Dementia

Current Awareness Bulletin

November 2013

The following bulletins are also available:
Children’s Continence  Nutrition
Continence            Parkinsons Disease
Dementia             Rehabilitation
End of Life Care     Safeguarding
Infection Control

If you would like to receive these bulletins on a regular basis please contact the library.

For any references where there is a link to the full text please use your NHS Athens username & password to access. (if you need any help with this please let us know)

If you would like any of the full references from those that do not have links please let us know & we will source them for you.

Academy Library 824897 or ruh-tr.library@nhs.net

Jason Ovens
Head of Library & Knowledge Services

Healthcare you can Trust
Alzheimer's Disease International

**World alzheimer report 2013: journey of caring - an analysis of long-term care for dementia**

This report reveals that, as the world population ages, the traditional system of “informal” care by family, friends, and community will require much greater support. It finds that globally, 13% of people aged 60 or over require long-term care but between 2010 and 2050, the total number of older people with care needs will nearly treble from 101 to 277 million.

- Report
- Further information

---

**Title: What Do Long-Term Care Staff Know About the Differences Between Depression and Dementia?**

**Citation:** Clinical Gerontologist, 01 October 2013, vol./is. 36/5(411-420), 07317115

**Author(s):** Gendron, Tracey, Heck, Andrew

**Abstract:** A cross-sectional study was conducted of 159 long-term care staff who completed a series of questionnaires on knowledge of dementia and knowledge of depression, a series of forced-choice questions on the differentiation between dementia and depression, and a demographics questionnaire. Relative to professional staff, paraprofessional staff had lower scores in depression knowledge and differentiation knowledge. All staff had accurate knowledge of dementia. Differences in knowledge between type of staff were based on job type rather than level of education. Educational interventions about dementia have been effective in the long-term care community; however, there is a need for increased on-the-job training regarding depression in older adults in order to improve the ability to differentiate depression from dementia, especially for paraprofessional staff.

---

**Title: HELPING SERVICE USERS TO UNDERSTAND DEMENTIA.**

**Citation:** Learning Disability Practice, 01 September 2013, vol./is. 16/7(16-20), 14658712

**Author(s):** Waight, Mary, Oldreive, Warren

**Abstract:** As people with learning disabilities live longer, they become more likely to experience or encounter dementia. Many will live with fellow service users who have been diagnosed with the condition. This article explains why such people should be given information about dementia, tailored to meet their individual needs. It also includes a case study describing how the authors devised a computer-aided diagnostic information program for three people with learning disabilities whose housemate had been diagnosed with dementia.

**Full Text:**
Available from EBSCOhost in Learning Disability Practice
Available from ProQuest in Learning Disability Practice

---

**Title: Designing Outdoor Spaces for People with Dementia.**

**Citation:** Nursing Older People, 01 September 2013, vol./is. 25/7(10-10), 14720795

**Author(s):** Pulsford, Dave

**Full Text:**
Available from EBSCOhost in Nursing Older People
A road less rocky - supporting carers of people with dementia
This report found that carers of people with dementia are not getting the support and advice they often desperately need. Of the carers surveyed, only 51% said that they were given an opportunity to talk separately about their needs and how much care they felt able to provide. It makes recommendations to policy makers and commissioners on how to improve the support for carers of people with dementia.

- Report
- Executive summary

Title: Attitudes to shared care for patients with dementia: A survey of general practitioners.

Citation: Dementia (14713012), 01 September 2013, vol./is. 12/5(606-618), 14713012
Author(s): Russ, Tom C, Calvert, Lucy, Morling, Joanne R

Title: The experience of caring for a partner with young onset dementia: How younger carers cope.

Citation: Dementia (14713012), 01 September 2013, vol./is. 12/5(635-651), 14713012
Author(s): Lockeridge, Shirley, Simpson, Jane

Title: Green-fingered therapy is showing results.

Citation: Nursing Standard, 28 August 2013, vol./is. 57/52(5-5), 00296570

Abstract: A pilot scheme has begun to examine the possible therapeutic effects of gardening and maintaining vegetable patches for people with learning disabilities, dementia and brain injuries.

Full Text: Available from EBSCOhost in Nursing Standard

Title: Strategies to deliver dementia training and education in the acute hospital setting.

Citation: Journal of Research in Nursing, 01 September 2013, vol./is. 18/6(578-593), 17449871
Author(s): Chater, Kathryn, Hughes, Nic

Title: Turning learning into action.

Citation: Nursing Standard, 21 August 2013, vol./is. 27/51(69-69), 00296570
Author(s): White, Jon

Abstract: A project in Milton Keynes is seeking to improve dementia care by enrolling HCAs on a specialist course, says Jon White.

Title: BARBARA'S STORY: THE SEQUEL.

Citation: Nursing Standard, 25 September 2013, vol./is. 28/4(10-10), 00296570

Abstract: An NHS trust is screening a series of sequels to an award-winning film about a patient with dementia that has been watched worldwide.

Full Text: Available from EBSCOhost in Nursing Standard
Title: Dementia behavioural and psychiatric symptoms: effect on caregiver’s sleep.

Citation: Journal of Clinical Nursing, 01 November 2013, vol./is. 22/21/22(3042-3052), 09621067
Author(s): Simpson, Cherie, Carter, Patricia

Abstract: Aims and objectives To examine caregiver sleep quality, especially in relation to the daytime and night-time behaviours and psychological symptoms exhibited by persons with dementias. Background Caregivers of persons with dementias experience poorer sleep in comparison with noncaregivers, and poor sleep is related to negative health outcomes. The reasons for caregivers’ poor sleep are complex, and it is known that the night-time behaviours of the persons with dementia contribute to caregiver sleep disruption. However, the frequency of behavioural and psychological symptoms of dementia has hitherto not been sufficiently explored as a contributing factor to poor caregiver sleep. Design A nonexperimental cross-sectional design. Methods Eighty caregivers completed questionnaires on the frequency of behavioural and psychological symptoms of the persons with dementia, the Dementia Severity Rating Scale, the Pittsburgh Sleep Quality Index and the Center for Epidemiologic Studies Depression Scale. Results Poor sleep was reported with awakenings by the persons with dementia occurring for more than half of the caregivers. The frequency of behaviours and symptoms did not make a unique contribution to the variance of caregivers' global sleep. The frequency of behaviours, and specifically of agitation and apathy, contributed to the variance in subjective sleep quality, as defined by the caregivers' appraisal of their sleep. Conclusions The findings demonstrate the relationship between (1) daytime and night-time behaviours of persons with dementias and (2) their caregivers' sleep quality and emphasise the complexity of the factors that contribute to caregiver sleep quality. Relevance to clinical practice These findings suggest that nurses should be cognizant of the relationship between daytime behaviours of the persons with dementia and the caregivers' appraisal of their sleep, realising that appraising one's sleep as poor can be a contributing factor to perpetuating sleep problems. Interventions aimed at helping the caregiver manage the persons with dementia's agitation or the caregiver's emotional response to persons with dementia apathy may improve caregivers' perception of their sleep.

Title: Maintaining continence for people with dementia.

Citation: Nursing & Residential Care, 01 November 2013, vol./is. 15/11(716-720), 14659301
Author(s): Bardsley, Alison

Full Text: Available from EBSCOhost in Nursing & residential care : the monthly journal for care assistants, nurses and managers working in health and social care

Title: 'The path through the unknown': the experience of being a relative of a dementia-suffering spouse or parent.

Citation: Journal of Clinical Nursing, 01 November 2013, vol./is. 22/21/22(3024-3031), 09621067
Author(s): Madsen, Rikke, Birkelund, Regner

Abstract: Aims and objectives To examine the experiences of relatives of a spouse or parent who suffers from dementia and examines whether there are similarities or differences between these experiences. Background Dementia is an increasing illness in the world. Dementia affects not only the person with dementia but also the relatives. There is a lack of knowledge about the experience of being a relative to a dementia-suffering person. Design and methods Twenty-one stories from relatives were included in this study, and these stories were analysed by employing Kirsti Malterud's method 'systematic text condensation'. The relatives were divided into four groups: sons, husbands, daughters and wives. Results Eight themes were identified in their stories, two in each of the four groups. From these eight themes, it was identified that they all experienced change, grief and negative personal sentiments. However, differences were also found, one of them being that the sons found it easier to adapt to new roles during the course of the illness, while the daughters found it more difficult. The husbands experienced being attacked by the people around them, while the wives were found to submit their dementia-suffering husbands to physical abuse. The wives also suffered from self-criticism. Conclusions The similarities between the four groups are more significant than the differences. Sons, husbands, daughters and wives of a person suffering from dementia should be considered on an equal basis in terms of their experiences of grief, change and personal negative sentiments. Relevance to clinical practice Relatives play a significant role in the well-
being of their parent or spouse suffering from dementia. Therefore, professionals need to focus on both relatives and patient when they meet a person with dementia in clinical practice.

Title: Experiences of living with dementia: qualitative content analysis of semi-structured interviews.

Citation: Journal of Clinical Nursing, 01 November 2013, vol./is. 22/21(3032-3041), 09621067
Author(s): Mazaheri, Monir, Eriksson, Lars E, Heikkilä, Kristiina, Nasrabadi, Alireza Nikbakht, Ekman, Sirkka-Liisa, Sunvisson, Helena

Abstract: Aims and objectives To describe people's experiences of living with dementia in Iran. Background A knowledge gap exists regarding the experiences of living with dementia in non-Western contexts. This gap may be especially apparent within the Iranian context, where dementia research is relatively new. Deeper understanding about context-related experiences of dementia is a prerequisite for nurses' ability to provide adequate and meaningful care. Design Qualitative, cross-sectional design. Methods Qualitative content analysis of semi-structured interviews with people living with dementia in urban Iran (six women and nine men; 60-87 years old). Results The participants experienced their condition as a state of forgetfulness that was accompanied by losses and dependency on others. They wanted to feel good about themselves and feel important, but they continually struggled with matters such as a loss of accountability, feelings of futility and the frustration of others. Economic dependency and a lack of economic resources were sources of feelings of futility. Conclusion Experiences of living with dementia in Iran included a substantial struggle to stay connected to the social world and to deal with dramatic life changes, aspects of living with dementia that seem to be universal. However, the feelings of financial burden and the experience of being nagged for their shortfalls by family members have seldom been described in other studies and seem to represent a cultural aspect of their experience. Relevance to clinical practice The results of the study call for further nursing efforts in supporting people living with dementia in their struggle with their altered lives and in retaining their connections to everyday life. Furthermore, their family members might benefit from specific nursing interventions including information about dementia and advice on how to help the family members with dementia to interact with others while exercising their individual strengths.

Title: End-of-life care issues in advanced dementia.

Citation: Mental Health in Family Medicine, 01 September 2013, vol./is. 10/3(129-132), 1756834X
Author(s): Kumar, C. T. Sudhir, Kuriakose, Jacob Roy

Abstract: Appropriate management of advanced dementia requires it to be recognised as a terminal condition that needs palliative care. Interventions during this stage should be carefully chosen to ensure the improvement or maintenance of the quality of life of the person with dementia. Advanced care planning is an important aspect of dementia care. Carers and relatives should be educated and encouraged to actively participate in discussions related to artificial nutrition, cardiopulmonary resuscitation (CPR) and other medical interventions.

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

Disclaimer
The results of your literature search are based on the request that you made, and consist of a list of references, some with abstracts. Royal United Hospital Bath Healthcare Library will endeavour to use the best, most appropriate and most recent sources available to it, but accepts no liability for the information retrieved, which is subject to the content and accuracy of databases, and the limitations of the search process. The library assumes no liability for the interpretation or application of these results, which are not intended to provide advice or recommendations on patient care.