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.

This guide has been compiled by:

Jess Pawley
Librarian
Musgrove Park Hospital Library Service

jessica.pawley@tst.nhs.uk

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Library contact details:

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

Tel: 01823 34 (2433)

Email: library@tst.nhs.uk
Blog: http://librarymph.wordpress.com
@musgrovesompar
This is a list of journal articles on the topic of dementia. Some articles are available in the library or on-line via an OpenAthens password by following the full-text link. If you would like an article which is not available as full-text then please contact library staff.

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

Title: Prevalence of anxiety in patients with mild cognitive impairment: A systematic review and meta-analysis
Author(s): Chen C.; Hu Z.; Jiang Z.; Zhou F.
Source: Journal of Affective Disorders; Aug 2018; vol. 236 ; p. 211-221
Publication Date: Aug 2018
Publication Type(s): Review
Abstract: Background: Prevalence rates of anxiety in patients with mild cognitive impairment (MCI) varied widely across studies and may confer a higher likelihood of progression to dementia. Our aim was to estimate the prevalence of anxiety in MCI and identify reasons for heterogeneity in the reported results. Methods: A computerized search in PubMed, EMBASE, and Psyc INFO for studies on anxiety in MCI was performed up to March 2017. The overall prevalence of anxiety in patients with MCI was pooled using a random-effects model. Heterogeneity was explored using stratification (recruitment resource; method of anxiety diagnosis; method of MCI diagnosis; and region) and random-effects meta-regression. Results: Of 2494 unique abstracts, 290 were selected for full-text review, and 39 studies, representing 10,587 patients, met all inclusion criteria. The overall pooled prevalence of depression in patients with MCI was 21.0% (95% CI, 16.2-26.7) with significant heterogeneity present (I² = 97.2%, p < 0.001). When stratified by source, the prevalence of anxiety in patients with MCI in community-based samples was 14.3% (95% CI, 9.7-20.5) and was 31.2% (95% CI, 23.6-40.0) in clinic-based samples, which was significantly different (p < 0.01). The prevalence of anxiety estimates also differed significantly, when stratification by the method of anxiety diagnosis (p < 0.01). However, the criteria used for MCI diagnosis and geographical region did not significantly influence the prevalence estimate. Limitations: We did not consider the usage of anti-anxiety drugs and language bias. Conclusions: The prevalence of anxiety in patients with MCI was common and variability in prevalence of anxiety across studies can be attributed partly to the source of the sample and method of anxiety diagnosis. Further research is needed to identify sources of heterogeneity. Copyright © 2018 Elsevier B.V.

Title: Hearing loss and the risk of dementia in later life.
Author(s): Ford, Andrew H.; Hankey, Graeme J.; Yeap, Bu B.; Golledge, Jonathan; Flicker, Leon; Almeida, Osvaldo P.
Source: Maturitas; Jun 2018; vol. 112 ; p. 1-11
Publication Date: Jun 2018
Dementia is a major source of disability worldwide and there are currently no available disease-modifying treatments. Hearing loss may be associated with increased risk of dementia in later life and therefore could be a modifiable risk factor, given the availability of efficacious interventions. We investigated the association of hearing loss and dementia through two complementary approaches: a prospective, cohort study of 37,898 older men (mean age 72.5 ± 4.6 years) with a mean follow-up of 11.1 years, and a systematic review and meta-analysis of prospective studies. In our cohort, men with hearing loss were more likely to develop dementia (n = 6948, 18.3%) than men free of significant hearing impairment - adjusted hazard ratio 1.69, 95% CI = 1.54-1.85. In our review, the aggregated hazard of dementia was 1.49 (95% CI 1.30-1.67) in those with hearing impairment (14 included studies). Study quality, duration and dementia type did not alter the results considerably. We found an increased risk of incident dementia with hearing impairment in both our novel data and the meta-analysis. This is an important finding, particularly in light of recent suggestions that mid-life hearing loss may account for up to 9.1% of dementia cases worldwide, and efforts to reduce its impact should continue to be explored.

Title: Social exclusion in adult informal carers: A systematic narrative review of the experiences of informal carers of people with dementia and mental illness.

Author(s): Greenwood, Nan; Mezey, Gillian; Smith, Raymond

Source: Maturitas; Jun 2018; vol. 112; p. 39-45

Publication Date: Jun 2018

Publication Type(s): Academic Journal

Abstract: Social exclusion has a negative impact on quality of life. People living with dementia or mental health disorders as well as informal carers have been separately described as socially excluded. The objective of this systematic narrative review was to examine the extent to which social exclusion experienced by adult informal carers of people living with dementia or severe mental health disorders has been identified and described in research literature. It synthesised qualitative and quantitative evidence and included the perspectives of carers themselves and of professionals. Eight electronic databases (1997-2017) were searched. Five relevant studies published between 2010 and 2016 were identified. All were qualitative and used interviews and focus groups. Study quality was variable and most were European. Two focused on carers of people living with dementia and three on carers of people with mental health disorders. Four investigated carers' perspectives and experiences of social exclusion directly (total of 137 carer participants, predominantly parents, spouses and adult children), while the fifth focused on the perceptions of 65 participants working in health and social care. Stigma, financial difficulties and social isolation were highlighted in four studies and the challenges for carers in engaging in leisure activities were described in the fifth. Most conceptualised social exclusion as a form of stigma, or as resulting from stigma. One presented social exclusion as an element of carer burden. Two explicitly discussed the negative effects of social exclusion on carers. The dearth of research and the lack of specificity about social exclusion in carers was surprising. Future research should investigate aspects of social exclusion that may adversely affect carer wellbeing.
Title: Dementia and the gender trouble?: Theorising dementia, gendered subjectivity and embodiment.

Author(s): Sandberg, Linn J

Source: Journal of aging studies; Jun 2018; vol. 45 ; p. 25-31

Publication Date: Jun 2018

Publication Type(s): Journal Article

Abstract: Despite person-centred approaches increasingly focusing on looking at the person in dementia instead of the pathology, the role of gender in dementia has been little explored. This article discusses how pervasive discourses on a loss of self and dementia as abject are interwoven with a de-gendering of persons with dementia. The cultural anxiety that dementia evokes in terms of loss of bodily and cognitive control could also be linked to a failure to normatively and intelligibly express gender when living with dementia. As a way to sustain personhood for people with dementia and challenge discourses on people with dementia as 'non-people', person-centred approaches have emphasised the collaborative work of carers, relatives and persons with dementia. Often implicitly, this also involves a 're-gendering' of persons with dementia where gendered biographies and pasts are upheld and gendered embodied selfhood is maintained through, for example, dress, hair and other aspects of appearance. This re-gendering could be of great significance for people with dementia to become intelligible as persons. Still, dementia studies must further consider non-normative expressions of gender and involve feminist theorising on gender as a power asymmetry since some embodiments and selves are more likely to be sustained in dementia than others.

Title: Randomized Trial of Verubecestat for Mild-to-Moderate Alzheimer's Disease.

Author(s): Egan, Michael F.; Kost, James; Tariot, Pierre N.; Aisen, Paul S.; Cummings, Jeffrey L.; Vellas, Bruno; Sur, Cyrilie; Yuki Mukai; Voss, Tiffini; Furtek, Christine; Mahoney, Erin; Mozley, Lyn Harper; Vandenberghe, Rik; Yi Mo; Michelson, David; Mukai, Yuki; Harper Mozley, Lyn; Mo, Yi

Source: New England Journal of Medicine; May 2018; vol. 378 (no. 18); p. 1691-1703

Publication Date: May 2018

Publication Type(s): Academic Journal

Available at The New England journal of medicine - from Ovid (Journals @ Ovid) - Remote Access

Abstract: Background: Alzheimer's disease is characterized by the deposition of amyloid-beta (Aβ) plaques in the brain. Aβ is produced from the sequential cleavage of amyloid precursor protein by β-site amyloid precursor protein-cleaving enzyme 1 (BACE-1) followed by γ-secretase. Verubecestat is an oral BACE-1 inhibitor that reduces the Aβ level in the cerebrospinal fluid of patients with Alzheimer's disease. Methods: We conducted a randomized, double-blind, placebo-controlled, 78-week trial to evaluate verubecestat at doses of 12 mg and 40 mg per day, as compared with placebo, in patients who had a clinical diagnosis of mild-to-moderate Alzheimer's disease. The coprimary outcomes were the change from baseline to week 78 in the score on the cognitive subscale of the
Alzheimer’s Disease Assessment Scale (ADAS-cog; scores range from 0 to 70, with higher scores indicating worse dementia) and in the score on the Alzheimer’s Disease Cooperative Study Activities of Daily Living Inventory scale (ADCS-ADL; scores range from 0 to 78, with lower scores indicating worse function).

Results: A total of 1958 patients underwent randomization; 653 were randomly assigned to receive verubecestat at a dose of 12 mg per day (the 12-mg group), 652 to receive verubecestat at a dose of 40 mg per day (the 40-mg group), and 653 to receive matching placebo. The trial was terminated early for futility 50 months after onset, which was within 5 months before its scheduled completion, and after enrollment of the planned 1958 patients was complete. The estimated mean change from baseline to week 78 in the ADAS-cog score was 7.9 in the 12-mg group, 8.0 in the 40-mg group, and 7.7 in the placebo group (P=0.63 for the comparison between the 12-mg group and the placebo group and P=0.46 for the comparison between the 40-mg group and the placebo group). The estimated mean change from baseline to week 78 in the ADCS-ADL score was -8.4 in the 12-mg group, -8.2 in the 40-mg group, and -8.9 in the placebo group (P=0.49 for the comparison between the 12-mg group and the placebo group and P=0.32 for the comparison between the 40-mg group and the placebo group). Adverse events, including rash, falls and injuries, sleep disturbance, suicidal ideation, weight loss, and hair-color change, were more common in the verubecestat groups than in the placebo group.

Conclusions: Verubecestat did not reduce cognitive or functional decline in patients with mild-to-moderate Alzheimer’s disease and was associated with treatment-related adverse events. (Funded by Merck; ClinicalTrials.gov number, NCT01739348.)

Title: External validation of four dementia prediction models for use in the general community-dwelling population: a comparative analysis from the Rotterdam Study

Author(s): Licher S.; Yilmaz P.; Leening M.J.G.; Wolters F.J.; Vernooij M.W.; Ikram M.K.; Ikram M.A.; Stephan B.C.M.

Source: European Journal of Epidemiology; May 2018; p. 1-11

Publication Date: May 2018

Publication Type(s): Article In Press

Abstract: To systematically review the literature for dementia prediction models for use in the general population and externally validate their performance in a head-to-head comparison. We selected four prediction models for validation: CAIDE, BDSI, ANU-ADRI and DRS. From the Rotterdam Study, 6667 non-demented individuals aged 55 years and older were assessed between 1997 and 2001. Subsequently, participants were followed for dementia until 1 January, 2015. For each individual, we computed the risk of dementia using the reported scores from each prediction model. We used the C-statistic and calibration plots to assess the performance of each model to predict 10-year risk of all-cause dementia. For comparisons, we also evaluated discriminative accuracy using only the age component of these risk scores for each model separately. During 75,581 person-years of follow-up, 867 participants developed dementia. C-statistics for 10-year dementia risk prediction were 0.55 (95% CI 0.53-0.58) for CAIDE, 0.78 (0.76-0.81) for BDSI, 0.75 (0.74-0.77) for ANU-ADRI, and 0.81 (0.78-0.83) for DRS. Calibration plots showed that predicted risks were too extreme with underestimation at low risk and overestimation at high risk. Importantly, in all models age alone already showed nearly identical discriminative accuracy as the full model (C-statistics: 0.55 (0.53-0.58) for CAIDE, 0.81 (0.78-0.83) for BDSI, 0.77 (0.75-0.79) for ANU-ADRI, and 0.81 (0.78-0.83) for DRS). In this study, we found high variability in discriminative ability for predicting dementia in an elderly, community-dwelling population. All models showed similar discriminative ability when
Title: Clinical utility of FDG-PET for the differential diagnosis among the main forms of dementia

Author(s): Nestor P.J.; Altomare D.; Festari C.; Rivolta J.; Boccardi M.; Frisoni G.B.; Drzezga A.; Walker Z.; Bouwman F.; Orini S.; Law I.; Agosta F.; Arbizu J.; Nobili F.

Source: European Journal of Nuclear Medicine and Molecular Imaging; May 2018 ; p. 1-17

Publication Date: May 2018

Publication Type(s): Article In Press

Abstract:Aim: To assess the clinical utility of FDG-PET as a diagnostic aid for differentiating Alzheimer’s disease (AD; both typical and atypical forms), dementia with Lewy bodies (DLB), frontotemporal lobar degeneration (FTLD), vascular dementia (VaD) and non-degenerative pseudodementia. Methods: A comprehensive literature search was conducted using the PICO model to extract evidence from relevant studies. An expert panel then voted on six different diagnostic scenarios using the Delphi method. Results: The level of empirical study evidence for the use of FDG-PET was considered good for the discrimination of DLB and AD; fair for discriminating FTLD from AD; poor for atypical AD; and lacking for discriminating DLB from FTLD, AD from VaD, and for pseudodementia. Delphi voting led to consensus in all scenarios within two iterations. Panellists supported the use of FDG-PET for all PICOs-including those where study evidence was poor or lacking-based on its negative predictive value and on the assistance it provides when typical patterns of hypometabolism for a given diagnosis are observed. Conclusion: Although there is an overall lack of evidence on which to base strong recommendations, it was generally concluded that FDG-PET has a diagnostic role in all scenarios. Prospective studies targeting diagnostically uncertain patients for assessing the added value of FDG-PET would be highly desirable.
placebo-controlled trials (RCTs) investigating apathy as a primary or secondary outcome in people with AD. Data collection and analysis: Three review authors extracted data. We assessed the risks of bias of included studies using Cochrane methods, and the overall quality of evidence for each outcome using GRADE methods. We calculated mean difference (MD), standardized mean difference (SMD) or risk ratio (RR) with 95% confidence intervals on an intention-to-treat basis for all relevant outcome measures. Main results: We included 21 studies involving a total of 6384 participants in the quantitative analyses. Risk of bias is very low to moderate. All studies reported appropriate methods of randomization and blinding. Most studies reported appropriate methods of allocation concealment. Four studies, three with methylphenidate and one with modafinil, had a primary aim of improving apathy. In these studies, all participants had clinically significant apathy at baseline. Methylphenidate may improve apathy compared to placebo. This finding was present when apathy was assessed using the apathy evaluation scale (AES), which was used by all three studies investigating methylphenidate: MD -4.99, 95% CI -9.55 to -0.43, n = 145, 3 studies, low quality of evidence, but not when assessed with the neuropsychiatric inventory (NPI)-apathy subscale, which was used by two of the three studies investigating methylphenidate: MD -0.08, 95% CI -3.85 to 3.69, n = 85, 2 studies, low quality of evidence. As well as having potential benefits for apathy, methylphenidate probably also slightly improves cognition (MD 1.98, 95% CI 1.06 to 2.91, n = 145, 3 studies, moderate quality of evidence), and probably improves instrumental activities of daily living (MD 2.30, 95% CI 0.74 to 3.86, P = 0.004, n = 60, 1 study, moderate quality of evidence), compared to placebo. There may be no difference between methylphenidate and placebo in the risk of developing an adverse event: RR 1.28, 95% CI 0.67 to 2.42, n = 145, 3 studies, low quality of evidence. There was insufficient evidence from one very small study of modafinil to determine the effect of modafinil on apathy assessed with the FrSBe-apathy subscale: MD 0.27, 95% CI -3.51 to 4.05, n = 22, 1 study, low quality of evidence. In all other included studies, apathy was a secondary outcome and participants were not selected on the basis of clinically significant apathy at baseline. We considered the evidence on apathy from these studies to be indirect and associated with publication bias. There was low or very low quality of evidence on cholinesterase inhibitors (ChEIs) (six studies), ChEI discontinuation (one study), antipsychotics (two studies), antipsychotic discontinuation (one study), antidepressants (two studies), mibampator (one study), valproate (three studies) and semagacestat (one study). Authors’ conclusions: Methylphenidate may demonstrate a benefit for apathy and may have slight benefits for cognition and functional performance in people with AD, but this finding is associated with low-quality evidence. Our meta-analysis is limited by the small number of studies within each drug class, risk of bias, publication bias, imprecision and inconsistency between studies. Additional studies should be encouraged targeting people with AD with clinically significant apathy which investigate apathy as a primary outcome measure, and which have a longer duration and a larger sample size. This could increase the quality of evidence for methylphenidate, and may confirm whether or not it is an effective pharmacotherapy for apathy in AD.

Title: Anticholinergic drugs and risk of dementia: case-control study

Author(s): Richardson, Kathryn; Fox, Chris; Maidment, Ian; Steel, Nicholas; Loke, Yoon K; Arthur, Antony; Myint, Phyo K; Grossi, Carlota M; Mattishent, Katharina; Bennett, Kathleen; Campbell, Noll L; Boustani, Malaz; Robinson, Louise; Brayne, Carol; Matthews, Fiona E; Savva, George M

Source: BMJ ; British Medical Journal (Online); Apr 2018; vol. 361 ; p. n

Publication Date: Apr 2018
Publication Type(s): Journal Article
Available at BMJ (Clinical research ed.) - from BMJ Journals - NHS

Abstract:AbstractObjectivesTo estimate the association between the duration and level of exposure to different classes of anticholinergic drugs and subsequent incident dementia.
DesignCase-control study.
SettingGeneral practices in the UK contributing to the Clinical Practice Research Datalink.
Participants40 770 patients aged 65-99 with a diagnosis of dementia between April 2006 and July 2015, and 283 933 controls without dementia.
InterventionsDaily defined doses of anticholinergic drugs coded using the Anticholinergic Cognitive Burden (ACB) scale, in total and grouped by subclass, prescribed 4-20 years before a diagnosis of dementia.
Main outcome measuresOdds ratios for incident dementia, adjusted for a range of demographic and health related covariates.
Results14 453 (35%) cases and 86 403 (30%) controls were prescribed at least one anticholinergic drug with an ACB score of 3 (definite anticholinergic activity) during the exposure period. The adjusted odds ratio for any anticholinergic drug with an ACB score of 3 was 1.11 (95% confidence interval 1.08 to 1.14). Dementia was associated with an increasing average ACB score. When considered by drug class, gastrointestinal drugs with an ACB score of 3 were not distinctively linked to dementia. The risk of dementia increased with greater exposure for antidepressant, urological, and antiparkinson drugs with an ACB score of 3. This result was also observed for exposure 15-20 years before a diagnosis.
ConclusionsA robust association between some classes of anticholinergic drugs and future dementia incidence was observed. This could be caused by a class specific effect, or by drugs being used for very early symptoms of dementia. Future research should examine anticholinergic drug classes as opposed to anticholinergic effects intrinsically or summing scales for anticholinergic exposure.
Trial registrationRegistered to the European Union electronic Register of Post-Authorisation Studies EUPAS8705.

Title: Carer Experience Supporting Someone With Dementia and Cancer: A Narrative Approach
Author(s): Witham, Gary; Haigh, Carol; Mitchell, Duncan; Beddow, Anna
Source: Qualitative Health Research; Apr 2018; vol. 28 (no. 5); p. 813
Publication Date: Apr 2018
Publication Type(s): Journal Article
Available at Qualitative health research - from PubMed Central

Abstract:In this article, we examine the challenges of informal carers supporting someone with dementia and cancer within the United Kingdom. Interviews were conducted with seven informal carers using a narrative approach to examine the construction of their experiences. Our findings demonstrate how informal carers navigate a path through complex cancer treatments and support their relative. A cancer diagnosis often requires multiple treatment visits to an oncology center, and this can be challenging for carers. They find that they need to coordinate and manage both health professionals and their relative in terms of getting access to appropriate services and support. This process can be particularly challenging in the presence of a cognitive impairment that often demands effective communication with different agencies. Carers frequently experienced multiple challenges including dealing with the stigma that is characteristic of the dementia experience and the added complexity of negotiating this within a cancer care context.
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.

**Somebody I used to know**
*Mitchell, W*
*2018*

*From the back of the book:*
Wendy Mitchell spent twenty years as a non-clinical team leader in the NHS before being diagnosed with Young Onset Dementia in July 2014 at the age of fifty-eight. Shocked by the lack of awareness about the disease, both in the community and in hospitals, she vowed to spend her time raising awareness about dementia and encouraging others to see there is life after a diagnosis. She is now an ambassador for the Alzheimer’s Society. She has two daughters and lives in Yorkshire. Anna Wharton is a veteran newspaper and magazine journalist, most recently as an executive editor at The Daily Mail, and is now a ghostwriter and editing consultant. A regular pundit on British television, she has also written for The Times, The Sunday Times Magazine, The Guardian, Grazia and Red, among others. She lives in Tunbridge Wells.

**Essentials of dementia: everything you really need to know for working in dementia care**
*Rahman, S. et al*
*2018*

*From the back of the book:*
To provide high quality dementia care, professionals need to be both knowledgeable about dementia and skilled in the provision of care. This book is an introductory reference guide that will help students, professionals and practitioners develop their skills and expertise to better respond to the needs of people with dementia. It sets out information and advice on essential topics, research and evidence-based practice within dementia care in a clear, sensible way.

Based on the standard course structure for higher and further dementia education, this wide-ranging textbook covers topics including dementia diagnosis, person-centred care and law, ethics and safeguarding. The new go-to book for the dementia curriculum, it is an invaluable tool for anyone wishing to improve the required core skills and values needed to care for those affected by dementia.

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

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**REPORTS, PUBLICATIONS AND RESOURCES**

**NICE Pathway on Dementia**

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

**SCIE (Social Care Institute for Excellence) Dementia Gateway**

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

**Age UK** - resource and information page on dementia.

**DEEP** - the dementia engagement and empowerment project

**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.
Recorded dementia diagnoses March 2018
Recorded dementia prevalence at 31 March 2018 was 0.765 per cent (1 person in 131).

When considered alongside monthly data previously collected, this indicates a decrease in recorded prevalence from March 2017 (0.766) to March 2018 (0.765). The number of people over 65 with dementia was estimated to be 645,507. Of these, 67.5 per cent have a coded dementia diagnosis recorded. 9.3 per cent of patients with a recorded dementia diagnosis were prescribed antipsychotic medication in the 6 weeks to 31 March 2018. The total number of open and active GP practices was 7,216 practices. Of the open practices, data for 7,132 practices were included in this publication, representing 98.8 per cent coverage of open and active practices. 72.7 per cent of patients on the dementia registers had their ethnicity recorded as either 'Not stated' or 'No ethnicity code'.


"It has been heartening to see calls for an overhaul of hospital visiting rules from Jane Cummings, Chief Nursing Officer for England. With the 70th anniversary of the NHS coming up, she thinks it's a good time to for hospitals to sign up to John's Campaign (for the right of people with dementia to be supported by their family carers) and pledge their welcome to carers.

Over in Canada, the debate about hospital visiting has been going on for a while. Our featured report this week summarises the deliberations of a Better Together Policy Roundtable on the topic of “family presence”.

The family presence approach aims to change the concept of families as “visitors” to families as partners in care in hospitals. It enables patients to designate a family member or loved one who can remain with them 24/7 and be a part of their care team. Families can be present during many aspects of the healthcare experience, including rounds, procedures and transitions."

LITERATURE SEARCH SERVICE

Looking for the latest evidence-based research but haven’t got time to trawl the databases?
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