



# DEMENTIA BULLETIN

May 2016

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## Nature and stress

2/2/2016



A six month research study carried out by a researcher from Exeter University has shown that watching nature films can reduce anxiety symptoms for people in the early stages of dementia. The research was done in two care homes over a six month period, and it was found that anxiety and stress levels were significantly reduced when nature DVDs were played as against when the films were not played. The research was reported by CareHome UK.

[Find out more](#)

## Using sound therapy to ease agitation amongst persons with dementia: a pilot study

26/2/2016



**Citation:** Australian Nursing and Midwifery Journal, Feb 2016, vol. 23, no. 7, p. 38-39, 2202-7114 (February 2016)

**Author(s):** Bulsara, Caroline, Seaman, Karla, Steuxner, Silke, Cope, Vicki

**Abstract:** There is increasing evidence that the use of sound therapy such as Tibetan Singing Bowls (TSBT) to ease the effects of certain illnesses and chronic conditions is effective. A number of small scale studies have been conducted regarding the therapeutic effects of TSBT on those who are ill and/or recovering from illnesses such as cancer. Furthermore, there is a growing body of research around the therapeutic effects of sound therapy for calming those with dementia and agitation (Chang et al. 2010; Raglio et al. 2012; Ridder et al. 2013). This paper reports on the outcomes of a one month intervention using TSBT amongst a group of 16 residents within a large residential aged care facility in Western Australia.

**Full Text:**

Available from *EBSCOhost* in [Australian Nursing & Midwifery Journal](#)

## Community occupational therapy for people with dementia and family carers (COTiD-UK) versus treatment as usual (Valuing Active Life in Dementia [VALID] programme): Study protocol for a randomised controlled trial

26/2/2016

**Citation:** Trials, February 2016, vol./is. 17/1(no pagination), 1745-6215 (February 03, 2016)

**Author(s):** Wenborn J., Hynes S., Moniz-Cook E., Mountain G., Poland F., King M., Omar R., Morris S., Vernooij-Dassen M., Challis D., Michie S., Russell I., Sackley C., Graff M., O'Keefe A., Crellin N., Orrell M.

**Abstract:** Background: A community-based occupational therapy intervention for people with mild to moderate dementia and their family carers (Community Occupational Therapy in Dementia (COTiD)) was found clinically and cost effective in the Netherlands but not in Germany. This highlights the need to adapt and implement complex interventions to specific national contexts. The current trial aims to evaluate the United Kingdom-adapted occupational therapy intervention for people with mild to moderate dementia and their family carers living in the community (COTiD-UK) compared with treatment as usual. Methods/Design: This study is a multi-centre, parallel-group, pragmatic randomised trial with internal pilot. We aim to allocate 480 pairs, with each pair comprising a person with mild to moderate dementia and a family carer, who provides at least 4 hours of practical support per week, at random between COTiD-UK and treatment as usual. We shall assess participants at baseline, 12 and 26 weeks, and by telephone at 52 and 78 weeks (first 40 % of recruits only) after randomisation. The primary outcome measure is the Bristol Activities of Daily Living Scale (BADLS) at 26 weeks. Secondary outcome measures will include quality of life, mood, and resource use. To assess intervention delivery, and client experience, we shall collect qualitative data via audio recordings of COTiD-UK sessions and conduct semi-structured interviews with pairs and occupational therapists. Discussion: COTiD-UK is an evidence-based person-centred intervention that reflects the current priority to enable people with dementia to remain in their own homes by improving their capabilities whilst reducing carer burden. If COTiD-UK is clinically and cost effective, this has major implications for the future delivery of dementia services across the UK. Trial registration: Current Controlled Trials ISRCTN10748953 Date of registration: 18 September 2014.

**Publication Type:** Journal: Article

**Full Text:**

Available from *BioMed Central* in [Trials](#)

## Assistive technologies for managing language disorders in dementia

29/2/2016

**Citation:** *Neuropsychiatric Disease and Treatment*, February 2016, vol./is. 12/(533-540), 1176-6328;1178-2021 (29 Feb 2016)

**Author(s):** Klimova B., Maresova P., Kuca K.

**Abstract:** At present, the number of elderly people is rapidly increasing, which represents a significant threat in terms of their care when they fall ill. One of the most common aging diseases nowadays is dementia, whose symptoms sooner or later include loss of cognitive functioning. Cognitive disorders can vary from serious mental retardation to inability to recall things, to the loss or disorder of specific cognitive functions such as communication. These disorders not only affect the quality of people's own life but also impose a substantial burden on their families, particularly on their caregivers. Therefore, the aim of this article is to highlight the role of assistive technologies (ATs) for managing language impairments in dementia in order to improve patients' quality of life. In addition, ATs focused on training patients' memory are also mentioned, since they can help patients to maintain their language skills. Furthermore, these ATs can delay the need for institutional care, as well as significantly reduce costs on patient care. The importance of future research in the area of the development of ATs for managing the language impairments in dementia is also discussed. There is a general trend toward the personalization of patient needs and requirements in the area of ATs. For the purpose of this article, a method of literature review of available sources defining language disorders and providing characteristic features of language disorders in dementia is used. In addition, a method of comparison of different research studies exploring ATs focused on delaying language disorders in dementia in order to postpone patients' need for institutional care is also exploited.

**Publication Type:** Journal: Review

**Full Text:**

Available from *Directory of Open Access Journals* in [Neuropsychiatric Disease and Treatment](#)

## Development of a model for integrated care at the end of life in advanced dementia: A whole systems UK-wide approach

2/3/2016

**Citation:** *Palliative Medicine*, March 2016, vol./is. 30/3(279-295), 0269-2163;1477-030X (01 Mar 2016)

**Author(s):** Jones L., Candy B., Davis S., Elliott M., Gola A., Harrington J., Kupeli N., Lord K., Moore K., Scott S., Vickerstaff V., Omar R.Z., King M., Leavey G., Nazareth I., Sampson E.L.

**Abstract:** Background: The prevalence of dementia is rising worldwide and many people will die with the disease. Symptoms towards the end of life may be inadequately managed and informal and professional carers poorly supported. There are few evidence-based interventions to improve end-of-life care in advanced dementia. Aim: To develop an integrated, whole systems, evidence-based intervention that is pragmatic and feasible to improve end-of-life care for people with advanced dementia and support those close to them. Design: A realist-based approach in which qualitative and quantitative data assisted the development of statements. These were incorporated into the RAND/UCLA appropriateness method to achieve consensus on intervention components. Components were mapped to underlying theory of whole systems change and the intervention described in a detailed manual. Setting/participants: Data were collected from people with dementia, carers and health and social care professionals in England, from expert opinion and existing literature. Professional stakeholders in all four countries of the United Kingdom contributed to the RAND/UCLA appropriateness method process. Results: A total of 29 statements were agreed and mapped to individual, group, organisational and economic/political levels of healthcare systems. The resulting main intervention components are as follows: (1) influencing local service organisation through facilitation of integrated multi-disciplinary care, (2) providing training and support for formal and informal carers and (3) influencing local healthcare commissioning and priorities of service providers. Conclusion: Use of in-depth data, consensus methods and theoretical understanding of the intervention components produced an evidence-based intervention for further testing in end-of-life care in advanced dementia.

**Publication Type:** Journal: Article

**Full Text:**

Available from *EBSCOhost* in [Palliative Medicine](#)

## Nutrition and dementia: Evidence for preventive approaches?

4/3/2016

**Citation:** *Nutrients*, March 2016, vol./is. 8/3(no pagination), 2072-6643 (04 Mar 2016)

**Author(s):** Canevelli M., Lucchini F., Quarata F., Bruno G., Cesari M.

**Abstract:** In recent years, the possibility of favorably influencing the cognitive trajectory through promotion of lifestyle modifications has been increasingly investigated. In particular, the relationship between nutritional habits and cognitive health has attracted special attention. The present review is designed to retrieve and discuss recent evidence (published over the last 3 years) coming from randomized controlled trials (RCTs) investigating the efficacy of nutritional interventions aimed at improving cognitive functioning and/or preventing cognitive decline in non-demented older individuals. A systematic review of literature was conducted, leading to the identification of 11 studies of interest. Overall, most of the nutritional interventions tested by the selected RCTs were found to produce statistically significant cognitive benefits (defined as improved neuropsychological test scores). Nevertheless, the clinical meaningfulness of such findings was not adequately discussed and appears controversial. In parallel, only 2 studies investigated between-group differences concerning incident dementia and mild cognitive impairment cases, reporting conflicting results. Results of the present review suggest that several dietary patterns and nutritional components may constitute promising strategies in postponing, slowing, and preventing cognitive decline. However, supporting evidence is overall weak and further studies are needed.

**Publication Type:** Journal: Review

**Full Text:**

Available from *Directory of Open Access Journals* in [Nutrients](#)

## Moments of joy and delight: the meaning of traditional food in dementia care

18/3/2016



**Citation:** Journal of Clinical Nursing, Mar 2016, vol. 25, no. 5-6, p. 866-874, 0962-1067 (March 2016)

**Author(s):** Hanssen, Ingrid, Kuven, Britt Moene

**Abstract:** Aims and objectives: To learn about the meaning of traditional food to institutionalised patients with dementia.

Background: Traditional food strengthens the feelings of belonging, identity and heritage, which help persons with dementia to hold on to and reinforce their cultural identity and quality of life. Taste is more cultural than physiological. Dietary habits are established early in life and may be difficult to change. Being served unfamiliar dishes may lead to disappointment and a feeling of being betrayed and unloved.

Design and method: The three studies presented have a qualitative design. In-depth interviews of family members and nurses experienced in dementia care were conducted in South Africa and among ethnic Norwegians and the Sami in Norway. Content-focused analysis, hermeneutic in character, was used to enable the exploration of the thoughts, feelings and cultural meaning described.

Results: Traditional foods created a feeling of belonging and joy. Familiar tastes and smells awoke pleasant memories in patients and boosted their sense of well-being, identity and belonging, even producing words in those who usually did not speak. Conclusions: In persons with dementia, dishes remembered from their childhood may help maintain and strengthen cultural identity, create joy and increase patients' feeling of belonging, being respected and cared for. Traditional food furthermore improves patients' appetite, nutritional intake and quality of life. To serve traditional meals in nursing homes demands extra planning and resources, traditional knowledge, creativity and knowledge of patients' personal tastes. Relevance for clinical practice: This study provides insight into culture-sensitive dietary needs of institutionalised patients with dementia. The cultural significance of food for feeling contentment and social and physical well-being is discussed. Besides helping to avoid undernutrition, being served traditional dishes may be very important to reminiscence, joy, thriving and quality of life.

## Weight loss predicts progression of mild cognitive impairment to Alzheimer's disease

18/3/2016

**Citation:** PLoS ONE, March 2016, vol./is. 11/3(no pagination), 1932-6203 (March 2016)

**Author(s):** Cova I., Clerici F., Rossi A., Cucumo V., Ghiretti R., Maggiore L., Pomati S., Galimberti D., Scarpini E., Mariani C., Caracciolo B.

**Abstract:** Background Weight loss is common in people with Alzheimer's disease (AD) and it could be a marker of impending AD in Mild Cognitive Impairment (MCI) and improve prognostic accuracy, if accelerated progression to AD would be shown. Aims To assess weight loss as a predictor of dementia and AD in MCI. Methods One hundred twenty-five subjects with MCI (age 73.8 +/- 7.1 years) were followed for an average of 4 years. Two weight measurements were carried out at a minimum time interval of one year. Dementia was defined according to DSM-IV criteria and AD according to NINCDS-ADRDA criteria. Weight loss was defined as a >4% decrease in baseline weight. Results Fifty-three (42.4%) MCI progressed to dementia, which was of the AD-type in half of the cases. Weight loss was associated with a 3.4-fold increased risk of dementia (95% CI = 1.5-6.9) and a 3.2-fold increased risk of AD (95% CI = 1.4-8.3). In terms of years lived without disease, weight loss was associated to a 2.3 and 2.5 years earlier onset of dementia and AD. Conclusions Accelerated progression towards dementia and AD is expected when weight loss is observed in MCI patients. Weight should be closely monitored in elderly with mild cognitive impairment.

**Publication Type:** Journal: Article

**Full Text:**

Available from *Allen Press* in [PLoS One](#)

## Creating a Supportive Environment Using Cues for Wayfinding in Dementia

25/3/2016



**Citation:** Journal of Gerontological Nursing, Mar 2016, vol. 42, no. 3, p. 36-44, 0098-9134 (March 2016)

**Author(s):** Davis, Rebecca, Weisbeck, Catherine

**Abstract:** The ability to find one's way in the world, known as wayfinding, is impaired in individuals with Alzheimer's disease (AD). Older adult residential environments (e.g., independent living, assisted living, nursing home residences) are often especially difficult for wayfinding, with long, non-distinctive hallways and poorly differentiated routes. Wayfinding problems can cause anxiety, distress, and decreased interaction in individuals with dementia.

**Full Text:**

Available from *ProQuest* in [Journal of Gerontological Nursing](#)

## Black African and Caribbean British Communities' perceptions of memory problems: "We don't do dementia"

15/4/2016

**Citation:** PLoS ONE, April 2016, vol./is. 11/4(no pagination), 1932-6203 (April 2016)

**Author(s):** Berwald S., Roche M., Adelman S., Mukadam N., Livingston G.

**Language:** English

**Abstract:** Objectives: We aimed to identify and explore the barriers to help-seeking for memory problems, specifically within UK Black African and Caribbean communities. Method: We purposively recruited participants from community groups and subsequent snowball sampling, to achieve a maximum variation sample and employed thematic analysis. Our qualitative semi-structured interviews used a vignette portraying a person with symptoms of dementia, and we asked what they or their family should do. We stopped recruiting when no new themes were arising. Results and significance: We recruited 50 people from a range of age groups, country of origin, time in the UK, religion and socio-economic background. Some of the barriers to presentation with dementia have been reported before, but others were specific to this group and newly identified. Many people

recognised forgetfulness but neither that it could be indicative of dementia, nor the concept of dementia as applying to them. Dementia was viewed as a white person's illness. Participants felt there was little point in consulting a doctor for forgetfulness. Many thought that seeing a GP was only for severe problems. Some said that their culture was secretive and highly valued privacy of personal affairs and therefore did not want to discuss what they regarded as a private and stigmatising problem with a GP. Participants did not appreciate their GP could refer to memory services who have more time and expertise. They were concerned about harm from medication and compulsory institutionalisation. Care should be from the family. Any intervention should emphasise the legitimacy of seeing a doctor early for memory concerns, that dementia is a physical illness which also occurs in the Black community, that help and time are available from memory services whose role is to prolong independence and support families in caring.

**Publication Type:** Journal: Article

**Full Text:**

Available from *Allen Press* in [PLoS One](#)

**Exploring the community nurse role in family-centred care for patients with dementia**

22/4/2016

**Citation:** British Journal of Community Nursing, Apr 2016, vol. 21, no. 4, p. 198-202, 1462-4753 (April 2016)

**Author(s):** Dening, Karen Harrison, Hibberd, Penny

**Abstract:** A diagnosis of dementia can have a significant effect, not only on the person diagnosed, but also on the person's family. Drivers within national policy and strategy to raise awareness and promote education have improved the understanding of dementia across professional groups, as well as within the wider population. However, families living with dementia still struggle to find information and support. This paper explores the common issues faced by families, and focuses on a relationship approach to care. The role of the community nurse can be central to supporting people with dementia and their families to live well in their own communities. The paper uses a casestudy approach to discuss three scenarios commonly raised by family carers and people with dementia: (1) seeking help and support at point of seeking diagnosis, (2) knowing the 'right time' to seek help and advice, and (3) when symptomatic changes affect wellbeing and relationships. References

**Full Text:**

Available from *EBSCOhost* in [British Journal of Community Nursing](#)

**Dementia care in hospitals: interprofessional education**

22/4/2016

**Citation:** British journal of nursing (Mark Allen Publishing), Apr 2016, vol. 25, no. 8, p. 462., 0966-0461 (April 28, 2016)

**Author(s):** Scammell, Janet

**Abstract:** Janet Scammell, Associate Professor at Bournemouth University, discusses the recent Alzheimer's Society report and its implication for nurses and patient care.

**Full Text:**

Available from *EBSCOhost* in [British Journal of Nursing](#)

**Alzheimer's Research UK creates 'Dementia Explained' website for children**

9/5/2016



Alzheimer's Research UK has developed a web site to help children and young people to understand dementia. The site is divided into three [main sections for children, juniors and teenagers](#).

Information, activities and other resources are freely available. There are virtual tours, games, stories and the experiences of children who have a family member with dementia.

The web site, intended as a resource for nurses, can be found at [Dementia Explained](#)

**Blood Pressure and Risk of Vascular Dementia: Evidence From a Primary Care Registry and a Cohort Study of Transient Ischemic Attack and Stroke**

10/5/2016

**Citation:** Stroke; a journal of cerebral circulation, 10 May 2016, 0039-2499

**Source:** MEDLINE from PubMed

**Abstract**

**Twiddlemitts – improving life for patients**

16/5/2016



Sometimes, the simplest tools are the most useful. Kelly Lockyer, dementia specialist nurse at Royal Bournemouth Hospital, explains why the homely twiddlemitt is improving the lives of people with dementia.

[Find out more](#)

## Meaningful activities for improving the wellbeing of people with dementia: Beyond mere pleasure to meeting fundamental psychological needs

23/5/2016

**Citation:** Perspectives in Public Health, March 2016, vol./is. 136/2(99-107), 1757-9139;1757-9147 (01 Mar 2016)

**Author(s):** Nyman S.R., Szymczynska P.

**Abstract:** Aims: Dementia is being increasingly recognised as a major public health issue for our ageing populations. A critical aspect of supporting people with dementia is facilitating their participation in meaningful activities. However, research to date has not drawn on theories of ageing from developmental psychology that would help undergird the importance of such meaningful activity. For the first time, we connect existing activity provision for people with dementia with developmental psychology theories of ageing. Method: We reviewed the literature in two stages: first, we narratively searched the literature to demonstrate the relevance of psychological theories of ageing for provision of meaningful activities for people with dementia, and in particular focused on stage-based theories of adult development (Carl Jung and Erik Erikson), gerotranscendence (Tornstam), selective optimisation with compensation (Baltes and Baltes), and optimisation in primary and secondary control (Heckhausen and Schulz). Second, we systematically searched PubMed and PsycINFO for studies with people with dementia that made use of the aforementioned theories. Results: The narrative review highlights that activity provision for people with dementia goes beyond mere pleasure to meeting fundamental psychological needs. More specifically, that life review therapy and life story work address the need for life review; spiritual/religious activities address the need for death preparation; intergenerational activities address the need for intergenerational relationships; re-acquaintance with previously conducted leisure activities addresses the need for a sense of control and to achieve life goals; and pursuit of new leisure activities addresses the need to be creative. The systematic searches identified two studies that demonstrated the utility of applying Erikson's theory of psychosocial development to dementia care. Conclusion: We argue for the importance of activity provision for people with dementia to help promote wellbeing among an increasing proportion of older people.

**Publication Type:** Journal: Review

**Full Text:**

Available from *ProQuest* in [Perspectives in Public Health](#)