

Dementia

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Use of antipsychotics in adults with dementia

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New study identifies a wider range of associated harm

The linked study by Mok and colleagues (doi:[10.1136/bmj-2023-076268](https://doi.org/10.1136/bmj-2023-076268)) provides new insights into the risks associated with use of antipsychotics in dementia care.¹ This population based matched cohort design compared the incidence of serious adverse outcomes, including stroke, venous thromboembolism, myocardial infarction, heart failure, fracture, pneumonia, and acute kidney injury, in adults (≥50 years) with dementia who were prescribed antipsychotics versus those who did not use antipsychotics.

Using data from the Clinical Practice Research Datalink (CPRD) database in England, the study included 35 339 adults with dementia who had just been prescribed antipsychotics for the first time, within a broader population of 173 910 adults with dementia. The authors found significantly increased risks for nearly all evaluated adverse outcomes in antipsychotic users, with especially steep increases for pneumonia (hazard ratio 2.19, 95% confidence interval 2.10 to 2.28), acute kidney injury (1.72, 1.61 to 1.84), stroke (1.61, 1.52 to 1.71), and venous thromboembolism (1.62, 1.46 to 1.80) within the first 90 days after a prescription.

Mok and colleagues' research expands the number and type of documented risks associated with antipsychotics in the management of dementia. Their study discovered that risks extend beyond stroke and mortality to include a wider range of serious adverse health outcomes. Risks were found to be highest shortly after treatment initiation, underscoring the need for increased caution in the early stages of treatment. By distinguishing between typical and atypical antipsychotic agents and detailing drug specific risks, the findings of this study will equip healthcare professionals with more nuanced data to help guide personalized treatment decisions.

The authors acknowledge that information on indications for antipsychotic treatment was unavailable. This study limitation is important because understanding the specific indications for antipsychotic treatment (eg, for behavioral and psychological symptoms of dementia, or for other reasons) could provide deeper insights into the study's findings, particularly about the risk-benefit balance of antipsychotic use in adults with dementia.

The authors minimized the risk of confounding using propensity score methods to adjust for observable characteristics that might influence the initiation of antipsychotic treatment. However, they also confirmed that unlike randomized controlled trials, which can account for both observed and unobserved differences between treatment groups, their study could only adjust for observed differences—acknowledging a limitation inherent to all observational research: the inability to fully account for all potential confounding factors.

Widely used

Antipsychotics are widely used to manage behavioral and psychological symptoms of dementia despite well documented and substantial risks of harm (including higher mortality).^{2,3,4} International guidelines advise restricting use to adults with severe behavioral and psychological symptoms of dementia,^{5,6} but the rate of prescribing has risen in recent years, most notably during the covid-19 pandemic as a result of increased distress caused by loneliness, social isolation measures, and reduced access to alternative treatments.⁷

Mok and colleagues highlight the need for careful justification of antipsychotic use in dementia care, including a comprehensive assessment of the benefits weighed against a broader range of serious harms than previously acknowledged. Duration of treatment should be minimized, the need for treatment should be regularly reassessed, non-drug options should be explored first, and guidelines should be updated to reflect the wider spectrum of risks associated with antipsychotics.

Perhaps the biggest challenge to reducing use of these drugs is the relative scarcity of effective non-drug alternatives. One review found only a few interventions—including cognitive stimulation, selected behavior management therapies, and specific types of education for caregivers and residential care staff—to have some evidence of any lasting effectiveness.⁸ Their implementation, too, often required

substantial resources, such as highly trained staff with adequate time and specialized equipment, and the drugs were usually ineffective for patients with severe symptoms.

Using antipsychotics for the management of dementia related behaviors requires nuanced decision making after careful assessment, informed by a personalized approach.⁹ Mok and colleagues call for a critical re-evaluation of antipsychotic use in this clinical setting. Their study clearly identified a broader spectrum of adverse effects than previously acknowledged, and it advocates for a comprehensive review of risks and benefits, prioritization of non-drug strategies, and exploration of alternative therapies. Increased priority on more patient centric care, tailored care plans, regular reassessment of management options, and a move away from the overprescription of antipsychotics is overdue.

1. Healthcare Awareness Profile Interview: Development of a new evidence-based brief clinical tool to assess awareness in people with dementia

Authors: Alexander, Catherine M.;Martyr, Anthony and Clare, Linda

Publication Date: 2024

Journal: Neuropsychological Rehabilitation , pp. 1-24

Abstract: People with dementia vary in awareness of difficulties. Evaluating awareness could facilitate personalized care. However, current research measures are unsuitable for practical clinical application. We aimed to develop a brief multidimensional awareness interview for clinical use. Informed by available evidence about awareness of dementia, items suitable for both in-person and remote administration were modified from validated measures or developed for clinical application. The interview was administered via telephone or videoconference to 31 community-dwelling people with mild-to-moderate dementia. An informant completed a corresponding questionnaire. A multidimensional profile of awareness was created using self-report of symptoms, and discrepancies between self-rating and either informant rating or objective memory task performance. Feedback from participants and informants and discussions with clinical advisory and patient and public involvement groups helped finalize the interview. Remote administration was straightforward taking on average under 11 min. Awareness profiles showed a spectrum of awareness across domains. Feedback indicated that the items were acceptable and understandable. Certain aspects could be mildly upsetting where current difficulties were highlighted. Subject to further validation, the Healthcare Awareness Profile Interview (HAPI) shows potential as an evidence-based brief clinical tool for assessing awareness in people with mild-to-moderate dementia.

2. Development of a smartphone screening test for preclinical Alzheimer's disease and validation across the dementia continuum

Authors: Alty, Jane;Goldberg, Lynette R.;Roccati, Eddy;Lawler, Katherine;Bai, Quan;Huang, Guan;Bindoff, Aidan D.;Li, Renjie;Wang, Xinyi;St George, Rebecca,J.;Rudd, Kaylee;Bartlett, Larissa;Collins, Jessica M.;Aiyede, Mimieveshiofu;Fernando, Nadeeshani;Bhagwat, Anju;Giffard, Julia;Salmon, Katharine;McDonald, Scott;King, Anna E., et al

Publication Date: 2024

Journal: BMC Neurology 24(1), pp. 127

Abstract: Background: Dementia prevalence is predicted to triple to 152 million globally by 2050. Alzheimer's disease (AD) constitutes 70% of cases. There is an urgent need to identify individuals with preclinical AD, a 10-20-year period of progressive brain pathology without noticeable cognitive symptoms, for targeted risk reduction. Current tests of AD pathology are either too invasive, specialised or expensive for population-level assessments. Cognitive tests are normal in preclinical AD. Emerging evidence demonstrates that movement analysis is sensitive to AD across the disease continuum, including preclinical AD. Our new smartphone test, TapTalk, combines analysis of hand and speech-like movements to detect AD risk. This study aims to 1] determine which combinations of hand-speech movement data most accurately predict preclinical AD 2], determine usability, reliability, and validity of

TapTalk in cognitively asymptomatic older adults and 3], prospectively validate TapTalk in older adults who have cognitive symptoms against cognitive tests and clinical diagnoses of Mild Cognitive Impairment and AD dementia.; Methods: Aim 1 will be addressed in a cross-sectional study of at least 500 cognitively asymptomatic older adults who will complete computerised tests comprising measures of hand motor control (finger tapping) and oro-motor control (syllabic diadochokinesis). So far, 1382 adults, mean (SD) age 66.20 (7.65) years, range 50-92 (72.07% female) have been recruited. Motor measures will be compared to a blood-based AD biomarker, phosphorylated tau 181 to develop an algorithm that classifies preclinical AD risk. Aim 2 comprises three sub-studies in cognitively asymptomatic adults: (i) a cross-sectional study of 30-40 adults to determine the validity of data collection from different types of smartphones, (ii) a prospective cohort study of 50-100 adults ≥ 50 years old to determine usability and test-retest reliability, and (iii) a prospective cohort study of ~1,000 adults ≥ 50 years old to validate against cognitive measures. Aim 3 will be addressed in a cross-sectional study of ~200 participants with cognitive symptoms to validate TapTalk against Montreal Cognitive Assessment and interdisciplinary consensus diagnosis.; Discussion: This study will establish the precision of TapTalk to identify preclinical AD and estimate risk of cognitive decline. If accurate, this innovative smartphone app will enable low-cost, accessible screening of individuals for AD risk. This will have wide applications in public health initiatives and clinical trials.; Trial Registration: ClinicalTrials.gov identifier: NCT06114914, 29 October 2023. Retrospectively registered. (© 2024. The Author(s).)

3. Sleep disturbance in people living with dementia or mild cognitive impairment: a realist review of general practice

Authors: Aryankhesal, Aidin;Blake, Jessica;Wong, Geoff;Megson, Molly;Briscoe, Simon;Allan, Louise;Broomfield, Niall M.;Eastwood, Zenahrai;Greene, Leanne;Hilton, Andrea;Killett, Anne;Lazar, Alpar S.;Litherland, Rachael;Livingston, Gill;Maidment, Ian;Reeve, Joanne;Rook, George;Scott, Sion;Um, Jinpil and van Horik, Jayden

Publication Date: 2024

Journal: British Journal of General Practice 74(741), pp. e233-e241

4. Systemic family therapists and dementia: A constructivist grounded theory study

Authors: Ball, Peter Lloyd

Publication Date: 2024

Journal: Journal of Family Therapy 46(2), pp. 179-195

Abstract: This article presents research that explored the ways that systemic and family therapists might approach the support of families living with dementia. A constructivist grounded theory methodology was used to interpret interviews with four systemic family therapists working in the United Kingdom. All participants had professional and/or lived experience of dementia. Transcript analysis and theoretical sampling led to the development of five categories, each related to different aspects of considering systemic therapy in a dementia context. These categories were further developed into a 'systemically informed dementia orienteering' conceptual framework, which is presented in this paper as a learning resource. Findings are related to existing literature, and recommendations for future research are made.

5. The Delivery of Person-Centered Care for People Living With Dementia in Residential Aged Care: A Systematic Review and Meta-Analysis

Authors: Berkovic, Danielle;Macrae, Ann;Gulline, Hannah;Horsman, Phillipa;Soh, Sze-Ee;Skouteris, Helen and Ayton, Darshini

Publication Date: 2024

Journal: The Gerontologist 64(5)

Abstract: Background and Objectives: Person-centered care is the gold standard of care for people living with dementia, yet few systematic reviews have detailed how it is delivered in practice. This mixed-methods review aimed to examine the delivery of person-centered care, and its effectiveness, for people living with dementia in residential aged care.; Research Design and Methods: A systematic review and meta-analysis. Eligible studies were identified across 4 databases. Quantitative and qualitative studies containing data on person-centered care delivered to people with dementia living in residential aged care were included. Meta-analysis using a random-effects model was conducted where more than 3 studies measured the same outcome. A narrative meta-synthesis approach was undertaken to categorize verbatim participant quotes into representative themes. Risk of bias was undertaken using quality appraisal tools from the Joanna Briggs Institute.; Results: 41 studies were identified for inclusion. There were 34 person-centered care initiatives delivered, targeting 14 person-centered care outcomes. 3 outcomes could be pooled. Meta-analyses demonstrated no reduction in agitation (standardized mean difference -0.27, 95% confidence interval CI], -0.58, 0.03), improvement in quality of life (standardized mean difference -0.63, 95% CI: -1.95, 0.70), or reduced neuropsychiatric symptoms (mean difference -1.06, 95% CI: -2.16, 0.05). Narrative meta-synthesis revealed barriers (e.g., time constraints) and enablers (e.g., staff collaboration) to providing person-centered care from a staff perspective.; Discussion and Implications: The effectiveness of person-centered care initiatives delivered to people with dementia in residential aged care is conflicting. Further high-quality research over an extended time is required to identify how person-centered care can be best implemented to improve resident outcomes. (© The Author(s) 2023. Published by Oxford University Press on behalf of The Gerontological Society of America.)

6. Innovative Approaches Using the Arts to Support Persons with Dementia and Caregivers

Authors: Blazek, Mary;Lehmann, Susan and Gilbert, Mark

Publication Date: 2024

Journal: American Journal of Geriatric Psychiatry 32(4), pp. S6-S7

7. The association between atrial fibrillation and dementia: A UK linked electronic health records cohort study

Authors: Brooks, Kieran;Yoshimura, Hiroyuki;Gonzalez-Izquierdo, Arturo;Zakkak, Nadine;Kukendra-Rajah, Kishore;Lip, Gregory Y. H. and Providencia, Rui

Publication Date: 2024

Journal: European Journal of Clinical Investigation 54(5), pp. e14154

Abstract: Background: We investigated the association between atrial fibrillation (AF) and dementia, and its subtypes (vascular-VaD, Alzheimer, mixed and rare dementia), and identified predictors for dementia in AF patients.; Methods: The analysis was based on 183,610 patients with new-onset AF and 367,220 non-AF controls in the United Kingdom between 1998 and 2016, identified in three prospectively collected, linked electronic health records sources. Time-to-event (dementia or subtypes) analyses were performed using Cox proportional hazards and weighted Cox. Sub-analyses performed: including & censoring stroke and age (median used as cut-off).; Results: Over a median follow-up of 2.67 years (IQR .65-6.02) for AF patients and 5.84 years for non-AF patients (IQR 2.26-11.80), incidence of dementia in the AF cohort was 2.65 per 100 person-years, compared to 2.02 in the non-AF cohort. After adjustment, a significant association was observed between AF and all-cause dementia (HR = 1.38, 95% CI: 1.31-1.45), driven by a strong association with VaD (HR = 1.55, 95% CI: 1.41-1.70). AF was also associated with mixed dementia (HR = 1.26, 95% CI: 1.01-1.56), but we could not confirm an association with Alzheimer (HR = 1.05, 95% CI: .94-1.16) and rare dementia forms (HR = 1.19, 95% CI: .90-1.56). Ischemic stroke (HR = 1.40, 95% CI: 1.26-1.56), subarachnoid

haemorrhage (HR = 2.08, 95% CI: 1.47-2.96), intracerebral haemorrhage (HR = 1.95, 95% CI: 1.54-2.48) and diabetes (HR = 1.32, 95% CI: 1.24-1.41) were identified as the strongest predictors of dementia in AF patients.; Conclusions: AF patients have an increased risk of dementia, independent of stroke, with highest risk of VaD. Management and prevention of the identified risk factors could be crucial to reduce the increasing burden of dementia. (© 2024 The Authors. European Journal of Clinical Investigation published by John Wiley & Sons Ltd on behalf of Stichting European Society for Clinical Investigation Journal Foundation.)

8. Determinants of hospital readmissions in older people with dementia: a narrative review

Authors: Browne, Bria;Ali, Khalid;Ford, Elizabeth and Tabet, Naji

Publication Date: 2024

Journal: BMC Geriatrics 24(1), pp. 1-20

9. Are mobile apps meeting the needs of caregivers of people living with dementia? An evaluation of existing apps for caregivers

Authors: Castillo, Louise I. R.;Tran, Vivian and Hadjistavropoulos, Thomas

Publication Date: 2024

Journal: Aging & Mental Health 28(4), pp. 577-586

Abstract: Informal caregivers of people living with dementia (ICPDs) experience stressors that can lead to adverse outcomes. Although apps for ICPDs are available, evidence to support their effectiveness is limited. This investigation was aimed at providing an evaluation of available apps for ICPDs. We conducted two studies: 1) search and evaluation of available apps; and 2) controlled trial of two apps identified in the Study 1 (NCT05217004). For Study 2, participants were randomly assigned to one of the two app-using groups or a control group. Outcome measures were administered before, post-intervention, and at a follow-up. Interviews with caregivers were conducted to examine their needs regarding the development of future apps. Sixteen apps were examined in Study 1. Results suggest that the number and type of features present in each app may not be sufficient to address the multifaceted needs of ICPDs. In Study 2, contrary to expectation, we did not identify differences between the app-using and control conditions on our outcome measures. Participants noted several content and user-experience needs to consider in developing new apps. Findings from the investigation can inform future developments of apps to address the needs of ICPDs.

10. Exploring nurses' difficulties and strategies when caring for patients with dementia in a neurological ward

Authors: Chen, Ko-Xin;Pai, Min-Chi;Hong, Wei-Pin;Wang, Chi-Jane and Wang, Jing-Jy

Publication Date: 2024

Journal: Nursing & Health Sciences 26(2), pp. e13119

Abstract: Nurses in neurological wards face numerous challenges when caring for patients with dementia, particularly those who also present other acute illnesses. However, studies focusing on this area are limited. This study aimed to explore the difficulties and strategies in caring for patients with dementia among nurses working in a neurological ward. A qualitative descriptive design was adopted. Twelve nurses from a neurology ward participated in individual semi-structured interviews. The data collected through these interviews were subjected to qualitative content analysis. Two main themes emerged from the analysis: (i) various shortcomings and concerns, which include subthemes: insufficient support, worry about patient safety, inadequate care ability of the caregiver, and insufficient self-competence, and (ii) unique clinical strategies, which include subthemes: cooperate with the

caregiver, improve self-competence in dementia care, and employ meticulous resorts. The findings highlighted the nurses' dedication to minimizing patient risks and utilizing available resources as well as stakeholders to provide optimal care. To enhance patient care quality, it is essential to support nurses by addressing care-related barriers, offering continuous education, and establishing care pathways. (© 2024 John Wiley & Sons Australia, Ltd.)

11. Hearing Loss and Dementia: Where to From Here?

Authors: Dawes, Piers and Munro, Kevin J.

Publication Date: 2024

Journal: Ear and Hearing 45(3), pp. 529-536

Abstract: Victorian era psychologists were the first to comment on associations between sensory and cognitive function. More recently, hearing loss has been shown as a marker of risk for dementia. However, it is not known whether this association represents a causal impact of hearing loss, nor whether treating hearing loss may help prevent dementia. Most studies on relationships between hearing loss and cognitive outcomes are observational, are at risk of confounding, and cannot reach conclusions about causation. A recent high quality randomized controlled trial, relatively uncommon in audiology, reported no impact of a comprehensive hearing intervention in mitigating cognitive decline in older adults. Although secondary analysis revealed potential benefits in a sub-sample of adults, this finding may be spurious. Encouraging policymakers, patients, and other health care practitioners to address hearing loss in terms of dementia prevention may be inappropriate on the grounds of both relevance at individual level and lack of clear evidence of benefit. In addition, advocating need to address hearing loss in terms of mitigating dementia risk may reduce the importance of addressing hearing loss in its own right. Linking hearing loss to dementia risk may also exacerbate the stigma of hearing loss, inadvertently discouraging people from seeking help for hearing. We suggest that treating hearing loss may have important benefits in preventing or delaying diagnosis of dementia via improving orientation and functioning in daily life, without changing the underlying pathology. Rather than linking hearing loss to dementia risk, we suggest a positive message focusing on the known benefits of addressing hearing loss in terms of improved communication, quality of life, and healthy aging.;
Competing Interests: The authors have no conflicts of interest to disclose. (Copyright © 2024 The Authors. Ear & Hearing is published on behalf of the American Auditory Society, by Wolters Kluwer Health, Inc.)

12. Dementia and depression: Biological connections with amyloid β protein

Authors: Dos Santos, Helamã Moraes; Bertollo, Amanda Gollo; Mingoti, Maiqueli Eduarda Dama; Grolli, Roberta Eduarda; Kreuz, Kelli Maria and Ignácio, Zuleide Maria

Publication Date: 2024

Journal: Basic & Clinical Pharmacology & Toxicology 134(5), pp. 563-573

Abstract: Dementia is an umbrella term for a broad group of age-associated neurodegenerative diseases. It is estimated that dementia affects 50 million people worldwide and that Alzheimer's disease (AD) is responsible for up to 75% of cases. Small extracellular senile plaques composed of filamentous aggregates of amyloid β ($A\beta$) protein tend to bind to neuronal receptors, affecting cholinergic, serotonergic, dopaminergic and noradrenergic neurotransmission, leading to neuroinflammation, among other pathophysiological processes and subsequent neuronal death, followed by dementia. The amyloid cascade hypothesis points to a pathological process in the cleavage of the amyloid precursor protein (APP), resulting in pathological $A\beta$. There is a close relationship between the pathologies that lead to dementia and depression. It is estimated that depression is prevalent in up to 90% of individuals diagnosed with Parkinson's disease, with varying severity, and in 20 to 30% of cases of Alzheimer's disease. The hypothalamic pituitary adrenal (HPA) axis is the great intermediary between the pathophysiological mechanisms in neurodegenerative diseases and depression. This

review discusses the role of A β protein in the pathophysiological mechanisms of dementia and depression, considering the HPA axis, neuroinflammation, oxidative stress, signalling pathways and neurotransmission. (© 2024 Nordic Association for the Publication of BCPT (former Nordic Pharmacological Society). Published by John Wiley & Sons Ltd.)

13. Considering inequities in national dementia strategies: breadth, depth, and scope

Authors: Godard-Sebillotte, Claire;Navani, Sanjna;Hacker, Georgia and Vedel, Isabelle

Publication Date: 2024

Journal: International Journal for Equity in Health 23(1), pp. 75

Abstract: Background: Considering that dementia is an international public health priority, several countries have developed national dementia strategies outlining initiatives to address challenges posed by the disease. These strategies aim to improve the care, support, and resources available to meet the needs of persons living with dementia and their care partners and communities. Despite the known impact of social determinants of health on dementia risk, care, and outcomes, it is unclear whether dementia strategies adequately address related inequities. This study aimed to describe whether and how national dementia strategies considered inequities associated with social determinants of health.; Methods: We conducted an environmental scan of the national dementia strategies of countries that are part of the Organisation for Economic Cooperation and Development (OECD). Included strategies had to be accessible in English or French. Sub-national or provincial plans were excluded. We synthesised information on strategies' considerations of inequity through a thematic analysis.; Results: Of the 15 dementia strategies that met inclusion criteria, 13 mentioned at least one inequity (M = 2.4, median = 2, range:0-7) related to Race/Ethnicity; Religion; Age; Disability; Sexual Orientation/Gender Identity; Social Class; or Rurality. Age and disability were mentioned most frequently, and religion most infrequently. Eleven strategies included general inequity-focused objectives, while only 5 had specific inequity-focused objectives in the form of tangible percentage changes, deadlines, or allocated budgets for achieving equity-related goals outlined in their strategies.; Conclusions: Understanding if and how countries consider inequities in their dementia strategies enables the development of future strategies that adequately target inequities of concern. While most of the strategies mentioned inequities, few included tangible objectives to reduce them. Countries must not only consider inequities at a surface-level; rather, they must put forth actionable objectives that intend to lessen the impact of inequities in the care of all persons living with dementia. (© 2024. The Author(s).)

14. Living with a person with young onset dementia - spousal experience

Authors: Håkansson, Tania;Svensson, Hilda and Karlsson, Staffan

Publication Date: 2024

Journal: International Journal of Qualitative Studies on Health and Well-Being 19(1), pp. 2330233

Abstract: Purpose: Being of working age while at the same time needing to help a partner with young onset dementia has specific consequences for spouses. Research to date has been sparse concerning this particular group of spouses. The aim of the study was to explore spouses' everyday experiences when living with a person with young onset dementia.; Method: The study had a descriptive qualitative design with semi-structured interviews with nine spouses. The interviews were analysed using content analysis.; Result: The interviewed spouses experienced emotions that varied from feelings of loneliness, frustration, and worry to peace of mind. They said that they used coping strategies, which included adopting a positive mindset, adapting to inabilities, adopting an avoidant approach, and finding ways to recharge. Spouses also felt that they could use more support, both formal and informal.; Conclusion: The spouse of a person with young onset dementia has a range of emotional experiences and has resourceful ways of handling everyday life. Various types of support are offered to spouses, however, they seemed to desire more from health care services.

15. A Pilot Study on the Use of Virtual Reality to Educate Community Members about Dementia

Authors: Inoue, Kaoru;lizuka, Hiroko;Kamio, Hiroyo;Yao, Daryl Patrick;Yatsu, Chiyoumi;Sasaki, Chihiro;Wada, Kazuyoshi;Fujita, Takeshi and Yasue, Atsushi

Publication Date: 2024

Journal: Physical & Occupational Therapy in Geriatrics 42(2), pp. 170-185

Abstract: To understand the impact of using an immersive dementia video via a virtual reality (VR) device to educate community members. A single group before/after comparison test design was employed. One trial session was provided. We used Angle Shift, a VR program that provides an immersive narration of the experiences of dementia. We then measured the participants' perceived understanding of the experience of people with dementia, willingness to learn more about dementia, and satisfaction with the immersive experience. We analyzed the responses of 67 participants. Pre-intervention, most perceived to have a good understanding and a willingness to learn. They also expressed readiness and interest in supporting people with dementia. Post-intervention, participants expressed satisfaction and a deeper understanding. Motivation can be a key indicator of the VR's impact on learners' understanding, willingness to learn, and satisfaction. The program should capture the learners' interests in various learning stages.

16. Weight change in people with depression and the risk of dementia: a nationwide cohort study

Authors: Kim, Hyewon;Jung, Jin Hyung;Han, Kyungdo and Jeon, Hong Jin

Publication Date: 2024

Journal: Psychological Medicine 54(7), pp. 1284-1293

Abstract: Background: Depression is a risk factor for dementia and weight change can appear as a symptom of depression. However, the association between weight change after the diagnosis of depression and the risk of dementia is poorly established. This study aimed to investigate the association between weight change before and after a diagnosis of depression with the subsequent risk of dementia.; Methods: The National Health Insurance Sharing Service database was used. 1 308 730 patients aged ≥ 40 years diagnosed with depression were identified to be eligible. Weight changes after their depression diagnosis were categorized and subsequent incidence of dementia was followed up.; Results: During an average follow-up period of 5.2 years (s.d., 2.0 years), 69 373 subjects were newly diagnosed with all-cause dementia (56 351 were Alzheimer's disease and 6877 were vascular dementia). Regarding all outcomes, compared to those with a minimal weight change (-5 to 5%), all groups with weight gain or loss showed increased risks of dementia after adjusting potential risk factors for dementia, in all analysis models with a dose-response relationship, showing a U-shaped association.; Conclusions: Weight change as a symptom of depression could be a predictor for the future development of dementia

17. Proactive Care-Seeking Strategies Among Adults Aging Solo With Early Dementia: A Qualitative Study

Authors: Lowers, Jane;Datcher, Ivree;Kavalieratos, Dio;Hepburn, Ken and Perkins, Molly M.

Publication Date: 2024

Journal: The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences 79(5)

Abstract: Objectives: People living with dementia need increasing care over time, but 1 in 3 adults with cognitive impairment lives alone. The goal of this study was to explore the self-identified strengths and

resources for future care needs of adults aging solo with early dementia.; Methods: Semistructured interviews with 15 adults not living with a partner and with no children in the same state, who self-identified as having early dementia or mild cognitive impairment; hybrid inductive/deductive reflexive thematic analysis using a successful aging framework.; Results: Participants placed a high value on maintaining independence and expressed concerns about preserving selfhood and becoming a burden to others. These values influenced how participants appraised financial and social resources available to address future care needs and strategies to preempt or respond to needs such as transportation, help with finances, or activities of daily living.; Discussion: Adults without close family are heterogeneous and have variable resources available to address care needs associated with dementia progression. Common values of retaining independence and minimizing burden to others may be helpful in motivating adults aging solo to undertake planning and help-seeking early. (© The Author(s) 2024. Published by Oxford University Press on behalf of The Gerontological Society of America. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.)

18. The role and impact of therapeutic counselling on the emotional experience of adults living with dementia: A systematic review

Authors: Mathews, Gill;Li, Xiaoyang and Wilkinson, Heather

Publication Date: 2024

Journal: Dementia (London, England) , pp. 14713012241233765

Abstract: Introduction There is limited psychological support available to help people living with dementia to deal with the emotional consequences of their condition. Anxiety and depression are commonly experienced in this population, yet the use of counselling and psychotherapeutic interventions is not well documented. Aim This systematic review sought to understand the current knowledge on the role and impact of therapeutic counselling on the emotional experience of adults living with dementia. Methods Qualitative and quantitative research designs were accepted for review. A comprehensive search of the main biomedical, nursing and other specialist databases was performed to access articles published between 2015 and 2022. Trial registers and academic journals were also searched. 43 original studies were included: qualitative (n = 15); RCTs (n = 9); other designs (n = 19); plus eight systematic reviews. Results The majority of studies were conducted in Europe, the United Kingdom in particular, although a range of countries from across the globe were represented. The combined evidence from the different study designs suggest a range of ways that people living with different stages of dementia can participate in, and gain emotional benefit from, therapeutic counselling. Key themes identified: (1) The emotional and well-being benefits of therapeutic counselling; (2) No one size fits all - relational and tailored approaches driven by person-centred values; (3) Training, supervision and building community for counsellors; (4) Involvement of people with dementia in therapeutic interventions. Conclusions Our findings from this systematic review show that different therapeutic approaches have been tested with people at different stages of a dementia diagnosis. The results suggest the value of therapeutic counselling as a supportive medium to help with the processing and coping of difficult emotions and feelings across the trajectory of a dementia illness.; Competing Interests: Declaration of conflicting interestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

19. Older adults' attitudes and motivations towards learning about personal dementia risk and their willingness to make changes to improve their health in primary care settings

Authors: Matovic, D.;Ahern, M.;Sherman, K. A.;Johnco, C. J.;Willcock, S. and Wuthrich, V. M.

Publication Date: 2024

Journal: Australian Psychologist 59(2), pp. 142-153

Abstract: This study assessed older adults' preferences, attitudes, and motivations to understand and change their individual risk for developing dementia via screening in primary care settings. Eighty-six

community-dwelling older adults (aged 60–91 years, $M = 74.03$, $SD = 6.83$) completed measures of behavioural intent to undergo dementia risk screening, response efficacy (i.e., belief that screening is useful), negative affective responses (e.g., risk screening results making individuals more scared about the future), motivation to change risk-related behaviours, level of social support, depression, and anxiety symptomatology. Overall, participants reported positive attitudes towards dementia risk screening and risk reduction. Two ordinal logistic regressions indicated that response efficacy was a significant predictor of behavioural intent to undergo dementia risk screening, whereas self-efficacy and family history of dementia were significant predictors of motivation to change risk-related behaviours. Barriers included lack of information, motivation, and self-control. Facilitators included access to formal and informal supports, and engagement with social and non-social activities. Dementia risk screening and risk reduction in primary care may be more desirable for those with a family history of dementia, high response efficacy, and high self-efficacy. Addressing barriers such as lack of information, motivation, and self-control may improve older adults' engagement with dementia risk reduction. What is already known about this topic: Lifestyle factors can be modified to reduce dementia risk; however, an understanding of the role of motivation to change these behaviours is limited. Age, sex, family history of dementia, and dementia carer experience have been linked to motivation to reduce dementia risk. There is very limited understanding of people's behavioural intent to undergo dementia risk screening in primary care. What this topic adds: Overall, older adults had positive attitudes towards dementia risk screening and risk reduction in primary care settings, and screening results mostly did not induce fear about the future. Response efficacy was a significant predictor of behavioural intent to undergo dementia risk screening, whereas self-efficacy and family history of dementia were significant predictors of motivation to change risk-related behaviours. Barriers to behaviour change were lack of information, motivation, and self-control. Facilitators were formal and informal supports, and social and non-social activities.

20. "Terror Is a Better Word": A Qualitative Analysis of Dementia-Related Anxiety

Authors: Maxfield, Molly; Peckham, Allie and James, Dara L.

Publication Date: 2024

Journal: The Gerontologist 64(5)

Abstract: Background and Objectives: Dementia-related anxiety (DRA) is the fear of a current or future diagnosis of Alzheimer's disease or another type of dementia. Previous studies suggest diverse factors contribute to DRA, including emotional, social, and cognitive concerns. A mixed-methods investigation was designed to explore DRA's underlying causes; we present a thematic analysis of these causes.; Research Design and Methods: A semistructured qualitative interview design was used to explore participant's thoughts, feelings, and reactions about dementia. Fifty community-dwelling adults (aged 58-89, $M = 70.80$, $SD = 6.02$) without dementia diagnoses were interviewed, with a focus on why dementias are anxiety-provoking diagnoses. We engaged in a reflexive inductive thematic approach.; Results: We identified 7 themes positioned within previously established antecedents of DRA. Anticipated consequences were conveyed in statements identifying dementia as a feared diagnosis and its connection to how one would be treated if diagnosed. Low perceived control was associated with dementia's anticipated effects including the ability of dementia to undermine core aspects of one's personhood, limit independence, and increase reliance on others. Perceived risk was connected to past familial experiences with dementia and the implications of receiving different diagnoses with different trajectories and treatments.; Discussion and Implications: Findings offer insight into diverse factors contributing to DRA, which can be used to inform public health messaging and develop applicable and clinically relevant interventions to meet the needs of individuals experiencing DRA and their social support systems. (© The Author(s) 2023. Published by Oxford University Press on behalf of The Gerontological Society of America. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.)

21. Access to primary eye care for people living with dementia: a call to action for primary care practitioners to 'think vision'

Authors: Piano, Marianne;Nguyen, Bao;Hui, Flora and Pond, Constance Dimity

Publication Date: 2024

Journal: Australian Journal of Primary Health 30(2), pp. 1-5

Abstract: Access to allied health services offers significant benefits for people living with dementia, yet access is currently fragmented and inconsistent. The 2023–2024 budget allocated AU\$445 million to further enable general practice-led, multidisciplinary teams, with integrated care located within practices, including employment of allied health professionals. Such team care models are recognised by The Royal Australian College of General Practitioners as vital to delivery of high-quality care for older adults. They are especially relevant for over 250,000 Australians who live with dementia in the community. However, not all allied health professionals are currently based within general practices. Future, sustainable general practice-led models of multidisciplinary care that connect patients with external allied health providers could be considered for a comprehensive and collaborative approach to care. Our focus is on people living with dementia, who are at greater risk of preventable vision impairment. Poor vision and/or ocular health can be detected and managed through regular eye examinations, which are predominantly delivered by community-based optometrists in Australia, in a primary care capacity. However, people living with dementia are also less likely to have regular eye examinations. In this paper, we highlight the value of ensuring access to primary eye care services as part of post-diagnosis dementia care. We illustrate the important role of primary care practitioners in building and sustaining connections with allied health professions, like optometry, through effective referral and interprofessional communication systems. This can help break down access barriers to dementia-friendly eye care, through promoting the importance of regular eye tests for people living with dementia. Access to allied health services offers significant benefits for people living with dementia, yet access is currently fragmented and inconsistent. People living with dementia are at greater risk of experiencing vision impairment, preventable through regular eye examinations usually provided by community-based optometrists in a primary care capacity. We encourage all primary care practitioners to 'think vision' when consulting with people living with dementia, and advocate for a schedule of regular eye tests post-diagnosis. This article belongs to the Collection Access to Primary Health Care.

22. Short-term Medication Effect on Fall Risk in Multimorbid Inpatients with Dementia

Authors: Podesser, Franziska;Weninger, Johannes;Weiss, Elisabeth M.;Marksteiner, Josef and Canazei, Markus

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Journal: Gerontology

Abstract: Introduction: Dementia increases the risk of falls and fall-related injuries, which may be caused by inappropriate medication use. To date, there is little evidence on which medications are more likely to cause falls. We therefore investigated the effects of medication use and medication changes 48 hours before falls in hospitalised patients with dementia.; Methods: This matched case-control study included 74 patients with a mean age of 83 years (38% women) who had been hospitalised for at least 7 days. Information on medications, diagnoses, disease severity, use of walking aids, falls, and demographics was collected from electronic medical records. The effects of number of medications and psychotropics, equivalent daily doses of antidepressants, antipsychotics and benzodiazepines, anticholinergic burden, medication initiation, dose change, medication discontinuation, as-needed medications, opioid use and the presence of fall-increasing diseases were examined separately for the periods 0h-24h and 24h-48h before the falls using binomial logistic regression analyses.; Results: Falls increased significantly with higher daily antipsychotic doses 24 hours before the fall. In addition, the rate of falls increased with higher anticholinergic burden and prevalence of medication discontinuation 24 to 48 hours before the fall. Notably, the total number of medications and psychotropic medications had no effect on the incidence of falls.; Discussion/conclusion: With regard to the short-term effects of medication on fall risk, particular attention should be paid to the daily dose of antipsychotics, anticholinergic burden and medication

discontinuation. Further studies with larger samples are needed to confirm the results of this study. (S. Karger AG, Basel.)

23. (What) can patients with semantic dementia learn?

Authors: Shebani, Zubaida and Patterson, Karalyn

Publication Date: 2024

Journal: Neuropsychologia 197, pp. 108844

Abstract: Semantic Dementia (SD) is a neurodegenerative disease characterised by progressive deterioration of semantic knowledge, resulting in diminished understanding of concepts, whether encountered in verbal or non-verbal form. Over the past three decades, a number of studies employing a range of treatment techniques and learning methods have examined whether patients with SD can relearn previously known concepts or learn and retain new information. In this article, we review this research, addressing two main questions: a) Can aspects of semantic knowledge that are 'lost' due to degeneration be re-acquired? b) How much do other memory systems (working and episodic memory) interact with and depend on semantic memory? Several studies demonstrate successful relearning of previously known words and concepts in SD, particularly after regular, prolonged practice; but this success tends to diminish once practice ceases, and furthermore often fails to generalise to other instances of the same object/concept. This pattern suggests that, with impaired semantic knowledge, learning relies to an abnormal extent on perceptual factors, making it difficult to abstract away from the specific visual or other perceptual format in which a given concept has been trained. Furthermore, the impact of semantic 'status' of a word or object on both working and episodic memory indicates pervasive interaction of these other memory systems with conceptual knowledge.; Competing Interests: Declaration of competing interest The authors of this work declare no conflicts of interest. (Copyright © 2024 Elsevier Ltd. All rights reserved.)

24. Scoping Literature Review: Experiences of Sexual and Gender Minority Older Adults, With Diagnoses of Dementia, Who Use Residential Long-Term Services and Supports

Authors: Shippee, Tetyana;Rosser, B. R. S.;Wright, Morgan M.;Aumock, Cailynn;Moone, Rajean;Talley, Kristine M. C.;Duran, Phil;Henning-Smith, Carrie;Cahill, Sean;Flatt, Jason D.;Slaughter-Acey, Jaime;Greenwald, Samuel;McCarthy, Teresa and Ross, Michael W.

Publication Date: 2024

Journal: Journal of Applied Gerontology : The Official Journal of the Southern Gerontological Society 43(5), pp. 562-576

Abstract: The number of sexual and gender minority (SGM) older adults utilizing residential long-term supports and services (LTSS) will increase in the forthcoming decades. Paradoxically, while requiring more LTSS services than their non-SGM counterparts, SGM older adults are less likely to access these services, partly due to fears of discrimination. Furthermore, SGM older adults living with Alzheimer's disease and related dementias (AD/ADRD) present unique challenges and opportunities for LTSS facilities. This article provides a scoping review on the intersection between experiences of SGM older adults with AD/ADRD who use residential LTSS. This review identified three themes: (1) the experiences of discrimination among SGM residents in LTSS facilities, (2) the need for comprehensive staff training in residential LTSS to ensure proper care of SGM populations, and (3) the crucial role of inclusive facility policies. As the number of SGM older adults is expected to increase, further research is necessary.; Competing Interests: Declaration of Conflicting InterestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

25. The Impact of Pandemic-Related Restrictions on Dementia Risk Factors in Older Adults

Authors: Simone, Tamar;Peltz, Carrie;Rosenberg, Dori E.;Barnes, Deborah E.;Fleckenstein, Lynn

E.;Dublin, Sascha and Yaffe, Kristine

Publication Date: 2024

Journal: Journal of Applied Gerontology : The Official Journal of the Southern Gerontological Society 43(5), pp. 515-519

Abstract: Adults aged 65+ are at highest risk for severe COVID-19 outcomes, and prior to the distribution of vaccines in the U.S., were strongly advised to quarantine at home to reduce risk of infection. This study examines how COVID-19 restrictions impacted various dementia risk factors and social determinants of health among older adults. Data came from the Systematic Multi-Domain Alzheimer's Risk Reduction Trial, a randomized controlled trial of a multi-domain intervention in higher-risk older adults (aged 70-89). A questionnaire was administered to participants (n = 156; 90.7% response rate) between May 2020 and March 2021. The data show a significant decline in social activity, physical activity, and mood among respondents. Compared to living with others, living alone was associated with worsened physical activity, diet, and subjective memory/thinking, adjusted for sex and age. These results suggest that the COVID-19 pandemic exacerbated several risk factors for dementia in older adults, particularly in those living alone.; Competing Interests: Declaration of Conflicting InterestsThe author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

26. Potential of virtual reality to meaningfully engage adults living with dementia in care settings: A scoping review

Authors: To'mah, Vivianne and du Toit, Sanetta, Henrietta Johanna

Publication Date: 2024

Journal: Australian Occupational Therapy Journal 71(2), pp. 313-339

Abstract: Introduction: Older adults living with dementia in residential aged care homes receive physical care but may have limited access to meaningful engagement. Due to its multimodal and versatile nature, virtual reality (VR) is speculated to be an effective means of meaningfully engaging residents individually and/or in groups. However, there is little evidence regarding its efficacy as a means of meaningfully engaging older adults living with dementia. The objective of this scoping review is to identify and synthesise published research investigating the use of VR technology in promoting the meaningful engagement of older adults living with dementia in residential aged care facilities. Methods: A scoping review following Arksey and O'Malley's (2005) established process was conducted and included identifying and selecting relevant studies from seven databases (i.e., AgeLine, CINAHL, Medline, Cochrane, Embase, PsycINFO and Scopus), data charting, and collating, summarising and reporting findings. Two independent reviewers used Covidence and Excel to support data extraction and analysis. Results: The 20 eligible studies revealed discrepancies in the classification of VR and strengths, weaknesses, opportunities and threats associated with its implementation. Findings indicate that the most influential factor in eliciting meaningful engagement is when VR use facilitates interpersonal interactions and opportunities for human connection. Conclusion: Although VR seems to be a promising medium in engaging older adults living with dementia, the efficacy of implementing VR technology within care facilities should be considered alongside potential environmental enablers and barriers. The apparent strength of implementing VR as a means of encouraging restoration, pleasure and productivity in older adults living with dementia lies in the fact that it creates opportunities for meaningful engagement on social and occupational levels

27. Impact of the Pandemic on Dementia Care and Caregivers: A Qualitative Study

Authors: Velarde-García, Juan Francisco;Ortego-Maté, Carmen;Sarabia-Cobo, Carmen;Delgado Uria, Aroa and Fernández-Peña, Rosario

Publication Date: 2024

Journal: Clinical Nursing Research , pp. 10547738241246023

Abstract: Physical distancing measures to limit contagion in the COVID-19 pandemic made it difficult to care for older persons with dementia. Non-essential home visits were prevented and family caregivers took over most of their care. The aim of our study was to describe the lived experience of peoples living with dementia caregivers during the pandemic regarding the care provided and the person cared for. A qualitative phenomenological design was used. Participants were recruited using purposeful sampling. Informants were selected from primary healthcare centers, day centers, and a community mental health unit. The study participants comprised 21 caregivers. Semi-structured in-depth interviews by telephone were used, and field notes were collected from the researchers. A thematic analysis was conducted. The criteria used to control trustworthiness were credibility, transferability, dependability, and confirmability. Three main themes and six related sub-themes were identified: (1) care for the person with dementia during the pandemic, including lockdown, associated with difficulties in coping with restrictions, deterioration in health, and the impact of the closure of health and social resources; (2) health and social care provided to people with dementia after the disruptions and the care received from primary care prior to hospital or residential admission; and (3) the caregiver's perspective on the effects of the psycho-emotional impact, and coping strategies adopted in caring. Interventions for people with dementia should be planned in order to prevent the worsening of their health and cognitive status, while also developing programs to prevent stress and alleviate caregiver burden in case of health crises.; Competing Interests: Declaration of Conflicting InterestsThe authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

28. Dementia Prevention and Individual and Socioeconomic Barriers: Avoiding "Lifestyle" Stigma

Authors: Wilson, Nikki-Anne and Anstey, Kaarin J.

Publication Date: 2024

Journal: The Gerontologist 64(5)

Abstract: Recent decades have seen exponential growth in research on modifiable risk factors for dementia across the lifespan, which has considerably advanced our understanding of brain health. Not all modifiable risk factors are equal, however, in the ease with which they can be addressed. Some individuals and populations face significant barriers to engaging in dementia risk-reduction behaviors. With the evolution of the dementia prevention field, there is a need to broaden our approach from identifying individual risk factors toward addressing inclusive and globally effective intervention strategies. Here, we argue for a greater awareness of individual and socioeconomic barriers to behavior change-oriented dementia risk reduction. We caution against inadvertently increasing health inequities through "lifestyle" stigma and call for an approach that both harnesses current dementia risk-reduction knowledge and effectively addresses barriers to change. A greater focus on more positive aspects of reducing dementia risk, such as enhancing mental well-being, may also be beneficial. Evidence for the negative ramifications of stigma in dementia is discussed as well as overly simplistic media representations of dementia as a disease, which one can "stave off" through lifestyle. Further, we explore potential negative implications for research funding and policy resulting from stigma. More research regarding the experience of stigma in dementia is needed, across diverse cultural and socioeconomic groups. (© The Author(s) 2023. Published by Oxford University Press on behalf of The Gerontological Society of America. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.)

29. 'I'd be lost without my smartphone': a qualitative analysis of the use of smartphones and tablets by people living with dementia, mild cognitive impairment, and their caregivers

Authors: Wilson, Samantha A.;Byrne, Paula and Rodgers, Sarah E.

Publication Date: 2024

Journal: Aging & Mental Health 28(4), pp. 595-603

Abstract: Smartphone and tablet devices appear to offer some benefits for enhancing the quality of life of people living with dementia, especially enabling them to stay independent and socially engaged in the early stages of the disease. However, there remains a need to understand the ways that these devices may enhance the lived experience of people living with dementia, mild cognitive impairment, and their caregivers. We interviewed 29 people living with dementia, mild cognitive impairment, and their caregivers to explore their experiences of and attitudes towards smartphones and tablets. We generated three main themes: smart devices in practice as a person living with cognitive impairment; living in a digital world, and smart devices as appropriate and easily accessible support for everyday living. Smart devices were seen as valuable, versatile tools to complete essential and meaningful activities, and as necessary devices to participate in modern life. There was a strong desire for greater support to learn to use smart devices to facilitate living well with cognitive impairment. The lived experience of people living with dementia and mild cognitive impairment emphasises the central role of smart devices in their lives, and the need for research to move beyond rehearsal of what is needed to co-production and evaluation of smart technology-based educational interventions.

30. Gestational diabetes mellitus is associated with greater incidence of dementia during long-term post-partum follow-up

Authors: Zhang, Yang;Gao, Darui;Gao, Ying;Li, Jing;Li, Chenglong;Pan, Yang;Wang, Yongqian;Zhang, Junqing;Zheng, Fanfan and Xie, Wuxiang

Publication Date: 2024

Journal: Journal of Internal Medicine

Abstract: Background: The impact of gestational diabetes mellitus (GDM) on incident dementia is unknown. Our aim was to evaluate the relationship between GDM and all-cause dementia and the mediating effects of chronic diseases on this relationship.; Methods: This prospective cohort study included women from the UK Biobank who were grouped based on GDM history. Multivariate Cox proportional hazard models were used to explore the associations between GDM and dementia. We further analysed the mediating effects of chronic diseases on this relationship and the interactions of covariates.; Results: A total of 1292 women with and 204,171 women without a history of GDM were included. During a median follow-up period of 45 years after first birth, 2921 women were diagnosed with dementia. Women with a GDM history had a 67% increased risk of incident dementia (hazard ratio 1.67, 95% confidence interval: 1.03-2.69) compared with those without a GDM history. According to mediation analyses, type 2 diabetes, coronary heart disease, chronic kidney disease and comorbidities (diagnosed with any two of the three diseases) explained 34.5%, 8.4%, 5.2% and 18.8% of the mediating effect on the relationship. Subgroup analyses revealed that physical activity modified the association between GDM history and dementia (p for interaction = 0.030). Among physically inactive women, GDM was significantly associated with incident dementia; however, this association was not observed among physically active women.; Conclusions: A history of GDM was associated with a greater risk of incident dementia. Type 2 diabetes partially mediated this relationship. Strategies for dementia prevention might be considered for women with a history of GDM. (© 2024 The Association for the Publication of the Journal of Internal Medicine.

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