Dementia

Current Awareness Bulletin

November 2014

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Jason Ovens
Head of Library & Knowledge Services
Title: Self-efficacy and health-related quality of life in family carers of people with dementia: a systematic review.

Citation: Aging & Mental Health, 01 November 2014, vol./is. 18/8(954-969), 13607863
Author(s): Crellin, Nadia E., Orrell, Martin, McDermott, Orii, Charlesworth, Georgina

Abstract: Objectives: This review aims to explore the role of self-efficacy (SE) in the health-related quality of life (QoL) of family carers of people with dementia. Methods: A systematic review of literature identified a range of qualitative and quantitative studies. Search terms related to caring, SE, and dementia. Narrative synthesis was adopted to synthesise the findings. Results: Twenty-two studies met the full inclusion criteria, these included 17 quantitative, four qualitative, and one mixed-method study. A model describing the role of task/domain-specific SE beliefs in family carer health-related QoL was constructed. This model was informed by review findings and discussed in the context of existing conceptual models of carer adaptation and empirical research. Review findings offer support for the application of the SE theory to caring and for the two-factor view of carer appraisals and well-being. Findings do not support the independence of the negative and positive pathways. The review was valuable in highlighting methodological challenges confronting this area of research, particularly the conceptualisation and measurement issues surrounding both SE and health-related QoL. Conclusions: The model might have theoretical implications in guiding future research and advancing theoretical models of caring. It might also have clinical implications in facilitating the development of carer support services aimed at improving SE. The review highlights the need for future research, particularly longitudinal research, and further exploration of domain/task-specific SE beliefs, the influence of carer characteristics, and other mediating/moderating variables.

CQC released their Dementia Review, looking at the care that people living with dementia receive as they move between care homes and acute hospitals. SCIE’s Chief Executive, Tony Hunter, says: “It’s encouraging that overall, good quality dementia care was found, but concerning that 90% of care homes and hospitals delivered some aspects of variable or poor care, in areas such as assessment, staffing and different organisations sharing information. We’ll continue to support CQC, service providers and others in the health and social care sector, to deliver good quality dementia care”.

CQC Dementia Review: Cracks in the pathway

SCIE’s response to the Dementia Review

SCIE’s dementia resources

Alzheimer’s Society

Dementia 2014: opportunity for change

This report provides a snapshot of how well people with dementia are living in England, Wales and Northern Ireland. It draws together evidence from a survey of over 1,000 people with dementia.

Report Overview

Title: Citizenship in action: the lived experiences of citizens with dementia who campaign for social change.

Citation: Disability & Society, 01 October 2014, vol./is. 29/8(1291-1304), 09687599
Author(s): Bartlett, Ruth
Abstract: This article examines the experiences of citizens with dementia who campaign for social change, with a particular focus on the effects of campaigning on citizenry identity and psycho-emotional well-being. In diary-interviews, 16 people with dementia recorded and described their experiences of campaigning. Findings revealed that although campaigning can be energising and reaffirming of citizen identity, because it (re)located a person within the realm of work, individuals may experience dementia-related fatigue and oppression linked to normative expectations about what someone with dementia ‘should’ be like. The discussion is linked to critical debates within disability studies about the psycho-emotional aspects of impairment and disability, and concludes that the struggle for citizenship has only just begun for people with dementia.

Developing supportive design for people with dementia

This range of resources was designed to enable hospitals, care homes, primary care premises and specialist housing providers to become more dementia friendly. The tools have been informed by research evidence, best practice and more than 300 survey responses from the United Kingdom and abroad from people who have used the tools in practice. Each of the sections draws on this evidence to develop a rationale for effecting change in care environments. These rationales also address the visuospatial problems often associated with dementia.

Title: The Dementia Friendly Hospital Initiative Education Program for Acute Care Nurses and Staff.

Citation: Journal of Continuing Education in Nursing, 01 September 2014, vol./is. 45/9(416-424), 00220124
Author(s): Palmer, Janice L., Lach, Helen W., McGillick, Janis, Murphy-White, Maggie, Carroll, Maria B., Armstrong, Johanna L.

Abstract: Individuals with Alzheimer’s disease and other dementias have 3.2 million hospital stays annually, which is significantly more than older individuals without dementia. Hospitalized patients with dementia are at greater risk of delirium, falls, overwhelming functional decline that may extend the hospital stay, and prolonged or complicated rehabilitation. These risks highlight the need for staff education on the special care needs of this vulnerable population. This article describes a one-day education program, the Dementia Friendly Hospital Initiative, designed to teach staff how to provide the specialized care required by patients with dementia. Participants (N = 355) from five different hospitals, including 221 nurses, completed a pretest-posttest evaluation for the program. Changes in participants’ attitudes and practices, confidence, and knowledge were evaluated. Scores indicated significant improvement on the posttest. The evaluation provides further evidence for recommending dissemination of the Dementia Friendly Hospital Initiative. J Contin Educ Nurs. 2014;45(9):416-424.

Full Text: Available from ProQuest in Journal of Continuing Education in Nursing, The

Title: Caring for cognitively impaired older patients in the general hospital: A qualitative analysis of similarities and differences between a specialist Medical and Mental Health Unit and standard care wards.

Citation: International Journal of Nursing Studies, 01 October 2014, vol./is. 51/10(1332-1343), 00207489
Author(s): Goldberg, S. E., Whittamore, K. H., Pollock, K., Harwood, R. H., Gladman, J. R. F.

Abstract: Background: Around half of people aged over 70 years admitted as an emergency to general hospital have dementia, delirium or both. Dissatisfaction is often expressed about the quality of hospital care. A Medical and Mental Health Unit was developed to provide best practice care to cognitively impaired
older patients. The Unit was evaluated by randomised controlled trial compared to standard care wards. Part of this evaluation involved structured non-participant observations of a random subample of participants and the recording of field notes. Objectives: The aim of this paper is to compare and contrast the behaviours of staff and patients on the Medical and Mental Health Unit and standard care wards and to provide a narrative account that helps to explain the link between structure, process and reported outcomes. Design: Field notes were analysed using the constant comparison method. Setting: A large hospital within the East Midlands region of the United Kingdom. Participants: Patient participants were aged over 65, and identified by Admissions Unit physicians as being 'confused'. Most patients had delirium or dementia. Results: Sixty observations (360 h) were made between March and December 2011. Cognitively impaired older patients had high physical and psychological needs, and were cared for in environments which were crowded, noisy and lacked privacy. Staff mostly prioritised physical over psychological needs. Person-centred care on the Medical and Mental Health Unit was mostly delivered during activity sessions or meal times by activities coordinators. Patients on this unit were able to walk around more freely than on other wards. Mental health needs were addressed more often on the Medical and Mental Health Unit than on standard care wards but most staff time was still taken up delivering physical care. More patients called out repetitively on the Unit and staff were not always able to meet the high needs of these patients. Conclusion: Care provided on the Medical and Mental Health Unit was distinctly different from standard care wards. Improvements were worthwhile, but care remained challenging and consistent good practice was difficult to maintain. Disruptive vocalisation may have been provoked by concentrating cognitively impaired patients on one ward.

Title: Benefits of sensory garden and horticultural activities in dementia care: a modified scoping review.

Citation: Journal of Clinical Nursing, 01 October 2014, vol./is. 23/19/20(2698-2715), 09621067
Author(s): Gonzalez, Marianne T, Kirkevold, Marit

Title: Comorbiditity in Dementia: Update of an Ongoing Autopsy Study.

Citation: Journal of the American Geriatrics Society, 01 September 2014, vol./is. 62/9(1722-1728), 00028614
Author(s): Magaki, Shino, Yong, William H., Khanlou, Negar, Tung, Spencer, Vinters, Harry V.

Full Text: Available from Wiley in Journal of the American Geriatrics Society

Title: The dance of communication: Retaining family membership despite severe non-speech dementia.

Citation: Dementia (14713012), 01 September 2014, vol./is. 13/5(626-641), 14713012
Author(s): Walmsley, Bruce D., McCormack, Lynne

Title: Nutrition and dignity: caring for people with dementia.

Citation: Nursing & Residential Care, 01 September 2014, vol./is. 16/9(501-503), 14659301
Author(s): Murphy, Jane, Holmes, Joanne

Title: Compassion Fatigue in Adult Daughter Caregivers of a Parent with Dementia.

Citation: Issues in Mental Health Nursing, 01 October 2014, vol./is. 35/10(796-804), 01612840
Author(s): Day, Jennifer R., Anderson, Ruth A., Davis, Linda L.

Title: A best-evidence review of intervention studies for minimizing resistance-to-care behaviours for older adults with dementia in nursing homes.
Abstract: Aim To conduct a best-evidence review of non-pharmacological interventions for resistance-to-care behaviours of nursing home residents with dementia in a personal-care context. Background Resistance to care is a major source of staff burnout in nursing homes and it is also a safety issue for the staff. Design Best-evidence review. Data Sources We searched for non-pharmacological intervention studies published from 1990-2012, written in English. Review Methods The search identified 19 intervention studies that examined the effects of interventions to reduce the resistance-to-care behaviours of nursing home residents with dementia in a personal-care context. These 19 papers met the quality assessment requirements of the critical appraisal criteria for experimental studies, which were published by the Joanna Briggs Institute. Results Only three studies were RCTs and the rest were quasi-experimental. The sample size ranged from 7-127. Nine music interventions, such as pre-recorded music played to a group or playing a resident's preferred music, during his or her personal care, resulted in significant reductions in resistance-to-care behaviours. Resistance-to-care behaviours also were significantly reduced in three of four bathing interventions that focused on person-centred care. In the ability-focused interventions, only two out of five studies reported significant reductions in resistance-to-care behaviours. Conclusion Non-pharmacological interventions are options to consider to reduce resistance-to-care behaviours in older people with dementia, even though the evidence level is low, given the lack of alternatives. More randomized controlled trials are recommended to confirm the effects of non-pharmacological interventions during personal care.

Title: Pre-death grief in the context of dementia caregiving: a concept analysis.

Abstract: Aim The aim of this study was to report on an analysis of the concept of pre-death grief in the context of dementia family caregiving. Background Research indicates that witnessing changes and losses in a family member with dementia can lead to pre-death grief. Pre-death grief is associated with depression, burden and maladaptive caregiver coping. However, the concept lacks a refined definition and blurs with similar constructs. Design Concept analysis using a hybrid of Penrod and Hupcey's principle-based concept analysis and Chin and Kramer's conceptualization of meaning. Data Sources 49 peer-reviewed papers (2000-2013) that addressed pre-death grief in dementia family caregivers were used for the principle-based analysis; two examples from the popular media were used for the analysis of conceptual meaning. Methods The scientific papers were examined for epistemological, linguistic, pragmatic and logical clarity. The two examples from the popular media were explored for conceptual meaning. Results Pre-death grief in the context of dementia caregiving is a meaningful concept found in the popular media. From a scholarly point of view, it is an emerging concept. A definition is offered to advance conceptual clarity. Discussion focuses on advancing the concept into a situation-specific middle-range theory of pre-death grief in family caregiving. Conclusions The concept of pre-death grief has salience for researchers and caregivers. This analysis lays the foundation for use of the concept in nursing research and practice across cultural, environmental and illness domains.

Title: Obesity link to dementia.

Abstract: Obesity is linked to dementia.
Title: Listen, Talk, Connect: Communicating with People Living with Dementia.

Citation: Nursing Older People, 01 October 2014, vol./is. 26/8(10-), 14720795
Author(s): Chatterton, Claire

Full Text: Available from EBSCOhost in Nursing Older People

Title: Self-efficacy and health-related quality of life in family carers of people with dementia: a systematic review.

Citation: Aging & Mental Health, 01 November 2014, vol./is. 18/8(954-969), 13607863
Author(s): Crellin, Nadia E., Orrell, Martin, McDermott, Orii, Charlesworth, Georgina

Full Text: Available from ProQuest in Nursing Ethics
Available from EBSCOhost in Nursing Ethics

Title: Ethical considerations of doll therapy for people with dementia.

Citation: Nursing Ethics, 01 September 2014, vol./is. 21/6(720-730), 09697330
Author(s): Mitchell, Gary, Templeton, Michelle

Full Text: Available from EBSCOhost in Nursing Ethics
Available from EBSCOhost in Nursing Ethics

Title: The Effect of Reminiscence Therapy on Depression, Quality of Life, Ego-Integrity, Social Behavior Function, and Activities of Daily Living in Elderly Patients With Mild Dementia.

Citation: Educational Gerontology, 01 January 2015, vol./is. 41/1(1-13), 03601277
Author(s): Jo, HaeKyung, Song, Eunju

Abstract: This study investigated the effects of reminiscence therapy work on depression, quality of life, ego-integrity, social behavior function, and activities of daily living. This study was a quasiexperimental study using a single-group pretest/posttest design. This therapy consists of eight sessions of 2.5 hours with a specific theme. A total of 19 patients with mild dementia who registered at a mental health center in community-dwelling participated in this study. Hypotheses were supported by quality of life, ego-integrity, and social behavior function. But depression and activities of daily living were not supported. Although all the hypotheses were not supported, a reminiscence therapy was beneficial. Patients with mild dementia can talk to each other naturally without feeling a psychological burden, and they are provided the opportunity to look back on their life.

Title: Training in dementia care.

Citation: Emergency Nurse, 01 October 2014, vol./is. 22/6(11-), 13545752
Author(s): Alberto, Petra

Full Text: Available from EBSCOhost in Emergency Nurse

Title: Hospitalizations of nursing home residents with dementia in the last month of life: Results from a nationwide survey.

Citation: Palliative Medicine, 01 October 2014, vol./is. 28/9(1110-1117), 02692163
Author(s): Houttekier, Dirk, Vandervoort, An, Van den Block, Lieve, van der Steen, Jenny T, Vander Stichele, Robert, Deliens, Luc
Title: Do nursing homes improve the quality of life in elderly individuals with dementia?

Citation: Evidence-Based Practice, 01 September 2014, vol./is. 17/9(9-10), 10954120
Author(s): Mills Jr, Jon R., Glendenning, Charles

Title: Geriatric Emergency Department Innovations: Preliminary Data for the Geriatric Nurse Liaison Model.

Citation: Journal of the American Geriatrics Society, 01 September 2014, vol./is. 62/9(1781-1785), 00028614
Author(s): Aldeen, Amer Z., Courtney, D. Mark, Lindquist, Lee A., Dresden, Scott M., Gravenor, Stephanie J.

Abstract: Older adults account for a large and growing segment of the emergency department (ED) population. They are often admitted to the hospital for nonurgent conditions such as dementia, impaired functional status, and gait instability. The aims of this geriatric ED innovations (GEDI) project were to develop GEDI nurse liaisons by training ED nurses in geriatric assessment and care coordination skills, describe characteristics of patients that these GEDI nurse liaisons see, and measure the admission rate of these patients. Four ED nurses participated in the GEDI training program, which consisted of 82 hours of clinical rotations in geriatrics and palliative medicine, 82 hours of didactics, and a pilot phase for refinement of the GEDI consultation process. Individuals were eligible for GEDI consultation if they had an Identification of Seniors at Risk (ISAR) score greater than 2 or at ED clinician request. GEDI consultation was available Monday through Friday from 9:00 a.m. to 8:00 p.m. An extensive database was set up to collect clinical outcomes data for all older adults in the ED before and after GEDI implementation. The liaisons underwent training from January through March 2013. From April through August 2013, 408 GEDI consultations were performed in 7,213 total older adults in the ED (5.7%, 95% confidence interval (CI) = 5.2-6.2%), 2,124 of whom were eligible for GEDI consultation (19.2%, 95% CI = 17.6-20.9%); 34.6% (95% CI = 30.1-39.3%) received social work consultation, 43.9% (95% CI = 39.1-48.7) received pharmacy consultation, and more than 90% received telephone follow-up. The admission rate for GEDI patients was 44.9% (95% CI = 40.1-49.7), compared with 60.0% (95% CI = 58.8-61.2) non-GEDI. ED nurses undergoing a 3-month training program can develop geriatric-specific assessment skills. Implementation of these skills in the ED may be associated with fewer admissions of older adults.

Title: Person-centred dementia care in acute settings.

Citation: Nursing Times, 10 September 2014, vol./is. 110/37(23-25), 09547762
Author(s): Champion, Elizabeth

Title: What Is the Impact of Using Outdoor Spaces Such as Gardens on the Physical and Mental Well-Being of Those With Dementia? A Systematic Review of Quantitative and Qualitative Evidence.

Citation: Journal of the American Medical Directors Association, 01 October 2014, vol./is. 15/10(697-705), 15258610
Author(s): Whear, Rebecca, Coon, Jo Thompson, Bethel, Alison, Abbott, Rebecca, Stein, Ken, Garside, Ruth
**Abstract:** Objective To examine the impact of gardens and outdoor spaces on the mental and physical well-being of people with dementia who are resident in care homes and understand the views of people with dementia, their carers, and care home staff on the value of gardens and outdoor spaces. Design Systematic review. Methods Fourteen databases were searched from inception to February 2013. Forward and backward citation chasing of included articles was conducted; 38 relevant organizations were contacted to identify unpublished reports. Titles, abstracts, and full texts were screened independently by 2 reviewers in a 2-stage process and were discussed with a third reviewer where necessary. Results were synthesized narratively. Results Seventeen studies were included: 9 quantitative, 7 qualitative, and 1 mixed methods. The quantitative studies were of poor quality but suggested decreased levels of agitation were associated with garden use. The views and experiences of the garden are discussed in relation to themes of how the garden was used, nature of interactions, impact/effect of the gardens, mechanisms/how the garden was thought to have an effect, and negatives (such as perception of the garden as a hazard and the limited staff time). Conclusion There are promising impacts on levels of agitation in care home residents with dementia who spend time in a garden. Future research would benefit from a focus on key outcomes measured in comparable ways with a separate focus on what lies behind limited accessibility to gardens within the residential care setting.

**Title:** Influence of Aquariums on Resident Behavior and Staff Satisfaction in Dementia Units.

**Citation:** Western Journal of Nursing Research, 01 November 2014, vol./is. 36/10(1309-1322), 01939459
**Author(s):** Edwards, Nancy E., Beck, Alan M., Lim, Eunjung

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**Title:** Advance care planning for people living with dementia.

**Citation:** British Journal of Community Nursing, 01 October 2014, vol./is. 19/10(490-495), 14624753
**Author(s):** Brooke, Joanne, Kirk, Mary

**Abstract:** The prevalence of dementia is increasing, however it is only recently that dementia has been recognised as a terminal disease where end-of-life care needs to be discussed and planned with the patient and their family. Early diagnosis of dementia enables the person with dementia and their family to discuss the future, including plans for end-of-life care such as Advance Care Planning (ACP). However, discussions regarding end-of-life care are not routine practice for people with dementia and their families. This article reviews the literature regarding barriers that impact on healthcare professionals' engagement with ACP for people with dementia and their families.

**Full Text:** Available from EBSCOhost in British Journal of Community Nursing

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**Title:** Antiepileptic Drugs for the Treatment of Agitation and Aggression in Dementia: Do They Have a Place in Therapy?

**Citation:** Drugs, 01 October 2014, vol./is. 74/15(1747-1755), 00126667
**Author(s):** Gallagher, Damien, Herrmann, Nathan

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**Title:** Toolkit will help GPs make prompt diagnosis in dementia patients.

**Citation:** Mental Health Practice, 01 October 2014, vol./is. 18/2(6-6), 14658720

**Full Text:** Available from EBSCOhost in Mental Health Practice

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**Title:** Disclosure and Dementia.

**Citation:** Oncology Times, 25 September 2014, vol./is. 36/18(48-48), 02762234
**Author(s):** Harpham, Wendy S.
Title: Can dementia be lessened by statins?

Citation: Lancet, 13 September 2014, vol./is. 384/9947(953-953), 01406736
Author(s): Opie, Lionel H

Full Text:
Available from ProQuest in Lancet, The
Available from Elsevier in Lancet, The
Available from The Lancet in Lancet, The
Available from Lancet in Bath Academy Library
Available from The Lancet in RNHRD Academy Library

Title: When Evidence Clashes With Emotion: Feeding Tubes in Advanced Dementia.

Citation: Annals of Long Term Care, 01 September 2014, vol./is. 22/9(24-26), 15247929

Title: Health Conditions, Treatment, and Care of Residents With Dementia in Group Living-Based Care Facilities (Group Homes): Perspectives of Group Home Managers.

Citation: Care Management Journals, 01 September 2014, vol./is. 15/3(117-122), 15210987
Author(s): Junko Takada, Yasuyoshi Sekita, Kenichi Meguro

Abstract: Group living-based care facilities for patients with dementia (group homes [GH]) aim to support patients to live with dignity in a familiar environment in their community. However, although some residents may be cared for well, their dementing disease may be untreated because of insufficient differential diagnosis and a lack of consultation with specialists. We previously sent a questionnaire on the status of GH management to 550 facilities in Tohoku District to investigate the effects of the 2006 revision of Long-Term Care Insurance. This study is a secondary analysis performed to evaluate the relationship of health conditions in residents with treatment and care. The results showed that resident-related factors of “physical dysfunction” and “health care” were not related to medical factors of “working with a supporting physician” and “working with a supporting physician and nurse.” Similarly, the resident-related factor, “progression of dementia,” was not related to the medical factor, “working with a dementia specialist.” However, significant relationships were found between “progression of dementia” and a care-related factor, “support for going out”; between a resident-related factor, “progression of abnormal behavior,” and a medical factor, “hospital visit assistance”; and between care-related factors of “support of hobby activities” and “support for going out.” This analysis was performed based on data from a survey of GH managers. We conclude that it is important for GH managers and medical staff to understand each other and work together to strengthen the link between treatment and care of GH residents.

Full Text:
Available from ProQuest in Care Management Journals

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Citation: Aging & Mental Health, 01 November 2014, vol./is. 18/8(954-969), 13607863
Author(s): Crellin, Nadia E., Orrell, Martin, McDermott, Orii, Charlesworth, Georgina

Abstract: Objectives: This review aims to explore the role of self-efficacy (SE) in the health-related quality of life (QoL) of family carers of people with dementia. Methods: A systematic review of literature identified a range of qualitative and quantitative studies. Search terms related to caring, SE, and dementia. Narrative synthesis was adopted to synthesise the findings. Results: Twenty-two studies met the full inclusion criteria, these included 17 quantitative, four qualitative, and one mixed-method study. A model describing the role of task/domain-specific SE beliefs in family carer health-related QoL was constructed. This model was informed by review findings and discussed in the context of existing conceptual models of carer adaptation and empirical research. Review findings offer support for the application of the SE theory to caring and for
the two-factor view of carer appraisals and well-being. Findings do not support the independence of the negative and positive pathways. The review was valuable in highlighting methodological challenges confronting this area of research, particularly the conceptualisation and measurement issues surrounding both SE and health-related QoL. Conclusions: The model might have theoretical implications in guiding future research and advancing theoretical models of caring. It might also have clinical implications in facilitating the development of carer support services aimed at improving SE. The review highlights the need for future research, particularly longitudinal research, and further exploration of domain/task-specific SE beliefs, the influence of carer characteristics, and other mediating/moderating variables.

Title: Variables associated to quality of life among nursing home patients with dementia.

Citation: Aging & Mental Health, 01 November 2014, vol./is. 18/8(1013-1021), 13607863
Author(s): Mjørud, Marit, Kirkevold, Marit, Røsvik, Jann, Selbæk, Geir, Engedal, Knut

Abstract: Objective: To study which variables are associated with quality of life (QOL) in persons with dementia (PWD) living in nursing homes (NHs). Methods: A cross-sectional study included 661 PWD living in NH. To measure QOL the quality of life in late-stage dementia scale (QUALID) was applied. Other scales were: the clinical dementia rating scale (CDR), physical self-maintenance scale (PSMS), and neuropsychiatric inventory questionnaire (NPI-Q). Results: The patients’ mean age was: 86.9 (SD 7.7), 472 (71.4%) were women. Of all, 22.5% had CDR 1, 33.6% had CDR 2, and 43.9% had CDR 3. The mean PSMS score was 18.2 (SD 5.0), 43.1% lived in special care units, 56.9% in regular units. In a linear regression analysis NPI-affective score (β = 0.360, p-value < 0.001), NPI-agitation score (β = 0.268, p-value < 0.001), PSMS total score (β = 0.181, p-value < 0.001), NPI-apathy (β = 0.144, p-value < 0.001), NPI psychosis (β = 0.085, p-value 0.009), CDR sum of boxes score (β = 0.081, p-value 0.026) were significantly associated with QUALID total score (explained variance 44.5%). Conclusion: Neuropsychiatric symptoms, apathy, severity of dementia, and impairment in activities in daily living are associated with reduced QOL in NH patients with dementia.

Title: Remaining connected despite separation – former family caregivers’ experiences of aspects that facilitate and hinder the process of relinquishing the care of a person with dementia to a nursing home.

Citation: Aging & Mental Health, 01 November 2014, vol./is. 18/8(1029-1036), 13607863
Author(s): Johansson, Anneli, Ruzin, Helena Olsson, Graneheim, Ulla Hälgren, Lindgren, Britt-Marie

Abstract: Objectives: This qualitative study aimed to illuminate former family caregivers’ experiences of aspects that facilitate and hinder the process of relinquishing the care of a person with dementia to a nursing home. Method: Ten narrative interviews with former family caregivers were performed and subjected to qualitative content analysis. Results: An overall theme showed that family caregivers were remaining connected to the person with dementia despite separation. They experienced being ‘caught by surprise’ when the placement occurred. Negative expectations of dementia care made the separation more difficult. Lacking adequate information increased feelings of insecurity. Despite these hurdles, family caregivers found meaning in the new situation as they felt that they could remain connected to their loved one. Being recognized as partners in care of the person with dementia after placement was a facilitating aspect. Family caregivers regarded a well-functioning interaction with staff and a supportive social network as reassuring since they facilitated staying in touch. Conclusion: Knowledge of the relinquishing process and adequate information about dementia and its progression may help family caregivers better prepare for and adapt to the situation. Family caregivers need to be recognized as partners in care and a welcoming nursing home environment is of utmost importance.

Title: The Forgotten: Dementia and the Aging LGBT Community.

Citation: Journal of Gerontological Social Work, 01 November 2014, vol./is. 57/8(845-857), 01634372
Author(s): McGovern, Justine
Abstract: Although research documenting the experience of lesbian, gay, bisexual, transgendered (LGBT) aging in general is gaining traction, and literature on dementia continues to proliferate, few articles attend to how dementia affects members of the aging LGBT community. This article reviews the current state of knowledge on the experience of dementia for LGBT older adults, and suggests areas for further research. In addition, it aims to promote social work’s engagement with related disciplines and global dementia care. The article’s ultimate goal is to encourage development of care practices tailored to the experiences, expectations and needs of older LGBT individuals affected by dementia.

Title: Healthcare professionals may not be maintaining person-centred care for people with dementia hospitalised on acute wards.

Citation: Evidence Based Nursing, 01 October 2014, vol./is. 17/4(126-126), 13676539
Author(s): Gaugler, Joseph E., Wocken, Katie M.

Full Text: Available from Highwire Press in Evidence-Based Nursing

Title: Compassion Fatigue in Adult Daughter Caregivers of a Parent with Dementia.

Citation: Issues in Mental Health Nursing, 01 October 2014, vol./is. 35/10(796-804), 01612840
Author(s): Day, Jennifer R., Anderson, Ruth A., Davis, Linda L.

Abstract: Adult daughters face distinct challenges caring for parents with dementia and may experience compassion fatigue: the combination of helplessness, hopelessness, an inability to be empathic, and a sense of isolation resulting from prolonged exposure to perceived suffering. Prior research on compassion fatigue has focused on professional healthcare providers and has overlooked filial caregivers. This study attempts to identify and explore risk factors for compassion fatigue in adult daughter caregivers and to substantiate further study of compassion fatigue in family caregivers. We used content analysis of baseline interviews with 12 adult daughter caregivers of a parent with dementia who participated in a randomized trial of homecare training. Four themes were identified in adult daughter caregiver interviews: (a) uncertainty; (b) doubt; (c) attachment; and (d) strain. Findings indicated adult daughter caregivers are at risk for compassion fatigue, supporting the need for a larger study exploring compassion fatigue in this population.

Title: Interventions to Reduce Inappropriate Prescribing of Antipsychotic Medications in People With Dementia Resident in Care Homes: A Systematic Review.

Citation: Journal of the American Medical Directors Association, 01 October 2014, vol./is. 15/10(706-718), 15258610
Author(s): Thompson Coon, Jo, Abbott, Rebecca, Rogers, Morwenna, Whear, Rebecca, Pearson, Stephen, Lang, Iain, Cartmell, Nick, Stein, Ken

Abstract: Background Antipsychotic medications are commonly used to manage the behavioral and psychological symptoms of dementia. Several large studies have demonstrated an association between treatment with antipsychotics and increased morbidity and mortality in people with dementia. Aims To assess the effectiveness of interventions used to reduce inappropriate prescribing of antipsychotics to the elderly with dementia in residential care. Method Systematic searches were conducted in 12 electronic databases. Reference lists of all included studies and forward citation searching using Web of Science were also conducted. All quantitative studies with a comparative research design and studies in which recognized methods of qualitative data collection were used were included. Articles were screened for inclusion independently by 2 reviewers. Data extraction and quality appraisal were performed by 1 reviewer and checked by a second with discrepancies resolved by discussion with a third if necessary. Results Twenty-two quantitative studies (reported in 23 articles) were included evaluating the effectiveness of educational programs (n = 11), in-reach services (n = 2), medication review (n = 4), and multicomponent interventions (n = 5). No qualitative studies meeting our inclusion criteria were identified. Eleven studies were randomized or controlled in design; the remainder were uncontrolled before and after studies. Beneficial effects were seen in 9 of the 11 studies with the most robust study design with reductions in
antipsychotic prescribing levels of between 12% and 20%. Little empirical information was provided on the sustainability of interventions. Conclusion Interventions to reduce inappropriate prescribing of antipsychotic medications to people with dementia resident in care homes may be effective in the short term, but longer more robust studies are needed. For prescribing levels to be reduced in the long term, the culture and nature of care settings and the availability and feasibility of nondrug alternatives needs to be addressed.

Title: Risk of Dementia Among Patients With Asthma: A Nationwide Longitudinal Study.

Citation: Journal of the American Medical Directors Association, 01 October 2014, vol./is. 15/10(763-767), 15258610

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Abstract: Background Previous studies have suggested an association between asthma and dementia, but the results are still inconsistent. Methods Using the Taiwan National Health Insurance Database, we enrolled 11,030 participants aged more than 45 years with asthma and 44,120 (1:4) age-/sex-matched controls between 1998 and 2008, and followed them to the end of 2011. Cases of any dementia or Alzheimer's disease that developed during the follow-up period were identified. Results Asthma was associated with an increased risk of developing any dementia [hazard ratio (HR): 2.17, 95% confidence interval (CI): 1.87–2.52] and Alzheimer's disease (HR: 2.62, 95% CI: 1.71–4.02). Stratified by age, both asthma in midlife (>45 years and <65 years) and in late life (≥65 years) was associated with a greater likelihood of any dementia (HR: 2.48, 95% CI: 1.80–3.41; HR: 2.06, 95% CI: 1.74–2.44). Discussion Asthma in midlife and in late life increased the risk of developing any dementia and Alzheimer's disease. The underlying mechanisms between asthma and dementia require further investigation.

Title: Crafts as Memory Triggers in Reminiscence: A Case Study of Older Women with Dementia.

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Abstract: This case study explored the benefits of crafts as memory triggers in reminiscence sessions with older women in residential care who had severe symptoms of dementia and had enjoyed crafting as a leisure activity during their lifetime. Three structured reminiscence sessions, involving different kinds of handicrafts, craft material, and craft tools, were used to trigger memories and offer multisensory stimuli. Thematization, quantification, and theory-based reasoning were employed for content analysis. Multisensory triggers activated nonverbal and verbal reactions, sustaining attention and prompting interaction and nonverbal communication. The most interesting triggers stimulated recall of forgotten, pleasing craft experiences.

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

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