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Dementia
Current Awareness Bulletin

July 2020

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Title: Delirium Post-Stroke-Influence on Post-Stroke Dementia (Research Study-Part of the PROPOLIS Study).

Citation: Journal of clinical medicine; Jul 2020; vol. 9 (no. 7)

Author(s): Droś, Jakub; Kowalska, Katarzyna; Pasińska, Paulina; Szyper-Maciejowska, Aleksandra; Gorzkowska, Agnieszka; Klimkowicz-Mrowiec, Aleksandra

Objective: Previous research confirmed association between delirium and subsequent dementia in different clinical settings, but the impact of post-stroke delirium on cognitive functioning is still under-investigated. Therefore, we aimed to assess the risk of dementia among patients with stroke and in-hospital delirium.

Methods: A total of 750 consecutive patients admitted to the stroke unit with acute stroke or transient ischemic attacks were screened for delirium, during the first seven days after admission. At the three- and twelve-month follow-up, patients underwent cognitive evaluation. The DSM-5 definition for dementia was used. Cases with pre-stroke dementia were excluded from the analysis.

Results: Out of 691 included cases, 423 (61.22%) and 451 (65.27%) underwent cognitive evaluation, three and twelve months after stroke; 121 (28.61%) and 151 (33.48%) patients were diagnosed with dementia, respectively. Six (4.96%) patients with dementia, three months post-stroke did not meet the diagnostic criteria for dementia nine months later. After twelve months, 37 (24.50%) patients were diagnosed with dementia, first time after stroke. Delirium in hospital was an independent risk factor for dementia after three months (OR = 7.267, 95%CI 2.182-24.207, p = 0.001) but not twelve months after the stroke.

Conclusions: Patients with stroke complicated by in-hospital delirium are at a higher risk for dementia at three but not twelve months post-stroke.

Title: What is the role of the practice nurse in the care of people living with dementia, or cognitive impairment, and their support person(s)? : A systematic review.

Citation: BMC family practice; Jul 2020; vol. 21 (no. 1); p. 141

Author(s): Gibson, Caroline; Goeman, Dianne; Pond, Dimity

Objective: The potential value of expanding the Practice Nurse role to include the recognition and management of dementia has been acknowledged. Practice Nurses are well-positioned to provide comprehensive dementia information and support so that people living with dementia are better equipped to self-manage their health and live well with dementia. The purpose of this review was to systematically examine published literature to identify existing and potential roles of Practice Nurse's in the delivery of care to people affected by dementia and to describe the characteristics and effectiveness of nurse interventions in dementia models of care.

Methods: The PRISMA statement guided the systematic review of the quantitative and qualitative evidence for roles and characteristics of the Practice Nurse in the delivery of dementia care. A comprehensive literature search of seven electronic databases and Google scholar identified relevant original research published in English between January 2000 and January 2019. Thirteen articles met the inclusion criteria and were extracted into the Covidence software for analysis.

Results: The heterogeneity of the included studies purpose, design and outcomes measures and the diversity in health systems and primary care nurses scope of practice made it difficult to synthesise the findings and draw conclusions. The heterogeneity did,

however, provide important insights into the characteristics of roles undertaken by nurses working in the general practice setting, which were potentially beneficial to people living with dementia and their support person. These included patient accessibility to the Practice Nurse, early recognition and management of cognitive changes, care management and collaboration with the General Practitioner. Limitations of the provision of dementia care by Practice Nurses included a lack of definition of the role, inadequate dementia specific training, time constraints and poor communication with General Practitioners.
Conclusions: Embedding an evidence-based model that describes the role of the Practice Nurse in dementia care provision has the potential to increase early recognition of cognitive impairment and more appropriate primary care management of dementia.

Title: "The challenge of joining all the pieces together"-Nurses' experience of palliative care for older people with advanced dementia living in residential aged care units.

Citation: Journal of clinical nursing; Jul 2020

Author(s): Pennbrant, Sandra; Hjorton, Cecilia; Nilsson, Caroline; Karlsson, Margareta

Objectives: To describe nurses' experiences of palliative care for older people with advanced dementia living in residential aged care units.

Background: Dementia is a global health problem and the number of older people with dementia who need palliative care is increasing. Previous research has revealed that care for older people with dementia in the final stage of life is usually complex. However, little is known about how nurses experience palliative care for older people with advanced dementia living in residential aged care units.

Method: Nine individual, semi-structured face-to-face interviews with nurses working in residential aged care units for older people with advanced dementia in palliative care in western Sweden were analysed using qualitative inductive content analysis. The COREQ checklist was followed.

Results: The nurses considered that palliative care for older people with advanced dementia is a complex and challenging form of care. In particular, they identified three challenges that must be met: developing specialised knowledge and skills, developing teamwork as a working method, and creating a caring relationship.

Conclusions: The results of our analysis indicate that if nurses are aware of and understand that the challenges are essential for 'joining all the pieces together', the palliative care for older people with advanced dementia may become a positive experience for nurses and may increase their sense of satisfaction and security in their professional role.

Relevance to clinical practice: For the palliative care to be successful the nurses need to 'join all the pieces together', i.e. succeed in developing specialised knowledge and skills, developing teamwork as a working method, and creating a caring relationship to establish a person-centred care with the older person with advanced dementia and with his or her relatives.

Title: Improving Sleep Disturbance in Hospitalized Dementia Patients.

Citation: Journal of nursing care quality; Jul 2020

Author(s): Haffner, Susan Townsend; Bjorklund, Pamela

Objective: Sleep disturbance is common in hospitalized dementia patients. Consequences include adverse health outcomes and heavy social and economic costs. Education programs have improved dementia care and outcomes. A quality improvement project designed to improve sleep disturbance in hospitalized dementia patients was piloted on a medical-surgical unit of an urban, Midwestern hospital.

Methods: Nurses and nursing assistants received education on evidence-based interventions to improve sleep disturbance in dementia patients. Pre-/posttests measured changes in staff knowledge. Sleep logs measured changes in hours of patient sleep.

Results: Mean test scores increased for nurses from pre- to posttest. Sleep-wake tracking showed increased hours of sleep over time, but small sample sizes precluded pre- and posteducation statistical comparisons.

Conclusions: Education programs can increase nurses' knowledge of evidence-based sleep disturbance care for dementia patients. Larger sample sizes are needed to determine whether such programs can significantly improve their sleep.

Title: Care of older people with Cognitive Impairment or Dementia Hospitalized in Traumatology Units (CARExDEM): a quasi-experiment.

Citation: BMC geriatrics; Jul 2020; vol. 20 (no. 1); p. 246

Author(s): Casafont, Claudia; Risco, Ester; Piazuelo, Mercè; Ancín-Pagoto, Marta; Cobo-Sánchez, José Luis; Solís-Muñoz, Montserrat; Zabalegui, Adelaida

Background: In our context, as in other European countries, care of patients with cognitive disorders or dementia still represents a major challenge in hospital settings. Thus, there is a need to ensure quality and continuity of care, avoiding preventable readmissions, which involve an increase in public expenses. Healthcare professionals need to acquire the necessary knowledge and skills to care for hospitalized patients with cognitive disorders and dementia.

Methods: A quasi-experimental design with repeated observations, taken at baseline, post-intervention, and at one and three months post-intervention, in people hospitalized with cognitive disorders or dementia. The study will be carried out in four general hospitals in Spain and will include 430 PwD and their caregivers. The intervention was previously developed using the Balance of Care methodology where nurses, physicians, social workers and informal caregivers identified the best practices for this specific care situation. We aim to personalize the intervention, as recommended in the literature. The study has an innovative approach that includes new technologies and previous scientific evidence. Valid, reliable instruments will be used to measure the intervention outcomes. Quality of care and comorbidity will be analyzed based on the use of restraints and psychotropic medication, pain control, falls, functional capacity and days of hospitalization. Continuity of care will be measured based on post-discharge emergency hospital visits, visits to specialists, cost, and inter-sectorial communication among healthcare professionals and informal caregivers. Statistical analysis will be performed to analyze the effect of the intervention on quality of care, comorbidity and continuity of care for patients with dementia.

Discussion: Our aim is to helping healthcare professionals to improve the management of cognitive disorders or dementia care during hospitalization and the quality of care, comorbidity and continuity of care in patients with dementia and their informal caregivers. Moving towards dementia-friendly environments is vital to achieving the optimum care outcomes.

Title: Advance care planning and decision-making in dementia care: a literature review.

Citation: Nursing older people; Jul 2020

Author(s): Mountford, Wendy; Dening, Karen Harrison; Green, Julie

Abstract: Dementia is the leading cause of death in England and Wales, but traditionally it has not been considered a terminal or life-limiting condition. As a result, little significance may be placed on advance care planning (ACP) for people with dementia. Evidence suggests that most patients with advanced dementia have often not been given an opportunity to complete an advance care plan and have not had conversations with their families about their wishes and preferences at the end of life. This article reports on a literature review that aimed to explore the evidence on the introduction of ACP in achieving preferred place of care or death for people living with dementia, and reducing carer burden. The literature review found that ACP discussions have several benefits for people with dementia and their family carers, but that various factors can support or hinder such discussions. It concludes that these people and their families need to plan for end of life and suggests that ACP can increase the likelihood of achieving their preferred place of care and death and reducing decisional burden for carers.

Title: Robot companion cats for people at home with dementia: A qualitative case study on companotics.

Citation: Dementia (London, England); Jul 2020 ; p. 1471301220932780

Author(s): Pike, Joanne; Picking, Richard; Cunningham, Stuart

Abstract: The use of robot companion pets for people in care homes has been extensively studied. The results are largely positive and suggest that they are valuable in enhancing wellbeing, communication and behavioural aspects. However, there has been little research in people's own homes, possibly due to the cost and complexity of some of the robot pets currently available. As dementia affects people in different ways, this study explores the effects of a robot cat for people in their own homes, without specifically investigating the effects on a particular symptom. We utilised a case study design to investigate the proposition that various factors influence the impact of a robot cat on the person living with dementia and their carer, including acceptability of the robot pet and acceptance of dementia and its symptoms. The qualitative analysis explores the similarities and differences within the data which were gathered during interviews with people with dementia and their families. This analysis revealed four themes: Distraction, Communication, Acceptance and rejection, and Connecting with the cat and connecting with others. These themes were synthesised into two overarching themes: the effect of the cat on mood and behaviour, and The interaction with the cat. We present the acceptability and impact of the robot cat on symptoms of dementia, with data presented across and within the group of participants. Our analysis suggests that benefits of the robot pet were evident, and although this was a small-scale study, where they were accepted, robot pets provided positive outcomes for the participants and their families.

Title: A Seat at the Table: Supporting Persons with Severe Dementia in Communicating Their Preferences.

Citation: Clinical gerontologist; Jul 2020; p. 1-14

Author(s): Burshnic, Vanessa L; Bourgeois, Michelle S

Objective: Persons with severe dementia are less likely to have a role in preference assessment due to communication challenges associated with the disease. Research is limited on how to support preference communication while using existing preference assessment tools (e.g., the Minimum Data Set 3.0).

Methods: This study examined the effect of two assessment conditions (standard verbal; visual-and-text supported;) on residents' (N = 21) social and leisure preference consistency over 1-week and utterance types (acknowledgment, elaboration, off-topic, request for clarification) in response to preference questions. Residents with severe dementia were recruited from four nursing homes (n = 11) and three assisted living facilities (n = 10). As a preliminary measure of provider acceptability and social validity, a sample of 10 naïve judges (University students) listened to the interviews and rated residents' communication clarity and their confidence with understanding residents' preferences.

Results: Neither assessment condition promoted significantly greater levels of consistency (i.e., the same preference rating at Time 1 and Time 2). Residents expressed significantly fewer requests for clarification in the visual-and-text supported condition. Naïve judges rated residents' communication positively, with no significant differences between conditions.

Conclusions: This study addresses a gap in current research and holds important implications for enhancing care planning participation by residents with severe dementia.

Clinical implications: Residents with severe dementia can successfully participate in activity preference discussions without proxy participation. Residents may comprehend interview questions better when provided in a supported format.

Title: Effectiveness of Multicomponent Exercise Interventions in Older Adults With Dementia: A Meta-Analysis.

Citation: The Gerontologist; Jul 2020

Author(s): Machado, Flávia Borges; Silva, Nádia; Farinatti, Paulo; Poton, Roberto; Ribeiro, Óscar; Carvalho, Joana

Objectives: Multicomponent training (MT) combines aerobic, strength, postural, and balance exercises, and may be a promising intervention strategy for dementia. This meta-analysis study aims to systematize evidence concerning the effectiveness of MT in physical fitness, cognition, and functionality on activities of daily living (ADL) in older adults with dementia, and to identify moderation patterns regarding training variables.

Research design and methods: Four databases were systematically searched to locate potential trials through March 2019. A total of 2.312 records were identified and a final set of 17 manuscripts reviewed; of these, 6 satisfied all eligibility criteria.

Results: Samples sizes ranged from 27 to 170 participants; MT programs lasted between 4 weeks up to 12 months, took place from a daily basis to twice a week, and sessions ranged from 30-60 min. The TESTEX scale was used to analyze the methodological quality, and the funnel plots to assess risk of bias. This meta-analysis revealed that MT interventions benefit older adults with dementia regarding ADL's performance (ES= 0.313 [0.16 to 0.46]; p<0.01), but the evidence was not sufficiently robust to determine the effectiveness of MT on cognitive function and physical fitness, particularly, on agility.

Discussion and implications: MT may be an important non-pharmacological strategy to enhance ADL's functionality on older adults with dementia. Findings suggest that long-term interventions are more prevailing than high frequency and longer duration exercise sessions. Further evidence is needed for acknowledging its benefits in specific cognitive abilities and physical fitness.

Title: Non-Pharmacological interventions for the anxiety in patients with dementia. A cross-over randomised controlled trial.

Citation: Behavioural brain research; Jul 2020; vol. 390; p. 112617

Author(s): Dimitriou, Tatiana-Danai; Verykouki, Eleni; Papatriantafyllou, John; Konsta, Anastasia; Kazis, Dimitrios; Tsolaki, Magda

Abstract: BACKGROUND Behavioural and Psychiatric Symptoms in dementia (BPSD) tend to be a crucial and big problem in dementia. Anxiety several times remains under-diagnosed because it is often considered to be a psychological response to cognitive decline. As only the 10 % of patients were correctly treated, the pharmacological treatment should be well-considered. The aim of this study was to evaluate three non-pharmacological interventions for the treatment of anxiety in dementia.

Methods: A cross-over randomised controlled trial with 60 participants (different types and stages of dementia) conducted in Greece. The sample was randomly assigned to 6 different groups of 10 participants each. The non-pharmacological interventions that have been evaluated are: a) Music Therapy b) Exercise and c) Aromatherapy & Massage. The measurements that were used are: MMSE, ACE-R, GDS, FRSSD and NPI questionnaire. The interventions lasted 5 days and there was two days off as a wash-out period. There was no drop-out rate.

Results: The study showed that the most effective intervention is Music therapy. The second most effective intervention is Exercise and the third one is Aromatherapy and Massage. In the parenthesis p results indicate that Music Therapy's p is less than 0.05 in comparison with Exercise and Aromatherapy and Massage and therefore the sequence of the interventions does not interfere with the results. ($p = <0.05$, $p = 0.55$, accordingly). Caregivers' burden also reduced with MT. In the parenthesis p results indicate Music Therapy's p is less than 0.05 in comparison with the two other interventions and therefore the sequence of the interventions does not interfere with the results, as well ($p = <0.05$, $p = 0.19$).

Conclusions: Our results are in accordance with the current literature. Music Therapy is a promising alternative intervention for the treatment of anxiety in PwD. Music Therapy is an effective non-pharmacological treatment for the reduction of the caregivers' burden, because of the anxiety symptoms in PwD, such as lack of sleep, lack of personal time, unhealthy lifestyle, lack of solutions on what to do with their patients etc. The type of music, the duration of the intervention and the long-term benefits remain unclear. There is a big need of further research with stronger possible evaluation methods.

Title: Dementia Care in the Time of COVID-19 Pandemic.

Citation: Journal of Alzheimer's disease: JAD; Jul 2020

Author(s): Tousi, Babak

Abstract: Patients with dementia are particularly vulnerable during the COVID-19 pandemic. The initial response to COVID-19 promoted behavioral changes in both society and healthcare, while a long-term solution is sought by prioritizing societal values. In addition, there has been disruption to clinical care and clinical research. This pandemic might have significantly changed the care for our patients with dementia toward increased acceptance of telemedicine by the patients and providers, and its utilization in both clinical care and research.

Title: Effects of Caregiver Dementia Training in Caregiver-Patient Dyads: A Randomized Controlled Study.

Citation: International journal of geriatric psychiatry; Jul 2020

Author(s): Birkenhäger-Gillesse, Elizabeth G; Achterberg, Wilco P; Janus, Sarah I M; Kollen, Boudewijn J; Zuidema, Sytse U

Objectives: Caregivers for people with dementia (PWD) have reported needing emotional and social support, improved coping strategies, and better information about the illness and available support services. In this study, we aimed to determine the effectiveness of an Australian multicomponent community-based training program that we adapted and implemented in a non-medical Dutch health care setting.
Methods and design: A randomized controlled trial was performed: 142 dyads of cohabiting caregivers and PwD were randomized to control (care as usual) or intervention (training program) groups and outcomes were compared. Programs lasted 1 week, comprised 14 sessions, and were delivered by specialist staff. We included 16 groups of two to six caregivers. The primary outcome was care-related quality of life (CarerQol-7D) at 3 months. The main secondary outcomes for caregivers were self-rated burden, health and mood symptoms, and for PwD were neuropsychiatric symptoms, quality of life, and agitation.
Results: No significant difference was observed for the primary outcome. However, caregivers experienced fewer role limitations due to physical function (adjusted mean difference, 13.04; 95% confidence interval [95%CI], 3.15-22.93), emotional function (13.52; 95%CI, 3.76-23.28), and pain reduction (9.43; 95%CI, 1.00-17.86). Positive outcomes identified by qualitative analysis included better acceptance and coping and improved knowledge of dementia and available community services and facilities.
Conclusion: Quantitative analysis showed that the multicomponent course did not affect care-related quality of life but did have a positive effect on experienced role limitations and pain. Qualitative analysis showed that the course met the needs of participating dyads

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Title: Caring for older people with dementia in the emergency department.

Citation: British Journal of Nursing; Jun 2020; vol. 29 (no. 12); p. 692-699

Author(s): Watkins; Murphy, Fiona; Kennedy, Catriona; Graham, Margaret; Dewar, Belinda

Objectives: Admission to an emergency department (ED) may expose the older person with dementia to a range of negative consequences, including a deterioration in their behavioural symptoms. The authors conducted a review of primary research relating to the experiences of older people with dementia, their carers and ED nurses, to understand how these experiences might inform nursing practice. Methods: Integrative review with a search of the electronic databases of Medline, CINAHL and PSYCHINFO using specified inclusion and exclusion criteria.

Results: Three themes were identified: carers and older people with dementia—waiting and worrying; nurses juggling priorities; and strategies for improvement—taking a partnership approach.

Conclusion: Older people with dementia may be exposed to disparities in treatment in the ED. A practice partnership between carers and ED nurses may help to prevent this. ED nurses need support to blend technical- and relationship-centred care. Participatory research exploring the experiences of older people with dementia, their carers and ED nurses is needed.

Title: A Healing Handicraft.

Citation: JAMA: Journal of the American Medical Association; Jul 2020; vol. 324 (no. 1); p. 41-42

Author(s): Acosta

Abstract: In this narrative medicine essay, a neurologist recounts the importance of handicraft to the sense of purpose of a patient with worsening dementia and finds similarities between the activity of knitting and the craft of practicing medicine.

Title: What is important to people with dementia living at home? A set of core outcome items for use in the evaluation of non-pharmacological community-based health and social care interventions.

Citation: Age & Ageing; Jul 2020; vol. 49 (no. 4); p. 664-671

Author(s): Reilly ; Harding, Andrew J E; Morbey, Hazel; Ahmed, Faraz; Williamson, Paula R; Swarbrick, Caroline; Leroi, Iracema; Davies, Linda; Reeves, David; Holland, Fiona; Hann, Mark; Keady, John

Abstract: Inconsistency in outcome measurement in dementia care trials impedes the comparisons of effectiveness between trials. The key aim of this study is to establish an agreed standardised core outcome set (COS) for use when evaluating non-pharmacological health and social care interventions for people with dementia living at home. Method we used a mixed-methods research design, including substantive qualitative research with five key stakeholders groups. We consulted with people living with dementia for many aspects of this research. We applied a modified two-round 54 item Delphi approach to attain consensus on core outcomes. The COS was finalised in a face-to-face consensus meeting in 2018. Results of the 288 who completed round 1 (21 people living with dementia, 58 care partners, 137 relevant health and social care professionals, 60 researchers, 12 policy makers), 246 completed round 2 (85% response rate). Twenty participants attended the consensus meeting. We reached consensus for the inclusion of 13 outcome items. Conclusion we identified 13 outcome items which are considered core; many relate to social health. Providing there are adequate measures, measuring these core outcome items will enhance comparisons for effectiveness making trial evidence more useful. The items will provide commissioners and service planners with information on what types of interventions are most likely to be valued highly by people living with dementia.

Title: The impact of exercise on patients with dementia: A 2-year follow-up.

Citation: Medicine; Jun 2020; vol. 99 (no. 23); p. 1-7

Author(s): Department of Recreational Sport and Health Promotion, National Pingtung University of Science and Technology, Pingtung County, Kaohsiung, Taiwan.; Hsiu-Hui Chen; Lin Li; Hui-chen Lin; Chien-Liang Chen; Nai-Ching Chen; Chen, Ke-Hau; Chen, Hsiu-Hui; Li, Lin; Lin, Hui-Chen; Chen, Chien-Liang; Chen, Nai-Ching

Abstract: The current absence of a disease-modifying treatment for Alzheimer disease highlights the necessity for the benefits of nonpharmacological approaches. We aimed to investigate the effect of exercise in older patients with Alzheimer dementia. This is an observational, prospective cohort study in medical center. Eighty older patients with Alzheimer dementia, including 54 with mild dementia and 26 with moderate dementia, were followed up over 2 years. Patients were divided into exercise and no-exercise groups according to their weekly exercise habit. Mini-Mental State Examination (MMSE), clinical dementia rating (CDR), and senior fitness test were checked initially. We defined death and unexpected hospitalization as the outcomes. Age, sex, education years, and MMSE showed no significant differences between the groups ($P>.05$) in all patients. All the patients of the exercise group had significantly better left upper body strength, higher aerobic endurance, and left and right balance maintenance time than those of the no-exercise group (P .05). The exercise group had significantly better lower body strength, left upper body strength, aerobic endurance, right upper body flexibility, lower body flexibility, balance maintenance, and agility than the no-exercise group in patients with mild dementia ($P<.05$). Moreover, the exercise group had significantly lesser unexpected hospitalization than the no-exercise group in the patients with mild dementia ($P = .037$).Despite the similarity in the status of dementia, exercise habit was found to be associated with a better senior fitness test score status. Hence, exercise can decrease unexpected hospitalization in patients with mild dementia but not those with total dementia.

Title: Dissemination and Implementation of Evidence-Based Dementia Care Using Embedded Pragmatic Trials.

Citation: Journal of the American Geriatrics Society; Jul 2020; vol. 68

Author(s): Gitlin ; Baier, Rosa R.; Jutkowitz, Eric; Baker, Zachary G.; Gustavson, Allison M.; Sefcik, Justine S.; Hodgson, Nancy A.; Koeuth, Sokha; Gaugler, Joseph E.

Abstract: There are many nonpharmacologic interventions tested in randomized clinical trials that demonstrate significant benefits for people living with Alzheimer's disease (AD) and AD-related dementia, their care partners, or professional care providers. Nevertheless, with few exceptions, proven interventions have not been translated for delivery in real-world settings, such as home care, primary care, hospitals, community-based services, adult day services, assisted living, nursing homes, or other healthcare systems (HCSs). Using embedded pragmatic clinical trial (ePCT) methods is one approach that can facilitate dissemination and implementation (D&I) of dementia care interventions. The science of D&I can inform the integration of evidence-based dementia care in HCSs by offering theoretical frameworks that capture field complexities and guiding evaluation of implementation

processes. Also, D&I science can suggest evidence-based strategies for implementing dementia care in HCSs. Although D&I considerations can inform each stage of dementia care intervention development, it is particularly critical when designing ePCTs. This article examines fundamental considerations for implementing dementia-specific interventions in HCSs and how best to prepare for successful dissemination upstream in the context of ePCTs, thereby illustrating the critical role of the D&I Core of the National Institute on Aging Imbedded Pragmatic Alzheimer's Disease and AD-Related Dementias Clinical Trials Collaboratory. The scientific premise of the D&I Core is that having the "end" in mind, upfront in the design and testing of dementia care programs, can lead to decision-making that optimizes the ultimate goal of wide-scale D&I of evidence-based dementia care programs in HCSs.

Title: How do we know what we don't know? Exploring Deaf people's experiences of supporting their Deaf family member living with dementia.

Citation: Dementia (14713012); Jul 2020; vol. 19 (no. 5); p. 1381-1396

Author(s): Ferguson-Coleman; Johnston, Alice; Young, Alys; Brown, Fiona; de Sainte Croix, Ruth; Redfern, Paul

Abstract: Deaf sign language users living with dementia and their carers, some of whom are Deaf, routinely face everyday barriers in accessing information, support (both formal and informal) and services. The familial care situation is further complicated given that most Deaf people will choose a life partner who is Deaf and most Deaf couples will have hearing children. This study focussed specifically on the everyday experiences of Deaf carers and the impact of caring for a loved one with dementia. Drawing on data from a wider consultation about dementia care, three Deaf carers were directly interviewed in British Sign Language by a Deaf researcher about their everyday experiences of care, support, and services. Thematic analysis focussed on: access is more than the provision of interpreters; effective care for the carers; and unknowing risk taking. Findings demonstrate the multifaceted effects of barriers to knowledge and information when the care partner is also Deaf, the urgent need for effective support for Deaf carers and unrecognised safeguarding concerns that are a result of lack of access to forms of basic knowledge about living with someone with dementia and potential coping strategies. Nonetheless, the participants demonstrated novel solutions and resilience in the face of these multiple challenges. Implications are drawn for future targeted services to supported Deaf carers of people affected by dementia.

Title: Dementia in prisons: the Admiral Nurse offer.

Citation: British Journal of Neuroscience Nursing; Jun 2020; vol. 16 (no. 3); p. 113-120

Author(s): Chamberlain ; Dening, Karen Harrison

Objective: Dementia is an increasingly common condition, affecting over 50 million people worldwide, with approximately 850 000 living with dementia in the UK. In recent years, there has been a significant rise in the number of older prisoners, many of whom may also have dementia; however, there is little in the literature about the needs of this population. This is the first in a series of clinical articles on dementia in underserved populations. This study aims to explore current literature; academic, policy and guidance to develop an understanding of what is currently known about this population.

Methods: A literature review.

Findings: There is insufficient data on the amount of dementia in the ageing prison population and limited research that defines the needs of this underserved population. This results in prison services often failing to meet the needs of this underserved population, with prison staff struggling in this regard due to limited knowledge, resources and training. The Prisons and Probation Ombudsman argues the failure to strategically respond to this population leads to each prison and its local healthcare providers being left to respond in a piecemeal fashion.

Conclusions: This paper discusses the demographic changes related to prisoners with dementia and details how Dementia UK and Admiral Nurses can support a specialist care solution to this underserved population.

Title: The Impact of a Dementia-Friendly Exercise Class on People Living with Dementia: A Mixed-Methods Study.

Citation: International journal of environmental research and public health; Jun 2020; vol. 17 (no. 12)

Author(s): Long, Annabelle; Di Lorito, Claudio; Logan, Pip; Booth, Vicky; Howe, Louise; Hood-Moore, Vicky; van der Wardt, Veronika

Abstract: Exercise has multiple benefits for people living with dementia. A programme of group exercise classes for people with dementia and their family carers has been established in a University sports centre. This study aims to explore the impact of this programme on participants with dementia and their carers. A mixed-methods design including a prospective, repeated measures cohort study followed by focus groups was employed. Physiological and cognitive outcome measures were repeated at baseline and three months in a cohort of people with dementia attending a group exercise class. Focus groups on the participants' experiences and their perceptions of the impact of the exercise class on their lives were then conducted. The results were analysed and mapped on a model, to illustrate the components that most likely promote participation. Sixteen participants (n = 8 with dementia, and n = 8 carers) were recruited, and completed both baseline and follow up assessments. Positive mean differences were found in physical activity (4.44), loneliness (1.75), mood (1.33) and cognition (1.13). Ten participants were included in the focus groups, which found that accessibility of the exercise venue, opportunities for socialisation and staff who were experienced working with people living with dementia were key to participants reporting benefits. The four key themes from the focus group data were synthesised to produce a model outlining the components that might generate a positive impact of the exercise classes and promote participation. Exercise classes for people with dementia can be delivered with success in novel environments such as University sports centres. There is some indication of improvement over a short period of time. The model derived from this study will inform strategies to promote attendance at dementia-friendly exercise classes.

Title: Adolescents' experiences and perceptions of dementia.

Citation: Aging & mental health; Jul 2020; vol. 24 (no. 7); p. 1175-1181

Author(s): Farina, Nicolas; Hughes, Laura J; Griffiths, Alys W; Parveen, Sahdia

Objectives: There is a lack of understanding about how adolescents perceive dementia, and what their dementia related experiences are. Without such information, it is hard to make a case for the need to raise awareness of dementia in adolescents, and the best strategies to achieve this.

Methods: In a cohort of 901 adolescents (aged 13-18) from the South East of England, we explored what the experiences and perceptions of dementia were using a series of questionnaires. Descriptive data of individual items were reported, comparing differences between genders.

Results: The adolescents within this study tended to have positive or neutral attitudes towards dementia, though there was evidence that a proportion of adolescents had misconceptions or held negative attitudes (e.g. 28.5% of adolescents disagreed with the statement 'In general, I have positive attitudes about people with dementia'). We also identified that the adolescents had a range of experiences of dementia including providing some form of care for someone with dementia (23.2%), though most had indirect contact with dementia through TV and movies (77.3%), or adverts (80.2%). Females nearly always had better attitudes towards dementia and had significantly more contact with dementia.

Conclusions: Considering that adolescents are already forming negative attitudes and misconceptions of dementia, it is important that we raise awareness about dementia in this age group.

Title: Physical activity in people with dementia attending farm-based dementia day care - a comparative actigraphy study.

Citation: BMC geriatrics; Jun 2020; vol. 20 (no. 1); p. 219

Author(s): Finnanger Garshol, B; Ellingsen-Dalskau, L H; Pedersen, I

Objective: Despite public focus on the importance of physical activity and findings showing the benefits of such activity, research has shown that people with dementia are less physically active and have more sedentary behaviour compared to others in similar age groups. In Norway, there is a focus on day care services as a means to allow people with dementia to experience social, physical and cultural activities. Farm based services have been highlighted as an innovative and customized day care service, but little research has been done on physical activity and such services. This study therefor aims to investigate the potential of farm-based day care services as services that can promote physical activity for people with dementia.

Methods: Actigraphy data from people with dementia attending farm-based day care services (n = 29) and people with dementia attending regular day care services (n = 107) was used to assess levels of physical activity in each group and to compare the two groups.

Results: People attending farm-based day care had significantly higher levels of moderate activity, approximately 23 min each day, compared with persons attending ordinary day care ($p = 0.048$). Time spent in sedentary or light activity were similar for both groups. For the group attending farm-based day care services, days at the service, were significantly associated with less time spent in sedentary activity ($p = 0.012$) and more time spent in light ($p < 0.001$) and moderate activity ($p = 0.032$), and in taking more steps ($p = 0.005$) compared to days not at the service.

Conclusion: The findings indicate that participants in farm-based day care for people with dementia have higher levels of physical activity compared to ordinary day care and that farm-based day care increases levels of physical activity for its attendees. Farm based day care services has the potential to help their participants reach or maintain recommended levels of physical activity. Further research is needed to investigate what facilitates this increase in activity and how such knowledge could be used in all types of day care services.

Title: Assessing implicit and explicit dementia stigma in young adults and care-workers.

Citation: Dementia (London, England); Jul 2020; vol. 19 (no. 5); p. 1692-1711

Author(s): Kane, Alan; Murphy, Carol; Kelly, Michelle

Abstract: This aim of this study was to assess implicit and self-reported stigma towards people with dementia in young adults with no contact or experience (n = 23), and in care-workers (n = 17 professional dementia care-workers). Data were analysed to determine whether stigma was related to self-reported levels of depression, anxiety, stress and professional burnout. Forty participants completed the Implicit Relational Assessment Procedure and Dementia Attitudes Scale. The Depression Anxiety and Stress Scale and Maslach Burnout Inventory were used to measure depression, anxiety, stress and professional burnout. The young adult group showed statistically significant levels of dementia stigma (on the two "dementia" trial-types, p = .027 and p = .030). Statistical analyses showed more dementia-positive attitudes in care-workers compared to young adults on the Implicit Relational Assessment Procedure and the Dementia Attitudes Scale (both p's=.021). Spearman's Rho correlations tests showed that for the care-givers, higher levels of burn-out were associated with more negative attitudes towards people with dementia on both of the Dementia Attitudes Scale subscales (social comfort p<.001 and dementia knowledge p=.005). The results support prior research showing that experience with a stigmatised group can lower stigma and demonstrate the importance of providing a supportive work environment to mitigate burnout.

Title: The impact of dementia in the prison setting: A systematic review.

Citation: Dementia (London, England); Jul 2020; vol. 19 (no. 5); p. 1509-1531

Author(s): Brooke, Joanne; Diaz-Gil, Alicia; Jackson, Debra

Abstract: Older prisoners are the fastest growing group in the prison population, with an accelerated aging process they are at a high risk of developing dementia. However, no systematic review has explored the impact of dementia in the prison setting. The objectives of this review were to identify the prevalence of dementia in the prison setting and how prison, health and social care providers assess, diagnose, treat, support and care for prisoners with dementia. A systematic search of the literature from the following databases was undertaken: CINHAL, PubMed, BNI, PsychINFO, and MEDLINE. Search strategies were tailored for each database and included recognised Medical Subject Headings. Hand searching of prominent journals in correctional services and dementia, as well as reference lists of included papers was completed. Open Grey website was searched to identify relevant government, local council and charity publications regarding dementia in the prison setting. The appropriate Critical Appraisal Skills Programmes Checklist for all included studies was completed. Following the application of inclusion and exclusion criteria, 10 studies were included in the review. Due to the nature of the data extracted, a meta-synthesis was not possible; therefore, a thematic synthesis was completed. Three themes emerged: prevalence of dementia in the prison population, identification of older prisoner's needs, and knowledge of correctional officers and legal professionals. The prevalence and incidence of dementia in prison populations remain largely unknown. There is a need for national policies and local strategies that support a multi-disciplinary approach to early detection, screening and diagnosis of cognitive impairment and dementia across prison settings. Alongside the development of structured prison environments, non-pharmacological interventions, continued assessment of prisoners with a dynamic care plan, and training for health, social and prison staff and prisoners.

Title: The involvement of people with dementia in advocacy: a systematic narrative review.

Citation: Aging & mental health; Jun 2020; p. 1-10

Author(s): Weetch, Jason; O'Dwyer, Siobhan; Clare, Linda

Objectives: This Prospero-registered review sought to answer three questions concerning people with dementia involved in speaking out on behalf of themselves and others as dementia advocates. First, what are the views and motivations of the people involved? Second, what impact does this have upon them and others? Third, what are the future policy and research implications?

Methods: A systematic search and narrative synthesis of original research was conducted. Searches in Pubmed, Web of Science, PsychINFO and CINAHL followed PRISMA Guidelines. The review focused on people with dementia involved in advocacy. There were no restrictions based on study design or date. Language was limited to English.

Results: Seven papers were identified, with predominantly qualitative methodologies. Four overarching themes were identified: threats, fighting back, evolving identities and making a difference. Threats ranged from those arising from dementia as an illness, to exposure to stigma. Fighting back represented advocates' response to these threats, often described using martial metaphors. Evolving identities captured advocates' journeys through diagnosis to involvement in advocacy and subsequent impact upon identity. Making a difference represented the impact of dementia advocacy at an individual, community and societal level.

Conclusions: This review confirms that the threats associated with dementia extend beyond the symptoms of illness. Dementia advocacy offers potential improvements in well-being for those involved, through the activity itself and via extended social networks. There is little research on broader aspects of advocates' identity, including ethnicity, gender, and age. There has been little attempt to quantify the impact of dementia advocacy.

Title: Reducing falls among people living with dementia: A systematic review.

Citation: Dementia (London, England); Jul 2020; vol. 19 (no. 5); p. 1621-1640

Author(s): Peek, Kerry; Bryant, Jamie; Carey, Mariko; Dodd, Natalie; Freund, Megan; Lawson, Samuel; Meyer, Claudia

Objective: People diagnosed with dementia are at greater risk of falls. Given the increasing incidence of dementia globally, high quality and methodologically rigorous research is needed to inform evidence-based practice initiatives. This study aims to describe the published literature related to describing, reducing or preventing fall incidences for people living with dementia including: (1) trends in the total number of intervention and non-intervention studies between 1997 and 2016; (2) the methodological quality of identified intervention studies; and (3) the effectiveness of interventions designed to reduce the incidence of falls among people living with dementia.

Methods: A systematic review of five databases was conducted to identify studies reporting any aspect of falls incidence for people with a diagnosis of dementia. Studies meeting the eligibility criteria were coded as intervention or non-intervention studies. Intervention studies were assessed using Cochrane's Effective Practice and Organisation of Care tool. Data about the effectiveness of interventions meeting Effective Practice and Organisation of Care criteria were extracted.

Results: Seventy-two eligible studies were identified; 57 were non-intervention studies, and 15 were intervention studies. The number of published studies increased between 1997 and 2016, peaking in 2013 (n = 10). Of the 15 intervention studies, seven studies met Effective Practice and Organisation of Care design criteria with one study rated low risk on all eight Effective Practice and Organisation of Care risk of bias domains. One high-risk exercise-based intervention study demonstrated a significant reduction in falls among people living with dementia.

Conclusions: There is currently insufficient evidence to endorse any intervention to reduce falls for people living with dementia in any setting. More high-quality intervention studies are needed.

Title: Advance care planning for people living with dementia: An umbrella review of effectiveness and experiences.

Citation: International journal of nursing studies; Jul 2020; vol. 107; p. 103576

Author(s): Wendrich-van Dael, Annelien; Bunn, Frances; Lynch, Jennifer; Pivodic, Lara; Van den Block, Lieve; Goodman, Claire

Objective: End of life care is often inadequate for people with dementia. Advanced care planning (ACP) has the potential to improve outcomes for people with dementia. The aim of this review is to establish the strength of the evidence and provide decision makers with a clear understanding of what is known about ACP for people living with dementia.

Design: Evidence synthesis including systematic reviews and primary studies.

Data sources: PubMed, CINAHL Plus, SCOPUS, Social Care Online and Cochrane Library were searched (July 2018). No year limit applied. To be included, reviews had to evaluate effectiveness of ACP for people with dementia or report on views and experiences of ACP from the perspective of people with dementia, carers, or health and care professionals. Additional searches (September 2018) were conducted to identify recent primary studies not included in the reviews.

Review methods: Data extraction was undertaken by one reviewer and checked by a second. Methodological quality was assessed using AMSTAR-2 and Joanna Briggs Institute instruments by two authors independently. Outcomes were categorized and tabulated to assess effectiveness. Qualitative data was analysed using thematic synthesis.

Results: Nineteen reviews (163 unique studies) and 11 primary articles with a range of advance care planning definitions and of variable quality were included. Advance care planning was associated with decreased hospitalizations, increased concordance between care received and prior wishes and increased completion of advance care planning documents but quality of primary research was variable. Views of ACP for people with dementia can be clustered around six themes; 1) timing and tailoring, 2) willingness to engage, 3) roles and responsibilities of healthcare professionals, 4) relationships, 5) training and 6) resources needed. Diminishing decision-making capacity over time is a key overarching feature.

Conclusions: Advance care planning is acceptable for people with dementia and their carers and is associated with improved outcomes. Guidelines on which outcomes and which definition to use are necessary, as is research to test different approaches to ACP. Education on topics related to diminishing decision-making capacity is key to optimize advance care planning for people with dementia and their carers.

Title: A grounded theory analysis of the experiences of carers for people living with dementia from three BAME communities: Balancing the need for support against fears of being diminished.

Citation: Dementia (London, England); Jul 2020; vol. 19 (no. 5); p. 1672-1691

Author(s): Baghirathan, Subitha; Cheston, Richard; Hui, Rosa; Chacon, Anndeloris; Shears, Paula; Currie, Katie

Abstract: An estimated 25,000 people of Black, Asian and other Minority Ethnic (BAME) origins live with dementia in UK - a number which is expected to increase sevenfold by 2051. People from many BAME communities experience dementia in a markedly different way to their white British counterparts. For instance diagnosis is more likely to occur at an advanced stage of the illness, while there is a lower take-up of mainstream dementia services. This research study focused on the experiences of caregivers for family and friends living with dementia from South Asian, African Caribbean and Chinese communities in Bristol. Data were collected through interviews with 27 participants and 8 focus groups attended by 76 participants. Additionally, interviews were carried out with 16 paid staff and volunteers working for Voluntary and Community Sector Organisations (VCSOs) that provided services for older people from these three communities. As concepts emerged during data analysis, so these were checked with each community. The grounded theory, 'fear of diminishment' was present across all communities: participants both needed and wanted support, but they were reluctant to accept this if it came at the cost of being diminished as a person. To resolve this dilemma, informants turned to BAME-led VCSOs, which provided ongoing support and advocated on behalf of their members. However, the services provided by these VCSOs varied and reflected differences in the ways in which communities enacted the theory. Given the increasing importance of cultural diversity within dementia care, this study has important implications for communities across the UK and elsewhere, and points towards the need for sustainable and equitable resourcing of dementia care within BAME-led VCSOs.

Title: Effectiveness of Exergaming in Improving Cognitive and Physical Function in People With Mild Cognitive Impairment or Dementia: Systematic Review.

Citation: JMIR serious games; Jun 2020; vol. 8 (no. 2); p. e16841

Author(s): Zhao, Yinan; Feng, Hui; Wu, Xinyin; Du, Yan; Yang, Xiufen; Hu, Mingyue; Ning, Hongting; Liao, Lulu; Chen, Huijing; Zhao, Yishan

Abstract: Individuals with mild cognitive impairment and dementia have impaired physical and cognitive functions, leading to a reduced quality of life compared with those without such impairment. Exergaming, which is defined as a combination of exercise and gaming, is an innovative, fun, and relatively safe way to exercise in a virtual reality or gaming environment. Therefore, exergaming may help people living with mild cognitive impairment or dementia to overcome obstacles that they may experience regarding regular exercise and activities.

Objective: The aim of this systematic review was to review studies on exergaming interventions administered to elderly individuals with mild cognitive impairment and dementia, and to summarize the results related to physical and cognitive functions such as balance, gait, executive function, and episodic memory.

Methods: We searched Cochrane Central Register of Controlled Trials (CENTRAL), Medline, Embase, PsycINFO, Amed, and Nursing Database for articles published from the inception of the respective databases to January 2019. We included all clinical trials of exergaming interventions in individuals with mild cognitive impairment and dementia for review. The risk of bias was independently evaluated by two reviewers using the Cochrane Collaboration and Risk of Bias in Non-randomized Studies of Interventions tools.

Results: Ten studies involving 702 participants were included for review. There was consistent evidence from 7 studies with a low risk of bias showing statistically significant effects of exergaming on cognitive functioning in people with mild cognitive impairment and dementia. With respect to physical function, 3 of 5 full-scale studies found positive results, and the intensity of most games was classified as moderate.

Conclusions: Overall, exergaming is an innovative tool for improving physical and cognitive function in people with mild cognitive impairment or dementia, although there is high heterogeneity among studies in terms of the duration, frequency, and gaming platform used. The quality of the included articles was moderate to high. More high-quality studies with more accurate outcome indicators are needed for further exploration and validation of the benefits of exergaming for this population.

Title: Quality indicators for community dementia care: a systematic review.

Citation: European journal of public health; Jun 2020

Author(s): Dequanter, Samantha; Buyl, Ronald; Fobelets, Maaike

Objective: There is a lack of an up-to-date body of evidence and a comprehensive overview concerning literature on quality indicator (QI) development for dementia care. Therefore, we systematically reviewed recent literature and formulated recommendations for future research.

Methods: PubMed, CINAHL and The Cochrane Library were searched for studies describing QI development or redefinition for dementia care (from first symptoms until admission to long-term care), published from 2008 to May 2019.

Results: We included a total of 7 articles, comprising of 107 QIs. The majority of publications originated from Europe. These applied to outpatient care, primary care and end-of-life care. Most QIs referred to care processes. Several care domains were determined by the authors, ranging from screening and assessment to end-of-life care. The methodological quality of the QI sets differed considerably. The QI sets with the best methodological quality were developed using expert evaluation or a Delphi technique.

Conclusion: SIt can be concluded that a reasonable amount of QIs for assessing and optimizing community dementia care exists, however, further development and methodological improvements of these QIs are necessary. Involvement of people with dementia and caregivers in the development process and a broader focus including community oriented next to medically oriented QIs are examples of potential improvement measures.

Title: What is known from the existing literature about peer support interventions for carers of individuals living with dementia: A scoping review.

Citation: Health & social care in the community; Jul 2020; vol. 28 (no. 4); p. 1134-1151

Author(s): Carter, Gillian; Monaghan, Catherine; Santin, Olinda

Abstract: This scoping review comprehensively describes evidence of using peer support to assist informal carers of individuals with dementia (any type). A systematic search of 11 databases (CINAHL, Cochrane Library, Medline, Embase, PsychInfo, Web of Science, Scopus, Science Direct, ProQuest, TRIP and PubMed) was conducted for research published between 2007-2017 focussing on informal dementia carers, and research designs with interventions incorporating or consisting exclusively of peer support. Authors worked independently to screen retrieved articles, review applicability and extract data. Thirty-six research papers (representing 28 original studies) were identified, from these, two modes of delivery were demonstrated: 12 studies provided the intervention online, and the remainder face-to-face. The review indicated that peer support is of potential benefit to carers if it is delivered via either mode. It is not clear what components may or may not be effective as results provided a mixed landscape of differing intervention effectiveness due to the wide variation in outcome measurements. Trial design using a multi-component intervention was the predominant choice, with the most common components being Information Sharing and Non-Healthcare Professional Support for both delivery modes. The burden/anxiety/depression compendium and health and well-being were the most frequently measured outcomes; perceived level of support was one of the least. The peer support interventions identified included various components, demonstrating no true best practice model. Nonetheless, they can be offered successfully online or face-to-face. This provides a unique opportunity to develop and supply tailored peer support interventions for informal dementia carers to ensure their specific needs are met. Further work is required to construct and evaluate the effectiveness of targeted peer-led support whether online or face-to-face to meet the individual needs of dementia carers.

Title: Qualitatively exploring the suitability of tablet computers to encourage participation with activities by people with moderate stage dementia.

Citation: Dementia (London, England); Jul 2020; vol. 19 (no. 5); p. 1586-1603

Author(s): Smith, Sarah Kate; Mountain, Gail A; Hawkins, Rebecca J

Objectives: Opportunities to participate with enjoyable activities is one of the most frequently reported unmet needs by the person living with dementia. Enabling and intuitive technologies may offer accessible ways to engage with such activities.
This study aimed to explore how tablet computers might encourage participation in enjoyable activities by people with moderate levels of dementia and to consider how such technologies might be incorporated into the repertoire of activities currently provided through day care settings.
Methods: A focused visual ethnographic approach was developed specifically to meet the research objectives. Twelve participants attending a community day care centre and nine

supporters (both volunteers and paid staff) consented to take part in the research. Technology facilitated group activity sessions took place twice a week for a period of four weeks and all were video recorded.

Findings: Video analysis demonstrated that the majority of people with dementia found the technology an effective means of participating in enjoyable activities. Analysis also revealed the extent to which participation relies on the existence of effective support. It showed how maintaining focus on retained strengths and abilities enabled the group overall to meet and often exceed their own and others perceived capacity to participate. Finally, analysis confirmed the importance of enjoyment of activities 'in the moment' and the need for those supporting people in the moderate stages of dementia to acknowledge and work with this.

Conclusion: The use of tablet computers to enhance participation in sociable and enjoyable activities in day care settings is realistic and achievable if supported appropriately.

Title: Is music-with-movement intervention better than music listening and social activities in alleviating agitation of people with moderate dementia? A randomized controlled trial.

Citation: Dementia (London, England); Jul 2020; vol. 19 (no. 5); p. 1413-1425

Author(s): Cheung, Daphne Sze Ki; Lai, Claudia Kam Yuk; Wong, Frances Kam Yuet; Leung, Mason Chin Pang

Objective: Interactive music intervention is generally perceived as more effective on clinical outcomes than a receptive approach because it can better engage the people with dementia. The aim of this study is to compare the effects of the 6-week music-with-movement intervention on agitation of people with moderate dementia, music listening and social activity.

Methods: A multi-centre randomized controlled trial was conducted on 165 nursing home residents with moderate dementia. The participants were randomly allocated into three groups: music-with-movement, music listening or social activities groups. Participants in the music-with-movement group listened to preferred music and moved their body parts for 45 minutes, twice a week for 6 weeks. While the participants in the music listening group only listened to their preferred music and social activity group chatted with the other group members. The agitation level was examined with the Chinese Cohen-Mansfield Agitation Inventory - Nursing Home version. Total scores and sub-scores (physically aggressive, physical non-aggressive, verbal aggressive and verbal non-aggressive) were compared at baseline, at post-intervention and 6 weeks post-intervention.

Results: The results showed that there are no significant differences in agitation among three groups. Repeated measures univariate analyses revealed that all three groups yielded significant improvement in agitation from baseline to post-intervention, of which music-with-movement presented the largest effect size.

Conclusion: This study showed that interactive or receptive type of music intervention or social activities may be helpful in managing agitation although there is no statistically significant difference among them.

Sources Used:

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

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