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. Quantitative systematic review of the effects of non-pharmacological interventions on reducing apathy in persons with dementia

**Author(s):** Goris, Emilie Dykstra; Ansel, Katherine N.; Schutte, Debra L.

**Source:** Journal of Advanced Nursing; Nov 2016; vol. 72 (no. 11); p. 2612-2628

**Abstract:**

**Aim:** To review the quantitative evidence concerning the effects of nonpharmacological interventions on reducing apathy in persons with dementia. Background. Apathy, a prevalent behavioural symptom among persons with Alzheimer Disease, is defined as a disorder of motivation with deficits in behavioural, emotional and cognitive domains and is associated with serious social and physical obstacles. Non-pharmacological interventions show promise as symptom control modalities among persons with dementia. Design. Quantitative systematic review. Data sources. CINAHL, PubMed, PSYChinfo and Cochrane Trials databases were searched for published English language research inclusive through December 2014, with no early year limiters set. Review methods. Comprehensive searches yielded 16 international randomized controlled trials or quasi-experimental studies based on inclusion criteria and a rigorous quality appraisal process. Results. A narrative summary analysis revealed that non-pharmacological interventions for apathy varied substantially and lacked specificity, conceptual clarity and were methodologically heterogeneous. Select interventions demonstrated effectiveness, but lacked systematic long-term follow-up. Limitations include publication bias and lack of a meta-analytic approach due to the methodological heterogeneity of included studies. Conclusion. Study results demonstrate promise for the use of non-pharmacological interventions, particularly music-based interventions, in reducing apathy levels in individuals with dementia. Intervening to reduce apathy may have a positive clinical impact and healthcare providers should be encouraged to incorporate positive sources of interest and intellectual stimulation into care. However, future research is needed to examine the aetiologic mechanism and predictors of apathy, to improve evidence-based interventions and specificity and to optimize dosage and timing of non-pharmacological interventions across the disease trajectory.

2. The value of storytelling for people living with dementia.

**Author(s):** Mendes, Aysha

**Source:** Nursing & Residential Care; Dec 2016; vol. 18 (no. 12); p. 667-669

Available in full text at [Nursing and Residential Care](https://www.markallengroup.com) - from Mark Allen Group
3. Caregiver and care recipient characteristics as predictors of psychotropic medication use in community-dwelling dementia patients.

**Author(s):** Grace, Elsie L.; Burgio, Louis D.; Allen, Rebecca S.; DeCoster, Jamie; Aiello, Allison E.; Algase, Donna L.

**Source:** Aging & Mental Health; Dec 2016; vol. 20 (no. 12); p. 1297-1304


**Author(s):** Butcher, Howard K.; Gordon, Jean K.; Ko, Ji Woon; Perkhounkova, Yelena; Cho, Jun Young; Rinner, Andrew; Lutgendorf, Susan

**Source:** American Journal of Alzheimer's Disease & Other Dementias; Dec 2016; vol. 31 (no. 8); p. 631-642

5. Younger Onset Dementia.

**Author(s):** Sansoni, Janet; Duncan, Cathy; Grootemaat, Pamela; Capell, Jacquelin; Samsa, Peter; Westera, Anita

**Source:** American Journal of Alzheimer's Disease & Other Dementias; Dec 2016; vol. 31 (no. 8); p. 693-705


**Author(s):** Ryan, Natalie S; Nicholas, Jennifer M; Weston, Philip S J; Liang, Yuying; Lashley, Tammaryn; Guerreiro, Rita; Adamson, Gary; Kenny, Janna; Beck, Jon; Chavez-Gutierrez, Lucia; de Strooper, Bart; Revesz, Tamas; Holton, Janice; Mead, Simon; Rossor, Martin N; Fox, Nick C

**Source:** The Lancet. Neurology; Dec 2016; vol. 15 (no. 13); p. 1326-1335

**Abstract:** The causes of phenotypic heterogeneity in familial Alzheimer's disease with autosomal dominant inheritance are not well understood. We aimed to characterise clinical phenotypes and genetic associations with APP and PSEN1 mutations in symptomatic autosomal dominant familial Alzheimer's disease (ADAD). We retrospectively analysed genotypic and phenotypic data (age at symptom onset, initial cognitive or behavioural symptoms, and presence of myoclonus, seizures, pyramidal signs, extrapyramidal signs, and cerebellar signs) from all individuals with ADAD due to APP or PSEN1 mutations seen at the Dementia Research Centre in London, UK. We examined the frequency of presenting symptoms and additional neurological features, investigated associations with age at symptom onset, APOE genotype, and mutation position, and explored phenotypic differences between APP and PSEN1 mutation carriers. The proportion of individuals presenting with various symptoms was analysed with descriptive statistics, stratified by mutation type. Between July 1, 1987, and Oct 31, 2015, age at onset was recorded for 213 patients (168 with PSEN1 mutations and 45 with APP mutations), with detailed history and neurological examination findings available for 121 (85 with PSEN1 mutations and 36 with APP mutations). We identified 38 different PSEN1 mutations (four novel) and six APP mutations (one novel). Age at onset differed by mutation, with a younger onset for individuals with PSEN1 mutations than for those with APP mutations (mean age 43.6 years [SD 7.2] vs 50.4 years [SD 5.2], respectively, p<0.0001); within the PSEN1 group, 72% of age at onset variance was explained by the specific mutation. A cluster of five mutations with particularly early
onset (mean age at onset <40 years) involving PSEN1’s first hydrophilic loop suggests critical functional importance of this region. 71 (84%) individuals with PSEN1 mutations and 35 (97%) with APP mutations presented with amnestic symptoms, making atypical cognitive presentations significantly more common in PSEN1 mutation carriers (n=14; p=0.037). Myoclonus and seizures were the most common additional neurological features; individuals with myoclonus (40 [47%] with PSEN1 mutations and 12 [33%] with APP mutations) were significantly more likely to develop seizures (p=0.001 for PSEN1; p=0.036 for APP), which affected around a quarter of the patients in each group (20 [24%] and nine [25%], respectively). A number of patients with PSEN1 mutations had pyramidal (21 [25%]), extrapyramidal (12 [14%]), or cerebellar (three [4%]) signs. ADAD phenotypes are heterogeneous, with both age at onset and clinical features being influenced by mutation position as well as causative gene. This highlights the importance of considering genetic testing in young patients with dementia and additional neurological features in order to appropriately diagnose and treat their symptoms, and of examining different mutation types separately in future research.

Medical Research Council and National Institute for Health Research.

7. Relationships Between Caffeine Intake and Risk for Probable Dementia or Global Cognitive Impairment: The Women's Health Initiative Memory Study.

Author(s): Driscoll, Ira; Shumaker, Sally A; Snively, Beverly M; Margolis, Karen L; Manson, JoAnn E; Vitolins, Mara Z; Rossom, Rebecca C; Espeland, Mark A

Source: The journals of gerontology. Series A, Biological sciences and medical sciences; Dec 2016; vol. 71 (no. 12); p. 1596-1602

Abstract: Nonhuman studies suggest a protective effect of caffeine on cognition. Although human literature remains less consistent, reviews suggest a possible favorable relationship between caffeine consumption and cognitive impairment or dementia. We investigated the relationship between caffeine intake and incidence of cognitive impairment or probable dementia in women aged 65 and older from the Women's Health Initiative Memory Study. All women with self-reported caffeine consumption at enrollment were included (N = 6,467). In 10 years or less of follow-up with annual assessments of cognitive function, 388 of these women received a diagnosis of probable dementia based on a 4-phase protocol that included central adjudication. We used proportional hazards regression to assess differences in the distributions of times until incidence of probable dementia or composite cognitive impairment among women grouped by baseline level of caffeine intake, adjusting for risk factors (hormone therapy, age, race, education, body mass index, sleep quality, depression, hypertension, prior cardiovascular disease, diabetes, smoking, and alcohol consumption). Women consuming above median levels (mean intake = 261mg) of caffeine intake for this group were less likely to develop incident dementia (hazard ratio = 0.74, 95% confidence interval [0.56, 0.99], p = .04) or any cognitive impairment (hazard ratio = 0.74, confidence interval [0.60, 0.91], p = .005) compared to those consuming below median amounts (mean intake = 64mg) of caffeine for this group. Our findings suggest lower odds of probable dementia or cognitive impairment in older women whose caffeine consumption was above median for this group and are consistent with the existing literature showing an inverse association between caffeine intake and age-related cognitive impairment.
8. Dementia Caregivers' Use of Services for Themselves.

**Author(s):** Martindale-Adams, Jennifer; Nichols, Linda O; Zuber, Jeffrey; Burns, Robert; Graney, Marshall J

**Source:** The Gerontologist; Dec 2016; vol. 56 (no. 6); p. 1053-1061

**Abstract:** Health care and social services such as physician visits and support groups used by dementia caregivers for themselves were examined. Caregivers (N = 642) were from the Resources for Enhancing Alzheimer's Caregivers Health (REACH II) study. Caregiver predisposing, enabling, and need variables were examined using chi-squared and t-tests to characterize service users. Stagewise linear regression was used to explain numbers of services used. Predisposing, enabling, and need variables were significantly related to dementia caregivers' service use. In regression, caregivers who were older, more educated, married, not employed, depressed, with functional disability needs, more illness-related reduced activity days, more medications, more symptoms, and fewer hours on duty per day used significantly more services for themselves. The statistically significant model explained 22.2% variance in numbers of services used. Service users, compared with nonusers, evidenced greater burden, bother with behaviors, and more desire to institutionalize. This study shows that caregiver service use is related to caregiver characteristics. Future work should examine the impact of caregiving on health care and social service use and costs. The societal costs of caregiving may be better understood when we account for additional service use by caregivers themselves. A significant clinical and policy issue is who should assess and support the caregiver. Possibilities include the care recipient's health care practitioner, the caregiver's health care practitioner, or a formal caregiver-focused program based in the health care system or the social service network.

9. Peer support and reminiscence therapy for people with dementia and their family carers: A factorial pragmatic randomised trial

**Author(s):** Charlesworth G.; Burnell K.; Crellin N.; Hoare Z.; Hoe J.; Wenborn J.; Knapp M.; Russell I.; Woods B.; Orrell M.

**Source:** Journal of Neurology, Neurosurgery and Psychiatry; Nov 2016; vol. 87 (no. 11); p. 1218-1228

Available in full text at Journal of neurology, neurosurgery, and psychiatry - from Highwire Press

**Abstract:** Objective The objective of this study was to evaluate peer support and reminiscence therapy, separately and together, in comparison with usual care for people with dementia and their family carers. Design Factorial pragmatic randomised trial, analysed by treatment allocated, was used for this study. Setting The trial ran in Community settings in England. Participants People with dementia and their family carers were the participants. Interventions Treatment as usual (TAU) plus one of the following: one-To-one peer support to family carers from experienced carers (Carer Supporter Programme; CSP), group reminiscence therapy (Remembering Yesterday, Caring Today; RYCT) for people with dementia and carers, both or neither. Main outcome measures Primary outcomes included health-related quality of life (SF-12) for carers and quality of life (QoL-AD) for people with dementia; secondary outcomes included quality of relationship for carers and people with dementia; both were collected by blinded assessors at baseline, 5 and 12a..months (primary end point). Results Of 291 pairs recruited, we randomised 145 (50%) to CSP (71% uptake) and 194 (67%) to RYCT (61% uptake). CSP and RYCT, separately or together, were not effective in improving primary outcomes or most secondary outcomes. For CSP versus a no CSP’, adjusted difference in means was 0.52 points on the SF-12 (95% CI a ‘1.28 to 2.32) and a ‘0.08 points on the QoL-AD (95% CI a ‘1.70 to 1.56). For RYCT versus a no RYCT’, the difference was 0.10 points on the SF-12 (95% CI a ‘1.72 to 1.93) and 0.51 points on the QoL-AD (95% CI a ‘1.17 to 2.08). However, carers reported better relationships with the people with dementia (difference 1.11, 95% CI 0.00 to 2.21, p=0.05).
Comparison of combined intervention with TAU, and of intervention received, suggested differential impacts for carers and persons with dementia. Conclusions There is no evidence from the trial that either peer support or reminiscence is effective in improving the quality of life. Trial registration number ISRCTN37956201; Results.

10. Multiple targets for the management of Alzheimer’s disease

**Author(s):** Ahmad S.S.; Akhtar S.; Khan M.K.A.; Siddiqui M.H.; Jamal Q.M.S.; Rizvi S.M.D.; Kamal M.A.

**Source:** CNS and Neurological Disorders - Drug Targets; Dec 2016; vol. 15 (no. 10); p. 1279-1289

**Abstract:** AD is a progressive and irreversible neurodegenerative disease and the most common cause of dementia in the elderly population. Beta-amyloid cascade formation along with several cytoskeleton abnormalities succeeding to the hyperphosphorylation of microtubule-associated tau protein in neurons leads to the elicitation of several neurotoxic incidents. As an outcome of these phenomena, steady growth of dementia in aged population is becoming ubiquitous in both developed and developing countries. Thus, the key aspiration is to endow with stable daily life functionality to the person suffering from dementia and to cut down or slower the symptoms of disease leading to disruptive behavior. In sight of this, the proteins amyloid-beta, BACE-1, RAGE and AChE are being aimed for the treatment of AD successfully. Currently, there are several medicines for the treatment of AD under survey like Galangin, Cymserine, Tolserine, Bisnorcymserine and Huperzine A. The article emphasizes clinical and neurobiological aspects of AD. The purpose of this review article is to provide a brief introduction of AD along with the related concept of beta-secretase, beta amyloid and neurotransmitter in the progression of disease. In the present review, we summarize the available evidence on the new therapeutic approaches that target amyloid and neurotransmitter in the AD.
Reviews from November 2016

Antihypertensive withdrawal for the prevention of cognitive decline
Pharmacotherapies for sleep disturbances in dementia
Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) for the early diagnosis of dementia across a variety of healthcare settings

*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.

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 & DYNAMED PLUS

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

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.
Behind the Headlines

Testing sense of smell may give early warning of Alzheimer's risk
Promising Alzheimer's drug 'clears early hurdle'
Probiotics 'aid memory in people with Alzheimer's disease'

BBC News

Dementia now leading cause of death
Dementia rates show signs of falling

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

10th UK Dementia Congress 2015 - slides and presentations from this year's conference
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

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.

**Dementia Atlas- Putting a Focus on Dementia**

In England, 676,000 people live with dementia, a figure which will soar over the next forty years. This map sets out what we currently know about dementia care and support across the country, based on available national data. The data is grouped in themes based on NHS England’s well dementia pathway which serves as a framework to ensure people with dementia have a better experience of health and social care support from diagnosis through to end of life.

**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**

**Dying with Dementia- National Dementia Intelligence Network and National End of Life Care Intelligence Network briefing**

This briefing is written in the context of Dementia and the End of Life Care Strategy, where everyone, including people with dementia, approaching end of life should experience high quality, compassionate and joined-up care.

**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.

**Solanezumab Doesn’t Meet Primary Endpoint in AD Dementia**

Topline results released by Eli Lilly and Company show that their eagerly awaited phase 3 EXPEDITION3 trial of the novel monoclonal antibody solanezumab failed to reach its primary endpoint of slowing cognitive decline in patients with mild dementia from Alzheimer's disease (AD).

**What if Santa forgot? Video**

A video released by Alzheimer’s Research UK- to promote research and raise awareness of dementia.

**Christmas Gift Ideas**

As the dementia journey progresses it can be difficult to know how to reach out and make a connection. So, at this time of year, it's really important that the person with dementia is not left out when everyone else is happily opening Christmas gifts.

**Alzheimer’s Society: Dementia Friendly Personal Budgets Guide**

Making personal budgets dementia friendly- a guide for local authorities
Meeting the need: what makes a ‘good’ joint strategic needs assessment (JSNA) for mental health or dementia?
Mental health needs assessments can prompt concerted action to improve wellbeing and life chances in local communities, says research published today by Centre for Mental Health.

Meeting the need: what makes a ‘good’ JSNA for mental health? explores how five local councils across England went about understanding the mental health needs of their communities and taking action to meet them more effectively.

The report was funded by Public Health England and produced in support of the National Mental Health, Dementia and Neurology Intelligence Network. It finds that joint strategic needs assessments (JSNAs) for mental health and dementia can help to direct investment, to improve services and to help local agencies work together more effectively. To have the biggest impact, they need a clear purpose, effective leadership and advocacy, and partnerships that continue after the JSNA is completed to ensure that they lead to action.

Challenges and flaws with NHS continuing healthcare
The Continuing Healthcare Alliance, which Dementia UK is part of, has produced a new report, released today, highlighting the key challenges and flaws with the current NHS continuing healthcare system (NHS CHC), and how these could be tackled.

Shocking reality of dementia homecare hidden behind closed doors
An Alzheimer’s Society investigation has exposed a vicious cycle where a lack of dementia training for homecare workers results in intolerable stress for people with dementia, families and carers - and for the homecare workers themselves.

Aβ Amyloid Pathology Affects the Hearts of Patients With Alzheimer’s Disease
Association of Higher Cortical Amyloid Burden With Loneliness in Cognitively Normal Older Adults
JAMA Psychiatry. Published online November 2, 2016

Episodic memory of odors stratifies Alzheimer biomarkers in normal elderly

Pain: Online first November 04, 2016

Efficacy and safety of tau-aggregation inhibitor therapy in patients with mild or moderate Alzheimer's disease: a randomised, controlled, double-blind, parallel-arm, phase 3 trial
Lancet, Published: 15 November 2016

Targeting Functional Decline in Alzheimer Disease: A Randomized Trial
Annals of Internal Medicine, 22 NOVEMBER 2016

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/

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

LITERATURE SEARCH SERVICE

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.