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Jason Ovens
Head of Library & Knowledge Services
Title: Effects of positive cognitions and resourcefulness on caregiver burden among caregivers of persons with dementia.

Citation: International Journal of Mental Health Nursing, 01 August 2013, vol./is. 22/4(340-346), 14458330
Author(s): Bekhet, Abir K.

Abstract: Currently, 5.4 million persons in the USA are diagnosed with dementia, and this number is projected to rise to 7.7 million by the year 2030. Family caregivers provide up to 80% of the care needed by persons with dementia and published work suggests that caring for persons with dementia can be very costly to caregivers' health. This study examined the mediating and the moderating effects of positive cognitions on the relationship between caregiver burden and resourcefulness in 80 caregivers of persons with dementia. A descriptive, correlational, and cross-sectional design was used in this study. The researcher contacted the administrators at the Alzheimer's Association early stage programs in Southeastern Wisconsin and questionnaires were distributed to interested caregivers. Positive cognitions explained 31% of the variance in resourcefulness (F (1, 78) = 35.46, P < 0.001) and as positive cognitions increased, caregivers' resourcefulness increased. Positive cognitions were found to be a mediator as evidenced by a substantial drop in the beta weight of caregiver burden from B = −0.28 to B = −0.11 when positive cognitions were entered into the equation. Interventions to strengthen positive thinking among caregivers of persons with dementia are needed to help caregivers overcome their burden.

Title: Why carers of people with dementia do not utilise out-of-home respite services.

Citation: Health & Social Care in the Community, 01 July 2013, vol./is. 21/4(411-422), 09660410
Author(s): Phillipson, Lyn, Magee, Christopher, Jones, Sandra C.

Abstract: While many people with dementia require institutional care, having a co-resident carer improves the likelihood that people can live at home. Although caregiving can have positive aspects, carers still report a high need for respite. Despite this need, the use of respite services for carers of people with dementia is often low. This article investigates carer beliefs regarding out-of-home respite services and why some carers do not utilise them. A total of 152/294 (51.7%) carers of community-dwelling people with dementia ( NSW, Australia) who were sent a survey completed it (November 2009-January 2010). Despite reporting unmet need for both services, 44.2% of those surveyed were not utilising day respite and 60.2% were not utilising residential respite programmes. Binary logistic regression models were used to examine factors associated with non-use using the Theory of Planned Behaviour within an expanded Andersen Behavioural Model on a final sample of 113 (due to missing data). The model explained 66.9% of the variation for day centres, and 42% for residential respite services. Beliefs that service use would result in negative outcomes for the care recipient were strongly associated with non-use of both day care [ OR 13.11; 95% CI (3.75, 45.89)] and residential respite care [ OR 6.13; 95% CI (2.02, 18.70)] and were more strongly associated with service non-use than other predisposing, impeding and need variables. For some carers who used services despite negative outcome beliefs, the benefits of respite service use may also be diminished. To improve use of out-of-home respite services in this vulnerable group, service beliefs should be addressed through service development and promotion that emphasises benefits for both carer and care recipients. Future research utilising behavioural service models may also be improved via the inclusion of service beliefs in the study of health and social service use.
Title: Advance care planning for people with dementia: benefits and challenges.

Citation: International Journal of Palliative Nursing, 01 May 2013, vol./is. 19/5(227-234), 13576321
Author(s): Dempsey, Debbie

Abstract: Advance care planning (ACP) is a process being championed within health and social care, particularly since the publication of the UK Department of Health's 2008 End of Life Care Strategy. However, its implementation in dementia care is yet to be fully realised and can pose significant ethical and legal dilemmas for the generic and specialist workforce, the patient themselves, and their family or loved ones. Challenges may be attributable to inadequate communication, capacity issues, missed opportunities, and the perception that dementia is not a life-limiting illness. The aim of this paper is to highlight the benefits of ACP for individuals with dementia while appraising the recognised barriers to assist in developing some realistic recommendations for future practice.

Full Text: Available from EBSCOhost in International Journal of Palliative Nursing

National audit of dementia care in general hospitals 2012-13

Content: This audit report, ‘National audit of dementia care in general hospitals 2012-13: second round audit report and update’, has identified continuing problems in the quality of care received by people with dementia in hospitals in England and Wales. Although there has been positive change, the audit shows that many patients are not receiving key health assessments. It also reveals that less than half of hospital executive boards are routinely involved in reviewing hospital performance data on quality of care received by people with dementia, and two in five hospitals do not provide dementia awareness training to new staff.


Title: Towards new ways of working in dementia: perceptions of specialist dementia care nurses about their own level of knowledge, competence and unmet educational needs.

Citation: Journal of Psychiatric & Mental Health Nursing, 01 August 2013, vol./is. 20/6(549-556), 13510126
Author(s): Page, S., Hope, K.

Abstract: Accessible summary The move towards new ways of working in Mental Health services has challenged multidisciplinary teams to consider how new roles and responsibilities can be supported., Staff development is central to this but there are concerns about education and training opportunities within the dementia workforce., This papers asks nurses working in dementia care to assess their own level of knowledge and competence and to identify areas of unmet educational needs., The results suggest that not all nurses are developed to such a point that new ways of working can be effectively introduced., Abstract It is expedient to consider new ways in which dementia care services may be configured to meet increasing demographic, societal and regulatory demands. Greater equity in the distribution of clinical responsibility across multidisciplinary teams has been suggested as one method that may offer a range of benefits to both the service user and the service itself. However, within the dementia workforce there are concerns about inconsistency and variability in both knowledge of dementia and competency in
meeting the needs of those affected. Taking this into account it was felt important to explore perceived knowledge and competency of specialist dementia care nurses who would not only be expected to possess higher levels of knowledge and skill but are positioned as the obvious clinical group to engage with new ways of working. Consequently, this paper offers the results and subsequent discussion of a survey of senior nurses working in dementia care across the UK.

**Title: ROYAL CHELSEA UNVEILS NEW DEMENTIA WARD.**

**Citation:** Nursing Standard, 19 June 2013, vol./is. 27/42(9-9), 00296570  
**Language:** English  
**Full Text:**  
Available from EBSCOhost in Nursing Standard

**Title: Slipping through the net.**

**Citation:** Nursing Standard, 19 June 2013, vol./is. 27/42(26-27), 00296570  
**Author(s):** Andrews, June  
**Abstract:** Nurses should be given responsibility for ensuring dementia patients are diagnosed, says June Andrews.  
**Full Text:**  
Available from EBSCOhost in Nursing Standard

**Title: Dementia care and offender populations.**

**Citation:** British Journal of Community Nursing, 01 June 2013, vol./is. 18/6(284-285), 14624753  
**Author(s):** Peate, Ian  
**Full Text:**  
Available from EBSCOhost in British Journal of Community Nursing

**Title: The Effects of Sleep Quality, Physical Activity, and Environmental Quality on the Risk of Falls in Dementia.**

**Citation:** American Journal of Alzheimer's Disease & Other Dementias, 01 June 2013, vol./is. 28/4(403-407), 15333175  
**Author(s):** Eshkoor, Sima Ataollahi, Hamid, Tengku Aizan, Nudin, Siti Sa’adiah Hassan, Mun, Chan Yoke

**Title: Dementia: diagnosis and early interventions.**

**Citation:** British Journal of Neuroscience Nursing, 01 June 2013, vol./is. 9/3(131-137), 17470307  
**Author(s):** Harrison-Dening, Karen  
**Abstract:** Nurses are often central to care in the early stages of dementia and as such have the potential to have a positive long-term effect on the lives of all those affected by the condition. This paper examines several issues of importance to the early stages of the disease: the definition of
dementia, its diagnosis, and early interventions for people with dementia and their families. Through this early pathway the article goes on to consider a 'toolbox' of various approaches and interventions that are available to ameliorate the impact of the condition on those affected.

Title: Clinical digest. Exposure to general anaesthetic increases the risk of dementia in older people.

Citation: Nursing Standard, 10 July 2013, vol./is. 27/45(15-15), 00296570

Full Text: Available from EBSCOhost in Nursing Standard

Title: Quality of Hospice Care for Individuals with Dementia.

Citation: Journal of the American Geriatrics Society, 01 July 2013, vol./is. 61/7(1060-1065), 00028614

Author(s): Albrecht, Jennifer S., Gruber-Baldini, Ann L., Fromme, Erik K., McGregor, Jessina C., Lee, David S. H., Furuno, Jon P.

Abstract: Background Patients with dementia constitute an increasing proportion of hospice enrollees, yet little is known about the quality of hospice care for this population. The aim of this study was to quantify differences in quality of care measures between hospice patients with and without dementia. Design Cross-sectional analysis of data. Setting 2007 National Home and Hospice Care Survey. Participants Four thousand seven hundred eleven discharges from hospice care. Measurements A primary diagnosis of dementia at discharge was defined according to International Classification of Diseases, Ninth Revision, codes (290.0-290.4x, 294.0, 294.1, 294.8, 331.0-331.2, 331.7, and 331.8). Quality-of-care measures included enrollment in hospice in the last 3 days of life, receiving tube feeding, depression, receiving antibiotics, lack of advanced directive or do not resuscitate order, Stage II or greater pressure ulcers, emergency care, lack of continuity of residence, and a report of pain at last assessment. Results Four hundred fifty (9.5%) individuals were discharged with a primary diagnosis of dementia. In multivariable analysis, individuals with dementia were more likely to receive tube feeding (odds ratio ( OR) = 2.6, 95% confidence interval ( CI) = 1.4-4.5) and to have greater continuity of residence ( OR = 1.8, 95% CI = 1.1-3.0) than other individuals in hospice and less likely to have a report of pain at last assessment ( OR = 0.6, 95% CI = 0.3-0.9). Conclusions The majority of quality-of-care measures examined did not differ between individuals in hospice with and without dementia. Use of tube feeding in hospice care and methods of pain assessment and treatment in individuals with dementia should be considered as potential quality-of-care measures.

Title: Quality of End-of-Life Care of Long-Term Nursing Home Residents with and without Dementia.

Citation: Journal of the American Geriatrics Society, 01 July 2013, vol./is. 61/7(1066-1073), 00028614

Author(s): Li, Qinghua, Zheng, Nan Tracy, Temkin-Greener, Helena

Abstract: Objectives To describe the longitudinal patterns and the within- and between-facility differences in hospice use and in-hospital deaths between long-term nursing home ( NH) residents with and without dementia. Design Retrospective analyses of secondary data sets from 2003 to 2007. Setting NHs in the United States. Participants A total of 1,261,726 decedents in 16,347 NHs were included in 2003 to 2007 trend analysis and 236,619 decedents in 15,098 NHs in 2007 were
included in the within- and between-facility analyses. Measurements Hospice use in the last 100 days of life and in-hospital deaths were outcome measures. Dementia was defined as having a diagnosis of Alzheimer's disease or other dementia based on Minimum Data Set (MDS) health assessments. Results Overall hospice use increased from 25.6% in 2003 to 35.7% in 2007. During this time, hospice use for decedents with dementia increased from 25.1% to 36.5%, compared with an increase from 26.5% to 34.4% for decedents without dementia. The rate of in-hospital deaths remained virtually unchanged. Within the same facility, decedents with dementia were significantly more likely to use hospice (odds ratio (OR) = 1.07, 95% confidence interval (CI) = 1.04-1.11) and less likely to die in a hospital (OR = 0.76, 95% CI = 0.74-0.78). Decedents in NHs with higher dementia prevalence, regardless of individual dementia status, were more likely to use hospice (OR = 1.67, 95% CI = 1.22-2.27). Conclusion NHs appear to provide less-aggressive end-of-life care to decedents with dementia than to those without. Although significantly more residents with dementia now receive hospice care at the end of life, the quality evaluation and monitoring of hospice programs have not been systematically conducted, and additional research in this area is warranted.

Title: 'Just Make it Stop': A Case Report of Excessive Crying in an Individual with Dementia.

Citation: Journal of the American Geriatrics Society, 01 July 2013, vol./is. 61/7(1238-1240), 00028614
Author(s): Trahan, Maranda A., Kahng, SungWoo, Donaldson, Jeanne M., McNabney, Matthew K.

Title: Changing The Culture for Dementia Care.

Citation: Nursing Older People, 01 July 2013, vol./is. 25/6(9-9), 14720795
Author(s): Paxton, Sue
Full Text: Available from EBSCOhost in Nursing Older People

Title: REFLECTIONS ON A VISIT TO A DEMENTIA CARE VILLAGE.

Citation: Nursing Older People, 01 July 2013, vol./is. 25/6(14-19), 14720795
Author(s): Jenkins, Catharine, Smythe, Analisa

Abstract: Hogewey village in Holland offers an alternative lifestyle for people with dementia. The model minimises disability and maximises wellbeing by providing a physical and social environment congruent with people's lifestyles. Residents live with those who have shared similar previous lifestyles and take an active role in all aspects of daily life, reflecting their interests and social norms. The village is staffed by healthcare professionals and well-supported volunteers, who promote personhood in small social groups and facilitate normal life. The authors explore how this approach contrasts with those used in the UK and draw conclusions about applying the model in the UK. They believe that healthcare professionals can learn from the Dutch example and adapt existing environments to reflect some of the concepts that are applied successfully at Hogewey. Well-supported volunteers, integrated into teams, could take on the role of supportive friends rather than clinically orientated problem-solvers and help to reintegrate people with dementia into local communities.

Full Text: Available from EBSCOhost in Nursing Older People
Title: Palliative care in dementia.

Citation: Progress in Palliative Care, 01 July 2013, vol./is. 21/3(146-150), 09699260
Author(s): Volicer, Ladislav

Title: Dementia audit highlights need for increased awareness training.

Citation: Nursing Standard, 17 July 2013, vol./is. 27/46(8-8), 00296570

Abstract: Hospitals in England and Wales should employ dementia nurse specialists to improve awareness of the condition and boost 'alarmingly low' rates for assessing older people's mental health, according to a healthcare quality charity.

Title: Push to make dementia training obligatory for all hospital staff.

Citation: Nursing Times, 17 July 2013, vol./is. 109/28(6-6), 09547762
Author(s): Forya, Bridget

Title: Involving people with dementia in research.

Citation: Nursing Times, 17 July 2013, vol./is. 109/28(20-23), 09547762
Author(s): Higgins, Patricia

Abstract: This article considers some of the ethical issues in conducting research involving people with dementia. The process of gaining consent is explored, along with the issue of accidental disclosure of diagnosis. The importance of including people with dementia in research and the possible benefits to them of taking part are discussed and the issues are linked to practice through examples of my own research with people with dementia.

Title: Causes of Hospital Admission for People With Dementia: A Systematic Review and Meta-Analysis.

Citation: Journal of the American Medical Directors Association, 01 July 2013, vol./is. 14/7(463-470), 15258610
Author(s): Toot, Sandeep, Devine, Mike, Akporobaro, Ajiri, Orrell, Martin

Abstract: Objectives: To conduct a systematic review and meta-analysis of the literature of the factors leading to hospital admission for people with dementia in comparison with (1) people without dementia acutely admitted and (2) people with dementia in the community. Results: Inpatients with dementia are at an increased risk of crisis owing to physical health–related factors, including orthopedic, respiratory, and urologic, than inpatients who do not have dementia. We also reviewed data that compared people with dementia admitted with those who were not and found that behavioral problems, such as agitation and wandering, placed people with dementia at an increased risk of being admitted. Interestingly, we also found that changes in routine and environment and increased dependency problems in several activities of daily living were associated with a higher risk of hospitalization for people with dementia. Conclusions: Many older people’s crisis teams tend to focus on prevention and reducing psychiatric admissions. This review
highlights the need for recognition of the physical health risks in these patients and a low threshold for early treatment in the community. This review highlights the importance of integrated working between services for older people’s mental health, primary care, social welfare, intermediate care, and hospital liaison.

Title: Daytime Observed Emotional Expressions of People With Dementia.

Citation: Nursing Research, 01 July 2013, vol./is. 62/4(218-225), 00296562
Author(s): Kyung Hee Lee, Algase, Donna L., McConnell, Eleanor S.

Abstract: Background: Emotional expression among people with dementia (PWD) may inform person-centered approaches to care and improvements in dementia-related quality of life. Objectives: The aim of this study was to examine frequency and variability of positive and negative emotional expressions, personal factors influencing positive and negative emotional expressions, and trajectories of emotional expression among PWD during daytime hours. Methods: We conducted a secondary analysis of daytime positive and negative emotional expressions of 30 PWD living in residential long-term care who completed twelve 20-minute observation periods occurring hourly as part of a multi-site study of wandering behavior. Hierarchical linear modeling was used to examine relationships between influencing factors and frequency of emotional expressions; group-based trajectory analysis was applied to identify clusters of individuals with similar daytime patterns of emotional expression. Results: Time of day (rate ratio [RR] = 1.05) and impaired mobility (RR = 1.37) significantly influenced positive emotional expression; gender (RR = 1.85), age (RR = 1.03), and education (RR = 0.54) were significantly related to negative emotional expression. Three distinct trajectory groups were identified for positive emotional expression: a low stable group, a fluctuating group displaying afternoon peaking, and a fluctuating group displaying morning peaking. Two trajectory groups were identified for negative emotional expression: a consistent pattern and an inconsistent pattern. Discussion: PWD showed a broad range of emotional expression and significant within-person variation in daytime positive and negative emotional expressions. Observed emotional display is a promising measure of psychological well-being among PWD that, if more fully understood, could guide care approaches to improve quality of life.

Title: Assessment of people with cognitive impairment and hip fracture: A systematic review and meta-analysis.

Citation: Archives of Gerontology & Geriatrics, 01 September 2013, vol./is. 57/2(117-126), 01674943
Author(s): Smith, Toby, Hameed, Yasir, Cross, Jane, Sahota, Opinder, Fox, Chris

Title: Modelling the landscape of palliative care for people with dementia: a European mixed methods study.

Citation: BMC Palliative Care, 2013, vol./is. 12/1(30), 1472-684X;1472-684X (2013)
Author(s): Iliffe S, Davies N, Vernooij-Dassen M, van Riet Paap J, Sommerbakk R, Mariani E, Jaspers B, Radbruch L, Manthorpe J, Maio L, Haugen D, Engels Y, IMPACT research team

Abstract: BACKGROUND: Palliative care for people with dementia is often sub-optimal. This is partly because of the challenging nature of dementia itself, and partly because of system failings that are particularly salient in primary care and community services. There is a need to systematize palliative care for people with dementia, to clarify where changes in practice could be made. To develop a model of palliative care for people with dementia that captures commonalities
and differences across Europe, a technology development approach was adopted, using mixed methods including 1) critical synthesis of the research literature and policy documents, 2) interviews with national experts in policy, service organisation, service delivery, patient and carer interests, and research in palliative care, and 3) nominal groups of researchers tasked with synthesising data and modelling palliative care.

DISCUSSION: A generic model of palliative care, into which quality indicators can be embedded. The proposed model includes features deemed important for the systematisation of palliative care for people with dementia. These are: the division of labour amongst practitioners of different disciplines; the structure and function of care planning; the management of rising risk and increasing complexity; boundaries between disease-modifying treatment and palliative care and between palliative and end-of-life care; and the process of bereavement.

SUMMARY: The co-design approach to developing a generic model of palliative care for people with dementia has placed the person needing palliative care within a landscape of services and professional disciplines. This model will be explored further in the intervention phase of the IMPACT project.

Full Text:
Available from ProQuest in BMC Palliative Care
Available from BioMedCentral in BMC Palliative Care
Available from National Library of Medicine in BMC Palliative Care

Title: Feedback on end-of-life care in dementia: the study protocol of the FOLlow-up project.

Citation: BMC Palliative Care, 2013, vol./is. 12/1(29), 1472-684X;1472-684X (2013)
Author(s): Boogaard JA, van Soest-Poortvliet MC, Anema JR, Achterberg WP, Hertogh CM, de Vet HC, van der Steen JT

Language: English

Abstract: BACKGROUND: End-of-life care in dementia in nursing homes is often found to be suboptimal. The Feedback on End-of-Life care in dementia (FOLlow-up) project tests the effectiveness of audit- and feedback to improve the quality of end-of-life care in dementia.

METHODS/DESIGN: Nursing homes systematically invite the family after death of a resident with dementia to provide feedback using the End-of-Life in Dementia (EOLD) - instruments. Two audit- and feedback strategies are designed and tested in a three-armed Randomized Controlled Trial (RCT): a generic feedback strategy using cumulative EOLD-scores of a group of patients and a patient specific feedback strategy using EOLD-scores on a patient level. A total of 18 nursing homes, three groups of six homes matched on size, geographic location, religious affiliation and availability of a palliative care unit were randomly assigned to an intervention group or the control group. The effect on quality of care and quality of dying and the barriers and facilitators of audit- and feedback in the nursing home setting are evaluated using mixed-method analyses.

DISCUSSION: The FOLlow-up project is the first study to assess and compare the effect of two audit- and feedback strategies to improve quality of care and quality of dying in dementia. The results contribute to the development of practice guidelines for nursing homes to monitor and improve care outcomes in the realm of end-of-life care in dementia.

TRIAL REGISTRATION: The Netherlands National Trial Register (NTR). Trial number: NTR3942.

Full Text:
Available from ProQuest in BMC Palliative Care
Available from BioMedCentral in BMC Palliative Care
Available from National Library of Medicine in BMC Palliative Care
Title: 'She's usually quicker than the calculator': financial management and decision-making in couples living with dementia.

Citation: Health & Social Care in the Community, 01 September 2013, vol./is. 21/5(554-562), 09660410
Author(s): Boyle, Geraldine

Abstract: This article explores how married couples managed their finances and made financial decisions when one spouse had dementia, drawing comparisons with the approaches used prior to the illness. More specifically, the article examines the role of social factors in influencing the involvement of people with dementia in financial management and decision-making, particularly whether a gender dynamic adopted earlier in a marriage similarly influenced a gendered approach following dementia. The research formed part of a larger study of everyday decision-making by couples living with dementia which explored the role of non-cognitive factors in influencing whether people with dementia were involved in decision-making processes. Twenty-one married couples living at home took part; the recently-diagnosed were excluded. Qualitative methods -including participant observation and interviews - were used to examine the couples' fiscal management and decision-making-processes, the perceptions of people with dementia and their spouses about their current financial abilities and whether any support provided by spouse-carers influenced their partners' financial capacity. The fieldwork was undertaken in the North of England between June 2010 and May 2011. Thematic analysis of the data showed that social factors influenced the perceived capacity of people with dementia and the financial practices adopted by the couples. In particular, gender influenced whether people with dementia were involved in financial decisions. The research demonstrated that non-cognitive factors need to be taken into account when assessing and facilitating the capacity of people with dementia. In addition, as people with dementia were somewhat marginalised in decisions about designating financial authority (Lasting Power of Attorney), spouse-carers may need guidance on how to undertake advance care planning and how to support their relatives with dementia in major decision-making, particularly when there are communication difficulties.
 ignored, forgotten and unimportant. Together these consequences stem from a triage system that does not recognize atypical presentation of disease and illness. This potentiated a cascade of vulnerability in older people with dementia and their caregivers. Nurses experienced time pressure challenges that impeded their ability to be responsive to basic care needs. Conclusions: In an aging population where dementia is becoming more prevalent, the unit of care in the ED must include both the older person and their family caregiver. Negative reinforcing consequences can be interrupted when nurses communicate and engage more regularly with the older adult-caregiver dyad to build trust. System changes are also needed to support the ability of nurses to carry out best practices.

Title: Factors associated with quality of life of people with dementia in long-term care facilities: A systematic review.

Citation: International Journal of Nursing Studies, 01 September 2013, vol./is. 50/9(1259-1270), 00207489
Author(s): Beerens, Hanneke C., Zwakhalen, Sandra M.G., Verbeek, Hilde, Ruwaard, Dirk, Hamers, Jan P.H.

Abstract: Background: Quality of life has become an important outcome measure in dementia research. Currently there is no convincing evidence about which factors are associated with quality of life of people with dementia living in long-term care facilities. Objective: This study aims to investigate which factors are associated with quality of life, including factors associated with change over time, of people with dementia living in longterm care facilities. Design: A systematic literature review was performed. Data sources: Cochrane, Pubmed, CINAHL, Web of Science, and PsycINFO were searched. Review methods: Three researchers independently assessed studies for eligibility. The inclusion criteria were: (1) the primary focus was on factors related to quality of life; (2) the study was performed in long-term care facilities; (3) the study regarded quality of life as multidimensional construct. Methodological quality of studies included in the review was assessed with a quality criteria checklist. Results: Ten cross-sectional and three longitudinal articles were included in the review. In cross-sectional studies, depressive symptoms were negatively related to self-rated quality of life of people with dementia. The association between depressive symptoms and proxy-rated quality of life was less clear. Behavioural disturbances, especially agitation, appeared to be negatively related to proxy-rated quality of life. There appeared to be a negative relation between quality of life, activities of daily living and cognition, although this could not be confirmed in all studies. In longitudinal studies, depressive symptoms were negatively related and cognition was positively related to self-rated quality of life. The association between depressive symptoms and proxy-rated quality of life was less clear. Behavioural disturbances, especially agitation, appeared to be negatively related to proxy-rated quality of life. There appeared to be a negative relation between quality of life, activities of daily living and cognition, although this could not be confirmed in all studies. Conclusions: There are only few high quality studies that investigate associations of (change in) quality of life of people with dementia living in long-term care facilities. Our results suggest that depressive symptoms and agitation are related to lower quality of life. Perspective of quality of life measurement, i.e. self- or proxy rating, may influence its associations. Longitudinal studies are needed to determine which factors are related to change in quality of life over time. This information is essential for the development of interventions that aim to improve quality of life.

Title: Association between indicators of dementia and nutritional status in institutionalised older people.

Citation: International Journal of Older People Nursing, 01 September 2013, vol./is. 8/3(236-243), 17483735
Author(s): Galesi, Lilian Fernanda, Leandro-Merhi, Vânia Aparecida, de Oliveira, Maria Rita Marques
Title: Investigation of Toilet Activities in Elderly Patients With Dementia From the Viewpoint of Motivation and Self-Awareness.

Citation: American Journal of Alzheimer's Disease & Other Dementias, 01 August 2013, vol./is. 28/5(459-468), 15333175
Author(s): Uchimoto, Kazuki, Yokoi, Teruo, Yamashita, Teruo, Okamura, Hitoshi

Title: Finding meaning in caring for a spouse with dementia.

Citation: Applied Nursing Research, 01 August 2013, vol./is. 26/3(121-126), 08971897
Author(s): Shim, Bomin, Barroso, Julie, Gilliss, Catherine L., Davis, Linda L.

Abstract: Dementia caregiving can be burdensome with many challenges, especially for spousal caregivers who are elderly and may have limited resources and chronic conditions of their own. However, it can also be an opportunity for growth and transcendence. Thematic qualitative analysis was conducted with 11 caregiver interviews to investigate how spousal caregivers of individuals with dementia found personal meaning in their caregiving experience. Caregivers commonly had altruistic values, and the discipline to live those values. They found meaning by believing in a choice of attitude and perceiving satisfaction in living according to their values in life. They had faith in a higher power, a strong sense of love for their spouses and they derived strength from past challenges. Positive attitudes among caregivers of individuals with dementia may be enhanced by sharing these stories and strategies. Study results also provide an expansion beyond commonly held views of caregiving for nurses.

Title: Variations in Self-Reported Practice of Physicians Providing Clinical Care to Individuals with Dementia: A Systematic Review.

Citation: Journal of the American Geriatrics Society, 01 August 2013, vol./is. 61/8(1277-1285), 00028614
Author(s): Sivananthan, Saskia N., Puyat, Joseph H., McGrail, Kimberlyn M.

Abstract: Objectives To determine to what extent actual practice as reported in the literature is consistent with clinical guidelines for dementia care. Design A systematic review of empirical studies of clinical services provided by physicians to older adults with a diagnosis of dementia. Setting All settings involving primary care physicians in which a diagnosis of dementia is provided. Participants Physicians providing care to individuals aged 60 and older with a primary or secondary diagnosis of dementia. Intervention Seven dementia care processes recommended by guidelines: formal memory testing, imaging, laboratory testing, interventions, counseling, community service, and specialist referrals. Measurements Web of Knowledge, PubMed, Science Direct, MedLine, Psych INFO, EMBASE, and Google Scholar databases were searched for articles in English published before March 1, 2012. Results Twelve studies met the final inclusion criteria, all of which were self-reported cross-sectional surveys. There was broad variation in the proportion of physicians who reported conducting each dementia care process, with the widest variation in formal memory testing (4-96%). Recently published studies reflected a shift in scope of care, reporting that high proportions of physicians provided interventions, counseling, and referrals to specialist. Conclusion Despite the availability and dissemination of established best practice guidelines, there is still wide variation in physician practice patterns in dementia care. The quality of currently available studies limits the ability to draw strong conclusions. Better information on practice patterns and their relationship to outcomes for individuals with dementia and their
caregivers using more-robust study designs is needed to address the needs of the increasing number of individuals who will require dementia care.

Title: Systematic Review: Effective Characteristics of Nursing Homes and Other Residential Long-Term Care Settings for People with Dementia.

Citation: Journal of the American Geriatrics Society, 01 August 2013, vol./is. 61/8(1399-1409), 00028614

Author(s): Zimmerman, Sheryl, Anderson, Wayne L., Brode, Shannon, Jonas, Dan, Lux, Linda, Beeber, Anna S., Watson, Lea C., Viswanathan, Meera, Lohr, Kathleen N., Sloane, Philip D.

Abstract: Objectives In response to the need for an evidence-based review of factors within long-term care settings that affect the quality of care, this review compared characteristics of nursing homes and other residential long-term care settings for people with dementia and their informal family caregivers with respect to health and psychosocial outcomes. Design Databases were searched for literature published between 1990 and March 2012 that met review criteria, including that at least 80% of the subject population had dementia. Results Fourteen articles meeting review criteria that were of at least fair quality were found: four prospective cohort studies, nine randomized controlled trials (RCTs), and one nonrandomized controlled trial. Overall, low or insufficient strength of evidence was found regarding the effect of most organizational characteristics, structures, and processes of care on health and psychosocial outcomes for people with dementia and no evidence for informal caregivers. Findings of moderate strength of evidence indicate that pleasant sensory stimulation reduces agitation for people with dementia. Also, although the strength of evidence is low, protocols for individualized care and to improve function result in better outcomes for these individuals. Finally, outcomes do not differ between nursing homes and residential care or assisted living settings for people with dementia except when medical care is indicated. Conclusion Given the paucity of high-quality studies in this area, additional research is needed to develop a sufficient evidence base to support consumer selection, practice, and policy regarding the best settings and characteristics of settings for residential long-term care of people with dementia.

Title: Clinical digest. Specialist care for dementia patients has little impact on length of hospital stay.

Citation: Nursing Standard, 31 July 2013, vol./is. 27/48(14-15), 00296570

Full Text: Available from EBSCOhost in Nursing Standard

Title: People with dementia in long-term care facilities: an exploratory study of their activities and participation.

Citation: Disability & Rehabilitation, 01 November 2013, vol./is. 35/18(1501-1508), 09638288

Author(s): Rocha, Vânia, Marques, Alda, Pinto, Margarida, Sousa, Liliana, Figueiredo, Daniela

Abstract: Purpose: To describe the activities and participation of people with dementia living in long-term care facilities. Methods: An exploratory descriptive study with 329 people medically diagnosed with dementia was conducted in the central region of Portugal. Socio-demographics were collected with a questionnaire based on the International Classification of Functioning, Disability and Health-Checklist. Cognitive impairment was measured with the Mini-Mental State Examination (MMSE) and the activities and participation were described with the World Health Organisation Disability Assessment Schedule 2.0 (WHODAS 2.0). Results: Participants mean age
was 83.6 ± 7.1 years old. Most were female (79.6%), widows (60.8%), had 1-4 years of education (51.1%) and were living in a long-term care facility from 2 to 4 years (36.2%). Alzheimer's disease (41.9%) was the most prevalent type of dementia. According to the MMSE, the cognitive status was low (8.7 ± 7.9) and 61.7% had severe cognitive impairment. The MMSE scores were negatively correlated with the WHODAS 2.0 scores. Mobility was the most affected domain of WHODAS 2.0. The total score showed that 77.8% of the sample was severely limited in activities and restricted in participation. Conclusions: This study shows that people with dementia living in long-term care facilities have severe activities limitation and participation restriction. However, most residents understand what people say, eat by themselves and get along with people who are close to them. This information on disability is crucial to plan health resources and inform rehabilitation programmes tailored to individuals' functionality.

Title: Dementia-friendly communities: what the project "Creating a dementia-friendly York" can tell us.

Citation: Working with Older People: Community Care Policy & Practice, 01 June 2013, vol./is. 17/2(49-57), 13663666
Author(s): Crampton, Janet, Eley, Ruth

Abstract: Purpose - This paper aims to outline the findings from a research and development project to determine how York might become a more dementia-friendly city and, in drawing out the features, to discuss the benefits for other places. Design/methodology/approach - The project team worked with existing groups and individuals, including people with dementia and family caret, established a cross sector operational group formed of statutory and non-statutory sectors, and developed a wider network to share news and ideas. Findings- York as a city is already responding in many positive ways to the needs of people with dementia and their caret, but there is much more that can be done, there and elsewhere. The project proposes a model - People, Places, Networks and Resources - for analysing the suitability and helpfulness of existing arrangements or features of a place or an organisation in order to realise a more dementia-friendly community Research limitations/implications - The research was commissioned by and restricted to the City of York but there are lessons that can be taken and applied elsewhere. The project was also primarily concerned with the experience of people with dementia, generally post diagnosis, exploring their normal everyday lives as well as the contact they had and interventions from the statutory agencies. Reaching people with dementia who had not yet been diagnosed, or those on the margins of society, especially those living alone, proved hard to achieve. Practical implications - The numbers of people with dementia are expected to double over the next 30 years, with a shrinking of the working population and a tripling of costs to the NHS and social care. The proposed model can be applied anywhere to support the creation of dementia-friendly communities that understand how to help. Social implications - The concept of "dementia-friendliness" is not the exclusive domain of the health and social care world. On the contrary, the research reveals that it is the daily attrition of everyday life where help is most needed. People with dementia and family caret find routine activities most difficult - shopping, managing finances, using transport, keeping active - causing them to withdraw. There are moral, economic and business reasons why we should support people to live well with their dementia, as well as reasons of health and well-being. Originality/value - This project makes a substantial contribution to the literature on what constitutes a dementia-friendly community and how to achieve it. It highlights the need for a wider information and awareness raising campaign for the general public and for anyone working directly with the public.

Full Text: Available from Emerald Insight in Working with Older People
Building dementia-friendly communities: a priority for everyone
This report finds that while there are some excellent examples of community provision for dementia, less than half of survey respondents think their area is set up to help them live well with dementia (42%). Results also become considerably lower the more advanced the person’s dementia is. Findings show that there is significant goodwill in the community to help people with dementia live well. The report states that not only do people feel that dementia-friendly places would be better for everyone, but that for every one person with dementia that is able to stay in their own home for a year longer, rather than entering residential care, £11,000 would be saved.

- Report
- Executive summary
was to determine if any non-pharmacologic interventions have delayed functional decline among community-dwelling dementia patients. Method: We completed a systematic literature review to identify controlled clinical trials reporting the impact of non-pharmacologic interventions on any measure of functional impairment or disability among community-dwelling dementia patients. We included studies that reported any proxy-respondent, self-reported, or performance-based standardized assessments. Results: We identified 18 published clinical trials that met inclusion criteria and found that study interventions fell into three different groups: occupational therapy, exercise, and multi-faceted (“other”) interventions. The three groups of studies tended to vary systematically regarding the conceptual framework for the disabling process, target of intervention, and type of outcome measure. Approximately half the studies were conducted in the United States with mean sample size of 99 (from 27 to 1131) and follow-up periods between three months and two years. Instruments used to measure functional impairment or disability varied widely with 55 instruments across 18 studies. Nine studies reported a statistically significant improvement in functional decline in the intervention group. Conclusion: The current literature provides clinical trial evidence that non-pharmacologic interventions can delay progression of functional impairment or disability among community-dwelling dementia patients. The clinical significance of this early evidence is uncertain. These early studies provide rationale for larger and longer-term studies to determine if these interventions are sufficiently potent to delay institutionalization.

Title: Individual music therapy for agitation in dementia: an exploratory randomized controlled trial.

Citation: Aging & Mental Health, 01 August 2013, vol./is. 17/6(667-678), 13607863
Author(s): Ridder, Hanne Mette O., Stige, Brynjulf, Qvale, Liv Gunnhild, Gold, Christian

Abstract: Objectives: Agitation in nursing home residents with dementia leads to increase in psychotropic medication, decrease in quality of life, and to patient distress and caregiver burden. Music therapy has previously been found effective in treatment of agitation in dementia care but studies have been methodologically insufficient. The aim of this study was to examine the effect of individual music therapy on agitation in persons with moderate/severe dementia living in nursing homes, and to explore its effect on psychotropic medication and quality of life. Method: In a crossover trial, 42 participants with dementia were randomized to a sequence of six weeks of individual music therapy and six weeks of standard care. Outcome measures included agitation, quality of life and medication. Results: Agitation disruptiveness increased during standard care and decreased during music therapy. The difference at −6.77 (95% CI: −12.71, −0.83) was significant (p = 0.027), with a medium effect size (0.50). The prescription of psychotropic medication increased significantly more often during standard care than during music therapy (p = 0.02). Conclusion: This study shows that six weeks of music therapy reduces agitation disruptiveness and prevents medication increases in people with dementia. The positive trends in relation to agitation frequency and quality of life call for further research with a larger sample.

Co-ordinated care for people with advanced dementia

As part of our work on integrated care, we have been conducting an in-depth examination of approaches to care co-ordination in primary care settings around the UK.

Our latest case study looks at Oxleas Advanced Dementia Service, which helps patients with advanced dementia to live at home in their last year of life.
Improving hospital Discharge for dementia patients

The My Discharge project uses patient and carer stories and a case management approach to transform care for dementia patients treated at London's Royal Free Hospital.

Read more about this project

Sources Used:

The following databases are used in the creation of this bulletin: Amed, British Nursing Index, Cinahl & Medline.

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