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# *Current Awareness*

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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](mailto:jessica.pawley@tst.nhs.uk)

**Issue 23  
December 2017**

**Contents**  
Click on a section title to navigate contents

	<b>Page</b>
<a href="#">Recent journal articles</a>	<a href="#">3</a>
<a href="#">Cochrane Systematic Reviews</a>	<a href="#">10</a>
<a href="#">Guidelines</a>	<a href="#">10</a>
<a href="#">UpToDate</a>	<a href="#">11</a>
<a href="#">Dementia in the News</a>	<a href="#">11</a>
<a href="#">Reports, publications and resources</a>	<a href="#">12</a>
<a href="#">Topic Alerts and Updates</a>	<a href="#">13</a>
<a href="#">Twitter</a>	<a href="#">14</a>
<a href="#">Training &amp; Networking Opportunities, Conferences, Events</a>	<a href="#">14</a>
<a href="#">Literature search service</a>	<a href="#">15</a>
<a href="#">Training and Athens</a>	<a href="#">16</a>

**Library contact details:**

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

Tel: 01823 34 (2433)

Email: [library@tst.nhs.uk](mailto:library@tst.nhs.uk)

Blog: <http://librarymph.wordpress.com>

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## RECENT JOURNAL ARTICLES

[BACK TO TOP](#)

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.**

### **Dementia, disability rights and disablism: understanding the social position of people living with dementia.**

**Author(s):** Thomas, Carol; Milligan, Christine

**Source:** Disability & Society; Jan 2018; vol. 33 (no. 1); p. 115-131

**Abstract:** This article considers the recent history and consequences of positioning people living with dementia in the realms of disability, disablism and disability rights. The geo-political focus is the United Kingdom and neighbouring resourcerich nations in the Global North. The first section examines the growing trend of identifying 'dementia' with 'disability', a trend fuelled by the expansion of dementia-related activism and research. The second section focuses on how researchers who have published in Disability & Society and other journals have applied the social model of disability to individuals living with dementia. The third section discusses three conceptual challenges that lie ahead for those who choose to research and theorise the dementia/disability connection. These challenges concern: theorising dementia as disability; understanding intersectionality in dementia contexts; and understanding 'abuse' in dementia contexts.

### **The relation between mood, activity, and interaction in long-term dementia care.**

**Author(s):** Beerens, Hanneke C.; Zwakhalen, Sandra M.G.; Verbeek, Hilde; E.S. Tan, Frans; Jolani, Shahab; Downs, Murna; de Boer, Bram; Ruwaard, Dirk; Hamers, Jan P.H.

**Source:** Aging & Mental Health; Jan 2018; vol. 22 (no. 1); p. 26-32

**Abstract:** Objective: The aim of the study is to identify the degree of association between mood, activity engagement, activity location, and social interaction during everyday life of people with dementia (PwD) living in long-term care facilities. Method: An observational study using momentary assessments was conducted. For all 115 participants, 84 momentary assessments of mood, engagement in activity, location during activity, and social interaction were carried out by a researcher using the tablet-based Maastricht Electronic Daily Life Observation-tool. Results: A total of 9660 momentary assessments were completed. The mean age of the 115 participants was 84 and most (75%) were women. A negative, neutral, or positive mood was recorded during 2%, 25%, and 73% of the observations, respectively. Positive mood was associated with engagement in activities, doing activities outside, and social interaction. The type of activity was less important for mood than the fact that PwD were engaged in an activity. Low mood was evident when PwD attempted to have

social interaction but received no response. Conclusion:Fulfilling PwD's need for occupation and social interaction is consistent with a person-centred dementia care focus and should have priority in dementia care.

### **Severity of Alzheimer's disease and language features in picture descriptions.**

**Author(s):** Kavé, Gitit; Dassa, Ayelet

**Source:** Aphasiology; Jan 2018; vol. 32 (no. 1); p. 27-40

**Abstract:** Background:Studies of connected speech of individuals with Alzheimer's disease (AD) report significant impairments relative to the language of cognitively intact participants. Considerably less research has focused on the association between dementia severity and language features. Aims:The current study examines how scores on a dementia screening test (the Mini-Mental Status Examination, MMSE) correlate with features of connected speech. Methods & Procedures:Thirty-five individuals with AD (range of MMSE scores = 3–25) and 35 cognitively intact participants provided picture descriptions. Ten language features were derived from their descriptions using an automated text analysis tool: total word number, percentage of content words, pronoun ratio, type-token ratio, mean word frequency, percentage of verbs, percentage of verbs in the most common morphological form in Hebrew, percentage of verbs in present tense, percentage of prepositions, and percentage of subordination markers. Information content was also analysed. Outcomes & Results:Group differences emerged in five language features as well as in information content, attesting for substantial lexical impairment in AD. Within the AD group, MMSE scores were correlated with type-token ratio, with mean word frequency, and with the number of information units. No equivalent correlations were found within the control group. Conclusions: Dementia severity associates with decreasing lexical diversity, increasing word frequency, and a reduction in relevant information content, but not with changes in grammatical features of language. A simple automated analysis of connected speech could be used clinically to define and track the decline in language abilities in AD.

### **Pre-admission functional decline in hospitalized persons with dementia: The influence of family caregiver factors.**

**Author(s):** Boltz, Marie; Lee, Kyung Hee; Chippendale, Tracy; Trotta, Rebecca L.

**Source:** Archives of Gerontology & Geriatrics; Jan 2018; vol. 74 ; p. 49-54

**Abstract:** Older adults with dementia are more likely than those who do not have dementia to be hospitalized. Admission functional (ADL) performance is a salient factor predicting functional performance in older adults at discharge. The days preceding hospitalization are often associated with functional loss related to the acute illness. An understanding of functional changes during this transition will inform interventions to prevent functional decline. This secondary analysis examined data from a study that evaluated a family educational empowerment model and included 136 dyads (persons with dementia and their family caregiver). AMOS structural equation modeling examined the effects of family caregiver factors upon change in patient ADL performance (Barthel Index) from

baseline (two week prior to hospitalization) to the time of admission, controlling for patient characteristics. Eighty-two percent of the patients had decline prior to admission. Baseline function, depression, and dementia severity, as well as Family caregiver strain, were significantly associated with change in pre-admission ADL performance and explained 40% of the variance. There was a good fit of the model to the data ( $\chi^2 = 12.9$ ,  $p = 0.305$ , CFI = 0.97, TLI = 0.90, RMSEA = 0.05). Findings suggest the need for a function-focused approach when admitting patients with dementia to the hospital. FCG strain prior to hospitalization may be a factor impacting trajectory of functional changes in older person with dementia, especially in those with advanced dementia. FCG strain is an important assessment parameter in the risk assessment for functional decline, to be considered when engaging the FCG in the plan for functional recovery.

**Meaningful use of computers has a potential therapeutic and preventative role in dementia care: A systematic review.**

**Author(s):** Liapis, Jimmy; Harding, Katherine E

**Source:** Australasian Journal on Ageing; Dec 2017; vol. 36 (no. 4); p. 299-307

**Abstract:** Objective Personal computers provide an increasingly accessible resource for leisure, social engagement and activities of daily living. This systematic review aimed to explore preventative or therapeutic benefits of such technology in people at risk of, or living with, dementia. Methods A systematic search of health databases combined key concepts of dementia and computer use. Inclusion criteria were applied, studies appraised for quality and results synthesised descriptively. Results Nine studies met inclusion criteria: Four population-based studies and five small observational/intervention studies. Findings show an association between computer use in older age and decreased risk of dementia and provide preliminary evidence that computer-based activity interventions are feasible and enjoyable for people with dementia. Conclusion Early findings are promising, but more rigorous studies are required to examine the nature of the relationship between computer use and dementia risk, and the potential of computer activities to improve outcomes for people experiencing cognitive decline.

**Staff awareness of food and fluid care needs for older people with dementia in residential care: A qualitative study**

**Author(s):** Lea, Emma J; Goldberg, Lynette R; Price, Andrea D; Tierney, Laura T; McInerney, Fran

**Source:** Journal of Clinical Nursing; Dec 2017; vol. 26 (no. 23-24); p. 5169

**Abstract:** Aims and objectives To examine awareness of aged care home staff regarding daily food and fluid care needs of older people with dementia. Background Older people in residential care frequently are malnourished, and many have dementia. Staff knowledge of the food and fluid needs of people with dementia is limited. Qualitative research on this topic is scarce but can provide insight into how nutrition and hydration care may be improved. Design Qualitative, interview-based study. Methods Eleven staff in a range of positions at one care home were interviewed regarding their perceptions of current and potential food/fluid care practices. Transcripts were coded and analysed thematically. Results Key food and fluid issues reported by these staff members were weight loss and malnutrition, chewing and swallowing difficulties (dysphagia), and inadequate hydration.

Staff identified a number of current care practices that they felt to be effective in facilitating older people's food and fluid intake, including responsiveness to their needs. Staff suggestions to facilitate food and fluid intake centred on improved composition and timing of meals, enhanced physical and social eating environment, and increased hydration opportunities. Staff commented on factors that may prevent changes to care practices, particularly the part-time workforce, and proposed changes to overcome such barriers. Conclusions Staff were aware of key food and fluid issues experienced by the older people in their care and of a range of beneficial care practices, but lacked knowledge of many promising care practices and/or how to implement such practices. Relevance to clinical practice Staff need to be supported to build on their existing knowledge around effective food and fluid care practices. The numerous ideas staff expressed for changing care practices can be leveraged by facilitating staff networking to work and learn together to implement evidence-based change.

### **Overview of systematic reviews: Effective home support in dementia care, components and impacts--Stage 1, psychosocial interventions for dementia**

**Author(s):** Clarkson, Paul; Hughes, Jane; Xie, Chengqiu; Larbey, Matthew; Roe, Brenda; Giebel, Clarissa M; Jolley, David; Challis, David

**Source:** Journal of Advanced Nursing; Dec 2017; vol. 73 (no. 12); p. 2845

**Abstract:** Aim To synthesize evidence to identify the components of effective psychosocial interventions in dementia care to inform clinical practice, policy and research. Background With population ageing, dementia represents a significant care challenge with 60% of people with dementia living at home. Design Overview of systematic reviews with narrative summary. Data sources Electronic searches of published systematic reviews in English using Cochrane Database of Systematic Reviews, DARE and EPPI-Centre, between September 2013 - April 2014. Review methods Systematic reviews were appraised against Cochrane Collaboration levels of effectiveness. Components of psychosocial interventions were identified with their theoretical rationale. Findings were explored with a Patient, Public and Carer Involvement group. Results Thirty-six systematic reviews were included. From interventions, 14 components were identified, nine for people with dementia and five for carers, mostly undertaken in nursing/care homes. For people with dementia, there was evidence of effectiveness for cognitive stimulation and cognitive training, but less evidence for sensory stimulation, reminiscence, staff education, behavioural therapy and ADL training. For carers, there was evidence of effectiveness for education and training, psychotherapy and counselling. Conclusion There was a lack of definitive evidence of effectiveness for most psychosocial interventions. Further studies with stronger methodology or replication of existing studies would strengthen the evidence base. Few interventions were undertaken with people with dementia and their carers living at home. Further work will investigate the extent to which components identified here are present in models of home support for people with dementia and carers and their effectiveness.

### **Cognitive impairment in celiac disease and non-celiac gluten sensitivity: review of literature on the main cognitive impairments, the imaging and the effect of gluten free diet**

**Author(s):** Makhlof S.; Messelmani M.; Zaouali J.; Mrissa R.

**Source:** Acta Neurologica Belgica; Dec 2017 ; p. 1-7

**Abstract:** Celiac disease (CD) and non celiac gluten sensitivity (NCGS) can be responsible for neurological complications such as ataxia and peripheral neuropathies but also cognitive impairment. This cognitive involvement is variable in its expression, its duration and its prognosis ranging from transient and reversible subtle involvement to dementia itself. Through this article, we tried to achieve a review of the literature to better understand this topic. Several mechanisms were proposed to explain the deleterious influence of gluten-related pathologies on cognitive functions: nutritional deficiencies, elevation of circulating cytokine levels due to systemic inflammation, low brain serotonin levels... Several types of dementia such as Alzheimer dementia, vascular dementia, frontotemporal dementia were reported in association with CD. Memory disorder, acalculia, inattention, visuospatial deficits and executive dysfunction must be sought systematically by a neuropsychological assessment in patients with CD or NCGS. As far as the cognitive impairment is concerned, there is no pathognomonic radiological lesion. Concerning therapeutic management; although its effect is controversial, gluten free diet should be introduced, as early as possible, because of its potentially protective effect. Copyright © 2017 Belgian Neurological Society

### **Can the retina be used to diagnose and plot the progression of Alzheimer's disease?**

**Author(s):** Mahajan D.; Votruba M.

**Source:** Acta Ophthalmologica; Dec 2017; vol. 95 (no. 8); p. 768-777

**Abstract:** Alzheimer's disease (AD) is a neurodegenerative disease and the most common cause of senile dementia. It impairs the quality of life of a person and their family, posing a serious economic and social threat in developed countries. The fact that the diagnosis can only be definitively made post-mortem, or when the disease is fairly advanced, presents a serious problem if novel therapeutic interventions are to be devised and used early in the course of the disease. There is therefore a pressing need for more sensitive and specific diagnostic tests with which we can detect AD in the preclinical stage. The tau proteins and beta-amyloid proteins start to accumulate 20 years before the symptoms begin to manifest. Detecting them in the preclinical stage would be a potential breakthrough in the management of AD. A high degree of clinical suspicion is needed to correlate problems in cognition with the changes in the eye, particularly the retina, pupil and ocular movements, so that the disease can be detected early and managed in the prodromal phase. In this systematic review, we ask the question whether the retina can be used to make a specific and early diagnosis of AD. Copyright © 2017 Acta Ophthalmologica Scandinavica Foundation. Published by John Wiley & Sons Ltd

### **Physiotherapy interventions for people with dementia and a hip fracture-a scoping review of the literature.**

**Author(s):** Hall, A J; Lang, I A; Endacott, R; Hall, A; Goodwin, V A

**Source:** Physiotherapy; Dec 2017; vol. 103 (no. 4); p. 361-368

**Abstract:** BACKGROUND People with dementia are 2.7 times more likely to suffer a hip fracture than those without and their management is estimated to cost £0.92 billion per year. Yet there has been little focus on the effectiveness of interventions for this population. OBJECTIVE The aim of this

scoping review was to summarise the current available evidence for physiotherapy interventions for people with dementia who fracture their hip as well as to identify gaps in the literature that may require further research. DATA SOURCES A systematic search of the following databases was undertaken-TRIP, CINAHL, Amed, Embase, PEDro, PsycINFO, Cochrane Library, Open Grey, Ethos, ISRCTN, Proquest, PROSPERO and UK Clinical Trials Gateway. STUDY SELECTION Articles were included if they described an intervention which is considered within the scope of a physiotherapist and targeted those with both a hip fracture and dementia. SYNTHESIS METHODSA narrative summary was then undertaken to describe the current state of the literature. RESULTSTwenty six studies were included, of which thirteen were observational, six RCTs, two qualitative, two surveys and three systematic reviews. Only nine studies focused explicitly on physiotherapy interventions. CONCLUSIONThe findings of this scoping review suggest there is limited evidence to guide physiotherapists in the management of people with dementia who fracture their hip. No evidence was found about perceptions or experiences of patients in this group or of the physiotherapists involved in their care. Further research is needed to develop and evaluate physiotherapy interventions for people with dementia who fracture their hip.

### **Interventions to Improve Medicines Management for People with Dementia: A Systematic Review.**

**Author(s):** McGrattan, Mairead; Ryan, Cristín; Barry, Heather E; Hughes, Carmel M

**Source:** Drugs & aging; Dec 2017; vol. 34 (no. 12); p. 907-916

**Abstract:** BACKGROUNDThe importance of optimising medicines management for people with dementia has been emphasised through research and policy. However, evidence is currently lacking regarding how to achieve this in this patient population. OBJECTIVEThe aim was to assess the effectiveness of medicines management interventions for people with dementia living in their own home or a care home, with or without nursing care. METHODS A systematic literature search was conducted in February 2016 across six electronic databases and three trial registries. Inclusion criteria were randomised controlled trials of medicines management (prescribing, dispensing, adherence, and/or review) interventions for people with dementia living in their own homes or care homes, with or without nursing. An assessment of quality was conducted for all studies, using the Cochrane tool for assessing the risk of bias. All outcomes were considered using a narrative approach. RESULTS Overall, 1365 articles were identified, with three studies eligible for inclusion (n = 475 participants). The studies were heterogeneous both in terms of intervention components, setting, and outcomes used. Aspects of medicines management targeted included medication review, adherence, and administration. Improvements in psychotropic prescribing were observed; however, the interventions had limited effects on other outcomes such as wellbeing, falls and dementia severity. CONCLUSION This review highlights the limited number of studies examining medicines management interventions for people with dementia. Of the work that has been conducted to date, emphasis has been placed on psychotropic drug use. Future research must target community-dwelling dementia patients and take a holistic approach to medicines management.

**Reviews from November 2017**

[18F PET with flutemetamol for the early diagnosis of Alzheimer's disease dementia and other dementias in people with mild cognitive impairment \(MCI\)](#)

[18F PET with florbetaben for the early diagnosis of Alzheimer's disease dementia and other dementias in people with mild cognitive impairment \(MCI\)](#)

[18F PET with florbetapir for the early diagnosis of Alzheimer's disease dementia and other dementias in people with mild cognitive impairment \(MCI\)](#)

**\*NEW\***

**Cochrane Clinical Answers**

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

**Latest Clinical Answers:**

**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

[BACK TO TOP](#)

### 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

## UPTODATE

[BACK TO TOP](#)

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.

## DEMENTIA IN THE NEWS

[BACK TO TOP](#)

### Behind the Headlines

[Education may help reduce the risk of Alzheimer's disease](#)

[Still no evidence brain training protects us against dementia](#)

## **Other News**

[1400 people with dementia stranded in hospital over Christmas](#)

## **REPORTS, PUBLICATIONS AND RESOURCES**

**[BACK TO TOP](#)**

[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

[Dementia Assessment and Referral 2017-2018](#)

Information on the Dementia Assessment and Referral data collection for the period April 2017 to March 2018. 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 who are referred on to specialist services.

[iSPACE Dementia Friendly Surgeries Summary Report 2017](#)

The dementia friendly primary care 'iSPACE' project was introduced into GP practices across Wessex as an innovative, cost-effective solution to enhance services in primary care for people with dementia.

During the past three years (2014-17), the project team publicised this project throughout the Wessex region, and at the time of writing this report, 50% have completed the steps to become dementia friendly.

[Recorded dementia diagnoses October 2017](#)

Recorded dementia prevalence at 31 October 2017 is 0.781 per cent (1 person in 128).

When considered alongside monthly data previously collected, this indicates a progressive increase in recorded prevalence from

October 2016 (0.773) to October 2017 (0.781).

After adjustments to remove spurious, 'non-GP' practices, shared practices and practices which decided not to participate in this extraction, the extract cohort available for collection was 7,220 practices.

Of the extract cohort, data for 7,157 practices were collected, representing 99.1 per cent coverage of cohort practices.

73.9 per cent of patients on the dementia registers had their ethnicity recorded as either 'Not stated' or 'No ethnicity code'.

## TOPIC ALERTS AND UPDATES

[BACK TO TOP](#)

**[ABSTRACTS AVAILABLE VIA LINKS BELOW- FOR FULL-TEXT PLEASE ASK LIBRARY STAFF](#)**

[Blood-derived amyloid- \$\beta\$  protein induces Alzheimer's disease pathologies](#)

*Mol Psychiatry*. 2017 Oct 31 [Epub ahead of print]

[Thrombolysis in acute ischemic stroke in patients with dementia A Swedish registry study](#)

*Neurology*, October 31, 2017; 89 (18)

**[FREE FULL TEXT](#)**

[24-month intervention with a specific multinutrient in people with prodromal Alzheimer's disease \(LipiDiDiet\): a randomised, double-blind, controlled trial](#)

*Lancet Neurology*, Volume 16, No. 12, p965–975, December 2017

**[FREE FULL TEXT](#)**

[Metformin vs sulfonylurea use and risk of dementia in US veterans aged  \$\geq 65\$  years with diabetes](#)

*Neurology*, October 31, 2017; 89 (18)

[Obstructive Sleep Apnea Severity Affects Amyloid Burden in Cognitively Normal Elderly: A Longitudinal Study.](#)

*American Journal of Respiratory and Critical Care Medicine*, Published Online: November 10, 2017

[Speed of processing training results in lower risk of dementia](#)

*Alzheimer's & Dementia: Translational Research & Clinical Interventions*, Volume 3, Issue 4, November 2017, Pages 603-611

[Alzheimer's and Women's Health, an Urgent Call](#)

*Healthcare in America*, November 14<sup>th</sup> 2017

[Higher Risk of Vascular Dementia in Myocardial Infarction Survivors.](#)

*Circulation*, December 19, 2017, Volume 136, Issue 25

[Evidence for brain glucose dysregulation in Alzheimer's disease](#)

*Alzheimers Dement.* 2017 Oct 19. [Epub ahead of print]

[Diabetes, Prediabetes, and Brain Volumes and Subclinical Cerebrovascular Disease on MRI: The Atherosclerosis Risk in Communities Neurocognitive Study \(ARIC-NCS\)](#)

*Diabetes Care* 2017 Nov; 40(11): 1514-1521

[Magnesium boosts the memory restorative effect of environmental enrichment in Alzheimer's disease mice](#)

*CNS Neurosci Ther.* 2018 Jan;24(1):70-79.

**FREE FULL TEXT**

[Marriage and risk of dementia: systematic review and meta-analysis of observational studies](#)

*J Neurol Neurosurg Psychiatry.* 2017 Nov 28.

[Serum neurofilament light in familial Alzheimer disease- A marker of early neurodegeneration](#)

*Neurology.* 2017 Nov 21;89(21):2167-2175

**FREE FULL TEXT**

[Association of Cerebral Amyloid- \$\beta\$  Aggregation With Cognitive Functioning in Persons Without Dementia](#)

*JAMA Psychiatry.* Published online November 29, 2017.

[Prevention of Alzheimer's disease: lessons learned and applied](#)

*J Am Geriatr Soc.* 2017 Oct;65(10):2128-2133.

**FREE FULL TEXT**

[Linkage, whole genome sequence, and biological data implicate variants in RAB10 in Alzheimer's disease resilience](#)

*Genome Medicine*, Published: 29 November 2017

**FREE FULL TEXT**

[Forecasting the prevalence of preclinical and clinical Alzheimer's disease in the United States](#)

*Alzheimers Dement.* 2017 Nov 29. [Epub ahead of print]

[Association of Age-Related Hearing Loss With Cognitive Function, Cognitive Impairment, and Dementia- A Systematic Review and Meta-analysis](#)

*JAMA Otolaryngol Head Neck Surg.* Published online December 7, 2017.

[A Systematic Review and Meta-Analysis of The Effect of Low Vitamin D on Cognition](#)

*J Am Geriatr Soc. 2017 Oct;65(10):2161-2168*

[Prevention of Late-Life Dementia: No Magic Bullet](#)

*Annals of Internal Medicine, online first, 19<sup>th</sup> December 2017*

[Secular Trends in Dementia and Cognitive Impairment of U.S. Rural and Urban Older Adults](#)

*Am J Prev Med. 2017 Dec 6. [Epub ahead of print]*

## TWITTER

[BACK TO TOP](#)

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

[BACK TO TOP](#)

[Alzheimer's Research UK Conference](#)- 20<sup>th</sup>-21<sup>st</sup> March 2018, QEII Centre, London

[Dementia 2018: Quality of care- 12<sup>th</sup> April 2018](#)- The Bridgewater Hall, Manchester

[Alzheimer's Society Annual Conference](#)- 22<sup>nd</sup>-23<sup>rd</sup> May, 2018, The Kia Oval, London

[12<sup>th</sup> World Congress on Advances and Innovations in Dementia Theme: Exploring the Challenges and Excellence in Dementia Research](#)- September 17-18, 2018 Singapore

[12<sup>th</sup> International Conference on Alzheimer's Disease & Dementia](#)- 29<sup>th</sup>-31<sup>st</sup> October 2018, Valencia, Spain

**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/](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/)

## LITERATURE SEARCH SERVICE

[BACK TO TOP](#)

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

## TRAINING AND ATHENS

[BACK TO TOP](#)

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.