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Dementia

Current Awareness Bulletin

July 2026

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Delivering care for people with dementia - why data matters

Fragmented data limits dementia care. Better data can improve outcomes for people living with dementia and ultimately unlock opportunities to improve the nation's health.

1. **The Importance of a Relationship-Centred Approach to Deprescribing for People with Dementia or Mild Cognitive Impairment in Primary Care: A Qualitative Study**

Authors: Andrews, Nicola;Brooks, Cindy;Amin, Jay;Lim, Rosemary;Board, Michele;Latter, Sue;Fraser, Simon and Ibrahim, Kinda

Publication Date: 2026

Journal: Dementia (14713012) 25(6), pp. 1286–1308

Abstract: Polypharmacy (taking five or more regular medications) is common in people with dementia or mild cognitive impairment (MCI) and is associated with poor outcomes such as decline in cognitive and physical functioning, falls and hospital admission. Reducing or stopping unnecessary medications (deprescribing) can help improve outcomes but limited research has been undertaken with people with dementia or MCI, especially in primary care. This study explored the perspectives and experiences of people with dementia or MCI, informal carers and healthcare professionals on deprescribing decision-making in this setting. Seven people with dementia, two people with MCI and nine informal carers took part in photo elicitation and an in-person interview. They took photographs of their day-to-day

management of medication, which were used during the interview to probe the conversation. Sixteen healthcare professionals, including general practitioners, pharmacists, nurses, social prescribers and National Health Service memory clinic professionals, participated in individual online interviews. Data was analysed using inductive thematic analysis. Findings suggest the need to navigate 'patient vs carer vs professional voices' in the deprescribing process to ensure everyone's voice is included. It should take into account patient cognitive abilities, autonomy and independence, as well as carer experiences and the need for a written summary of what has been discussed and agreed. Flexible, tailored, cross-system medication management processes are needed to support effective deprescribing, including proactive follow-up. To facilitate deprescribing discussions, factors such as professional knowledge, safe environment, and sufficient time should be considered. Finally, careful consideration should be given to the potential impact of deprescribing decisions on day-to-day medication management and carer burden. These findings provide novel insights that demonstrate the need for a relationship-centred approach for deprescribing for people with dementia or MCI, which should inform future research on development of a primary care deprescribing intervention for this group of people.

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2. **Potential of the Job Demands and Accommodation Planning Tool for Individuals Working With Mild Cognitive Impairment or Dementia**

Authors: Bak, Katherine;Kokorelias, Kristina;Boger, Jennifer;Nygård, Louise;Issakainen, Mervi;Mäki-Petäjä-Leinonon, Anna;Nedlund, Ann-Charlotte;Ryd, Charlotta and Astell, Arlene

Publication Date: 2026

Journal: Dementia (14713012) 25(6), pp. 1248–1267

Abstract: Individuals living with young onset dementia or mild cognitive impairment are typically working when cognitive decline emerges. Inability to maintain job demands can lead to loss of employment, loss of purpose and identity, financial instability, and withdrawal from social networks. The Job Demands and Accommodation Planning Tool was developed to identify workplace supports for individuals with episodic disabilities. The aim of this study was to explore the applicability of the Job Demands and Accommodation Planning Tool for individuals working with young onset dementia or mild cognitive impairment. Semi-structured interviews were conducted with 23 individuals: 11 in Canada, 7 in Finland and 5 in Sweden, where they described job demands and workplace challenges they faced. A secondary analysis of interview data was conducted using content analysis and a framework approach to code, categorize, and examine overlap with the Job Demands and Accommodations Planning Tool. Results showed that the Job Demands and Accommodation Planning Tool aligns well with the experiences of individuals living with young onset dementia or mild cognitive impairment. The Job Demands and Accommodation Planning Tool could inform workplace supports for people with young onset dementia or mild cognitive impairment to maintain their presence in the workforce.

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3. **Let the Good Times Grow: Exploring What is Important to Couples Living With Dementia Surrounding Leisure Activities**

Authors: Bruce, Hayley;Tulloch, Kristen;Pachana, Nancy A.;De Regt, Tamara and Scott, Theresa

Publication Date: 2026

Journal: Dementia (14713012) 25(6), pp. 1268–1285

Abstract: Dementia is a cluster of disorders affecting a growing number of people around the world, with consequent disruption to the lives of those diagnosed and their loved ones. The impact of dementia on families has been widely documented; however, this is often done through the lens of caregiver burden. In contrast, the present research explores the wants and needs of couples living with dementia in terms of their shared leisure activities. Five Australians living with dementia and their partners participated in recorded semi-structured interviews. Thematic analysis of transcribed interviews produced four main themes and 15 subthemes highlighting this population's needs and values regarding leisure. Themes included, "increased awareness of how dyads spend their time",

"awareness of dyadic changes within the relationship", "appreciation of fulfilling moments", and "person with dementia's engagement/activity moderation and support by care partner". The results support existing research including changes to relationship dynamics and lifestyle post-diagnosis. This research indicates the importance of leisure interventions that focus on improving socialisation for people with dementia and their partners and supports increased opportunities for quality time together.

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4. **Promoting Voices of People With Dementia: Examining Barriers to Participation in Residential Aged Care Consultation**

Authors: Chelberg, Kristina;Steele, Linda;Swaffer, Kate and Phillipson, Lyn

Publication Date: 2026

Journal: Australasian Journal on Ageing 45(3), pp. e70197

Abstract: Consultation is fundamental to a responsive aged care system. Cornerstone aged care reforms based on recommendations by the Australian Aged Care Royal Commission mandate resident consultation through the Quality Indicator Program and Resident Experience Survey, a new Aged Care Act and Strengthened Quality Standards. However, people with dementia are known to be underrepresented in research, particularly in residential aged care settings, and emergent scholarship indicates a similar exclusion from aged care policy and reform. Currently, the extent to which residents with dementia participate in consultation remains underexamined. Given the majority of aged care residents live with dementia, it is critical to ensure their voices are heard in consultation that informs aged care systems change. This paper critically examines intersecting domains of cultural, legal and structural barriers that are predicted to contribute to the exclusion of residents with dementia from direct participation in aged care consultation processes. This unaddressed exclusion is argued to be a form of epistemic injustice for residents with dementia that may contribute to unresponsive aged care delivery and high rates of proxy participation. Future directions propose data transparency of resident participation in aged care consultation, and a radical shift towards innovative approaches to ensure all resident voices are heard.

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5. **Risk factors for suicidal behaviour in people with dementia: A systematic review and meta-analysis**

Authors: Chen, Yin-Ting;Kausar, Sobia;Lindenmeyer, Antje and Marshall, Tom

Publication Date: 2026

Journal: Journal of Affective Disorders 411, pp. N.PAG

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6. **Gender Differences in the Types of Care Received, Perceived Quality of Care and Quality of Life: A Large-Scale Survey Study Among People With Dementia**

Authors: de Graaff, Michiel;van der Heide, Iris;Rademakers, Jany;Bijnsdorp, Femmy;van den Buuse, Susanne and Francke, Anneke

Publication Date: 2026

Journal: Dementia (14713012) 25(6), pp. 1309–1319

Abstract: Background: Research shows a link between quality of care and quality of life in people with dementia, but potential differences between men and women remain unexplored. This study examined gender differences in types of care received, the quality of care and quality of life of people with dementia in the Netherlands. Gender differences were explored in the relation between quality of care and quality of life. Methods: Cross-sectional survey data were used of 449 people with dementia living in the Netherlands. Types of care were analysed with descriptive statistics and non-parametric tests. Perceived quality of care and quality of life were measured on a ten-point scale. Gender was analysed

as a moderator in the quality of care–quality of life association using regression analysis. Included background characteristics were age and living situation. Results: More women received home care, while group meetings were more common among men. Quality of care ratings were similar for men (7.6) and women (7.5), indicating fair to good care. The average quality of life was slightly lower for women (6.9) than for men (7.1; b = −.251; p .05). Conclusions: Men and women with dementia who were cognitively able to complete the survey differed in the types of care they received. On average, the respondents perceived the quality of care as fair to good. Quality of life was rated as fair, slightly higher for men. A higher quality of care was associated with a higher quality of life. Future studies should explore gender differences in family care and compare men and women receiving similar care.

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7. **How Good Are Clinicians at Diagnosing Different Dementia-Related Neuropathologies?**

Authors: Ebmeier, Klaus P.

Publication Date: 2026

Journal: Neurology 107(3), pp. e218463

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8. **Transportation noise in relation to depression and dementia: A burden of disease study for Europe**

Authors: Engelmann, Nicole;Vienneau, Danielle;Jiang, Xing and Röösli, Martin

Publication Date: 2026

Journal: Environmental Research 305, pp. 125005

Abstract: Background Emerging evidence indicates that the health effects of transportation noise are broader than cardiometabolic disease in adults and neurodevelopment in children. We aimed to evaluate the evidence for a link between transportation noise and the risk of depression and dementia and to quantify the corresponding burden of disease for Europe. Methods Following an Umbrella+ approach, the most recent high-quality systematic review was identified, which was then combined with relevant original studies published after the selected review. Subsequently, a meta-analysis was conducted to derive up-to-date exposure-response functions, which in turn served as the basis to calculate the burden of disease from transportation noise. Exposure distribution was derived from the data reported under the Environmental Noise Directive and baseline health data were taken from the Global Burden of Disease database. Results The pooled relative risk for depression and dementia were 1.059 (95%-confidence interval (CI): 1.018 to 1.103) and 1.045 (95%-CI: 1.023 to 1.067) per 10 dB L_{den} increase in transportation noise, respectively. This translates to an estimated annual burden of disease of 563,600 (95%-CI: 176,200 to 958,900) cases of depression and 28,200 (95%-CI: 14,600 to 41,500) cases of dementia in Europe. The respective disability-adjusted life years were 89,700 (95%-CI: 28,000 to 152,700) for depression and 113,200 (95%-CI: 58,600 to 166,300) for dementia. Conclusion We found substantial burden of depression and dementia attributable to transportation noise. However, the body of evidence for these outcomes is still considered scarce, and further research is needed to corroborate these findings.

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9. **Interventions to support young carers/supporters of people living with dementia: a mixed methods systematic review**

Authors: Goodchild, Kirstie;Parkinson, Ellice and Cross, Jane L.

Publication Date: 2026

Journal: International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2650367

Abstract: Purpose Despite children being young carers for people living with dementia globally, and evidence suggesting they need more support, there is limited research evaluating best practice for

dementia-care related interventions for children. The purpose of this work was therefore to comprehensively summarise the existing literature by synthesising studies appraising existing child-focused and dementia-care relevant interventions. Method A mixed methods systematic review with a convergent integrated synthesis approach. Four databases were systematically searched from 1st January 2013 to 9th February 2024. Qualitative, quantitative, and mixed methods studies evaluating any intervention programme that aimed to improve children's understanding and/or support for people living with dementia were included. Results Seventeen studies, evaluating 15 different interventions (1,345 participants), were eligible for inclusion. Extracted data were inductively synthesised into 18 categories, forming six integrated findings relating to what makes interventions useful for helping children to understand and/or support people living with dementia. Conclusions The findings can inform the development of interventions for children with dementia care responsibilities, and further robust research.

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10. **Trajectories of socioeconomic status, non-communicable diseases, and chronic pain in relation to dementia risk among middle-aged and older adults: A multi-cohort longitudinal study**

Authors: Huang, Zhican;Yao, Jin;Chen, Ziwen;Xu, Ping;Yang, Shiqi;Chen, Yan;Yin, Zihan and Liang, Fanrong

Publication Date: 2026

Journal: Archives of Gerontology & Geriatrics 147, pp. N.PAG

Abstract: • Incorporating multiple long-term risk factors may enhance risk stratification for identifying high-risk populations. • Middle-aged and older adults with persistently multiple adverse trajectories may have an elevated risk of dementia. • Reducing long-term social and health inequalities may play a key role in dementia prevention at the population level. Evidence on the long-term joint effects of socioeconomic and health-related burdens on dementia risk remains limited. This study examined whether longitudinal trajectories of socioeconomic status (SES), non-communicable diseases (NCDS), and chronic pain (CP), individually and jointly, were associated with dementia risk among middle-aged and older adults. We analyzed data from six longitudinal aging cohorts. Cox proportional hazards models were used to estimate associations between SES, NCDS, CP, and dementia risk, with results pooled across cohorts. Trajectory and joint trajectory analyses were conducted to characterize long-term patterns of these factors, and lagged analyses assessed robustness. Pooled estimates showed that higher SES was associated with a lower risk of dementia (HR 0.84, 95% CI 0.76–0.92), whereas NCDS (HR 1.27, 95% CI 1.14–1.42) and CP (HR 1.26, 95% CI 1.15–1.39) were associated with higher risk. Trajectory analyses showed that persistently low SES, higher NCDS, and elevated CP were linked to increased dementia risk (HR ranges: 1.37–3.66, 1.31–3.00, and 2.05–5.85, respectively). The most unfavorable joint trajectory, characterized by low SES combined with high NCDS and CP, was also associated with elevated risk (HR 1.34–3.22). Results were robust in lagged analyses. SES, NCDS, and CP influence dementia risk independently and through combined long-term patterns, underscoring the need for public health strategies that target social and health disadvantages to prevent dementia

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11. **'I do Things that I don't Really Want to do ...': Understanding the Everyday Lives of Family Carers of People With Dementia**

Authors: Huizenga, Jacoba;Bolt, Sascha;Wilken, Jean Pierre;Bleijenberg, Nienke;Keady, John and Van Regenmortel, Tine

Publication Date: 2026

Journal: Dementia (14713012) 25(6), pp. 1210–1228

Abstract: In the Netherlands, where this study was conducted, there are around 800,000 family carers of people with dementia. Research into the needs and priorities of people with dementia and their family carers is crucial for developing tailored care and meaningful support. However, current research lacks attention to the everyday life experiences of caring for someone with dementia at home.

Therefore, the research question this study aimed to address was: how do family carers of people with dementia living at home approach and experience their everyday life in a caring context? The study used a qualitative design, underpinned by a phenomenological approach. 15 family carers (10 partners and five adult children) participated in open interviews. Thematic analysis was used to document and structure the data. A member check was performed on the emergent findings through a focus group with six family carers (all care partners). This process resulted in four discrete but interlinked themes that reflected how family carers approach and experience caring at home for a person with dementia, namely: (1) Finding and keeping routines that work; (2) Focussing on small moments; (3) Rebalancing connections; and (4) Thinking ahead. These themes also emphasise the unfolding nature of everyday life that is constantly changing for family carers.

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12. **The Effect of the Care Ecosystem Collaborative Care Model on End-of-Life Outcomes for People With Dementia and Their Caregivers**

Authors: Hunt, Lauren J.;Harrison, Krista L.;Kiekhofer, Rachel;Merrilees, Jennifer;Sideman, Alissa B.;Dulaney, Sarah;Allen, I. E.;Lee, Kirby;Chiong, Winston;Hooper, Sarah M.;Bonasera, Stephen J.;Braley, Tamara L.;Miller, Bruce L. and Possin, Katherine L.

Publication Date: 2026

Journal: American Journal of Hospice & Palliative Medicine 43(9), pp. 920–931

Abstract: Context: Collaborative care models that feature care navigation have been found to have a range of benefit for people with dementia (PWD) and their caregivers, but their effect on end-of-life (EOL) outcomes has not been robustly evaluated. Objectives: Our primary objective was to evaluate the effect of the Care Ecosystem–a telephone-based collaborative care model for dementia with care navigation–on EOL outcomes for PWD and their caregivers. Our secondary objective was to use qualitative feedback from participants to identify supports and services that would be helpful at end of life, including how the Care Ecosystem and other EOL supports could be improved. Methods: Mixed-methods analysis of the Care Ecosystem trial conducted 2015-2022. Pre-mortem and post-mortem surveys included close-ended validated measures (eg, satisfaction with end-of-life care, caregiver self-efficacy) and open-ended questions about EOL care. Results: There were 138/124 dyads randomized to Care Ecosystem and 76/65 randomized to Usual Care in the pre-mortem/post-mortem cohorts. Compared to Usual Care, Care Ecosystem caregivers had higher ratings of caregiver self-efficacy prior to PWD death (Adjusted unstandardized Beta 0.94 95% CI 0.23, 1.65, P = 0.01), but caregiver's satisfaction with EOL care did not differ between groups (Adjusted odds ratio 1.42, 95% CI 0.67, 2.99. P = 0.36). Qualitative analysis revealed Care Ecosystem provided helpful emotional and practical support, but participants wanted more anticipatory guidance, more information about hospice care and earlier referral, and better coordination with the healthcare team. Conclusion: Our findings highlight opportunities to improve the EOL experience of PWD through collaborative care models and beyond.

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13. **Proficient nurses' empathy in caring for people with dementia**

Authors: Ishii, Yuka;Yao, Li;Oyama, Hitoshi;Fukazawa, Yuri;Toriumi, Yukie and Takayanagi, Chikako

Publication Date: 2026

Journal: International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2608193

Abstract: Aim "Empathy" is a key concept in dementia care and considered important to improve the quality of care. However, how empathy should be promoted among dementia care nurses remains unclear. Thus, this study aimed to clarify the role of nurses' empathy in caring for people with dementia. Methods Certified nurse specialists in gerontological and dementia nursing were recruited as participants using snowball sampling. Data were collected from seven participants in March 2023 through focus-group interviews and analyzed qualitatively and inductively. Results Six categories related to care experiences were formed using fifty-six codes in five stages. The categories were as follows: i) Turn toward each other, considering personal diversity; ii) Actively approach them by

understanding and acknowledging their thoughts; iii) Experience feelings of warmth after comprehending their personalities; iv) Experience an emotional resonance with them; v) Sharpen own senses to deeply understand their experiences; and vi) Work as a team to provide the most suitable care. Conclusion The results demonstrated that empathy is a key element in the interactions between nurses and people with dementia that contributes to more harmonious relationships. These findings can be used to educate nurses on dementia care, which may help reduce nurses' burnout.

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14. **Exploring the experiences and needs in everyday life of spouse carers of persons with dementia**

Authors: Johansson, Marcus F.;Marmstål Hammar, Lena;Dahlberg, Lena;McKee, Kevin;Williams, Chirstine and Summer Meranius, Martina

Publication Date: 2026

Journal: International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2680726

Abstract: Purpose Spouses of persons with dementia often take on caring responsibilities that can be overwhelming and negatively affect their well-being. To support the development of effective services and promote carer well-being, we aim to describe carer experiences and needs in everyday life. Methods Semi-structured phone interviews were conducted with a convenience sample of 24 spouses caring for a partner with dementia in Sweden. The interviews explored experiences of caring for a partner with dementia. Interviews were analyzed with thematic analysis. Results The analysis generated two themes: "Being consumed by caring" and "Longing to be seen and feel supported". The first theme showed that spouse carers experience a transition from spouse to carer and feel confined in their new situation. The second showed that to be supported, spouse carers need to feel acknowledged in their situation, and formal care must meet their partner's needs, as carers' needs are enmeshed with those of their partners. Conclusion Spouse carers of persons with dementia often feel trapped by caring responsibilities. To feel supported, they need to be acknowledged both as individuals and as part of a couple. Health and social care professionals should focus on maintaining spouses' sense of self and adopt a couple-centred approach.

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15. **Long-Term Income and Productivity Losses in Individuals With Early-Onset Dementia: Evidence From 15 Years Preceding the Diagnosis**

Authors: Kivisild, Ave;Aaltonen, Mikko;Aho, Kalle;Heikkinen, Sami V.;Lehtonen, Adolfina;Leppänen, Laura;Rinnankoski, Iina;Tervonen, Laura;Soppela, Helmi;Haapasalo, Annakaisa;Martikainen, Janne;Hartikainen, Päivi H.;Katisko, Kasper;Krüger, Johanna and Solje, Eino

Publication Date: 2026

Journal: Neurology 107(3), pp. e218268

Abstract: Background and Objectives Early-onset dementia (EOD), affecting individuals younger than 65 years, imposes a substantial socioeconomic burden. However, evidence on long-term income trajectories and productivity loss across EOD subtypes remains limited. The aim of this study was to evaluate income trajectories and societal productivity loss in individuals with different EOD subtypes. Methods This retrospective, population-based longitudinal cohort study included all patients with EOD from Kuopio University Hospital and Oulu University Hospital referral area between January 2010 and December 2021. Diagnoses were re-validated through clinical data review. For each study case, 10 randomly selected matched controls were used. Demographics, education, and comorbidities were obtained from national registers. Annual gross income was retrieved from Statistics Finland tax records. The Human Capital Approach was used to calculate productivity losses, in effect by estimating the annual income difference relative to controls using a generalized estimating equation regression model, with panel data spanning 15 years before diagnosis and the year of diagnosis. Results The EOD cohort comprised 793 patients (50.4% women; mean age 59.6 years): 421 with Alzheimer disease (AD), 179 with frontotemporal dementia (FTD) spectrum disorders, 46 with α-synucleinopathies (α-SYNUs), and

147 with other EOD etiologies. Compared with 7,926 age-matched and sex-matched controls, patients with EOD showed substantial and progressively increasing productivity loss up to 15 years before diagnosis, with cumulative losses of €74,577 (46,423-102,732) per patient. In the AD group, productivity loss emerged 6 years before diagnosis (€2,767; 95% CI 18-5,515; p = 0.024) and reached €11,431 at diagnosis (95% CI 8,676-14,184; p p = 0.031) and increased to €16,116 at diagnosis (95% CI 11,671-20,561; p p p < 0.001). Discussion This large-scale longitudinal study demonstrates significant productivity loss up to 15 years before EOD diagnosis, with variation across dementia subtypes. Earlier recognition and targeted interventions are needed in the future to mitigate the substantial socioeconomic burden of EOD. Trial Registration Information This study is part of DEGE-RWD-research project (protocol registered to ClinicalTrials.gov: NCT06209515), coordinated by Neurocenter Finland.

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16. **Diabetic retinopathy and dementia risk: A systematic review and meta-analysis**

Authors: Kung, Woon-Man;Yeh, Hsien Chang;Fann, Li-Yun;Chao, Chun-Chieh;Islam, Md Mohaimenul and Wang, Yao-Chin

Publication Date: 2026

Journal: Experimental Gerontology 221, pp. 113194

Abstract: Diabetic retinopathy (DR) is associated with elevated dementia risk. However, no previous studies have quantified the strength or impact of this association. To address this, our study explored the relationship between DR and dementia. We searched Web of Science, Scopus, and PubMed for observational studies between January 1, 2000, and May 1, 2024, examining data showing an association between DR and dementia. No filters were used in these searches. Eligibility restrictions, including limitations in observational study designs and publications in English, were applied as pre-specified post-search screening steps. Pooled relative risk (RR) and 95% confidence intervals were estimated using the DerSimonian-Laird random-effects model. Nine observational studies including 2,887,409 patients were included. DR correlated with a significantly higher risk of all-cause dementia despite high inter-study heterogeneity. DR also correlated with an elevated risk of Alzheimer's disease, although this effect estimate and associated heterogeneity were dominated by a single large Korean cohort study and should be interpreted cautiously. The trim-and-fill-adjusted estimate suggested some overestimation of the primary pooled RR. No significant association with vascular dementia was found. Egger's test evaluated potential publication bias. The overall findings suggest a positive relationship between DR and dementia risk, specifically for all-cause dementia, although the evidence is limited by high heterogeneity, meaningful publication bias, and an observational study design that precludes causal inference. DR may indicate a clinical need for heightened cognitive surveillance in patients with diabetes. Future prospective studies with standardized dementia ascertainment and greater ethnic diversity are required to confirm these findings. PROTOCOL REGISTRATION: International Platform of Registered Systematic Review and Meta-analysis Protocols INPLASY202620035; https://doi.org/10.37766/inplasy2026.2.0035.

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17. **Differences in dementia diagnosis based on clinical setting: Data from the ASPREE clinical trial**

Authors: Lin, Xiaoping;Vishwanath, Swarna;Banaszak-Holl, Jane;Allan, Delphine;Ahern, Susannah;McNeil, John J.;Brodaty, Henry;Woods, Robyn L.;Orchard, Suzanne G. and Ward, Stephanie A.

Publication Date: 2026

Journal: Australian & New Zealand Journal of Psychiatry 60(8), pp. 715–719

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18. **Assistant Nurses' Experiences of Life Story Documentation: Insights Into the Construction and Application in Dementia Care Practice**

Authors: Melander, Catharina;Zingmark, Karin;Lindh, Therese and Jobe, Ingela

Publication Date: 2026

Journal: Dementia (14713012) 25(6), pp. 1386–1403

Abstract: Understanding a person's life story can transform dementia care by promoting a person-centered approach. Documented life stories help staff to personalize care, but further research is needed to understand their construction and usage in care practice. The aim of this study was to explore assistant nurses' experiences of life story documentation and their practical applications in dementia care practice. Five semi-structured focus groups were conducted, and data were analyzed using qualitative content analysis. The findings consisted of five themes: "Ensuring timing and accessibility when constructing a documented life story," "Recognizing template limitations in capturing a comprehensive view of the person," "Refining life story quality and understanding through ongoing dialogues," "Building connection and support through insights from documented life stories," and "Harmonizing life histories with evolving care needs in practice." Our findings highlight the importance of a dynamic and inclusive approach to life story documentation that goes beyond rigid templates. Accessible and well-documented life stories can empower nursing staff to provide responsive and personalized care, enhancing the dignity and quality of life of people living with dementia.

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19. **Clinician and Client Reports of the Negative Effects of Neuropsychological Assessment for Dementia**

Authors: Miller, Nikki;Grinter, David J.;McGraw, David;Pritchett, Rachel and McLeod, Hamish J.

Publication Date: 2026

Journal: Journal of Geriatric Psychiatry and Neurology 39(5), pp. 638–654

Abstract: ObjectiveNeuropsychological assessment (NPA) is recommended to support differential diagnosis of dementia but little is known about its impact on clients and their experience of negative effects. This study investigated clinicians' understanding of their clients' negative experiences and explored similarities in clinician and client reports.MethodA mixed-methods approach was employed using qualitative and quantitative data. Semi-structured interviews with clinicians, and a questionnaire for clinicians and clients were collected from NHS settings across Scotland. Reflexive Thematic Analysis was used to analyse 11 clinician interviews. Descriptive statistics were reported for the 25 clinician and 12 client questionnaires and exploratory analysis investigated associations between clinician and clients reporting of negative experiences.ResultsIn the qualitative analysis, three overarching themes and 13 sub-themes were identified. The over-arching themes were: assessment can produce negative impacts for clients, indirect factors can produce harmful effects, and clinicians can take action to reduce adverse effects of NPA. For the questionnaire responses, the most endorsed negative effects were the same for clients and clinicians and included feeling stressed, worried, disappointed with their performance in assessment, frustrated, critical of themselves and worried about the outcome.ConclusionThese data provide some of the first clear empirical descriptions of the negative effects of NPA as reported by both clinicians and clients. The study also identified challenges with recruiting clients who are willing to give feedback on their experience of assessment. Future studies are needed to refine the available data capture methods and to determine if the current results are replicable

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20. **The AHEPA EEG benchmark: setting the standard for machine learning in dementia diagnosis, a scoping review**

Authors: Miltiadous, Andreas;Ntetska, Aimilia;Aspiotis, Vasileios;Moustakli, Efthalia;Tsipouras, Markos G.;Tzallas, Alexandros T.;Giannakeas, Nikolaos;Glavas, Euripidis;Angelidis, Pantelis and Tzimourta, Katerina D.

Publication Date: 2026

Journal: Cognitive Neurodynamics 20(1), pp. 95

Abstract: Accurate and reproducible electroencephalography (EEG)-based classification of dementia remains a key challenge in computational neurodiagnostics. The open-access AHEPA dataset has become the most commonly used benchmark for Alzheimer's disease (AD) and Frontotemporal dementia (FTD) classification, yet reported results vary widely due to methodological inconsistencies. This study presents the first systematic and quantitative benchmark review of all published machine learning approaches applied to the AHEPA dataset. Forty-six studies were reviewed and stratified into three validity tiers, with Validity 1 representing the highest methodological rigor and Validity 3 the lowest.According to their evaluation rigor: (1) subject-level validation (e.g., Leave-One-Subject-Out cross-validation, LOSO-CV), (2) subject-level train/test splits, and (3) epoch-level k-fold cross-validation. Performance metrics were normalized across classification problems. The analysis revealed that methodological rigor is inversely correlated with reported accuracy: for AD versus Cognitively Normal controls, mean accuracy decreased from 90.81% overall to 82.11% in Validity-1 studies; for FTD versus controls, accuracy dropped from 86.53% to 75.18%. Linear regression analyses demonstrated that weaker validation protocols were associated with systematic increases of 7-10% points in reported accuracy, explaining more than half of the observed performance variance. Deep and hybrid models reported the highest nominal accuracies, but under proper validation, traditional algorithms performed comparably, indicating that data leakage often drives apparent improvements. The review also highlights the lack of cross-configuration generalization and the urgent need for adaptive, montage-independent methodologies. Overall, this benchmark establishes the first reproducible reference framework for EEG-based dementia classification on the AHEPA dataset, providing quantitative baselines and validity criteria against which all future studies should be evaluated.

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21. **Association between pet ownership and incident dementia: A systematic review**

Authors: Minami, Kota;Fukuzawa, Fumitoshi;Kobayashi, Takaaki;Delmonaco, Daniel;Marra, Alexandre R.;Ko, Fred and Yamada, Yuji

Publication Date: 2026

Journal: American Journal of Medicine 139(8), pp. 972–997

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22. **The impact of social isolation and loneliness on the excess risk for mortality, cardiovascular events, dementia, and depression among adults with stroke**

Authors: Mu, Xiali;Ou, Yiliang;Liu, Mingyang;Chen, Yingqian;Li, Donglei;Lei, Xingya;Liu, Shiyi;Guo, Sheng;Feng, Hongliang;Zhang, Ruizhi;Ai, Sizhi;Zhang, Jihui;Li, Minping and Liang, Yannis Yan

Publication Date: 2026

Journal: Journal of Affective Disorders 410, pp. N.PAG

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23. **Does insomnia severity increase the risk of dementia? A 7-year longitudinal study**

Authors: Oo, Aung Thet;Yamada, Takuya;Sato, Shinichiro;Takeda, Noriko;Nakamura, Mutsumi;Ueda, Takuya;Kitabatake, Yoshinori;Maruo, Kazushi;Arao, Takashi and Nemoto, Yuta

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Journal: Archives of Gerontology & Geriatrics 148, pp. N.PAG

Abstract: • A 7-year longitudinal study involving 5255 community-dwelling older adults was conducted. • A total of 878 participants (16.7%) developed dementia and tended to have daytime dysfunction. •

Dementia risk increased linearly across insomnia severity, with no clear threshold. • The prevention and management of insomnia are essential components of dementia prevention strategies. Although sleep disorders may be a modifiable risk factor for dementia onset, the association between insomnia and dementia remains unclear. The aim of this study was to examine whether the severity of insomnia accelerates the onset of dementia among older adults. This 7-year community-based longitudinal study was conducted in Tsuru City, Yamanashi, Japan. All residents aged ≥65 years without functional disability were invited to participate in the baseline survey in January 2016, and 5255 older adults responded. Follow-up data were collected for up to seven years and included in the analysis. Dementia onset was assessed using data from long-term care insurance. Insomnia severity was measured using the Athens Insomnia Scale. Restricted cubic spline models and time-varying Cox proportional hazards models were conducted to examine the association between insomnia severity and dementia onset. During the follow-up period, 878 participants (16.7%) developed dementia. The spline curve indicated a linear dose-response association between insomnia severity and dementia risk. After adjusting for sociodemographic factors and health characteristics, greater insomnia severity was associated with a higher incidence of dementia (hazard ratio 95% confidence interval]: 1.02 1.00, 1.04]). Stratified analyses by sex, age, and educational attainment, as well as sensitivity analyses excluding participants who developed dementia within two years of baseline, showed results consistent with the main analyses. We found a linear dose-response relationship, in which greater insomnia severity is associated with a higher risk of dementia. These findings support the importance of prevention and management of insomnia in dementia prevention strategies.

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24. **Global burden of disease due to young-onset dementia and the forecast for 2050: update from global burden of disease study 2021**

Authors: Park, Yoonseo;Jeong, Heejae;Kim, Eun-Ji;Park, Sewon;Lee, Munjae and Jakovljevic, Mihajlo

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Journal: Journal of Medical Economics 29(1), pp. 1012–1026

Abstract: Objective The prevalence of young-onset dementia (YOD) is increasing worldwide, leading to greater economic and social burden, necessitating strategic management and prevention. Materials and Methods Using GBD 2021 data, disability-adjusted life years (DALYs) rates were analyzed by age, sex, and risk factors across five age groups. ARIMA and Bayesian models were applied to predict disease burden through 2050. Results From 1990 to 2021, disease burden increased in both sexes aged ≥55 years, with the greatest rise in the 55-59 group. DALYs rates were consistently higher in females, peaking in the 60-64 group. High fasting plasma glucose was the leading risk factor. Model performance varied by sex and age; applying the best-fitting models indicated a continued increase in burden, particularly among females. Conclusions YOD burden has risen over time and is associated with modifiable factors such as high blood glucose and body mass index. The increasing trend is expected to persist, highlighting the need for effective management strategies to reduce future socioeconomic impact.

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25. **Predicting progression from subjective cognitive decline to dementia using different neuropsychological criteria: A longitudinal study**

Authors: Pestana, Pedro Câmara;Cardoso, Sandra;Guerreiro, Manuela;Jessen, Frank;Simões do Couto, Frederico;Marôco, João and de Mendonça, Alexandre

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Journal: Archives of Gerontology & Geriatrics 148, pp. N.PAG

Abstract: • Subjective Cognitive Decline (SCD) is a heterogeneous risk stage shaped by neuropsychological criteria for normality. • Different Jak and Bondi–based criteria define SCD groups with distinct cognitive and functional profiles. • Less stringent definitions of cognitive normality (Historical and Conservative SCD) were associated with a higher risk of conversion to dementia. • More

stringent definitions (Liberal, Typical or Comprehensive SCD) were associated with lower or non-significant risk. • The choice of SCD diagnostic criteria is relevant for clinical and research objectives. Subjective Cognitive Decline (SCD) is considered a risk stage for future cognitive impairment and dementia. This study examined whether different neuropsychological criteria for defining cognitive normality influence SCD's ability to predict conversion to dementia. Participants from the Cognitive Complaints Cohort were diagnosed according to the Subjective Cognitive Decline Initiative criteria. Normal cognition was defined by the absence of Mild Cognitive Impairment according to five Jak and Bondi criteria. Sociodemographic, clinical, and neuropsychological data were analyzed using descriptive statistics. Bootstrap methods characterized group profiles given overlap between SCD definitions. Kaplan–Meier curves illustrated time to dementia, and a clustered Cox proportional hazards model accounted for overlapping group membership and adjusted for baseline variables. Among 838 subjects, the five SCD groups showed similar age and sex distributions but differed in education, cognition, and functional status, while subjective complaints and depressive symptoms did not differ meaningfully. Kaplan–Meier curves showed variability in conversion probabilities. At five years, conversion ranged from 3.9% (Liberal) to 25.5% (Conservative); at ten years, from 16.2% to 40.9%. Clustered Cox analysis showed that Conservative and Historical SCD remained associated with higher hazard of conversion after adjustment, whereas Typical and Comprehensive SCD were associated with lower hazard estimates. Neuropsychological criteria for cognitive normality define SCD groups with distinct clinical profiles and risks of dementia. Broader definitions identify individuals at higher risk, whereas more stringent definitions capture populations with lower likelihood of decline, highlighting the importance of criterion selection according to clinical and research objectives.

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26. **Developing a Novel Digital Tool for Personalised Antipsychotic Prescribing in People Living With Dementia: The Views of Australian Clinicians**

Authors: Tan, Timothy Josh D.;Jeon, Yun-Hee;Lau, Edward C. Y.;Hilmer, Sarah N.;Low, Lee-Fay;Lu, Christine Y. and Tan, Edwin C. K.

Publication Date: 2026

Journal: Dementia (14713012) 25(6), pp. 1191–1209

Abstract: Optimising antipsychotic prescribing in people living with dementia is important to manage symptoms and avoid adverse events. Clinical decision support tools that predict therapeutic response based on individual patient characteristics can help personalise prescribing and complement decision-making by prescribers. The aim of this study is to investigate the views of Australian prescribers on the development and use of a digital antipsychotic prescribing support tool in dementia. Thematic analysis was used to analyse the perspectives of Australian prescribers on using a digital prescribing support tool in dementia. Semi-structured, individual interviews were conducted with a sample of 14 clinicians. Themes were organised according to topic areas about the development and use of the tool. Clinicians expressed that the tool could assist in identifying risk, allowing prescribers to be more cautious with antipsychotic prescribing. The tool could promote informed decision-making by assisting prescribers to consider more factors prior to prescribing whilst serving as an educational tool to aid shared decision-making with patients and carers. Though there were benefits, clinicians raised that there are complexities of antipsychotic prescribing, as the tool may not account for situational need, where benefits may outweigh risks. Some clinicians expressed potential concerns with technology-based tools, where some prescribers may void their clinical judgement and over-rely on the tool. Some clinicians highlighted younger practitioners, general practitioners, nurses and pharmacists as potential users who could benefit from its use. Clinicians posed suggestions for development, including accessibility through an app, updating data as evidence and guidelines change, and prompts to aid decision-making. This study identified several considerations on the implementation of the tool in clinical practice. Perspectives raised by clinicians should be considered in the tool's future development.

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27. **Understanding the Dementia Care Triad: Findings From a Longitudinal Qualitative Study With People Living With Dementia, Their Carers, and Their Healthcare Professionals**

Authors: Tuijt, Remco;Manthorpe, Jill;Rait, Greta;Frost, Rachael;Wilcock, Jane and Walters, Kate

Publication Date: 2026

Journal: Dementia (14713012) 25(6), pp. 1229–1247

Abstract: Background: Best healthcare practice for people with dementia encourages the inclusion of family members or carers, alongside enabling people with dementia to make their own decisions. Dementia care thus often includes the person with dementia, their carer, and their healthcare professional (HCP): a dementia care triad. Understanding how this triad is developed and navigated may improve future dementia care services. Methods: A longitudinal qualitative approach was used to interview 30 people with dementia, 31 family carers, and 7 healthcare professionals in England between May 2020 and March 2021. Data from three interview time points were transcribed and analysed using reflexive thematic analysis. Findings: The relationships within a dementia care triad were initially built on the dyadic relationship between the person with dementia and their family carer and any pre-existing relationships with their HCP. The nature and proximity of the carer to the person with dementia influenced how triadic relationships in dementia care formed and functioned, with spousal and co-resident carers more actively involved in healthcare interactions. Further positive development of a triad required confidence in the HCP, and shared perspectives on balancing the involvement of the carer and the independence of the person with dementia, with considerations of autonomy and risk, and which did not always follow a linear transition. While increased carer involvement often supported the person with dementia, it sometimes led to their exclusion. Engagement by healthcare professionals varied, reflecting inconsistencies in applying person-centred care. Conclusions: The findings of this study suggest a need for clearer, more consistent approaches that support dynamic carer roles while preserving the autonomy of the person with dementia. This study provides additional considerations in relationship dynamics that inform our understanding of the dementia care triad.

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28. **Cancer and dementia incidence are strongly correlated worldwide: evidence from cross-national regression analyses**

Authors: You, Wenpeng;Coventry, Brendon J. and Henneberg, Maciej

Publication Date: 2026

Journal: Future Science OA 12(1), pp. 2602336

Abstract: Background Cancer and dementia are two major global health challenges influenced by population aging and socioeconomic transitions. Both impose substantial burdens, yet their relationship at the population level is insufficiently explored. This study investigated the global association between cancer incidence and dementia incidence, while accounting for developmental, demographic, and healthcare-related factors. Methods Data were obtained from the Institute for Health Metrics and Evaluation. Covariates included economic affluence, urbanization, reduced selection opportunity, and life expectancy e(60). Analyses across 204 countries employed correlations, partial correlations, principal component analysis, and multiple linear regression (enter and stepwise). Subgroup analyses were stratified by income level, development status, WHO regions, and geopolitical groupings. Results Cancer incidence was strongly correlated with dementia incidence worldwide ($r = 0.873$; $\rho = 0.938$, $p < 0.001$). Associations remained consistent across regions, particularly in upper-middle-income and developing countries. Partial correlations showed the relationship persisted after adjustment, with cancer explaining 59.8% of dementia variance. Regression models revealed that socioeconomic and demographic factors explained 51.7% of the variance, rising to 80.1% with cancer included. Conclusion Cancer incidence is a dominant independent predictor of dementia incidence globally, surpassing traditional factors. Findings highlight shared determinants and emphasize the importance of integrated chronic disease strategies, especially in low-resource settings.

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