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.

This guide has been compiled by:

Jess Pawley
Librarian/Trainee Clinical Librarian
Musgrove Park Hospital Library Service

jessica.pawley@tst.nhs.uk

Issue 19
February 2017
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent journal articles</td>
<td>3</td>
</tr>
<tr>
<td>Books</td>
<td>8</td>
</tr>
<tr>
<td>Cochrane library</td>
<td>9</td>
</tr>
<tr>
<td>Guidelines</td>
<td>10</td>
</tr>
<tr>
<td>UpToDate &amp; DynaMed Plus</td>
<td>10</td>
</tr>
<tr>
<td>Dementia in the News</td>
<td>11</td>
</tr>
<tr>
<td>Reports, publications and resources</td>
<td>11</td>
</tr>
<tr>
<td>Topic Alerts and Updates</td>
<td>14</td>
</tr>
<tr>
<td>Training &amp; Networking Opportunities, Conferences, Events</td>
<td>15</td>
</tr>
<tr>
<td>Literature search service</td>
<td>17</td>
</tr>
<tr>
<td>Training and Athens</td>
<td>17</td>
</tr>
</tbody>
</table>

**Library contact details:**

Library  
Musgrove Park Academy  
Musgrove Park Hospital  
Taunton  
Somerset  
TA1 5DA

Tel: 01823 34 (2433)

Email: library@tst.nhs.uk  
Blog: [http://librarymph.wordpress.com](http://librarymph.wordpress.com)  
@musgrovesompar
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. Do determinants of burden and emotional distress in dementia caregivers change over time?

Author(s): van der Lee, Jacqueline; Bakker, Ton J.E.M.; Duivenvoorden, Hugo J.; Dröes, Rose-Marie

Source: Aging & Mental Health; Mar 2017; vol. 21 (no. 3); p. 232-240

2. Subjective Age and Dementia.

Author(s): Jaconelli, Alban; Terracciano, Antonio; Sutin, Angelina R.; Sarrazin, Philippe; Raffard, Stéphane; Stephan, Yannick

Source: Clinical Gerontologist; Mar 2017; vol. 40 (no. 2); p. 106-113

3. Quantifying the unmet needs of caregivers of people with dementia: a critical review of the quality of measures.

Author(s): Mansfield, Elise; Boyes, Allison W; Bryant, Jamie; Sanson-Fisher, Rob

Source: International Journal of Geriatric Psychiatry; Mar 2017; vol. 32 (no. 3); p. 274-287

Abstract:
Objective: The array of demanding tasks carried out by caregivers of people with dementia have significant negative impacts on their physical, mental and social well-being. Needs assessment allows individuals to indicate the extent to which their needs across different areas have or have not been met, allowing for estimations of the prevalence of needs and the extent to which help is required. This approach is extremely valuable in a clinical context, as it enables identification of the areas with which caregivers report a particular desire for help and allows targeting of support and resources to those who identify high levels of unmet needs. This systematic review aimed to critically examine the psychometric properties of measures that assess unmet needs of caregivers of people with dementia.

Methods: Medline, Embase, PsycINFO and Cochrane electronic databases were searched between January 1990 and August 2015 for English-language publications describing the development or validation of measures assessing the unmet needs of adult caregivers of people with dementia. The psychometric properties of included measures were assessed against standard criteria for psychometric quality.

Results: Four measures met the inclusion criteria. Only half of the indices of psychometric quality were tested across measures. Three measures had adequate internal consistency reliability, of which one also showed adequate test-retest reliability. Two measures reported adequate construct validity, while criterion validity was not assessed for any measure.

Conclusions: There is a clear need to develop a psychometrically rigorous instrument to identify the unmet needs of caregivers of people with dementia. Copyright © 2016 John Wiley & Sons, Ltd.
4. Patterns and persistence of behavioural and psychological symptoms in those with cognitive impairment: the importance of apathy.

**Author(s):** Linde, Rianne M; Matthews, Fiona E; Dening, Tom; Brayne, Carol

**Source:** International Journal of Geriatric Psychiatry; Mar 2017; vol. 32 (no. 3); p. 306-315

**Abstract:**
Objective: To study the stability and emergence of a range of behavioural and psychological symptoms (BPS), their association with mortality and the effect of covariates on these transitions in a population-based study of cognitively impaired older people with a long follow-up period and large sample size, with a particular focus on apathy.

Methods: Data were from a population-based, longitudinal cohort study of ageing. Interviews were conducted at 0, 2, 6, 8 and 10 years with 3626 participants aged 65+. The persistence of 11 BPS and their association with mortality in those with cognitive impairment (MMSE 25 or below) was investigated using multi-state models, allowing us to take into account estimations of the probability of transitions that occurred in the time between interviews.

Results: Most BPS were persistent. Apathy was one of the most stable symptoms; in those with apathy, the probability of still having apathy after 1 year is 62%. Apathy, sleep problems, depression, irritability and wandering were most likely to develop. BPS are associated with mortality; in those with apathy, mortality is 3.1 times more likely than in those without apathy. Low cognitive function and dementia were associated with emergence of new symptoms.

Conclusions: This population-based, multi-centre study with a follow-up period of 10 years showed that BPS are associated with mortality and most symptoms are persistent. Apathy was characterised by a high prevalence, a high persistence and a strong association with mortality, and has a negative impact on disability, management of other disease and caregiver burden.

5. 'Dementia-friendly communities' and being dementia friendly in healthcare settings.

**Author(s):** Lin, Shih-Yin

**Source:** Current opinion in psychiatry; Mar 2017; vol. 30 (no. 2); p. 145-150

**Abstract:** This review discusses the concept of 'dementia-friendly communities' and summarizes the latest research and practice around such communities. This review also highlights important topic areas to be considered to promote dementia friendliness in healthcare settings.

Definitions of 'dementia-friendly communities' reflect the contemporary thinking of living with dementia (e.g., dementia as a disability, equal human rights, a sense of meaning). Existing research has covered a wide range of topic areas relevant to 'dementia-friendly communities'. However, these studies remain qualitative and exploratory by nature and do not evaluate how dementia-friendly communities impact health and quality of life of people living with dementia and their caregivers. In healthcare settings, being dementia friendly can mean the inclusion of people with dementia in treatment discussion and decision-making, as well as the provision of first, adequate and appropriate service to people with dementia at an equivalent standard of any patient, second, person-centered care, and third, a physical environment following dementia-friendly design guidelines. Research incorporating more robust study designs to evaluate dementia-friendly communities is needed. Being dementia-friendly in healthcare settings requires improvement in multiple areas - some may be achieved by environmental modifications while others may be improved by staff education.

6. Caring for people with dementia in hospital: findings from a survey to identify barriers and facilitators to implementing best practice dementia care.

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

**Source:** International psychogeriatrics; Mar 2017; vol. 29 (no. 3); p. 467-474
Abstract: BACKGROUND Best practice dementia care is not always provided in the hospital setting. Knowledge, attitudes and motivation, practitioner behavior, and external factors can influence uptake of best practice and quality care. The aim of this study was to determine hospital staff perceived barriers and enablers to implementing best practice dementia care. METHODS A 17-item survey was administered at two Australian hospitals between July and September 2014. Multidisciplinary staff working in the emergency departments and general medical wards were invited to participate in the survey. The survey collected data about the respondents’ current role, work area, and years of experience, their perceived level of confidence and knowledge in dementia care and common symptoms of dementia, barriers and enablers to implementing best practice dementia care, job satisfaction in caring for people with dementia, and to rate the hospital’s capacity and available resources to support best practice dementia care. RESULTS A total of 112 survey responses were received. The environment, inadequate staffing levels and workload, time, and staff knowledge and skills were identified as barriers to implementing best practice dementia care. Most respondents rated their knowledge of dementia care and common symptoms of dementia, and confidence in recognizing whether a person has dementia, as moderate or high dementia. Approximately, half the respondents rated access to training and equipment as low or very low. CONCLUSION The survey findings highlighted hospital staff perceived barriers to implementing best practice dementia care that can be used to inform locally tailored improvement interventions.

7. The management of behavioural and psychological symptoms of dementia in the acute general medical hospital: a longitudinal cohort study.

Author(s): White, Nicola; Leurent, Baptiste; Lord, Kathryn; Scott, Sharon; Jones, Louise; Sampson, Elizabeth L

Source: International Journal of Geriatric Psychiatry; Mar 2017; vol. 32 (no. 3); p. 297-305

Abstract: Background: The acute hospital is a challenging place for a person with dementia. Behavioural and psychological symptoms of dementia (BPSD) are common and may be exacerbated by the hospital environment. Concerns have been raised about how BPSD are managed in this setting and about over reliance on neuroleptic medication. This study aimed to investigate how BPSD are managed in UK acute hospitals. Method(s): A longitudinal cohort of 230 patients with dementia admitted to two acute NHS hospitals. BPSD were measured every four days (Behave-AD scale), as well as documentation of pharmacological prescriptions and non-pharmacological management. Results: The overall prevalence of BPSD was 75%, with aggression and activity disturbance being the most common. Antipsychotics were prescribed for 28 (12%) patients; 70% of these prescriptions were new on admission. Benzodiazepines were prescribed for 27 (12%) patients, antidepressants were prescribed for 37 (16%) patients, and sedatives were prescribed for 14 (3%) patients. Patients who were prescribed antipsychotics, after adjusting for end of life medication, age and dementia severity, were significantly more likely to die (adjusted hazard ratio 5.78, 95% CI 1.57, 21.26, p = 0.008). Non-pharmacological management was used in 55% of participants, most commonly psychosocial interventions (36%) with little evidence of monitoring their effectiveness. A form of restraint was used during 50 (22%) patients’ admissions. Conclusions: Antipsychotic medications and psychosocial interventions were the main methods used to manage BPSD; however, these were not implemented or monitored in a systematic fashion.

8. Patient and caregiver goals for dementia care.

Author(s): Jennings, Lee A; Palimaru, Alina; Corona, Maria G; Cagigas, Xavier E; Ramirez, Karina D; Zhao, Tracy; Hays, Ron D; Wenger, Neil S; Reuben, David B

Source: Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation; Mar 2017; vol. 26 (no. 3); p. 685-693
Abstract: PURPOSE Most health outcome measures for chronic diseases do not incorporate specific health goals of patients and caregivers. To elicit patient-centered goals for dementia care, we conducted a qualitative study using focus groups of people with early-stage dementia and dementia caregivers. METHODS We conducted 5 focus groups with 43 participants (7 with early-stage dementia and 36 caregivers); 15 participants were Spanish-speaking. Verbatim transcriptions were independently analyzed line-by-line by two coders using both deductive and inductive approaches. Coded texts were grouped into domains and developed into a goal inventory for dementia care. RESULTS Participants identified 41 goals for dementia care within five domains (medical care, physical quality of life, social and emotional quality of life, access to services and supports, and caregiver support). Caregiver goals included ensuring the safety of the person with dementia and managing caregiving stress. Participants with early-stage dementia identified engaging in meaningful activity (e.g., work, family functions) and not being a burden on family near the end of life as important goals. Participants articulated the need to readress goals as the disease progressed and reported challenges in goal-setting when goals differed between the person with dementia and the caregiver (e.g., patient safety vs. living independently at home). While goals were similar among English- and Spanish-speaking participants, Spanish-speaking participants emphasized the need to improve community education about dementia. CONCLUSIONS Patient- and caregiver-identified goals for care are different than commonly measured health outcomes for dementia. Future work should incorporate patient-centered goals into clinical settings and assess their usefulness for dementia care.

9. Diagnosing early cognitive decline-When, how and for whom?
Author(s): Allan C.L.; Behrman S.; Ebmeier K.P.; Valkanova V.
Source: Maturitas; Feb 2017; vol. 96 ; p. 103-108

Abstract: Mild cognitive impairment (MCI) is a term used to describe cognitive impairment in one or more cognitive domains that is greater than any expected age-related changes, but not of the magnitude to warrant a diagnosis of dementia. This review considers how early cognitive decline is diagnosed, focusing on the use of neuropsychological tests and neuroimaging, as well as the differential diagnosis. Potential treatments, including secondary prevention, post-diagnostic support and self-help are discussed. Finally, medico-legal matters such as driving, lasting power of attorney and employment are outlined. Copyright © 2016 Elsevier Ireland Ltd

10. Influence of personality on depression, burden, and health-related quality of life in family caregivers of persons with dementia
Source: International Psychogeriatrics; Feb 2017; vol. 29 (no. 2); p. 227-237

Abstract: Background: Personality may predispose family caregivers to experience caregiving differently in similar situations and influence the outcomes of caregiving. A limited body of research has examined the role of some personality traits for health-related quality of life (HRQoL) among family caregivers of persons with dementia (PWD) in relation to burden and depression. Methods: Data from a large clinic-based national study in South Korea, the Caregivers of Alzheimer's Disease Research (CARE), were analyzed (N = 476). Path analysis was performed to explore the association between family caregivers’ personality traits and HRQoL. With depression and burden as mediating factors, direct and indirect associations between five personality traits and HRQoL of family caregivers were examined. Results: Results demonstrated the mediating role of caregiver burden and depression in linking two personality traits (neuroticism and extraversion) and HRQoL. Neuroticism
and extraversion directly and indirectly influenced the mental HRQoL of caregivers. Neuroticism and extraversion only indirectly influenced their physical HRQoL. Neuroticism increased the caregiver's depression, whereas extraversion decreased it. Neuroticism only was mediated by burden to influence depression and mental and physical HRQoL. Conclusions: Personality traits can influence caregiving outcomes and be viewed as an individual resource of the caregiver. A family caregiver’s personality characteristics need to be assessed for tailoring support programs to get the optimal benefits from caregiver interventions. Copyright © International Psychogeriatric Association 2016.

11. Treatment of depression in nursing home residents without significant cognitive impairment: A systematic review

Author(s): Simning A.; Simons K.V.

Source: International Psychogeriatrics; Feb 2017; vol. 29 (no. 2); p. 209-226

Abstract: Background: Depression in nursing facilities is widespread and has been historically under-recognized and inadequately treated. Many interventions have targeted depression among residents with dementia in these settings. Less is known about depression treatment in residents without dementia who may be more likely to return to community living. Our study aimed to systematically evaluate randomized control trials (RCTs) in nursing facilities that targeted depression within samples largely comprised of residents without dementia. Methods: The following databases were evaluated with searches covering January 1991 to December 2015 (PubMed, PsycINFO) and March 2016 (CINAHL). We also examined national and international clinical trial registries including ClinicalTrials.gov. RCTs were included if they were published in English, evaluated depression or depressive symptoms as primary or secondary outcomes, and included a sample with a mean age of 65 years and over for which most had no or only mild cognitive impairment. Results: A total of 32 RCTs met our criteria including those testing psychotherapeutic interventions (n=13), psychosocial and recreation interventions (n=9), and pharmacologic or other biologic interventions (n=10). Seven psychotherapeutic, six psychosocial and recreation, and four pharmacologic or other biologic interventions demonstrated a treatment benefit. Conclusions: Many studies had small samples, were of poor methodological quality, and did not select for depressed residents. There is limited evidence suggesting that cognitive behavioral therapies, reminiscence, interventions to reduce social isolation, and exercise-based interventions have some promise for decreasing depression in cognitively intact nursing home residents; little can be concluded from the pharmacologic or other biologic RCTs. Copyright © International Psychogeriatric Association 2016 This is a work of the U.S. Government and is not subject to protection in the United States.
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.

**End of life care for people with dementia**
*Middleton-Green, L*
2017

*Use link for catalogue entry*

This is an essential resource for anyone who wishes to provide compassionate, person-centred care for a person with dementia as they approach the end of life, including care staff, nurses, social workers and related professionals.

**Enhancing health and wellbeing in dementia: a person-centred integrated approach**
*Rahman, S*
2017

*Use link for catalogue entry*

This in-depth, evidence-based book identifies how outstanding quality integrated care might be achieved, whether in residential or home-based settings.

**Life story work with people with dementia: ordinary lives, extraordinary people**
*Kaiser, P et al*
2017

*Use link for catalogue entry*

Introducing life story work, a way for people with dementia to connect with their relatives, carers and the professionals working with them. This evidence-based book explains the many benefits of life story work, with practical guidance for introducing it in a variety of settings.

---

**Have you visited the Proquest Ebook Central catalogue?**

Follow the links below and login via OpenAthens to read online books free for 5-10 minutes each day, send requests for eBook loans or purchase suggestions

*eBook catalogue*

*About OpenAthens*
Reviews from January/February 2017

Vitamin E for Alzheimer’s dementia and mild cognitive impairment

Dance movement therapy for dementia

*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?
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 & DYNAMED PLUS

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

PLEASE NOTE LINKS WORK BEST IN CHROME BROWSER

UpToDate Access for Musgrove Park Staff only

DynaMed Plus Access for Somerset Partnership Staff only

Please contact library staff for details on how to access these resources; you will need an Athens password.
DEMENTIA IN THE NEWS

Behind the Headlines

Vitamin A deficiency linked to Alzheimer’s disease

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.

**Dementia Evidence Toolkit**

The Dementia Evidence Toolkit is for commissioners, care providers, people working in health and social care and people with dementia and their families.

The toolkit will help those planning and shaping services and treatments for people with dementia and their carers make informed decisions about which services and treatments to provide and how much they cost.

**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 of care of people in England who have dementia.

**NIHR Dissemination Centre**

This highlight summarises some recent NIHR funded research in this area. This is not a definitive review of evidence relating to carers of people with dementia, but brings together NIHR research published in the last two years which will be of particular interest to family carers and those agencies who need to support them.
MODEM: Modelling Outcome and Cost Impacts of Interventions for Dementia

Toolkits available-

- **STAR**: A dementia-specific training programme
- **Music therapy**
- **Maintenance cognitive stimulation therapy**
- **Advance care planning**
- **Cognitive stimulation therapy**

**Public Health England - Changing risk behaviours and promoting cognitive health in older adults: An evidence-based resource for local authorities and commissioners**
This resource is intended for local authorities and CCGs to identify what types of interventions they should focus on to help the uptake and maintenance of healthy behaviours and promote cognitive health among older adults living in the community. It is also intended for providers of lifestyle behaviour change programmes to support the development of evidence-informed prevention packages for older adults.

**Redesigning a memory service the Devon way**
NHS England’s National Clinical Director for Dementia and a Devon-based consultant psychiatrist review impressive changes to dementia diagnosis and care in the West Country.

**Mental health and dementia data packs**
NHS RightCare has published new “Commissioning for Value mental health and dementia” packs for each CCG. The packs contain data across a range of mental health and dementia services and include a number of new indicators not included in previous packs. The information is intended to support discussions about mental health care in local health economies to improve the value and utilisation of resources.

**Post anaesthetic dementia care**
An article on the work undertaken over 8 months to improve the quality of care the Post-Aneasthetic Care Unit (or ‘recovery room’) provides for patients with dementia at Nottingham University Hospitals NHS Trust, Queen’s Medical Centre Campus.

**Staying put: developing dementia-friendly care and support for people with a learning disability**
Voluntary Organisations Disability Group, January 2017
This report calls for the needs of people with learning disabilities and dementia to be better addressed. It focuses on how best to support the growing numbers of people with the condition. It is based on recent work with care providers aiming to improve the quality of life of people with a learning disability and dementia, and the challenges to this goal.
Mild traumatic brain injury is associated with reduced cortical thickness in those at risk for Alzheimer’s disease
Brain, Published: 11 January 2017

Association of Cerebrospinal Fluid Ferritin Level With Preclinical Cognitive Decline in APOE-ε4 Carriers
JAMA Neurol. 2017;74(1):122-125

Deliirium, Dementia, and Decline
JAMA Psychiatry. Published online January 18, 2017

Age of onset of hypertension and risk of dementia in the oldest-old: The 90+ Study
Alzheimer’s and Dementia, Published online: January 16, 2017

Physical Exercise Moderates the Relationship of Apolipoprotein E (APOE) Genotype and Dementia Risk: A Population-Based Study
J Alzheimers Dis. 2017;56(1):297-303

Association of dietary cholesterol and egg intakes with the risk of incident dementia or Alzheimer disease: the Kuopio Ischaemic Heart Disease Risk Factor Study

The impact of bilingualism on brain reserve and metabolic connectivity in Alzheimer’s dementia
Proc Natl Acad Sci U S A. 2017 Feb 14;114(7):1690-1695.

Association Between Mentally Stimulating Activities in Late Life and the Outcome of Incident Mild Cognitive Impairment, With an Analysis of the APOE ε4 Genotype.
JAMA Neurol. 2017 Jan 30. [Epub ahead of print]
FREE FULL TEXT

Safety and Immunogenicity of the Tau Vaccine AADvac1 in Patients With Alzheimer’s Disease
Lancet Neurol. 2017 Feb;16(2):123-134

Meditation and Music Improve Memory and Cognitive Function in Adults with Subjective Cognitive Decline: A Pilot Randomized Controlled Trial
Particulate air pollutants, APOE alleles and their contributions to cognitive impairment in older women and to amyloidogenesis in experimental models
*Translational Psychiatry* (2017) 7, e1022 Published online 31 January 2017

Association of Docosahexaenoic Acid Supplementation With Alzheimer Disease Stage in Apolipoprotein E ε4 Carriers- A Review
*JAMA Neurol.* Published online January 17, 2017

IVIG treatment of mild cognitive impairment due to Alzheimer's disease: a randomised double-blinded exploratory study of the effect on brain atrophy, cognition and conversion to dementia
*J. Neurol. Neurosurg. Psychiatr.* 2017 Feb 01;88(2)106-112

Using drawings as a reflective tool to enhance communication in dementia care
*Nursing Standard,* 2017, 31 (19), 46-52

Albuminuria in Association with Cognitive Function and Dementia: A Systematic Review and Meta-Analysis
*Journal of the American Geriatrics Society,* First published: 2 February 2017

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

*Dementia: Implementing Better Care*- Thursday 20th April 2017, Manchester

**32nd International Conference of Alzheimer’s Disease International**- 26th-29th April 2017, Kyoto, Japan

**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.