Assisting people with dementia with their medicines: Experiences of family carers

Citation: International Journal of Pharmacy Practice, February 2015, vol./is. 23/1(44-51), 0961-7671;2042-7174 (01 Feb 2015)
Author(s): Smith F., Grijsels M.S., Ryan P., Tobiansky R.
Abstract: Objectives Many family carers provide assistance with medicines that is vital for optimal clinical outcomes. Medicines-related tasks are known to contribute to carer burden and stress. This study examined the experiences of family carers when providing medicines-related assistance for a person with dementia, to indicate how services could become more responsive to the specific needs of this group of carers. Methods Semi-structured interviews were undertaken with family carers and care-recipients identified though a memory clinic in north London and a local Alzheimer’s Society. The interview guide, comprising open questions, was informed by previous studies and consultation with stakeholders. Qualitative procedures involving a framework approach were employed in the analysis. Key findings Fourteen interviews with carers and five with care-recipients were conducted. These highlighted the burden and challenges, surrounding medicines-management activities. As well as practical aspects that could be complex, carers were commonly making judgements about the need for and appropriateness of medicines. Although experiences were varied, carers reported difficulties in maintaining supplies, ensuring adherence to regimens and accessing health professionals; and they made some recommendations for service improvements. Carers’ difficulty in obtaining information and advice about medicines was compounded by their desire to allow the care-recipient to retain autonomy over their medicines as long as possible. Conclusion This study highlights the distinct needs and problems with regard to medicines-management when caring for a person with dementia. As the prevalence of dementia rises, interventions designed to address these specific aspects of reduce carer-burden should be a priority for health professionals.

Supporting dementia patients in hospital environments: Health-related risks, needs and dedicated structures for patient care

Citation: European Journal of Neurology, February 2015, vol./is. 22/2(239-245), 1351-5101;1468-1331 (01 Feb 2015)
Author(s): Hermann D.M., Muck S., Nehen H.-G.
Abstract: The diagnostics and treatment of dementia are progressively gaining importance for European neurologists. Our hospital structures are poorly prepared for patients suffering from dementia. As a consequence of cognitive and physical deficits, dementia patients have an increased risk for serious complications and poor outcomes in hospital environments. In this review, the specific needs of dementia patients are outlined, describing how geriatricians, neurologists and psychiatrists may contribute to better patient care, e.g. with consultation or liaison services, geriatric wards, dedicated dementia wards or memory clinics in interaction with nurses, occupational therapists, physiotherapists, speech therapists, psychologists and social workers. Due to their multifaceted needs, dementia patients can most successfully be supported in clinical environments that closely integrate specialized inpatient, outpatient and primary care offers.

Supporting dementia patients and their caregivers in daily life challenges: Review of physical, cognitive and psychosocial intervention studies

Citation: European Journal of Neurology, February 2015, vol./is. 22/2(246-252), 1351-5101;1468-1331 (01 Feb 2015)
Author(s): Nehen H.-G., Hermann D.M.
Abstract: Background and purpose: Dementia is associated with multiple daily life challenges that have a major impact for health outcome, affecting both the patients and their caregivers. In this review, the efficacy of physical, cognitive and psychosocial interventions in the treatment of dementia patients is evaluated, and how caregiver education and support may contribute to patient care is analysed. Results and conclusions: Due to the complex nature of cognitive and psychosocial interventions, their efficacy depends strongly on local settings. Thus, active components of these interventions are not always obvious, even in controlled randomized trials. Successful patient management includes (i) the safekeeping of basic support, (ii) the provision of a stable external milieu that is adjusted to the patients’ cognitive resources and (iii) the provision of multimodal therapeutic concepts that are closely adapted to the practical needs of the patients and caregivers.

A systematic review of intervention studies to prevent hospitalizations of community-dwelling older adults with dementia

Citation: Medical Care, February 2015, vol./is. 53/2(207-213), 0025-7079;1537-1948 (02 Feb 2015)
Author(s): Phelan E.A., Debnam K.J., Anderson L.A., Owens S.B.
Abstract: To conduct a systematic literature review to determine if there were any intervention strategies that had any measurable effect on acute care hospitalizations among community-dwelling adults with dementia. DESIGN:: Studies were identified by a professional research librarian and content experts. SETTING:: Community dwelling. PARTICIPANTS:: Participants were diagnosed with dementia, severity ranging from mild to severe, and were recruited from health care and community agencies. MEASUREMENTS:: A study met the inclusion criteria if it: (a) was published in English; (b) included a control or comparison group; (c) published outcome data from the intervention under study; (d) reported hospitalization as one of the outcomes; (e) included community-dwelling older adults; and (f) enrolled participants with dementia. Ten studies met all inclusion criteria. RESULTS::
Transforming dementia care in an NHS trust

Citation: Nursing Older People, 01 February 2015, vol./is. 27/1(18-23), 14720795
Author(s): Robinson, Jennifer, Longden, Jane, Murphy, Jayne
Full Text: Available from EBSCOhost in Nursing Older People

Keeping up with the changing face of individualised dementia care

Citation: Nursing & Residential Care, 01 February 2015, vol./is. 17/2(100-102), 14659301
Author(s): Mendes, Aysha
Full Text: Available from EBSCOhost in Nursing & residential care : the monthly journal for care assistants, nurses and managers working in health and social care

Nonpharmacological Therapeutic Techniques to Decrease Agitation in Geriatric Psychiatric Patients With Dementia

Citation: Journal of Gerontological Nursing, 01 February 2015, vol./is. 41/2(S3-59), 00989134
Author(s): Mitchell, Ann M., Boucek, Lynn, Owens, Stark, Kirsi Hetager, Chiappetta, Laurel, Cain, Michelle, Patterson, Georgia, Owens, Kim, Herisko, Camellia
Abstract: Agitation is not only a frequent and disturbing behavior for many patients with dementia, but it also troubles their caregivers and families. Many serious problems and side effects are associated with the use of medications to treat agitation; therefore, alternative approaches to treating agitation must be assessed. The current article presents results from a quality improvement pilot project that examined the usefulness of a specially designed, multisensory room intervention for geriatric psychiatric inpatients with mild to moderate agitation. Thirty-two visits to the sensory room were made by 13 inpatients with dementia. A significant decrease occurred in the Pittsburgh Agitation Scale (PAS) total scores over time from pre-room to post-room intervention, as well as 1-hour post-room intervention (Agitation is not only a frequent and disturbing behavior for many patients with dementia, but it also troubles their caregivers and families. Many serious problems and side effects are associated with the use of medications to treat agitation; therefore, alternative approaches to treating agitation must be assessed. The current article presents results from a quality improvement pilot project that examined the usefulness of a specially designed, multisensory room intervention for geriatric psychiatric inpatients with mild to moderate agitation. Thirty-two visits to the sensory room were made by 13 inpatients with dementia. A significant decrease occurred in the Pittsburgh Agitation Scale (PAS) total scores over time from pre-room to post-room intervention, as well as 1-hour post-room intervention (F = 95.3, p < 0.001). Significant effects were found for all PAS subscales (i.e., aberrant vocalizations, motor agitation, and resistance to care), with the exception of the aggression subscale. The multisensory room intervention was effective in decreasing some symptoms of agitation in the geriatric psychiatric patient, thus contributing to positive patient, family, and nursing outcomes. [Journal of Gerontological Nursing, 41(2), 53–59.]
Full Text: Available from ProQuest in Journal of Gerontological Nursing; Note: ; Collection notes: NHS OPEN ATHENS INSTITUTION NAME IS NHS ENGLAND

A qualitative study of nurses' attitudes towards' and accommodations of patients' expressions of religiosity and faith in dementia care

Citation: Journal of Advanced Nursing, 01 February 2015, vol./is. 71/2(359-369), 03092402
Author(s): Skomakerstuen Ødehr, Livi, Kvigne, Karli, Hauge, Solveig, Danbolt, Lars Johan
Abstract: Aims To investigate nurses' attitudes towards’ and accommodations of patients' expressions of religiosity and faith in dementia care. Background Holistic care for people with dementia addresses patients' religiosity and faith. Nurses’ accommodations of patients’ religiosity have not been studied extensively even though nurses report a lack of experience and knowledge regarding religious care. Design This study has a qualitative research design. Methods Eight focus group interviews with 16 nurses and 15 care workers in four Norwegian nursing homes were conducted from June 2011-January 2012. The interview text was analysed using van Manen’s hermeneutic-phenomenological approach and Lindseth and Nordberg's structural analysis. Findings The following three main themes reflected the nurses’ and care workers’ attitudes towards’ and accommodations of patients’ expressions of religiosity and faith: (i) embarrassment vs. comfort, described in the sub-themes ‘feelings of embarrassment’ and ‘religiosity as a private matter’; (ii) unknown religious practice vs. known religious practice, described as ‘religious practice that was scary’ or ‘religious practice that was recognizable’; and (iii) death vs. life, described as ‘difficulty talking about death’ or ‘focusing on life and the quality of life’. Conclusion Nurses and care workers were uncertain and lacked knowledge of the patients' expressions of religiosity and faith in terms of both their substance and their function. Nurses struggled with ambivalent feelings about patients' religious expressions and with unclear understanding of the significance of religiosity. These challenges compromised person-centred and holistic care on several occasions.

Driving and dementia: a clinical decision pathway

Citation: International Journal of Geriatric Psychiatry, 01 February 2015, vol./is. 30/2(210-216), 08856230
Author(s): Carter, Kirsty, Monaghan, Sophie, O'Brien, John, Teodorcezuk, Andrew, Mosimann, Urs, Taylor, John-Paul

Of the 10 studies included, most assessed health services use (ie, hospitalizations) as a secondary outcome. Participants were recruited from a range of health care and community agencies, and most were diagnosed with dementia with severity ratings ranging from mild to severe. Most intervention strategies consisted of face-to-face assessments of the persons living with dementia, their caregivers, and the development and implementation of a care plan. A significant reduction in hospital admissions was not found in any of the included studies, although 1 study did observe a reduction in hospital days. CONCLUSIONS: The majority of studies included hospitalizations as a secondary outcome. Only 1 intervention was found to have an effect on hospitalizations. Future work would benefit from strategies specifically designed to reduce and prevent acute hospitalizations in persons with dementia.
Abstract: OBJECTIVE: This study aimed to develop a pathway to bring together current UK legislation, good clinical practice and appropriate management strategies that could be applied across a range of healthcare settings. METHODS: The pathway was constructed by a multidisciplinary clinical team based in a busy Memory Assessment Service. A process of successive iteration was used to develop the pathway, with input and refinement provided via survey and small group meetings with individuals from a wide range of regional clinical networks and diverse clinical backgrounds as well as discussion with mobility centres and Forum of Mobility Centres, UK. RESULTS: We present a succinct clinical pathway for patients with dementia, which provides a decision-making framework for how health professionals across a range of disciplines deal with patients with dementia who drive. CONCLUSIONS: By integrating the latest guidance from diverse roles within older people’s health services and key experts in the field, the resulting pathway reflects up-to-date policy and encompasses differing perspectives and good practice. It is potentially a generalisable pathway that can be easily adaptable for use internationally, by replacing UK legislation for local regulations. A limitation of this pathway is that it does not address the concern of mild cognitive impairment and how this condition relates to driving safety. © 2014 The Authors. International Journal of Geriatric Psychiatry published by John Wiley & Sons, Ltd.

Service utilisation and family support of people with dementia: a cohort study in England

Citation: International Journal of Geriatric Psychiatry, 01 February 2015, vol./is. 30/2(166-177), 08856230
Author(s): Gage, Heather, Cheynel, Jerome, Williams, Peter, Mitchell, Katherine, Stinton, Christopher, Katz, Jeanne, Holland, Caroline, Sheehan, Bartley

Abstract: OBJECTIVE: This study aimed to compare costs of caring for people with dementia in domiciliary and residential settings, central England. METHODS: A cohort of people with dementia was recruited during a hospital stay 2008-2010. Data were collected by interview at baseline, and 6- and 12-month follow-up, covering living situation (own home with or without co-resident carer, care home); cognition, health status and functioning of person with dementia; carer stress; utilisation of health and social services; and informal (unpaid) caring input. Costs of formal services and informal caring (replacement cost method) were calculated. Costs of residential and domiciliary care packages were compared. RESULTS: Data for 109 people with dementia were collected at baseline; 95 (87.2%) entered hospital from their own homes. By 12 months, 40 (36.7%) had died and 85% of the survivors were living in care homes. Over one-half of people with dementia reported social care packages at baseline; those living alone had larger packages than those living with others. Median caring time for co-resident carers was 400 min/day and 10 h/week for non co-resident carers. Residential care was more costly than domiciliary social care for most people. When the value of informal caring was included, the total cost of domiciliary care was higher than residential care, but not significantly so. Carer stress reduced significantly after the person with dementia entered a care home. CONCLUSIONS: Caring for people with dementia at home may be more expensive, and more stressful for carers, than care in residential settings. Copyright © 2014 John Wiley & Sons, Ltd.

Effectiveness of educational interventions for informal caregivers of individuals with dementia residing in the community: systematic review and meta-analysis of randomised controlled trials

Citation: International Journal of Geriatric Psychiatry, 01 February 2015, vol./is. 30/2(130-143), 08856230
Author(s): Jensen, Mette, Abata, Ifeoma Nwando, Canavan, Michelle, McCarthy, Geraldine

Abstract: OBJECTIVE: This study aims to assess whether educational programmes for caregivers of individuals with dementia living in the community are effective on caregiver burden, quality of life (QoL), depression and transitions to long stay care compared with usual care. METHOD: MEDLINE, EMBASE, PsycINFO, CINAHL, AgeLine, CENTRAL and ERIC were searched with no restrictions on language or publication status in February 2013. Randomised controlled trials (RCTs) were eligible. Participants were informal caregivers undertaking day to day care of an individual with dementia living in the community. Interventions were educational programmes aimed at teaching skills relevant to dementia caring. Two authors independently assessed studies for eligibility, assessed risk of bias and extracted data. RESULTS: We screened 1390 citations and included seven RCTs with 764 participants. Meta-analysis of five trials showed a moderate effect on carer burden (Standardised Mean Difference (SMD) = -0.52; 95% confidence interval (CI) -0.79 to -0.26; 1(2) = 40%). Meta-analysis of two trials showed a small effect on depression (SMD = -0.37; 95% CI -0.65 to -0.09; 1(2) = 0%). There was no effect on number of transitions to long stay care (relative risk 1.29; 95% CI 0.80 to 2.08). Effect on QoL was not estimable as studies varied in reporting of sub-domains and constructs within scales. CONCLUSION: Educational programmes have a moderate effect on caregiver burden and a small effect on depression. Evidence of an effect on QoL and transitions to long stay care remains unclear. Copyright © 2014 John Wiley & Sons, Ltd.

Nurses’ Assessment of Delirium With Underlying Dementia in End-of-Life Care

Citation: Journal of Hospice and Palliative Nursing, Feb 2015, vol. 17, no. 1, p. 16-21, 1522-2179 (February 1, 2015)
Author(s): Oligario, Grace Cullen, Buch, Carrie, Piscotty, Ronald

Abstract: Because of physical and metabolic changes during end of life, patients with dementia are very susceptible to develop delirium. The recognition of delirium with underlying dementia can be difficult because of their overlapping behavioral manifestations. Previous studies conducted among nurses caring for patients with delirium have shown that nurses are often not able to detect the presence of delirium using their subjective assessments. This study evaluated the nurses’ ability to subjectively assess for delirium in patients with underlying dementia in end of life. Their findings were compared with the results of objective assessments performed by the researcher using Confusion Assessment Method. In 30 paired assessments, the objective and subjective assessments had the same findings. The remaining 20 paired assessments showed disagreement between the subjective and objective findings. A 0 measure of agreement was performed with a result of 0.074 and a significance of P 0.05. This finding indicates no statistically significant agreement between the subjective nursing assessment for delirium and the objective assessment using Confusion Assessment Method. Accurate nursing assessment yields appropriate nursing interventions. The findings of this study support the need for improved subjective nursing assessment for delirium in patients with dementia at the end of life. [PUBLICATION] 18 references