Royal United Hospitals Bath
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Dementia
Current Awareness Bulletin

January 2023

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1. Air Pollution and Incidence of Dementia: A Systematic Review and Meta-analysis

Authors: Abolhasani, Ehsan;Hachinski, Vladimir;Ghazaleh, Nargess;Azarpazhooh, Mahmoud Reza;Mokhber, Naghmeh and Martin, Janet

Publication Date: 2023

Journal: Neurology 100(2), pp. e242-e254

Abstract: Background and Objectives: Studies of association between air pollution and incidence of dementia have shown discrepant results. The aim of this study was to evaluate the association between air pollution and dementia.; Methods: In this systematic review and meta-analysis, PubMed, MEDLINE, EMBASE, PsycINFO, Scopus, and Web of Science were searched and updated in August 2021. Population-based cohort studies that reported on hazard ratio (HR) of dementia in association with exposure to fine particulate matter (PM 2·5), nitrogen oxides (NO X), nitrogen dioxide (NO 2), or ozone (O 3) in those aged >40 years were included. Data were extracted by 2 independent investigators. The main outcome was the pooled HR for dementia per increment of pollutant, calculated using a random-effects model. Results were reported in accordance with PRISMA guidelines. The protocol was registered in PROSPERO (registration number: CRD42020219036).; Results: A total of 20 studies were included in the systematic review, and 17 provided data for the meta-analysis. The total included population was 91,391,296, with 5,521,111 (6%) being diagnosed with dementia. A total of 12, 5, 6, and 4 studies were included in the meta-analyses of PM 2·5 , NO X , NO 2 , and O 3 , respectively. The risk of dementia increased by 3% per 1 μg/m 3 increment in PM 2·5 (HR, 1.03; 95% CI 1.02-1.05]; I 2 = 100%). The association between dementia per 10 μg/m 3 increment in NO X (HR, 1.05; 95% CI 0.99-1.13]; I 2 = 61%), NO 2 (HR, 1.03; 95% CI 1.00-1.07]; I 2 = 94%), and O 3 levels (HR, 1.01; 95% CI 0.91-1.11]; I 2 = 82%) was less clear, although a significant association could not be ruled out, and there was high heterogeneity across studies.; Discussion: Existing evidence suggests a significant association between exposure to PM 2·5 and incidence of dementia and nonsignificant association between dementia and NO X , NO 2 , and O 3 exposure. However, results should be interpreted in light of the small number of studies and high heterogeneity of effects across studies. (© 2022 American Academy of Neurology.)

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2. Do proton pump inhibitors increase the risk of dementia? A systematic review, meta-analysis and bias analysis

Authors: Ahn, Nayeon;Nolde, Michael;Krause, Evamaria;Güntner, Florian;Günter, Alexander;Tauscher, Martin;Gerlach, Roman;Meisinger, Christa;Linseisen, Jakob;Baumeister, Sebastian-Edgar and Rückert-Eheberg, Ina-Maria

Publication Date: 2023

Journal: British Journal of Clinical Pharmacology 89(2), pp. 602-616

Abstract: Aim: Previous studies on the association between proton pump inhibitor (PPI) intake and the increased risk of dementia has shown discrepancies in their conclusions. We aimed to provide updated evidence based on extensive bias assessments and quantitative sensitivity analyses.; Methods: We searched the databases PubMed, EMBASE, SCOPUS, CENTRAL and clinicaltrials.gov for prospective studies that examined an association between PPI use and dementia, up to February 2022. Each study was assessed using the Cochrane risk of bias assessment tools for non-randomized studies of interventions (ROBINS-I) or randomized trials (RoB2). Pooled risk ratios (RRs) and 95% prediction intervals were computed using random-effects models. Sensitivity analyses were adjusted for small-study bias.; Results: We included nine observational studies with 204 108 dementia

cases in the primary analysis on the association between PPI use vs. non-use and dementia, and the RR was 1.16 (95% CI = 1.00; 1.35). After adjusting for small-study bias by Copas selection model and Rücker's shrinkage procedure, the RR was 1.16 (1.02; 1.32) and 1.15 (1.13; 1.17), respectively. A subgroup analysis of PPI use vs. non-use regarding Alzheimer's disease risk yielded an RR of 1.15 (0.89; 1.50). The secondary analysis on the risk of dementia by use of PPI vs. histamine-2 receptor antagonist showed an RR of 1.03 (0.66; 1.62).; Conclusion: This meta-analysis provided no clear evidence for an association between PPI intake and the risk of dementia. Due to discrepancies in sensitivity analyses, however, some risk of dementia by PPI use cannot be ruled out. Since an unequivocal conclusion is still pending, further research is warranted. (© 2022 The Authors. British Journal of Clinical Pharmacology published by John Wiley & Sons Ltd on behalf of British Pharmacological Society.)

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3. "The Sun Came Up Because You Got Here…": A Qualitative Exploration of Person-Centered Care Strategies Used by Adult Day Care Centers to Manage Behavioral and Psychological Symptoms of Dementia

Authors: Boafo, Jonelle;David, Daniel;Wu, Bei;Brody, Abraham A. and Sadarangani, Tina

Publication Date: 2023

Journal: Journal of Applied Gerontology : The Official Journal of the Southern Gerontological Society 42(2), pp. 147-159

Abstract: In order to reduce care partner strain and support aging in place for people living with Alzheimer's Disease and Alzheimer's Disease Related Dementias (AD/ADRD), adult day centers (ADCs) must manage behavioral and psychological symptoms of dementia (BPSD). The purpose of this paper is to identify person-centered care strategies used by center staff to manage BPSD. Six focus groups with center staff (n = 31) were conducted. Data were analyzed using directed content analysis guided by Kitwood's conceptual approach to cultivating personhood in dementia care. Themes were identified and organized within Kitwood's framework. The results demonstrate that staff incorporate evidence-based person-centered approaches to AD/ADRD care that align with Kitwood's principles of comfort, attachment, inclusion, and identity. Staff individualize their approach to people with AD/ADRD within a group setting. They monitor, engage, socially stimulate, and, when needed, de-stimulate them. Centers are flexible social environments with underrecognized expertise managing BPSD using person-centered approaches.

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4. Therapeutic Lying as a Non-Pharmacological and Person-Centered Approach in Dementia for Behavioral and Psychological Symptoms of Dementia

Authors: Carcavilla-González, Nuria;Torres-Castro, Sara;Álvarez-Cisneros, Teresa and García-Meilán, Juan José

Publication Date: 2023

Journal: Journal of Alzheimer's Disease : JAD 91(1), pp. 25-31

Abstract: The acceptance and ethics behind therapeutic lying (TL) as a non-pharmacological intervention for behavioral and psychological symptoms of dementia (BPSD) among persons with dementia continues to generate heated debates. This article presents a discussion of the ethical and cultural challenges on the perception of TL by people with dementia, their families, and health care professionals. Additionally, decision-making before TL was analyzed, including the types of TL, its efficacy and implications,

alternatives to TL, and the ethical principles behind it. The results from this analysis show that TL is a common practice for BPSD. Its benefits include the reduction of these symptoms as well as the use of physical or chemical restraints. However, there is no consensus on its suitability as an approach, nor on the appropriate way it should be used. More experimental studies are needed to create legal and clinical intervention protocols that respect the fundamental rights of people with dementia promoting coherence, good ethical practices, and guidelines for person-centered care.

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5. Chronic pain in people living with dementia: challenges to recognising and managing pain, and personalising intervention by phenotype

Authors: Collins, Jemima T.;Harwood, Rowan H.;Cowley, Alison;Di Lorito, Claudio;Ferguson, Eamonn;Minicucci, Marcos F.;Howe, Louise;Masud, Tahir;Ogliari, Giulia;O'Brien, Rebecca;Azevedo, Paula S.;Walsh, David A. and Gladman, John R. F.

Publication Date: 2023

Journal: Age and Ageing 52(1)

Abstract: Pain is common in people with dementia, and pain can exacerbate the behavioural and psychological symptoms of dementia. Effective pain management is challenging, not least in people with dementia. Impairments of cognition, communication and abstract thought can make communicating pain unreliable or impossible. It is unclear which biopsychosocial interventions for pain management are effective in people with dementia, and which interventions for behavioural and psychological symptoms of dementia are effective in people with pain. The result is that drugs, physical therapies and psychological therapies might be either underused or overused. People with dementia and pain could be helped by assessment processes that characterise an individual's pain experience and dementia behaviours in a mechanistic manner, phenotyping. Chronic pain management has moved from a 'one size fits all' approach, towards personalised medicine, where interventions recommended for an individual depend upon the key mechanisms underlying their pain, and the relative values they place on benefits and adverse effects. Mechanistic phenotyping through careful personalised evaluation would define the mechanisms driving pain and dementia behaviours in an individual, enabling the formulation of a personalised intervention strategy. Central pain processing mechanisms are particularly likely to be important in people with pain and dementia, and interventions to accommodate and address these may be particularly helpful, not only to relieve pain but also the symptoms of dementia.

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6. A personhood and citizenship training workshop for care home staff to potentially increase wellbeing of residents with dementia: intervention development and feasibility testing of a cluster randomised controlled trial

Authors: Corner, Jason;Penhale, Bridget and Arthur, Antony

Publication Date: 2023

Journal: Pilot and Feasibility Studies 9(1), pp. 2

Abstract: Background: In the UK, one third of people with dementia live in residential care homes, a sector where high staff turnover negatively affects continuity of care. To examine the effect of including personhood and citizenship principles in training, interventions need to be robustly tested, with outcomes relevant to residents with dementia.; Methods: Phase one

intervention development: The training intervention (PERSONABLE) comprised five reflective exercises facilitated by a mental health nurse/researcher. PERSONABLE was informed by four focus groups, and one field exercise, consisting of care home staff and family members. Phase two feasibility testing: Participants were (i) care home residents with dementia and (ii) care home staff working in any role. After baseline measurements, care homes were randomly allocated to (i) staff receiving PERSONABLE training or (ii) training as usual. Feasibility outcomes were the recruitment and attrition of care homes, residents and staff members (measured ten weeks between randomisation and follow-up), the acceptability of the training intervention PERSONABLE, and acceptability of outcome measures. The care home environment was evaluated, at baseline, using the Therapeutic Environment Screening Survey for Residential Care Homes. Measurements conducted at baseline and follow-up were resident wellbeing (Dementia Care Mapping™), staff knowledge of and confidence with personhood and citizenship (Personhood in Dementia Questionnaire and a perceived ability to care visual analogue scale). Inter-rater agreement for Dementia Care Mapping™ was undertaken at follow-up in one intervention and one training as a usual care home.; Results: Phase one: The developed reflective approach to the PERSONABLE exercises appeared to give staff a holistic understanding of residents living with dementia, seeing them as autonomous people rather than reductively as persons with a condition. Phase two: Six care homes, 40 residents and 118 staff were recruited. Four residents were lost to follow-up. Twenty-nine staff in the PERSONABLE arm of the study received the training intervention. In the PERSONABLE arm, 26 staff completed both baseline and follow-up measurements compared to 21 in the training as the usual arm. The most common reason for the loss to follow-up of staff was leaving employment. For the outcome measure Dementia Care Mapping™, the proportion of overall agreement between the two observers was 18.6%. High attrition of staff occurred in those homes undergoing leadership changes.; Conclusion: With the right approach, it is possible to achieve good engagement during trial recruitment and intervention delivery of care home managers, staff and residents. Organisational changes are a less controllable aspect of trials but having a visible researcher presence during data collection helps to capitalise the engagement of those staff remaining in employment. Tailored, brief and flexible training interventions encourage staff participation. Simplification of study methods helps promote and retain sufficient staff in a definitive randomised controlled trial. This study found that some components of Dementia Care Mapping™ work effectively as an outcome measure. However, inter-rater reliability was poor, and the practical implementation of the measurement would need a great deal of further refinement to accurately capture the effect of a training intervention if delivered across a large number of clusters. The Dementia Care Mapping™ measurement fidelity issue would be further complicated if using multiple different unacquainted observers.; Trial Registration: Registered with the ISRCTN under the title: Does a dementia workshop, delivered to residential care home staff, improve the wellbeing of residents with dementia? Trial identifier: ISRCTN13641553. Registered: 30/05/2017 http://www.isrctn.com/ISRCTN13641553 . (© 2023. The Author(s).

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7. Antidepressant medications in dementia: evidence and potential mechanisms of treatment-resistance

Authors: Costello, Harry;Roiser, Jonathan P. and Howard, Robert

Publication Date: 2023

Journal: Psychological Medicine , pp. 1-14

Abstract: Depression in dementia is common, disabling and causes significant distress to patients and carers. Despite widespread use of antidepressants for depression in dementia, there is no evidence of therapeutic efficacy, and their use is potentially harmful in this patient group. Depression in dementia has poor outcomes and effective treatments are urgently

needed. Understanding why antidepressants are ineffective in depression in dementia could provide insight into their mechanism of action and aid identification of new therapeutic targets. In this review we discuss why depression in dementia may be a distinct entity, current theories of how antidepressants work and how these mechanisms of action may be affected by disease processes in dementia. We also consider why clinicians continue to prescribe antidepressants in dementia, and novel approaches to understand and identify effective treatments for patients living with depression and dementia.

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8. A Qualitative Study on the Experiences of Therapists Delivering the Promoting Activity, Independence and Stability in Early Dementia (PrAISED) Intervention During the COVID-19 Pandemic

Authors: Cowley, Alison;Booth, Vicky;Di Lorito, Claudio;Chandria, Pooja;Chadwick, Olivia;Stanislas, Catherine;Dunlop, Marianne;Howe, Louise;Harwood, Rowan H. and Logan, Pip A.

Publication Date: 2023

Journal: Journal of Alzheimer's Disease : JAD 91(1), pp. 203-214

Abstract: Background: The Promoting Activity, Independence and Stability in Early Dementia (PrAISED) intervention is a programme of physical activity and exercise designed to maintain participation in activities of daily living, mobility, and quality of life for people living with dementia. During the COVID-19 pandemic first national lockdown in England, the PrAISED physiotherapists, occupational therapists, and rehabilitation support workers adapted to delivering the intervention remotely via telephone or video conferencing.; Objective: The aim of this study was to explore therapists' experience of delivering the PrAISED intervention during the COVID-19 pandemic and derive implications for clinical practice.; Methods: Qualitative semi-structured interviews were conducted with 16 therapists using purposive sampling. Thematic analysis was used to analyze the transcripts.; Results: Therapists reported a change in the relationship between themselves, the person with dementia and the caregiver, with an increased reliance on the caregiver and a loss of autonomy for the person living with dementia. There was concern that this would increase the burden on the caregiver. The therapists reported using creativity to adapt to different modes of delivery. They felt their sessions were mostly focused on providing social and emotional support, and that assessing, progressing, and tailoring the intervention was difficult.; Conclusion: It is possible to deliver some elements of a physical intervention using remote delivery, but a dual modal approach including remote and face-to-face delivery would optimize treatment efficacy. Educational support would be required to enable people living with dementia and their caregivers to overcome barriers relating to digital literacy

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9. Childhood Dementia: A Collective Clinical Approach to Advance Therapeutic Development and Care

Authors: Djafar, Jason V.;Johnson, Alexandra M.;Elvidge, Kristina L. and Farrar, Michelle A.

Publication Date: 2023

Journal: Pediatric Neurology 139, pp. 76-85

Abstract: Childhood dementias are a group of over 100 rare and ultra-rare pediatric conditions that are clinically characterized by chronic global neurocognitive decline. This decline is associated with a progressive loss of skills and shortened life expectancy. With an estimated incidence of one in 2800 births and less than 5% of the conditions having disease-

modifying therapies, the impact is profound for patients and their families. Traditional research, care, and advocacy efforts have focused on individual disorders, or groups classified by molecular pathogenesis, and this has established robust foundations for further progress and collaboration. This review describes the shared and disease-specific clinical changes contributing to childhood dementia and considers these as potential indicators of underlying pathophysiologic processes. Like adult neurodegenerative syndromes, the heterogeneous phenotypes extend beyond cognitive decline and may involve changes in eating, motor function, pain, sleep, and behavior, mediated by physiological changes in neural networks. Importantly, these physiological phenotypes are associated with significant carer stress, anxiety, and challenges in care. These phenotypes are also pertinent for the development of therapeutics and optimization of best practice management. A collective approach to childhood dementia is anticipated to identify relevant biomarkers of prognosis or therapeutic efficacy, streamline the path from preclinical studies to clinical trials, increase opportunities for the development of multiple therapeutics, and refine clinical care.

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10. Dementia-related agitation: a 6-year nationwide characterization and analysis of hospitalization outcomes

Authors: Ferreira, Ana Rita;Gonçalves-Pinho, Manuel;Simões, Mário,R.;Freitas, Alberto and Fernandes, Lia

Publication Date: 2023

Journal: Aging & Mental Health 27(2), pp. 380-388

Abstract: Objectives: To characterize all hospitalizations held in mainland Portugal (2010-2015) with dementia-related agitation based on International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) coding, and to investigate whether there is a relationship between agitation and hospitalization outcomes.; Methods: A retrospective observational study was conducted using an administrative dataset containing data from all mainland Portuguese public hospitals. Only hospitalization episodes for patients aged over 65 years who have received a dementia diagnosis ascertained by an ICD-9-CM code of dementia with behavioral disturbance (294.11 and 294.21) and dementia without behavioral disturbance (294.10 and 294.20) were selected. Episodes were further grouped according to the presence of an agitation code. For each episode, demographic data and hospitalization outcomes, including length of stay (LoS), in-hospital mortality, discharge destination and all-cause hospital readmissions, were sourced from the dataset. Comparative analyses were performed and multivariable logistic methods were used to estimate the adjusted associations between agitation (exposure) and outcomes.; Results: Overall, 53,156 episodes were selected, of which 6,586 had an agitation code. These were mostly related to male, younger inpatients (mean 81.19 vs. 83.29 years, $p < 0.001$), had a higher comorbidity burden, stayed longer at the hospital (median 9.00 vs. 8.00 days, $p < 0.001$) and frequently ended being transferred to another facility with inpatient care. Agitation was shown to independently increase LoS (aOR = 1.385; 95%CI:1.314-1.461), but not the risk of a fatal outcome (aOR = 0.648; 95%CI:0.600-0.700).; Conclusion: These results support the importance of detecting and managing agitation early on admission, since its prompt management may prevent lengthy disruptive hospitalizations.

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11. Caring for people living with dementia in their own homes: A qualitative study exploring the role and experiences of registered nurses within a district nursing service in the UK

Authors: Hoe, Juanita;Trickey, Alison and McGraw, Caroline

Publication Date: 2023

Journal: International Journal of Older People Nursing 18(1)

Abstract: BackgroundIn the UK, district nursing services (DNS) deliver care to people intheir own homes and have regular contact with people with dementia. Research conducted with nurses working in similar roles outside the UK suggests their contribution to high quality dementia care is limited by compassion fatigue, lack of dementia training and low levels of confidence. However, there is a paucity of research exploring the role and learning and support needs of nurses within DNS.ObjectivesThe aim was to gain insight into the role and experiences of nurses caring for people living with dementia at home.MethodsThe study was informed by a descriptive phenomenological approach. Semi-structured interviews were conducted with a purposive sample of ten nurses working in DNS. Data were analysed thematically.ResultsFive main themes were identified: â€˜Home as a care settingâ€™ reflected how delivering home-based care shaped participants experiences of caring for people with dementia; â€˜Taking it in their strideâ€™ revealed how participants adapted and responded to the complexity of care needs for people with dementia; â€˜Complexity and unpredictabilityâ€™ related to the unpredictable nature of people with dementia's care needs and the impact this had on participants' workloads; â€˜Expertise and support within the wider teamâ€™ detailed which networks nurses used for advice and support to manage the complex needs of people living with dementia at home; â€˜Specialist supportâ€™ identified the need for structural changes and resources to enable the nurses to deliver the care needed.ConclusionsThis study enables better understanding of the role of DNS in supporting people with dementia to live at home. This is important for defining how dementia care can become effectively integrated into primary care. Recommendations include improved models of care, which factor in specialist nurses, additional time for home visits and greater emphasis on education and training.Implications for practiceImproved models of working that factor in additional time and staffing such as specialist nurses in dementia and palliative care would allow DNS to meet the needs of people with dementia more effectively.

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12. The Costs of Dementia in Europe: An Updated Review and Meta-analysis

Authors: Jönsson, Linus;Tate, Ashley;Frisell, Oskar and Wimo, Anders

Publication Date: 2023

Journal: PharmacoEconomics 41(1), pp. 59-75

Abstract: Background and Objective: The prevalence of dementia is increasing, while new opportunities for diagnosing, treating and possibly preventing Alzheimer's disease and other dementia disorders are placing focus on the need for accurate estimates of costs in dementia. Considerable methodological heterogeneity creates challenges for synthesising the existing literature. This study aimed to estimate the costs for persons with dementia in Europe, disaggregated into cost components and informative patient subgroups.; Methods: We conducted an updated literature review searching PubMed, Embase and Web of Science for studies published from 2008 to July 2021 reporting empirically based cost estimates for persons with dementia in European countries. We excluded highly selective or otherwise biased reports, and used a random-effects meta-analysis to produce estimates of mean costs of care across five European regions.; Results: Based on 113 studies from 17 European countries, the estimated mean costs for all patients by region were highest in the British Isles (73,712 EUR), followed by the Nordics (43,767 EUR), Southern (35,866 EUR), Western (38,249 EUR), and Eastern Europe and Baltics (7938 EUR). Costs increased with disease severity, and the distribution of costs over informal and formal care followed a North-South gradient with Southern Europe being most reliant on informal care.;

Conclusions: To our knowledge, this study represents the most extensive meta-analysis of the cost for persons with dementia in Europe to date. Though there is considerable heterogeneity across studies, much of this is explained by identifiable factors. Further standardisation of methodology for capturing resource utilisation data may further improve comparability of future studies. The cost estimates presented here may be of value for cost-of-illness studies and economic evaluations of novel diagnostic technologies and therapies for Alzheimer's disease. (© 2022. The Author(s).

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13. **Providing person-centred dementia care on general hospital wards**

Authors: Kerry, Hannah Jane

Publication Date: 2023

Journal: Nursing Standard (Royal College of Nursing (Great Britain) : 1987) 38(1), pp. 77-82

Abstract: Dementia is caused by conditions that result in a progressive loss of brain function. People with dementia often have complex multimorbidity which increases their risk of admission to hospital. However, care in acute hospitals is often not adapted to patients with dementia, who have reported negative experiences of their hospital stay from admission to discharge. Person-centred care has been shown to make a positive difference to how well people with dementia cope in hospital. This article discusses how nurses working on general hospital wards can enhance the experiences of people with dementia and improve their outcomes by providing person-centred care.; Competing Interests: None declared (© 2022 RCN Publishing Company Ltd. All rights reserved. Not to be copied, transmitted or recorded in any way, in whole or part, without prior permission of the publishers.)

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14. Carers' experience of everyday life impacted by people with dementia who attended a cognitive stimulation therapy (CST) group intervention: a qualitative systematic review

Authors: Lauritzen, Jette;Nielsen, Louise Møldrup;Kvande, Monica Evelyn;Brammer Damsgaard, Janne and Gregersen, Rikke

Publication Date: 2023

Journal: Aging & Mental Health 27(2), pp. 343-349

Abstract: Objectives To explore carers' experiences of everyday life impacted by people with dementia who attended a seven-week cognitive stimulation therapy (CST) group intervention. Methods A systematic review of qualitative studies and qualitative mixed method studies was conducted. Eight databases were searched. The selected studies were screened and assessed for methodological quality using the Rayyan Qatar Computing Research Institute (QCRI) and Critical Appraisal Skills Programme Qualitative Checklist (CASP-QC). Three studies were included following an inductive content analysis. Results Two themes were identified: 'Enrichment by enhanced communication' and 'Growth through positive emotional interaction'. Conclusion Qualitative research on the impact of the CST group intervention on carers' everyday life with a person with dementia is scarce. Carers experienced feelings of enrichment due to improvement and equality in communication and a possible source of happiness. There was a sense of togetherness and reconnection through music and singing together as well as a sense of mutual growth, increased positive interaction, increased ability to socialize, and feelings of fondness when experiencing glimpses of the previous personality of the person with dementia. Nevertheless, knowledge about the impact of the CST group intervention on carers' personal everyday life is lacking

and requires further research

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15. Understanding Barriers and Facilitators to Online and App Activities for People Living With Dementia and Their Supporters

Authors: Lee, Abigail R.;McDermott, Orii and Orrell, Martin

Publication Date: 2023

Journal: Journal of Geriatric Psychiatry and Neurology , pp. 8919887221149139

Abstract: Background: Stigma often surrounds people with dementia when it comes to use of computer technology, although evidence does not always support this. More understanding is needed to investigate attitudes and experience in relation to computer technology use among those living with dementia and their readiness to use it to support self-management.; Methods: An online self-report questionnaire was completed by adults living with a dementia diagnosis and those living with them. Questions explored how long the participants had been using computer technology; how regularly they used it; the popularity of common communication apps; and whether they were interested in using an app to support their independence.; Results: 47 participants with dementia and 62 supporters responded to the questionnaire. There were no obvious differences between those with dementia and supporters when it came to regular technology usage and both groups showed positive attitudes to the use of it for independence in dementia.; Conclusions: There was active use of computer technology among this population. Benefits were shown to include communication, increasing individuals' understanding of dementia diagnoses, and enabling independent activities for both those with dementia and supporters.

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16. Systematic review of arts and culture-based interventions for people living with dementia and their caregivers

Authors: Letrondo, Pilar A.;Ashley, Sarah A.;Flinn, Andrew;Burton, Alexandra;Kador, Thomas and Mukadam, Naaheed

Publication Date: 2023

Journal: Ageing Research Reviews 83, pp. 101793

Abstract: Aims: To explore and summarize studies investigating the effect of arts and culture interventions for people living with dementia and their caregivers on the well-being and cognition of the person living with dementia and, caregiver strain.; Methods: We carried out a systematic search of five electronic databases (PubMed, PsychINFO, Embase, CINAHL, and Cochrane Library). We included original research published in peer-reviewed journals including both qualitative and quantitative studies. We assessed quality of included studies using the Cochrane Collaboration's Risk of Bias tools. A narrative synthesis was conducted of all included studies.; Results: Of the 4827 articles screened, 34 articles met inclusion criteria. A variety of interventions were identified, with more than half taking place in a museum or gallery. Five RCTs showed improvements in wellbeing outcomes but no cognitive improvements except in some subscales in a music intervention. Most non-randomised studies reported cognitive improvements and well-being improvements for people living with dementia and their caregivers. Studies primarily focused on individuals with mild to moderate dementia.; Conclusions: The use of arts and culture interventions may provide benefits for people living with dementia and their caregivers. However, heterogeneity of the interventions and outcome measures prevented generalization of the results. Further research of arts and culture interventions for people living with dementia and their caregivers should utilize larger controlled trials, standardized outcome measures and include

individuals with moderate to severe dementia. (Copyright © 2022 The Authors. Published by Elsevier B.V. All rights reserved.)

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17. Trace elements and Alzheimer dementia in population-based studies: A bibliometric and meta-analysis

Authors: Li, Kai;Li, Ang;Mei, Yayuan;Zhao, Jiaxin;Zhou, Quan;Li, Yanbing;Yang, Ming and Xu, Qun

Publication Date: 2023

Journal: Environmental Pollution (Barking, Essex : 1987) 318, pp. 120782

Abstract: Alterations in the concentrations of trace elements may play a vital role in Alzheimer dementia progression. However, previous research results are inconsistent, and there is still a lack of review on the relationship between all the studied-trace elements and AD from various perspectives of population-based studies. In this study, we systematically reviewed previous population-based studies and identified the altered trace elements in AD patients. We searched the Web of Science Core Collection, PubMed, and Scopus database, and ultimately included 73 articles. A bibliometric analysis was conducted to explore the evolution of the field from an epidemiological perspective. Bibliometric data such as trace elements, biological materials, detection methods, cognitive tests, co-occurrence and co-citation statistics are all analyzed and presented in a quantitative manner. The 73 included studies analyzed 39 trace elements in total. In a further meta-analysis, standardized mean differences (SMDs) of 13 elements were calculated to evaluate their altered in AD patients, including copper, iron, zinc, selenium, manganese, lead, aluminum, cadmium, chromium, arsenic, mercury, cobalt, and manganese. We identified four trace elements-copper (serum), iron (plasma), zinc (hair), and selenium (plasma)-altered in AD patients, with SMDs of 0.37 (95% confidence interval CI]: 0.10, 0.65), -0.68 (95% CI: -1.34, -0.02), -0.35 (95% CI: -0.62, -0.08), and -0.61 (95% CI: -0.97, -0.25), respectively. Finally, we formed a database of various trace element levels in AD patients and healthy controls. Our study can help future researchers gain a comprehensive understanding of the advancements in the field, and our results provide comprehensive population-based data for future research.; Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2022 Elsevier Ltd. All rights reserved.

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18. A Systematic Review of Barriers and Facilitators of Pain Management in Persons with Dementia

Authors: Liao, Yo-Jen;Jao, Ying-Ling;Berish, Diane;Hin, Angelina Seda;Wangi, Karolus;Kitko, Lisa;Mogle, Jacqueline and Boltz, Marie

Publication Date: 2023

Journal: The Journal of Pain

Abstract: Approximately 50% of persons living with dementia experience pain, yet it is frequently undetected and inadequately managed resulting in adverse consequences. This review aims to synthesize evidence on the barriers and facilitators of pain management in persons living with dementia. PubMed, CINAHL, PsycINFO, and Web of Science datasets were used for article searching. Inclusion criteria were peer-reviewed original articles written in English that examined the barriers and facilitators of pain management for persons living with dementia. The Mixed Methods Appraisal Tool was used to evaluate the quality of the

studies. A total of 26 studies were selected, including 18 qualitative and 3 quantitative (all high quality), as well as 5 mixed methods studies (low-to-high quality). Results were categorized into intrapersonal, interpersonal, environmental, and policy categories. Factors that impact pain management in dementia include cognitive and functional impairment, healthcare workers' knowledge, collaboration and communication, healthcare workers' understanding of patients' baseline behaviors, observation of behaviors, pain assessment tool use, pain management consistency, staffing level, pain guideline/policy, and training. Overall, pain management is challenging in persons living with dementia. The results indicate that there is a need for multi-component interventions that involves multidisciplinary teams to improve pain management in persons living with dementia at the intrapersonal, interpersonal, environmental, and policy levels. PERSPECTIVES: This review systematically synthesized barriers and facilitators of providing pain management in persons living with dementia. Results were presented in intrapersonal, interpersonal, environmental, and policy categories and suggests that multicomponent interventions involving multidisciplinary teams are needed to systematically improve pain management in persons living with dementia. (Copyright © 2023. Published by Elsevier Inc.

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19. Oropharyngeal Dysphagia in Hospitalized Older Adults With Dementia: A Mixed-Methods Study of Care Partners

Authors: Makhnevich, Alex;Marziliano, Allison;Porreca, Kristen;Gromova, Valeria;Diefenbach, Michael A. and Sinvani, Liron

Publication Date: 2023

Journal: American Journal of Speech-Language Pathology 32(1), pp. 234-245

Abstract: Purpose: Oropharyngeal dysphagia (OD) affects nearly 90% of hospitalized persons with dementia. Yet, little is known about the care partner experience. The purpose of our study was to describe the experience of care partners related to OD management in patients with dementia as they transition from the hospital to the community setting.; Method: Using a mixed-methods approach, we conducted telephone interviews with care partners of recently hospitalized older adults with dementia and OD. Interviews consisted of quantitative/qualitative assessments: communication with health care team, perception about risks/benefits of dysphagia diet, and informational needs. Descriptive statistics were used for quantitative data. For the qualitative data, transcripts were independently coded by research team and categorized into themes.; Results: Of the care partners interviewed (N = 24), mean age was 63.5 (SD = 14.9), 62.5% were female, and 66.7% were White. Nearly 60% of patients had severe dementia, and 66.7% required feeding assistance. Care partners (n = 18) reported moderate burden of 14.11 (SD = 10.03). Most care partners (83.3%) first learned about OD during hospitalization. Only 29.2% of care partners reported that they discussed OD with a physician. Care partner perception of dysphagia diet risks/benefits ranged widely: 33.3% thought dysphagia diets would promote a more enjoyable existence. Over half (54.2%) of care partners indicated no choice regarding dysphagia diets was presented to them. Two thirds (n = 16) of care partners were nonadherent to diet recommendations; the top reason (n = 13%) was diet refusal by patients. Although 83.3% of care partners wanted additional information regarding dysphagia management, only 20.8% sought any.; Conclusions: Our findings highlight that care partners of persons with dementia face significant OD-related communication and informational gaps, which may lead to elevated burden. Future studies are needed to address unmet OD-related care partner needs.

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20. Office- and Bedside-based Screening for Cognitive Impairment and the Dementias: Which Tools to Use, Interpreting the Results, and What Are the Next Steps?

Authors: Nyenhuis, David L. and Reckow, Jaclyn

Publication Date: 2023

Journal: Clinics in Geriatric Medicine 39(1), pp. 15-25

Abstract: Elderly patients and their families are concerned about the patients' cognitive abilities, and cognitive screening is an efficient diagnostic tool, as long as clinicians administer the screens in a standardized manner and interpret the screen results accurately. The following brief summary reviews commonly used screening instruments and provides information about how to interpret screening test results. It concludes by showing how cognitive screening fits into a four-step process (Education, Screening, Follow-up, and Referral) of how to respond to patients with cognitive concerns.; Competing Interests: Disclosure Neither Dr D.L. Nyenhuis nor Dr J. Reckow has real or potential conflicts of interest to disclose that pertain to the content of this article.

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21. Predictors of falls in older adults with and without dementia

Authors: Okoye, Safiyyah M.;Fabius, Chanee D.;Reider, Lisa and Wolff, Jennifer L.

Publication Date: 2023

Journal: Alzheimer's & Dementia : The Journal of the Alzheimer's Association

Abstract: Introduction: Persons living with, versus without, dementia (PLWD) have heightened fall-risk. Little is known about whether fall-risk factors differ by dementia status.; Methods: Using the 2015 and 2016 National Health and Aging Trends Study, we prospectively identified fall-risk factors over a 12-month period among community-living older adults ≥65 years with and without dementia (n = 5581).; Results: Fall rates were higher among PLWD compared to persons without dementia (45.5% vs. 30.9%). In a multivariable model including sociodemographic, health, function, and environmental characteristics as predictors, vision impairment (OR: 2.22, 95% CI: 1.12-4.40), and living with a spouse versus alone (OR: 2.43, 95% CI: 1.09-5.43) predicted falls among PLWD, but not among persons without dementia. History of previous falls predicted subsequent falls regardless of dementia status (OR: 6.20, 95% CI: 3.81-10.09, and OR: 2.92, 95% CI: 2.50-3.40, respectively).; Discussion: Incorporating appropriate fall-risk factors could inform effective falls screening and prevention strategies for PLWD.; Highlights: 46% of persons with dementia had ≥1 falls versus 31% of those without dementia in 2016. Vision impairment and living with a spouse predicted falls in persons with dementia. Study results support tailored fall prevention strategies for persons with dementia.

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22. Prevalence and health outcomes in community-dwelling older adults with comorbid cancer and dementia: a longitudinal analysis

Authors: Parajuli, Jyotsana;Berish, Diane;Jao, Ying-Ling;Liao, Yo-Jen;Johnson, Lee Ann and Walsh, Amanda

Publication Date: 2023

Journal: Aging & Mental Health 27(2), pp. 317-325

Abstract: Objectives: To examine health outcomes in community-dwelling older adults with:

dementia only, cancer only, and comorbid cancer and dementia.; Methods: Longitudinal analysis was conducted using data from 2010 to 2016 waves of the Health and Retirement Study. Health outcomes included mortality, limitations in activities of daily living (ADL) and instrumental activities of daily living (IADL), nursing home utilization, hospital stay, homecare use, self-rated health, and out-of-pocket medical expenditure. Panel regression was used for statistical analysis.; Results: The prevalence of comorbid cancer and dementia ranged from 2.56% to 2.97%. Individuals with comorbid cancer and dementia demonstrated a higher likelihood of nursing home utilization and poorer self-rated health but a lower likelihood of hospital stay, homecare use, and out-of-pocket expenditures, compared to the cancer only or dementia only groups. The differences in mortality and ADL and IADL limitations were not statistically significant.; Conclusion: Comorbid cancer and dementia predicted longer nursing home utilization and poorer self-rated health. The results help guide care planning for individuals with comorbid cancer and dementia.

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23. Empowering patients with dementia to make legally effective decisions: a randomized controlled trial on enhancing capacity to consent to treatment

Authors: Poth, Aoife;Penger, Susanne;Knebel, Maren;Müller, Tanja;Pantel, Johannes;Oswald, Frank and Haberstroh, Julia

Publication Date: 2023

Journal: Aging & Mental Health 27(2), pp. 292-300

Abstract: Objectives: As our society ages, the incidence of age-related diseases increases and with it the number of medical treatments that require informed consent. Capacity to consent is often categorically questioned in persons with dementia (PwD) without appropriate assessment, depriving them of their right to autonomous decision-making. Supportive structures for PwD that comply with legal requirements are lacking. The EmMa project tried to overcome this shortcoming by developing and testing possible supportive measures to enhance the informed consent process for PwD. Method: These enhanced consent procedures (ECPs) were tested in a randomized controlled trial with 40 PwD. It was hypothesized that strengths-based ECPs could improve capacity to consent to a drug treatment in PwD as measured with a semi-structured interview. Results: Against the expectations, no effect of the ECPs on capacity to consent could be found, but the ECPs improved understanding of information in PwD. Conclusion: To empower PwD in clinical settings, however, all aspects of capacity to consent should be targeted with specific aids that are implemented carefully and selectively. More research on possible aids for ECPs is urgently needed in order to enable ethically and legally robust informed consent. In particular, effective ways to improve both reasoning and appreciation are yet to be found.

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24. A scoping review of family-centered interventions in dementia care

Authors: Ramachandran, Meena;Bangera, Kshama;Anita Dsouza, Sebestina and Belchior, Patricia

Publication Date: 2023

Journal: Dementia (London, England) 22(2), pp. 405-438

Abstract: Families of persons living with dementia provide varying levels and forms of support to their loved ones and experience changes in familial dynamics, roles, and responsibilities over time. Family-centered care can enable their successful adaptation and participation in meaningful occupations. This scoping review aimed to explore available familycentered interventions for persons living with dementia, with a focus on occupational

therapy. Three databases were searched and 31 eligible studies were found. Thirteen family-centered interventions were identified that were mostly multicomponent in nature, of which three involved occupational therapy. These interventions were investigated using a range of study designs and addressed outcomes related to the person with dementia, primary caregiver, and extended social network. With respect to study context, most interventions were developed in the United States and other Western countries with a limited number located in other contexts. The review findings underline the need for developing more family-centered interventions within occupational therapy, particularly for different contexts and cultures, and for translating available interventions to practice

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25. Formal caregivers' perceptions of everyday interaction with Deaf people with dementia

Authors: Rantapää, Minna;Virtanen, Ira A. and Pekkala, Seija

Publication Date: 2023

Journal: Clinical Gerontologist , pp. 1-14

Abstract: Objectives: Deteriorating interactive ability of people with dementia challenges formal caregivers. In Finland, Deaf people with advanced dementia may live in a nursing home designed for their care where the staff use Finnish Sign Language (FiSL). This study describes the perceptions of formal caregivers, focusing on the challenges, how they solve the challenges, and what support they need to improve interaction with Deaf residents.; Methods: Semi-structured interviews with 13 formal caregivers who work with Deaf people with dementia were conducted and analyzed using qualitative content analysis. A purposive sampling was used.; Results: Three key themes were challenges in interaction, strategies in supporting interaction, and support for coping. Caregivers perceived challenges in interaction caused by linguistic changes, deteriorating physical mobility and memory, and Deaf residents' behavioral challenges. Caregivers supported Deaf residents by learning to know them and using personal and linguistic strategies. Support for coping comprised supporting family members and other caregivers.; Conclusions: Efficient skills in sign language (SL) and knowledge of dementia are essential in interacting with Deaf residents and to build interpersonal relationships for care.; Clinical Implications: Supporting Deaf residents requires learning the way they interact which can be achieved over time

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26. Evaluating a brief intervention for mealtime difficulty on older adults with dementia

Authors: Rehman, Salma;Likupe, Gloria;McFarland, Agi and Watson, Roger

Publication Date: 2023

Journal: Nursing Open 10(1), pp. 182-194

Abstract: Aims and objectiveTo test a spaced retrieval intervention using spaced retrieval to alleviate mealtime difficulties in older people with dementia.DesignA single-case study design.SettingNursing Homes in North Central England, United Kingdom.ParticipantsOlder people with Alzheimerâ€™s disease.MethodsA single-case study using an ABA design was used. Data were collected using the Edinburgh Feeding Evaluation in Dementia scale, Mini Nutritional Assessment, and Body Mass Index before intervention, postintervention and following 3 months of postintervention. Realist evaluation was used to identify for which participants the intervention was effective, and an economic evaluation was also carried out.FindingOf 15 participants who entered the study, eight completed all phases of the study. A mean 104.4 h were needed to deliver the intervention. The number of sessions

required ranged from 90–222. The length of time each participant retained information (for all sessions) ranged from 13–28 min. Participants had most difficulty with: â€œputting food into mouth and chewing itâ€□; â€œrealizing it was mealtimeâ€□; and â€œeating a whole meal continuously.â€• A reduction in the difficulty with mealtimes occurred between phase A1–A2 for most participants. Six participants maintained this in phase A3. Similar patterns were evident for nutritional scores. For most participants, the effect size of the intervention was moderate or large.ConclusionsSpaced retrieval is useful in reducing mealtime difficulties in older participants with dementia. While the results of this study are promising, further large and multicentre trials are needed to explore the effectiveness of the intervention in diverse populations.

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27. Waiting for home: The experience of delayed discharge for people with dementia

Authors: Sakamoto, Mariko;Phinney, Alison and Thompson, Genevieve

Publication Date: 2023

Journal: International Journal of Older People Nursing 18(1)

Abstract: IntroductionIndividuals who remain in hospital once their health has stabilised experience delayed discharge. This often occurs for people with dementia when care needs exceed what can be managed at home. There is little research that takes into account the experience and needs of these patients. This Interpretive Description (ID) study, theoretically grounded in personhood and social citizenship perspectives, focused on the perspectives of people with dementia experiencing delayed discharge to address this gap in research and to better understand how nursing care can be improved for them.MethodsTwenty-one individuals participated in this study: eight patient participants experiencing delayed discharge and living with dementia, six family members, and seven nurses. Data collection methods primarily included participant observations, totalling 100 h of observations. Fourteen semi-structured interviews were also conducted with family members and nurses and with one patient participant. Informal conversations were undertaken with patient participants who did not take part in interviews.ResultsThematic analysis resulted in three main themes, encapsulating the patients' experiences: (1) Living and Waiting; (2) Distress and Behaviours; and (3) Looking Beyond the Designation. Findings are discussed in the context of the passive nature of delayed discharge care, the need for person-centred care, and prevailing discourses around the behavioural symptoms of dementia.ConclusionImplications for nursing practice include the need to acknowledge and foster the abilities of people with dementia. The behaviour narrative and labelling prevalent in hospitals must also be challenged. Lastly, nurses need to recognise the significant transition that is the delayed discharge experience, especially for people with dementia. This study advocates for person-centred and inclusive nursing care, where ongoing needs are recognised and addressed, particularly for people with dementia experiencing delayed discharge, who are waiting for home

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28. Effects of technology-assisted interventions for people with dementia: A systematic review and meta-analysis

Authors: Saragih, Ita Daryanti;Wei, Chun-Wang;Batubara, Sakti Oktaria;Saragih, Ice Septriani and Lee, Bih-O

Publication Date: 2023

Journal: Journal of Nursing Scholarship : An Official Publication of Sigma Theta Tau International Honor Society of Nursing 55(1), pp. 291-303

Abstract: Purpose: The use of technology-assisted interventions in dementia care contributes to increased communication, reduced burden on the caregivers, improved health outcomes, and improved expense management. Technology-assisted interventions can be provided remotely to monitor, improve, and enable home care, benefiting the health of both patients and caregivers. Despite increasing use, the effectiveness of technology-assisted interventions for dementia care remains uncertain, with studies reporting inconclusive findings subject to interpretation. Therefore, the current study investigated the available evidence to explore the efficacy of technology-assisted interventions for people with dementia.; Design: Systematic review and meta-analysis.; Methods: The study was preregistered with the PROSPERO international prospective register of systematic reviews using a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)-guided protocol. The primary search was conducted in eight databases from database inception to January 29, 2022. Using a random-effects model, the standardized mean differences (SMDs) with 95% confidence intervals (CIs) were synthesized to obtain pooled effect sizes (using Stata 16.0). The updated Cochrane Risk of Bias 2 tool (RoB-2) was used to evaluate the methodological quality of the studies.; Findings: A pooled analysis of 12 trials, including 584 people with dementia, showed more improvement associated with technology-assisted interventions compared with standard care, including in the domains of cognitive function (SMD = 0.39; 95% CI: 0.14 to 0.64; $p < 0.001$) and depression (SMD = -0.75; 95% CI: -1.33 to -0.17; $p = 0.01$). However, no significant effects were observed for activities of daily living (ADL) or quality of life.; Conclusion: Technology-assisted interventions appear to improve cognitive function and reduce depression in people with dementia compared with standard care.; Clinical Relevance: This study may be used to demonstrate that interventions incorporating many modalities or technologies can be used to enhance dementia care, which may improve favorable outcomes when using technology-assisted interventions to remotely initiate appropriate activities for people with dementia. Because technology allows for simultaneous communication and access to shared multimedia, it removes environmental constraints and allows treatment to be administered remotely. (© 2022 Sigma Theta Tau International.)

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29. Association of type 1 diabetes and age at diagnosis of type 2 diabetes with brain volume and risk of dementia in the UK Biobank: A prospective cohort study of community-dwelling participants

Authors: Shang, Xianwen;Hill, Edward;Liu, Jiahao;Zhu, Zhuoting;Ge, Zongyuan;Wang, Wei and He, Mingguang

Publication Date: 2023

Journal: Diabetic Medicine : A Journal of the British Diabetic Association 40(2), pp. e14966

Abstract: Aims: To investigate the association of type 1 diabetes (T1D) and age at diagnosis of type 2 diabetes (T2D) with brain structure and incident dementia.; Methods: Our analysis was based on the UK Biobank. We included 1376 participants with diabetes and 2752 randomly selected controls for brain volume analysis, and 25,141 participants with diabetes and 50,282 randomly selected controls for dementia analysis. Brain volume was measured using magnetic resonance imaging. Dementia was identified using hospital inpatient records and mortality register data until January 2021.; Results: T2D diagnosed at a younger age was associated with larger reductions in brain volume. After adjustment for glycated haemoglobin (HbA1c) and other covariates, only T2D diagnosed <50 years was associated with smaller total brain volume (β (95% CI): -14.56 (-24.67, -4.44) ml), and grey (-6.47-12.75, -0.20] ml) and white matter volumes (-8.08-14.66, -1.51] ml). Corresponding numbers for total brain, grey matter and white matter volumes associated with T1D were -62.86 (-93.71,-32.01), -34.27 (-53.72, -14.83), and -28.59 (-47.65, -9.52) ml, respectively.

During a median follow-up of 11.9 years, 2035 new dementia cases were identified. Younger age at diagnosis of T2D was associated with larger excessive risk of dementia, whereas T2D diagnosed <50 years was associated with the largest hazard ratio (HR) (95% CI: 2.031.53-2.69]) in the multivariable analysis. The HR (95% CI) for dementia associated with T1D was 2.08 (1.40-3.09).; Conclusion: Individuals with T1D or T2D diagnosed at younger age are at larger excessive risk of brain volume reduction and dementia. (© 2022 Diabetes UK.

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30. Quality of the Evidence Supporting the Role of Acupuncture Interventions for Vascular Dementia

Authors: Shi, Hongshuo;Zhang, Xuecheng;Si, Guomin and Jia, Hongling

Publication Date: 2023

Journal: Neuropsychiatric Disease and Treatment 19, pp. 27-48

Abstract: Background: Inflammation is an important pathogenesis of vascular dementia (VaD), and the regulatory effect of acupuncture on neuroinflammation has received extensive attention. There is conflicting evidence regarding the efficacy and safety of acupuncture for postpartum VaD. This overview aims to systematically evaluate systematic reviews/meta-analyses (SRs/MAs) of acupuncture on VaD.; Methods: From the establishment of the electronic database to August 2022, search and identify SRs/MAs on acupuncture treatment for VaD. The Assessing the Methodological Quality of Systematic Reviews 2 (AMSTAR-2), the Preferred Reporting Items for Systematic Reviews and Meta-Analyses 2020 (PRISMA 2020), and the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) system were used to evaluate the methodological, reporting, and evidence quality of the included SRs/MAs.; Results: Twelve SRs/MAs were included in this research, and the quality of methodological, reporting, and evidence for these SRs/MAs were not satisfactory. The shortcomings of these SRs/MAs mainly include lack of protocol registration, incomplete literature search, missing list of excluded literature, and high risk of bias of included original clinical trials.; Conclusion: VaD patients may benefit from acupuncture therapy. However, the high risk of bias in original clinical trials and the low quality of SRs/MAs make evidence-based decisions less reliable.; Competing Interests: The authors declare no conflict of interest. (© 2023 Shi et al.

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31. Cognitive decline and dementia in women after menopause: Prevention strategies

Authors: Stefanowski, Bogdan;Kucharski, Marek;Szeliga, Anna;Snopek, Milena;Kostrzak, Anna;Smolarczyk, Roman;Maciejewska-Jeske, Marzena;Duszewska, Anna;Niwczyk, Olga;Drozd, Slawomir;Englert-Golon, Monika;Smolarczyk, Katarzyna and Meczekalski, Blazej

Publication Date: 2023

Journal: Maturitas 168, pp. 53-61

Abstract: Worldwide, cognitive decline and dementia are becoming one of the biggest challenges for public health. The decline in cognition and the development of dementia may be caused by predisposing or trigger factors. There is no consensus over whether the drop in estrogen levels after menopause is a risk factor for cognitive decline and dementia. This article discusses the prevention of cognitive decline and dementia in women after menopause, both primary prevention (essentially pharmacological intervention) and secondary prevention (chiefly diet and weight reduction). Further study is required to clarify whether menopausal hormone therapy (MHT) has a role in dementia.; Competing Interests:

Declaration of competing interest The authors declare that they have no competing interest.

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32. Characteristics and value of 'meaningful activity' for people living with dementia in residential aged care facilities: "You're still part of the world, not just existing"

Authors: Tierney, Laura;MacAndrew, Margaret;Doherty, Kathleen;Fielding, Elaine and Beattie, Elizabeth

Publication Date: 2023

Journal: Dementia (London, England) 22(2), pp. 305-327

Abstract: Most residential aged care facilities support residents to participate in activities and the importance of activities that are suited to individual preferences and abilities is widely acknowledged. Participating in activities, including those considered to be 'meaningful' has the potential to improve residents' quality of life. However, what makes activities meaningful for people living with dementia in residential aged care facilities is unclear. The aim of this study was to understand the key characteristics of 'meaningful activity' in residential aged care facilities and the perceived value of residents participating in these activities. Using a qualitative study design, this study explored 'meaningful activities' from the perspectives of people living with dementia in residential aged care facilities, their family members and staff. Across four residential aged care facilities, residents (n = 19) and family members (n = 17) participated in individual interviews while staff (n = 15) participated in focus group interviews. Interviews were recorded, transcribed and analysed using a qualitative content analysis approach. Participant responses suggest that the meaning of an activity is subjective, varying over time and between individuals. Key characteristics of an activity that makes it meaningful include being enjoyable, social and engaging, aligning with the persons' interests, preferences, and abilities. To be considered meaningful, activities need to do more than occupy the person. The activity needs to be linked to a personally relevant goal and an aspect of the individuals' identity. Participating in 'meaningful activities' was perceived as valuable to encourage participation and socialising, provide a sense of normality for residents and improve their wellbeing. The findings of this study further our understanding of the concept of 'meaningful activity' for people living with dementia in residential aged care facilities. Understanding the key attributes of 'meaningful activity' can also provide practical guidance for those supporting people with dementia to participate in these types of activities.

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33. Palliative care for people with dementia

Authors: Timmons, Suzanne and Fox, Siobhan

Publication Date: 2023

Journal: Handbook of Clinical Neurology 191, pp. 81-105

Abstract: Dementia is the most common neurologic disease, affecting approximately 55 million people worldwide. Dementia is a terminal illness, although not always recognized as such. This chapter discusses the key issues in providing palliative care for people with living with dementia and their families. Common palliative care needs and symptoms are presented, including psychosocial, physical, emotional, and spiritual, and the need to actively anticipate and seek symptoms according to the dementia type and stage is emphasized. Families are hugely impacted by a dementia diagnosis, and throughout this chapter, they are considered in the unit of care, and also as a member of the care team. Multiple challenges particular to dementia palliative care are highlighted throughout, such as

the lack of timely dementia diagnoses, difficulty with symptom prognostication, the person's inability to verbally express their symptoms and care preferences, and a low threshold for medication side effects. Finally, service models for dementia palliative care in community, residential, and acute hospital settings are discussed, along with the evidence for each. Overall, this chapter reinforces that the individual needs of the person living with dementia and their family must be considered to provide person-centered and comprehensive palliative care, enabling them to live well until death.

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34. Quality of life measurement tools for people with dementia and intellectual disabilities: A systematic review

Authors: Tsang, Winnie;Oliver, David and Triantafyllopoulou, Paraskevi

Publication Date: 2023

Journal: Journal of Applied Research in Intellectual Disabilities : JARID 36(1), pp. 28-38

Abstract: BackgroundAdults with intellectual disabilities are an at-risk group of developing dementia. In the absence of a cure for dementia, emphasis on treatment is the promotion of Quality of life (QoL). The aim of this review is to identify and describe QoL tools for people with intellectual disabilities and dementia.MethodA systematic review was carried out using 10 databases and papers from up to March year 2021.ResultsTwo instruments were identified and examined. The QoL in late-stage dementia, which showed evidence of good levels of internal consistency, intra-rater reliability, test–retest reliability, and convergent validity. The Dementia Quality of Life – proxy was also used; however, its psychometric properties have yet to be studied within the intellectual disabilities population.ConclusionIt is recommended instruments should be developed and psychometrically tested specifically for adults with intellectual disabilities and dementia to help inform policy makers, measure outcomes of interventions and personal outcomes

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35. Supporting autonomy for people with dementia living in nursing homes: A rapid realist review

Authors: van der Weide, Henny;Lovink, Marleen H.;Luijkx, Katrien G. and Gerritsen, Debby L.

Publication Date: 2023

Journal: International Journal of Nursing Studies 137, pp. 104382

Abstract: Background: For people with dementia living in nursing homes, autonomy is important. However, they experience difficulty with being heard as an autonomous person, as well as with expressing their preferences and choices. The question is how to support their autonomy.; Objective: Despite extensive efforts to support autonomy in daily care for people with dementia living in nursing homes, we do not know exactly what works for whom, in which context, how and why. The objective of this realist review is to explore what is known in literature on autonomy support interventions for people with dementia in nursing homes.; Design: A rapid realist review of literature.; Review Methods: To understand how autonomy is supported, a realist approach was applied that entailed identifying the research question, searching for information, performing a quality appraisal, extracting data, synthesizing the evidence and validating the findings with a panel of experts. Causal assumptions were derived from articles found in four bibliographic databases (PubMed, PsychInfo, Cochrane and CINAHL) leading to context (C)-mechanism (M)-outcome (O) configurations.; Results: Data extraction from the included articles ultimately resulted in

sixteen CMO configurations on four themes: a. preferences and choice: interventions for supporting autonomy in nursing homes and their results, b. personal characteristics of residents and family: people with dementia and their family being individuals who have their own character, habits and behaviors, c. competent nursing staff each having their own level of knowledge, competence and need for support, and d. interaction and relationships in care situations: the persons involved are interrelated, continuously interacting in different triangles composed of residents, family members and nursing staff.; Conclusion: The findings showed that results from interventions on autonomy in daily-care situations are likely to be just as related not only with the characteristics and competences of the people involved, but also to how they interact. Autonomy support interventions appear to be successful when the right context factors are considered.; Competing Interests: Declaration of Competing Interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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36. Supporting person-centred dementia care following the COVID-19 pandemic

Authors: Waters, Christopher Jon

Publication Date: 2023

Journal: Nursing Standard (Royal College of Nursing (Great Britain) : 1987) 38(1), pp. 37-41

Abstract: In recent years, nurses have experienced increased workplace pressures in part due to the coronavirus disease 2019 (COVID-19) pandemic, which exacerbated challenges in the delivery of person-centred dementia care. This article examines how people with dementia were affected by the COVID-19 pandemic, as well as exploring the ongoing effects on nurses and the care they provide for people with dementia. The author discusses the importance of dementia awareness and education for nurses that supports them to promote the needs of people with the condition. The article also outlines how nurse leaders can promote person-centred care for people with dementia through reflection and clinical supervision.; Competing Interests: None declared

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37. Tailoring STrAtegies for RelaTives for Black and South Asian dementia family carers in the United Kingdom: A mixed methods study

Authors: Webster, Lucy;Amador, Sarah;Rapaport, Penny;Mukadam, Naaheed;Sommerlad, Andrew;James, Tiffeny;Javed, Sabrina;Roche, Moïse;Lord, Kathryn;Bharadia, Trishna;Rahman-Amin, Malayka;Lang, Iain and Livingston, Gill

Publication Date: 2023

Journal: International Journal of Geriatric Psychiatry 38(1), pp. e5868

Abstract: Objectives: We culturally adapted STrAtegies for RelaTives (START), a clinically and cost-effective intervention for dementia family carers, for Black and South Asian families. It had previously been delivered to family carers around the time of diagnosis, when most people with dementia had very mild, mild or moderate dementia.; Methods: We interviewed a maximum variation sample of family carers (phase one; n = 15 South Asian; n = 11 Black) about what aspect of START, required cultural adaptation, then analysed it thematically using the Cultural Treatment Adaptation Framework then adapted it in English and into Urdu. Facilitators then delivered START individually to carers (phase two; n = 13

South Asian; n = 8 Black). We assessed acceptability and feasibility through the number of sessions attended, score for fidelity to the intervention and interviewing family carers about their experiences. We used the Hospital Anxiety and Depression Scale. to examine whether immediate changes in family carers' mental health were in line with previous studies.; Results: In phase one we made adaptations to peripheral elements of START, clarifying language, increasing illustrative vignettes numbers, emphasising privacy and the facilitator's cultural competence and making images ethnically diverse. In phase two 21 family carers consented to receive the adapted intervention; 12 completed ≥5/8 sessions; four completed fewer sessions and five never started. Baseline HADS score (n = 21) was 14.4 (SD = 9.8) but for those who we were able to follow up was 12.3 (SD 8.1) and immediately post-intervention was 11.3 (n = 10; SD = 6.1). Family carers were positive about the adapted START and continued to use elements after the intervention.; Conclusions: Culturally adapted START was acceptable and feasible in South Asian and Black UK-based family carers and changes in mental health were in line with those in the original clinical trial. Our study shows that culturally inclusive START was also acceptable. Changes made in adaptations were relevant to all populations. We now use the adapted version for all family carers irrespective of ethnicity. (© 2023 The Authors. International Journal of Geriatric Psychiatry published by John Wiley & Sons Ltd.)

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38. Young-onset dementia: A systematic review of the psychological and social impact on relatives

Authors: Wiggins, Maddison;McEwen, Alison and Sexton, Adrienne

Publication Date: 2023

Journal: Patient Education and Counseling 107, pp. 107585

Abstract: Objective: Young-onset dementia (YOD) has significant impact for the affected person, but also has far-reaching effects on the family. Additionally, biological relatives have an increased genetic risk of developing the condition themselves. This review aimed to identify the psychological and social impacts of YOD in the family, for asymptomatic relatives.; Methods: A systematic review of key databases for empirical studies about the lived experience of biological relatives at risk for YOD was performed. Data was collated and interpreted via narrative synthesis.; Results: The majority of the nineteen included studies were qualitative and explored the experiences of children with a parent with YOD. Five themes were developed: (1) Onset of YOD disrupts family functioning (2) Emotional impact is significant and varied (3) Uncertain future (due to uncertainty of diagnosis, care-giving responsibilities, and their own increased genetic risk) (4) Lack of visibility in health care and society (5) Coping strategies include physical/cognitive distancing, and emotion-focused coping.; Conclusion: Our findings demonstrate a diagnosis of YOD significantly impacts the lives of relatives, yet their experiences and needs often go unnoticed.; Practice Implications: We present a practical framework of questions and strategies for care of relatives, mapped to the self-regulation model of genetic counselling.; Competing Interests: Conflict of interest Maddison Wiggins completed this study as part of a Master of Genetic Counselling qualification. AS and AM have no competing interests to declare. (Copyright © 2022 Elsevier B.V. All rights reserved.

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39. Non-pharmacological interventions for sleep disturbances in people with dementia

Authors: Wilfling, Denise;Calo, Stella;Dichter, Martin N.;Meyer, Gabriele;Möhler, Ralph and Köpke, Sascha

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Abstract: Background: Sleep disturbances occur frequently in people with dementia with a reported prevalence of up to 40%. Common problems are increased number and duration of awakenings and increased percentage of light sleep. Sleep disturbances are associated with a number of problems for people with dementia, their relatives, and carers. In people with dementia, they may lead to worsening of cognitive symptoms, challenging behaviours such as restlessness or wandering, and further harms, such as accidental falls. Sleep disturbances are also associated with significant carer distress and have been reported as a factor contributing to institutionalisation of people with dementia. As pharmacological approaches have shown unsatisfactory results, there is a need to synthesise the research evidence on non-pharmacological strategies to improve sleep in people with dementia. As interventions are often complex, consisting of more than one active component, and implemented in complex contexts, it may not be easy to identify effective intervention components.; Objectives: To evaluate the benefits and harms of non-pharmacological interventions on sleep disturbances in people with dementia compared to usual care, no treatment, any other non-pharmacological intervention, or any drug treatment intended to improve sleep, and to describe the components and processes of any complex intervention included.; Search Methods: We used standard, extensive Cochrane search methods. The latest search was 13 January 2022.; Selection Criteria: We included individually or cluster-randomised controlled trials in people with dementia comparing non-pharmacological interventions to improve sleep compared to usual care or to other interventions of any type. Eligible studies had to have a sleep-related primary outcome. We included people with a diagnosis of dementia and sleep problems at baseline irrespective of age, type of dementia, severity of cognitive impairment, or setting. Studies reporting results on a mixed sample (e.g. in a nursing home) were only considered for inclusion if at least 80% of participants had dementia.; Data Collection and Analysis: We used standard Cochrane methods. Our primary outcomes were 1. objective sleep-related outcomes (e.g. total nocturnal sleep time, consolidated sleep time at night, sleep efficiency, total wake time at night (or time spent awake after sleep onset), number of nocturnal awakenings, sleep onset latency, daytime/night-time sleep ratio, night-time/total sleep ratio over 24 hours) and 2.; Adverse Events: Our secondary outcomes were 3. subjective sleep-related outcomes, 4. behavioural and psychological symptoms of dementia, 5. quality of life, 6. functional status, 7. institutionalisation, 8. compliance with the intervention, and 9. attrition rates. We used GRADE to assess the certainty of evidence and chose key outcomes to be included in summary of findings tables.; Main Results: We included 19 randomised controlled trials with 1335 participants allocated to treatment or control groups. Fourteen studies were conducted in nursing homes, three included community residents, one included 'inpatients', one included people from a mental health centre, and one included people from district community centres for older people. Fourteen studies were conducted in the US. We also identified nine ongoing studies. All studies applied one or more non-pharmacological intervention aiming to improve physiological sleep in people with dementia and sleep problems. The most frequently examined single intervention was some form of light therapy (six studies), five studies included physical or social activities, three carer interventions, one daytime sleep restriction, one slow-stroke back massage, and one transcranial electrostimulation. Seven studies examined multimodal complex interventions. Risk of bias of included studies was frequently unclear due to incomplete reporting. Therefore, we rated no study at low risk of bias. We are uncertain whether light therapy has any effect on sleep-related outcomes (very low-certainty evidence). Physical activities may slightly increase the total nocturnal sleep time and sleep efficiency, and may reduce the total time awake at night and slightly reduce the number of awakenings at night (low-certainty evidence). Social activities may slightly increase total nocturnal sleep time and sleep efficiency (low-certainty evidence). Carer interventions may modestly increase total nocturnal sleep time, may slightly increase sleep efficiency, and may modestly decrease the total awake time during

the night (low-certainty evidence from one study). Multimodal interventions may modestly increase total nocturnal sleep time and may modestly reduce the total wake time at night, but may result in little to no difference in number of awakenings (low-certainty evidence). We are uncertain about the effects of multimodal interventions on sleep efficiency (very low-certainty evidence). We found low-certainty evidence that daytime sleep restrictions, slow-stroke back massage, and transcranial electrostimulation may result in little to no difference in sleep-related outcomes. Only two studies reported information about adverse events, detecting only few such events in the intervention groups. Authors' Conclusions: Despite the inclusion of 19 randomised controlled trials, there is a lack of conclusive evidence concerning non-pharmacological interventions for sleep problems in people with dementia. Although neither single nor multimodal interventions consistently improved sleep with sufficient certainty, we found some positive effects on physical and social activities as well as carer interventions. Future studies should use rigorous methods to develop and evaluate the effectiveness of multimodal interventions using current guidelines on the development and evaluation of complex interventions. At present, no single or multimodal intervention can be clearly identified as suitable for widespread implementation.

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