Citation: Behavior modification, May 2015, vol. 39, no. 3, p. 390-412 (May 2015)
Author(s): Charlesworth, Georgina, Sadek, Susan, Schepers, Astrid, Spector, Aimée
Abstract: This article describes a 10-session cognitive-behavioral therapy (CBT) used in a randomized controlled trial with people with anxiety and mild-to-moderate dementia. The aim of the therapy is to reduce symptoms of anxiety by increasing a sense of safety and self-efficacy. The therapy is characterized by a person-centered approach to CBT, using individual tailoring to accommodate for cognitive deficits and other challenges. Three phases of therapy are described: (a) socialization to model (including overcoming barriers to participation), goal setting, and formulation; (b) application of cognitive and behavioral change techniques to address unhelpful automatic reactions, “strategic” reactions, “rules for living,” and interpersonal aspects; and (c) consolidation and ending in the context of chronic, deteriorating illness. The approach prioritizes direct work with the person with dementia, with the involvement of a “supportive other” where available and when necessary. The protocol is designed for use by therapists with prior experience in CBT. © The Author(s) 2014.
Source: Medline

Do I know you? Examining face and object memory in frontotemporal dementia

Citation: Neuropsychologia, May 2015, vol./is. 71/(101-111), 0028-3932/1873-3514 (May 01, 2015)
Author(s): Kumfor F., Hutchings R., Irish M., Hodges J.R., Rhodes G., Palermo R., Piquet O.
Abstract: The ability to perceive, learn and recognise faces is a complex ability, which is key to successful social interactions. This ability is proposed to be coordinated by neural regions in the occipital and temporal lobes, specialised for face perception and memory. While previous studies have suggested that memory for faces is compromised in some dementia syndromes, it remains unclear whether this simply reflects more generalised memory deficits. Here, we examined basic face perception (Identity-Matching), face recognition (Cambridge Face Memory Task) and object recognition (Cambridge Car Memory Task) in 11 semantic dementia (SD) patients (8 left-lateralised, 3 right-lateralised) and 13 behavioural-variant frontotemporal dementia (bvFTD) patients, compared with 11 controls. On the Identity-Matching task, bvFTD were impaired compared to controls, with a similar trend observed in the SD group. Importantly, both bvFTD and SD also demonstrated impaired face recognition. In contrast, only bvFTD showed impaired object recognition, with SD performing within normal limits on this task. Voxel-based morphometry analyses revealed that Identity-Matching and face recognition were associated with partly dissociable regions including the fusiform cortex and anterior temporal lobe. Object-memory was associated with thalamic integrity in the bvFTD group only. These results reveal that face perception and face memory deficits are common in bvFTD and SD, and have been previously underestimated. These deficits are due to neurodegeneration of key regions within the ‘core’ and ‘extended’ face processing system, providing convergent evidence of the neural regions supporting face perception. From a clinical perspective, impaired ability to recognise faces is common in bvFTD and SD and therefore strategies to improve face perception and memory may be beneficial for these patients.
Publication Type: Journal: Article
Source: EMBASE

Dementia: breaking down mental barriers to physical activity

Citation: Nursing & Residential Care, 01 May 2015, vol./is. 17/5(270-272), 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

The role of the dementia specialist nurse in acute care: a scoping review

Citation: Journal of Clinical Nursing, 01 May 2015, vol./is. 24/9/10(1394-1405), 09621067
Author(s): Griffiths, Peter, Bridges, Jackie, Sheldon, Helen, Thompson, Rachel
Abstract: Aims and objectives To identify the potential benefits of dementia specialist nursing and to inform the implementation of roles to support people with dementia during hospital admission. Background Extended stays and adverse events mean that hospital admissions are costly for people with dementia, and patient experiences and outcomes can be poor. Specialist nurses have been identified as having potential to enhance care quality, reduce excess stays and reduce costs, but the evidence base for dementia specialist nurse roles has not previously been synthesised. Design Scoping review. Data sources Cochrane Library, Campbell Collaboration, Clinical Evidence, Evidence-Based Medicine, York Centre for Reviews and Dissemination, PubMed, Medline, CINAHL and PsycInfo databases and internet searches and personal libraries/expert consultation to identify grey literature. Methods Initial scoping searches were used to inform more focused systematic searches. Studies directly evaluating dementia nurse specialist roles or giving evidence of effectiveness of interventions/services that could be delivered by them to improve core outcomes were identified by one reviewer and verified by a second reviewer. Results While direct evidence for the effectiveness of these roles is lacking, a number of areas were identified in which a nurse specialist role could make a contribution, including preventing adverse events and improving patient experiences and outcomes. There is a considerable body of evidence for the effectiveness of these interventions although the volume of evidence for specific interventions is not always significant. Conclusions The evidence indicates that a skilled dementia specialist nurse, undertaking a clearly defined role, and working directly with people with dementia and their carers for a significant proportion of the time, could benefit people with dementia in hospitals
and their family carers. Relevance to clinical practice Clear guidance for the development and implementation of dementia specialist nurse roles in acute hospital settings.

Publication Type: journal article
Source: CINAHL

Exploring the cost-effectiveness of a one-off screen for dementia (for people aged 75 years in England and Wales)

Citation: International Journal of Geriatric Psychiatry, 01 May 2015, vol./is. 30/5(446-452), 08856230
Author(s): Dixon, Josie, Ferdinand, Monique, D’Amico, Francesco, Knapp, Martin
Abstract: OBJECTIVE: This paper examines the numbers of people with dementia who could be diagnosed and the likely cost-effectiveness of a one-off screen for dementia for people aged 75 years in England and Wales. METHODS: The study uses static decision modelling to compare a one-off screen for dementia with a no-screen scenario. Estimates for the model were drawn from systematic reviews, high-quality studies and government and administrative sources. A panel of experts also advised the study. RESULTS: An estimated 3514 people could be diagnosed as a result of screening, 2152 of whom would otherwise never receive a diagnosis. The study identified societal economic impact of between £3 649 794 (net costs) and £4 685 768 (net savings), depending on assumptions. CONCLUSIONS: Our analysis suggests that screening could be cost-effective, especially as treatments and social care interventions become more effective and if diagnosis by current routes remains low or occurs later than is optimal. This study was, however, limited by available evidence and a range of quality of life benefits, cost savings and potential harms could not be quantified. It was also beyond the scope of this study to consider dynamic factors such as repeat screening, mortality, disease trajectories or trends in the numbers of people with dementia. A larger study would be needed for this, involving more complex and innovative approaches to generating estimates for modelling. We did not compare population screening for people aged 75 years to other methods for increasing diagnosis rates. Copyright © 2014 John Wiley & Sons, Ltd.

Publication Type: journal article
Source: CINAHL

Unplanned, urgent and emergency care: what are the roles ems provide for older people with dementia?
A literature review and narrative synthesis

Citation: Emergency Medicine Journal, 01 May 2015, vol./is. 32/5(0-0), 14720205
Author(s): Buswell, Marina, Martin, Steven, Lee, Caroline, Lumbard, Philip, Prothero, Larissa
Abstract: BACKGROUND: Anecdotally emergency ambulance crews say they frequently encounter older people with dementia (OPWD) and it can be difficult to take history, assess pain and access suitable alternatives to the emergency department especially out of hours. With the current policy landscape of the NHS England Emergency & Urgent Care Review and the high profile of dementia care it is pertinent to ask what role emergency medical services (EMS) have in the urgent and emergency care of OPWD. METHODS: Aware that the research literature in this area was likely to be sparse we used systematic and iterative search techniques to identify relevant studies and documents. All databases available via NHS Evidence were searched and grey literature was included. Articles which made any reference to the pre-hospital role of EMS ambulance services/personnel in the urgent or emergency care of OPWD were included. Discharge roles were excluded. RESULTS: Nineteen relevant documents were included for review and synthesis, over half from the grey literature. Eight were specifically about EMS treating OPWD, six of those from the grey literature. The other documents, though mentioning the role, were not researching or evaluating that role. We identified three roles described in the literature: emergency transport, assess and manage, and a last resort/safety net role. This final role is alluded to in over one third of the documents but is not investigated. CONCLUSIONS AND RECOMMENDATIONS: This review highlights a gap in our understanding and in the research literature about the role EMS play in the care of OPWD, particularly around the last resort/safety net role. We hope it will encourage researchers from EMS and dementia care disciplines to come together, particularly to look at: Better understanding the last resort/safety net role. Evaluating AND reporting in the research literature initiatives that are happening in EMS around caring for OPWD.

Publication Type: journal article
Source: CINAHL


Improving communication when caring for acutely ill patients with dementia

Citation: Nursing older people, Apr 2015, vol./is. 27, no. 4, p. 35-38, 1472-0795 (April 2015)
Author(s): Kilgore, Cliff
Abstract: People living with dementia have complex needs, which may be compounded when they develop an acute illness. It is vital to recognise any deterioration in a patient and respond appropriately to prevent serious complications and, in some cases, mortality. It is necessary for all healthcare professionals to develop assessment skills that take account of potential communication difficulties. This article reviews the literature on communicating with people with dementia, and considers the main issues involved in managing patients with an acute illness who are already living with dementia. The aim is to ensure that nurses consider how they communicate in these situations and to recognise the benefits that can be gained by healthcare professionals and patients from enhanced communication.

Source: Medline

Trusts urged to extend visiting hours for 'partners in care'

Citation: Nursing older people, Apr 2015, vol./is. 27, no. 4, p. 7., 1472-0795 (April 2015)
Abstract: CARE SERVICES minister Norman Lamb has written to hospitals in England asking them to give the families of patients with dementia the option to visit outside normal visiting hours and to stay overnight.

Source: Medline
Survival and early recourse to care for dementia: A population based study

Citation: Alzheimer's & dementia : the journal of the Alzheimer's Association, Apr 2015, vol. 11, no. 4, p. 385-393 (April 2015)

Author(s): Pimouguet, Clément, Delva, Fleur, Le Goff, Mélanie, Stern, Yaakov, Pasquier, Florence, Berr, Claudine, Tzouriou, Christophe, Dartigues, Jean-François, Helmer, Catherine

Abstract: A large proportion of dementia cases are still undiagnosed. Although early dementia care has been hypothesized to benefit both patients and families, evidence-based benefits are lacking. Thus, investigating the benefits for newly demented persons according to their recourse to care in the “real life” appears critical. We examined the relation between initial care recourse care and demented individuals’ survival in a large cohort of incident dementia cases screened in a prospective population-based cohort, the Three-City Study. We assessed recourse to care for cognitive complaint at the early beginning of dementia when incident cases were screened. We classified patients in three categories: no care recourse, general practitioner consultation or specialist consultation. We used proportional hazard regression models to test the association between recourse to care and mortality, adjusting on socio-demographical and clinical characteristics. Two hundred and fifty-three incident dementia participants were screened at the 2 year or 4 year follow-up. One third of the incident demented individuals had not consulted a physician for cognitive problems. Eighty-six (34.0%) individuals had reported a cognitive problem only to their general practitioner (GP) and 80 (31.6%) had consulted a specialist. Mean duration of follow-up after incident dementia was 5.1 years, during which 146 participants died. After adjustment on potential confounders, participants who had consulted a specialist early in the disease course presented a poorer survival than those who did not consult any physician (hazard ratio = 1.64, 95% confidence interval 1.03-2.62). There was a trend but no significant differential survival profile between participants who complained to their GP and those without any care recourse. Neither recourse to a specialist nor recourse to GP improve survival of new dementia cases. Those who had consulted a specialist early in the disease course even reported a worse life expectancy than those who did not. Copyright © 2015 The Alzheimer's Association. Published by Elsevier Inc. All rights reserved.

Source: Medline

Memory assessment software in a dementia clinic: a pilot study using improvement science

Citation: British Journal of Neuroscience Nursing, Apr 2015, vol. 11, no. 2, p. 65-72, 1747-0307 (Apr-May 2015)

Author(s): Leroi, Iracema, Hendry, Ann Marie, Critcher, Sandra, Chavunduka, Barbara, Allen, Tom

Abstract: Background: The pressure on memory assessment services in the UK to undertake an increasing number of new patient assessments is growing. Digital assessment tools delivered on hand-held electronic devices, such as tablets, may optimise the efficiency, accuracy and usefulness of remote cognitive assessments. Aim: To pilot the introduction of cognitive assessment software delivered on tablets in domiciliary-based memory assessment services. Methods: Using the principles of improvement science (IS), the authors undertook a 12-month prospective technology introduction study, using a change package with an interrupted time series design. New tablet-based auto-scoring assessment software was systematically introduced in one mental health Trust in the North West UK to improve the efficiency of the assessment and report preparation process. Changes involved incrementally adapting the software with assessment nurses in a series of ‘Plan Do Study Act’ (PDSA) cycles evaluated with time series run charts. Results: Application of the final version of the software reduced the mean time taken to score and prepare the clinical assessment report by nearly 84% from the baseline (a median improvement of 77.5 minutes). This equates to a substantial increase in the number of new assessments that could be undertaken per year due to increased availability of front-line care. Conclusion: Introducing tablet-compatible assessment software for home-based memory clinics significantly increases the efficiency of the process and may facilitate more rapid turnover of new patient referrals. IS methods have potential to aid the introduction of new technology to improve dementia care. [PUBLICATION] 13 references Source: BNI

Team-based interprofessional competency (TIC) training in dementia screening and management

Citation: Journal of the American Geriatrics Society, April 2015, vol./is. 63/(S113), 0002-8614 (April 2015)


Abstract: Background: According to the Alzheimer's Association, as many as 50% of people satisfying diagnostic criteria for dementia remain undiagnosed. The California Geriatric Education Center developed a team-based training program for dementia-related competencies of four professions (medicine, nursing, pharmacy and social work) whose scope of practice involves dementia care. Methods: We identified the minimum profession-specific competencies for dementia screening and management and highlighted overlaps and opportunities for interprofessional collaboration. A multidisciplinary group of 10 faculty was trained to facilitate four interactive competency stations on: 1.) Dementia screening; 2.) Differential diagnosis; 3.) Management/Team Care Planning; and 4.) Caregiver Stress. Registrants were organized into teams of five to include at least one member of each profession. The teams rotated through all stations, completing assigned tasks through interprofessional collaboration. Post program, participants were provided access to the Workshop Toolkit Essentials in order to implement the program at their own institution. Results: A total of 82 professionals (31 physicians; 18 nurses; 18 pharmacists; 11 social workers; 4 others) successfully completed the program. Change scores showed significant improvements in overall competence in dementia assessment and intervention (average change=1.24, p<0.0001), awareness of importance of dementia screening (average change=0.93, p<0.0001) and confidence in managing medication issues (average change=0.94, p<0.0001). Over 81% (n=54) of participants reported feeling "confident"/"very confident" using the dementia toolkit at their home institution. Conclusion: The TIC is an innovative team teaching model can be used to enhance dementia screening and management competency in medical, nursing, pharmacy and social work practitioners.

Publication Type: Journal: Conference Abstract

The dementia roundtable: An innovative community-based interprofessional education program on caring for persons with dementia

Citation: Journal of the American Geriatrics Society, April 2015, vol./is. 63/(S198), 0002-8614 (April 2015)

Author(s): Heffin M.T., Poer C., Gwyther L., Shock L., Matters L., Egerton E., Burgess M., Mann-Johnson D., Mcconnell E.

Language: English

Abstract: Background: Effective recognition, diagnosis and management of dementia requires interprofessional (IP) teams working toward a shared goal of assuring preservation of function, safety and dignity for people affected. We developed interactive educational experiences for teams of health professionals caring for people with dementia and their families. Methods: Our IP education team developed a series of sessions on dementia recognition and management. We utilized an anchored instruction format (the Dementia Roundtable) whereby faculty introduced a topic and shared a brief video clip or case to illustrate issues in dementia care. In small groups, participants then reflected on the video and responded to questions.
Discussions facilitated by faculty experts allowed participants to share experiences, ask questions, and learn about evidence-based care resources. Senior Community Care of NC, our local PACE program, hosted the sessions and networked with the Triangle J Area Agency on Aging to extend invitations to community-based providers. Results: This year, 57 participants from 15 different professions and 26 different community-based organizations or agencies attended Roundtables. Strong partnerships with our PACE program co-host and the local Area Agency on Aging enhanced our ability to reach health professionals in the community. Attendees highly valued sharing experiences with an IP group and directly applied what was learned most often in caregiver support and education. Many recommended extending the time and all planned to continue attending and to refer colleagues. Conclusion: Our IP team successfully partnered with community agencies to offer a series of interactive educational sessions on dementia care.

**Development of a person-centered, community-based, multifaceted, dementia care-coordination program: MIND at Home**

*Citation:* Journal of the American Geriatrics Society, April 2015, vol./iss. 63/(S211), 0002-8614 (April 2015)

**Author(s):** Johnston D.M., Samus Q.M., Black B., Lyketsos C.

**Language:** English

**Abstract:** Background: 1 in 9 older Americans have Alzheimer's disease and related memory disorders. Most are cared for at home by informal caregivers. Therefore efficient, effective care models that identify and manage the illness in the community must be a public health priority. The objective is to provide a case example of the developmental path of one such model, MIND at Home, and discuss lessons learned from proof-of-concept pilot testing to implementation in a demonstration project. Methods: Phase 1 was a cross-sectional observational pilot study that develop and tested a dementia case-finding method and inhome needs-assessment tool, identified prevalence and types of unmet needs, and facilitated the creation of a person-centered intervention protocol. Phase 2 was a pilot 18-month randomized controlled trial of the intervention to establish feasibility, acceptability, and preliminary efficacy. Phase 3 is ongoing and consists of 2 concurrent projects testing 2 different iterations of the MIND at Home program in different populations and with differing research designs. Results: MIND has been developed and refined over time and is now a fully protocolized intervention including manual, training curriculum, a cloud-based custom care management software program, and assessment tools. In the pilot trial, participants receiving MIND had a significant delay in transition from home, unmet care needs were reduced and quality of life improved; caregivers had reduced burden of time spent providing care. These findings led to two currently- underway projects, an RCT for definitive efficacy of a streamlined version of the program, and a CMMI Health Care Innovation-funded demonstration project to test large scale applicability and economic feasibility of an augmented version of this model of care in a Medicare/ Medicaid dual-eligible population. Conclusions: MIND arose from a unique community-academic partnership supported by local philanthropy. Lessons learned in its developmental phases include the importance of understanding community needs and shared vision for development of an intervention to meet those needs, attention to implementation and dissemination issues through hybrid trial design early in pilot testing, careful selection of outcomes important to multiple stakeholders, incorporation of theory, and considerations of a business model for sustainability.

**Using positive images to ease dementia patient's agitated behavior**

*Citation:* Journal of the American Geriatrics Society, April 2015, vol./is. 63/(S223), 0002-8614 (April 2015)

**Author(s):** Waszynski C.

**Language:** English

**Abstract:** Background: Considering the growing number of individuals living with dementia worldwide, it is important to develop an effective and easy-to-implement intervention to decrease dementia patient’s agitated behavior. Previous studies have found that negative emotion is related to patient’s agitated behavior. The aim of this study is to explore the use of emotion-elicted images to generate positive emotion and reduce agitation. Methods: Sixteen nursing home residents with a diagnosis of mild to moderate degree of dementia have been recruited in this study. Outcome measures included agitation, recorded via the Agitation Behavioral Scale, and nursing assistant’s distress, rated via the Distress Thermometer. Thirty emotion-elicted images were selected from the International Affective Pictures System. The participant was initially presented with all images and their responses have been recorded. The images eliciting the most positive response from the participant are used in the experiment as the stimulus. A blank image is also being used for the control purpose. The researchers observed the nursing assistants providing help to the participant completing daily activities. While the participant displayed agitated behavior, a blinded researcher recorded her/ his ABS while another researcher passed the images (positive images in the experimental session and a blank image in the control session) to the participant. Upon completion of the task, the researchers asked the nursing assistant to rate their distress level via DT. Results: Participants showed positive response to the positive images even while they were agitated. They smiled to the images while they looked at them and became calmed; the average decrease in ABS score from before to after exposure to the positive stimulus is 4. The control image produced no decrease in agitation. The nursing assistant reported less stress compared to the control session, the average difference being 3. The majority (70%) of the participants preferred the image of the smiling baby over all others. Conclusion: Although this research is still in progress and the data reported here is only the preliminary results, the application of using positive images to ease agitated behavior in persons with dementia is very promising.

**Creative music therapy improves mood and engagement of older patients with delirium & dementia in an acute tertiary hospital**

*Citation:* Journal of the American Geriatrics Society, April 2015, vol./is. 63/(S272), 0002-8614 (April 2015)

**Author(s):** Cheong C., Foong Y., Koh H., Chen D., Tan A., Tan J., Ng C., Yap L.

**Abstract:** Introduction The hospital ward can be unfamiliar and stressful for older patients with impaired cognition, rendering them prone to agitation and resistive to care. Extant literature shows music therapy can enhance engagement and mood, thereby ameliorating agitated behaviors. This study evaluates the impact of Creative Music Therapy (CMT) on mood and engagement in patients with delirium and/or dementia (PDD) in an acute care
setting. We hypothesize that CMT increases constructive engagement and pleasure, and reduces negative affect and negative engagement.

Methodology Twenty-five PtDD (age=86.5yrs+5.7, MMSE 6/30+5.4) were observed for 90 minutes (30mins before, 30mins during and 30mins after music therapy) on 3 consecutive days; Day1 (control condition without music) and Days2&3 (during CMT). Music interventions included: 1)cognitive music improvisation e.g. spontaneous music making with musical instruments with therapist on the keyboard/guitar, 2)playing familiar songs of patient's choice. Main outcome measures were mood and engagement(ME) assessed through Menorah Park Engagement Scale(MPES) and Observed Emotion Rating Scale(OERS). Results Wilcoxon signed-rank test showed a statistically significant positive change in Constructive & Passive Engagement (Z=3.383, p=0.001) in MEPS, and Pleasure & General Alertness (Z=2.188,p=0.01) in OERS, during CMT. The average Pleasure ratings of Day2&3 was higher than Day1 (Z=2.468, p=0.014). Negative engagement (Z=2.582,p=0.01) and affect (Z=2.004,p=0.045) were both lower during CMT compared to no music. Conclusion These results suggest CMT holds much promise to improve mood and engagement of PtDD in an acute hospital setting. It was also observed that CMT transcended cultures and languages, making it useful to facilitate care in other areas such physical rehabilitation and medical therapy.

**Publication Type:** Journal: Conference Abstract

**Source:** EMBASE

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### Do cognitive interventions improve general cognition in dementia? A meta-analysis and meta-regression

**Citation:** BMJ Open, April 2015, vol./is. 5/4, 2044-6055 (02 Apr 2015)

**Author(s):** Huntley J.D., Gould R.L., Liu K., Smith M., Howard R.J.

**Language:** English

**Abstract:** Objectives: To review the efficacy of cognitive interventions on improving general cognition in dementia. Method: Online literature databases and trial registers, previous systematic reviews and leading journals were searched for relevant randomised controlled trials. A systematic review, random-effects meta-analyses and meta-regressions were conducted. Cognitive interventions were categorised as: cognitive stimulation (CS), involving a range of social and cognitive activities to stimulate multiple cognitive domains; cognitive training (CT), involving repeated practice of standardised tasks targeting a specific cognitive function; cognitive rehabilitation (CR), which takes a person-centred approach to target impaired function; or mixed CT and stimulation (MCTS). Separate analyses were conducted for general cognitive outcome measures and for studies using ‘active’ (designed to control for non-specific therapeutic effects) and non-active (minimal or no intervention) control groups. Results: 33 studies were included. Significant positive effect sizes (Hedges’ g) were found for CS with the minimental state examination (MMSE) (g=0.51, 95% CI 0.29 to 0.69; p<0.001) compared to non-active controls and (g=0.35, 95% CI 0.16 to 0.55; p=0.019) compared to active controls. Significant benefit was also seen with the Alzheimer’s disease Assessment Scale-Cognition (ADAS-Cog) (g=0.26, 95% CI -0.445 to -0.08; p<0.005). There was no evidence that CT or MCTS produced significant improvements on general cognition outcomes and not enough CR studies for meta-analysis. The lowest accepted minimum clinically important difference was reached in 11/17 CS studies for the MMSE, but only 2/9 studies for the ADAS-Cog. Additionally, 95% prediction intervals suggested that although statistically significant, CS may not lead to benefits on the ADAS-Cog in all clinical settings. Conclusions: CS improves scores on MMSE and ADAS-Cog in dementia, but benefits on the ADAS-Cog are generally not clinically significant and difficulties with blinding of patients and use of adequate placebo controls make comparison with the results of dementia drug treatments problematic.

**Publication Type:** Journal: Review

**Source:** EMBASE

**Full Text:** Available from Directory of Open Access Journals in BMJ Open

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### Does bilingualism delay dementia?

**Citation:** CMAJ: Canadian Medical Association Journal, 21 April 2015, vol./is. 187/7(0), 08203946

**Author(s):** Strauss, Stephen

**Source:** CINAHL

**Full text:** Available ProQuest at CMAJ: Canadian Medical Association Journal

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### Discrepancy between stimulus response and tolerance of pain in Alzheimer disease

**Title:** Discrepancy between stimulus response and tolerance of pain in Alzheimer disease.

**Citation:** Neurology, 14 April 2015, vol./is. 84/15(1575-1581), 00283878

**Author(s):** Jensen-Dahm, Christina, Werner, Mads U, Jensen, Troels Staehelin, Ballegaard, Martin, Andersen, Birgitte Bo, Høgh, Peter, Waldemar, Gunhild

**Abstract:** BACKGROUND: Affective-motivational and sensory-discriminative aspects of pain were investigated in patients with mild to moderate Alzheimer disease (AD) and healthy elderly controls using the cold pressor test tolerance and repetitive stimuli of warmth and heat stimuli, evaluating the stimulus-response function. METHODS: A case-control design was applied examining 33 patients with mild to moderate AD dementia and 32 healthy controls with the cold pressor test (4°C). Warmth detection threshold (WDT) and heat pain threshold (HPT) were assessed using 5 stimulations. A stimulus-response function was estimated using 4 incrementally increasing suprathreshold heat stimuli. RESULTS: Cold pressor tolerance was lower in patients with AD dementia than in controls (p = 0.027). There were no significant differences between groups regarding WDT and HPT. Significant successive increases in HPT assessments indicated habituation (p < 0.0001), which was similar in the 2 groups (p = 0.85). A mixed model for repeated measures demonstrated that pain rating of suprathreshold stimuli depended on HPT (p = 0.0004) and stimulus intensity (p < 0.0001). Patients with AD dementia had significantly lower increases in pain ratings than controls during suprathreshold stimulation (p = 0.0072). CONCLUSION: Our results indicate that AD dementia is not associated with a propensity toward development of sensitization or a lack of habituation, suggesting preservation of sensory-discriminative aspects of pain perception. The results further suggest that the attenuated cold pressor pain tolerance may relate to impairment of coping abilities. Paradoxically, we found an attenuated stimulus-response function, compared to controls, suggesting that AD dementia interferes with pain ratings over time, most likely due to memory impairment.

**Publication type:** journal article

**Source:** CINAHL

**Full text:** Available Ovid at Neurology
Personalized One-to-One Intervention in Agitated Individuals With Dementia

Citation: Journal of Gerontological Nursing, 01 March 2015, vol./is. 41/3(22-29), 00989134

Author(s): van der Ploeg, Eva S., Eppingstall, Barbara, Camp, Cameron J., Runcis, Susannah J., O'Connor, Daniel W.
Language: English

Abstract: The aim of the current study was to explore why some individuals with dementia and agitated behavior showed limited response to a personalized intervention. Ten consistently agitated individuals (i.e., non-responders) were compared with 34 individuals who were more settled during the intervention (i.e., responders). Most participants had severe cognitive deficits; however, non-responders were more impaired. Where responders showed large improvements across conditions, agitated behavior remained equally high in non-responders. Responders and non-responders showed increased interest and engagement during the intervention. Increased agitated behavior was associated with severe cognitive impairment. Although studies have shown that psychosocial interventions can reduce agitated behavior, there does seem to be a point where it becomes more difficult to reduce this behavior. However, non-responders still displayed interest, and the authors believe further personalization of the intervention is possible. Therefore, severe dementia and agitated behavior should not exclude individuals from psychosocial interventions; however, a more detailed and timely implementation plan of such treatments may be warranted.

Publication Type: journal article
Source: CINAHL
Full Text: Available from ProQuest in Journal of Gerontological Nursing

Are flexible visiting hours the way forward, particularly for patients with dementia?

Citation: Nursing Standard, 08 April 2015, vol./is. 29/32(31-31), 00296570

Author(s): Dray, Sue, Radmore, Val, Thornton, Helen
Language: English
Publication type: journal article
Source: CINAHL

Counting the cost: flexible dementia services and home-based care

Citation: Nursing & Residential Care, 02 April 2015, vol./is. 17/(48-49), 14659301

Author(s): Penso, Rachael
Publication type: journal article
Source: CINAHL
Full text: Available EBSCOhost at Nursing & residential care: the monthly journal for care assistants, nurses and managers working in health and social care

Enteral nutrition in dementia: A systematic review

Citation: Nutrients, April 2015, vol./is. 7/4(2456-2468), 2072-6643 (03 Apr 2015)

Author(s): Brooke J., Ojo O.

Abstract: The aim of this systematic review is to evaluate the role of enteral nutrition in dementia. The prevalence of dementia is predicted to rise worldwide partly due to an aging population. People with dementia may experience both cognitive and physical complications that impact on their nutritional intake. Malnutrition and weight loss in dementia correlates with cognitive decline and the progress of the disease. An intervention for long term eating difficulties is the provision of enteral nutrition through a Percutaneous Endoscopic Gastrostomy tube to improve both nutritional parameters and quality of life. Enteral nutrition in dementia has traditionally been discouraged, although further understanding of physical, nutritional and quality of life outcomes are required. The following electronic databases were searched: EBSCO Host, MEDLINE, PubMed, Cochrane Database of Systematic Reviews and Google Scholar for publications from 1st January 2008 and up to and including 1st January 2014. Inclusion criteria included the following outcomes: mortality, aspiration pneumonia, pressure sores, nutritional parameters and quality of life. Each study included separate analysis for patients with a diagnosis of dementia and/or neurological disease. Retrospective and prospective observational studies were included. No differences in mortality were found for patients with dementia, without dementia or other neurological disorders. Risk factors for poor survival included decreased or decreasing serum albumin levels, increasing age or over 80 years and male gender. Evidence regarding pneumonia was limited, although did not impact on mortality. No studies explored pressure sores or quality of life.

Publication Type: Journal: Review
Source: EMBASE
Full Text: Available from Directory of Open Access Journals in Nutrients

Participation in Active Singing Leads to Cognitive Improvements in Individuals with Dementia

Citation: Journal of the American Geriatrics Society, 01 April 2015, vol./is. 63/4(815-816), 00028614

Author(s): Maguire, Linda E., Wanschura, Patricia B., Battaglia, Margorie M., Howell, Stefanie N., Flinn, Jane M.
Publication type: journal article
Source: CINAHL

Gait improves after 12 weeks of intensive resistance and functional training in people with mild to moderate dementia [synopsis]

Citation: Journal of Physiotherapy (Elsevier), 01 April 2015, vol./is. 61/2(97-97), 18369553

Author(s): Taylor, Nicholas
Publication type: journal article
Source: CINAHL
Involving Family Members in the Implementation and Evaluation of Technologies for Dementia

Citation: Journal of Gerontological Nursing, 01 April 2015, vol./is. 41(4), 21-26, 00989134
Author(s): Lazer, Amanda, Demiris, George, Thompson, Hilliare J.
Abstract: An increasing number of individuals worldwide are affected by dementia and it is important to examine nonpharmacological care approaches. A dyadic case study of a 6-month evaluation of a technology designed to engage individuals with dementia in activities in a memory care unit is presented. Findings show one caretaker of an individual with dementia (i.e., her mother) used the computer in a manner consistent with her usual style of interaction and supportive care; she continued to maintain awareness of her mother's activity preferences and cultivated her mother's quality of life by using the provided technology. These findings demonstrate a use for technology to support activities of older adults with dementia while engaging family and provide future directions for technology design and research in this population. [Journal of Gerontological Nursing, 41 (4), 21-26.]
Publication type: journal article
Source: CINAHL
Full text: Available ProQuest at Journal of Gerontological Nursing

RESEARCH WE’RE WATCHING. Common drugs linked to dementia

Citation: Harvard Women’s Health Watch, 01 April 2015, vol./is. 22/8(8-8), 1070910X
Publication type: journal article
Source: CINAHL
Full text: Available ProQuest at Harvard Women’s Health Watch

Nondrug approach advised for dementia care

Citation: Clinical Advisor, 01 April 2015, vol./is. 18/4(26-26), 15247317
Publication type: journal article
Source: CINAHL
Full text: Available ProQuest at Clinical Advisor: For Nurse Practitioners, The

Modifiable predictors of dementia in mild cognitive impairment: a systematic review and meta-analysis

Citation: American Journal of Psychiatry, 01 April 2015, vol./is. 172(4), 323-334, 0002953X
Author(s): Cooper, Claudia, Sommerlad, Andrew, Lyketsos, Constantine G, Livingston, Gill
Abstract: OBJECTIVE: Public health campaigns encouraging early help seeking have increased rates of mild cognitive impairment (MCI) diagnosis in Western countries, but we know little about how to treat or predict dementia outcomes in persons with the condition. METHOD: The authors searched electronic databases and references for longitudinal studies reporting potentially modifiable risk factors for incident dementia after MCI. Two authors independently evaluated study quality using a checklist. Meta-analyses were conducted of three or more studies. RESULTS: There were 76 eligible articles. Diabetes and prediabetes increased risk of conversion from amnestic MCI to Alzheimer’s dementia; risk in treated versus untreated diabetes was lower in one study. Diabetes was also associated with increased risk of conversion from any-type or nonamnestic MCI to all-cause dementia. Metabolic syndrome and prediabetes predicted all-cause dementia in people with amnestic and any-type MCI, respectively. Mediterranean diet decreased the risk of conversion to Alzheimer’s dementia. The presence of neuropsychiatric symptoms or lower serum folate levels predicted conversion from any-type MCI to all-cause dementia, but less formal education did not. Depressive symptoms predicted conversion from any-type MCI to all-cause dementia in epidemiological but not clinical studies. CONCLUSIONS: Diabetes increased the risk of conversion to dementia. Other prognostic factors that are potentially manageable are prediabetes and the metabolic syndrome, neuropsychiatric symptoms, and low dietary folate. Dietary interventions and interventions to reduce neuropsychiatric symptoms, including depression, that increase risk of conversion to dementia may decrease new incidence of dementia.
Publication type: journal article
Source: CINAHL

Preventing Loss of Independence through Exercise (PLIE): qualitative analysis of a clinical trial in older adults with dementia

Citation: Aging & Mental Health, 01 April 2015, vol./is. 19/4(353-362), 13607863
Author(s): Wu, Eveline, Barnes, Deborah E., Ackerman, Sara L., Lee, Jennifer, Chesney, Margaret, Mehling, Wolf E.
Abstract: Objectives: Preventing Loss of Independence through Exercise (PLIE) is a novel, integrative exercise program for individuals with dementia that combines elements of different conventional and complementary exercise modalities (e.g. tai-chi, yoga, Feldenkrais, and dance movement therapy) and focuses on training procedural memory for basic functional movements (e.g., sit-to-stand) while increasing mindful body awareness and facilitating social connection. This study presents analyses of qualitative data collected during a 36-week cross-over pilot clinical trial in 11 individuals. Methods: Qualitative data included exercise instructors’ written notes, which were prepared after each class and also following biweekly telephone calls with caregivers and monthly home visits; three video-recorded classes; and written summaries prepared by research assistants following pre- and post-intervention quantitative assessments. Data were extracted for each study participant and placed onto a timeline for month of observation. Data were coded and analyzed to identify themes that were confirmed and refined through an iterative, collaborative process by the entire team including a qualitative researcher (SA) and the exercise instructors. Results: Three overarching themes emerged: (1) Functional changes included increasing body awareness, movement memory and functional skill. (2) Emotional changes included greater acceptance of resting, sharing of personal stories and feelings, and positive attitude toward exercise. (3) Social changes included more coherent social interactions and making friends. Conclusions: These qualitative results suggest that the PLIE program may be associated with beneficial functional, emotional, and social changes for individuals with mild to moderate dementia. Further study of the PLIE program in individuals with dementia is warranted.
Publication type: journal article
Source: CINAHL