Dementia
Current Awareness Bulletin
August 2018

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Assessment of delirium in hospital for people with dementia

The National Audit of Dementia examines aspects of the care received by people with dementia in general hospitals in England and Wales. In addition, it provides national and local reports to support hospitals to identify areas for quality improvement and to share good practice, helping to improve outcomes for patients. This spotlight audit on delirium has been carried out to look in more detail at an area where hospitals have seemed to be underperforming and to clarify inconsistencies in the data.

Journal Articles:

Title: Effectiveness of a Multifaceted Delirium Screening, Prevention, and Treatment Initiative on the Rate of Delirium Falls in the Acute Care Setting.

Citation: Journal of Nursing Care Quality; Jul 2018; vol. 33 (no. 3); p. 213-220
Author(s): Ferguson, Alice; Uldall, Karina; Dunn, Jessica; Craig Blackmore, Christopher; Williams, Barbara

Abstract: Delirium is a potentially modifiable fall risk factor, but few studies address the effects of delirium programs on falls. Beginning in 2011, we implemented a nursing-driven hospital-wide delirium program targeting improvements in risk identification, prevention, detection, and treatment. Over the course of the program, delirium falls decreased from 0.91 to 0.50 per patient day (P = .0002). A decrease in overall falls was also noted (P = .0007).

Title: TIME to think about delirium: improving detection and management on the acute medical unit (AMU)

Citation: British Medical Journal Quality Improvement Report; August 2018 https://bmjopenquality.bmj.com
Author(s): Bauernfreund, Yehudit; Butler, Matthew; Ragavan, Sumanthi; Sampson, Elizabeth

Delirium affects 18%–35% patients in the acute hospital setting, yet is often neither detected nor managed appropriately. It is associated with increased risk of falls, longer hospital stay and increased morbidity and mortality rates. This study looked at the efficiency of the 4AT screening tool and TIME management bundle.
The authors concluded that a targeted staff education programme and practical aids on the unit improved the screening and management of delirium on the AMU. This could be improved further through more frequent training sessions to account for regular change-over of junior doctors and through implementing a nursing champion for delirium.

Title: Dementia: assessment, management and support: summary of updated NICE guidance

Citation: BMJ: British Medical Journal (Online); Jun 2018; vol. 361
Author(s): Pink, Joshua; O’Brien, John; Robinson, Louise; Longson, Damien
Abstract: A report published by the Alzheimer’s Society in 2013 found there were about 815,000 people living with dementia in the UK (corresponding to a prevalence of 1 in 14 in people over 65 years old), and this number is expected to increase to 1,143,000 by 2025. In November 2017, there were 456,739 people on general practice registers with a formal diagnosis of dementia, up from approximately 290,000 people in 2009-10, with most of this difference accounted for by an increase in diagnosis rates. Despite this improvement in diagnosis, around 1 in 3 people with established dementia remain unrecognised, and around half of people living with dementia in England do not feel they are getting sufficient post-diagnostic support. This article summarises the most recent recommendations from the National Institute for Clinical Excellence.

Title: Dementia buddying as a vehicle for person-centred care? The performance of a volunteer-led pilot on two hospital wards.

Citation: Journal of Health Services Research & Policy; Jul 2018; vol. 23 (no. 3); p. 139-147
Author(s): Preston, Claire; Burch, Sarah

Objectives: To understand and explain whether a dementia buddies pilot introduced into two adjacent mental health hospital wards in England was achieving its aim of enhancing person-centred care.

Methods: The research used a cultural lens to evaluate the dementia buddies pilot. It comprised 20 in-depth semistructured interviews with staff, volunteers and carers in the two wards where the pilot was introduced. Results: The pilot's ability to deliver positive outcomes depended on its compatibility with the culture of the ward and it performed better in the ward where a person-centred culture of care already existed. In this ward, the pilot became a catalyst for improved experience among patients, carers and staff, whereas in the second ward, the pilot faced resistance from staff and achieved less.

Conclusions: This finding underlines the benefit of focusing on workplace culture to understand the performance of volunteer-led initiatives. It also shows that existing ward culture is a determining factor in the capacity for dementia buddy schemes to act as vehicles for culture change.

Title: Feasibility and acceptability of an iPad intervention to support dementia care in the hospital setting.

Citation: Contemporary nurse; Aug 2018; p. 1-12
Author(s): Hung, Lillian; Au-Yeung, Andy; Helmer, Corrina; Ip, Alice; Elijah, Levi; Wilkins-Ho, Michael; Chaudhury, Habib

Objective: Staying in the hospital can be a very stressful experience for older people with dementia. A familiar face and reassuring voice of a family member or friend can offer a sense of safety and comfort. This study aims to explore the feasibility and acceptability of using an iPad Simulated Presence Therapy intervention with hospitalized older people with dementia.

Design: We used a mixed-method design, incorporated video-ethnographic methods, video-recorded observations, and staff interviews.
Methods: Four people with dementia from an older adult mental health hospital unit in British Columbia, Canada participated in two weeks of iPad Simulated Presence Therapy intervention. The intervention involved the older person watching a one-minute video prepared by their family prior to receiving care. The video included a reassuring, comforting and supportive message to be played to the older adult with dementia while staff performed a specific care task. The care interactions with the iPad intervention were video-recorded. Staff interviews were conducted to elicit perceived enabling factors and barriers to use the iPad intervention in their practice. Using an inductive and deductive approach, we applied a qualitative thematic analysis to identify themes in our data set.

Results: We identified four themes: (a) positive responses, (b) person-centred care, (c) video content, and (d) technical skills.

Conclusion: The iPad delivered Simulated Presence Therapy is an acceptable and feasible means of supporting the care of older people with dementia in the hospital setting. Considerations for future research and clinical practice are presented.

Title: Association of Apathy with Risk of Incident Dementia: A Systematic Review and Meta-analysis.

Citation: JAMA Psychiatry; Jul 2018

Author(s): Willem van Dalen, Jan; van Wanrooij, Lennard L; Moll van Charante, Eric P; Brayne, Carol; van Gool, Willem A; Richard, Edo

Objective: Fear of dementia is pervasive in older people with cognitive concerns. Much research is devoted to finding prognostic markers for dementia risk. Studies suggest apathy in older people may be prodromal to dementia and could be a relevant, easily measurable predictor of increased dementia risk. However, evidence is fragmented and methods vary greatly between studies. This study aims to systematically review and quantitatively synthesize the evidence for an association between apathy in dementia-free older individuals and incidents of dementia.

Data Sources: Two reviewers conducted a systematic search of Medline, Embase, and PsychINFO databases. Inclusion criteria were (1) prospective cohort studies, (2) in general populations or memory clinic patients without dementia, (3) with clear definitions of apathy and dementia, and (4) reporting on the association between apathy and incident dementia.

Main Outcomes and Measures: Main outcomes were pooled crude risk ratios, maximally adjusted reported hazard ratios (HR), and odds ratios (OR) using DerSimonian-Laird random effects models.

Results: The mean age of the study populations ranged from 69.2 to 81.9 years (median, 71.6 years) and the percentage of women ranged from 35% to 70% (median, 53%). After screening 2031 titles and abstracts, 16 studies comprising 7365 participants were included. Apathy status was available for 7299 participants. Studies included populations with subjective cognitive concerns (n = 2), mild cognitive impairment (n = 11), cognitive impairment no dementia (n = 1), or mixed cognitive and no cognitive impairment (n = 2). Apathy was present in 1470 of 7299 participants (20.1%). Follow-up ranged from 1.2 to 5.4 years. In studies using validated apathy definitions (n = 12), the combined risk ratio of dementia for patients with apathy was 1.81 (95% CI, 1.32-2.50; I² = 76%; n = 12), the hazard ratio was 2.39 (95% CI, 1.27-4.51; I² = 90%; n = 7), and the odds ratio was 17.14 (95% CI, 1.91-154.0; I² = 60%; n = 2). Subgroup analyses, meta-regression, and individual study results suggested the association between apathy and dementia weakened with increasing follow-up time, age, and cognitive impairment. Meta-regression adjusting for apathy definition and follow-up time explained 95% of heterogeneity in mild cognitive impairment.
Conclusions and Relevance: Apathy was associated with an approximately 2-fold increased risk of dementia in memory clinic patients. Moderate publication bias may have inflated some of these estimates. Apathy deserves more attention as a relevant, cheap, noninvasive, and easily measureable marker of increased risk of incident dementia with high clinical relevance, particularly because these vulnerable patients may forgo health care.

Title: The Going to Stay at Home program: combining dementia caregiver training and residential respite care.

Citation: International psychogeriatrics; Jul 2018; p. 1-10

Author(s): Gresham, Meredith; Heffernan, Megan; Brodaty, Henry

Objective: Caring for persons with dementia is stressful for family caregivers. Caregiver training programs and respite care can reduce this stress and help maintain persons with dementia living longer in the community. We evaluated a program that combines caregiver training with a residential respite stay.

Methods: In total, 90 dyads of persons with dementia and their caregivers, in groups of 3-6 dyads, volunteered to participate in a five-day residential training program and were followed-up 6 and 12 months later. The primary outcome was caregiver depression; secondary outcomes were measures of caregiver burden, unmet needs, person with dementia behavioral symptoms, and the quality of life and function.

Results: Caregiver depression and burden were unchanged, despite decreasing function in persons with dementia. Caregivers’ unmet needs and behavioral symptoms in persons with dementia decreased significantly. Compared to a group of persons with dementia admitted for routine residential respite care, there was a marked reduction in permanent placement over 12 months.

Conclusions: The Going to Stay at Home Program is a feasible and practicable model with benefits for caregivers and persons with dementia. It may lead to delay in institutionalization and may be applicable to other chronic conditions.

Title: An update on dementia training programmes in home and community care.

Citation: Current opinion in psychiatry; Jul 2018

Author(s): Goh, Anita M Y; Gaffy, Ellen; Hallam, Brendan; Dow, Briony

Objective: Many people living with dementia (PLWD) wish to continue living at home. The quality of home care services directly influences their ability to stay at home, their quality of life, and can promote independence for PLWD, and reduce burden for the family carer. For high-quality, effective, person-centred community-based dementia care, a knowledgeable and empathetic workforce is crucial. This article presents an up-to-date review and summary of the literature investigating dementia training programmes for community home care professionals and care workers, referred to collectively as home care workers (HCWs).

Recent findings: We reviewed the literature between October 2016 and April 2018 on dementia training for HCWs. We found a significant lack of evidence-based, codesigned specialist dementia training programmes for HCWs that address the needs of all stakeholders in home care, and which formally measure outcomes.

Summary: In order to enable PLWD to maintain living at home in the community, dementia-friendly and knowledgeable HCWs are needed. This review highlights the need for more
research into the design and evaluation of evidence-based dementia specialist training programmes for community care.

Title: A narrative review of problems with medicines use in people with dementia.

Citation: Expert opinion on drug safety; Jul 2018; p. 1-12
Author(s): Eshetie, Tesfahun C; Nguyen, Tuan A; Gillam, Marianne H; Kalisch Ellett, Lisa M

Abstract: People with dementia may be particularly susceptible to medication-related problems for various reasons. They include progressive cognitive decline, high sensitivity to the effect of medications on cognition and memory, and increased likelihood of comorbidities. This paper aimed to review current literature on the frequency and the types of medication-related problems, and their contribution to hospital admission in people with dementia. Literature searches were conducted using key search terms of dementia and medication-related problems. Studies investigating any medication-related problems in people with dementia or cognitive impairment were included. Previous research showed a high prevalence of medication-related problems in people with dementia. However, no single category of medication-related problems was reported consistently as the most frequent type across studies. The available studies also showed that medication-related hospitalization was common among people with dementia. These findings underline the need for effective medication management services to reduce the risk of these problems in people with dementia and cognitive impairment. Further work is required to characterize medication-related problems comprehensively in this vulnerable patient group across settings of care. Future research should take a holistic approach in the identification of medication-related problems.

Title: Implementation and impact of “Unforgettable”: an interactive art program for people with dementia and their caregivers.

Citation: International psychogeriatrics; Jul 2018; p. 1-12
Author(s): Hendriks, Iris; Meiland, Franka J M; Gerritsen, Debby L; Dröes, Rose-Marie

Objective: Previous research shows that museum programs can be beneficial for the quality of life of people with dementia. This study evaluated the implementation of “Unforgettable,” an interactive museum program for people with dementia and their caregivers in the Netherlands, and investigated the impact of the program’s implementation on the museums as an organization and on the attitudes toward dementia of the museum staff.

Method: Semi-structured interviews were held with 23 stakeholders to identify facilitators and barriers to the implementation of the Unforgettable program in 12 Dutch museums. Based on the model of Meiland et al. (2004), an overview is made of factors influencing the different levels and phases of the implementation process. The impact of Unforgettable on the attitudes of the museum staff was assessed using the Approaches to Dementia Questionnaire (n = 176).

Results: The training in the Unforgettable method, regular evaluation with the program guides and hosts, and cooperation with other organizations appeared essential for successful implementation of Unforgettable. A lack of promotional activities was an impeding factor. Compared to before the implementation, the museum employees’ attitudes toward people with dementia became more positive.

Conclusion: Both successful dissemination of the Unforgettable program and the more positive attitudes toward dementia of employees in museums implementing this program can
Title: Life story books for people with dementia: a systematic review.

Citation: International psychogeriatrics; Jul 2018; p. 1-15

Author(s): Elfrink, Teuntje R; Zuidema, Sytse U; Kunz, Miriam; Westerhof, Gerben J

Objectives: There is increasing evidence that reminiscence therapy is effective in improving cognitive functions and reducing depressive symptoms in people with dementia. Life story books (LSBs) are frequently used as a reminiscence tool to support recollecting autobiographical memories. As little is known about how LSBs are used and what types of studies have been employed to evaluate LSB interventions, we conducted a systematic review.

Methods: The electronic databases Scopus, PubMed, and PsychINFO as well as reference lists of existing studies were searched to select eligible articles. Out of the 55 studies found, 14 met the inclusion criterion of an original empirical study on LSBs in people with dementia.

Results: The majority of the LSBs were tangible books, although some digital applications were also found. The LSBs were created mostly in individual sessions in nursing homes with a median of six sessions. Some studies only focused on the person with dementia, while others also examined (in)formal caregivers. Most studies used qualitative interviews, case studies, and/or (pilot) randomized controlled trial (RCTs) with small sample sizes. Qualitative findings showed the value of LSBs in triggering memories and in improving the relation with the person with dementia. Quantitative effects were found on, e.g. autobiographical memory and depression of persons with dementia, quality of relationship with informal caregivers, burden of informal caregivers, and on attitudes and knowledge of formal caregivers.

Conclusions: This systematic review confirms that the use of LSBs to support reminiscence and person-centered care is promising, but larger RCTs or implementation studies are needed to establish the effects of LSBs on people with dementia.

Title: Which interventions work for dementia family carers? An updated systematic review of randomized controlled trials of carer interventions.

Citation: International psychogeriatrics; Jul 2018; p. 1-18

Author(s): Kishita, Naoko; Hammond, Laura; Dietrich, Celina M; Mioshi, Eneida

Objective: The aim of this study was to update the literature on interventions for carers of people with dementia published between 2006 and 2016 and evaluate the efficacy of psychoeducational programs and psychotherapeutic interventions on key mental health outcomes (depression, anxiety, burden, and quality of life).

Methods: A meta-analysis was carried out of randomized controlled trials of carer interventions using MEDLINE, PsycINFO, Scopus, and Cochrane Central Register of Controlled Trials.

Results: The majority of studies were conducted in Western and Southern Europe or the United States and recruited carers of people with Alzheimer's disease or dementia grouped as a whole. The most commonly used outcome measures were depression and burden across studies. The updated evidence suggested that psychoeducation-skill building interventions delivered face-to-face can better impact on burden. Psychotherapeutic interventions underpinned by Cognitive Behavior Therapy (CBT) models demonstrated...
strong empirical support for treating anxiety and depression and these effects were not affected by the mode of delivery (i.e. face-to-face vs. technology). A modern CBT approach, Acceptance and Commitment Therapy (ACT), seemed to be particularly beneficial for carers experiencing high levels of anxiety.

**Conclusions:** Future research needs to explore the efficacy of interventions on multiple clinical outcomes and which combination of interventions (components) would have the most significant effects when using CBT. The generalization of treatment effects in different countries and carers of different types of dementia also need to be addressed. More research is needed to test the efficacy of modern forms of CBT, such as ACT.

**Title:** Involvement of Hospitalized Persons with Dementia in Everyday Decisions: A Dyadic Study.

**Citation:** The Gerontologist; Jul 2018; vol. 58 (no. 4); p. 644-653

**Author(s):** Miller, Lyndsey M; Lee, Christopher S; Whitlatch, Carol J; Lyons, Karen S

**Objectives:** To examine the involvement of persons with dementia (PWDs) in everyday decision making from the perspectives of hospitalized PWDs and their family caregivers, and to identify determinants thereof.

**Research Design and Methods:** Using multilevel modeling, we examined cross-sectional data collected prospectively from 42 family care dyads regarding the care values of the PWD.

**Results:** Both members of the dyad rated the PWD, on average, as being "somewhat involved". There was a significant amount of variability around the average perceptions of PWD involvement in decision making for both PWDs ($\chi^2 = 351.02, p < .001$) and family caregivers ($\chi^2 = 327.01, p < .001$). Both PWDs and family caregivers were significantly more likely to perceive greater PWD involvement in decision making when the family caregiver reported the PWD as valuing autonomy. Additionally, PWDs were significantly more likely to report greater involvement when they had greater cognitive function. Finally, family caregivers perceived significantly greater involvement of the patient in decision making when they reported less strain in the relationship. Together, autonomy, relationship strain, cognitive function, and care-related strain accounted for 38% and 46% of the variability in PWDs' and family caregivers' perceptions, respectively, of the PWD's decision-making involvement.

**Discussion and Implications:** Although research indicates that decision-making abilities decline with advancing dementia, these results imply that working with families to support PWDs in their value of autonomy and mitigate strain in the dyad's relationship may help prolong PWDs' decision-making involvement.

**Title:** Delirium and Dementia.

**Citation:** Clinics in geriatric medicine; Aug 2018; vol. 34 (no. 3); p. 327-354

**Author(s):** Han, Jin H; Suyama, Joe

**Abstract:** Approximately 35% to 37% of older emergency department (ED) patients will have delirium or dementia, which can negatively affect safe and appropriate clinical care. This article describes the epidemiology of delirium and dementia in the ED and how it affects clinical care and patient outcomes. Screening for delirium and dementia in the context of the busy ED environment, as well as their diagnostic evaluation and management, is discussed.
**Title:** How do people with dementia use the ambulance service? A retrospective study in England: the HOMEWARD project.

**Citation:** BMJ open; Aug 2018; vol. 8 (no. 7); p. e022549

**Author(s):** Voss, Sarah; Brandling, Janet; Taylor, Hazel; Black, Sarah; Buswell, Marina; Cheston, Richard; Cullum, Sarah; Foster, Theresa; Kirby, Kim; Prothero, Larissa; Purdy, Sarah; Solway, Chris; Benger, Jonathan Richard

**Objectives:** An increasing number of older people are calling ambulances and presenting to accident and emergency departments. The presence of comorbidities and dementia can make managing these patients more challenging and hospital admission more likely, resulting in poorer outcomes for patients. However, we do not know how many of these patients are conveyed to hospital by ambulance. This study aims to determine: how often ambulances are called to older people; how often comorbidities including dementia are recorded; the reason for the call; provisional diagnosis; the amount of time ambulance clinicians spend on scene; the frequency with which these patients are transported to hospital.

**Methods:** We conducted a retrospective cross-sectional study of ambulance patient care records (PCRs) from calls to patients aged 65 years and over. Data were collected from two ambulance services in England during 24 or 48 hours periods in January 2017 and July 2017. The records were examined by two researchers using a standard template and the data were extracted from 3037 PCRs using a coding structure.

**Results:** Results were reported as percentages and means with 95% CIs. Dementia was recorded in 421 (13.9%) of PCRs. Patients with dementia were significantly less likely to be conveyed to hospital following an emergency call than those without dementia. The call cycle times were similar for patients regardless of whether or not they had dementia. Calls to people with dementia were more likely to be due to injury following a fall. In the overall sample, one or more comorbidities were reported on the PCR in over 80% of cases.

**Conclusion:** Rates of hospital conveyance for older people may be related to comorbidities, frailty and complex needs, rather than dementia. Further research is needed to understand the way in which ambulance clinicians make conveyance decisions at scene.

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**Title:** Providing culturally sensitive dementia care in the acute setting.

**Citation:** British Journal of Nursing; Jul 2018; vol. 27 (no. 14); p. 831-831

**Author(s):** Mendes, Aysha

**Abstract:** The article discusses cultural sensitivity in relation to care for dementia patients in acute care contexts. Topics include the notion of cultural competence in health care services delivery, the role of nurses in communication regarding religious or cultural beliefs, and cultural aspects of the provision of comfort for patients.

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**Title:** Underdiagnosis of delirium in the elderly in acute care hospital settings: lessons not learned.

**Citation:** Psychogeriatrics; Jul 2018; vol. 18 (no. 4); p. 268-275
**Objective:** Delirium is a common and poorly diagnosed cause of behavioral change in elderly. This study aimed to estimate the prevalence, diagnostic accuracy and factors associated with the onset of delirium in the elderly admitted to an urgent care unit.

**Methods:** Cross-sectional study including clinically stable subjects aged ≥60 years between April and June of 2014. Diagnosis of delirium based on the Confusion Assessment Method (CAM, gold standard) was compared to the subjective assessment made by physicians on duty as recorded in the medical chart. Association of sociodemographic, psychological/behavioural, and clinical variables with delirium was assessed using multivariate analysis.

**Results:** A sample of 110 participants with a mean age of 72.7 ± 8.3 years was studied. Of these, 56.4% were men and 28.2% had a diagnosis of delirium on CAM. Significant associations were observed between delirium and male gender (P-value = 0.019), poor or very poor self-perception of health (P-value = 0.033), previous diagnosis of dementia (P-value = 0.001), previous history of stroke (P-value = 0.014), and acute bacterial infection (P-value = 0.008). Physician diagnosis had a sensitivity of 35.5%, specificity of 100%, and accuracy of 81.8% to detect delirium. Rate of misdiagnosis was 64.5%.

**Conclusion:** Delirium was underdiagnosed in this urgent care hospital setting.

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**Title:** The Caregiver Burden Alert: A Graphic Tool for Dementia Caregiver Burden Screening and Referral

**Citation:** Home Health Care Management & Practice; Aug 2018; vol. 30 (no. 3); p. 103

**Author(s):** Brown, Ellen L; Ruggiano, Nicole; Meadows, James T

**Abstract:** Annually, 5.4 million people are affected by Alzheimer’s disease and other forms of dementia (AD), most of whom are cared for by unpaid family caregivers and are medically supervised by primary care providers (PCPs). AD caregivers report feelings of satisfaction in their ability to provide care, though they often experience caregiver burden (CB) from the extensive physical and emotional effort involved in AD caregiving, especially when providing care to someone with advanced AD. Standardized measures have been developed to assess for CB among AD caregivers, and effective interventions have been developed for reducing CB. However, there currently lacks a standardized, feasible approach for CB screening. This article presents an innovative, evidence-based tool to prompt CB screening and referrals among AD caregivers receiving home care services.
Sources Used:

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

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