

Dementia Current Awareness Bulletin

December 2017

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Title: Proton Pump Inhibitor Use and Dementia Risk: Prospective Population-Based Study.

Citation: Journal of the American Geriatrics Society; Nov 2017

Author(s): Gray, Shelly L; Walker, Rod L; Dublin, Sascha; Yu, Onchee; Aiello Bowles, Erin J; Anderson, Melissa L; Crane, Paul K; Larson, Eric B

Objectives: To determine whether higher cumulative proton pump inhibitor (PPI) exposure is associated with greater dementia risk.

Design: Prospective population-based cohort study.

Setting: Kaiser Permanente Washington, an integrated healthcare delivery system in Seattle, Washington.

Participants: Individuals aged 65 and older without dementia at study entry (N = 3,484).

Measurements: Participants were screened for dementia every 2 years, and those who screened positive underwent extensive evaluation. Dementia outcomes were determined using standard diagnostic criteria. Time-varying PPI exposure was determined from computerized pharmacy data and consisted of total standardized daily doses (TSDDs) dispensed to an individual in the prior 10 years. We also assessed duration of use. Multivariable Cox regression was used to estimate the association between PPI exposure and time to dementia or Alzheimer's disease (AD).

Results: Over a mean follow-up of 7.5 years, 827 participants (23.7%) developed dementia (670 with possible or probable AD). PPI exposure was not associated with risk of dementia (P = .66) or AD (P = .77). For dementia, the risk for specific levels of cumulative exposure compared to no use was: 365 TSDDs (HR 0.87, 95% CI 0.65-1.18), 1,095 TSDDs (HR 0.99, CI 0.75-1.30) and 1,825 TSDDs (HR 1.13, CI 0.82-1.56). These TSDD levels represent approximately 1, 3 and 5 years of daily use respectively. Duration of PPI use was not associated with dementia outcomes either.

Conclusion: Proton pump inhibitor use was not associated with dementia risk, even for people with high cumulative exposure. Although there are other safety concerns with long-term PPI use, results from our study do not support that these medications should be avoided out of concern about dementia risk.

Title: The Intersection of Intellectual Disability and Dementia: Report of The International Summit on Intellectual Disability and Dementia.

Citation: The Gerontologist; Nov 2017

Author(s): Watchman, Karen; Janicki, Matthew P; Members of the International Summit on Intellectual Disability and Dementia; Members of the International Summit on Intellectual Disability and Dementia.

Abstract: An International Summit on Intellectual Disability and Dementia, held in Glasgow, Scotland (October 13-14, 2016), drew individuals and representatives of numerous international and national organizations and universities with a stake in issues affecting adults with intellectual disability (ID) affected by dementia. A discussion-based consensus process was used to examine and produce a series of topical reports examining three main conceptual areas: (a) human rights and personal resources (applications of the Convention for Rights of People with Disabilities and human rights to societal inclusion, and perspectives of persons with ID), (b) individualized services and clinical supports (advancing and advanced dementia, post-diagnostic supports, community supports and services, dementia-

capable care practice, and end-of-life care practices), and (c) advocacy, public impact, family caregiver issues (nomenclature/terminology, inclusion of persons with ID in national plans, and family caregiver issues). Outcomes included recommendations incorporated into a series of publications and topical summary bulletins designed to be international resources, practice guidelines, and the impetus for planning and advocacy with, and on behalf of, people with ID affected by dementia, as well as their families. The general themes of the conceptual areas are discussed and the main recommendations are associated with three primary concerns.

Title: Blood pressure from mid- to late life and risk of incident dementia.

Citation: Neurology; Nov 2017

Author(s): McGrath, Emer R; Beiser, Alexa S; DeCarli, Charles; Plourde, Kendra L; Vasan, Ramachandran S; Greenberg, Steven M; Seshadri, Sudha

Objective: To determine the association between blood pressure during midlife (40-64 years) to late life (≥ 65 years) and risk of incident dementia.

Methods: This study included 1,440 (758 women, mean age 69 ± 6 years) Framingham Offspring participants who were free of dementia and attended 5 consecutive examinations at 4-year intervals starting at midlife (1983-1987, mean age 55 years) until late life (1998-2001, mean 69 years) and subsequently were followed up for incident dementia (mean 8 years). We determined the effect of midlife hypertension ($\geq 140/90$ mm Hg), late life hypertension, lower late life blood pressure (2-fold increase in dementia risk (HR 2.40, 95% CI 1.39-4.15).

Conclusions: Elevated blood pressure during midlife, persistence of elevated blood pressure into late life, and, among nonhypertensives, a steep decline in blood pressure during mid- to late life were associated with an increased dementia risk in a community-based cohort. Our data highlight the potential sustained cognitive benefits of lower blood pressures in midlife but also suggest that declining blood pressure in older adults with prehypertension or normotension, but not in those with hypertension, may be a risk marker for dementia.

Title: Outcomes in knowledge, attitudes and confidence of nursing staff working in nursing and residential care homes following a dementia training programme.

Citation: Aging & mental health; Nov 2017 ; p. 1-10

Author(s): Scerri, Anthony; Scerri, Charles

Objectives: Dementia training programmes for staff working in long-term care settings have been found to be effective in improving staff outcomes. This study investigated the impact of a dementia training programme for all Maltese nursing staff working in public nursing/residential homes on their knowledge, attitudes and confidence. Additionally, we identified the predictors of these domains before and after the programme.

Method: A 14-hour training programme focusing on dementia management, care and policy was developed for all nursing staff working in public nursing and residential homes in Malta. A pretest-posttest design was used to evaluate the participants' knowledge of dementia, attitudes and confidence in working with residents with dementia using validated tools. Demographic variables were measured and compared with each staff domain.

Results: The majority of nursing staff attended the training programme with 261 fully completed questionnaires being collected pre-training and 214 post-training. The

programme significantly improved nursing staff knowledge, attitudes and confidence. Stepwise regression analysis of each staff domain showed that the strongest predictor in all models at pre-training was the intensity of previous training programmes. Furthermore, staff who attended previous training continued to improve in their attitudes and confidence following programme completion.

Conclusion: The study continues to shed further evidence on the impact of dementia training programs on staff outcomes. It also indicated that the intensity of previous participation in dementia training programmes was related to the participants' knowledge, attitudes and confidence and that continual exposure to training had a cumulative effect.

Title: When is audit and feedback effective in dementia care? A systematic review.

Citation: International journal of nursing studies; Nov 2017; vol. 79 ; p. 27-35

Author(s): Sykes, Michael J; McAnuff, Jennifer; Kolehmainen, Niina

Background: Evidence-based care for people with dementia is a priority for patients, carers and clinicians and a policy priority. There is evidence that people with dementia do not always receive such care. Audit and feedback, also known as clinical audit, is an extensively-used intervention to improve care. However, there is uncertainty about the best way to use it.

Objectives: To investigate whether audit and feedback is effective for improving health professionals' care of people with dementia. To investigate whether the content and delivery of audit and feedback affects its effectiveness in the context of health professionals' care for people with dementia.

DESIGN: Systematic review

Data Sources: The Cochrane Central Register of Controlled Trials, Prospero, Medline (1946-December week 1 2016), PsycInfo (1967-January 2017), Cinahl (1982-January 2017), HMIC (1979-January 2017), Embase (1974-2017 week 1) databases and the Science Citation Index and Social Science Citation Index were searched combining terms for audit and feedback, health personnel, and dementia.

Review Methods: Following screening, the data were extracted using the Template for Intervention Description and Replication (TIDieR), and synthesised graphically using harvest plots and narratively.

Results: Thirteen studies met the inclusion criteria. Published studies of audit and feedback in dementia rarely described more than one cycle. None of the included studies had a comparison group: 12 were before and after designs and one was an interrupted time series without a comparison group. The median absolute improvement was greater than in studies beyond dementia which have used stronger designs with fewer risks of bias. Included studies demonstrated large variation in the effectiveness of audit and feedback.

Conclusions: Whilst methodological and reporting limitations in the included studies hinder the ability to draw strong conclusions on the effectiveness of audit and feedback in dementia care, the large interquartile range indicates further work is needed to understand the factors which affect the effectiveness of this much-used intervention.

Title: Care to talk? A framework for appreciative conversations about dementia: Innovative practice.

Citation: Dementia (14713012); Nov 2017; vol. 16 (no. 8); p. 1069-1074

Author(s): Page, Sean; Rowett, Roger; Davies-Abbott, Ian

Abstract: When people with dementia are admitted to hospital, both they and their carers and families have crucial roles to play. They should be positioned as the only true experts in the unique individuality of the person and brought into the nursing process as an equal partner in care. 'Care to Talk' is a conversational model developed through Appreciative Inquiry to facilitate this way of working. The model, its development and outcomes are discussed.

Title: Evaluation of 'Dementia Friends' programme for undergraduate nursing students: Innovative practice.

Citation: Dementia (14713012); Nov 2017; vol. 16 (no. 8); p. 1075-1080

Author(s): Mitchell, Gary; McGreevy, Jessie; Carlisle, Susan; Frazer, Pamela; Traynor, Marian; Lundy, Heather; Diamond, Monica; Agnelli, Joanne

Abstract: The 'dementia friends' programme was launched by the Alzheimer's Society in the UK two years ago with the purpose of educating members of the public about the things they can do which can enhance the lives of people living with dementia. The aim of this project was to deliver a two-hour 'Dementia Friendly Community Workshop' written by the Alzheimer's Society, to an entire cohort of first-year undergraduate nursing students in one Higher Education Institutions in Northern Ireland. Following delivery of the programme, students were asked to complete a short questionnaire on their knowledge and confidence in relation to dementia care before and after the Dementia Friendly Community programme. A total of 322 undergraduate first-year nursing students took part in the Dementia Friendly Community programme. Of these, 304 returned questionnaires; 31.25% of students stated their perceived improvement in dementia knowledge was 'good' while 49.01% stated their perceived improvement in dementia knowledge was 'very good' and 13.49% stated their perceived improvement in dementia knowledge was 'excellent'. In relation to confidence in engaging with people with dementia, 31.91% stated 'good' improvement, 40.79% stated 'very good' improvement and 11.84% stated 'excellent' improvement. The Dementia Friendly Community programme was positively reviewed by the undergraduate students as it enhanced knowledge and confidence in relation to care of someone living with dementia.

Title: Involvement of people with dementia in making decisions about their lives: a qualitative study that appraises shared decision-making concerning daycare.

Citation: BMJ open; Nov 2017; vol. 7 (no. 11); p. e018337

Author(s): Groen-van de Ven, Leontine; Smits, Carolien; de Graaff, Fuusje; Span, Marijke; Eefsting, Jan; Jukema, Jan; Vernooij-Dassen, Myrra

Objective: To explore how people with dementia, their informal caregivers and their professionals participate in decision making about daycare and to develop a typology of participation trajectories.

Design: A qualitative study with a prospective, multiperspective design, based on 244 semistructured interviews, conducted during three interview rounds over the course of a year. Analysis was by means of content analysis and typology construction.

Setting: Community settings and nursing homes in the Netherlands.

Participants: 19 people with dementia, 36 of their informal caregivers and 38 of their professionals (including nurses, daycare employees and case managers).

Results: The participants' responses related to three critical points in the decision-making trajectory about daycare: (1) the initial positive or negative expectations of daycare; (2) negotiation about trying out daycare by promoting, resisting or attuning to others; and (3) trying daycare, which resulted in positive or negative reactions from people with dementia and led to a decision. The ways in which care networks proceeded through these three critical points resulted in a typology of participation trajectories, including (1) working together positively toward daycare, (2) bringing conflicting perspectives together toward trying daycare and (3) not reaching commitment to try daycare.

Conclusion: Shared decision making with people with dementia is possible and requires an adapted process of decision making. Our results show that initial preferences based on information alone may change when people with dementia experience daycare. It is important to have a try-out period so that people with dementia can experience daycare without having to decide whether to continue it. Whereas shared decision making in general aims at moving from initial preferences to informed preferences, professionals should focus more on moving from initial preferences to experienced preferences for people with dementia. Professionals can play a crucial role in facilitating the possibilities for a try-out period.

Title: The impact of a visual arts program on quality of life, communication, and well-being of people living with dementia: a mixed-methods longitudinal investigation.

Citation: International psychogeriatrics; Nov 2017 ; p. 1-15

Author(s): Windle, Gill; Joling, Karlijn J; Howson-Griffiths, Teri; Woods, Bob; Jones, Catrin Hedd; van de Ven, Peter M; Newman, Andrew; Parkinson, Clive

Background: Research reviews highlight methodological limitations and gaps in the evidence base for the arts in dementia care. In response, we developed a 12-week visual art program and evaluated the impact on people living with dementia through a mixed-methods longitudinal investigation.

Methods: One hundred and twenty-five people living with mild to severe dementia were recruited across three research settings in England and Wales (residential care homes, a county hospital, and community venues). Quantitative and qualitative data on quality of life (QoL), communication and perceptions of the program were obtained through interviews and self-reports with participants and their carers. Eight domains of well-being were measured using a standardized observation tool, and data compared to an alternative activity with no art.

Results: Across all sites, scores for the well-being domains of interest, attention, pleasure, self-esteem, negative affect, and sadness were significantly better in the art program than the alternative condition. Proxy-reported QoL significantly improved between baseline and 3-month follow-up, but no improvements in QoL were reported by the participants with dementia. This was contrasted by their qualitative accounts, which described a stimulating experience important for social connectedness, well-being, and inner-strength. Communication deteriorated between baseline and follow-up in the hospital setting, but improved in the residential care setting.

Conclusions: The findings highlight the potential for creative aging within dementia care, the benefits of art activities and the influence of the environment. We encourage dementia care providers and arts and cultural services to work toward embedding art activities within routine care provision.

Title: Communication training interventions for family and professional carers of people living with dementia: a systematic review of effectiveness, acceptability and conceptual basis.

Citation: Aging & mental health; Nov 2017 ; p. 1-18

Author(s): Morris, L; Horne, M; McEvoy, P; Williamson, T

Objectives: To update previous reviews and provide a more detailed overview of the effectiveness, acceptability and conceptual basis of communication training-interventions for carers of people living with dementia.

Method: We searched CINAHL Plus, MEDLINE and PsycINFO using a specific search and extraction protocol, and PRISMA guidelines. Two authors conducted searches and extracted studies that reported effectiveness, efficacy or acceptability data regarding a communication training-intervention for carers of people living with dementia. Risk of bias was assessed using the Cochrane Collaboration guidelines. Quality of qualitative studies was also systematically assessed.

Results: Searches identified 450 studies (after de-duplication). Thirty-eight studies were identified for inclusion in the review. Twenty-two studies focused on professional carers; 16 studies focused mainly on family carers. Training-interventions were found to improve communication and knowledge. Overall training-interventions were not found to significantly improve behaviour that challenges and caregiver burden. Acceptability levels were high overall, but satisfaction ratings were found to be higher for family carers than professional carers. Although many interventions were not supported by a clear conceptual framework, person-centred care was the most common framework described.

Conclusion: This review indicated that training-interventions were effective in improving carer knowledge and communication skills. Effective interventions involved active participation by carers and were generally skills based (including practicing skills and discussion). However, improvements to quality of life and psychological wellbeing of carers and people living with dementia may require more targeted interventions.

Title: The effectiveness of community-based coordinating interventions in dementia care: a meta-analysis and subgroup analysis of intervention components.

Citation: BMC health services research; Nov 2017; vol. 17 (no. 1); p. 717

Author(s): Backhouse, Amy; Ukoumunne, Obioha C; Richards, David A; McCabe, Rose; Watkins, Ross; Dickens, Chris

Background: Interventions aiming to coordinate services for the community-based dementia population vary in components, organisation and implementation. In this review we aimed to evaluate the effectiveness of community-based care coordinating interventions on health outcomes and investigate whether specific components of interventions influence their effects.

Methods: We searched four databases from inception to April 2017: Medline, The Cochrane Library, EMBASE and PsycINFO. This was aided by a search of four grey literature databases, and backward and forward citation tracking of included papers. Title and abstract screening was followed by a full text screen by two independent reviewers, and quality was assessed using the CASP appraisal tool. We then conducted meta-analyses and subgroup analyses.

Results: A total of 14 randomised controlled trials (RCTs) involving 10,372 participants were included in the review. Altogether we carried out 12 meta-analyses and 19 subgroup

analyses. Meta-analyses found coordinating interventions showed a statistically significant improvement in both patient behaviour measured using the Neuropsychiatric Inventory (NPI) (mean difference (MD) = -9.5; 95% confidence interval (CI): -18.1 to -1.0; $p = 0.03$; number of studies (n) = 4; $I^2 = 88\%$) and caregiver burden (standardised mean difference (SMD) = -0.54; 95% CI: -1.01 to -0.07; $p = 0.02$; $n = 5$, $I^2 = 92\%$) compared to the control group. Subgroup analyses found interventions using a case manager with a nursing background showed a greater positive effect on caregiver quality of life than those that used case managers from other professional backgrounds (SMD = 0.94 versus 0.03, respectively; $p < 0.001$). Interventions that did not provide supervision for the case managers showed greater effectiveness for reducing the percentage of patients that are institutionalised compared to those that provided supervision (odds ratio (OR) = 0.27 versus 0.96 respectively; $p = 0.02$). There was little evidence of effects on other outcomes, or that other intervention components modify the intervention effects.

Conclusion: Results show that coordinating interventions in dementia care has a positive impact on some outcomes, namely patient behaviour and caregiver burden, but the evidence is inconsistent and results were not strong enough to draw definitive conclusions on general effectiveness. With the rising prevalence of dementia, effective complex interventions will be necessary to provide high quality and effective care for patients, and facilitate collaboration of health, social and third sector services.

Title: Improving care for patients with dementia in the recovery room.

Citation: British journal of nursing (Mark Allen Publishing); Nov 2017; vol. 26 (no. 20); p. 1102-1108

Author(s): Edis, Helena

Abstract: Caring for patients with dementia emerging from general anaesthesia in the recovery room can be very challenging. Sedation is sometimes necessary in order to nurse patients effectively and avoid any negative consequences of poor post-anaesthetic care. No local or national guidelines could be found to suggest best nursing practice in this situation. Three small-scale innovations were introduced into the recovery room in one hospital as part of a quality improvement project to give alternatives to chemical restraint. These were: music and distraction therapy, maximising the use of the 'About Me' document and improved access to staff training. The simple innovations were well received by recovery room staff. Further research is needed to quantify the benefits of these innovations and further work is needed to develop use of the carer's passport in recovery.

Title: Being a close family member of a person with dementia living in a nursing home

Citation: Journal of Clinical Nursing; Nov 2017; vol. 26 (no. 21-22); p. 3519

Author(s): Seiger Cronfalk, Berit; Ternestedt, Britt-Marie; Norberg, Astrid

Aim and objective: To illuminate how family members of persons with dementia describe their own experiences, before and after placing their relative in a nursing home.

Background: In the Western world and with a growing population of older people, the number of persons with dementia increases. Family members often become carers in their own homes creating stressful and exhausting situation that eventually leads to relocating the person to a nursing home. This may lead to troubled conscience among family members.

Method and design: This is a qualitative study with descriptive design based on interviews with ten family members to residents with dementia at one small nursing home ward. Data were analysed using content analysis.

Results: Five categories were derived from data: relocating a person with dementia - a responsibility; visiting the resident - a relief or a burden; the participants taking part in and monitoring the residents' care needs; participants meeting their own needs; and thoughts about the future and resident's death. The result shows both positive and negative aspects of being a family member to persons with dementia. Family members described feeling relief as well as having a troubled conscience when placing a relative in a nursing home. They held themselves responsible for monitoring and evaluating the quality of the care. Family members expressed fearing a slow death for the person with dementia as well as for their own sake. Most felt well treated by the staff.

Conclusion: Family members were responsible for relocating the residents to the nursing home. This in itself was found to cause feelings of moral concerns and generating troubled conscience. Relevance to clinical practice Staff at nursing homes needs to exercise family-centred care to benefit the persons with dementia, their family members and the staff themselves.

Title: Supporting people with young onset dementia and their families: An evaluation of a training course for care workers

Citation: Nurse Education in Practice; Nov 2017; vol. 27 ; p. 7

Author(s): Smith, Raymond; Ooms, Ann; Greenwood, Nan

Abstract: This article reports the findings of an evaluation of a training course for care workers who care for people with dementia in the community. Twenty-four care workers participated in the training which took place in London and Surrey, United Kingdom. The training had a significant positive impact on participants' confidence in understanding the experiences and social care needs of people with young onset dementia (YOD) and their families. Participants also perceived that the training would help them improve their working practice by furthering their understanding of practical approaches to supporting and caring for people with dementia in general. Additionally, participants reported many ways in which they perceived being able to specifically support and empower people with YOD. It was concluded that the short training course improved knowledge and confidence for care workers on dementia care, and specifically in understanding how to support people with YOD and their families. Dementia specific training should be considered by service managers as a way of potentially increasing care worker job satisfaction.

Title: A qualitative study exploring medication management in people with dementia living in the community and the potential role of the community pharmacist

Citation: Health Expectations; Oct 2017; vol. 20 (no. 5); p. 929

Author(s): Maidment, Ian D; Aston, Lydia; Moutela, Tiago; Fox, Chris G; Hilton, Andrea

Background: The prevalence of dementia is increasing rapidly. People with dementia may be prescribed complex medication regimens, which may be challenging for them and any carers involved to safely manage.

Objective: To describe and understand the key challenges, in relation to medication issues, experienced by people with dementia and their informal carers dwelling in the community and the potential role of community pharmacists.

Design: Qualitative semi-structured interviews. Participants People with dementia, informal carers and health and social care professionals (HSCPs).

Results: Thirty-one participants (eleven informal carers, four people with dementia and sixteen HSCPs) were interviewed. Three key themes were identified: the key challenges, improving medication management and the role of pharmacists. The caring role commonly included responsibility for medication management which created both practical problems and an emotional burden. This burden was worsened by any difficulty in obtaining support and if the person with dementia was on a complex regimen. Participants believed that the process could be improved by coordinated and on-going support from HSCPs, which should focus on the informal carer. Medication reviews, particularly when conducted in the home environment, could be helpful.

Conclusion: Medication management for people with dementia living in the community is a complex process, and informal carers have a key role, which they frequently find challenging. Community pharmacists could have an enhanced role in this area, but would need to work within a more multidisciplinary environment outside the pharmacy.

Title: Characteristics of Activities for Persons With Dementia at the Mild, Moderate, and Severe Stages

Citation: The Gerontologist; Oct 2017; vol. 57 (no. 5); p. 987

Author(s): Regier, Natalie G, PhD; Hodgson, Nancy A, PhD, RN, FAAN; Gitlin, Laura N, PhD

Purpose: To understand activity in dementia care, we examine relationships of disease stage with types and characteristics of meaningful activities (cueing needs, help with initiation, and recommended engagement time) provided in a home-based intervention trial designed to reduce behavioral symptoms.

Design and Methods: Data involved 158 activity prescriptions or written documents detailing prescribed activities, cueing needs, and engagement goals designed by occupational therapists for 56 families. Activities were categorized as arts and crafts, exercise/physical, cognitive, music/entertainment, manipulation/sensory/sorting, family/social/ reminiscence, and domestic/homemaking. Bivariate correlations examined relationships of activity categories and characteristics with disease stage (mild, moderate, or severe). Kruskal-Wallis H tests examined differences among disease stages and frequency of type of activities prescribed, recommended cues, and engagement time. For significant Kruskal-Wallis tests, pairwise comparisons utilized the Mann-Whitney U test.

Results: Activity categories and instructions for set up were significantly related to cognitive and functional levels. Persons with mild dementia were most often prescribed complex arts and crafts and cognitive activities. Persons with moderate dementia were most often prescribed music/entertainment. Persons with severe dementia were most often prescribed simple physical exercises and manipulation/sensory/sorting activities. Average time prescribed for activities was less for those in severe (15min) versus moderate (24min) and mild (28min) stages. The severe group required more assistance with activity initiation and cueing/redirection. Implications Type of activity, recommended cueing, and engagement time differed by dementia stage. Findings provide guidance as to how to use and set up activities across the dementia trajectory.

Title: The effectiveness of massage and touch on behavioural and psychological symptoms of dementia: A quantitative systematic review and meta-analysis

Citation: Journal of Advanced Nursing; Oct 2017; vol. 73 (no. 10); p. 2283

Author(s): Wu, Jie; Wang, Yi; Wang, Zhiwen

Background: Many original studies have explored the effectiveness of massage and touch on behavioural and psychological symptoms of dementia. However, the study design, interventions, measurements and outcomes varied among studies. Aim To systematically evaluate the effectiveness of massage and touch on the behavioural and psychological symptoms of older people with dementia.

Design: A quantitative systematic review and meta-analysis. Data sources Cochrane Library, The Joanna Briggs Institute (JBI) Library, PubMed, CINAHL, ProQuest Health & Medical Complete, SinoMed, China National Knowledge Infrastructure (CNKI) and Wanfang were searched from the date the database established to January 2016.

Review methods: Randomized, controlled trials or quasi-experimental studies, involving massage and touch intervention for older people with dementia were considered to be included. Risk of bias assessment was performed using the Cochrane Collaboration's tool and meta-analysis was performed using Revman 5.3.

Results: A total of 11 studies, involving 526 older people were included. The results of the meta-analysis showed the total score of behavioural and psychological problems with older people with dementia and subgroup scores of physical aggressive behaviour, physical non-aggressive behaviour, verbal aggressive behaviour and verbal non-aggressive behaviour decreased significantly after receiving massage or touch, while the subgroups scores of anxiety, sadness and anger did not decreased significantly.

Conclusions: Due to relatively small sample size and low quality of the included studies in this review, it is difficult to draw a conclusion on the effect of massage and touch on behavioural and psychological syndrome of dementia or implications for practice.

Title: Physicians' perceptions of suffering in people with dementia at the end of life

Citation: Palliative & Supportive Care; Oct 2017; vol. 15 (no. 5); p. 587-599

Author(s): van der Steen, Jenny T ; Deliens, Luc; Koopmans, Raymond T C M ; Onwuteaka-Philipsen, Bregje D

Objective: Our aim was to describe physicians' perceptions of the suffering of their patients who are dying with dementia, many of whom are incompetent with regard to decision making and have difficulty with communicating about the source of their distress and with identifying related factors.

Method: We analyzed data from the nationally representative observational Dutch End-of-Life in Dementia (DEOLD) cohort study (2007-2011), which involved 34 long-term care facilities. A total of 103 physicians completed questionnaires about 330 patients with dementia who had died in a participating facility. Suffering during the last six hours of life was defined as "a patient being disturbed by or aware of symptoms," "suffering until the end or death was a struggle"--all related to objective indicators of lack of comfort. We employed generalized estimating equation models to assess associations of suffering with the characteristics of physicians and patients, the patient's death, and the decision-making process.

Results: In 13.8% of cases, the physician felt that the patient had suffered. An unexpected death and death with pneumonia were strongly (an odds ratios close to 6) associated with suffering, and suffering was also independently associated with the physician's perception of worse quality of end-of-life care, death with cardiovascular disease, a less experienced physician, no palliative sedation, and a younger patient.

Significance of Results: Most patients with dementia did not suffer during their final hours of life, according to their physicians. There are a number of factors associated with suffering, among them death with pneumonia and unexpected death. We may not be able to have much influence on death from pneumonia, but quality of care and an unexpected death are reasonable targets for intervention. Earlier identification of the beginning of the dying process would allow time to better prepare for approaching death, which would provide a source of comfort.

Title: Transitions From Hospitals to Skilled Nursing Facilities for Persons With Dementia: A Challenging Convergence of Patient and System-Level Needs

Citation: The Gerontologist; Oct 2017; vol. 57 (no. 5); p. 867

Author(s): Gilmore-Bykovskyi, Andrea L, PhD, RN; Roberts, Tonya J, PhD, RN; King, Barbara J, PhD, RN; Kennelty, Korey A, PharmD, PhD, RPh; Kind, Amy J H, MD, PhD

Purpose of the Study: To describe skilled nursing facility (SNF) nurses' perspectives on the experiences and needs of persons with dementia (PwD) during hospital-to-SNF transitions and to identify factors related to the quality of these transitions.

Design and Methods: Grounded dimensional analysis study using individual and focus group interviews with nurses (N = 40) from 11 SNFs.

Results: Hospital-to-SNF transitions were largely described as distressing for PwD and their caregivers and dominated by dementia-related behavioral symptoms that were perceived as being purposely under-communicated by hospital personnel in discharge communications. SNF nurses described PwD as having unique transitional care needs, which primarily involved needing additional discharge preplanning to enable preparation of a tailored behavioral/social care plan and physical environment prior to transfer. SNF nurses identified inaccurate/limited hospital discharge communication regarding behavioral symptoms, short discharge timeframes, and limited nursing control over SNF admission decisions as factors that contributed to poorer-quality transitions producing increased risk for resident harm, rehospitalization, and negative resident/caregiver experiences. Engaged caregivers throughout the transition and the presence of high-quality discharge communication were identified as factors that improved the quality of transitions for PwD.

Implications: Findings from this study provide important insight into factors that may influence transitional care quality during this highly vulnerable transition. Additional research is needed to explore the association between these factors and transitional care outcomes such as rehospitalization and caregiver stress. Future work should also explore strategies to improve inter-setting communication and care coordination for PwD exhibiting challenging behavioral symptoms.

Title: Dementia Care Comes Home: Patient and Caregiver Assessment via Telemedicine

Citation: The Gerontologist; Oct 2017; vol. 57 (no. 5); p. E85

Author(s): Lindauer, Allison, PhD, NP; Seelye, Adriana, PhD; Lyons, Bayard, PhD; Dodge, Hiroko H, PhD; Mattek, Nora, MPH; Mincks, Katherine, BA; Kaye, Jeffrey, MD; Erten-Lyons, Deniz, MD

Purpose of the Study: We evaluated the feasibility and reliability of commonly used clinical dementia assessments when administered via direct-to-home telemedicine videoconferencing. To date, few studies assessed the suitability of these measures when used in this setting.

Design and Methods: Sixty-six participants (33 patients with Alzheimer's disease (AD) and their 33 caregivers) consented to assessment with a battery of tests in both the clinic setting and via telemedicine. We administered cognitive, behavior, and mood assessments to persons with mild, moderate, and severe AD both in the clinic setting and via direct-to-home telemedicine videoconferencing; test-retest reliability was assessed. We also explored how three caregiver measures performed when administered via telemedicine. Assessments were administered 2 weeks apart. Participant feedback about their experience was solicited.

Results: Twenty-eight dyads completed the assessments. Reliability was found to be good to excellent in all measures when used with direct-to-home telemedicine. For the most part, participants and clinicians found telemedicine to be a feasible option for assessing cognitive function and caregiver coping.

Implications: Findings indicate that these measures can be used to assess persons with AD, as well as their caregivers, across the telemedicine platform, directly to their homes. Use of this technology can expand access to care to the millions across the United States with AD and their caregivers.

Sources Used:

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

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