Current Awareness

Dementia

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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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. Care staff training based on person-centered care and dementia care mapping, and its effects on the quality of life of nursing home residents with dementia.

**Author(s):** Yasuda, Mami; Sakakibara, Hisataka

**Source:** Aging & Mental Health; Sep 2017; vol. 21 (no. 9); p. 991-996

**Abstract:** Objectives: To assess the effects of care staff training based on person-centered care (PCC) and dementia care mapping (DCM) on the quality of life (QOL) of residents with dementia in a nursing home. Methods: An intervention of staff training based on PCC and DCM was conducted with 40 care staff members at a geriatric nursing home. The effects of the staff training on the QOL of residents with dementia were evaluated by the DCM measurements of 40 residents with dementia three times at about one-month intervals (first, baseline; second, pre-intervention; third, post-intervention). Results: The well-being and ill-being values (WIB values) of the residents with dementia measured by DCM were not different between the first and second rounds before the staff training (p=0.211). Meanwhile, the WIB values increased from the first and second rounds to the third post-intervention round (p=0.035 and p<0.001, respectively); over 50% of the residents had better WIB values. The behavior category ‘interactions with others’ in DCM also demonstrated a significant increase in the third round compared to the first round (p=0.041). Conclusion: Staff training based on PCC and DCM could effectively improve the QOL of residents with dementia.

2. The role of compassion, suffering, and intrusive thoughts in dementia caregiver depression.

**Author(s):** Schulz, Richard; Savla, Jyoti; Czaja, Sara J.; Monin, Joan

**Source:** Aging & Mental Health; Sep 2017; vol. 21 (no. 9); p. 997-1004

**Abstract:** Objectives: Exposure to suffering of a relative or friend increases the risk for psychological and physical morbidity. However, little is known about the mechanisms that account for this effect. We test a theoretical model that identifies intrusive thoughts as a mediator of the relation between perceived physical and psychological suffering of the care recipient and caregiver depression. We also assess the role of compassion as a moderator of the relation between perceived suffering and intrusive thoughts. Methods: Hispanic and African American caregivers (N=108) of persons with dementia were assessed three times within a one-year period. Using multilevel modeling, we assessed the mediating role of intrusive thoughts in the relation between perceived physical and psychological suffering and CG depression, and we tested moderated mediation to assess the role of caregiver compassion in the relation between perceived suffering and intrusive thoughts. Results: The effects of perceived physical suffering on depression were completely mediated through intrusive thoughts, and compassion moderated the relation between physical suffering and intrusive thoughts. Caregivers who had greater compassion reported more intrusive thoughts even when perceived physical suffering of the CR was low. For perceived psychological suffering, the effects of suffering on depression were partially mediated through intrusive thoughts. Discussion: Understanding the role of
intrusive thoughts and compassion in familial relationships provides new insights into mechanisms driving caregiver well-being and presents new opportunities for intervention.

3. Dementia training programmes for staff working in general hospital settings – a systematic review of the literature.

Author(s): Scerri, Anthony; Innes, Anthea; Scerri, Charles

Source: Aging & Mental Health; Aug 2017; vol. 21 (no. 8); p. 783-796

Abstract: Objectives: Although literature describing and evaluating training programmes in hospital settings increased in recent years, there are no reviews that summarise these programmes. This review sought to address this, by collecting the current evidence on dementia training programmes directed to staff working in general hospitals. Method: Literature from five databases were searched, based on a number of inclusion criteria. The selected studies were summarised and data was extracted and compared using narrative synthesis based on a set of pre-defined categories. Methodological quality was assessed. Results: Fourteen peer-reviewed studies were identified with the majority being pre-test post-test investigations. No randomised controlled trials were found. Methodological quality was variable with selection bias being the major limitation. There was a great variability in the development and mode of delivery although, interdisciplinary ward based, tailor-made, short sessions using experiential and active learning were the most utilised. The majority of the studies mainly evaluated learning, with few studies evaluating changes in staff behaviour/practices and patients’ outcomes. Conclusion: This review indicates that high quality studies are needed that especially evaluate staff behaviours and patient outcomes and their sustainability over time. It also highlights measures that could be used to develop and deliver training programmes in hospital settings.

4. Palliative care during the final week of life of older people in nursing homes: A register-based study

Author(s): Smedbäck, Jonas; Öhlén, Joakim; Årestedt, Kristofer; Alvariza, Anette; Fürst, Carl-Johan; Håkanson, Cecilia

Source: Palliative & Supportive Care; Aug 2017; vol. 15 (no. 4); p. 417-424

Abstract: Objective: Our aim was to explore the presence of symptoms, symptom relief, and other key aspects of palliative care during the final week of life among older people residing in nursing homes. Method: Our study employed data from the Swedish Palliative Care Register on all registered individuals aged 60 and older who had died in nursing homes during the years 2011 and 2012. Variables pertaining to monitoring and treatment of symptoms, end-of-life discussions, circumstances around the death, and the individual characteristics of deceased individuals were explored using descriptive statistics. Results: The most common underlying causes of death among the 49,172 deceased nursing home residents were circulatory diseases (42.2%) and dementia (22.7%). The most prevalent symptom was pain (58.7%), followed by rattles (42.4%), anxiety (33.0%), confusion (21.8%), shortness of breath (14.0%), and nausea (11.1%). Pain was the symptom with the highest degree of total relief (46.3%), whereas shortness of breath and confusion were totally relieved in 6.1 and 4.3% of all individuals, respectively. The use of valid instruments for symptom assessment was reported for pain in 12.3% and for other symptoms in 7.8% of subjects. The most prevalent individual prescriptions for injection PRN (pro re nata, according to circumstances) were for pain treatment (79.5%) and rattles (72.8%). End-of-life discussions were performed with 27.3% of all the deceased individuals and with 53.9% of their relatives. Of all individuals, 82.1% had someone present at death, and 15.8% died alone. Of all the nursing home resident deaths recorded, 45.3% died in their preferred place. Significance of results: There were large variations in degree of relief from different symptoms during the final week of life. Pain was the most prevalent symptom, and it was also the symptom with
the highest proportion of total/partial relief. Other symptoms were less prevalent but also less well-relieved. Our results indicate a need for improvement of palliative care in nursing home settings, focusing on management of distressing symptoms and promotion of end-of-life discussions.

5. Pharmacological and non-pharmacological treatment preferences of healthcare professionals and proxies for challenging behaviors in patients with dementia

Author(s): Janus S.I.; Van Manen J.G.; Van Til J.A.; Ijzerman M.J.; Zuidema S.U.

Source: International Psychogeriatrics; Aug 2017; vol. 29 (no. 8); p. 1377-1389

Abstract: Background: Prescribing antipsychotics to patients with neuropsychiatric symptoms is a matter of concern. Physicians have to make treatment decisions for patients with dementia together with proxies and/or nurses. However, it is unknown whether physicians, nurses, and proxies’ treatment preferences are aligned; hence this study. Methods: Sixteen treatment attributes were selected to elicit the preferences of physicians and nurses. Ten of these attributes were used for the proxies. Preferences were estimated using a case-1 Best-Worst-Scaling design: respondents are asked to select the best and worst attribute on being presented with a hypothetical patient with dementia demonstrating neuropsychiatric symptoms. The treatments offered are: antipsychotic treatment or non-pharmaceutical regimens. Results: The questionnaire was filled in by 41 physicians, 81 nurses, and 59 proxies. The non-pharmacological treatment option was chosen by 52% of the proxies and 71% of the physicians and nurses. The respondents who chose antipsychotics rated the aspects fastest result and most effective as important. Physicians ranked experience with antipsychotics as an important aspect for prescribing antipsychotics. Only the proxies rated the aspect having a low negative effect on the patient as important. The nurses and elderly care physicians who chose the non-pharmaceutical treatment ranked appropriateness and of little burden to the patient as important aspects. Conclusions: While doctors and nurses prefer non-pharmaceutical interventions, proxies indicated a preference for pharmacological treatment because of the immediate effect. However, physicians follow treatment guidelines and nurses and proxies rely on the physician’s recommendations. We suggest physicians should be sensitive to these differences. Copyright © 2017 International Psychogeriatric Association.

6. Positive psychology outcome measures for family caregivers of people living with dementia: A systematic review

Author(s): Stansfeld J.; Wenborn J.; Stoner C.R.; Vernooij-Dassen M.; Moniz-Cook E.; Orrell M.

Source: International Psychogeriatrics; Aug 2017; vol. 29 (no. 8); p. 1281-1296

Abstract: Background: Family caregivers of people living with dementia can have both positive and negative experiences of caregiving. Despite this, existing outcome measures predominantly focus on negative aspects of caregiving such as burden and depression. This review aimed to evaluate the development and psychometric properties of existing positive psychology measures for family caregivers of people living with dementia to determine their potential utility in research and practice. Method: A systematic review of positive psychology outcome measures for family caregivers of people with dementia was conducted. The databases searched were as follows: PsychINFO, CINAHL, MEDLINE, EMBASE, and PubMed. Scale development papers were subject to a quality assessment to appraise psychometric properties. Results: Twelve positive outcome measures and six validation papers of these scales were identified. The emerging constructs of self-efficacy, spirituality, resilience, rewards, gain, and meaning are in line with positive psychology theory. Conclusions: There are some robust positive measures in existence for family caregivers of people living with dementia. However, lack of reporting of the psychometric properties hindered the quality assessment of some outcome measures identified in this review. Future research should aim to include positive outcome measures in interventional research to facilitate a greater understanding of the positive aspects of
7. Indoor Air Temperature and Agitation of Nursing Home Residents With Dementia.

Author(s): Tartarini, Federico; Cooper, Paul; Fleming, Richard; Batterham, Marijka

Source: American journal of Alzheimer's disease and other dementias; Aug 2017; vol. 32 (no. 5); p. 272-281

Abstract: This study aimed to determine the specific correlation between indoor air temperature and agitation of nursing home residents with dementia. Agitated behaviors of 21 residents, living in 1 nursing home, were assessed for a 10-month period using the Cohen-Mansfield Agitation Inventory (CMAI). The CMAI Total Frequency scores were found to increase significantly when indoor average temperatures deviated from 22.6°C. In addition, cumulative exposure to temperatures higher than 26°C and lower than 20°C was linearly correlated with CMAI Total Frequency scores. Results showed that agitated behaviors not only affected the person manifesting them but were found to be disruptive for other residents and the delivery of care. Agitation can, therefore, be potentially reduced by limiting the range of indoor air temperature variations, and aged care providers should ensure that a thermally comfortable environment is provided in nursing homes to enhance comfort and well-being of all occupants.

8. Improving comfort around dying in elderly people: a cluster randomised controlled trial

Author(s): Beernaert, Kim; Smets, Tinne; Cohen, Joachim; Verhofstede, Rebecca; Costantini, Massimo; Kim Eecloo; Nele van Den Noortgate; Deliens, Luc

Source: The Lancet; Jul 2017; vol. 390 (no. 10090); p. 125

Available in print at LANCET - from Library MPH

Abstract: Over 50% of elderly people die in acute hospital settings, where the quality of end-of-life care is often suboptimum. We aimed to assess the effectiveness of the Care Programme for the Last Days of Life (CAREFuL) at improving comfort and quality of care in the dying phase in elderly people.

Methods We did a cluster randomised controlled trial in acute geriatric wards in ten hospitals in Flemish Region, Belgium, between Oct 1, 2012, and March 31, 2015. Hospitals were randomly assigned to implementation of CAREFuL (CAREFuL group) or to standard care (control group) using a random number generator. Patients and families were masked to intervention allocation; hospital staff were unmasked. CAREFuL comprised a care guide for the last days of life, training, supportive documentation, and an implementation guide. Primary outcomes were comfort around dying, measured with the End-of-Life in Dementia-Comfort Assessment in Dying (CAD-EOLD), and symptom management, measured with the End-of-Life in Dementia-Symptom Management (SM-EOLD), by nurses and family carers. Analyses were by intention to treat. This trial is registered with ClinicalTrials.gov, numberNCT01890239. Findings 451 (11%) of 4241 beds in ten hospitals were included in the analyses. Five hospitals in the control group and 164 in the CAREFuL group were eligible for assessment. Assessments were done for 132 (80%) of 164 patients in the CAREFuL group and 109 (92%) of 118 in the control group by nurses, and 48 (29%) in the CAREFuL group and 23 (19%) in the control group by family carers. Implementation of CAREFuL compared with control significantly improved nurse-assessed comfort (CAD-EOLD baseline-adjusted mean difference 4·30, 95% CI 2·07 to 6·53; p<0·0001). No significant differences were noted for the CAD-EOLD assessed by family carers (baseline-adjusted mean difference −0·62, 95% CI −6·07 to 4·82; p=0·82) or the SM-EOLD assessed by nurses (−0·41, −1·86 to 1·05; p=0·58) or by family carers (−0·59, −3·75 to 2·57;
Although a continuous monitoring of the programme is warranted, these results suggest that implementation of CAREFuL might improve care during the last days of life for patients in acute geriatric hospital wards. Funding The Flemish Government Agency for Innovation by Science and Technology and the Belgian Cancer Society "Kom Op Tegen Kanker".

9. Dementia Education: Does It Change Nursing Practice?
Author(s): Hirst, Sandra P
Source: Journal of Gerontological Nursing; Jul 2017; vol. 43 (no. 7); p. 2-3
Available in full text at Journal of Gerontological Nursing - from ProQuest

Abstract: Although gerontological nurses are well positioned to care for older adults with dementia, barriers to implementing quality client care remain, including: limited knowledge (Brown, Wielandt, Wilson, Jones, & Crick, 2014; Wang, Xiao, Ullah, He, & De Bellis, 2017), poor morale among care staff (Kupeli et al., 2016), lack of professional development opportunities (Fossey et al., 2014), and unsuitability of acute care hospitals for this client group (Dewing & Dijk, 2016).

10. Dementia-friendly interventions to improve the care of people living with dementia admitted to hospitals: a realist review.
Author(s): Handley, Melanie; Bunn, Frances; Goodman, Claire
Source: BMJ open; Jul 2017; vol. 7 (no. 7); p. e015257
Available in full text at BMJ Open - from National Library of Medicine
Available in full text at BMJ Open - from ProQuest

Abstract: OBJECTIVES To identify features of programmes and approaches to make healthcare delivery in secondary healthcare settings more dementia-friendly, providing a context-relevant understanding of how interventions achieve outcomes for people living with dementia. DESIGN A realist review conducted in three phases: (1) stakeholder interviews and scoping of the literature to develop an initial programme theory for providing effective dementia care; (2) structured retrieval and extraction of evidence; and (3) analysis and synthesis to build and refine the programme theory. DATA SOURCES PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane Library, NHS Evidence, Scopus and grey literature. ELIGIBILITY CRITERIA Studies reporting interventions and approaches to make hospital environments more dementia-friendly. Studies not reporting patient outcomes or contributing to the programme theory were excluded. RESULTS Phase 1 combined findings from 15 stakeholder interviews and 22 publications to develop candidate programme theories. Phases 2 and 3 identified and synthesised evidence from 28 publications. Prominent context-mechanism-outcome configurations were identified to explain what supported dementia-friendly healthcare in acute settings. Staff capacity to understand the behaviours of people living with dementia as communication of an unmet need, combined with a recognition and valuing of their role in their care, prompted changes to care practices. Endorsement from senior management gave staff confidence and permission to adapt working practices to provide good dementia care. Key contextual factors were the availability of staff and an alignment of ward priorities to value person-centred care approaches. A preoccupation with risk generated responses that were likely to restrict patient choice and increase their distress. CONCLUSION This review suggests that strategies such as dementia awareness training alone will not improve dementia care or outcomes for patients with dementia. Instead, how staff are supported to implement learning and resources by senior team members with dementia expertise is a key component for improving care practices and patient outcomes. TRIAL REGISTRATION NUMBER CRD42015017562.
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.

**Some books from our electronic book collection- click on book cover and log in with your OpenAthens password to browse free online or to request access.**

**Pain in Dementia**
Lautenbacher, S. et al 2017

*From the back of the book:*
A multidisciplinary team of leading experts navigates the complex clinical challenges associated with pain among these patients. They identify the sources of pain, even in patients who have trouble communicating, and recommend the most effective pain treatment options. Key Features- *Diagnose pain using today's best methods, including self-report measures, observer ratings, psychophysical and behavioral pain analysis, and more.* Avoid inappropriate use of pain medication through coverage of pharmacologic and non-pharmacologic management options, including exercise and physical therapy, psychological approaches, placebo analgesia, and palliative care.*Understand the current knowledge gaps and join the search for better solutions.*

**Dementia**

*From the back of the book:*
Dementia represents a major public health challenge for the world with over 100 million people likely to be affected by 2050. A large body of professionals is active in diagnosing, treating, and caring for people with dementia, and research is expanding. Many of these specialists find it hard to keep up to date in all aspects of dementia. This book helps solve that problem. The new edition has been updated and revised to reflect recent advances in this fast-moving field.
Reviews from May/June 2017

Effect of the treatment of Type 2 diabetes mellitus on the development of cognitive impairment and dementia

Assistive technology for memory support in dementia

Music-based therapeutic interventions for people with 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:

July 2017

What are the benefits and harms of vitamin E in people with Alzheimer’s dementia and in those with mild cognitive impairment?

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

**UpToDate**

Please contact library staff for details on how to access this resource; you will need an OpenAthens password if accessing from home.

Alternatively you can register for an UpToDate account, in order to download the app and register CME credit - please click [here](#) for information. **Please note- you will need to register from a computer on the Trust network.**

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**DEMENTIA IN THE NEWS**

**Behind the Headlines**

Researchers try to unknot Alzheimer’s protein tangles

Brain training app used to treat memory condition

Dementia saliva testing ‘shows early promise’

**BBC News**

Nine lifestyle changes can reduce dementia risk, study says

Spotting the earliest signs of Alzheimer’s
Dementia is the greatest global challenge for health and social care in the 21st century: around 50 million people worldwide have dementia and this number is predicted to triple by 2050. The Lancet Commission on dementia aims to review the best available evidence and produce recommendations on how to best manage, or even prevent, the dementia epidemic.

Dementia is not an inevitable consequence of ageing and the Commission identifies nine potentially modifiable health and lifestyle factors from different phases of life that, if eliminated, might prevent dementia. Although therapies are currently not available to modify the underlying disease process, the Commission outlines pharmacological and social interventions that are able to help manage the manifestations of dementia.

The London Health Observatory and the Institute produced baseline figures for some key indicators of the social determinants of health, health outcomes and social inequality that corresponded, as closely as was possible, to the indicators proposed in Fair Society, Healthy Lives.

This report reveals that nearly half of the UK adults surveyed had not started saving for the care and support they might need in the future, and a third agreed that before being asked, they had not considered the cost of dementia care and support. It also reveals that there is ongoing stigma around dementia and calls for greater support and access to information so that people with dementia can...
live fulfilled lives.

**NHS Digital - Recorded dementia diagnoses, May 2017**

**Key Points**
The dementia diagnosis rate at 31st May 2017 is 67.8 per cent (95% CI 61.0-73.4).

Recorded dementia prevalence is 0.767 per cent (1 person in 130).

When considered alongside monthly data previously collected, this indicates a progressive increase in recorded prevalence from May 2016 (0.759) to May 2017 (0.767).

Of the extract cohort, data for 7,213 practices were collected, representing 98.9 per cent coverage of cohort practices.

75.2 per cent of patients on the practices’ dementia registers had their ethnicity recorded as either ‘Not stated’ or ‘No ethnicity code’

**NHS England Statistics: Dementia Assessment and Referral**
This data collection reports on the number and proportion of patients aged 75 and over admitted as an emergency for more than 72 hours in England who have been identified as potentially having dementia, who are appropriately assessed and, where appropriate, referred on to specialist services. For 2015-16 the last part was replaced with have a care plan on discharge which meets agreed standards, but for 2016-17 the collection has reverted to the previous definition. For the first three years the collection was part of CQUIN, but for 2016-17 it has become part of the requirements of the standard contract.

**NHS England Statistics: Dementia Assessment and Referral Data Collection Q4 2016-17**
The March 2017 and Quarter 4 2016-17 data for the Dementia Assessment and Referral data collection in England by NHS England were released on 7th June 2017 according to the arrangements approved by the UK Statistics Authority.

The collection’s purpose is to improve the identification of older patients with dementia and delirium, to monitor appropriate assessment and to prompt appropriate referral and follow up after they leave hospital. Three measures are reported – the number and proportion of patients aged 75 and over admitted as an emergency for more than 72 hours.

**Alzheimer’s Society - Turning up the volume: unheard voices of people with dementia**
A ground-breaking look at the real challenge of living with dementia in the UK today.

**Benefits of Dementia Befrienders into an acute hospital wards**
How one Trust developed its dementia volunteer service, to enhance care and support patients and staff in a more person centred approach.
**Virtual Dementia Clinics**
Dementia diagnosis in Cumbria now four times faster thanks to ‘virtual clinics’. New virtual clinics in the Memory Matters team at Cumbria Partnership NHS Foundation Trust means patients suspected of having dementia are able to be diagnosed four times faster than before. This is because the whole referral to diagnosis process has been streamlined.

**Age UK- Age & Dementia Friendly Gymnastics Programme An Evaluation of the British Gymnastics Foundation Pilot**
This report evaluates the pilot of a gymnastics chair-based exercise programme developed for older people with dementia. The pilot found that the programme was shown to have a demonstrable benefit in the physical, emotional and cognitive aspects of older people.

**Dementia patient wristband that will be nationally trialled**
Allyson Rigby, one of our Emergency Department Senior Healthcare Assistants at Lancashire Teaching Hospitals, has introduced new wristbands to make it clear which patients have dementia.

The wristbands, worn by patients living with dementia, now feature the ‘Forget Me Not’ flower; the nationally recognised symbol for dementia.

When a patient is wearing one of those wristbands, our staff know that they have dementia and are to use their dementia training when dealing with the patient.

**Lancashire Teaching Hospitals dementia conference- Walking in our patients’ shoes**
The conference was about dementia, specifically about how it may feel to be living with dementia and be in hospital. It was about disrupting our feelings of confidence, connectedness and security; facing something unfamiliar, unexpected, and being on our own in a room full of people we don’t know.

**Memory Support Worker Team in new film**
Leeds and York Partnership NHS Foundation Trust Memory Support Worker Team has helped create a film to showcase their work.

**Living Memories**
Reminiscence Resources About Life in the UK in the 1940s-60s
Better quality relationships associated with reduced dementia risk
Journal of Alzheimer’s Disease, 2017, 4th May

BDNF Val66Met predicts cognitive decline in the Wisconsin Registry for Alzheimer’s Prevention.

Extra-virgin olive oil ameliorates cognition and neuropathology of the 3xTg mice: role of autophagy
Annals of Clinical and Translational Neurology, First published: 21 June 2017
FREE FULL TEXT

Body Mass Index and Risk of Alzheimer Disease: a Mendelian Randomization Study of 399,536 Individuals
J Clin Endocrinol Metab Published: 09 May 2017

Low-Dose Aspirin Use and Cognitive Function in Older Age: A Systematic Review and Meta-analysis
Am Geriatr Soc. 2017 Apr 20.. [Epub ahead of print]

A phase 3 trial of IV immunoglobulin for Alzheimer disease
Neurology May 2, 2017 vol. 88 no. 18 1768-1775

Trajectories of Depressive Symptoms Before Diagnosis of Dementia- A 28-Year Follow-up Study
JAMA Psychiatry. Published online May 17, 2017.

Sugar- and Artificially Sweetened Beverages and the Risks of Incident Stroke and Dementia- A Prospective Cohort Study
Stroke. 2017; Originally published April 20, 2017
FREE FULL TEXT

Association of Dual-Task Gait With Incident Dementia in Mild Cognitive Impairment- Results From the Gait and Brain Study
JAMA Neurol. Published online May 15, 2017.

Effect of a long-term intensive lifestyle intervention on prevalence of cognitive impairment
Neurology May 23, 2017 vol. 88 no. 21 2026-2035

Association Between Elevated Brain Amyloid and Subsequent Cognitive Decline Among Cognitively Normal Persons.
JAMA. 2017;317(22):2305-2316.
Cerebral Perfusion and the Risk of Dementia: A Population-Based Study
_Circulation_ Originally published June 6, 2017

Association Between Persistent Pain and Memory Decline and Dementia in a Longitudinal Cohort of Elders
_JAMA Intern Med._ Published online June 5, 2017.

Proton Pump Inhibitors and Risk of Mild Cognitive Impairment and Dementia
_Journal of the American Geriatrics Society_, First published: 7 June 2017

Clinical marker for Alzheimer disease pathology in logopenic primary progressive aphasia
_Neurology_ June 13, 2017 vol. 88 no. 24 2276-2284

Slowing gait and risk for cognitive impairment- the hippocampus as a shared neural substrate
_Neurology_, Published online before print June 28, 2017

Does caring for a spouse with dementia accelerate cognitive decline? Findings from the health and retirement study.
FREE FULL TEXT

Hierarchical Organization of Tau and Amyloid Deposits in the Cerebral Cortex
_JAMA Neurol._ Published online May 30, 2017.

Alzheimer's Disease: Individuals, Dyads, Communities, and Costs

Depression Case Finding in Individuals with Dementia: A Systematic Review and Meta-Analysis.

Improving inpatient care for older adults: Implementing Dementia Commissioning for Quality and Innovation (CQUIN)
_BMJ Qual Improv Report_ 2017;6
FREE FULL TEXT

The latest from popular Twitter pages dedicated to dementia:

Dementia UK @DementiaUK
Alzheimer's Society @alzheimerssoc
Dementia Today @DementiaToday
Dementia Friends @DementiaFriends
**TRAINING & NETWORKING OPPORTUNITIES, CONFERENCES, EVENTS**

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

**Second TAnDem Arts and Dementia Conference** - 21st September 2017, Malvern Theatres, Grange Road, Malvern, UK

**9th 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/](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/](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/](http://sonet.nottingham.ac.uk/rlos/mentalhealth/dementia_care/)
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.

*Click here to access literature search form*

Most electronic resources are available via an OpenAthens password. You can register for this via the Library intranet page, or from home at https://openathens.nice.org.uk/

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.