

Dementia Current Awareness Bulletin

June 2018

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Title: Making Hospitals Less Threatening to Patients with Dementia: Measures have been proposed, but how realistic are they?

Citation: AJN American Journal of Nursing; Jun 2018; vol. 118 (no. 6); p. 18-19

Author(s): Sofer, Dalia

Abstract: The article reports on the feasibility of the proposal to create less threatening hospitals to dementia patients in the U.S. The topics discussed include the percentage of Americans with dementia, the challenges experienced by older dementia patients in hospitals, and the decision of some hospitals to open geriatric emergency departments.

Title: Dementia across local districts in England 2014 to 2015.

Citation: International journal of geriatric psychiatry; Jun 2018

Author(s): Tampubolon, Gindo; Nazroo, James; Keady, John; Pendleton, Neil

Objective: The number of older people needing dementia care is projected to rise rapidly, and local districts are now charged with responding to this need. But evidence on local area factors of dementia is scarce. We studied the odds of dementia prevalence and its individual risk factors enriched with area factors.

Materials and methods: This study analysed objectively assigned dementia prevalence in people aged 60 and over living in community in England, drawing data from the English Longitudinal Study of Ageing 2014 to 2015 and local districts statistics using multilevel logistic models. Dementia status is ascertained using a modified version of the Telephone Interview for Cognitive Status. A number of individual risk factors were considered including social determinants, internet use, social connections, and health behaviours; 2 contextual factors were included: the index of multiple deprivation and land use mix.

Results: The prevalence of dementia by this method is 8.8% (95% confidence interval 7.7%-9.2%) in older adults in England. Maps of dementia prevalence across districts showed prevalent areas. In the full model, no area characteristics were significant in predicting dementia prevalence. Education, social connections, internet use, and moderate to vigorous physical activity showed protective associations.

Conclusion: Dementia in older adults in England is largely predicted by individual characteristics, although some districts have a large share of their population with dementia. Given the health and social care costs associated with dementia, differential interventions and support to districts and to groups of individuals defined by these characteristics seem warranted.

Title: Barriers and facilitators to the access to and use of formal dementia care: findings of a focus group study with people with dementia, informal carers and health and social care professionals in eight European countries.

Citation: BMC geriatrics; Jun 2018; vol. 18 (no. 1); p. 131

Author(s): Stephan, Astrid; Bieber, Anja; Hopper, Louise; Joyce, Rachael; Irving, Kate; Zanetti, Orazio; Portolani, Elisa; Kerpershoek, Liselot; Verhey, Frans; de Vugt, Marjolein;

Wolfs, Claire; Eriksen, Siren; Røsvik, Janne; Marques, Maria J; Gonçalves-Pereira, Manuel; Sjölund, Britt-Marie; Jolley, Hannah; Woods, Bob; Meyer, Gabriele; Actifcare Consortium

Objective: People with dementia and informal carers often access formal care late in the process of dementia. The barriers and facilitators to service use from the perspectives of different stakeholders involved are not well understood. Thus, we aimed to explore the barriers and facilitators of access to and utilisation of formal care from the perspectives of people with dementia, their informal carers and health and social care professionals.

Method: Focus groups with people with dementia, informal carers and professionals were conducted in eight European countries. Recruitment targeted people with dementia, informal carers with experience of formal care and professionals involved in providing (access to) formal care. Qualitative content analysis using open coding was used on a national level. Cross-national synthesis was based on the translated national reports.

Results: Overall, 55 focus groups with 261 participants were conducted, involving 51 people with dementia, 96 informal carers and 114 professionals. Sixteen categories describing barriers and facilitators were identified, referring to three global themes: Aspects related to 1) individuals involved, 2) the system or 3) overarching aspects. The attitudes and beliefs of people with dementia and their carers may have a major impact, and they often serve as barriers. Formal care was perceived as a threat to the individual independence of people with dementia and was thus avoided as long as possible. A healthcare professional serving as a constant key contact person could be an essential facilitator to overcome these barriers. Contact should be initiated proactively, as early as possible, and a trusting and consistent relationship needs to be established. Beyond that, the findings largely confirm former research and show that barriers to accessing and using formal care still exist across Europe despite a number of national and European initiatives.

Conclusion: Further investigations are needed to elaborate how the concept of a key contact person could be integrated with existing case management approaches and how the independence and autonomy of people with dementia can be strengthened when formal care needs to be accessed and used. These may be meaningful facilitators regarding enhanced access to formal care for people with dementia and their families.

Title: A retrospective analysis of care in patients with dementia hospitalized at a tertiary medical center.

Citation: Aging & mental health; Jun 2018; vol. 22 (no. 6); p. 773-777

Author(s): Patira, Riddhi; Zhao, Huaqing; Azizi, Ausim

Objective: Hospitalization is an opportunity to address various aspects related to management of dementia, including the goals of care to avoid futile care. We studied the prevalence of these factors when patients with dementia are hospitalized.

Design: One hundred and thirty-one charts of patients with dementia admitted to a single university-based hospital were retrospectively reviewed. Data were collected and analyzed for age, gender, the severity of dementia, co-morbidities, co-existing vascular dementia, reversible causes of dementia, mental status scores, medications, consultations, procedures, complications, availability of advance directives, decision-maker, code status, and goals of care discussion.

Results: In patients with dementia, co-morbidities and vascular disease burden were frequent. When these patients were hospitalized, use of psychotropic medications, invasive procedures, and multi-specialty consultations was common. Tests of mental status, screening for reversible causes, and use of FDA-approved medications for dementia is less

common. Despite the lack of advance directives, goals of care were infrequently discussed. When goals of care were discussed, proxy decision-maker preferred palliative care and long-term institutionalization on discharge.

Conclusion: Goals of care and other aspects of management are not fully addressed in hospitalized patients with dementia.

Title: Involving people with dementia in developing an interactive web tool for shared decision-making: experiences with a participatory design approach.

Citation: Disability and rehabilitation; Jun 2018; vol. 40 (no. 12); p. 1410-1420

Author(s): Span, Marijke; Hettinga, Marike; Groen-van de Ven, Leontine; Jukema, Jan; Janssen, Ruud; Vernooy-Dassen, Myrra; Eefsting, Jan; Smits, Carolien

Objective: The aim of this study was to gain insight into the participatory design approach of involving people with dementia in the development of the DecideGuide, an interactive web tool facilitating shared decision-making in their care networks.

Method: An explanatory case study design was used when developing the DecideGuide. A secondary analysis focused on the data gathered from the participating people with dementia during the development stages: semi-structured interviews ($n = 23$), four focus group interviews ($n = 18$), usability tests ($n = 3$), and a field study ($n = 4$). Content analysis was applied to the data.

Results: Four themes showed to be important regarding the participation experiences of involving people with dementia in research: valuable feedback on content and design of the DecideGuide, motivation to participate, perspectives of people with dementia and others about distress related to involvement, and time investment.

Conclusions: People with dementia can give essential feedback and, therefore, their contribution is useful and valuable. Meaningful participation of people with dementia takes time that should be taken into account. It is important for people with dementia to be able to reciprocate the efforts others make and to feel of significance to others.

Implications for Rehabilitation: People with dementia can contribute meaningfully to the content and design and their perspective is essential for developing useful and user-friendly tools. Participating in research activities may contribute to social inclusion, empowerment, and quality of life of people with dementia.

Title: Polypharmacy in people with dementia: Associations with adverse health outcomes.

Citation: Experimental gerontology; Jun 2018; vol. 106; p. 240-245

Author(s): Mueller, Christoph; Molokhia, Mariam; Perera, Gayan; Veronese, Nicola; Stubbs, Brendon; Shetty, Hitesh; Codling, David; Huntley, Jonathan; Stewart, Robert

Abstract: Polypharmacy has been linked to higher risks of hospitalisation and death in community samples. It is commonly present in people with dementia but these risks have rarely been studied in this population. We aimed to investigate associations between polypharmacy and emergency department attendance, any and unplanned hospitalisation, and mortality in patients with dementia. Using a large mental health care database in South London, linked to hospitalisation and mortality data, we assembled a retrospective cohort of patients diagnosed with dementia. We ascertained number of medications prescribed at the

time of dementia diagnosis and conducted multivariate Cox regression analyses. Of 4668 patients with dementia identified, 1128 (24.2%) were prescribed 4-6 medications and 739 (15.8%) ≥ 7 medications. Compared to those using 0-3 medications, patients with dementia using 4-6 or ≥ 7 agents had an increased risk of emergency department attendance (hazard ratio 1.20/1.35), hospitalisation (hazard ratio 1.12/1.32), unplanned hospital admission (hazard ratio 1.12/1.25), and death within two years (hazard ratio 1.29/1.39) after controlling for potential confounders. We found evidence of a dose response relationship with each additional drug at baseline increasing the risk of emergency department attendance and mortality by 5% and hospitalisation by 3%. In conclusion, polypharmacy at dementia diagnosis is associated with a higher risk of adverse health outcomes. Future research is required to elucidate which specific agents underlie this relationship and if reduction of inappropriate prescribing is effective in preventing these outcomes in dementia.

Title: Behavioural and psychological symptoms in general hospital patients with dementia, distress for nursing staff and complications in care: results of the General Hospital Study.

Citation: Epidemiology and psychiatric sciences; Jun 2018; vol. 27 (no. 3); p. 278-287

Author(s): Hessler, J B; Schäufele, M; Hendlmeier, I; Junge, M N; Leonhardt, S; Weber, J; Bickel, H

Objective: Little is known about how behavioural and psychological symptoms of dementia (BPSD) manifest in the general hospital. The aim was to examine the frequency of BPSD in general hospitals and their associations with nursing staff distress and complications in care.

Methods: Cross-sectional representative study with 1469 patients aged ≥ 65 , including 270 patients with dementia, of 33 randomly selected general hospitals in Germany. BPSD and complications were reported by nurses.

Results: Overall frequency of BPSD was higher in patients with dementia (76%) than without (38%). The most frequent symptoms in patients with dementia were nighttime disturbances (38%), depression (29%) and aberrant motor behaviour (28%) and the most distressing symptoms for nursing staff were delusions, aggression and nighttime disturbances. The overall frequency of BPSD increased from 67% in mild dementia, to 76% in moderate dementia and to 88% in severe dementia. The most frequent symptoms in patients without dementia were depression (19%), nighttime disturbances (13%) and irritability (13%). The most distressing symptoms were aggression and delusions, while the same symptoms were consistently rated as less distressing than in patients with dementia. Factor analysis revealed three independent groups of BPSD that explained 45% of the total variance. First, expansive symptoms (aggression, irritability, nighttime disturbances, aberrant motor behaviour and disinhibition) were frequent, distressing for nursing staff and associated with many complications. Second, psychotic symptoms (delusions and hallucinations) were infrequent, distressing and associated with some complications. Third, affective symptoms (apathy, anxiety and depression) were frequent, non-distressing and associated with few complications. The results did not change when cases with delirium were excluded from both groups.

Conclusions: BPSD are common in older hospital patients with dementia and associated with considerable distress in nursing staff, as well as a wide range of special treatments needs and additional behavioural and medical complications. Management strategies are needed to improve the situation for both patients and hospital staff.

Title: Cognition and dementia in older patients with epilepsy.

Citation: Brain: a journal of neurology; Jun 2018; vol. 141 (no. 6); p. 1592-1608

Author(s): Sen, Arjune; Capelli, Valentina; Husain, Masud

Abstract: With advances in healthcare and an ageing population, the number of older adults with epilepsy is set to rise substantially across the world. In developed countries the highest incidence of epilepsy is already in people over 65 and, as life expectancy increases, individuals who developed epilepsy at a young age are also living longer. Recent findings show that older persons with epilepsy are more likely to suffer from cognitive dysfunction and that there might be an important bidirectional relationship between epilepsy and dementia. Thus some people with epilepsy may be at a higher risk of developing dementia, while individuals with some forms of dementia, particularly Alzheimer's disease and vascular dementia, are at significantly higher risk of developing epilepsy. Consistent with this emerging view, epidemiological findings reveal that people with epilepsy and individuals with Alzheimer's disease share common risk factors. Recent studies in Alzheimer's disease and late-onset epilepsy also suggest common pathological links mediated by underlying vascular changes and/or tau pathology. Meanwhile electrophysiological and neuroimaging investigations in epilepsy, Alzheimer's disease, and vascular dementia have focused interest on network level dysfunction, which might be important in mediating cognitive dysfunction across all three of these conditions. In this review we consider whether seizures promote dementia, whether dementia causes seizures, or if common underlying pathophysiological mechanisms cause both. We examine the evidence that cognitive impairment is associated with epilepsy in older people (aged over 65) and the prognosis for patients with epilepsy developing dementia, with a specific emphasis on common mechanisms that might underlie the cognitive deficits observed in epilepsy and Alzheimer's disease. Our analyses suggest that there is considerable intersection between epilepsy, Alzheimer's disease and cerebrovascular disease raising the possibility that better understanding of shared mechanisms in these conditions might help to ameliorate not just seizures, but also epileptogenesis and cognitive dysfunction.

Title: The Arts as a Medium for Care and Self-Care in Dementia: Arguments and Evidence.

Citation: International journal of environmental research and public health; Jun 2018; vol. 15 (no. 6)

Author(s): Schneider, Justine

Abstract: The growing prevalence of dementia, combined with an absence of effective pharmacological treatments, highlights the potential of psychosocial interventions to alleviate the effects of dementia and enhance quality of life. With reference to a manifesto from the researcher network Interdem, this paper shows how arts activities correspond to its definition of psycho-social care. It presents key dimensions that help to define different arts activities in this context, and illustrates the arts with reference to three major approaches that can be viewed online; visual art, music and dance. It goes on to discuss the features of each of these arts activities, and to present relevant evidence from systematic reviews on the arts in dementia in general. Developing the analysis into a template for differentiating arts interventions in dementia, the paper goes on to discuss implications for future research and for the uptake of the arts by people with dementia as a means to self-care.

Title: The facilitators and challenges of dying at home with dementia: A narrative synthesis.

Citation: Palliative medicine; Jun 2018; vol. 32 (no. 6); p. 1042-1054

Author(s): Mogan, Caroline; Lloyd-Williams, Mari; Harrison Dening, Karen; Dowrick, Christopher

Objective: It is reported that, given the right support, most people would prefer to die at home, yet a very small minority of people with dementia do so. At present, knowledge gaps remain on how best to support end-of-life care at home for people with dementia. This study aims to identify and understand the challenges and facilitators of providing end-of-life care at home for people with dementia.

Design: Narrative synthesis of qualitative and quantitative data.

Results: Searches returned 1949 unique titles, of which seven studies met all the eligibility criteria (four quantitative and three qualitative). Six key themes were identified - four facilitators and two challenges. Facilitators included 'support from health care professionals', 'informal caregiver resilience and extended social networks', 'medications and symptom management' and 'appropriate equipment and home adaptations'. Challenges included 'issues with professional services' and 'worsening of physical or mental health'.

Conclusion: People with dementia may not always require specialist palliative care at the end of life. Further research is required to overcome the methodological shortcomings of previous studies and establish how community development approaches to palliative care, such as compassionate communities, can support families to allow a greater number of people with dementia to die at home.

Title: Association of Clinical Outcomes with Surgical Repair of Hip Fracture vs Nonsurgical Management in Nursing Home Residents with Advanced Dementia.

Citation: JAMA internal medicine; Jun 2018; vol. 178 (no. 6); p. 774-780

Author(s): Berry, Sarah D; Rothbaum, Randi R; Kiel, Douglas P; Lee, Yoojin; Mitchell, Susan L

Objective: The decision whether to surgically repair a hip fracture in nursing home (NH) residents with advanced dementia can be challenging. This study aimed to compare outcomes, including survival, among NH residents with advanced dementia and hip fracture according to whether they underwent surgical hip fracture repair.

Design, Setting, and Participants: We conducted a retrospective cohort study of 3083 NH residents with advanced dementia and hip fracture, but not enrolled in hospice care, using nationwide Medicare claims data linked with Minimum Data Set (MDS) assessments from January 1, 2008, through December 31, 2013.

Methods: Residents with advanced dementia were identified using the MDS. Medicare claims were used to identify hip fracture and to determine whether the fracture was managed surgically. Survival between surgical and nonsurgical residents was compared using multivariable Cox proportional hazards with inverse probability of treatment weighting (IPTW). All analyses took place between November 2015 and January 2018. Among 6-month survivors, documented pain, antipsychotic drug use, physical restraint use, pressure ulcers, and ambulatory status were compared between surgical and nonsurgical groups.

Results: Among 3083 residents with advanced dementia and hip fracture (mean age, 84.2 years; 79.2% female [n = 2441], 28.5% ambulatory [n = 879]), 2615 (84.8%) underwent

surgical repair. By 6-month follow-up, 31.5% (n = 824) and 53.8% (n = 252) of surgically and nonsurgically managed residents died, respectively. After IPTW modeling, surgically managed residents were less likely to die than residents without surgery (adjusted hazard ratio [aHR], 0.88; 95% CI, 0.79-0.98). Among 2007 residents who survived 6 months, residents with surgical vs nonsurgical management had less documented pain (29.0% [n = 465] vs 30.9% [n = 59]) and fewer pressure ulcers (11.2% [n = 200] vs 19.0% [n = 41]). In IPTW models, surgically managed residents reported less pain (aHR, 0.78; 95% CI, 0.61-0.99) and pressure ulcers (aHR, 0.64; 95% CI, 0.47-0.86). There was no difference between antipsychotic drug use and physical restraint use between the groups. Few survivors remained ambulatory (10.7% [n = 55] of surgically managed vs 4.8% [n = 1] without surgery).

Conclusions and Relevance: Surgical repair of a hip fracture was associated with lower mortality among NH residents with advanced dementia and should be considered together with the residents' goals of care in management decisions. Pain and other adverse outcomes were common regardless of surgical management, suggesting the need for broad improvements in the quality of care provided to NH residents with advanced dementia and hip fracture.

Title: Suicide risk in informal carers of people living with dementia.

Citation: Nursing older people; Jun 2018

Author(s): Chamberlain, Lucy; Anderson, Carole; Knifton, Chris; Madden, Gayle

Abstract: With an ageing population comes an increasing risk of illnesses such as dementia and a growing need for care. There are 670,000 informal, unpaid carers in the UK, reducing costs for health and social care services but presenting other concerns for healthcare professionals. Carer burden and carer stress are well-documented concepts, and can lead to depression and a risk of suicide in some individuals. It is important that this risk is considered when supporting informal carers of people living with dementia. Admiral Nurses work with families living with dementia to provide the one-to-one support and expert guidance they need to manage. This article discusses a case study that highlights how caring can affect an individual, leading to thoughts of suicide. It also demonstrates how an Admiral Nurse could support the carer in a relationship-centred way, using appropriate interventions to avoid crisis. The article offers implications for practice and provides recommendations for nurses working in this field.

Title: Medication Adherence in Older Patients With Dementia: A Systematic Literature Review.

Citation: Journal of pharmacy practice; Jun 2018; vol. 31 (no. 3); p. 322-334

Author(s): El-Saifi, Najwan; Moyle, Wendy; Jones, Cindy; Tuffaha, Haitham

Objective: Older patients with dementia are often unable to take their medications as prescribed due to cognitive and physical impairment. This study aims to review the evidence on medication adherence in older patients with dementia in terms of the level of adherence, outcomes, contributing factors, and available interventions.

Methods: A systematic literature review was performed following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Searched databases included CINAHL, Cochrane Library, DARE, MEDLINE, and PubMed.

Results: Eighteen studies reported levels of medication adherence or discontinuation and related factors. Medication adherence ranged from 17% to 42%, and medication discontinuation before the end of treatment ranged from 37% to 80%. Nonadherence was associated with an increased risk of hospitalization or death, while increasing age, choice of medication, use of concomitant medications, and medicines' costs were reported to decrease medication adherence. Telehealth home monitoring and treatment modification were the only interventions reported in the literature to improve medication adherence in this population.

Conclusion: Older patients with dementia have a low level of medication adherence. Future research should focus on the development and implementation of interventions to help older patients with dementia and their caregivers make better use of medications.

Title: Aggression and Agitation in Dementia.

Citation: Continuum (Minneapolis, Minn.); Jun 2018; vol. 24 (no. 3)

Author(s): Wolf, M Uri; Goldberg, Yael; Freedman, Morris

Objective: This article reviews the treatment of aggression and agitation in dementia. Both nonpharmacologic and pharmacologic approaches to responsive behaviors are discussed. Practical treatment strategies are applied to common behavioral symptoms.

Recent findings: Aggressive and agitated behavior is common in dementia. Behavioral symptoms lead to reduced quality of life and distress for both patients and caregivers. They can also lead to poor outcomes and are associated with significant financial implications for the individual and health care system. A wide range of difficult behaviors exists, with limited evidence for deciding on treatment. Clinicians should integrate the available evidence with practical and commonsense strategies to target these difficult-to-treat behaviors.

Summary: Treating aggression and agitation in dementia is challenging. Viewing behaviors as a response to either internal or external stimuli can help guide treatment. Treatment should emphasize nonpharmacologic approaches as an initial step, using practical and commonsense strategies. Caregivers and family should be actively involved in the planning and implementation of behavioral plans. It is essential to minimize both medical and nonmedical factors that may be contributing to behaviors. When pharmacologic options are required, it is important to choose medications that will target specific behavioral goals, having both practical consideration and the best evidence in mind.

Title: An Advance Care Planning Video Decision Support Tool for Nursing Home Residents With Advanced Dementia: A Cluster Randomized Clinical Trial.

Citation: JAMA internal medicine; Jun 2018

Author(s): Mitchell, Susan L; Shaffer, Michele L; Cohen, Simon; Hanson, Laura C; Habtemariam, Daniel; Volandes, Angelo E

Objective: Better advance care planning (ACP) can help promote goal-directed care in patients with advanced dementia. This study aims to test whether an ACP video (vs usual care) has an effect on documented advance directives, level of care preferences, goals-of-care discussions, and burdensome treatments among nursing home residents with advanced dementia.

Design, Setting, and Participants: The Educational Video to Improve Nursing home Care in End-stage dementia (EVINCE) trial was a cluster randomized clinical trial conducted

between February 2013 and July 2017, at 64 Boston-area nursing homes (32 facilities per arm). A total of 402 residents with advanced dementia and their proxies (intervention arm, n = 212; control arm, n = 190) were assessed quarterly for 12 months.

Interventions: A 12-minute ACP video for proxies with written communication of their preferred level of care (comfort, basic, or intensive) to the primary care team.

Main Outcomes and Measures: The primary outcome was the proportion of residents with do-not-hospitalize (DNH) directives by 6 months. Secondary outcomes included preference for comfort care, documented directives to withhold tube-feeding and intravenous hydration, documented goals-of-care discussions, and burdensome treatments (hospital transfers, tube-feeding, or parenteral therapy) per 1000 resident-days. Exploratory analyses examined associations between trial arm and documented advance directives when comfort care was preferred.

Results: The mean age of the 402 study residents was 86.7 years [range, 67-102 years]; 350 were white (87.1%) and 323 were female (80.3%), with DNH directives that by 6 months did not differ between arms (63% in both arms; adjusted odds ratio [AOR], 1.08; 95% CI, 0.69-1.69). Preferences for comfort care, directives to withhold intravenous hydration, and burdensome treatments did not differ between arms. Residents in intervention vs control facilities were more likely to have directives for no tube-feeding at 6 months (70.10% vs 61.90%; AOR, 1.79; 95% CI, 1.13-2.82) and all other time periods, and documented goals-of-care discussions at 3 months (16.10% vs 7.90%; AOR, 2.58; 95% CI, 1.20-5.54). When comfort care was preferred, residents in the intervention arm were more likely to have both DNH and no tube-feeding directives (72.20% vs 52.80%; AOR, 2.68; 95% CI, 2.68-5.85).

Conclusions and Relevance: An ACP video did not have an effect on preferences, DNH status, or burdensome treatments among residents with advanced dementia, but did increase directives to withhold tube-feeding. When proxies preferred comfort care, advance directives of residents in the intervention arm were more likely to align with that preference.

Title: Oropharyngeal Dysphagia in Community-Dwelling Older Patients with Dementia: Prevalence and Relationship with Geriatric Parameters.

Citation: Journal of the American Medical Directors Association; May 2018

Author(s): Michel, Anne; Vérin, Eric; Gbaguidi, Xavier; Druesne, Laurent; Roca, Frédéric; Chassagne, Philippe

Objectives: To define the prevalence of oropharyngeal dysphagia (OD) in community-dwelling older persons with dementia, using V-VST (Volume-Viscosity Swallow Test), the reference clinical screening test for swallowing disorders, to assess the feasibility of the V-VST in an ambulatory care setting, to search for associations between geriatric parameters and OD, and to identify a relationship between severities of cognitive impairment and OD.

Design: Prospective, monocentric study.

Setting: Population from a geriatric outpatients clinic.

Participants: Patients older than 70 with a diagnosis of dementia (NINCDS-ADRDA criteria), effective cough, and ability of voluntary swallowing for testing.

Measurements: OD screening was realized using V-VST during consultation. Severity of cognitive impairment was estimated by the MMSE and severity of OD by the Dysphagia Outcome Severity Scale (DOSS). Six geriatric domains were evaluated (comorbidities, functional abilities, cognition, nutrition, mood disorders, frailty).

Results: 117 patients participated in the study (77 women, mean age = 84.5 ± 5.1 years). Prevalence of OD was 86.6%. Among the 97 patients with OD, 3 (3.1%) had only safety

impairment, 52 (53.6%) had only efficacy impairment and 42 (43.3%) had both. The mean time necessary to realize V-VST was 8.7 ± 2.7 minutes with a rate of success of 96%. Dependency was independently associated with OD [odds ratio (OR) 4.8; 95% confidence interval (CI) 1.5-15.9; $P < .05$], and age and grip strength were associated with safety impairment (OR 1.1; 95% CI 1.0-1.2 and OR 1.9; 95% CI 1.2-3.2 respectively; both $P < .05$). No significant relationship was found between severity of OD and severity of cognitive impairment.

Conclusion: OD is very frequent in community-dwelling older persons with dementia and is associated with dependency and frailty. The V-VST is an easy-to-perform and well tolerated screening test in this population and therefore should be systematically included in the geriatric assessment of older persons with dementia. The role of V-VST in therapeutic strategies of OD remains to be evaluated.

Title: Scripted-IMPROV: Interactive Improvisational Drama with Persons With Dementia-Effects on Engagement, Affect, Depression, and Quality of Life.

Citation: American journal of Alzheimer's disease and other dementias; Jun 2018; vol. 33 (no. 4); p. 232-241

Author(s): Zeisel, John; Skrajner, Michael J; Zeisel, Evan B; Wilson, Miranda Noelle; Gage, Chris

Abstract: Scripted-IMPROV (SI) is a nonpharmacological (ecopsychosocial) intervention that consists of semi-improvised drama performances specifically designed for persons with dementia (PWD). In this 12-site study, 178 PWD took part in the SI intervention. Levels of engagement/affect were assessed at baseline and again during SI performances; quality of life (via the Dementia Quality of Life scale) and depression (via the Geriatric Depression Scale-Short Form [GDS-SF]) were assessed at baseline and post-treatment. Positive forms of engagement/affect increased, while negative forms of engagement decreased. Regarding depression, for a subsample of 29 participants who scored in the depressed range on the GDS-SF at baseline, depressive symptoms were reduced at post-treatment. Although overall quality of life did not change, the increase in positive affect during SI suggests that quality of life was higher during the intervention itself. In conclusion, SI possesses the characteristics of a high-quality intervention for PWD and seems worthy of further investigation in future research.

Title: Findings from a Prospective Randomized Controlled Trial of an Individualized Music Listening Program for Persons with Dementia.

Citation: Journal of applied gerontology: the official journal of the Southern Gerontological Society; Jun 2018; p. 733464818778991

Author(s): Kwak, Jung; Anderson, Keith; O'Connell Valuch, Katharine

Abstract: Music & Memory (M&M) is a passive music intervention that uses personalized music playlists delivered on digital music players. This program has been increasingly adopted in nursing homes across the United States to facilitate communication, engagement, and socialization among persons with dementia (PWDs); however, few studies have evaluated the program's effect on PWDs' outcomes. In the present study, a randomized controlled crossover design was used to examine the impact of the M&M program on 59 PWDs in 10 nursing homes over a 14-week period. Residents' evaluated outcomes included agitation, behavioral symptoms, and use of psychotropic medications. Although trends supported the positive effects of M&M, no statistically significant differences

were found in any of the outcomes measured over time. Methodological limitations notwithstanding, these findings call into question the effectiveness of the M&M program and the ability of facility staff to implement this intervention with fidelity.

Title: Dementia, delirium and distress: the triple D pathway.

Citation: British Journal of Healthcare Assistants; Jun 2018; vol. 12 (no. 6); p. 310-310

Author(s): Diss, Gemma

Abstract: The article discusses the dementia, delirium and distress (DDD) pathway of Sandwell and West Birmingham Hospital NHS Trust, which was recognized by non-profit Patient Experience Network (PEN) an overall winner in the Personalisation of Care category.

Title: Art, music, story: The Evaluation of a Person-Centred Arts in Health Programme in an Acute Care Older Persons' Unit.

Citation: International Journal of Older People Nursing; Jun 2018; vol. 13 (no. 2); p. 1-9

Author(s): Ford, Karen; Tesch, Leigh; Dawborn, Jacqueline; Courtney-Pratt, Helen

Aims & Objectives: To evaluate the impact of an arts in health programme delivered by a specialised artist within an acute older person's unit.

Background: Acute hospitals must meet the increasingly complex needs of older people who experience multiple comorbidities, often including cognitive impairment, either directly related to their admission or longer term conditions, including dementia. A focus on physical illness, efficiency and tasks within an acute care environment can all divert attention from the psychosocial well-being of patients. This focus also decreases capacity for person-centred approaches that acknowledge and value the older person, their life story, relationships and the care context. The importance of arts for health and wellness, including responsiveness to individual need, is well established: however, there is little evidence about its effectiveness for older people in acute hospital settings. We report on a collaborative arts in health programme on an acute medical ward for older people.

Design: The qualitative study used collaborative enquiry underpinned by a constructivist approach to evaluate an arts programme that involved participatory art-making activities, customised music, song and illustration work, and enlivening the unit environment.

Methods: Data sources included observation of art activities, semi-structured interviews with patients and family members, and focus groups with staff. Data were transcribed and thematically analysed using a line by line approach.

Results: The programme had positive impacts for the environment, patients, families and staff. The environment exhibited changes as a result of programme outputs; patients and families were engaged and enjoyed activities that aided recovery from illness; and staff also enjoyed activities and importantly learnt new ways of working with patients.

Conclusions: An acute care arts in health programme is a carefully nuanced programme where the skills of the arts health worker are critical to success. Utilising such skill, continued focus on person-centeredness and openness to creativity demonstrated positive impacts for patients, families, staff and the ward environment.

Implications for practice: This study affirms the contribution of an arts in health program for older persons in an acute care setting in challenging the dominance of a task based medical model and emphasising person-centred care and outcomes.

Title: Recommendations for Care Transitions for Individuals with Dementia.

Citation: Journal of Gerontological Nursing; Jun 2018; vol. 44 (no. 6); p. 7-7

Author(s):

Abstract: The article reports on a study by two researchers from the University of Pennsylvania School of Nursing, published in "The Gerontologist," that provides practice recommendations for improving transitions for older individuals with dementia.

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

Citation: Dementia & 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, which is 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 ± 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.

Title: Dementia and Risk of 30-Day Readmission in Older Adults after Discharge from Acute Care Hospitals.

Citation: Journal of the American Geriatrics Society; May 2018; vol. 66 (no. 5); p. 871-878

Author(s): Sakata, Nobuo; Okumura, Yasuyuki; Fushimi, Kiyohide; Nakanishi, Miharu; Ogawa, Asao

Objectives: To assess the association between dementia and risk of hospital readmission and to evaluate whether the effect of dementia on hospital readmission varies according to primary diagnosis.

Design: Retrospective cohort study.

Setting: Nationwide discharge database of acute care hospitals in Japan.

Participants: Individuals aged 65 and older diagnosed with one of the 30 most common diagnoses and discharged from 987 hospitals between April 2014 and September 2015 (N = 1,834,378).

Measurements: The primary outcome was unplanned hospital readmission within 30 days. Poisson generalized estimating equation models were fitted to assess the risks of readmission for individuals with and without dementia, using primary diagnosis as a possible effect modifier and clinical factors as potential confounders.

Results: The overall prevalence of dementia was 14.7% and varied according to primary diagnosis, ranging from 3.0% in individuals with prostate cancer to 69.4% in those with aspiration pneumonia. Overall, individuals with dementia had a higher risk of hospital readmission (8.3%) than those without (4.1%) (adjusted risk ratio (aRR)=1.46, 95% confidence interval (CI)=1.44–1.49), although diagnostic category substantially modified the relationship between dementia and hospital readmission. For hip fracture, dementia was associated with greater risk of hospital readmission (adjusted risk 11.5% vs 7.9%; aRR=1.46; 95% CI=1.28–1.68); this risk was attenuated for cholecystitis (adjusted risk 12.8% vs 12.4%; aRR=1.03; 95% CI=0.90–1.18). **Conclusion:** Risk of hospital readmission associated with dementia varied according to primary diagnosis. Healthcare providers could enforce interventions to minimize readmission by focusing on comorbid conditions in individuals with dementia and specific primary diagnoses that increase their risk of readmission.

Title: Are people with dementia being failed by the NHS?

Citation: Nursing & Residential Care; May 2018; vol. 20 (no. 5); p. 210-212

Author(s): Mendes, Aysha; Palmer, Sarah

Abstract: Studies from Independent Age and the Alzheimer's Society have found that the quality of care homes has deteriorated and many residents do not have adequate access to the care they need. Aysha Mendes and Sarah Palmer discuss these findings

Title: Feasibility and Pilot Testing of a Mindfulness Intervention for Frail Older Adults and Individuals with Dementia.

Citation: Research in Gerontological Nursing; May 2018; vol. 11 (no. 3); p. 137-150

Author(s): Kovach, Christine R.; Evans, Crystal-Rae; Sattell, Lisa; Rosenau, Kimberly; Gopalakrishnan, Sandeep

Abstract: Mindfulness interventions have been beneficial for healthy adults and individuals experiencing a stressful medical or mental health diagnosis. The purposes of the current study were to: (a) determine feasibility of mindfulness for older adults in long-term residential settings, and (b) examine differences in outcomes between a mindfulness and cognitive activity. The current study is the first mindfulness study to include individuals in moderate

and severe stages of dementia, and included 36 individuals with a range of cognitive abilities. A crossover design was used, and the intervention was feasible for continued practice by individuals with cognitive impairment. Statistically significant short-term changes in agitation, discomfort, anger, and anxiety were found. Nighttime sleep did not improve, but participants slept less during the day. Long-term changes in outcomes were not found. Mindfulness may be useful in decreasing emotional reactivity and improving well-being of older adults in long-term care.

Targets: Individuals with multiple chronic conditions, including cognitive impairment.

Intervention Description: The Present in the Now (PIN) intervention is a mindfulness intervention with three components: attentional skill exercises, body awareness activities, and compassion meditation.

Mechanisms of Action: Mindfulness acts to decrease emotional reactivity through cognitive and affective mechanisms of action and neural activation of the cingulate cortex, amygdala, and hippocampus.

Sources Used:

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

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