Dementia

Current Awareness Bulletin

August 2016

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eBook supports dementia carers

The *Dementia Guide for Carers and Care Providers* is a free eBook and app developed by Health Education England’s Thames Valley team in collaboration with healthcare professionals, educators and carers. The guide provides practical information for anyone caring for a person with dementia and is broken down into six sections:

- Understanding dementia – what it is, its symptoms and treatment
- Day-to-day living – looking after the person with dementia, yourself and the family
- Support – people and organisations who can help
- Legal and money – advice and sources of help
- Symptoms and behaviours – a look-up guide
- Medical terms – definitions of medical terms and abbreviations which medical professionals may use.

The guide is available for free from iBooks, the Kindle Store and Smashwords or alternatively as an app through the Apple App Store.

New film raises awareness of dementia in African Caribbean communities

Supporting the aims of the ‘Prime Ministers Challenge on Dementia 2020’ HEE has been working with experts from across the system to develop ‘Finding Patience’, a film that looks at the experience of dementia amongst African Caribbean families.

A growing body of evidence suggests that dementia is more prevalent and experienced at a younger age among African Caribbean populations because individuals are more prone to risk factors for vascular dementia, such as cardiovascular disease, hypertension and diabetes.

Stigma surrounding mental health, coupled with a general reluctance to talk about health issues, can make it difficult for people to get the support they need, leading to delays in diagnosis.

‘Finding Patience’ aligns to tier 1 (awareness level) dementia training, which aims to; familiarise people with recognising and understanding dementia; support people interacting with those with dementia; and provide people with the knowledge to be able to signpost patients and carers to appropriate support.

Modelling the Outcome and Cost Impacts of Interventions for Dementia (MODEM)

Dementia evidence toolkit

This toolkit is aimed at commissioners, care providers, health and care professionals, people with dementia and their families. The toolkit contains two resources: a searchable database with information on over 1345 research studies on interventions for people living with dementia and their carers; and summaries of the research findings for some of the main care and treatment interventions.


How trained volunteers can improve the quality of hospital care for older patients. A qualitative evaluation within the Hospital Elder Life Program (HELP).

Steunenberg B¹, van der Mast RC², Strijbos MJ³, Inouye SK⁴, Schuurmans MJ⁵.

Abstract

The aim of this study was to investigate, using a mixed-methods design, the added value of a trained Hospital Elder Life Program (HELP) volunteer to the quality of hospital care in the Netherlands. The trained volunteers daily stimulate older patients, at risk of a delirium, to eat, to drink, and to exercise, and they provide walking assistance and cognitive stimulation. This study showed that each group appreciated the
extra attention and service from the volunteers. The positive effect on feelings of loneliness during the hospital stay was an unexpected outcome. The volunteers themselves appreciated their work. In conclusion, a HELP volunteer should be provided to every older hospital patient.

Otol Neurotol. 2016 Jul 27. [Epub ahead of print]

Vestibular Impairment in Dementia.

Harun A¹, Oh ES, Bigelow RT, Studenski S, Agrawal Y.

OBJECTIVE:
Recent studies suggest an association between vestibular and cognitive function. The goal of the study was to investigate whether vestibular function was impaired in individuals with mild cognitive impairment (MCI) and Alzheimer's disease (AD) compared with cognitively normal individuals.

SETTING:
Outpatient memory clinic and longitudinal observational study unit.

PATIENTS:
Older individuals ≥55 years with MCI or AD. Age, sex, and education-matched normal controls were drawn from the Baltimore Longitudinal Study of Aging (BLSA).

INTERVENTION:
Saccular and utricular function was assessed with cervical and ocular vestibular-evoked myogenic potentials (c- and oVEMPs) respectively, and horizontal semicircular canal function was assessed with video head impulse testing.

MAIN OUTCOME MEASURES:
Presence or absence of VEMP responses, VEMP amplitude, and vestibular ocular reflex (VOR) gain were measured.

RESULTS:
Forty-seven individuals with cognitive impairment (MCI N=15 and AD N=32) underwent testing and were matched with 94 controls. In adjusted analyses, bilaterally absent cVEMPs were associated with an over three-fold odds of AD (OR 3.42, 95% CI 1.33-8.91, p=0.011). One microvolt increases in both cVEMP and oVEMP amplitudes were associated with decreased odds of AD (OR 0.28, 95% CI 0.09-0.93, p=0.038 and OR 0.92, 95% CI 0.85-0.99, p=0.036, respectively). There was no significant difference in VOR gain between the groups.

CONCLUSIONS:
These findings confirm and extend emerging evidence of an association between vestibular dysfunction and cognitive impairment. Further investigation is needed to determine the causal direction for the link between peripheral vestibular loss and cognitive impairment.


'Festival in a Box': Development and qualitative evaluation of an outreach programme to engage socially isolated people with dementia.

Eades M¹, Lord K², Cooper C².

We co-designed and piloted 'Festival in a Box', an outreach programme to enable socially isolated people with dementia to engage with and enjoy cultural activities in their homes. It comprised 3-4 weekly home visits, each led by a professional artist to create art works using materials brought in 'the box'. Activities included music, poetry, pottery, crafts and photography. We qualitatively interviewed 13 participants (6 people with dementia, 4 artists, 3 befrienders). Six participants with dementia completed, enjoyed and engaged with the planned visits. Main themes were: engagement, reflection on value of previous cultural activities, precariousness and isolation in current neighbourhood and the importance of a voice and being heard. Befrienders reported their preconceptions of what participants could do were challenged. Artists
reported shifts in their preconceptions about dementia and the influence of the project on their professional practice. We propose that the 'Festival in a Box' pilot study suggests a means through which community arts festivals could work with socially isolated people with dementia to contribute to the creation of 'Dementia Friendly Communities'. A larger-scale pilot study is now needed to develop this hypothesis.

Title: Analysis of genetics and risk factors of Alzheimer's Disease.

Citation: Neuroscience, Jun 2016, vol. 325, p. 124-131, 1873-7544 (June 14, 2016)
Author(s): Panpalli Ates, M, Karaman, Y, Guntekin, S, Ergun, M A

Abstract: Alzheimer's Disease is the leading neurodegenerative cause of dementia. The pathogenesis is not clearly understood yet, is believed to be the complex interaction between genetic and environmental factors. Consequently vascular risk factors and Apolipoprotein E genotyping are increasingly gaining importance. This study aimed at assessing the relationships between Alzheimer's Disease and Apolipoprotein E phenotype and vascular risk factors. Patients diagnosed with "possible Alzheimer's Disease" in the Gazi University, Department of Neurology, were included in the study and age-matched volunteer patients who attended the polyclinic were included as a control group. In this study, the risk factors including low education level, smoking, hyperlipidemia, higher serum total cholesterol levels, and hyperhomocysteinemia were found to be statistically significantly more common in the Alzheimer's Disease group in comparison to the Control Group, while all Apolipoprotein E ε4/ε4 genotypes were found in the Alzheimer's Disease group. The presence of the Apolipoprotein E ε4 allele is believed to increase vascular risk factors as well as to affect Alzheimer's Disease directly. The biological indicators which are used in identifying the patients' genes will be probably used in the treatment plan of the patients in the future. Copyright © 2016 IBRO. Published by Elsevier Ltd. All rights reserved.

Title: Resistiveness to care during assistance with activities of daily living in non-institutionalized persons with dementia: associations with informal caregivers' stress and well-being.

Citation: Aging & Mental Health, 2016, vol./is. 20/9(888-898), 13607863
Author(s): Fauth, Elizabeth Braungart, Femia, Elia E., Zarit, Steven H.

Title: Palliative and end of life care for people living with dementia in care homes: part 1

Citation: Nursing Standard, Jun 2016, vol. 30, no. 43, p. 54-63, 0029-6570 (June 22, 2016)
Author(s): Mitchell, Gary, Agnelli, Joanne, McGreevey, Jessie, Diamond, Monica, Roble, Herlindina, McShane, Elaine, Strain, Joanne

Abstract: The terms palliative and end of life care are often used interchangeably and healthcare practitioners may perceive that palliative care is only appropriate during the terminal stages of an illness. This article, the first of two parts, provides healthcare practitioners with an overview of the concept of palliative care. It explains how this can be differentiated from end of life care and how it should be commenced in a timely manner, so that people who are living with dementia can contribute to the planning of their future care and death. The policies and tools used in the provision of palliative and end of life care are discussed, including advance care planning and The Gold Standards Framework. The article is framed in a care home context; there is little research about how to optimise palliative care for people living with dementia in care homes. The second part of this article will discuss end of life care and the best practices for providing end of life care, including nutrition and hydration, oral hygiene, pain management and spiritual care. [Continuing Professional Development, NS849] [MEDIUM] References

Title: Palliative and end-of-life care for people living with dementia in care homes: part 2

Citation: Nursing Standard, Jun 2016, vol. 30, no. 44, p. 54-63, 0029-6570 (June 29, 2016)
Author(s): Mitchell, Gary, Agnelli, Joanne, McGreevey, Jessie, Diamond, Monica, Roble, Herlindina, McShane, Elaine, Strain, Joanne
Abstract: This article, the second of two, provides healthcare practitioners with an overview of best practice in palliative and end-of-life care, including nutrition, hydration, oral hygiene and pain management. Communication and spiritual care are discussed, as well as care after death. Providing support and education for families is an important aspect of palliative and end-of-life care. Care home nurses should ensure that the person living with dementia is at the centre of decision making, and provide care that is inclusive of their needs and wishes. The article is framed in a care home context; there is little research about how to optimise palliative care for people living with dementia in care homes. Continuing Professional Development, NS850 NS250

References

Title: Caregiving in dementia: Emotional and behavioral challenges.
Citation: Educational Gerontology, 2016, vol./is. 42/7(455-464), 03601277
Author(s): Ali, Sidra, Bokharey, Iram Zehra

Title: Spousal Caregiving for Partners With Dementia.
Citation: Journal of Applied Gerontology, 2016, vol./is. 35/7(759-787), 07334648
Author(s): Hong, Sung-chull, Coogle, Constance L.

Title: Is confusion over dementia symptoms harming diagnosis?
Citation: Journal of Community Nursing, 2016, vol./is. 30/3(8-9), 02634465
Author(s): Beckford-Ball, Jason

Full Text: Available from ProQuest in Journal of Community Nursing
Available from EBSCOhost in Journal of community nursing

Title: Dealing with patients with concurrent dementia and urinary incontinence.
Citation: Journal of Community Nursing, 2016, vol./is. 30/3(37-43), 02634465
Author(s): Barrie, Mariama

Full Text: Available from ProQuest in Journal of Community Nursing
Available from EBSCOhost in Journal of community nursing

Title: 2020 vision: dementia.
Citation: British Journal of Nursing, 2016, vol./is. 25/12(647-), 09660461
Author(s): Peate, Ian

Abstract: The author reflects on the British government's goal to be the best country for dementia care, support and awareness by 2020. Topics covered include the measures needed to achieve the goal such as earlier diagnosis and better research, the need for funding to enable health and social care professionals to deliver higher quality care and the continued reduction in the social care budget. Also mentioned is the need for a sustainable dementia workforce.

Full Text: Available from EBSCOhost in British Journal of Nursing
Available from Mark Allen Group in British Journal of Nursing

Title: Potentially Unsafe Activities and Living Conditions of Older Adults with Dementia.
Citation: Journal of the American Geriatrics Society, Jun 2016, vol. 64, no. 6, p. 1223-1232, 1532-5415 (June 2016)
Author(s): Amjad, Halima, Roth, David L, Samus, Quincy M, Yasar, Sevil, Wolff, Jennifer L.

Abstract: To examine the prevalence of dementia in the absence of a reported dementia diagnosis and whether potentially unsafe activities and living conditions vary as a function of dementia diagnosis status in a nationally representative sample of older adults. Observational cohort study. Community. Medicare beneficiaries aged 65 and older enrolled in the National Health and Aging Trends Study (N = 7,609). Participants were classified into four groups based on self-report of dementia diagnosis, proxy screening interview, and cognitive testing: probable dementia with reported dementia diagnosis (n = 457), probable dementia without reported dementia diagnosis (n = 581), possible dementia (n = 996), or no dementia (n = 5,575). Potentially unsafe activities (driving, preparing hot meals, managing finances or medications, attending doctor visits alone) and living conditions (falls, living alone, and unmet needs) were examined according to dementia status subgroups in stratified analyses and multivariate models, adjusting for sociodemographic factors, medical comorbidities, and physical capacity. The prevalence of driving (22.9%), preparing hot meals (31.0%), managing finances (21.9%), managing medications (36.6%), and attending doctor visits alone (20.6%) was lowest in persons with probable dementia; however, in persons with probable dementia, the covariate-adjusted rates of driving, preparing hot meals, managing finances, managing medications, and attending doctor visits alone were significantly higher in those without reported dementia diagnosis than in those with reported diagnosis (all odds ratios ≥2.00, all P < .01). Older adults with probable dementia who are not aware of a dementia diagnosis are more likely to report engaging in potentially unsafe behaviors. Understanding the prevalence of potentially unsafe activities and living conditions can help clinicians focus safety screening and counseling in older adults with diagnosed or suspected dementia. © 2016, Copyright the Authors Journal compilation © 2016, The American Geriatrics Society.

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

Title: Comparison of Effect of Two Exercise Programs on Activities of Daily Living in Individuals with Dementia: A 9-Week Randomized, Controlled Trial.

Citation: Journal of the American Geriatrics Society, Jun 2016, vol. 64, no. 6, p. 1258-1266, 1532-5415 (June 2016)

Author(s): Bossers, Willem J R, van der Woude, Lucas H V, Boersma, Froukje, Hortobágyi, Tibor, Scherder, Erik J A, van Heuvelen, Marieke J G

Abstract: To compare the effects of two exercise programs on proxy- and performance-based measures of activities of daily living (ADLs) and to explore potential motor and cognitive mediators underlying ADL improvements in individuals with dementia. A parallel, three-group, single-blind, randomized, controlled trial. Psychogeriatric wards. Individuals with dementia (mean age 85.6 ± 5.1). Each 9-week intervention consisted of thirty-six 30-minute sessions. A combined group (n = 35) participated in two strength and two walking sessions, an aerobic group (n = 35) participated in four walking sessions, and a social control group (n = 35) participated in four nonexercise social visits per week. The social group was used as a reference for the mediation analysis, which was performed in the combined and aerobic groups. ADLs were assessed using the Katz index (proxy-reported ADL performance), Erlangen-ADL test (E-ADL) (instrumental ADL performance), and 7-item Physical Performance Test (PPT-7) (physical ADL performance). There was a group effect for Katz index (P = .02), E-ADL (P < .001), and PPT-7 (P = .003). Differences from baseline to after the intervention were similar in the combined and aerobic groups. Exercise-induced changes in global cognition mediated changes in Katz index (95% confidence interval (CI) = 0.05-0.41), leg muscle strength mediated changes in E-ADL (95% CI = 0.03-0.43), and leg muscle strength (95% CI = 0.01-0.36) and walking endurance (95% CI = 0.01-0.43) mediated changes in PPT-7 only in the combined group. Physical exercise can improve ADL levels in individuals with dementia, but improvements are small and seem independent of exercise type. Additional analyses suggest that combined aerobic and strength exercise may be more effective than aerobic-only exercise to effectively target ADL dysfunction in individuals with dementia. Future research is warranted to justify these exercise-specific findings. © 2016, Copyright the Authors Journal compilation © 2016, The American Geriatrics Society.
Title: Missing Incidents in Individuals with Dementia Attending a Memory Clinic.

Citation: Journal of the American Geriatrics Society, Jun 2016, vol. 64, no. 6, p. 1365-1366, 1532-5415 (June 2016)
Author(s): Okita, Misa, Hanyu, Haruo, Hirao, Kentaro, Shimizu, Soichiro, Umahara, Takahiko, Sakurai, Hirofumi

Title: Immersive theatre for the person living with dementia.

Citation: Nursing & Residential Care, 2016, vol./is. 18/6(325-327), 14659301
Author(s): Mendes, Aysha

Title: Diagnostic test accuracy of informant-based tools to diagnose dementia in older hospital patients with delirium: a prospective cohort study.

Citation: Age and ageing, Jul 2016, vol. 45, no. 4, p. 505-511, 1468-2834 (July 2016)
Author(s): Jackson, Thomas A, MacLullich, Alasdair M J, Gladman, John R F, Lord, Janet M, Sheehan, Bart

Abstract: delirium and dementia co-exist commonly in hospital. Older people with delirium have high rates of undiagnosed dementia, but delirium affects the use of cognitive testing in dementia diagnosis. Novel methods to detect dementia in delirium are needed. The purpose of the study was to investigate the diagnostic test accuracy of informant tools to detect dementia in hospitalised older people with delirium. The presence of dementia on admission was assessed using the short form of the Informant Questionnaire of Cognitive Decline in the Elderly (IQCODE-SF) and Alzheimer's Disease 8 (AD8) in people over 70 years old with delirium. Reference standard diagnosis was made using Diagnostic and Statistical Manual of Mental Disorders fourth edition (DSM-IV) criteria at 3 months. The main outcome measures were the diagnostic test accuracy of the IQCODE-SF and the AD8 in diagnosing DSM-IV dementia. dementia prevalence at 3 months was 61%. The area under the receiver operating characteristic curve (AUROC) was 0.93 (P < 0.0005) for admission IQCODE-SF and 0.91 (P < 0.0005) for admission AD8. An IQCODE-SF test result of >3.82 on admission had a sensitivity of 0.91 (0.79-0.97) and specificity of 0.93 (0.76-0.99) for detecting dementia. An AD8 of >6 had a sensitivity of 0.83 (0.69-0.92) and specificity of 0.90 (0.72-0.97) for detecting dementia. The IQCODE-SF and AD8 are sensitive and specific tools to detect prior dementia in older people with delirium. The routine use of either tool in practice could have important clinical impact, by improving the recognition and hence management of those with dementia. © The Author 2016. Published by Oxford University Press on behalf of the British Geriatrics Society. All rights reserved. For Permissions, please email: journals.permissions@oup.com.

Title: Education as protector against dementia, but what exactly do we mean by education?

Citation: Age and ageing, Jul 2016, vol. 45, no. 4, p. 523-528, 1468-2834 (July 2016)
Author(s): Then, Francisca S, Luck, Tobias, Angermeyer, Matthias C, Riedel-Heller, Steffi G

Abstract: even though a great number of research studies have shown that high education has protective effects against dementia, some studies did not observe such a significant effect. In that respect, the aim of our study was to investigate and compare various operationalisation approaches of education and how they impact dementia risk within one sample. data were derived from the Leipzig longitudinal study of the aged (LEILA75+). Individuals aged 75 and older underwent six cognitive assessments at an interval of 1.5 years and a final follow-up 15 years after the baseline assessment. We operationalised education according to
different approaches used in previous studies and analysed the impact on dementia incidence via multivariate cox regression modelling. the results showed that whether education is identified as significant protector against dementia strongly depends on the operationalisation of education. Whereas the pure number of years of education showed statistically significant protective effects on dementia risk, other more complex categorical classification approaches did not. Moreover, completing >10 years of education or a tertiary level seems to be an important threshold to significantly reduce dementia risk. findings suggest a protective effect of more years of education on a lower dementia risk with a particular critical threshold of completing >10 years of education. Further, the findings highlight that, when examining risks and protective factors of dementia, a careful consideration of the underlying definitions and operationalisation approaches is required. © The Author 2016. Published by Oxford University Press on behalf of the British Geriatrics Society. All rights reserved. For Permissions, please email: journals.permissions@oup.com.

Title: Supporting people with dementia to eat.

Citation: Nursing older people, Jul 2016, vol. 28, no. 6, p. 33-39, 1472-0795 (July 2016)
Author(s): Leah, Vicki

Abstract: The aim of this systematic review was to identify the best ways of supporting people with dementia to eat. Five electronic databases were searched, with a date range from January 2004 to July 2015. Following screening of the 233 studies identified, 22 were included in the final analysis. The study interventions focused on educational programmes, environmental or routine changes, and assistance with eating, with the strongest evidence shown in the more complex educational programmes for people with dementia. The evidence suggests that staff who support people with dementia to eat should undertake face-to-face education programmes and aim to give people enough time when helping them to eat. However, cultural change may be needed to ensure individual assessments are carried out to identify those having difficulty eating, and to ensure they are afforded enough time to eat their meals.

Title: Resistiveness to care during assistance with activities of daily living in non-institutionalized persons with dementia: associations with informal caregivers’ stress and well-being.

Citation: Aging & mental health, Sep 2016, vol. 20, no. 9, p. 888-898, 1364-6915 (September 2016)
Author(s): Fauth, Elizabeth Braungart, Femia, Elia E, Zarit, Steven H

Abstract: Resistiveness to care (RTC) refers to behavior problems that co-occur during assistance with activities of daily living (ADL). RTC are considered challenging, but are mostly studied in institutions with implications for patients and formal caregivers. RTC is associated with agitation, but agitation is considered a separate construct. Detection of RTC may be left out of common assessments of persons with dementia in studies of informal caregiving (e.g. global assessments of dementia behavioral symptoms, standard assessments of ADL function). This study examines how RTC (frequency and caregivers’ stress appraisals of RTC) is related to caregivers’ well-being. 234 caregivers of people with dementia reported care receivers’ ADL impairment (eating, bathing, dressing), RTC frequency (of eating, bathing dressing), and their stress appraisals of these behaviors (RTC appraisals). Caregivers also self-reported their role overload, role captivity, and depressive symptoms. Hierarchical linear regression models included independent variables (demographics, ADL impairment, RTC frequency, RTC appraisals) with three separate dependent variables (overload, captivity, depressive symptoms). Two-thirds of informal caregivers reported RTC. Care recipients’ ADL impairment was associated with caregiver outcomes, but only before RTC was entered into the models. RTC frequency significantly predicted caregivers’ overload, captivity, and depression. RTC appraisals predicted overload and captivity. RTC is common in persons with dementia residing at home, and RTC has more negative association with informal caregivers’ well-being than assistance with ADL. Adding RTC frequency and appraisal items to standard ADL measures may better estimate caregivers’ needs and risk, and identify modifiable environmental features by assessing behavioral symptoms in context.

Title: Dementia and religion: running a dementia-friendly service.

Citation: Nursing & Residential Care, 2016, vol./is. 18/7(375-377), 14659301
Author(s): Hirst, Katy
Title: Aromatherapy for the Treatment of Patients with Behavioral and Psychological Symptoms of Dementia: A Descriptive Analysis of RCTs.

Citation: Journal of alternative and complementary medicine (New York, N.Y.), Jun 2016, vol. 22, no. 6, p. 422-428, 1557-7708 (June 2016)

Author(s): Press-Sandler, Olga, Freud, Tamar, Volkov, Ilya, Peleg, Roni, Press, Yan

Abstract: Behavioral and psychological symptoms of dementia (BPSD) are a common problem among patients with dementia. This problem is usually treated by drugs, but they have limited efficacy and often cause adverse effects. Aromatherapy is a nonpharmacologic treatment that is simple to use and devoid of significant adverse effects. To review the literature on the effectiveness of aromatherapy treatment in patients with BPSD. A descriptive analysis of randomized clinical trials (RCTs) published in the English-language literature and cited in PubMed. Eleven articles on RCTs were found, of which 1 had fewer than 10 participants, 2 were mistakenly presented as RCTs, and another did not report treatment for BPSD. In all, 7 articles with 417 participants total (range, 15-114) were reviewed. The mean age in all studies was greater than 69 years (range, 69-85 years), and the percentage of women was 55% (range, 50%-57%). The intervention period ranged from 10 days to 12 weeks. Two studies used Melissa oil and 5 others used lavender oil. The studies described different methods of administration for the oils, including spraying and rubbing over various body organs. The duration of treatment differed among the studies. In 3 studies the investigators concluded that the treatment was not effective and in 3 that it was effective; in 1 study no clear conclusion could be drawn. The difference between positive and negative studies was not explained by differences in the study population, the type of oil, or the duration of treatment. The significant difference apparently stems from the method of administration. When the oil was applied close to the olfactory system the outcome was positive. A study should be designed to assess the effect of the site of application of aromatherapy.
speaking, Canadian born, clinically diagnosed with dementia 1 to 6 years prior to the study, and were dependent on their caregiver. Next, we developed models that use 13 factors to predict a person with dementia’s ability to complete the 20 Bristol activities of daily living independently. The 13 factors include caregiver relation, age, marital status, place of residence, language, housing type, proximity to caregiver, service use, informal primary caregiver, diagnosis of Alzheimer’s disease or dementia, time since diagnosis, and level of dependence on caregiver. The resulting models predicted the aggregate level of independence correctly for 88 of 100 total responses categories, marginally for nine, and incorrectly for three.

**CONCLUSIONS:**
Objective, easy to collect information can predict caregiver-reported level of task independence for a person with dementia. Knowledge of task independence can then inform the development of assistive technologies for people with dementia, improving their applicability and acceptance.

Do interventions with staff in long-term residential facilities improve quality of care or quality for life people with dementia? A systematic review of the evidence.

Bird M¹, Anderson K², MacPherson S², Blair A².

**BACKGROUND:**
Common sense suggests and research indicates relationships between staff factors in residential dementia care and quality of life (QOL) for residents, with poor care increasing suffering. However, we do not have a coherent picture of which staff interventions have an impact on quality of care (QOC) or resident QOL.

**METHODS:**
A comprehensive search of 20 years’ peer-reviewed literature using Medline, PsycINFO, Embase, PubMed, CINAHL, and the Cochrane, Campbell Collaboration identified 4,760 studies meriting full text review. Forty-six met the inclusion criteria, namely interventions in long-term facilities helping staff develop their capacity to provide better care and/or QOL for residents with dementia. Thirty-five other papers comprised an associated predictor review.

**RESULTS:**
Conclusions from these limited data are further compromised because nine studies failed to measure effects on residents and only half assessed effects after the project team withdrew. Of these, excellent studies produced change over the medium (3-4 months) or longer term, including reduction in challenging behavior and restraint use but this applied only to a minority. A number of studies failed to measure effects on QOC, limiting conclusions about mechanisms underlying change.

**CONCLUSION:**
In general, level of intervention required depended on the target. For outcomes like restraint use, structured education sessions with some support appear adequate. Programs to reduce pain require more support. For complicated issues like challenging behavior and increasing co-operation in showering, detailed, supportive, on-site interventions are required. Improvements in restraint and staff/resident interactions were the most promising findings. (Review registration number: PROSPERO 2014:CRD42014015224).

Physical Activity, Brain Volume, and Dementia Risk: The Framingham Study.

Tan ZS¹, Spartano NL², Beiser AS³, DeCarli C⁴, Auerbach SH⁵, Vasan RS⁶, Seshadri S⁷.
**BACKGROUND:**
Several longitudinal studies found an inverse relationship between levels of physical activity and cognitive decline, dementia, and/or Alzheimer’s disease (AD), but results have been inconsistent. We followed an older, community-based cohort for over a decade to examine the association of physical activity with the risk of incident dementia and subclinical brain MRI markers of dementia.

**METHODS:**
The physical activity index (PAI) was assessed in the Framingham Study Original and Offspring cohorts, aged 60 years or older. We examined the association between PAI and risk of incident all-cause dementia and AD in participants of both cohorts who were cognitively intact and had available PAI (n = 3,714; 54% women; mean age = 70±7 years). We additionally examined the association between PAI and brain MRI in the Offspring cohort (n = 1,987).

**RESULTS:**
Over a decade of follow-up, 236 participants developed dementia (188 AD). Participants in the lowest quintile of PAI had an increased risk of incident dementia compared with those in higher quintiles (hazard ratio [HR] = 1.50, 95% confidence interval [CI] = 1.04-1.97, p = .028) in a multivariable-adjusted model. Secondary analysis revealed that this relation was limited to participants who were apolipoprotein (APO)E ε4 allele noncarriers (HR = 1.58, 95% CI = 1.08-2.32; p = .018) and strongest in participants aged 75 years or older. PAI was also linearly related to total brain and hippocampal volumes (β ± SE = 0.24±0.06; p < .01 and 0.004±0.001; p = .003, respectively).

**CONCLUSION:**
Low physical activity is associated with a higher risk for dementia in older individuals, suggesting that a reduced risk of dementia and higher brain volumes may be additional health benefits of maintaining physical activity into old age.


**Family close but friends closer: exploring social support and resilience in older spousal dementia carers.**

Donnellan WJ¹, Bennett KM¹, Soulsby LK¹.

**OBJECTIVES:**
Spousal dementia carers have unique support needs; they are likely to disengage from their existing social networks as they need to devote more time to caring as the disease progresses. Previously we showed that support resources can facilitate resilience in carers, but the relationship is complex and varies by relationship type. The current paper aims to explore social support as a key component of resilience to identify the availability, function and perceived functional aspects of support provided to older spousal dementia carers.

**METHOD:**
We conducted 23 in-depth qualitative interviews with spousal carers from two carer support groups and a care home in North West England.

**RESULTS:**
Family and friends served a wide range of functions but were equally available to resilient and non-resilient participants. Family support was perceived as unhelpful if it created feelings of over-dependence. Participants were less likely to resist involvement of grandchildren due to their relatively narrow and low-level support functions. Friend support was perceived as most helpful when it derived from those in similar circumstances. Neighbours played a functionally unique role of crisis management. These perceptions may moderate the effect of support on resilience.

**CONCLUSION:**
Family and friend support is not always sufficient to facilitate resilience. Support functions facilitate resilience only if they are perceived to match need. Implications of these findings are discussed.
Title: Decisions at the end of life made by relatives of institutionalized patients with dementia.

Citation: Applied nursing research : ANR, Aug 2016, vol. 31, p. e6., 1532-8201 (August 2016)
Author(s): Sarabia-Cobo, Carmen Maria, Perez, Victoria, de Lorena, Pablo, Nuñez, Maria Jose, Domínguez, Esther

Abstract: The wishes and preferences of patients with dementia should inform the decisions made about their future care. However, the decision-making that occurs at the end of life is a difficult experience for the families of patients. With regard to decision-making in the terminal stages, few studies have explored the experiences and feelings of caregivers of persons with dementia who are institutionalized. To describe the processes of decision-making used by families regarding treatments at the end of life of institutionalized patients with advanced stages of dementia. Five focus groups were conducted in five nursing homes in Spain, representing a total of 84 familiars. Five categories that describe the context for decision-making were identified: the emotional effect, the "living death,” the two faces of death, the values and objectives regarding treatments at the end of life, and the lack of knowledge about the progression of dementia. The participants have unresolved emotional needs resulting from both the disease and the institutionalization of a member of their family. The participants were unprepared to make end-of-life treatment decisions, and they lacked a consistent healthcare provider to provide informational and emotional support that would have helped with decision-making. The carers' own wishes and preferences were shaped by their perceptions and experiences of the dementia illness. Copyright © 2016 Elsevier Inc. All rights reserved.

Title: Communicative Coping Behavior Checklist: Observation of Persons With Dementia in the Home Environment.

Citation: The Gerontologist, Aug 2016, vol. 56, no. 4, p. e63., 1758-5341 (August 2016)
Author(s): Saunders, Pamela A, Ruth, Julia, Latella, Lauren, Talisman, Nicholas

Abstract: Communication contributes to increased stress, mortality, and decreased quality of life (QOL) for persons with dementia (PWD) and caregivers. PWD use communicative coping behaviors (CCBs) to manage the demands of the disease. However, most assessments neither look for nor give credit to communication behaviors. This is the first study to examine CCBs in the home environment as measured by the Communicative Coping Behavior Checklist (CCBC). This cross-sectional quantitative study included 26 dementia and 18 cognitively normal control dyads. Raters observed their partners' CCBs at home, over several weeks and completed the CCBC. We analyzed the endorsement rates (how often behaviors were observed by a rater) of emotion and activity-focused CCBs in dementia and control dyads. The primary outcome was rate of CCB endorsement. Secondary outcomes included dementia diagnosis, cognitive status, depressive mood, life satisfaction (SWL) and QOL. Dementia dyads endorsed 11 of 23 CCBs significantly more than control dyads. Action-focused CCBs (p < .001) were more frequent than emotion-focused CCBs (p = .004) in dementia dyads. Specific CCBs such as humor correlated with higher caregiver QOL (p = .019) and PWD's SWL (p = .003). Another CCB, general humor, correlated with lower PWD's SWL (p = .024). This was the first study to examine CCBs in the home environment comparing dementia and control dyads. Higher endorsement rates of action-focused than emotion-focused CCBs were seen in dementia dyads. We conclude that attention to CCBs during treatment and care will improve QOL and SWL of PWD and caregivers. © The Author 2016. Published by Oxford University Press on behalf of The Gerontological Society of America. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.

Title: Psychosocial interventions for people with young onset dementia and their carers: a systematic review.

Citation: International psychogeriatrics / IPA, Sep 2016, vol. 28, no. 9, p. 1441-1454, 1741-203X (September 2016)
Author(s): Richardson, Angela, Pedley, Gillian, Pelone, Ferruccio, Akhtar, Farrukh, Chang, Jacqueline, Muleya, Wilson, Greenwood, Nan

Abstract: Dementia in younger people, known as young (YOD) or early onset dementia (EOD), can pose significant challenges. YOD is often diagnosed in those in paid employment who have relatively young
children, leading to different challenges to those for older people. It is therefore very important to provide support tailored to their specific needs. This systematic review aimed to synthesize the literature investigating the impact of psychosocial interventions for people with YOD and their family carers. Eight electronic databases were searched and three key journals were also hand searched. Narrative synthesis of the selected articles was undertaken. Of the 498 records identified, 495 were ineligible after application of the exclusion criteria. The final sample included three studies, all of which were employment-based. Two were qualitative and one used mixed methods. Study quality was mixed. People with YOD and their carers reported benefits from participating in work-based interventions designed for those with YOD, including improved self-esteem and sense of purpose. Social contact was highlighted. Despite cognitive decline, maintenance in well-being was also reported. Carers described benefits for people with YOD, which extended outside the intervention, e.g. enhanced sleep and mood. The impact of the interventions on carers was not assessed. This review suggests work-based interventions providing supported, meaningful work outside the home can be beneficial. However, the dearth of studies, the lack of focus on family carers and their mixed quality demonstrate the need for better quality, mixed methods research with larger sample sizes.

Title: Young onset dementia.

Citation: Internal medicine journal, Jul 2016, vol. 46, no. 7, p. 779-786, 1445-5994 (July 2016)

Author(s): Draper, B, Withall, A

Abstract: Young onset dementia (YOD), where symptoms of dementia have an onset before the age of 65, has become more prominent due to the population increase from the Baby Boomer generation. This clinical perspective examines key issues in the assessment, diagnosis and management of YOD. Challenges in the assessment and diagnosis of YOD are partly due to the diverse range of types of YOD, where degenerative dementias are less common and secondary dementias more common than in late onset dementia. Early symptoms are broad and include depression, behavioural change, neurological disorders, systemic disorders and mild cognitive impairment (MCI). Perceived diagnostic delay may result in frustration and distress in people with YOD and their families. Chronic depression and MCI are associated with longer time to diagnosis, and in these situations, clinicians need to establish appropriate review processes and communicate clearly. A diagnosis of YOD may have marked consequences for a younger person, including early retirement, financial impacts and the psychological challenge of coming to grips with cognitive decline. Partners, children and other supporters often have unmet needs, feel burdened by care and are at high risk of physical and emotional consequences. Concerns about the heritability of dementia may add to family distress. Recent community service developments in Australia for YOD are outlined and the challenges of residential care described. © 2016 Royal Australasian College of Physicians.

Title: Healthcare staffs’ experiences and perceptions of caring for people with dementia in the acute setting: Qualitative evidence synthesis.

Citation: International Journal of Nursing Studies, 2016, vol./is. 61/(104-116), 00207489

Author(s): Houghton, Catherine, Murphy, Kathy, Brooker, Dawn, Casey, Dympna

Title: Socioeconomic Disparities and Mortality After a Diagnosis of Dementia: Results From a Nationwide Registry Linkage Study.

Citation: American journal of epidemiology, Aug 2016, vol. 184, no. 3, p. 219-226, 1476-6256 (August 1, 2016)

Author(s): van de Vorst, Irene E, Koek, Huiberdina L, Stein, Charlotte E, Bots, Michiel L, Vaartjes, Ilonca

Abstract: Low socioeconomic status (SES) has been linked to a higher incidence of dementia. Less is known about the association between SES and mortality in persons with dementia. We studied this association in a prospective cohort of 15,558 patients in the Netherlands between 2000 and 2010. SES was measured using disposable household income and divided in tertiles. Overall, there was a negative relationship between SES and mortality in both sexes and both settings of care. For men who visited a day clinic, the 5-year mortality rate was 74% among those in the lowest tertile of SES and 57% among those in
the highest; for women, the rates were 60% and 50%, respectively. The differences in median survival times between persons in the lower and upper tertiles of SES were 260 days for men and 300 days for women. For men who were admitted to the hospital, the 5-year mortality rate was 89% among those in the lowest tertile of SES and 86% among those in the highest; for women, the rates were 83% and 77%, respectively. The differences in median survival times between persons in the lower and upper tertiles of SES were 80 days for men and 130 days for women. Among patients who visited a day clinic, for patients in the lowest tertile of SES versus those in the highest, the adjusted hazard ratio was 1.41 (95% confidence interval: 1.26, 1.57); for those admitted to the hospital, it was 1.14 (95% confidence interval: 1.07, 1.20). In summary, lower SES was associated with a higher mortality risk in both men and women with dementia.

The results of the present study should raise awareness in clinicians and caregivers about the unfavorable prognosis in the most deprived patients. © The Author 2016. Published by Oxford University Press on behalf of the Johns Hopkins Bloomberg School of Public Health. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.

**Title:** 'Bringing respite in the burden of illness' - dog handlers’ experience of visiting older persons with dementia together with a therapy dog.

**Citation:** Journal of clinical nursing, Aug 2016, vol. 25, no. 15-16, p. 2223-2231, 1365-2702 (August 2016)

**Author(s):** Swall, Anna, Ebbeskog, Britt, Lundh Hagelin, Carina, Fagerberg, Ingegerd

**Abstract:** To illuminate meanings of the lived experiences of dog handlers’ when visiting older persons with dementia with their therapy dog. Studies indicate that care of persons with dementia should focus on a person-centred approach with the person's interests in the centre. Animal-assisted therapy using a therapy dog in the care of persons with dementia has been shown to increase well-being and decrease problematic behaviours associated with the illness. A qualitative lifeworld approach was adopted for this study. Data were collected from open-ended interviews with nine dog handlers, and the analysis conducted using the phenomenological hermeneutical method. The structural analysis resulted in one theme, 'Respite from the burden of illness for persons with dementia'. Visiting a person with dementia can be seen as an act of caring, providing temporary respite from their illness, and creating a special relationship between handler and patient. A therapy dog visit can represent a moment of communion between the handler and the person with dementia. Dog handlers use their skills and knowledge to promote a situation that reduces symptoms of illness and encourages healthier behaviour. The results of this study may be of interest to researchers, clinical practitioners, caregivers and dog handlers who care for persons with dementia using therapy dog teams on prescription as an alternative method to minimise behavioural and psychological symptoms of dementia. © 2016 John Wiley & Sons Ltd.

**Title:** Development and Testing of the Partnership Scale for Primary Family Caregivers Caring for Patients With Dementia.

**Citation:** Journal of family nursing, Aug 2016, vol. 22, no. 3, p. 339-367, 1552-549X (August 2016)

**Author(s):** Kiriake, Ayumi, Moriyama, Michiko

**Abstract:** This article reports the development and preliminary testing of a new scale named "Partnership Scale for Primary Family Caregivers Caring for Patients With Dementia" that measures the ability of primary family caregivers to establish partnerships while providing care for patients with dementia in Japan. The first draft of the scale was developed using qualitative data from interviews with five primary family caregivers; a pool of 39 items was created through a review process with dementia care experts and researchers. An exploratory factor analysis and confirmatory factor analysis were conducted with data from 261 primary family caregivers who completed the instrument. This resulted in a multidimensional scale that consists of three factors with 13 items. The suitability of the model and intraclass correlation coefficient (ICC) values (1, 1) obtained by the test-retest method satisfied statistical standards. The criterion-related validity of the scale was significantly correlated to an external reference, which was the desired outcome. However, some subscales exhibited low internal consistency, demonstrating the need for further research. © The Author(s) 2016.
Title: Comparing the Effects of Cognitive Stimulation, Reminiscence, and Aroma-Massage on Agitation and Depressive Mood in People With Dementia.

Citation: Journal of the American Medical Directors Association, 2016, vol./is. 17/8(719-724), 15258610
Author(s): Yang, Ya-Ping, Lee, Feng-Ping, Chao, Hui-Chen, Hsu, Fang-Yu, Wang, Jing-Jy

Title: Apathy and Its Response to Antipsychotic Review and Nonpharmacological Interventions in People With Dementia Living in Nursing Homes: WHELD, a Factorial Cluster Randomized Controlled Trial.

Citation: Journal of the American Medical Directors Association, Aug 2016, vol. 17, no. 8, p. 741-747, 1538-9375 (August 1, 2016)
Author(s): Rajkumar, Anto P, Ballard, Clive, Fossey, Jane, Corbett, Anne, Woods, Bob, Orrell, Martin, Prakash, Rohan, Moniz-Cook, Esme, Testad, Ingelin

Abstract: Apathy is common, impactful, and difficult to manage in people with dementia. We evaluated the efficacy of nonpharmacological interventions, exercise, and social interaction, in combination with antipsychotic review, to reduce apathy in people with dementia living in nursing homes in a cluster randomized controlled trial (RCT). Well-being and health for people with dementia (WHELD) program included a 2 × 2 × 2 factorial cluster RCT involving people with dementia living in 16 nursing homes in the United Kingdom. All homes received training in person-centered care, and were randomized to receive antipsychotic review, social interaction, and exercise, either alone or in combinations. Apathy was one of the secondary outcomes of the WHELD trial, and it was measured by the Neuropsychiatric Inventory-nursing home version at baseline and 9 months (n = 273). We used multilevel mixed effects linear regression models to assess the impact of the interventions on apathy. Prevalence of apathy was 44.0% (n = 120; 95% confidence interval [CI] 38.1%-49.9%) at baseline. Severity of apathy had significant positive correlations with dementia severity, neuropsychiatric symptoms, depressive symptoms, agitation, and the needs of the people with dementia (P < .001). Antipsychotic review reduced antipsychotic use, but it significantly increased apathy (β = 5.37; SE = 0.91; P < .001). However, antipsychotic review in combination with either social interaction (β = -5.84; SE = 1.15; P < .001) or exercise (β = -7.54; SE = 0.93; P < .001) significantly reduced apathy. Antipsychotic review can play a significant role in improving apathy in people with dementia living in nursing homes, when combined with psychosocial interventions such as social interaction and exercise. Guidance must be adapted to reflect this subtlety in care. Copyright © 2016 AMDA – The Society for Post-Acute and Long-Term Care Medicine. Published by Elsevier Inc. All rights reserved.

Title: Overlooking Informal Dementia Caregivers' Burden.

Citation: Research in gerontological nursing, Jul 2016, vol. 9, no. 4, p. 167-174, 1938-2464 (July 1, 2016)
Author(s): Riedel, Oliver, Klotsche, Jens, Wittchen, Hans-Ulrich

Abstract: Patients with Alzheimer's disease (AD) need early caregiver support. Caregivers often have poor health, but usually do not have time to seek medical advice for their own conditions. Patients' physicians, who are frequently the sole medical practitioner caregivers contact regularly, have an important function in recognizing family caregivers' burdens. The current study investigated to what extent medical practitioners recognized family caregivers' problems. In a two-staged survey in neurology outpatient care, caregivers of patients with mild or moderate AD were enrolled and assessed by physicians regarding their physical and mental burden, as well as need for help and advice about AD. Subsequently, caregivers' mental health was evaluated in a comprehensive diagnostic interview by blinded psychologists. Overall, 73.7% of caregivers had at least one somatic condition and 43.7% had clinically relevant depressive symptoms (of these, 37.5% met criteria for major depression). The findings suggest that the burden of a substantial proportion of affected family caregivers is overlooked. [Res Gerontol Nurs. 2016; 9(4):167-174]. Copyright 2016, SLACK Incorporated.

Full Text: Available from ProQuest in Research in Gerontological Nursing
Title: CareHeroes Web and Android™ Apps for Dementia Caregivers.

Citation: Research in Gerontological Nursing, 2016, vol./is. 9/4(193-203), 19404921
Author(s): Brown, Ellen Leslie, Ruggiano, Nicole, Page, Timothy F., Roberts, Lisa, Hristidis, Vagelis, Whiteman, Karen L., Castro, Joana

Full Text: Available from ProQuest in Research in Gerontological Nursing

Title: Factors influencing quality of life of elderly people with dementia and care implications: A systematic review.

Citation: Archives of gerontology and geriatrics, Sep 2016, vol. 66, p. 23-41, 1872-6976 (2016 Sep-Oct)
Author(s): Jing, Wenbo, Willis, Rosalind, Feng, Zhixin

Abstract: Identifying factors associated with Quality of Life (QoL) of elderly people with dementia could contribute to finding pathways to improve QoL for elderly people in dementia. This paper systematically reviews all possible factors that influence QoL of elderly people with dementia, identifies how these factors are different by different stages of dementia and living settings, and explores how the influencing factors could be perceive differently by elderly people with dementia, family members, and caregivers. PubMed, PsycINFO, Web of Science and DelphiS searches from 2000 to 2015 and hand searches of publication lists, reference lists and citations were used to identify primary studies on 'quality of life' and 'dementia' elderly people. The results suggest that there are a complex variety of factors influencing QoL of elderly people with dementia, and the factors cover demographic, physical, psychological, social, and religious aspects. And the factors influencing QoL of elderly people with dementia are different in different living settings (care institutions and communities) as well as different people's perspectives (elderly people with dementia, family members and care staff). Environmental factors and quality of care are important for elderly people in care institutions; while religious seem to only affect QoL of those living in communities. However, this review fails to comprehensively identify unique or common factors associated QoL in dementia across three stages. Further study should pay more attention to comparing factors associated with QoL in dementia across three stages of dementia. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Title: Barriers, motivators, and facilitators of physical activity in dementia patients: A systematic review.

Citation: Archives of Gerontology & Geriatrics, 2016, vol./is. 66/(109-118), 01674943
Author(s): van Alphen, Helena J.M., Hortobágyi, Tibor, van Heuvelen, Marieke J.G.

Title: A systematic review of the effect of telephone, internet or combined support for carers of people living with Alzheimer’s, vascular or mixed dementia in the community.

Citation: Archives of gerontology and geriatrics, Sep 2016, vol. 66, p. 218-236, 1872-6976 (2016 Sep-Oct)
Author(s): Jackson, David, Roberts, Gail, Wu, Min Lin, Ford, Rosemary, Doyle, Colleen

Abstract: The objective of this review was to assess the effectiveness of interventions delivered by telephone, internet or combined formats to support carers of community dwelling people living with Alzheimer’s Disease, vascular dementia or mixed dementia. English language literature published up to 2016 was searched. The initial search included: MEDLINE, Cumulative Index to Nursing and Allied Health (CINAHL), and PsycINFO. A second search was conducted using Medical Subject Headings (MeSH) and keywords for eight databases. The review included randomised controlled trials, non-randomised controlled trials, quasi-experimental and pre-post studies from published and grey literature. Studies selected for retrieval were assessed by three independent reviewers for methodological validity prior to inclusion in the review using standardised critical appraisal instruments. Twenty-two studies were included in the review of which 13 were studies of telephone-delivered interventions, five were internet-delivered interventions and four were delivered in a combination of telephone and internet formats. In this review the successful
outcomes from the combined telephone and internet delivery exceeded that of telephone alone and internet alone. Very few studies addressed programs for specific types of dementia. When considering the ratio of number of studies to successful outcomes, combined telephone and internet delivery of multicomponent interventions demonstrated relatively more positive outcomes in reducing depression, burden and increasing self-efficacy than telephone alone or internet alone. Further studies are necessary to evaluate the effectiveness of interventions targeted at specific types of dementia and to understand which components of interventions are most effective. Copyright © 2016 Elsevier Ireland Ltd. All rights reserved.

Title: Pre-stroke dementia does not affect the post-acute care functional outcome of old patients with ischemic stroke.

Citation: Geriatrics & gerontology international, Aug 2016, vol. 16, no. 8, p. 928-933, 1447-0594 (August 2016)
Author(s): Mizrahi, Eliyahu-Hayim, Arad, Marina, Adunsky, Abraham

Abstract: The purpose of the present study was to evaluate whether a diagnosis of dementia before stroke onset (pre-stroke dementia [PSD]) affects the short-term functional outcome of elderly ischemic stroke patients. This was a retrospective case-control study comprising of consecutive elderly ischemic stroke patients. Functional outcome was assessed by the Functional Independence Measure scale (FIM) at admission and discharge. Data was analyzed by t-test, χ²-test, multiple linear regression analysis and logistic regression. There were 919 patients with acute ischemic stroke, out of whom 11.5% were diagnosed with PSD on index day. Compared with non-PSD patients, those with pre-stroke dementia had a shorter length of stay (P < 0.001), higher rate of female patients (P < 0.001) and lower Mini-Mental State Examination scores (P < 0.001). Both total and motor FIM scores at admission and discharge, and their respective FIM gain scores at discharge were higher in non-PSD compared with PSD patients (P < 0.001). In logistic regression analysis to identify factors predicting successful outcome (defined as total FIM at discharge ≥80), PSD remained as significantly associated with increased risk for adverse outcome on discharge (OR 2.449, CI 1.207-4.970, P = 0.013). The present findings suggest that a diagnosis of pre-stroke dementia is associated with lower FIM scores at admission and discharge in patients with ischemic stroke. Yet, daily motor FIM gains were similar in PSD and non-PSD patients, suggesting that these patients should not be deprived of a post-acute rehabilitation, based on a diagnosis of dementia before stroke onset. Geriatr Gerontol Int 2016; 16: 928-933. © 2015 Japan Geriatrics Society.

Title: Robotic animals: leaps and bounds in dementia care.

Citation: Nursing & Residential Care, 2016, vol./is. 18/8(423-426), 14659301
Author(s): Mendes, Aysha, Palmer, Sarah

Full Text: Available from Mark Allen Group in Nursing and Residential Care


Making decisions at the end of life when caring for a person with dementia: a literature review to explore the potential use of heuristics in difficult decision-making.

Mathew R¹, Davies N², Manthorpe J², Iliffe S¹.

OBJECTIVE: Decision-making, when providing care and treatment for a person with dementia at the end of life, can be complex and challenging. There is a lack of guidance available to support practitioners and family carers, and even those experienced in end of life dementia care report a lack of confidence in decision-making. It is thought that the use of heuristics (rules of thumb) may aid decision-making. The aim of this study is to identify whether heuristics are used in end of life dementia care, and if so, to identify the context in which they are being used.
DESIGN:
A narrative literature review was conducted taking a systematic approach to the search strategy, using the Centre for Reviews and Dissemination guidelines. Rapid appraisal methodology was used in order to source specific and relevant literature regarding the use of heuristics in end of life dementia care.

DATA SOURCES:
A search using terms related to dementia, palliative care and decision-making was conducted across 4 English language electronic databases (MEDLINE, EMBASE, PsycINFO and CINAHL) in 2015.

RESULTS:
The search identified 12 papers that contained an algorithm, guideline, decision tool or set of principles that we considered compatible with heuristic decision-making. The papers addressed swallowing and feeding difficulties, the treatment of pneumonia, management of pain and agitation, rationalising medication, ending life-sustaining treatment, and ensuring a good death.

CONCLUSIONS:
The use of heuristics in palliative or end of life dementia care is not described in the research literature. However, this review identified important decision-making principles, which are largely a reflection of expert opinion. These principles may have the potential to be developed into simple heuristics that could be used in practice.

What is the effectiveness of the support worker role for people with dementia and their carers? A systematic review.

Goeman D¹, Renehan E², Koch S².

BACKGROUND:
Dementia is progressive in nature and the associated functional decline inevitably leads to increasing dependence on others in areas of daily living. Models of support have been developed and implemented to assist with adjusting to living with memory loss and functional decline; to navigate the health and aged care system; and to access services. We undertook a systematic review of international literature on key worker type support roles to identify essential components and ascertain how the role can be best utilised to assist community-dwelling people with dementia and their carers. This review of support roles is the first to our knowledge to include both quantitative and qualitative studies and all models of support.

METHOD:
A systematic review of studies written in English and published between January 2003 and December 2014. Data sources were Medline, PsychInfo and CINAHL, internet, expert consultation and reference lists of included studies. After screening articles to ensure that they reported on a key worker type support role, involved carers and or people with dementia living at home and removing duplicates, eligible papers were appraised and evaluated.

RESULTS:
Thirty six studies were eligible for inclusion in the review. Eligible studies were divided into type of support roles and study type. The heterogeneity of included studies and high risk of bias made a meta-analysis inappropriate and it was therefore difficult to draw overall conclusions. However, essential components shared across support worker models that demonstrated a positive impact on carer burden and improved quality of life included: long term intervention, face to face contact, individualised education and support based on needs, multi-disciplinary teams, collaborative input, health/clinical background of support workers, ongoing follow up and inter professional and inter-sectoral collaborations. There was a lack of studies assessing cost-effectiveness.

CONCLUSIONS:
Studies that include a high quality evaluation of holistic, tailored models of support that identify which components of support produce the most valuable outcomes to assist people with dementia and their
carers and families to continue to live meaningful lives are needed. There is also a need for a cost
effectiveness evaluation of support worker roles.

Crit Care Med. 2016 Aug 2. [Epub ahead of print]

Long-Term Mental Health Problems After Delirium in the ICU.


OBJECTIVES:
To determine whether delirium during ICU stay is associated with long-term mental health problems defined as symptoms of anxiety, depression, and posttraumatic stress disorder.

DESIGN:
Prospective cohort study.

SETTING:
Survey study, 1 year after discharge from a medical-surgical ICU in the Netherlands.

PATIENTS:
One-year ICU survivors of an ICU admission lasting more than 48 hours, without a neurologic disorder or other condition that would impede delirium assessment during ICU stay.

INTERVENTIONS:
None.

MEASUREMENTS AND MAIN RESULTS:
One year after discharge, ICU survivors received a survey containing the Hospital Anxiety and Depression Scale with a subscale for symptoms of depression and a subscale for symptoms of anxiety, and the Impact of Event Scale 15 item measuring symptoms of posttraumatic stress disorder. Participants were classified as having experienced no delirium (n = 270; 48%), a single day of delirium (n = 86; 15%), or multiple days of delirium (n = 211; 37%) during ICU stay. Log-binomial regression was used to assess the association between delirium and symptoms of anxiety, depression, and posttraumatic stress disorder. The study population consisted of 567 subjects; of whom 246 subjects (43%) reported symptoms of anxiety (Hospital Anxiety and Depression Scale with a subscale for anxiety, ≥ 8), and 254 (45%) symptoms of depression (Hospital Anxiety and Depression Scale with a subscale for depression, ≥ 8). In 220 patients (39%), the Impact of Event Scale 15 item was greater than or equal to 35, indicating a high probability of posttraumatic stress disorder. There was substantial overlap between these mental health problems-63% of the subjects who scored positive for the presence of any three of the mental health problems, scored positive for all three. No association was observed between either a single day or multiple days of delirium and symptoms of anxiety, depression, or posttraumatic stress disorder.

CONCLUSIONS:
Although symptoms of anxiety, depression, and posttraumatic stress disorder were found to be common 1 year after critical illness, the occurrence of delirium during ICU stay did not increase the risk of these long-term mental health problems.


Treatment of Inappropriate Sexual Behavior in Dementia.

De Giorgi R, Series H.

OPINION STATEMENT:
Inappropriate sexual behavior (ISB) is a relatively common and potentially disruptive form of behavior in people with dementia. It can cause considerable distress and put placements and people at risk. Yet it is poorly researched and understood. In addition to non-pharmacological approaches to management, a wide range of classes of medication has been used in ISB, and the results have been reported as single cases
or short series, though none has been the subject of a randomized clinical trial, in part because of the lack of a well-defined method of observing and measuring ISB, as well as the significant ethical considerations. Pharmacological treatments for which there is low-level evidence of efficacy in the literature include antidepressants, antipsychotics, anticonvulsants, cholinesterase inhibitors, hormonal agents, and beta-blockers. None of the drugs discussed here is licensed for use in ISB, and elderly people, particularly those with dementia, are at high risk of adverse effects. Caution is advised before using medication in this group of people. It is important to consider alternative non-pharmacological treatments, as well as discussing issues of ethics and consent with those involved, before initiating treatment. It is helpful to identify and monitor target symptoms. Pharmacological treatments should be started at low dose and titrated up slowly and carefully. Nevertheless, in some situations, medication may provide a useful part of a management plan for ISB.


**Weight Change in Midlife and Risk of Mortality From Dementia up to 35 Years Later.**

Strand BH¹, Wills AK², Langballe EM³, Rosness TA⁴, Engedal K³, Bjertness E⁵.

**BACKGROUND:**
The relationship between body mass index (BMI) and dementia is complex and controversial. This study investigates the association of weight change during midlife and later dementia-related mortality.

**METHODS:**
Two BMI measurements (average of 9.0 years apart) were available for 43,721 participants in the Norwegian Counties Study (NCS), with mean age 42 years at first BMI measurement and 51 at the final measurement. NCS was linked with the Cause of Death Registry until year 2015 (mean follow-up time 25.9 years). Cox regression with a conditional growth model was used.

**RESULTS:**
Our study comprised 1,205 dementia-related deaths. Weight loss was associated with increased dementia-related mortality, irrespectively of baseline BMI and confounders; those with 10% or more loss had hazard ratio (HR) = 1.52 (95% confidence interval [CI]: 1.09, 2.12) compared to those being stable (0%-2.5% BMI gain), and those with 5%-10% loss had HR = 1.38 (95% CI: 1.08, 1.76). Gaining weight was associated with reduced dementia-related mortality. Associations with BMI change did not vary by baseline BMI.

**CONCLUSIONS:**
Weight loss during midlife was associated with increased dementia-related mortality risk more than 3 decades later, while weight gain was associated with reduced risk. These associations held both for low and high baseline BMI. Weight loss was an independent risk factor for dementia-related mortality and more strongly related with dementia-related mortality than stable BMI (stable high or low). Overweight and obesity were associated with an increased risk for nondementia-related mortality, which was far more common than dementia-related mortality.


**How do activating interventions fit the personal needs, characteristics and preferences of people with dementia living in the community and their informal caregivers?**

Van't Leven N¹, de Lange J², Prick AE, Pot AM.

Psychosocial interventions aim to mitigate the serious consequences of dementia for the daily life of people with dementia and their informal caregivers. To deliver a person-centred approach, it is crucial to take needs, characteristics and preferences of people with dementia and their informal caregivers into account. However, these factors are generally not systematically checked in order to determine which intervention will be most appropriate. Additionally, little is known about which intervention suits which needs, characteristics and preferences. Therefore, this study examined how three multiple-component, activating dyadic interventions fitted needs, characteristics, and preferences of both the people with dementia and
their informal caregivers: the Pleasant Events Program, the Exercise and Support Intervention for People with Dementia and Their Caregivers, and Occupational Therapy. Semi-structured interviews were held with participants in either one of the interventions, 34 dyads and 19 professionals. The constant comparative method was used for the analysis. Five factors influenced the dyad's 'fit': timing, need for activity, lifestyle, apart-or-together and meaning of (lost) activity. The factors 'timing' and a 'need for activity' were conditional for these activating interventions. Dyads in an early stage of dementia, who were aware of the effects on daily life, were open to a change in routine, and had a need to maintain activities profited from these interventions. Three distinctive factors were important for the fit of one of the three interventions in particular: 'lifestyle', 'apart or together' and 'meaning of (lost) activity'. The Pleasant Events Programme and the Exercise and Support intervention properly addressed the need for activities that afforded daily pastimes or structure. The Exercise and Support Intervention addressed the need for physical activity and emphasized shared activity. Occupational Therapy properly addressed the need for self-sufficiency, maintaining activities and adjustment to physical limitations. These factors can contribute to a more person-centred application of the interventions.


Measuring younger onset dementia: A comprehensive literature search of the quantitative psychosocial research.

Spreadbury JH1, Kipps CM2.

BACKGROUND:
Research is beginning to demonstrate the unique psychosocial effects of young onset dementia. Theorising remains at an early stage and there has been little discussion about measurement and methodological issues. Our aim was to conduct a comprehensive literature search of the young onset dementia psychosocial research, and to identify the domains of experience measured with patients and caregivers.

METHOD:
We conducted a search of five electronic databases (Medline, CINAHL, PsycINFO, Embase, the Cochrane Library) using equivalent database controlled vocabulary terms. We supplemented this search by using free text searches within electronic databases, searching reference sections of salient papers, and using online search engines. We defined psychosocial as referring to patient and caregiver psychological, behavioural, and social functioning in the context of living with young onset dementia.

RESULTS:
We identified 72 published articles, 49 quantitative and 23 qualitative. The quantitative articles form the focus of the present review. We identified 10 domains of patient experience measured and 14 domains of caregiver experience. The patient domains measured most often were behaviour, cognition, functioning, and severity, and reflected a focus on symptoms and clinical features. Quality of Life (QoL) was the patient domain measured least often. The caregiver domains measured most often were mental health and burden, and reflected a focus on psychological well-being and coping.

CONCLUSION:
The scope of measurement is broader in caregivers than patients. QoL although under-researched may be a useful domain to measure in future research. Risk factors, measurement and methodological issues are discussed.


The Impact of Interventions to Improve Sleep on Delirium in the ICU: A Systematic Review and Research Framework.

Flannery AH1, Oyler DR, Weinhouse GL.

OBJECTIVE:
This study aimed to assess whether interventions targeted at improving sleep in the ICU were associated
with reductions in ICU delirium. Secondary outcomes include duration of delirium and ICU length of stay.

**DATA SOURCES:**
MEDLINE, CINAHL, Web of Science, Scopus, WorldCat, and International Pharmaceutical Abstracts were searched from inception to January 2016.

**STUDY SELECTION:**
Studies investigating any type of sleep intervention (nonpharmacologic or pharmacologic) and assessing the impact on ICU delirium were included. Any type of study design was permitted so long as the delirium assessment was made at least daily with a validated delirium assessment tool.

**DATA EXTRACTION:**
The following data were extracted: first author, year of publication, study design, ICU type, components of sleep intervention, use of sleep assessment tool, patient age, sex, severity of illness, sleep measures, delirium assessment tool, incidence of delirium, duration of delirium, and ICU length of stay. The incidence of delirium was used to compare rates of ICU delirium across studies. Methodologic quality of included studies was evaluated using the Effective Public Health Practice Project quality assessment tool.

**DATA SYNTHESIS:**
Of 488 citations screened, 10 studies were identified for inclusion in the final review; six of which demonstrated a statistically significant reduction in the incidence of ICU delirium associated with sleep intervention. Four studies assessed duration of delirium; of which, three reported a shorter duration of delirium with sleep intervention. Two studies associated sleep intervention with a reduced ICU length of stay. In regard to quality assessment and risk of bias, only one study was assessed as strong. Multiple identified confounders and the significant qualitative assessment of heterogeneity limit both the conclusions that can be drawn from these findings and the quantitative pooling of data.

**CONCLUSIONS:**
Although sleep interventions seem to be a promising approach for improving delirium-related outcomes, studies are limited by bias issues, varying methodologies, and multiple confounders, making the evidence base for this conclusion limited at best. Future studies would benefit from a systematic approach to studying the link between sleep intervention and delirium-related outcomes, which is outlined in the context of reviewing the existing literature.


The evaluation of a healthcare passport to improve quality of care and communication for people living with dementia (EQuIP): a protocol paper for a qualitative, longitudinal study.


**BACKGROUND:**
There is an urgent need for the development of simple communication tools that convey the strengths, assets, and healthcare needs of people living with dementia. A Healthcare Passport may improve communication with range of health and social support services, enhancing quality and continuity of care, and to permit a consideration of the challenges and how these might be managed effectively and compassionately. This study aims to evaluate the acceptability and use of this type of intervention for people living with dementia and their carers.

**METHODS/DESIGN:**
This is a qualitative longitudinal study informed by a critical realist review. The participants will be individuals identified as having mild-moderate dementia and informal carers. The in-depth interviews will occur at three points over the course of 18 months as they use the passport. This will be supplemented by analysis of the content of the passports and information from health and social care providers on the daily practicalities of using the passport in a range of healthcare settings.
**DISCUSSION:**
By using a critical realist review and a qualitative, longitudinal approach, the study allows for the assessment of a complex intervention in a manner which goes beyond evaluating the basic efficacy of the passport, but looking more deeply at how it worked, for whom, and in what context. It has the potential to develop new data on how interventions improve communication across a range of service providers, while encouraging health and social care professionals to respect and encourage the development of self-management and retention of personhood throughout the progression of life-limiting illnesses.

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**Impact of Behavioral Symptoms in Dementia Patients on Depression in Daughter and Daughter-in-Law Caregivers.**

Lee J¹, Sohn BK², Lee H³, Seong S², Park S⁴, Lee JY².

**BACKGROUND:**
One caregiver relationship that has been neglected in caregiver depression research is the daughter-in-law. Compared with Western countries, in which those who are closer in familial relationships such as the spouse or child usually take care of the patient, in many Asian countries, the daughter-in-law often assumes the caretaker role. However, not much research has been done on how this relationship may result in different caregiver outcomes. We sought to identify whether the association between patient characteristics and caregiver depressive symptoms differs according to the familial relationship between caregiver and patient.

**MATERIALS AND METHODS:**
Ninety-five daughter (n = 47) and daughter-in-law (n = 48) caregivers of dementia patients were asked to report their own depressive symptoms and patient behavioral symptoms. Patients’ cognitive abilities, daily activities, and global dementia ratings were obtained. Hierarchical linear regression was employed to determine predictors of depressive symptoms.

**RESULTS:**
Daughters-in-law had marginally higher depressive scores. After adjusting for caregiver and patient characteristics, in both groups, greater dependency in activities of daily living and more severe and frequent behavioral symptoms predicted higher caregiver depressive scores. However, greater severity and frequency of behavioral symptoms predicted depression to a greater degree in daughters compared with daughters-in-law.

**CONCLUSIONS:**
Although behavioral symptoms predicted depression in both caregiver groups, the association was much stronger for daughters. This suggests that the emotional relationship between the daughter and patient exacerbates the negative effect of behavioral symptoms on caregiver depression. The familial relationship between the caregiver and dementia patient should be considered in managing caregiver stress.


**Creative Music Therapy in an Acute Care Setting for Older Patients with Delirium and Dementia.**

Cheong CY¹, Tan JA¹, Foong YL¹, Koh HM¹, Chen DZ¹, Tan JJ¹, Ng CJ¹, Yap P¹.

**BACKGROUND/AIMS:**
The acute hospital ward can be unfamiliar and stressful for older patients with impaired cognition, rendering them prone to agitation and resistive to care. Extant literature shows that music therapy can enhance engagement and mood, thereby ameliorating agitated behaviours. This pilot study evaluates the impact of a creative music therapy (CMT) programme on mood and engagement in older patients with delirium and/or dementia (PtDD) in an acute care setting. We hypothesize that CMT improves engagement and pleasure in these patients.
METHODS:
Twenty-five PtDD (age 86.5 ± 5.7 years, MMSE 6/30 ± 5.4) were observed for 90 min (30 min before, 30 min during, and 30 min after music therapy) on 3 consecutive days: day 1 (control condition without music) and days 2 and 3 (with CMT). Music interventions included music improvisation such as spontaneous music making and playing familiar songs of patient's choice. The main outcome measures were mood and engagement assessed with the Menorah Park Engagement Scale (MPES) and Observed Emotion Rating Scale (OERS).

RESULTS:
Wilcoxon signed-rank test showed a statistically significant positive change in constructive and passive engagement (Z = 3.383, p = 0.01) in MPES and pleasure and general alertness (Z = 3.188, p = 0.01) in OERS during CMT. The average pleasure ratings of days 2 and 3 were higher than those of day 1 (Z = 2.466, p = 0.014). Negative engagement (Z = 2.582, p = 0.01) and affect (Z = 2.004, p = 0.045) were both lower during CMT compared to no music.

CONCLUSION:
These results suggest that CMT holds much promise to improve mood and engagement of PtDD in an acute hospital setting. CMT can also be scheduled into the patients' daily routines or incorporated into other areas of care to increase patient compliance and cooperation.

Inappropriate behaviors and hypersexuality in individuals with dementia: An overview of a neglected issue.
Torrisi M¹, Cacciola A¹,², Marra A¹, De Luca R¹, Bramanti P¹, Calabrò RS¹.
Behavioral and psychological symptoms of dementia are very common in patients affected by dementia, and are associated with high rates of institutionalization. Behavioral and psychological symptoms of dementia consist of aggressive behavior, delusions, hallucinations, depression, apathy, wandering, stereotyped and inappropriate sexual behavior. Interestingly, the latter has been reported to be relatively uncommon, but causing immense distress to patients and their caregivers. The genesis of inappropriate behavior is considered a combination of neurological, psychological and social factors. Although assessment is mainly carried out by clinical observation and interviews with caregivers, the most appropriate management of behavioral and psychological symptoms of dementia, including hypersexuality, is a combination of pharmacological and non-pharmacological interventions, according to specific symptoms, degree of cognitive dysfunction and subtype of dementia. The present narrative review will mainly focus on aggressiveness, disinhibition, aberrant motor, and sexually inappropriate behavior diagnostic work-up and treatment, in an attempt to provide both the patients and their caregivers with useful information to better manage these symptoms and improve their quality of life. Space is particularly dedicated to inappropriate sexual behavior, which is still considered a neglected issue. Geriatr Gerontol Int

QJM. 2016 Aug 2. pii: hcw114. [Epub ahead of print]
Dementia in the acute hospital: the prevalence and clinical outcomes of acutely unwell patients with dementia.
Briggs R¹, Dyer A², Nabeel S², Collins R³, Doherty J⁴, Coughlan T³, O'Neil D³, Kennelly SP³.
BACKGROUND:
Studies have demonstrated that a significant minority of older persons presenting to acute hospital services are cognitively impaired; however, the impact of dementia on long-term outcomes is less clear.

AIM:
To evaluate the prevalence of dementia, both formally diagnosed and hitherto unrecognised in a cohort of acutely unwell older adults, as well as its impact on both immediate outcomes (length of stay and in-hospital mortality) and 12-month outcomes including readmission, institutionalisation and death.
**DESIGN:**
Prospective observational study.

**METHODS:**
190 patients aged 70 years and over, presenting to acute hospital services underwent a detailed health assessment including cognitive assessment (standardised Mini Mental State Examination, AD8 and Confusion Assessment Method for the Intensive Care Unit). Patients or informants were contacted directly 12 months later to compile 1-year outcome data. Dementia was defined as a score of 2 or more on the AD8 screening test.

**RESULTS:**
Dementia was present in over one-third of patients (73/190). Of these patients, 36% (26/73) had a prior documented diagnosis of dementia with the remaining undiagnosed before presentation. The composite outcome of death or readmission to hospital within the following 12 months was more likely to occur in patients with dementia (73% (53/73) vs. 58% (68/117), P = 0.043). This finding persisted after controlling for age, gender, frailty status and medical comorbidities, including stroke and heart disease.

**CONCLUSION:**
A diagnosis of dementia confers an increased risk of either death or further admission within the following 12 months, highlighting the need for better cognitive screening in the acute setting, as well as targeted intervention such as comprehensive geriatric assessment.

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**The impact of dementia on women internationally: An integrative review.**

Erol R¹,², Brooker D³, Peel E⁴.

Women are disproportionately affected by dementia, both in terms of developing dementia and becoming caregivers. We conducted an integrative review of English language literature of the issues affecting women in relation to dementia from an international perspective. The majority of relevant studies were conducted in high income countries, and none were from low-income countries. The effects of caregiving on health, wellbeing and finances are greater for women; issues facing women, particularly in low and middle-income countries need to be better understood. Research should focus on building resilience to help people adjust and cope long term.

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**Impact of literacy and years of education on the diagnosis of dementia: A population-based study.**

Contador I¹, Del Ser T², Llamas S³, Villarejo A³, Benito-León J³,⁴,⁵, Bermejo-Pareja F⁴,⁵,⁶.

**BACKGROUND:**
The effect of different educational indices on clinical diagnosis of dementia requires more investigation.

**OBJECTIVE:**
We compared the differential influence of two educational indices (EIs): years of schooling and level of education (i.e., null/low literacy, can read and write, primary school, and secondary school) on global cognition, functional performance, and the probability of having a dementia diagnosis.

**METHOD:**
A total of 3,816 participants were selected from the population-based study of older adults "Neurological Disorders in Central Spain" (NEDICES). The 37-item version of the Mini-Mental State Examination (MMSE-37) and the Pfeffer's questionnaire were applied to assess cognitive and functional performance, respectively. The diagnosis of dementia was performed by expert neurologists according to Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV) criteria. Logistic regression models adjusted...
for potential confounders were carried out to test the association between the two EIs and dementia diagnosis.

**RESULTS:**
Both EIs were significantly associated with cognitive and functional scores, but individuals with null/low literacy performed significantly worse on MMSE-37 than literates when these groups were compared in terms of years of schooling. The two EIs were also related to an increased probability of dementia diagnosis in logistic models, but the association's strength was stronger for level of education than for years of schooling.

**CONCLUSION:**
Literacy predicted cognitive performance over and above the years of schooling. Lower education increases the probability of having a dementia diagnosis but the impact of different EIs is not uniform.

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

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