

Dementia Current Awareness Bulletin

May 2018

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Title: Educational Differences in the Prevalence of Dementia and Life Expectancy with Dementia: Changes from 2000 to 2010.

Citation: The journals of gerontology. Series B, Psychological sciences and social sciences; Apr 2018; vol. 73; p. S20

Author(s): Crimmins, Eileen M; Saito, Yasuhiko; Kim, Jung Ki; Zhang, Yuan S; Sasson, Isaac; Hayward, Mark D

Objectives: This article provides the first estimates of educational differences in age-specific prevalence, and changes in prevalence over time, of dementia by education levels in the United States. It also provides information on life expectancy, and changes in life expectancy, with dementia and cognitively healthy life for educational groups.

Method: Data on cognition from the 2000 and 2010 Health and Retirement Study are used to classify respondents as having dementia, cognitive impairment without dementia (CIND), or being cognitively intact. Vital statistics data are used to estimate life tables for education groups and the Sullivan method is used to estimate life expectancy by cognitive state.

Results: People with more education have lower prevalence of dementia, more years of cognitively healthy life, and fewer years with dementia. Years spent in good cognition increased for most sex-education groups and, conversely, years spent with dementia decreased for some. Mortality reduction was the most important factor in increasing cognitively healthy life. Change in the distribution of educational attainment has played a major role in the reduction of life with dementia in the overall population.

Discussion: Differences in the burden of cognitive loss by education point to the significant cost of low social status both to individuals and to society.

Title: Is it all bleak? A systematic review of factors contributing to relationship change in dementia.

Citation: International psychogeriatrics; Apr 2018; p. 1-19

Author(s): Conway, Erin R; Watson, Brittany; Tatangelo, Gemma; McCabe, Marita

Objective: The care of community-dwelling people with dementia often occurs in the context of pre-existing family relationships. The presence of dementia can result in changes to the quality of those relationships. The purpose of this systematic review is to identify factors that enhance or challenge the quality of spousal or offspring relationships in the context of dementia.

Methods: Both qualitative and quantitative studies were included in a systematic review of the literature. Thematic analysis of results was conducted that examined factors related to the relationship quality of community dwelling people with dementia and their spousal or offspring carer. Meta-analysis was not possible due to the heterogeneity of the included studies.

Results: Four themes were extracted from seven qualitative studies: connection to the carer role; identity of the people with dementia; current efforts to maintain relationship connection; and the dyads response to dementia. Each of these four themes incorporated positive and negative facets that impacted on relationship quality. An analysis of nine quantitative and one mixed methods studies identified four domains: influence of dementia characteristics; connection within the dyad; relationship response to stress and carer burden; and carer demographic factors.

Conclusions: The findings of this review highlight relationship factors that are important for supporting relationship quality for the people with dementia and the carer individually, as well as for the dyad together. These findings extend an existing framework of relationship quality in dementia. Implications for interventions to enhance relationship quality in the dementia context are discussed.

Title: Dementia care mapping to support staff in the care of people with intellectual disability and dementia: a feasibility study.

Citation: Journal of applied research in intellectual disabilities: JARID; Apr 2018

Author(s): Schaap, Feija D; Fokkens, Andrea S; Dijkstra, Geke J; Reijneveld, Sijmen A; Finnema, Evelyn J

Objective: The number of people with intellectual disability and dementia increases; this combination causes behavioural changes. Dementia Care Mapping (DCM) supports staff in dementia care in nursing homes and may be useful in intellectual disability-care. This qualitative study examines the feasibility of DCM for older people with intellectual disability and dementia.

Methods: The present authors obtained data in focus groups and interviews with professional users and analysed using a framework for feasibility studies. With experts in dementia and intellectual disability researches, the present authors determined the overall feasibility.

Results: DCM was found to be feasible in intellectual disability-care, regarding five domains of feasibility. Staff reported DCM to be useful and valuable and addresses to their demand for skills and knowledge. All professional users found DCM feasible in intellectual disability-care, which was confirmed by experts.

Conclusions: DCM is feasible in intellectual disability-care. When fully tailored to intellectual disability-care, DCM is useful and provides opportunities to assess its effectiveness.

Title: Outcomes in Hospitalized Ischemic Stroke Patients with Dementia on Admission: A Population-Based Cohort Study.

Citation: The Canadian journal of neurological sciences. Le journal canadien des sciences neurologiques; Apr 2018; p. 1-5

Author(s): Zerna, Charlotte; Lindsay, Mary P; Fang, Jiming; Swartz, Richard H; Smith, Eric E

Abstract: Dementia prevalence is rising, and it will double in the next 20 years. This study sought to understand the prevalence of dementia in hospitalized patients with ischemic stroke, and its impact on outcomes. Using the Canadian Institute of Health Information's (CIHI) Discharge Abstract Database (DAD), all acute ischemic stroke admissions from April 2003 to March 2015 in Canada (excluding Quebec) were analyzed. Concurrent dementia at the time of admission was assessed based on hospital diagnostic codes. Characteristics and in-hospital outcomes were compared in patients with and without dementia using χ^2 and negative binomial, as well as Poisson regression analysis. During the observed period, 313,138 people were admitted to a hospital in Canada for an ischemic stroke. Of those, 21,788 (7.0%) had a concurrent diagnosis of dementia. People with dementia had older median age (84 vs. 76 years; $p < 0.0001$), were more often female (59.6% vs. 48.4%; $p < 0.0001$) and more often had Charlson-Deyo Comorbidity Index ≥ 2 (64.5% vs. 43.5%; $p < 0.0001$). Patients with dementia were less likely to be discharged to a rehabilitation facility

(adjusted risk ratio [RR] 3.089, 95% confidence interval [CI] 2.992-3.188, $p < 0.0001$) or home independently (adjusted RR 0.756, 95% CI 0.737-0.776, $p < 0.0001$).

Interpretation: Approximately 1 in 13 hospitalized ischemic stroke patients has coded dementia. Patients with ischemic stroke and concurrent dementia have higher mortality, face significantly more dependence after stroke and utilize greater healthcare resources than stroke patients without dementia. Causative conclusions are limited by the administrative data source. Early care planning and coordination could potentially optimize outcomes.

Title: Scaling the Peaks Research Protocol: understanding the barriers and drivers to providing and using dementia-friendly community services in rural areas-a mixed methods study.

Citation: BMJ open; Apr 2018; vol. 8 (no. 4); p. e020374

Author(s): Marshall, Fiona; Basiri, Anahid; Riley, Mark; Denning, Tom; Gladman, John; Griffiths, Amanda; Lewis, Sarah

Introduction: Scaling the Peaks is a cross-disciplinary research study that draws on medical ethnography, human geography and Geospatial Information Science (GIS) to address the issues surrounding the design and delivery of dementia-friendly services in rural communities. The research question seeks to understand the barriers and drivers to the development of relevant, robust, reliable and accessible services that make a difference among older rural families affected by dementia.

Methods and analysis: This mixed methods study recruits both families affected by dementia who reside within the Peak District National Park, Derbyshire, and their service providers. The study explores the expectations and experiences of rural dementia by adopting a three-part approach 1 : longitudinal ethnographic enquiry with up to 32 families affected by dementia (aged 70 years plus) who identify themselves as rural residents 2 ; ethnographic semistructured interviews and systematic observations of a range of statutory, third sector, private and local community initiatives that seek to support older people living with dementia 3 ; and geospatial visual mapping of the qualitative and quantitative data. The ethnographic data will be used to explore the ideas of belonging in a community, perceptions of place and identity to determine the factors that influence everyday decisions about living well with dementia and, for the providers, working in a rural community. The geospatial component of the study seeks to incorporate quantitative and qualitative data, such as types, locations and allocation of services to produce an interactive web-based map for local communities to determine the future design and delivery of services when considering dementia-friendly services.

Ethics and dissemination: The study is approved by the Leeds and Humberside Health Research Authority 16/YH/0163. The study is also approved by other participating organisations as required by their own governance procedures. The study includes people with dementia and as such adheres to the ethical considerations when including people with dementia. A publicly available interactive visual map of the findings will be produced in relation to current services related to location and, by default, identify gaps in provision. Formal reports and dissemination activities will be undertaken in collaboration with the study advisory group members.

Study progress: The recruitment began in September 2016. The data analysis commenced June 2017, using 59 provider interviews and 27 family participants. Data collection will be completed June 2018.

Note on terminology: Please note that the term 'families affected by dementia' is the preferred term of usage by the family members of the Scaling the Peaks Study Advisory

Group. The group wishes to emphasise that they consider this term to be more representative of their lives than the term living with dementia.

Title: The impact of dementia diagnosis on patterns of potentially inappropriate medication use among older adults.

Citation: The journals of gerontology. Series A, Biological sciences and medical sciences; Apr 2018

Author(s): Gnjjidic, Danijela; Agogo, George O; Ramsey, Christine M; Moga, Daniela C; Allore, Heather

Objective: Use of potentially inappropriate medications (PIM) among people with dementia is common. We assessed the patterns of medication use from one-year prior to dementia diagnosis, to one-year after dementia diagnosis, compared to patterns of medication use in people without dementia.

Methods: We conducted longitudinal study using the National Alzheimer's Coordinating Center data. Adults ≥ 65 years newly diagnosed with dementia ($n=2418$) during 2005-2015 were year, age and sex matched 1:1 with controls. Generalized estimating equation models weighted for missingness and adjusted for 15 participant characteristics were fit.

Results: Among participants with dementia, number of medications reported one-year pre-diagnosis was 8% lower than at diagnosis year ($P<.0001$), and 11% higher one-year post diagnosis compared to year of diagnosis ($P<.0001$). Among participants with dementia, the odds of PIMs exposure, assessed using the Beers Criteria, was 17% lower one-year pre-diagnosis ($P<.0001$), and 17% higher one-year post-diagnosis ($P=.006$) compared to year of diagnosis. Among controls, there were approximately 6% more medications between consecutive years ($P<.0001$ each comparison). Among controls, the odds of PIMs exposure increased 11% between consecutive years ($P=.006$ and $P=.047$). At each annual follow-up, participants with dementia had lower odds of PIMs exposure than their controls (pre-diagnosis $P<.0001$, at diagnosis $P=.0007$, post-diagnosis $P=.03$, respectively). There were no differences in exposure to anticholinergic medications.

Conclusions: Number of medications and PIMs use increased annually for participants with and without dementia. Persistent challenge of increasing PIM use in this group of older adults is of major concern, and warrants interventions to minimize such prescribing.

Title: Carer and clinician perceptions of the use of emergency medical services by people with dementia: a qualitative study.

Citation: Primary health care research & development; Apr 2018 ; p. 1-4

Author(s): Voss, Sarah; Brandling, Janet; Black, Sarah; Cheston, Rik; Cullum, Sarah; Illiffe, Steve; Purdy, Sarah; Bengner, Jonathan

Abstract: A growing number of older people are accessing emergency medical services (EMS), and many calls to EMS are made by, or on behalf of, people with dementia. Their needs are frequently complex; however, EMS staff are often given minimal guidance on ensuring patient safety, accurate diagnosis, and timely transfer to the most appropriate care. This study aimed to qualitatively explore the EMS experiences of carers for people with dementia and assess the views of EMS staff on the management of dementia, using focus groups and interviews. Themes were focussed on the circumstances surrounding EMS calls to people with dementia. These can prove frustrating due to a lack of information sharing,

limited alternatives to hospital attendance and the amount of time that it can take to meet the complex needs of a person with dementia.

Title: Using dolls for therapeutic purposes: A study on nursing home residents with severe dementia.

Citation: International journal of geriatric psychiatry; Apr 2018

Author(s): Cantarella, A; Borella, E; Faggian, S; Navuzzi, A; De Beni, R

Objectives: Among the psychosocial interventions intended to reduce the behavioral and psychological symptoms of dementia (BPSD), doll therapy (DT) is increasingly used in clinical practice. Few studies on DT have been based on empirical data obtained with an adequate procedure; however, none have assessed its efficacy using an active control group, and the scales used to assess changes in BPSD are usually unreliable. The aim of the present study was to measure the impact of DT on people with severe dementia with a reliable, commonly used scale for assessing their BPSD, and the related distress in formal caregivers. Effects of DT on the former's everyday abilities (ie, eating behavior) were also examined.

Method: Twenty-nine nursing home residents aged from 76 to 96 years old, with severe dementia (Alzheimer's or vascular dementia), took part in the experiment. They were randomly assigned to an experimental group that used dolls or an active control group that used hand warmers with sensory characteristics equivalent to the dolls. Benefits of DT on BPSD and related formal caregiver distress were examined with the Neuropsychiatric Inventory. The effects of DT on eating behavior were examined with the Eating Behavior Scale.

Results: Only the DT group showed a reduction in BPSD scores and related caregiver distress. DT did not benefit eating behavior however.

Conclusions: This study suggests that DT is a promising approach for reducing BPSD in people with dementia, supporting evidence emerging from previous anecdotal studies.

Title: Effects of dog-assisted intervention on quality of life in nursing home residents with dementia.

Citation: Scandinavian journal of occupational therapy; Apr 2018; p. 1-8

Author(s): Kårefjärd, Ann; Nordgren, Lena

Objective: People with dementia often have a poor quality of life. Therefore, methods that can improve their life situation must be identified. One promising method is dog-assisted intervention. This study aimed to investigate the effects of dog-assisted intervention on quality of life in nursing home residents with dementia.

Materials and methods: A one-group, pretest post-test study design was used. Quality of life was measured using the QUALID in 59 nursing home residents prior to and after a dog-assisted intervention. Non-parametric tests were used to analyze the data, and effect sizes were calculated.

Results: The participants' total scores improved significantly between baseline and post-test 1 ($p < 0.001$) and worsened significantly at post-test 2 ($p = 0.025$). The largest effect size was found for the item 'Verbalization suggests discomfort' ($p = 0.001$).

Conclusion: The results indicate that dog-assisted interventions can have positive effects on quality of life in nursing home residents with moderate to severe dementia.

Significance: The results contribute to a growing knowledge base about non-pharmacological methods that can be used in dementia care. Occupational therapists should consider dog-assisted interventions when planning activities that can reduce the illness burden and improve the quality of life for people with dementia.

Title: Effects of Exergaming in People with Dementia: Results of a Systematic Literature Review.

Citation: Journal of Alzheimer's disease: JAD; Apr 2018

Author(s): van Santen, Joeke; Dröes, Rose-Marie; Holstege, Marije; Henkemans, Olivier Blanson; van Rijn, Annelies; de Vries, Ralph; van Straten, Annemieke; Meiland, Franka

Objective: Physical exercise benefits functioning, health, and well-being. However, people living with dementia in particular hardly engage in exercise. Exergaming (exercise and gaming) is an innovative, fun, and relatively safe way of exercising in a virtual reality or gaming environment. It may help people living with dementia overcome barriers they can experience regarding regular exercise activities. This systematic literature review aims to provide an overview of the cost-effectiveness of exergaming and its effects on physical, cognitive, emotional, and social functioning, as well as the quality of life in people living with dementia.

Methods: PubMed, Embase, Cinahl, PsycINFO, the Cochrane Library, and the Web of Science Core Collection were searched. Selection of studies was carried out by at least two independent researchers.

Results: Three studies were found to be eligible and were included in this review. Two of these showed some statistically significant effects of exergaming on physical, cognitive, and emotional functioning in people living with dementia, although based on a very small sample. No articles were found about the cost-effectiveness of exergaming.

Conclusions: Only a few controlled studies have been conducted into the effectiveness of exergaming, and these show very little significant benefits. More well-designed studies are necessary to examine the effects of exergaming.

Title: Is there an "optimal time" to move to a care home for a person with dementia? A systematic review of the literature.

Citation: International psychogeriatrics; Apr 2018; p. 1-22

Author(s): Cole, Laura; Samsi, Kritika; Manthorpe, Jill

Objective: There is limited evidence regarding how the decision evolves about whether and when it is best for a person with dementia to move to a care home. The factors leading to the timing of the decision remain particularly unclear. This systematic review of existing literature aims to gain an understanding of the decision-making timing and process to distinguish the drivers of these decisions, and to identify if there is an "optimal" or best time (if any) for a person with dementia to move to a care home.

Methods: Six English language electronic databases were searched up to the end of 2016, along with included papers' reference lists. Papers were screened against the inclusion criteria and rated for quality. Extracted data were thematically analyzed.

Results: The review identified 16 relevant papers. Seven themes were identified: (1) what happened before the move; (2) planning for the move, (3) weighing up the decision, (4) lack of support, (5) drivers of the decision, (6) emotional significance of the move, and (7)

continued reflection on the decision. "Time" of the move was largely absent from much of the literature, although inferences were made. Overall, the decision-making process appeared to be cyclic, with family carers constantly re-evaluating when might be the time to make the move with some continuing to reflect on this even subsequently.

Conclusions: Further research is required to understand the "optimal" or best time (if any) for when a person with dementia moves to a care home, and how to determine when someone is ready to move.

Title: How sexuality relates to people with dementia in the hospital setting.

Citation: British journal of nursing (Mark Allen Publishing); Apr 2018; vol. 27 (no. 8); p. 462

Author(s): Mendes, Aysha

Title: Cognitive function trajectories and their determinants in older people: 8 years of follow-up in the English Longitudinal Study of Ageing.

Citation: Journal of epidemiology and community health; Apr 2018

Author(s): Zaninotto, Paola; Batty, G David; Allerhand, Michael; Deary, Ian J

Objective: Maintaining cognitive function is an important aspect of healthy ageing. In this study, we examined age trajectories of cognitive decline in a large nationally representative sample of older people in England. We explored the factors that influence such decline and whether these differed by gender.

Methods: Latent growth curve modelling was used to explore age-specific changes, and influences on them, in an 8-year period in memory, executive function, processing speed and global cognitive function among 10 626 participants in the English Longitudinal Study of Ageing. We run gender-specific models with the following exposures: age, education, wealth, childhood socioeconomic status, cardiovascular disease, diabetes, physical function, body mass index, physical activity, alcohol, smoking, depression and dementia.

Results: After adjustment, women had significantly less decline than men in memory (0.011, SE 0.006), executive function (0.012, SE 0.006) and global cognitive function (0.016, SE 0.004). Increasing age and dementia predicted faster rates of decline in all cognitive function domains. Depression and alcohol consumption predicted decline in some cognitive function domains in men only. Poor physical function, physical inactivity and smoking were associated with faster rates of decline in specific cognitive domains in both men and women. For example, relative to study members who were physically active, the sedentary experienced greater declines in memory (women -0.018, SE 0.009) and global cognitive function (men -0.015, SE 0.007 and women -0.016, SE 0.007).

Conclusions: The potential determinants of cognitive decline identified in this study, in particular modifiable risk factors, should be tested in the context of randomised controlled trials.

Title: Measuring mobility in older hospital patients with cognitive impairment using the de Morton Mobility Index.

Citation: BMC geriatrics; Apr 2018; vol. 18 (no. 1); p. 100

Author(s): Braun, Tobias; Grüneberg, Christian; Thiel, Christian; Schulz, Ralf-Joachim

Objective: Mobility is a key outcome in older patients with cognitive impairment. The de Morton Mobility Index (DEMMI) is an established measure of older people's mobility that is promising for use in older patients with cognitive impairment. The aim of this study was to examine the DEMMI's psychometric properties in older patients with dementia, delirium or other cognitive impairment.

Methods: This cross-sectional study was performed in a geriatric hospital and includes older acute medical patients with cognitive impairment indicated by a Mini Mental State Examination (MMSE) score ≤ 24 points. A Rasch analysis was performed to check the DEMMI's unidimensionality. Construct validity was assessed by testing 13 hypotheses about expected correlations between the DEMMI and outcome measures of similar or related constructs, and about expected differences of DEMMI scores between groups differing in mobility related characteristics. Administration times were recorded.

Results: A sample of 153 patients with mild (MMSE 19-24 points; 63%) and moderate (MMSE: 10-18 points; 37%) cognitive impairment was included (age range: 65-99 years; mean MMSE: 19 ± 4 , range: 8-24 points; diagnosis of dementia and delirium: 40% and 18%, respectively). Rasch analysis indicated unidimensionality with an overall fit to the model ($P = 0.107$). Internal consistency reliability was excellent (Cronbach's alpha = 0.92). Eleven out of 13 (85%) hypotheses on construct validity were confirmed. The DEMMI showed good feasibility, and no adverse events occurred. The mean administration time of 5 min (range: 1-10) was not influenced by the level of cognitive impairment. In contrast to some other comparator instruments, no floor or ceiling effects were evident for the DEMMI.

Conclusions: Results indicate sufficient psychometric properties of the DEMMI in older patients with cognitive impairment.

Title: Accuracy of death certification of dementia in population-based samples of older people: analysis over time.

Citation: Age and ageing; Apr 2018

Author(s): Gao, Lu; Calloway, Rowan; Zhao, Emily; Brayne, Carol; Matthews, Fiona E; Medical Research Council Cognitive Function and Ageing Collaboration

Background: Death certification data are routinely collected in most developed countries. Coded causes of death are a readily accessible source and have the potential advantage of providing complete follow-up, but with limitations.

Objective: To investigate the reliability of using death certificates for surveillance of dementia, the time trend of recording dementia on death certificates and predictive factors of recording of dementia.

Subjects: Individuals aged 65 and over in six areas across England and Wales were randomly selected for the Medical Research Council Cognitive Function and Ageing Study (CFAS) and CFAS II with mortality follow-up.

Methods: Prevalence of dementia recorded on death certificates were calculated by year. Reporting of dementia on death certificates compared with the study diagnosis of dementia, with sensitivity, specificity and Cohen's κ were estimated. Multivariable logistic regression models explored the impact of potential factors on the reporting of dementia on the death certificate.

Results: The overall unadjusted prevalence of dementia on death certificates rose from 5.3% to 25.9% over the last 26 years. Dementia reported on death certificates was poor with sensitivity 21.0% in earlier cohort CFAS, but it had increased to 45.2% in CFAS II. Dementia was more likely to be recorded on death certificates in individuals with severe dementia, or those living in an institution, yet less likely reported if individuals died in hospital.

Conclusion: Recording dementia on death certificate has improved significantly in the England and Wales. However, such information is still an underestimate and should be used alongside epidemiological estimations.

Title: Determinants of hospitalization and length of stay among people with dementia - An analysis of statutory health insurance claims data.

Citation: Archives of gerontology and geriatrics; 2018; vol. 76; p. 227-233

Author(s): Motzek, Tom; Werblow, Andreas; Tesch, Falko; Marquardt, Gesine; Schmitt, Jochen

Objective: Dementia is a crucial challenge in acute care hospitals. Using a retrospective claims data cohort, this paper explores dementia patients' acute hospitalization rates, risk factors, and length of stay.

Methods: The study used claims data from AOK PLUS, the largest statutory health insurance service (SHI) in Saxony, a federal state of Germany. The analysis included 61,239 people with dementia and 183,477 control subjects, all 65 years and older. Control subjects were age, gender, and regionally matched in a 1:3 ratio. Negative binomial hurdle regression was used to compare differences in hospitalization for the year 2014.

Results: People with dementia had 1.49 times higher adjusted odds of being hospitalized at least once (95% confidence interval [CI], 1.46-1.52). Among those individuals hospitalized at least once, dementia increased the number of readmissions by 18% (95% CI, 1.15-1.20). Dementia patients also had a 1.74 times higher odds for at least one emergency admission compared to individuals without dementia (95% CI, 1.70-1.78). Dementia patients' admission risk factors included having care dependency, being recently diagnosed with dementia and living outside a metropolitan region. The increased length of stay for people with dementia per year was mainly attributable to higher admission rates.

Conclusions: Dementia patients are at higher risk for hospitalization, especially if they live outside the metropolitan region. Healthcare systems need to respond to the challenges resulting from the predicted demographic developments and increasing burden of dementia in the general population.

Title: Living well with dementia: a systematic review and correlational meta-analysis of factors associated with quality of life, well-being and life satisfaction in people with dementia.

Citation: Psychological medicine; May 2018; p. 1-10

Author(s): Martyr, Anthony; Nelis, Sharon M; Quinn, Catherine; Wu, Yu-Tzu; Lamont, Ruth A; Henderson, Catherine; Clarke, Rachel; Hindle, John V; Thom, Jeanette M; Jones, Ian Rees; Morris, Robin G; Rusted, Jennifer M; Victor, Christina R; Clare, Linda

Abstract: Current policy emphasises the importance of 'living well' with dementia, but there has been no comprehensive synthesis of the factors related to quality of life (QoL), subjective well-being or life satisfaction in people with dementia. We examined the available evidence in a systematic review and meta-analysis. We searched electronic databases until 7 January 2016 for observational studies investigating factors associated with QoL, well-being and life satisfaction in people with dementia. Articles had to provide quantitative data and include $\geq 75\%$ people with dementia of any type or severity. We included 198 QoL studies taken from 272 articles in the meta-analysis. The analysis focused on 43 factors with sufficient data, relating to 37639 people with dementia. Generally, these factors were

significantly associated with QoL, but effect sizes were often small (0.1-0.29) or negligible (<0.09). Factors reflecting relationships, social engagement and functional ability were associated with better QoL. Factors indicative of poorer physical and mental health (including depression and other neuropsychiatric symptoms) and poorer carer well-being were associated with poorer QoL. Longitudinal evidence about predictors of QoL was limited. There was a considerable between-study heterogeneity. The pattern of numerous predominantly small associations with QoL suggests a need to reconsider approaches to understanding and assessing living well with dementia.

Title: How do lesbian and gay people experience dementia?

Citation: Dementia (London, England); May 2018; vol. 17 (no. 4); p. 452-477

Author(s): McParland, James; Camic, Paul M

Objective: The subjective experience of dementia for lesbian and gay individuals is largely absent from the extant literature. This study aimed to explore what it means to experience dementia in this context given the documented psychosocial influences facing this population. A second aim was to develop understanding of these experiences within dyadic relationships.

Method: Ten semi-structured interviews were conducted with lesbian and gay individuals with dementia and people with whom they had a significant relationship and analysed using interpretative phenomenological analysis.

Results: Three superordinate themes, reflecting characteristics of participants' experience, were identified: duality in managing dementia, giving yourself away vs. holding onto yourself and relationships as sheltered harbours. Ten subthemes indicated the processes that were adopted to adjust and make sense of the experience of dementia. These included decisions around concealment, ensuring safety and the promotion of personhood and couplehood. In line with findings for heterosexual couples, partners had an important role in maintaining the identity of the person with dementia.

Conclusions: Results suggest additional and distinct challenges, including experienced and perceived discrimination and heterosexism. In response to these conditions, interviewees worked to resist a 'double stigma' of dementia and sexuality. Findings indicated areas of improvement for dementia services, including training in inclusive practice.

Title: Risk Factors and Outcomes of Delirium in Older Patients Admitted to Postacute Care with and without Dementia.

Citation: Dementia and geriatric cognitive disorders; May 2018; vol. 45 (no. 1-2); p. 121-129

Author(s): Gual, Neus; Morandi, Alessandro; Pérez, Laura Monica; Brítez, Laura; Burbano, Pamela; Man, Flor; Inzitari, Marco

Objective: Delirium research is poorly studied in postacute care, a growing setting due to aging populations, as well as in dementia, a critical risk factor for delirium and particularly prevalent in postacute care. We investigated risk factors for delirium and its outcomes in older adults with and without dementia admitted to a subacute care unit (SCU) after exacerbated chronic conditions.

Methods: This is a prospective cohort study including patients ≥ 65 years old admitted to an SCU for 12 months. We collected demographics, comprehensive geriatric assessments, and presence of dementia and delirium at admission. Outcomes included discharge to previous

living situation, mortality, and functional evolution. Due to the high prevalence of dementia, a subgroup analysis was performed to investigate specific risk factors for delirium and related outcomes.

Results: Of 909 patients (mean age [\pm SD] 85.8 \pm 6.7; 60% women, 47.5% with dementia), 352 (38.7%) developed delirium. The main risk factor for delirium was dementia (HR [95% CI] 5.2 [3.5-7.7]); age, functional status, and urinary tract infections were also independently associated with delirium. In dementia patients, only age (HR [95% CI] 1.0 [1.004-1.1]) and being male (HR [95% CI] 1.7 [1.04-2.6]) were associated with delirium. Delirium was associated with greater mortality (10.8 vs. 3.9%; $p < 0.001$) and greater functional decline in the entire sample (-12.3 vs. -6.4 Barthel index points; $p < 0.001$). In the dementia subgroup, patients with delirium experienced greater functional loss ($p = 0.013$) and less functional recovery ($p = 0.025$).

Conclusions: In older patients admitted to postacute care, dementia is the main risk factor for delirium, and delirium carries worse clinical and functional outcomes. In patients with dementia, delirium is also relevant, since it entails a functional loss at admission and lower functional recovery.

Sources Used:

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

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