NICE publishes guidelines on home care services for older people

The National Institute for Health and Care Excellence (NICE) has today published guidelines to promote high-quality home care services for older people. Home care refers to practical support for people who need help to continue living in their own homes. This can range from helping people to wash and dress themselves to carrying out essential domestic tasks on their behalf. If home care is delivered in the right way, people can maintain their independence and stay at home for as long as possible - which is of vital importance to people with dementia.

Alzheimer's Society

Home care: delivering personal care and practical support to older people living in their own homes

Care and Service at Home for Persons With Dementia in Europe

Citation: Journal of Nursing Scholarship, 01 September 2015, vol./is. 47/5(407-416), 15276546

Author(s): Bökberg, Christina, Ahlström, Gerd, Leino-Kilpi, Helena, Soto-Martin, Maria E., Cabrera, Esther, Verbeek, Hilde, Saks, Kai, Stephan, Astrid, Sutcliffe, Caroline, Karlsson, Staffan

Abstract: Purpose To describe available and utilized formal care and service at home for persons with dementia, from diagnosis to end-of-life stage, in eight European countries. Design A descriptive cross-country design concerning eight European countries as a part of the European research project RightTimePlaceCare. Methods The research team in each country used a mapping system to collect country-specific information concerning dementia care and service system. The mapping system consists of 50 types of care and service activities. Sixteen of the 50 predefined activities concerning care and service at home were selected for this study and subdivided into three categories, following the stages of dementia. Findings Availability was reported to be higher than utilization, and the findings indicated more similarities than differences among the eight countries involved. Even though there were several available activities of 'basic care and services' and 'healthcare interventions', they were utilized by few in most countries. Furthermore, 'specialized dementia care and services' were sparsely available and even more sparsely utilized in the participating countries. Conclusion The findings indicated that persons with dementia in Europe received formal care and service on a general, basic level but seldom adjusted to their specific needs. Clinical Relevance This study describes the gap between service provision and utilization enabling nurses to develop individually adjusted care plans for persons with dementia during the progress of the disease. The findings do not include matters of quality of care or how to best organize effective care and services. However, the activities of care and services presented here should shed light on what room there is for improvement when it comes to enabling persons with dementia to go on living at home.

Source: CINAHL

Full Text:
Available from EBSCOhost in Journal of Nursing Scholarship
Available from ProQuest in Journal of Nursing Scholarship

A recipe for mealtime resilience for families living with dementia

Citation: Scandinavian journal of caring sciences, Sep 2015, vol. 29, no. 3, p. 486-494 (September 2015)

Author(s): Wong, Fiona, Keller, Heather H, Schindel Martin, Lori, Sutherland, Olga

Abstract: To date, research delving into the narratives of persons living with dementia is limited. Taking part in usual mealtime activities such as preparing food can sustain the identity of persons living with dementia. Yet if capacity for mealtime activities changes, this can put a strain or demand on the family, which must adjust and adapt to these changes. The aim of this study was to develop an in-depth story of resilience in one family living with dementia that was experiencing mealtime changes. Thematic narrative analysis following the elements of Clandinin and Connelly's (2000) 3D narrative inquiry space was used. One family's dementia journey was highlighted using the metaphor of a baking recipe to reflect their story of resilience. Developing positive strategies and continuing to learn and adapt were the two approaches used by this resilient family. Reminiscing, incorporating humour, having hope and optimism, and establishing social support were specific strategies. This family continued to learn and adapt by focusing on their positive gains and personal growth, accumulating life experiences, and balancing past pleasures while adapting to the new normal. Future work needs to further conceptualise resilience and how it can be supported in families living with dementia. © 2014 Nordic College of Caring Science.

Source: Medline

The dementia diagnosis: a literature review of information, understanding, and attributions

Citation: Psychogeriatrics : the official journal of the Japanese Psychogeriatric Society, Sep 2015, vol. 15, no. 3, p. 218-225 (September 2015)

Author(s): Stokes, Laura, Combes, Helen, Stokes, Graham
Abstract: This review examines how people understand and make sense of a dementia diagnosis. The review explores how lay frameworks and information presented at diagnosis may inform a caregiver’s understanding of dementia in a family member. Existing qualitative research exploring how caregivers understand and make sense of dementia is reviewed. A literature search was conducted, and the results indicated that family carers often receive little or unclear information about dementia, with diagnostic information often delivered in euphemistic terms. Lack of clarity regarding diagnosis and prognosis creates uncertainty for caregivers and impacts future care planning. Caregiver’s understandings of the condition vary, with some symptoms often not attributed to the condition. The literature highlights significant gaps and misconceptions in public knowledge regarding dementia, which raises questions about how family caregivers understand the condition. Further research is required to explore how information is presented to family carers at the time of diagnosis and how this is used to understand the condition. © 2014 The Authors. Psychogeriatrics © 2014 Japanese Psychogeriatric Society.

Source: Medline

Community-based palliative care is associated with reduced emergency department use by people with dementia in their last year of life: A retrospective cohort study

Citation: Palliative medicine, Sep 2015, vol. 29, no. 8, p. 727-736 (September 2015)

Author(s): Rosenwax, Lorna, Spilsbury, Katrina, Arendts, Glenn, McNamara, Bev, Semmens, James

Abstract: To describe patterns in the use of hospital emergency departments in the last year of life by people who died with dementia and whether this was modified by use of community-based palliative care. Retrospective population-based cohort study of people in their last year of life. Time-to-event analyses were performed using cumulative hazard functions and flexible parametric proportional hazards regression models. All people living in Western Australia who died with dementia in the 2-year period 1 January 2009 to 31 December 2010 (dementia cohort; N = 5261). A comparative cohort of decedents without dementia who died from other conditions amenable to palliative care (N = 2685). More than 70% of both the dementia and comparative cohorts attended hospital emergency departments in the last year of life. Only 6% of the dementia cohort used community-based palliative care compared to 26% of the comparative cohort. Decedents with dementia who were not receiving community-based palliative care attended hospital emergency departments more frequently than people receiving community-based palliative care. The magnitude of the increased rate of emergency department visits varied over the last year of life from 1.4 (95% confidence interval: 1.1-1.9) times more often in the first 3 months of follow-up to 6.7 (95% confidence interval: 4.7-9.6) times more frequently in the weeks immediately preceding death. Community-based palliative care of people who die with or of dementia is relatively infrequent but associated with significant reductions in hospital emergency department use in the last year of life. © The Author(s) 2015.

Source: Medline

Evaluation of dementia education programs for pre-registration healthcare students-A review of the literature

Citation: Nurse education today, Sep 2015, vol. 35, no. 9, p. 992-998 (September 2015)

Author(s): Alushi, Ledia, Hammond, John A, Wood, Julia H

Abstract: In an aging society, the number of people living with dementia is rapidly increasing. Health care students receive little input on dementia during their pre-registration education, hence there is a requirement to improve education to work with this client group. The review aimed to focus on education on working with people with dementia for pre-registration healthcare students. A comprehensive review of the literature. Online databases Medline, PsychInfo, CINAHL, Science Direct and PubMed were used. The studies were selected according to the following criteria: main focus on education and training on working with people with dementia in pre-registration healthcare programs. Reports that described a training program but did not include evaluation were excluded. For inclusion, studies had to be published in English between January 2007 and March 2014. Identified papers were screened and reviewed by the three authors. Nine studies met the inclusion criteria. Most studies were based in North America, predominantly in nursing and medical education. Educational interventions chiefly aimed to improve students’ knowledge, comfort level and attitudes toward people with dementia. It was shown that theoretical input alone did not give students the necessary skills to work with people with dementia. Educational interventions were most effective when a practice based experience was preceded by theoretical preparation. Most of the findings were positive, demonstrating the potential to improve students’ knowledge, attitude and comfort level, however methods and evaluation were not always sufficiently reported, making them difficult to use or replicate. This review highlights the need for studies with rigorous methods to determine evidence based best practice for all those working with people with dementia in order to provide effective care and improve their quality of life. Copyright © 2015 Elsevier Ltd. All rights reserved.

Source: Medline

Should we screen for cognitive decline and dementia?

Citation: Maturitas, Sep 2015, vol. 82, no. 1, p. 28-35 (September 2015)

Author(s): Calzá, Laura, Beltrami, Daniela, Gagliardi, Gloria, Ghidoni, Enrico, Marcello, Norina, Rossini-Favretti, Rema, Tamburini, Fabio

Abstract: Due to increased life expectancy, the prevalence of cognitive decline related to neurodegenerative diseases and to non-neurological conditions is increasing in western countries. As with other diseases, the burden might be reduced through personalized interventions delivered at early stages of the disease. Thus, there is an increasing demand, from both social and healthcare systems, for instruments and strategies to recognize cognitive decline, and possibly distinguish the precursor of serious neurodegeneration from "benign senile forgetfulness" or the temporary consequences of illness or trauma. However, this goal faces both technical and ethical issues. In this article we deal with the following: (i) re-definition of cognitive decline and its relationship with frailty definitions, starting from the recent work of international consensus groups for pre-symptomatic Alzheimer disease recognition; (ii) ethical problems concerning anonymous and personalized cognitive screening and the need for appropriate counselling; (iii) the need for more sensitive and specific tools to detect and distinguish pathological levels of cognitive decline and delineate the contribution of non-pathological decline to accumulated frailty impacts and (iv) the potential of the language domain and spontaneous speech analyses. Copyright © 2015. Published by Elsevier Ireland Ltd.
Arthritis drug could double up as a treatment for Alzheimer’s and Frontotemporal dementia, study finds

Scientists from the Gladstone Institutes in California have found that Salsalate, a drug used to treat rheumatoid arthritis, effectively prevented the accumulation of the protein tau in an animal model of Frontotemporal dementia (FTD).

Tau protein accumulates in the brains of people with both Alzheimer’s disease and Frontotemporal dementia. The study, published in Nature Medicine, found that salsalate successfully lowered tau levels in mice and, in doing so, improved memory and prevented damage of the hippocampus - a brain region essential for memory formation that is impacted by dementia.

Alzheimer’s Society

Cognitive Tests to Detect Dementia: A Systematic Review and Meta-analysis

**Citation:** JAMA internal medicine, Sep 2015, vol. 175, no. 9, p. 1450-1458 (September 1, 2015)

**Author(s):** Tsai, Kelvin K F, Chan, Joyce Y C, Hirai, Hoyee W, Wong, Samuel Y S, Kwok, Timothy C Y

**Abstract:** Dementia is a global public health problem. The Mini-Mental State Examination (MMSE) is a proprietary instrument for detecting dementia, but many other tests are also available. To evaluate the diagnostic performance of all cognitive tests for the detection of dementia. Literature searches were performed on the list of dementia screening tests in MEDLINE, EMBASE, and Psychological from the earliest available dates stated in the individual databases until September 1, 2014. Because Google Scholar searches literature with a combined ranking algorithm on citation counts and keywords in each article, our literature search was extended to Google Scholar with individual test names and dementia screening as a supplementary search. Studies were eligible if participants were interviewed face to face with respective screening tests, and findings were compared with criterion standard diagnostic criteria for dementia. Bivariate random-effects models were used, and the area under the summary receiver-operating characteristic curve was used to present the overall performance. Sensitivity, specificity, and positive and negative likelihood ratios were the main outcomes. Eleven screening tests were identified among 149 studies with more than 49,000 participants. Most studies used the MMSE (n = 102) and included 10,263 patients with dementia. The combined sensitivity and specificity for detection of dementia were 0.81 (95% CI, 0.78-0.84) and 0.89 (95% CI, 0.87-0.91), respectively. Among the other 10 tests, the Mini-Cog test and Addenbrooke’s Cognitive Examination Revised (ACE-R) had the best diagnostic performances, which were comparable to that of the MMSE (Mini-Cog, 0.89 sensitivity and 0.86 specificity; ACE-R, 0.92 sensitivity and 0.89 specificity). Subgroup analysis revealed that only the Montreal Cognitive Assessment had comparable performance to the MMSE on detection of mild cognitive impairment with 0.89 sensitivity and 0.75 specificity. Besides the MMSE, there are many other tests with comparable diagnostic performance for detecting dementia. The Mini-Cog test and the ACE-R are the best alternative screening tests for dementia, and the Montreal Cognitive Assessment is the best alternative for mild cognitive impairment.

**Source:** Medline

**Full Text:** Available from Silverchair Information Systems in JAMA Internal Medicine

'Unlocking' people with dementia through the use of music therapy

**Citation:** Nursing & Residential Care, 01 September 2015, vol./is. 17/9(512-514), 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

An Investigation of the Utility of the Addenbrooke's Cognitive Examination III in the Early Detection of Dementia in Memory Clinic Patients Aged over 75 Years

**Citation:** Dementia & Geriatric Cognitive Disorders, 01 September 2015, vol./is. 40/3/4(222-232), 14208008

**Author(s):** Jubb, Michael T., Evans, Jonathan J.

**Language:** English

**Abstract:** Background/Aims: To examine the validity of Addenbrooke's Cognitive Examination III (ACE-III) in detecting early dementia in UK memory clinic patients aged 75-85 years. Methods: The ACE-III was administered to 59 patients prior to diagnosis. The extent to which scores predicted the membership of the dementia or no-dementia group was explored using receiver operating characteristic curve analysis and other parameters of diagnostic performance. Thirty-three participants (55.9%) were diagnosed with dementia (Alzheimer's disease = 56.3%, Alzheimer's disease with cerebrovascular disease = 31.3%, and vascular dementia = 12.5%). Results: The optimal cut-off for detecting dementia was 81/100 (scores <81 indicating dementia with a sensitivity of 0.79, a specificity of 0.96, and a positive predictive value of 0.96), with superiority over published cut-offs (80/100 and 82/100) at medium and lower prevalence rates. The number of years of full-time education had a significant positive relationship to total ACE-III scores (r = 0.697, p < 0.001) for the no-dementia group. Exploratory analysis indicated that optimal cut-offs were different for higher versus lower education groups. Conclusions: The ACE-III has excellent accuracy for the detection of dementia in day-to-day clinical practice. Lower cut-offs than those specified in the index paper, and the consideration of the patients' years of full-time education may be necessary for optimal diagnostic performance. © 2015 S. Karger AG, Basel

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