This monthly Current Awareness Bulletin is produced by the Library, Musgrove Park Academy to provide staff with a range of dementia-related resources to support practice. It includes recently published guidelines and research articles, news and policy items.

This guide provides a selection of resources relevant to the subject area and is not intended to be a comprehensive list. All websites have been evaluated and details are correct at the time of publications.

Details correct at time of going to print. Please note that resources are continuously updated.

For further help or guidance, please contact a member of library staff.

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Issue 20
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This is a list of journal articles on the topic of dementia. Some articles are available in the library or on-line via an OpenAthens password by following the full-text link. If you would like an article which is not available as full-text then please contact library staff.

Please note that abstracts are not always available for all articles.

### 1. Personality traits and risk of cognitive impairment and dementia.
**Author(s):** Terracciano, Antonio; Stephan, Yannick; Luchetti, Martina; Albanese, Emiliano; Sutin, Angelina R  
**Source:** Journal of psychiatric research; Jun 2017; vol. 89 ; p. 22-27  
**Publication Date:** Jun 2017  
**Publication Type(s):** Journal Article  
**Abstract:** We investigated the association between five factor model personality traits (neuroticism, extraversion, openness, agreeableness, and conscientiousness) and risk of dementia, cognitive impairment not dementia (CIND), and conversion from CIND to dementia in a large national cohort. Participants from the Health and Retirement Study (N > 10,000) completed a personality scale in 2006-2008 and their cognitive status was tracked for up to 8 years using the modified Telephone Interview for Cognitive Status (TICSm). Adjusting for age, sex, education, race, and ethnicity, lower conscientiousness and agreeableness and higher neuroticism were independently associated with increased risk of dementia. These associations remained significant after adjusting for other risk factors for dementia, including income, wealth, smoking, physical inactivity, obesity, diabetes, hypertension, and blood biomarkers. These associations were not modified by age, sex, race, ethnicity, and education, suggesting that the associations of personality with risk of dementia were similar across demographic groups. Neuroticism and conscientiousness were also associated with risk of CIND. Low conscientiousness predicted conversion from CIND to dementia. Using brief assessments of personality and cognition, we found robust evidence that personality is associated with risk of cognitive impairment and dementia in a large national sample.  
**Database:** Medline

### 2. Dignity and autonomy in the care for patients with dementia: Differences among formal caretakers of varied cultural backgrounds and their meaning.
**Author(s):** Bentwich, Miriam Ethel; Dickman, Nomy; Oberman, Amitai  
**Source:** Archives of Gerontology & Geriatrics; May 2017; vol. 70 ; p. 19-27  
**Publication Date:** May 2017  
**Publication Type(s):** Academic Journal  
**Database:** CINAHL

**Author(s):** Heward, Michelle; Innes, Anthea; Cutler, Clare; Hambidge, Sarah

**Source:** Health & Social Care in the Community; May 2017; vol. 25 (no. 3); p. 858-867

**Publication Date:** May 2017

**Publication Type(s):** Academic Journal

**Database:** CINAHL

4. Poorer outcomes and greater healthcare costs for hospitalised older people with dementia and delirium: a retrospective cohort study.

**Author(s):** Tropea, Joanne; LoGiudice, Dina; Liew, Danny; Gorelik, Alexandra; Brand, Caroline

**Source:** International Journal of Geriatric Psychiatry; May 2017; vol. 32 (no. 5); p. 539-547

**Publication Date:** May 2017

**Publication Type(s):** Academic Journal

**Abstract:**

Objective: To compare healthcare utilisation outcomes among older hospitalised patients with and without cognitive impairment, and to compare the costs associated with these outcomes.

Methods: Retrospective cohort study of administrative data from a large teaching hospital in Melbourne, Australia from 1 July 2006 to 30 June 2012. People with cognitive impairment were defined as having dementia or delirium coded during the admission. Outcome measures included length of stay, unplanned readmissions within 28 days and costs associated with these outcomes. Regression analysis was used to compare differences between those with and without cognitive impairment.

Results: There were 93 300 hospital admissions included in the analysis. 6459 (6.9%) involved cognitively impaired patients. The adjusted median length of stay was significantly higher for the cognitively impaired group compared with the non-cognitively impaired group (7.4 days 6.7-10.0 vs 6.6 days, interquartile range 5.7-8.3; p < 0.001). There were no differences in odds of 28-day readmission. When only those discharged back to their usual residence were included in the analysis, the risk of 28-day readmission was significantly higher for those with cognitive impairment compared with those without. The cost of admissions involving patients with cognitive impairment was 51% higher than the cost of those without cognitive impairment.

Conclusions: Hospitalised people with cognitive impairment experience significantly greater length of stay and when discharged to their usual residence are more likely to be readmitted to hospital within 28 days compared with those without cognitive impairment. The costs associated with hospital episodes and 28-day readmissions are significantly higher for those with cognitive impairment. Copyright © 2016 John Wiley & Sons, Ltd.

**Database:** CINAHL

5. Group engagement in persons with dementia: The concept and its measurement.

**Author(s):** Cohen-Mansfield, Jiska; Hai, Tasmia; Comishen, Michael

**Source:** Psychiatry research; May 2017; vol. 251 ; p. 237-243

**Publication Date:** May 2017

**Publication Type(s):** Journal Article

**Abstract:**

Although a few papers documented benefits of group therapeutic activities for individuals with dementia, there is a dearth of studies that have investigated the effects of group activities on persons with dementia. This paper introduces a theoretical framework of studying group therapeutic recreational activity, the Comprehensive Process Model of Group Engagement, and an assessment tool, the Group Observational Measurement of Engagement (GOME). We also report the psychometric properties of this assessment. One hundred and four persons with dementia took part in
ten different group activities, with each activity conducted twice at random order so that 20 activities were observed for each group of participants. Following each group activity, research and therapeutic recreation staff members used the GOME assessment to independently rate participants on individual-level measures of attendance duration and engagement, and group level measures (e.g., positive and negative interactions among group members). Reliability and validity analyses comparing observer ratings for each group activity on the individual-level measures of attendance and engagement showed good psychometric properties. Different measures collected on a group level differed with respect to their psychometric quality. We present a theoretical framework to understand group engagement and present measures that could be used in future research and practice.

Database: Medline

6. Late-Onset Alzheimer Disease.
Author(s): Pierce, Aimee L; Bullain, Szofia S; Kawas, Claudia H
Source: Neurologic clinics; May 2017; vol. 35 (no. 2); p. 283-293
Publication Date: May 2017
Publication Type(s): Journal Article Review
Abstract: The oldest-old represent the fastest growing segment of society, and the risk of developing dementia continues to increase with advancing age into the 9th and 10th decades of life. The most common form of dementia in the oldest-old is Alzheimer disease (AD), although there are often mixed pathologies contributing to dementia in addition to amyloid plaques and neurofibrillary tangles. Diagnosing AD in the oldest-old is challenging due to cognitive and physical changes associated with aging. Treatment remains supportive, with current approved medications able to provide modest symptomatic benefit but unable to slow the progression of disease.

Database: Medline

7. Tau-PET Binding Distinguishes Patients With Early-stage Posterior Cortical Atrophy From Amnestic Alzheimer Disease Dementia
Author(s): Day G.S.; Gordon B.A.; Jackson K.; Christensen J.J.; Rosana Ponisio M.; Su Y.; Ances B.M.; Benzinger T.L.S.; Morris J.C.
Source: Alzheimer Disease and Associated Disorders; Apr 2017
Publication Date: Apr 2017
Publication Type(s): Journal: Article In Press
Abstract: BACKGROUND:: Flortaucipir (tau) positron emission tomography (PET) binding distinguishes individuals with clinically well-established posterior cortical atrophy (PCA) due to Alzheimer disease (AD) from cognitively normal (CN) controls. However, it is not known whether tau-PET binding patterns differentiate individuals with PCA from those with amnestic AD, particularly early in the symptomatic stages of disease. METHODS:: Flortaucipir and florbetapir (beta-amyloid) PET imaging were performed in individuals with early-stage PCA (N=5), amnestic AD dementia (N=22), and CN controls (N=47). Average tau and beta-amyloid deposition were quantified using standard uptake value ratios and compared at a voxelwise level, controlling for age. RESULTS:: PCA patients [median age-at-onset, 59 (51 to 61) years] were younger at symptom onset than similarly staged individuals with amnestic AD [75 (60 to 85) years] or CN controls [73 (61 to 90) years; P=0.002]. Flortaucipir uptake was higher in individuals with early-stage symptomatic PGA versus those with early-stage amnestic AD or CN controls, and greatest in posterior regions. Regional elevations in florbetapir were observed in areas of greatest tau deposition in PCA patients. CONCLUSIONS AND RELEVANCE:: Flortaucipir uptake distinguished individuals with PCA and amnestic AD dementia early in the symptomatic course. The posterior brain regions appear to be uniquely vulnerable to tau
deposition in PCA, aligning with clinical deficits that define this disease subtype. Copyright © 2017 Wolters Kluwer Health, Inc. All rights reserved

Database: EMBASE

8. Transforming dementia care on the wards
Author(s): Kehoe, Pam
Source: Nursing Standard; Mar 2017; vol. 31 (no. 30); p. 22-25
Publication Date: Mar 2017
Publication Type(s): Article
Abstract: Admiral Nurse Pam Kehoe explains how a carer’s complaint about the lack of dementia support prompted her Trust to launch one of the first Admiral Nursing services in an acute setting.

Database: BNI

9. Coping with aggressive behaviour from people with dementia
Author(s): Stanyon, Miriam Ruth
Source: Nursing & Residential Care; Mar 2017; vol. 19 (no. 3); p. 157-160
Publication Date: Mar 2017
Publication Type(s): Article Literature Review
Abstract: Aggression from people with dementia is a common challenge to staff working in health and social care. This article draws together the literature on the situations in which aggression is most frequently experienced, and proposes a three-pronged approach to addressing this for those that care for them. This approach lies in seeking to prevent aggressive behaviour, adopting strategies to manage that behaviour, and looking at ways in which care assistants can build their resilience through selecting appropriate coping strategies.

Database: BNI

10. Dementia and ethnicity
Author(s): Robinson, Gina
Source: Nurse Prescribing; Mar 2017; vol. 15 (no. 3); p. 126-132
Publication Date: Mar 2017
Publication Type(s): Article
Abstract: This article provides a contemporary overview of the aetiology and pathophysiology of dementia, including risk factors, diagnosis and treatment, and will further explore the specific issues of dementia in the UK’s ethnic minority population. As the number of dementia diagnoses continues to rise, the need for allied health professionals in all areas of health care to assist in the prevention, diagnosis and management of dementia is essential. Nurses are often at the front-line of health promotion, and non-medical prescribers, while not necessarily specialists in dementia, may also be involved in the monitoring and review of patients with dementia, and their medication, and will be involved in supporting their families and carers.

Database: BNI
If you are unable to find a book, or require a book that is not on this list, please ask library staff who will be able to locate the book for you using interlibrary loan.

Please note that some books detailed below may not be available in your local library and would need to be ordered for you.

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**Excellent dementia care in hospitals**  
James, J  
2017

People with dementia increasingly find themselves staying in hospitals for extended periods, and dementia is often only diagnosed on admission to hospital for a separate health issue. This practical guide presents healthcare staff with the information and tools needed to provide excellent person-centred care to people with dementia in hospital settings. This best-practice handbook includes information and innovative strategies on how to manage common issues, including communication, physical health needs, pain, eating and nutrition, working with carers and relatives, understanding behaviour and approaching the end of life. It also highlights ethical considerations such as human rights and dementia, making decisions and the Mental Capacity Act. Each chapter includes a case study, emphasising the person at the centre of care and providing worked examples of how hospital staff can work with people with dementia to ensure best practice.

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Reviews from March 2017

CSF tau and the CSF tau/ABeta ratio for the diagnosis of Alzheimer's disease dementia and other dementias in people with mild cognitive impairment (MCI)

*NEW*

Cochrane Clinical Answers

Cochrane Clinical Answers covers 32 Clinical Specialties and provide a readable, digestible, clinically focused entry point to rigorous research from Cochrane systematic reviews. They are designed to be actionable and to inform decision making at the point of care. Each Cochrane Clinical Answer contains a clinical question, a short answer, and an opportunity to ‘drill down’ to the evidence from the Cochrane Review. The evidence is displayed in a user friendly format, mixing narrative, numbers and graphics. The target audience for Cochrane Clinical Answers is healthcare practitioners and professionals, and other informed health care decision-makers. Cochrane Clinical Answers have been developed by Cochrane Innovations Ltd. and Wiley Online Library.

Latest Clinical Answers: November 2016

What are the effects of multicomponent non-pharmacological interventions for preventing delirium in hospitalised patients not in intensive care units?

What are the effects of omega-3 fatty acids in people with Alzheimer’s disease?

How does enhanced rehabilitation affect outcomes in people with dementia following hip fracture surgery?
GUIDELINES

NICE Guidelines

Current Guidelines

NG22: Older people with social care needs and multiple long-term conditions- November 2015

NG16: Disability, dementia and frailty in later life- mid-life approaches to prevention- October 2015

Updated Guidelines

CG42 Dementia: supporting people with dementia and their carers in health and social care- updated September 2016


UPTODATE

What’s new from our clinical decision-making tool on the topic of dementia.

PLEASE NOTE LINK WORKS BEST IN CHROME BROWSER

UpToDate

Please contact library staff for details on how to access this resource; you will need an Athens password.
Behind the Headlines

Tea not proven to ‘shield you against dementia’

Reports that Marmite prevents dementia are laying it on a bit thick

‘Tooth loss linked to increased risk of dementia’

REPORTS, PUBLICATIONS AND RESOURCES

NICE Pathway on Dementia

NICE Pathway on Dementia, Disability and Frailty in Later Life: Mid-Life Approaches to Delay or Prevent Onset overview

SCIE (Social Care Institute for Excellence) Dementia Gateway

Improving Dementia Education and Awareness (IDEA)- Online resource created by the University of Nottingham, listing online courses, news, events and resources.

Age UK- resource and information page on dementia.

DEEP- the dementia engagement and empowerment project

RemArc
RemArc, or Reminiscence Archive, is designed to help trigger memories in people with dementia using BBC Archive material as stimulation.

11th UK Dementia Congress 2016
The 11th UK Dementia Congress ran at the Brighton Centre on 2nd, 3rd and 4th November 2016

Access the link for images, speaker presentations, slides and news from the conference.
**Alzheimer's Disease International**

*World Alzheimer report 2016: Improving healthcare for people living with dementia - coverage, quality and costs now and in the future*

This report reviews research evidence on the elements of healthcare for people with dementia, and, using economic modelling, suggests how it should be improved and made more efficient. It argues that current dementia healthcare services are over-specialised, and that a rebalancing is required with a more prominent role for primary and community care which could increase capacity, limit the increased costs associated with scaling up coverage of care, and, coupled with the introduction of care pathways and case management, improve the coordination and integration of care.

**Department of Health: Making a Difference in Dementia - Nursing Vision and Strategy**

The Department of Health have published a new strategy and vision for the role of nurses in the treatment and support of people with dementia.

‘Making a difference in dementia’ recognises the importance of supporting patients, carers and their families to learn more about dementia, self-management, and options for treatment, care and support.

It states that nurses have should provide information and advice about living well with a diagnosis of dementia at a time and in a way that the person wants, and they should ensure the person and their family and carers know who to contact in a crisis.

It highlights the importance of understanding and recognising the needs of different ethnic minority groups, and of working in partnership with each person to identify their specific needs and preferences.

**Public Health England Dementia Profile**

Welcome to the dementia profile. This profile has been developed to support the work of the Dementia Intelligence Network (DIN) in providing health intelligence with which to inform the provision.

**Alzheimer’s Society Dementia-friendly housing charter**

This charter aims to help housing organisations better understand dementia and how housing, its design and supporting services can help improve and maintain the wellbeing of people affected. Free registration is required in order to access the charter.

**2017 Alzheimer's Disease Facts and Figures**

2017 Alzheimer's Disease Facts and Figures is a statistical resource for U.S. data related to Alzheimer's disease, the most common cause of dementia. Background and context for interpretation of the data are contained in the overview. Additional sections address prevalence, mortality and morbidity, caregiving, and use and costs of health care, long-term care and hospice. The Special Report examines what we have learned about the diagnosis of Alzheimer's disease through research, and how we could identify and count the number of people with the disease in the future.

**Dancing for dementia - BBC VIDEO**

The choreographer leading a study to enrich the lives of people with dementia using dance
The introduction of blue Zimmer frames for patients with dementia
Primary coloured Zimmer frames and equipment were implemented as part of a falls preventive initiative within an acute environment. This was based on evidence focused research, observation, clinical and academic knowledge and understanding of the importance of colour perception by reviewing the impact it made on patients safety and wellbeing.

Finding Patience the Later Years
By 2051 over 2 million people in the UK will have dementia and almost a third will live in care homes.

Person-centred care allows people to live well with dementia and is made possible by the health and care professionals who support them.

Developed by Health Education England, Finding Patience – The Later Years is an educational film designed to raise awareness of how dementia can affect people differently.

TOPIC ALERTS AND UPDATES
ABSTRACTS AVAILABLE VIA LINKS BELOW- FOR FULL-TEXT PLEASE ASK LIBRARY STAFF

Associations between specific autoimmune diseases and subsequent dementia: retrospective record-linkage cohort study, UK
*J Epidemiology Community Health. 2017 Mar 1. [Epub ahead of print]*

Association of Antioxidant Supplement Use and Dementia in the Prevention of Alzheimer’s Disease by Vitamin E and Selenium Trial (PREADViSE)
*JAMA Neurol. Published online March 20, 2017.*

Neurofibrillary Tangle Stage and the Rate of Progression of Alzheimer Symptoms- Modeling Using an Autopsy Cohort and Application to Clinical Trial Design
*JAMA Neurol. Published online March 13, 2017.*

Postmenopausal hormone therapy and Alzheimer disease
*Neurology March 14, 2017 vol. 88 no. 11 1062-1068*

Prolonged sleep duration as a marker of early neurodegeneration predicting incident dementia
*Neurology March 21, 2017 vol. 88 no. 12 1172-1179*

Use of Medications of Questionable Benefit at the End of Life in Nursing Home Residents with Advanced Dementia
A Quantitative Meta-analysis of Olfactory Dysfunction in Mild Cognitive Impairment

Tooth loss may increase risk of developing dementia
*Nursing Standard*. 31, 31, 17-17. Published in print: 29 March 2017

**TRAINING & NETWORKING OPPORTUNITIES, CONFERENCES, EVENTS**

**2017 Dementia and Mental Health Research Conference**
The Devon Partnership NHS Trust Research Conference will take place at Exeter Castle on May 17th & 18th, 2017- [click link to book a place](#)

**Supporting improvement in dementia care**- running from 27 April to 15 June 2017
NHS Improvement and the Dementia Services Development Centre are holding a series of events to support improvement in dementia care- [visit page to register your place](#)

**Alzheimer’s Association International Conference 2017**- 16th-20th July 2017, London

**7th International Conference on Alzheimer’s Disease and Dementia**- 16th-18th October 2017, Rome, Italy

**12th UK Dementia Congress**- 7 – 9 November 2017, Doncaster Racecourse, Yorkshire

Alzheimer’s Society
[Training and resources](#)
[Dementia training for care providers](#)

Health Education England
[Dementia awareness training](#)

RCN
[Ongoing work at the RCN on dementia care](#)
BRACE
Research, news and current events hosted by the BRACE charity

Online learning

Caring for people with dementia in the general hospital – Communication
http://sonet.nottingham.ac.uk/rlos/mentalhealth/communication/

Caring for people with dementia in the general hospital - Dementia and Cognitive Loss
http://sonet.nottingham.ac.uk/rlos/mentalhealth/dementia_hospital/

Caring for people with dementia in the general hospital - Person-centred dementia care
http://sonet.nottingham.ac.uk/rlos/mentalhealth/dementia_care/

Faster access to Alzheimer's disease drugs
NICE is taking part in a European project to speed up the development of new drugs to treat Alzheimer’s disease. The ROADMAP initiative aims to establish a sustainable platform for real world evidence generation on Alzheimer’s disease. It provides a unique opportunity to gather evidence from other sources, such as electronic health records, and discover what outcomes are important to patients and carers.

Dementia services: findings from the Healthwatch Network
Cases of dementia are on the rise. Around 700,000 people in England have the disease currently, and this figure is expected to increase to over a million by 2025.

Since the beginning of 2015, more than 1,000 people across the country have spoken to local Healthwatch about their experiences of dementia care - from the help provided by GPs to the support offered through hospitals and social care

Local Healthwatch have also visited more than 120 care homes. They’ve spoken to patients themselves, as well as those providing support, such as care home staff and family carers, to find out what’s working well, and what could be improved.

Find out what people told local Healthwatch in our briefing - Dementia services - findings from the Healthwatch network
Looking for the latest evidence-based research but haven’t got time to trawl the databases?

Do you need a literature search carried out?

Do you need to find evidence to support an improvement?

Do you want to know how something has been done elsewhere and whether it worked?

Library staff provide a literature search service for busy clinicians who are pressed for time.

To request a search please complete and return the appropriate form, providing as much information as possible. Alternatively if you would like an assisted search training session, where we will sit down with you and go through the steps of a literature search, then please contact the library.

Please click here to access a literature search request form. Simply complete and email back to us.

Most electronic resources are available via an Athens password. You can register for this via the Library intranet page, or from home here.

Please note that registering from home will take longer as it will need to be verified that you are NHS staff/student on placement.

The library offers training on how to access and use Athens resources, as well as an introductory course on critical appraisal. You can book a course through the Learning and Development intranet page, or by contacting the library directly.