cohort study

Citation: The Lancet Diabetes and Endocrinology, June 2015, vol./is. 3/6(431-436), 2213-8587;2213-8595 (01 Jun 2015)
Author(s): Qizilbash N., Gregson J., Johnson M.E., Pearce N., Douglas I., Wing K., Evans S.J.W., Pocock S.J.
Abstract: Background: Dementia and obesity are increasingly important public health issues. Obesity in middle age has been proposed to lead to dementia in old age. We investigated the association between BMI and risk of dementia. Methods: For this retrospective cohort study, we used a cohort of 1 958 191 individuals derived from the United Kingdom Clinical Practice Research Datalink (CPRD) which included people aged 40 years or older in whom BMI was recorded between 1992 and 2007. Follow-up was until the practice’s final data collection date, patient death or transfer out of practice, or first record of dementia (whichever occurred first). People with a previous record of dementia were excluded. We used Poisson regression to calculate incidence rates of dementia for each BMI category. Findings: Our cohort of 1 958 191 people from UK general practices had a median age at baseline of 55 years (IQR 45-66) and a median follow-up of 91 years (IQR 63-126). Dementia occurred in 45 507 people, at a rate of 24 cases per 1000 person-years. Compared with people of a healthy weight, underweight people (BMI <20 kg/m<sup>2</sup>) had a 34% higher (95% CI 29-
38) risk of dementia. Furthermore, the incidence of dementia continued to fall for every increasing BMI category, with very obese people (BMI >40 kg/m²) having a 29% lower (95% CI 22-36) dementia risk than people of a healthy weight. These patterns persisted throughout two decades of follow-up, after adjustment for potential confounders and allowance for the 3-phase association of BMI with mortality. Interpretation: Being underweight in middle age and old age carries an increased risk of dementia over two decades. Our results contradict the hypothesis that obesity in middle age could increase the risk of dementia in old age. The reasons for and public health consequences of these findings need further investigation.

**Publication Type:** Journal: Article  
**Source:** EMBASE

**Achieving effective dementia care in the community**

**Citation:** British Journal of Community Nursing, Jun 2015, vol. 20, no. 6, p. 308., 1462-4753 (June 2015)  
**Author(s):** Mendes, Aysha  
**Abstract:** Community nurses' role in managing a patient's dementia symptoms and other comorbidities, and devising a care plan that takes into consideration each individual's preferences and background. [ORIGINAL] 7 references  
**Source:** BNI  
**Full Text:** Available from EBSCOhost in British Journal of Community Nursing

**Lost in spatial translation - A novel tool to objectively assess spatial disorientation in Alzheimer's disease and frontotemporal dementia**

**Citation:** Cortex, June 2015, vol./is. 67/(83-94), 0010-9452;1973-8102 (June 01, 2015)  
**Author(s):** Tu S., Wong S., Hodges J.R., Irish M., Piguet O., Hornberger M.  
**Abstract:** Spatial disorientation is a prominent feature of early Alzheimer's disease (AD) attributed to degeneration of medial temporal and parietal brain regions, including the retrosplenial cortex (RSC). By contrast, frontotemporal dementia (FTD) syndromes show generally intact spatial orientation at presentation. However, currently no clinical tasks are routinely administered to objectively assess spatial orientation in these neurodegenerative conditions. In this study we investigated spatial orientation in 58 dementia patients and 23 healthy controls using a novel virtual supermarket task as well as voxel-based morphometry (VBM). We compared performance on this task with visual and verbal memory function, which has traditionally been used to discriminate between AD and FTD. Participants viewed a series of videos from a first person perspective travelling through a virtual supermarket and were required to maintain orientation to a starting location. Analyses revealed significantly impaired spatial orientation in AD, compared to FTD patient groups. Spatial orientation performance was found to discriminate AD and FTD patient groups to a very high degree at presentation. More importantly, integrity of the RSC was identified as a key neural correlate of orientation performance. These findings confirm the notion that i) it is feasible to assess spatial orientation objectively via our novel Supermarket task; ii) impaired orientation is a prominent feature that can be applied clinically to discriminate between AD and FTD and iii) the RSC emerges as a critical biomarker to assess spatial orientation deficits in these neurodegenerative conditions.  
**Publication Type:** Journal: Article  
**Source:** EMBASE

**Six-item cognitive impairment test (6CIT): Pragmatic diagnostic accuracy study for dementia and MCI**

**Citation:** International Psychogeriatrics, June 2015, vol./is. 27/6(991-997), 1041-6102;1741-203X (04 Jun 2015)  
**Author(s):** Abdel-Aziz K., Larner A.J.  
**Abstract:** Background: The six-item cognitive impairment test (6CIT) is a brief cognitive screening instrument (CSI) recommended for use in primary care settings. There are very few studies of 6CIT performance in secondary care settings. Methods: We undertook a pragmatic diagnostic accuracy study of 6CIT in consecutive patients referred over the course of one year to a neurology-led cognitive function clinic, and compared its performance for the diagnosis of dementia and mild cognitive impairment (MCI) to that of the simultaneously administered Mini-Mental State Examination (MMSE). Results: In a cohort of 245 patients with dementia prevalence around 20%, 6CIT proved quick and easy to use and acceptable to patients. It had good sensitivity (0.88) and specificity (0.78) for dementia diagnosis; it was more sensitive than MMSE (0.59) but less specific (0.70 vs. 0.75). For MCI diagnosis, 6CIT was again more sensitive (0.66) than MMSE (0.51) but less specific (0.70 vs. 0.75). Weighted comparisons showed net benefit for 6CIT compared to MMSE for both dementia and MCI diagnosis. 6CIT effect sizes (Cohen's d) were large for dementia diagnosis and moderate for MCI diagnosis. Conclusions: 6CIT is an acceptable and accurate test for the assessment of cognitive problems, its performance being more sensitive than the MMSE. 6CIT use should be considered as a viable alternative to MMSE in the secondary care setting.  
**Publication Type:** Journal: Article  
**Source:** EMBASE

**Deficiency or dementia? Exploring B12 deficiency after urostomy**

**Citation:** British Journal of Nursing, 11 June 2015, vol./is. 24/11(594-597), 09660461  
**Author(s):** Boucher, Michelle, Bryan, Sandra, Dukes, Suzie  
**Publication Type:** Journal: Article  
**Source:** CINAHL  
**Full Text:** Available from EBSCOhost in British Journal of Nursing

**Tetrahydrocannabinol for neuropsychiatric symptoms in dementia: A randomized controlled trial**

**Citation:** Neurology, 09 June 2015, vol./is. 84/23(2338-2346), 00283878  
**Author(s):** van den Elsen, Geke A H, Ahmed, Amir I A, Verkes, Robbert-Jan, Kramers, Cees, Feuth, Ton, Rosenberg, Paul B, van der Marck, Marjolein A, Olde Rikkert, Marcel G M  
**Abstract:** OBJECTIVE: To study the efficacy and safety of low-dose oral tetrahydrocannabinol (THC) in the treatment of dementia-related neuropsychiatric symptoms (NPS). METHODS: This is a randomized, double-blind, placebo-controlled study. Patients with dementia and clinically relevant NPS were randomly assigned to receive THC 1.5 mg or matched placebo (1:1) 3 times daily for 3 weeks. Primary outcome was change in
Implementing person centred dementia care: a musical intervention

Citation: Working with Older People: Community Care Policy & Practice, 01 June 2015, vol./is. 19/2(77-84), 13636666
Author(s): Argyle, Elaine, Kelly, Tony
Abstract: Purpose – Recent years have seen the advocacy of person-centred approaches to dementia care. An important component of this approach has been the use of arts in the promotion of health and well-being. However, relatively little attention has been given to the barriers and facilitators experienced in trying to implement these types of interventions in a dementia care setting. It is therefore, the purpose of this paper is to help to redress this neglect by examining the process of implementing a personalised musical intervention for the clients of a specialist dementia home care service. Design/methodology/approach – Drawing on interviews with five project stakeholders, the paper examines, not only the potential benefits to be gained from the musical intervention but also identifies the barriers experienced in its implementation and ways in which they could be overcome. Findings – It was found that although the musical intervention had a potentially positive impact, there were multi-levelled barriers to its implementation including issues of training, leadership as well as contextual issues such as commissioning and resourcing more generally. Originality/value – The key role played by these issues in the process of implementation suggests that practice should transcend its focus on individual wellbeing and address the wider factors that can facilitate or prevent its fulfilment. While the multi-levelled nature of the obstacles identified suggest that the implementation of innovative interventions within health and social care settings should adopt a similarly eclectic approach.

Development of an exercise intervention to improve cognition in people with mild to moderate dementia: Dementia And Physical Activity (DAPA) Trial, registration ISRCTN32612072

Citation: Physiotherapy, 01 June 2015, vol./is. 101/2(126-134), 00319406
Author(s): Brown, Deborah, Spanjers, Katie, Atherton, Nicky, Lowe, Janet, Stonehewer, Louisa, Bride, Chris, Sheehan, Bart, Lamb, Sarah E.
Abstract: More than 800 000 people in the UK have dementia, and it is a government priority to improve dementia care. Drug treatment options are relatively limited. The Dementia And Physical Activity (DAPA) study is a randomised trial which targets cognition in people with dementia, using an exercise programme. There is evidence to suggest that both aerobic and resistance exercise may be useful in improving cognition. Hence the intervention comprises a supervised part of twice-weekly exercise classes of one hour duration for 4 months, including aerobic exercise at moderate intensity on static bicycles, and resistance (weight training) exercise. Thereafter participants progress to unsupervised, independent exercise. Aids to behaviour modification have been incorporated into the intervention. The DAPA intervention has been designed to maximise likelihood of effectiveness and cost-effectiveness, and for delivery in the UK National Health Service.

Dementia in the Context of Disability

Citation: Physical & Occupational Therapy in Geriatrics, 01 June 2015, vol./is. 33/2(139-151), 02703181
Author(s): DiZazzo-Miller, Rosanne, Pociask, Fredrick D.
Abstract: Patients and caregivers often associate dementia with devastation and a loss of productive contribution to society. People with dementia are often depicted as confused individuals struggling through embarrassing episodes, followed by a loss of independence. The burden and devastation of the diagnosis on the families of people with dementia is exacerbated by their assumption of the role of caregiver with inadequate preparation or training. Disability scholars, in contrast, offer physical and occupational therapists a nontragic view of disability that recognizes the importance of countering the stigma and discrimination that too often accompany dementia. This case example of a woman diagnosed with dementia provides insight into the negative impact of these tragic, dependent views of dementia throughout and following the diagnosis process. Viewing her experiences through the lens of disability scholarship can increase awareness and improve the quality of care on the part of both therapists and family caregivers.

Relatives’ participation in everyday care in special care units for persons with dementia

Citation: Nursing Ethics, 01 June 2015, vol./is. 22/4(404-416), 09697330
Author(s): Helgesen, Ann Karin, Athlin, Elsa, Larsson, Maria
Publication Type: Journal Article
Source: CINAHL
Full Text: Available from EBSCOhost in Nursing Ethics
Cultural competence: part of good personalised dementia care

**Citation:** Nursing & Residential Care, 01 June 2015, vol./is. 17(6)(338-341), 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

Hope surfaces in the desperate global hunt for a dementia cure

**Citation:** Nurse Prescribing, 01 June 2015, vol./is. 13(6)(266-267), 14799189

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

**Publication Type:** Journal Article

**Source:** CINAHL

**Full Text:** Available from EBSCOhost in Nurse Prescribing

Factors influencing the degree of eating ability among people with dementia

**Citation:** Journal of Clinical Nursing, 01 June 2015, vol./is. 24/11/12(1707-1717), 09621067

**Author(s):** Lee, Kyoung Min, Song, Jun-Ah

**Abstract:** Aims and objectives To explore the degree of eating ability in people with dementia and identify what factors affect their eating ability. Background Appropriate food consumption is important to human life. Although eating difficulties are common among people with dementia, little is known about what factors might influence their eating ability. Design Descriptive, cross-sectional study. Methods A total of 149 people with dementia residing in nursing facilities in Seoul or the Gyeonggi area of Korea were evaluated using the Korean Mini-Mental State Examination, Korean Activities of Daily Living Scale and Eating Behaviour Scale. Data were analysed using descriptive statistics, one-way analysis of variance, Pearson correlation coefficient and multiple regression analysis. Results The participants showed a moderate level of dependency with respect to eating ability and were most dependent on the use of utensils. There were significant differences in eating ability according to general characteristics such as duration of residence, duration of illness, degree of visual impairment, eating place, and diet type. The eating ability of the participants was significantly correlated with cognitive function and physical function. Cognitive function, physical function, duration of illness, eating place (living room or dining room), and diet type (soft or liquid) significantly predicted eating ability in people with dementia. Conclusions The findings of this study suggest that it is necessary to thoroughly assess the eating ability of people with dementia and to develop appropriate training programs to maintain or improve their remaining eating ability. The creation of a pleasurable physical and social environment for eating might also be helpful. Relevance to clinical practice These findings would be able to serve a useful basis in the development of materials for nursing intervention programs for people with dementia during mealtimes by improving the techniques and care qualities of nursing caregivers.

**Publication Type:** Journal Article

**Source:** CINAHL

Does dementia matter: is dementia an important factor in 999 call-outs to older people?

**Citation:** Emergency Medicine Journal, 01 June 2015, vol./is. 32/6(0-), 14720205

**Author(s):** Buswell, Marina, Amado, Sarah, Goodman, Claire, William, Julia, Fleming, Jane, Lumbard, Philip, Prothero, Larissa

**Abstract:** BACKGROUND: Care for older people with dementia (OPWD) is a major concern across all care settings. Ambulance services are in the spotlight as pressures on emergency services and calls for admission avoidance are policy priorities. Around 1/3 of emergency call-outs are to people 75 and over, a significant proportion of whom may have dementia. There is a perception that dementia may be an issue but we do not understand how much this affects use of emergency services. METHODS: We reviewed 358 ambulance service paper-based patient care records (PCRs) to test the feasibility of using them as a source of information about ambulance service use by OPWD and, conducted critical incident reviews of 999 callouts to understand factors associated with emergency ambulance call-outs. We took our emerging findings to a stakeholder meeting where we established areas of consensus and key research questions. RESULTS: Fifty-two (14.5%) of the PCRs reviewed had dementia recorded, this is in line with current prevalence estimates for >=75-year-olds. However, we had to use paper PCRs as dementia recording in ePCRs is more complex. The critical incident reviews identified a wide spectrum of experience of emergency ambulance use by OPWD and their carers, from pre-diagnosis through to end-of-life scenarios. It was new for many of the stakeholders to think about the role of ambulance services in the care of OPWD. There was consensus that the contribution family and paid carers make in decision making; explaining the OPWD’s needs and changed condition, is underused. CONCLUSIONS: There is limited current research that understands what ambulance clinicians are doing with respect to caring for OPWD. Research questions should focus on how communication between the person with dementia, formal/informal carers, healthcare professionals and emergency services affects the care provided for older people with dementia during and immediately after urgent care events.

**Publication Type:** Journal Article

**Source:** CINAHL

**Full Text:** Available from Highwire Press in Emergency Medicine Journal

Using mobile devices and apps to support reflective learning about older people with dementia

**Citation:** Behaviour & Information Technology, 01 June 2015, vol./is. 34/6(613-631), 0144929X

**Author(s):** Pitts, Kristine, Pudney, Kevin, Zachos, Konstantinos, Maiden, Neil, Krogstie, Birgit, Jones, Sara, Rose, Malcolm, MacManus, Julie, Turner, Ian

**Abstract:** There has been little research to develop computing technologies to support the care of people with dementia, in spite of the challenges that the condition poses for society. To design such technologies, an existing model of computer-support reflective learning was instantiated with findings from a pre-design study in one residential home. The result was a mobile device running an adapted enterprise social media app to support person-centred care. Evaluations of the device and app in two residential homes revealed that use of the app both motivated and increased different styles of care note recording, but little reflective learning was identified or reported. The results suggest the need for more comprehensive and flexible computer-based support for reflective learning about residents in their care – and new designs of this more comprehensive support are also introduced.

**Publication Type:** Journal Article

**Source:** CINAHL

**Full Text:** Available from EBSCOhost in Behaviour & Information Technology
Implementing living room theatre activities for people with dementia on nursing home wards: a process evaluation study

**Citation:** Aging & Mental Health, 01 June 2015, vol./is. 19/6(536-547), 13607863

**Author(s):** van Haeften-van Dijk, A. Marijke, van Weert, Julia C.M., Dröes, Rose-Marie

**Abstract:** Objectives: A new communication method, the 'Veder Method', was implemented in the Netherlands. This method uses theatrical stimuli in combination with proven person-centred communication methods. Care staff was trained to apply the Veder Method in a 'living room theatre activity' for people with dementia. This study evaluates the implementation of the Veder Method on psychogeriatric nursing home wards. Methods: Facilitators and barriers to train staff and implement the Veder Method in psychogeriatric nursing homes were identified by conducting semi-structured interviews with 12 stakeholders who were involved in the implementation, and five focus groups with 35 trained care staff. The interviews and focus groups were transcribed verbatim, and two independent researchers analysed the content of the transcripts. The Implementation Process Evaluation (IPE) Framework was used to categorize the data and the 7s-model to contextualize the qualitative findings. Results: A structured overview of facilitators and barriers in different stages of the implementation process is presented. Positive reactions in residents and more reciprocity in caregiver-resident contact motivated trained care staff to work with the Veder Method. An action plan, executive support, the visibility of the method in the organization and a pioneer group that initiated implementation were essential for successful implementation. High work pressure for the care staff was a hindering factor. Conclusion: Respondents experienced the added value of the Veder Method. The facilitators and barriers to implementation we identified in this study can help to implement and disseminate the successful Veder Method and other person-centred communication methods in psychogeriatric nursing homes effectively.

**Publication Type:** journal article

**Source:** CINAHL

A pilot randomised controlled trial to compare changes in quality of life for participants with early diagnosis dementia who attend a 'Living Well with Dementia' group compared to waiting-list control

**Citation:** Aging & Mental Health, 01 June 2015, vol./is. 19/6(526-535), 13607863

**Author(s):** Marshall, Ann, Spreadbury, John, Cheston, Richard, Coleman, Peter, Ballinger, Claire, Mullee, Mark, Pritchard, Jane, Russell, Cynthia, Bartlett, Elizabeth

**Abstract:** Objectives: The aim of this paper is to report a pilot study in which participants who had recently received a diagnosis of dementia were randomised to either a 10-week group intervention or a waiting-list control. Method: Memory clinic staff with limited previous experience of group therapy were trained to lead a 10-week group therapy intervention called 'Living Well with Dementia'. Fifty-eight participants, all of whom had received a diagnosis of Alzheimer's disease, vascular or Lewy body dementia within the previous 18 months, were randomised to receive either the intervention or treatment as usual (waiting-list control). Data collection occurred at baseline, within two weeks after the intervention finished and at 10-week follow-up. Results: The study met its recruitment targets, with a relatively low attrition rate for the intervention arm. The acceptability of the intervention and research methods was examined qualitatively and will be reported on elsewhere. For the primary outcome, measure of quality of life in Alzheimer's disease (QoL-AD), and secondary outcome, self-esteem, there was some evidence of improvement in the intervention group compared to the control group. There was, also, evidence of a reduction in cognitive functioning in the treatment group compared to the control. Such reported differences should be treated with caution because they are obtained from a pilot and not a definitive study. Conclusion: This pilot study succeeded in collecting data to inform a future definitive cost effectiveness clinical trial of Living Well with Dementia group therapy.

**Publication Type:** journal article

**Source:** CINAHL