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Napping in older people 'at risk' of dementia: relationships with depression, cognition, medical burden and sleep quality

Citation: Journal of sleep research, Oct 2015, vol. 24, no. 5, p. 494-502 (October 2015)

Author(s): Cross, Nathan, Terpening, Zoe, Rogers, Naomi L, Duffy, Shantel L, Hickie, Ian B, Lewis, Simon J G, Naismith, Sharon L

Abstract: Sleep disturbance is prevalent in older adults, particularly so in those at a greater risk of dementia. However, so far the clinical, medical and neuropsychological correlates of daytime sleep have not been examined. The aims of this study were to investigate the characteristics and effects of napping using actigraphy in older people, particularly in those 'at risk' of dementia. The study used actigraphy and sleep diaries to measure napping habits in 133 older adults 'at risk' of dementia (mean age = 65.5 years, SD = 8.4 years), who also underwent comprehensive medical, psychiatric and neuropsychological assessment. When defined by actigraphy, napping was present in 83.5% (111/133) of participants; however, duration and timing varied significantly among subjects. Nappers had significantly greater medical burden and body mass index, and higher rates of mild cognitive impairment. Longer and more frequent naps were associated with poorer cognitive functioning, as well as higher levels of depressive symptoms, while the timing of naps was associated with poorer nocturnal sleep quality (i.e. sleep latency and wake after sleep onset). This study highlights that in older adults 'at risk' of dementia, napping is associated with underlying neurobiological changes such as depression and cognition. Napping characteristics should be more routinely monitored in older individuals to elucidate their relationship with psychological and cognitive outcomes. © 2015 European Sleep Research Society.

Reminiscence and dementia: a therapeutic intervention

Citation: International psychogeriatrics / IPA, Oct 2015, vol. 27, no. 10, p. 1731-1737 (October 2015)

Author(s): Gonzalez, Jesus, Mayordomo, Teresa, Torres, Marta, Sales, Alicia, Meléndez, Juan C

Abstract: Dementia is a significant public health problem. One non-pharmacological therapy that has shown its effectiveness is reminiscence, which is a psychological intervention designed to address issues of particular relevance to older adults. The aim of this study was to examine the benefits of an integrative reminiscence program in elderly people with dementia. A quasi-experimental design and purposeful sampling were conducted at two retirement homes. Forty-two elderly adults with dementia were studied to measure the effect of the therapy (23 in the experimental group and 19 in the control group). The treatment group activity was held in 10 sessions. The treatment group significantly improved their depressive symptoms and self-acceptance, positive relations with others, autonomy, and environmental mastery. This study provides support for the effectiveness of integrative reminiscence therapy (RT) as an intervention in people with dementia, especially in reducing depressive symptoms and improving psychological well-being, with the therapy being effective on personal and emotional variables.

Source: Medline

Language-based communication strategies that support person-centered communication with persons with dementia

Citation: International psychogeriatrics / IPA, Oct 2015, vol. 27, no. 10, p. 1707-1718 (October 2015)

Author(s): Savundranayagam, Marie Y, Moore-Nielsen, Kelsey

Abstract: There are many recommended language-based strategies for effective communication with persons with dementia. What is unknown is whether effective language-based strategies are also person centered. Accordingly, the objective of this study was to examine whether language-based strategies for effective communication with persons with dementia overlapped with the following indicators of person-centered communication: recognition, negotiation, facilitation, and validation. Conversations (N = 46) between staff-resident dyads were audio-recorded during routine care tasks over 12 weeks. Staff utterances were coded twice, using language-based and person-centered categories. There were 21 language-based categories and 4 person-centered categories. There were 5,800 utterances transcribed: 2,409 without indicators, 1,699 coded as language or person centered, and 1,692 overlapping utterances. For recognition, 26% of utterances were greetings, 21% were affirmations, 13% were questions (yes/no and open-ended), and 15% involved rephrasing. Questions (yes/no, choice, and open-ended) comprised 74% of utterances that were coded as negotiation. A similar pattern was observed for utterances coded as facilitation where 51% of utterances coded as facilitation were yes/no questions, open-ended questions, and choice questions. However, 21% of facilitative utterances were affirmations and 13% involved rephrasing. Finally, 89% of utterances coded as validation were affirmations. The findings identify specific language-based strategies that support person-centered communication. However, between 1 and 4, out of a possible 21 language-based strategies, overlapped with at least 10% of utterances coded as each person-centered indicator. This finding suggests that staff need training to use more diverse language strategies that support personhood of residents with dementia.

Source: Medline

Review of the effect of music interventions on symptoms of anxiety and depression in older adults with mild dementia

Citation: International psychogeriatrics / IPA, Oct 2015, vol. 27, no. 10, p. 1661-1670 (October 2015)

Author(s): Petrovsky, Darina, Cacchione, Pamela Z, George, Maureen

Abstract: Treatment of anxiety and depression, the most common psychiatric symptoms in older adults with mild dementia, requires innovative approaches due to the high cost and significant side effects associated with traditional pharmacological interventions. Alternative non-pharmacological therapies, such as music, when used in conjunction with pharmacological treatment, have the potential to alleviate symptoms of anxiety and depression in older adults diagnosed with mild dementia. The purpose of this review was to examine the evidence of music's efficacy in improving symptoms of anxiety and depression in older adults with mild dementia. Four databases (Medline, CINAHL, PsychInfo, PubMed) were searched using the terms "music," "music therapy," "music intervention," "singing," "dementia," "anxiety," and/or "depression," identifying ten studies that met the inclusion and exclusion criteria. The poor methodological rigor of the studies precluded reaching consensus on the efficacy of a music intervention in alleviating symptoms of anxiety and depression in older adults with mild dementia. There was inconclusive evidence as to whether music interventions are effective in alleviating symptoms of anxiety and depression in older adults with mild dementia due to the poor methodological rigor. However, with improved designs guided by a deeper understanding of how music engages the aging brain, music may emerge as an important adjunct therapy to improving the lives of older adults with mild dementia.

Source: Medline

A review of ethical issues in dementia population-based cohort study

Citation: International psychogeriatrics / IPA, Oct 2015, vol. 27, no. 10, p. 1635-1647 (October 2015)

Author(s): Johnson, Rebecca A, Karlawish, Jason

Abstract: Dementia raises many ethical issues. The present review, taking note of the fact that the stages of dementia raise distinct ethical issues, focuses on three issues associated with stages of dementia's progression: (1) how the emergence of preclinical and asymptomatic but at-risk categories for dementia creates complex questions about preventive measures, risk disclosure, and protection from stigma and discrimination; (2) how despite efforts at dementia prevention, important research continues to investigate ways to alleviate clinical dementia's symptoms, and requires additional human subjects protections to ethically enroll persons with dementia; and (3) how in spite of research and prevention efforts, persons continue to need to live with dementia. This review highlights two major themes. First is how expanding the boundaries of dementias such as Alzheimer's to include asymptomatic but at-risk persons generate new ethical questions. One promising way to address these questions is to take an integrated approach to dementia ethics, which can include incorporating ethics-related data collection into the design of a dementia research study itself. Second is the interdisciplinary nature of ethical questions related to dementia, from health policy questions about insurance coverage for long-term care to political questions about voting, driving, and other civic rights and privileges to economic questions about balancing an employer's right to a safe and productive workforce with an employee's rights to avoid discrimination on the basis of their dementia risk. The review highlights these themes and emerging ethical issues in dementia.

Source: Medline

The practice and ethics of dementia care

Citation: International psychogeriatrics / IPA, Oct 2015, vol. 27, no. 10, p. 1579-1581 (October 2015)

Author(s): Brodaty, Henry

Abstract: The focus in dementia research on discovery of cause and cure often leaves the care part of the triad hidden from the spotlight. While clinicians, caregivers, and policy makers eagerly await these scientific developments, daily they face challenges in striving best for quality of life for people with dementia and their family caregivers. This issue of the Journal addresses six topics: three relate to service delivery - at assessment, in the community and at end of life; and one each focus on ethics, driving and suicidality.

Source: Medline

Statins and the risk of dementia in patients with atrial fibrillation: A nationwide population-based cohort study

Citation: International journal of cardiology, Oct 2015, vol. 196, p. 91-97 (October 1, 2015)

Author(s): Chao, Tze-Fan, Liu, Chia-Jen, Chen, Su-Jung, Wang, Kang-Ling, Lin, Yenn-Jiang, Chang, Shih-Lin, Lo, Li-Wei, Hu, Yu-Feng, Tuan, Ta-Chuan, Chen, Tzeng-Ji, Lip, Gregory Y H, Chiang, Chern-En, Chen, Shih-Ann

Abstract: Atrial fibrillation (AF) is associated with cognitive decline and may contribute to an increased risk of dementia. The goal of the present study was to investigate whether statin use prevented non-vascular dementia in subjects with AF. Data from the National Health Insurance Research Database of Taiwan were used in this study. The study group comprised 51,253 AF subjects aged ≥ 60 years who had received statin treatment. For each study patient, four age- and sex-matched AF subjects without statin exposure were selected as the control group (n=205,012). The risk of non-vascular dementia was compared between the statin and control groups. During the follow-up period, 17,201 patients experienced non-vascular dementia. The annual incidence of non-vascular dementia was lower in the statin group than in the control group (1.89% vs. 2.20%; p<0.001). Statin use exhibited a protective effect on the occurrence of non-vascular dementia, with an adjusted hazard ratio (HR) of 0.832 (95% confidence interval=0.801-0.864). Among statin types, the use of rosuvastatin was associated with the largest risk reduction (adjusted HR=0.661). Statin exposure duration was related inversely to the risk of non-vascular dementia. In this large-scale nationwide cohort study, statin use was associated with a lower risk of non-vascular dementia in AF. Use of more potent statin and longer exposure time may be associated with greater benefits. Copyright © 2015 Elsevier Ireland Ltd. All rights reserved.

Source: Medline

Risk of Dementia in Seniors With Newly Diagnosed Diabetes: A Population-Based Study

Citation: Diabetes care, Oct 2015, vol. 38, no. 10, p. 1868-1875 (October 2015)

Author(s): Haroon, Nisha Nigil, Austin, Peter C, Shah, Baiju R, Wu, Jianbao, Gill, Sudeep S, Booth, Gillian L

Abstract: To study whether diabetes onset in late life is a risk factor for dementia. We conducted a population-based matched cohort study using provincial health data from Ontario, Canada. Seniors with (n = 225,045) and without newly diagnosed diabetes (n = 668,070) between April 1995 and March 2007 were followed until March 2012 for a new diagnosis of dementia. Cox proportional hazards modeling was used to compare the risk of dementia between groups after adjusting for baseline cardiovascular disease, chronic kidney disease (CKD), hypertension, and other risk factors. Over this period, we observed 169,114 new cases of dementia. Individuals with diabetes had a modestly higher incidence of dementia (2.68 vs. 2.62 per 100 person-years) than those without diabetes. In the fully adjusted Cox model, the risk of dementia was 16% higher among our subgroup with diabetes (hazard ratio [HR] 1.16 [95% CI 1.15-1.18]). Adjusted HRs for dementia were 1.20 (95% CI 1.17-1.22) and 1.14 (95% CI 1.12-1.16) among men and women, respectively. Among seniors with diabetes, the risk of dementia was greatest in those with prior cerebrovascular disease (HR 2.03; 95% CI 1.88-2.19), peripheral vascular disease (HR 1.47; 95% CI 1.19-1.82), and CKD (HR 1.44; 95% CI 1.38-1.51), and those with one or more hospital visits for hypoglycemia (HR 1.73; 95% CI 1.62-1.84). In this population-based study, newly diagnosed diabetes was associated with a 16% increase in the risk of dementia among seniors. Preexisting vascular disease and severe hypoglycemia were the greatest risk factors for dementia in seniors with diabetes. © 2015 by the American Diabetes Association. Readers may use this article as long as the work is properly cited, the use is educational and not for profit, and the work is not altered.

Source: Medline

Full Text: Available from *EBSCOhost* in [Diabetes Care](#)

Effectiveness of a training package for implementing a community-based occupational therapy program in dementia: a cluster randomized controlled trial

Citation: Clinical rehabilitation, Oct 2015, vol. 29, no. 10, p. 974-986 (October 2015)

Author(s): Döpp, Carola Me, Graff, Maud JI, Teerenstra, Steven, Olde Rikkert, Marcel Gm, Nijhuis-van der Sanden, Maria Wg, Vernooij-Dassen, Myrra Jfj

Abstract: Evaluate the effectiveness of a training package to implement a community occupational therapy program for people with dementia and their caregiver (COTiD). Cluster randomized controlled trial. A total of 45 service units including 94 occupational therapists, 48 managers, 80 physicians, treating 71 client-caregiver couples. Control intervention: A postgraduate course for occupational therapists only. A training package including the usual postgraduate course, additional training days, outreach visits, regional meetings, and access to a reporting system for occupational therapists. Physicians and managers received newsletters, had access to a website, and were approached by telephone. The intended adherence of therapists to the COTiD program. This was assessed using vignettes. clients' daily functioning, caregivers' sense of competence, quality of life, and self-perceived performance of daily activities of both clients and caregivers. Between-group differences were assessed using multilevel analyses with therapist and intervention factors as covariates. No significant between-group differences between baseline and 12 months were found for adherence (1.58, 95% CI -0.10 to 3.25), nor for any client or caregiver outcome. A higher number of coaching sessions and higher self-perceived knowledge of dementia at baseline positively correlated with adherence scores. In contrast, experiencing more support from occupational therapy colleagues or having conducted more COTiD treatments at baseline negatively affected adherence scores. The training package was not effective in increasing therapist adherence and client-caregiver outcomes. This study suggests that coaching sessions and increasing therapist knowledge on dementia positively affect adherence. NCT01117285. © The Author(s) 2014.

Source: Medline

Full Text:

Available from *EBSCOhost* in [Clinical Rehabilitation](#)

Available from *ProQuest* in [Clinical Rehabilitation](#)

Dementia and the Power of Music Therapy

Citation: Bioethics, Oct 2015, vol. 29, no. 8, p. 573-579 (October 2015)

Author(s): Matthews, Steve

Abstract: Dementia is now a leading cause of both mortality and morbidity, particularly in western nations, and current projections for rates of dementia suggest this will worsen. More than ever, cost effective and creative non-pharmacological therapies are needed to ensure we have an adequate system of care and supervision. Music therapy is one such measure, yet to date statements of what music therapy is supposed to bring about in ethical terms have been limited to fairly vague and under-developed claims about an improvement in well-being. This article identifies the relevant sense of wellbeing at stake in the question of dementia therapies of this type. In broad terms the idea is that this kind of therapy has a restorative effect on social agency. To the extent that music arouses a person through its rhythms and memory-inducing effects, particularly in communal settings, it may give rise to the recovery of one's narrative agency, and in turn allow for both carer and patient to participate in a more meaningful and mutually engaging social connection. © 2015 John Wiley & Sons Ltd.

Source: Medline

Dementia and the person-centred care approach

Citation: Nursing older people, Oct 2015, vol. 27, no. 8, p. 27-31, 1472-0795 (October 24, 2015)

Author(s): McGreevy, Jessica

Abstract: Approaches to care that focus solely on biomedical needs are still rife in dementia; however, a person-centred approach is emerging that focuses on 'seeing the person'. This article explores the literature on person-centred dementia care to determine if it is an ideal rather than a reality.

The background to the development of person-centred care is presented with reference to policies in place in the UK. Using the setting of long-term care, the journey of people with dementia is explored at diagnosis, living well and end of life.

Source: Medline

Improving activity and engagement for patients with dementia

Citation: Nursing older people, Oct 2015, vol. 27, no. 8, p. 22-26, 1472-0795 (October 24, 2015)

Author(s): Bray, Jennifer, Evans, Simon, Bruce, Mary, Carter, Christine, Brooker, Dawn, Milosevic, Sarah, Thompson, Rachel, Hutt, Louise

Abstract: This is the second in a short series that presents case study examples of the positive work achieved by trusts that participated in the Royal College of Nursing's development programme to improve dementia care in acute hospitals. Staff often think that there is insufficient time to get to know patients and carers, especially with large and challenging workloads. Combined with a lack of activities and stimulation for patients with dementia in hospital, this can result in poor engagement and a disconnect between staff and patients. To improve these relationships and give staff more time with patients, Cambridge University Hospitals NHS Foundation Trust has introduced bay nursing for patients with dementia, where one nurse is responsible for monitoring a bay alongside a healthcare assistant for an entire shift. Part of Betsi Cadwaladr University Health Board, Glan Clwyd Hospital in north Wales has focused on improving stimulation by creating an activity room with a specially trained activity worker, providing a relaxed and friendly setting where patients with dementia can take part in a range of activities and have lunch together.

Source: Medline

Drop in dementia diagnoses may be due to lifestyle changes

Citation: Nursing older people, Oct 2015, vol. 27, no. 8, p. 7., 1472-0795 (October 24, 2015)

Author(s): Blakemore, Sophie

Abstract: RESEARCH SHOWING that the number of people with dementia is stabilising in some western European countries should be cause for rejoicing, according to a leading UK expert in the condition.

Source: Medline

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