

# Dementia

## Current Awareness Bulletin

### September 2024

Our Current Awareness Bulletins provide details of recently published articles in a given subject. They are a quick and easy way to keep up to date.

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Please see below for the “Dementia Innovators Programme,” that is being launched by the NHS CEP and Alzheimer’s Society. It’s open to both NHS and non-NHS health and social care staff who have brilliant ideas to enhance the lives of people affected by dementia. To find out more visit: [www.nhscep.com/dementia\\_innovators](http://www.nhscep.com/dementia_innovators) or feel welcome to contact Darren Hart.

Are you working on a new and innovative solution to provide support to those living with dementia? Do you want to develop your skills to help scale your innovation? Then we would like to hear from you!

The NHS Clinical Entrepreneur Programme is thrilled to be partnering with Alzheimer’s Society to run a 12-month pilot programme for innovators working on new ideas in dementia care. We are offering access to the NHS CEP with additional support from our partners at Alzheimer’s Society.

What is the Dementia Innovators Programme?

The Dementia Innovators Programme is a collaboration between the NHS CEP and Alzheimer’s Society. This pilot programme, for professionals both within and outside the NHS, is aimed at supporting those with an idea that could help improve the lives of people affected by dementia.

The programme aims to give individuals the skills and knowledge to develop their innovation, while giving them access to a network of mentors, healthcare professionals and industry experts.

Delivered by the NHS Clinical Entrepreneur Programme, this pilot allows individuals to join an already established and respected programme of innovation, learning and development while benefitting from additional wraparound support and bespoke opportunities offered by Alzheimer’s Society

How does it work?

The programme is free, and it can fit around your work. Individuals can apply to the programme as they would the NHS Clinical Entrepreneur Programme. The pilot will start in March 2025 alongside the main cohort, and those who receive a place will have full access to the CEP curriculum which includes:

Learning

- CPD Accredited Pit Stops – 2-day events delivering educational content – blended delivery both online and in person
- Workshops and webinars – blended delivery where possible

Mentoring

- Mentoring – online and in person
- 1-2-1 clinics with experts - online and in person
- Business planning – online and in person

Opportunities

- International opportunities and trips
- Company days and pitching opportunities with industry partners
- Networking

Community

- Supportive and inclusive community
- Access to online community

In addition, wraparound support and opportunities will be provided by Alzheimer’s Society.

- Regular check-ins with a Senior Innovator at Alzheimer’s Society
- Webinars and workshops
- Access to the Innovation Collective, a group of experts in dementia and product development
- Access to people living with dementia for testing
- Places at relevant events and conferences as space allows

Key Programme dates

- Launch webinar date: 4th September 2024 – Tower Suites, London
- Applications open: 1st October 2024
- Applications close: 29th October 2024

- Assessment and Review: December/January
- Successful candidates notified: Late January/Early February 2025
- Programme start: March 2025, launched with the Big Pitch event (the Programme will run for 12 months)

Participation requirements:

- Entrepreneurs need to attend at least 50% of the CPD-accredited pit stops. This can either be in person or virtual, via Zoom.
- If matched with a mentor, the entrepreneur needs to have at least 4 x 1-hour sessions over the course of the year
- The entrepreneur will be required to take part in mid and end of year surveys and provide entrepreneur profiles to the programme team
- Produce an end of year report or presentation
- Participation in yearly survey and impact reports

Further information, FAQ and application details:

Visit our dedicated page on NHS CEP website: [https://nhscep.com/dementia\\_innovators/](https://nhscep.com/dementia_innovators/)

## **1. Barriers and facilitators to implementation of physical activity programs for individuals with dementia living in aged care homes: A systematic review**

**Authors:** Andrews, Mitchell;Cheema, Birinder S. and Siette, Joyce

**Publication Date:** 2024

**Journal:** Archives of Gerontology & Geriatrics 126, pp. N.PAG

**Abstract:** • Key barriers to physical activity implementation for dementia residents in aged care homes included understaffing, fatigue, lack of motivation, and distrust of staff. • Key facilitators were structured and tailored programs, group exercise sessions for social interaction, and frequent sessions. • Addressing these barriers and optimising these facilitators has the potential to improve physical activity program implementation and support the quality of life of residents with dementia. This systematic review aimed to identify barriers and facilitators to the implementation of physical activity programs for residents with dementia in aged care homes. A search was conducted using the databases Medline, PubMed, PsycINFO, CINAHL, Embase, and ProQuest, and captured articles were assessed for inclusion in the review. Included studies were appraised using the Mixed Methods Appraisal Tool (MMAT). Data extraction was performed for study characteristics, identified barriers and facilitators to physical activity implementation, and synthesised narratively. Following full-text screening, 13 articles were included in the review. Reporting quality was high in the majority of studies (69 %). Overall, barriers to implementation of physical activity programs were linked to factors related to the resident or the aged care facility, rather than inherently with the physical activity itself. The most identified barriers were understaffing (62 %), resident fatigue or lack of motivation (46 %), distrust of staff (31 %), and fear of injury (31 %). The most identified facilitators were having a structured physical activity protocol (46 %), opportunities for social interaction (38 %), instructor-led sessions (38 %) and offering an individually tailored program (31 %). Addressing barriers of understaffing and resident fatigue whilst simultaneously offering structured, personalised group physical activity programs led by instructors may help optimise implementation. Future research should focus on developing tailored implementation plans, evaluating their effectiveness and cost-effectiveness, and identifying best practices to support the delivery of physical activity interventions in residential aged care settings. CRD42022372308.

## **2. Adherence to Online Interventions for Family Caregivers of People With Dementia: A Meta-Analysis and Systematic Review**

**Authors:** Atefi, Golnaz L.;Koh, Wei Qi;Kohl, Gianna;Seydavi, Mohammad;Swift, Joshua K.;Akbari, Mehdi and de Vugt, Marjolein E.

**Publication Date:** 2024

**Journal:** American Journal of Geriatric Psychiatry 32(10), pp. 1271–1291

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### **3. The association of comorbid dementia with length of stay, cost and mortality among older adults in US acute hospitals: An observational study**

**Authors:** Barry, Luke E.;Carter, Laura;Nianogo, Roch;O'Neill, Ciaran;O'Shea, Eamon and O'Neill, Stephen

**Publication Date:** 2024

**Journal:** Archives of Gerontology & Geriatrics 125, pp. N.PAG

**Abstract:** • The resource and cost implications of a comorbid diagnosis of dementia in acute US hospitals are largely unknown. • Comorbid dementia is associated with longer lengths of stay and higher mortality but lower costs and fewer procedures per hospital admission compared to admissions for similar patients without comorbid dementia. • Communication issues, less invasive/intensive care and administrative delays at the beginning and end of an admission may underlie these differences. Although overall health and social care expenditures among persons with dementia are larger than for other diseases, the resource and cost implications of a comorbid diagnosis of dementia in acute hospitals in the U.S. are largely unknown. We estimate the difference in inpatient outcomes between similar hospital admissions for patients with and without comorbid dementia (CD). Inpatient admissions, from the U.S. National Inpatient Sample (2016–2019), were stratified according to hospital characteristics and primary diagnosis (using ICD-10-CM codes), and entropy balanced within strata according to patient and hospital characteristics to create two comparable groups of admissions for patients (aged 65 years or older) with and without CD (a non-primary diagnosis of dementia). Generalized linear regression modeling was then used to estimate differences in length of stay (LOS), cost, absolute mortality risk and number of procedures between these two groups. The final sample consisted of 8,776,417 admissions, comprised of 1,013,879 admissions with and 7,762,538 without CD. CD was associated with on average 0.25 (95 % CI: 0.24–0.25) days longer LOS, 0.4 percentage points (CI: 0.37–0.42) higher absolute mortality risk, \$1187 (CI: –1202 to –1171) lower inpatient costs and 0.21 (CI: –0.214 to –0.210) fewer procedures compared to similar patients without CD. Comorbid dementia is associated with longer LOS and higher mortality in acute hospitals but lower inpatient costs and fewer procedures. This highlights potential communication issues between dementia patients and hospital staff, with patients struggling to express their needs and staff lacking sufficient dementia training to address communication challenges.

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### **4. Anticonvulsants in the Treatment of Behavioral and Psychological Symptoms in Dementia: A Systematic Review**

**Authors:** Benjamin, Sophiya;Ho, Joanne Man-Wai;Tung, Jennifer;Dholakia, Saamil;An, Howard;Antonioni, Tony;Sanger, Stephanie and Williams, John W.

**Publication Date:** 2024

**Journal:** American Journal of Geriatric Psychiatry 32(10), pp. 1259–1270

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### **5. Meaning-making of dementia caregiving: A systematic review of qualitative studies**

**Authors:** Chen, Shuangzhou;Lou, Vivian W. Q.;Leung, Reynold and Yu, Doris S. F.

**Publication Date:** 2024

**Journal:** International Journal of Nursing Studies 158, pp. N.PAG

**Abstract:** Being the backbone of informal care for people living with dementia, caregivers suffer

overwhelming physical and psychological challenges in their daily caregiving experience. Proactive coping strategies to alleviate the caregiving burden are of utmost importance. Meaning-making emerges as an effective coping approach to benefit caregivers and mitigate their care burden. However, the conceptualisation of meaning-making on its dimensions and process has been ambiguously identified. To synthesise the qualitative research evidence on meaning-making in a dementia context to identify: (1) the situational dimension in making sense of caregiving scenarios, and (2) how the meaning-making process evolves during dementia caregiving. This systematic review identified 62 qualitative studies published between 1969 and 2022 from the major databases. Eligible studies met the following inclusion criteria: (1) having informal caregivers of people living with dementia; (2) involving meaning-making of care experience; (3) adopting qualitative design; and (4) full-text of research articles. The risk of bias was evaluated using the Clinical Appraisal Skills Programme checklist. By using Qualitative Evidence Synthesis, themes relevant to critical dimensions and phases of meaning-making were generated from the extracted data. Sixty-two studies involving 2487 subjects were synthesised investigating the critical dimensions and process of meaning-making of dementia care experience. Results indicated that the dementia care experience can be made sense of in several folds: (1) it involved complicated demands from people living with dementia and requires customised care; (2) the dynamics of dyadic interactions with dilemma and ambivalence; and (3) adaptive coping encapsulating perceptions of loss and growth, complied and integrated values, balanced expectations of care and self, and improvement in self-efficacy. The meaning-making process underwent phases of meaning creation (meaning created in initial encounter with dementia symptoms), meaning appraisal (assimilation and accommodation pathways for appraisal), and meaning adherence (integration of the appraised meanings). Findings suggest meaning-making of dementia caregiving is a multi-faceted and multi-phased recursive process. Future implications give directions on the facilitation of meaning-oriented interventions to enhance the awareness of caregiving role and the knowledge of dementia care, learn techniques of reframing and restructuring, and seek meaningful perspectives; and to adopt strategies to overcome the barriers for meaning-making by empowering self-identity, roles and expectations, and the dyadic relationship. In addition, our findings inform future advancement in the conceptualisation and measurement of meaning-making in the context of family caregiving. Optimisation of the meaning-making process inspires professional assistance to enhance caregivers' coping for dementia care experience.

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## **6. Symptom-specific non-pharmacological interventions for behavioral and psychological symptoms of dementia: An umbrella review**

**Authors:** Cho, Eunhee; Lee, Ji Yeon; Yang, Minhee; Jang, Jiyeon; Cho, Jungwon and Kim, Min Jung

**Publication Date:** 2024

**Journal:** International Journal of Nursing Studies 159, pp. N.PAG

**Abstract:** Non-pharmacological interventions are considered the first-line treatment for managing the behavioral and psychological symptoms of dementia. Given the heterogeneous characteristics of these symptoms, which vary for each individual and tend to fluctuate, a symptom-specific approach is necessary for providing individualized non-pharmacological interventions for people with dementia. However, clear guidelines regarding the appropriate types of interventions for individual symptoms or clusters of behavioral and psychological symptoms of dementia are lacking. The aim of this umbrella review was to summarize the current evidence on non-pharmacological interventions for behavioral and psychological symptoms of dementia and provide guidance for determining the appropriate types of interventions for each behavioral and psychological symptom of dementia. An umbrella review of systematic reviews and/or meta-analyses. The Cochrane methodology for umbrella reviews was employed for this review, and the review protocol was registered. PubMed, CINAHL, Embase, PsycINFO, and Cochrane databases were searched for relevant reviews using the 'population, intervention, control, and outcomes' formulation. Two reviewers independently screened the extracted articles for eligibility. The quality of each selected review was independently assessed by the two reviewers using A Measurement Tool to Assess Systematic Reviews 2. The results were narratively synthesized and categorized according to each symptom. Thirty-five systematic reviews, 71 % of which were also meta-analyses, were included in this review. The methodologies employed in the included

reviews were significantly heterogeneous. The qualities of the reviews ranged from low to moderate. Diverse types of non-pharmacological interventions were identified in the reviews, with music therapy being the most frequently discussed. Among the various symptoms, depression was most frequently addressed, followed by overall symptoms, agitation, anxiety, sleep problems, and apathy. Music therapy was found to be effective for improving both overall and specific symptoms, including depression and anxiety. Notably, relatively weak evidence supports the effectiveness of exercise in addressing each symptom. Aromatherapy could be considered for agitation, whereas reminiscence may be effective in managing overall and specific symptoms, such as depression. The results showed that the evidence of symptom-specific effectiveness of non-pharmacological interventions varied across the different behavioral and psychological symptoms of dementia, highlighting the need for a symptom-specific approach in future research. Furthermore, future research is needed to facilitate the development of symptom-specific guidelines that can enhance the quality of individualized dementia care. Registered with PROSPERO (number: CRD42022340930) on November 9, 2022.

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### **7. A website to support people with dementia and their family caregivers in advance care planning: Results of a mixed-method evaluation study**

**Authors:** Dupont, Charlès;Smets, Tinne;Monnet, Fanny;Pivodic, Lara;De Vleminck, Aline;Van Audenhove, Chantal and Van den Block, Lieve

**Publication Date:** 2024

**Journal:** Patient Education & Counseling 127, pp. N.PAG

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### **8. How does group music therapy help in combating the anxiety and depression of dementia patients? A quasi-experimental investigation**

**Authors:** Feng, Xin;Dang, Weibo and Apuke, Oberiri Destiny

**Publication Date:** 2024

**Journal:** Archives of Psychiatric Nursing 52, pp. 83–88

**Abstract:** This study looked at the effect of group music therapy on dementia patients' levels of feelings of depression and anxiety. Quasi-experiment was carried out (N = 121) in which patients were randomly divided into a control (N = 61) and an experimental group (N = 60). Following a six-weeks, twelve-sessions trial involving both passive and active music therapy, it was discovered that the music group therapy intervention decreased the anxiety and depression levels of dementia patients in the experimental group as compared to the control group, which did not receive any music therapy. It was also noted that after three months of follow-up, participants in the experimental group still maintained a low level of anxiety and depression, but the control group's level remained high, therefore, substantiating the effect of music in lowering anxiety and depression among older ones. We urge the nursing discipline, medical professionals, carers, and care homes to include music therapy in the care they provide for patients with dementia. • Despite the increasing use of music therapy to treat dementia patients, studies that focused on developing nations are few. • The impact of group music therapy intervention in ameliorating depression and anxiety. • Music group therapy intervention reduced the depression and anxiety level of older ones in the experiment group.

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### **9. Neuropsychological assessments to evaluate cognition in music therapy and music-based interventions for mild cognitive impairment and dementia: A descriptive systematic review**

**Authors:** Forn, Lourdes;Muñiz, Sergi;Aguilera, Laura;Escarré, Judit;Signo, Sara and Bruna, Olga

**Publication Date:** 2024

**Journal:** Nordic Journal of Music Therapy 33(5), pp. 361–390

**Abstract:** Introduction: Interest in the benefits of music therapy (MT) and music-based interventions (Mbi) on mild cognitive impairment (MCI) and dementia is increasing. However, the results regarding the effects on cognition are inconclusive. Moreover, although neuropsychological assessments can provide greater rigor and more reliable results, there is a lack of research on the most appropriate instruments determining the effects on cognition and different cognitive domains. This review aimed to describe the most frequently administered instruments and the most investigated cognitive domains in literature on MT and Mbi. The results will help to establish assessment protocols that benefit both clinical intervention and academic research. Methods: Two researchers independently searched through four databases (WoS, Cochrane, PubMed, and PsycINFO) for English and Spanish quasi-experimental and experimental studies on MT and Mbi that used cognitive assessment instruments, and which were published between 2000 and 2022. Results: Twenty-seven out of 1,840 citations met the inclusion criteria. The Mini-Mental State Examination (MMSE) was mostly used to assess global cognition. The main cognitive domains assessed were executive function, memory, attention, and language. The most frequently used specific neuropsychological instruments were Trail Making Test, Digit Span, Frontal Assessment Battery, Categorical Verbal Fluency Tests, and Progressive Matrices. Discussion: Most studies based their conclusions on global cognition (mainly measured with MMSE test). However, more research and greater consensus are needed in order to establish neuropsychological assessment protocols that obtain more specific and consistent results.

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#### **10. Registered nurses' knowledge, attitudes and practices of pain management for aged care residents with dementia: an integrative review**

**Authors:** Gardner, Paul;Gilbert, Julia;Plummer, Virginia and Hills, Danny

**Publication Date:** 2024

**Journal:** Contemporary Nurse: A Journal for the Australian Nursing Profession 60(5), pp. 496–515

**Abstract:** Aim: To assess the knowledge, attitudes and practices of Registered Nurses working in residential aged care facilities pertaining to pain management for residents living with dementia. Background: Sub-optimal pain management continues for people living with dementia in residential aged care. Registered Nurses are the pivotal staff responsible for complex assessment and management of people residing in residential aged care facilities. Design and methods: :This integrative literature review was informed by Whittmore (2005). Searching and screening followed the PRISMA guidelines. Results: Thirteen papers were identified, the major themes identified were gaps in knowledge and skills, uncertainty of assessment, and delays in treatment. Conclusion: Registered Nurses require education on pain management for people living with dementia in residential aged care. Broader issues in residential aged care contribute to the problem and require examination. Research pertaining to Registered Nurses' roles pain management for residents living with dementia is required.

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#### **11. Artificial intelligence prediction of In-Hospital mortality in patients with dementia: A multi-center study**

**Authors:** Huang, Ching-Chi;Kuo, Wan-Yin;Shen, Yu-Ting;Chen, Chia-Jung;Lin, Hung-Jung;Hsu, Chien-Chin;Liu, Chung-Feng and Huang, Chien-Cheng

**Publication Date:** 2024

**Journal:** International Journal of Medical Informatics 191, pp. N.PAG

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#### **12. Impact of multiple infections on risk of incident dementia according to subjective cognitive decline status: a nationwide population-based cohort study**

**Authors:** Jung-Won Lee;Kim, Mina;Kim, Hoseob;Kim, Sunghwan;Yoo, Hyun Um;Sheng-Min Wang;Hyun, Kook Lim;Lee, Chang Uk and Dong, Woo Kang

**Publication Date:** 2024

**Journal:** *Frontiers in Aging Neuroscience* , pp. 1–19

**Abstract:** Background: The interrelation between infections, subjective cognitive decline (SCD), and dementia development is recognized, but not fully understood. This study explored the combined effect of specific infections and SCD on the risk of dementia. Objectives: To assess the influence of *Helicobacter pylori*, herpes simplex virus, varicella-zoster virus, and human papillomavirus on dementia risk in individuals with varying cognitive statuses, especially focusing on those with and without SCD. Methods: A cohort of 1,100,540 participants aged 66 years from the Korean National Health Insurance Service was divided into cognitively preserved (CP, n = 825,405) and SCD (n = 275,135) groups. This study analyzed the effects of single, dual, and triple infections on the risk of overall dementia, Alzheimer's disease (AD), and vascular dementia (VaD) using incidence rates and hazard ratios. Results: The SCD group consistently showed a doubled risk of dementia, particularly AD, regardless of the number of infections. In the initial data, both the presence and number of infections, especially in the CP group, were associated with an increased dementia incidence and risk; however, this correlation disappeared after adjusting for covariates, hinting at a possible protective effect. Conclusion: Our findings emphasize that, while SCD is a steadfast risk factor for dementia, the role of infections is layered, subject to various influences, and requires more comprehensive exploration to fully understand their impact on dementia development.

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### 13. Best practice in dementia health care: Key clinical practice pointers from a national conference and innovative opportunities for pharmacy practice

**Authors:** Keast, Sam;Broatch, James R.;Chung, Stephen;Dixon, Renee;Dongol, Roshna;Emerson, Leanne;Hayes, Alan;Iuliano, Sandra;Levinger, Itamar;Lin, Xiaoping;McKnight, Erin;Moore, Kirsten;Nagano, Hanatsu;Parker, Alexandra G.;Said, Catherine M.;Sales, Myrlla;Thomas, Rees;White, Clare;Zanker, Jesse and Gilmartin-Thomas, Julia

**Publication Date:** 2024

**Journal:** *Research in Social & Administrative Pharmacy* 20(10), pp. 1014–1021

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### 14. The use of advance directives for autonomy in dementia care: A scoping meta-review and thematic synthesis

**Authors:** Kinch, Simon;Schou-Juul, Frederik;Skov, Sofie Smedegaard;Kongsholm, Nana Cecilie Halmsted and Lauridsen, Sigurd

**Publication Date:** 2024

**Journal:** *Archives of Gerontology & Geriatrics* 126, pp. N.PAG

**Abstract:** • Advance directives are not consistently used to safeguard autonomy in dementia care. • Healthcare professionals are uncertain about the legal status and use of directives. • Persons with dementia often have low involvement in decision-making. • Discrepancy between practical application and ideal of advance directives. • Significant deficiency in the literature on advance directive usage for autonomy. Dementia may reduce individuals' capacity for autonomy and decision-making competence. Advance directives are subject to theoretical bioethical debate as tools to safeguard or extend autonomy in dementia. However, the extent and manner in which advance directives are actually used for these purposes in practice remain less examined. We aimed to examine how advance directives are used as tools for individual autonomy in dementia care. We systematically searched six databases and performed a thematic analysis and synthesis of included reviews based on an original model of six autonomy-relevant dimensions of advance directives. A total of 18 reviews met the inclusion criteria. We identified 12 themes across six dimensions. We found a lack of knowledge integration on the actual use of advance directives for autonomy in dementia care. Evidence suggests significant variation in the autonomy-relevant dimensions of advance directives, with a tendency towards an inconsistent or low level of implementation as a tool for autonomy. Further reviews and primary studies on all aspects of



the use of advance directives for autonomy in dementia care would contribute significantly to dementia research and practice.

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### **15. Association of Family Support With Lower Modifiable Risk Factors for Dementia Among Cognitively Impaired Older Adults**

**Authors:** Lin, Zhuoer;Yin, Xuecheng;Levy, Becca R.;Yuan, Yue and Chen, Xi

**Publication Date:** 2024

**Journal:** American Journal of Geriatric Psychiatry 32(10), pp. 1187–1199

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### **16. Nursing interventions to improve care of people living with dementia in hospital: A mixed methods systematic review**

**Authors:** Moody, Elaine;McDougall, Heather;Weeks, Lori E.;Belliveau, Anne;Bilski, Patricia;Macdonald, Marilyn;Williams, Lane;Khanna, Ishani;Jamieson, Hannah;Bradbury, Kelly;Rothfus, Melissa;Koller, Katalin and Adisaputri, Gianisa

**Publication Date:** 2024

**Journal:** International Journal of Nursing Studies 158, pp. N.PAG

**Abstract:** There are growing numbers of people living with dementia being admitted to acute care hospitals. Hospitalization for people living with dementia can be difficult and is often associated with negative outcomes. Nurses play a significant role in shaping the hospital experience of people living with dementia, and there have been efforts to design, implement and evaluate interventions to improve nursing care of people living with dementia. To synthesize evidence on the effectiveness of, and experiences with, nursing interventions to improve care of hospitalized people living with dementia. Mixed methods systematic review following the JBI convergent segregated approach to synthesis and integration of findings. The quantitative component considered studies that evaluated nursing interventions to improve the care of people living with dementia in hospital, comparing the intervention to usual care, other therapeutic modalities, or no comparator. The qualitative component considered studies that explored the experiences of nursing interventions from the perspectives of people living with dementia, caregivers, and nurses. A total of 8 databases were used to search for published and unpublished studies. Titles, abstracts, and full text selections were screened by two or more independent reviewers and assessed for methodological quality. A total of 38 studies were included in the review, 24 quantitative, 9 qualitative and 5 mixed method designs. Critical appraisal scores were moderate. All studies regardless of methodological quality were included in the review. Interventions were grouped as principally related to (1) dementia education for nurses, (2) technology, (3) nursing skills, and (4) physical environment. Outcomes are presented related to health outcomes of people living with dementia; nurses' knowledge, confidence, and self-efficacy; and health system outcomes. As the interventions were heterogeneous, a meta-analysis of quantitative findings was not possible. The qualitative analysis incorporated 60 findings from 12 studies and led to nine categories and two synthesized findings recognizing external influences on nurses' practice with people living with dementia and the importance of interventions to humanize nurses' work with people living with dementia. Integration of the quantitative and qualitative results demonstrates the need to recognize the role of organization- and unit-level factors in the design and implementation of effective interventions. There is limited high-quality evidence to demonstrate the effectiveness of interventions to improve nursing care of people living with dementia in hospital. Using approaches to intervention design and implementation that draw on models of behavior change and learning health systems may support effective change. PROSPERO 2021CRD42021230951.

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### **17. When (if) to stop?: Music therapy with persons living with severe dementia – Reflections on years of care and connection**

**Authors:** Nicolau, Maria Gabriela

**Publication Date:** 2024

**Journal:** Nordic Journal of Music Therapy 33(5), pp. 442–454

**Abstract:** Introduction: Working with a person living with dementia over the years presents a significant challenge for the music therapist, particularly in determining the appropriate duration of intervention. This challenge is compounded by the evident deceleration process experienced by the person, necessitating a high degree of sensitivity and adaptability from the therapist. Method: This article draws on the author's extensive experience as a music therapist, spanning individual sessions lasting from 6 to 14 years with the same person. Insights gleaned from clinical moments over this duration highlight challenges inherent in long-term therapeutic interventions. Results: The therapeutic relationship developed over the years enables the music therapist to adjust the intervention progressively to the client's evolving needs and remain attuned despite challenges in interpreting the person's responses during severe dementia. Discussion: This reflection emphasizes the relevance of music therapy in providing continuous care for persons with severe dementia, acknowledging the inherent challenges of such interventions.

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### **18. Understanding the experiences and psychosocial support needs of caregivers of people with comorbid dementia and cancer**

**Authors:** Price, Mollie L.;Surr, Claire A.;Gough, Brendan and Ashley, Laura

**Publication Date:** 2024

**Journal:** Psychology & Health 39(10), pp. 1428–1450

**Abstract:** Background: Family carers of people living with comorbid dementia and cancer (CDC) play a vital supportive role, but this may be particularly burdensome and adversely impact their own health and wellbeing. Objective: To examine the experiences and psychosocial support needs of caregivers of people with CDC. Methods: A flyer advertising the study was distributed to relevant UK voluntary sector organisations and shared across social media. 13 carers of people with CDC were recruited. In-depth semi-structured interviews were conducted and transcripts were analysed using reflexive thematic analysis, underpinned by an inductive phenomenological approach. Results: Complex interactions of dementia and cancer resulted in heightened responsibility for carers, who played a crucial role in recognition/management of symptoms, performing difficult cancer-related care, and treatment decision-making that posed difficult ethical challenges. Care-recipients had reduced insight into their cancer diagnosis and prognosis, so carers often carried the emotional burden alone. Responsibilities faced by carers were compounded by a lack of targeted, accessible information/support for CDC. Carers expressed a desire to talk to and learn from others who understand the unique challenges of navigating cancer-related decision-making, treatment and care for people who are also living with dementia. Conclusions: Cancer alongside dementia presents complex challenges for carers, who desire more cancer-related information and support which is tailored to people living with dementia and their family caregivers.

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### **19. A knowledge graph-based recommender system for dementia care: Design and evaluation study**

**Authors:** Sun, Yue;Leng, Minmin;Lu, Weihua;Li, Baihe;Lv, Feifei;Zhang, Wenmin and Wang, Zhiwen

**Publication Date:** 2024

**Journal:** International Journal of Medical Informatics 191, pp. N.PAG

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### **20. The effects of a facilitator-enabled online multicomponent iSupport for dementia programme: A multicentre randomised controlled trial**

**Authors:** Xiao, Lily;Ullah, Shahid;Hu, Rujun;Wang, Jing;Wang, Huali;Chang, Chia-Chi;Kwok, Timothy;Zhu, Mingxia;Ratcliffe, Julie;Brodaty, Henry;Brijnath, Bianca;Chang, Hui-Chen (Rita);Wong, Bel;Zhou, Yunrui;He, Jinjie;Xia, Mengmeng;Hong, Jihh-Yang;Che, Shirley and Milte, Rachel

**Publication Date:** 2024

**Journal:** International Journal of Nursing Studies 159, pp. N.PAG

**Abstract:** Multicomponent interventions with carers of people with dementia demonstrate positive effects on the health and quality of life for carers and care recipients. The World Health Organization's iSupport for Dementia is an evidence-based online psychoeducation programme for carers. However, the programme was mainly implemented as a self-learning tool which might have limited its positive effects on carers and care recipients. Evidence for online multicomponent interventions with carers that incorporates the iSupport programme remains unknown. This study aimed to partner with health and social care organisations to evaluate the effects of a facilitator-enabled online multicomponent Chinese iSupport programme, which included psychoeducation using the iSupport programme, facilitator-enabled carer support groups and access to care services. A multicentre randomised controlled trial. Participants were family carers in Australia and greater China. We recruited participants to the study from 1st November 2021 to 30th June 2022. The intervention group received the Chinese iSupport programme delivered online. The intervention lasted for 6 months. Our primary outcome was carers' quality of life. Our secondary outcomes were carers' self-efficacy, social support, distress reactions to changed behaviours, care recipients' frequency of changed behaviours, quality of life, unplanned hospital admissions, emergency department presentations and permanent admissions to nursing homes. The outcomes were measured at baseline (T0), 6 months (T1) and 9 months (T2). We applied a multivariate mixed effect linear regression model to capture the group effect, time effect and their interaction. In total, 266 eligible family carers agreed to participate and were randomly assigned to an intervention group (n = 131) or a usual care group (n = 135). Most carers were women with a mean age of 53 years. The intervention group showed a statistically significant higher score of mental-health-related quality of life (mean difference = 4.1, 95 % CI: 1.5, 6.8, p = 0.002), self-efficacy in controlling upsetting thoughts (mean difference = 7.1, 95 % CI: 2.2, 12.0, p = 0.005) and lower score of distress reactions to changed behaviours (mean difference = - 0.1, 95 % CI: - 0.3, - 0.03, p = 0.012) than the usual care group at T1. The facilitator-enabled online multicomponent Chinese iSupport programme demonstrated positive effects for carers on mental health-related quality of life, controlling upsetting thoughts and distress reactions to changed behaviours of people with dementia. This study is registered in the Australia New Zealand Clinical Trials Registry on 12th March 2021 (ACTRN12621000276853). The facilitator-enabled online multicomponent Chinese iSupport programme improved family carers' mental health-related quality of life, control of upsetting thoughts and distress reactions to changed behaviours of people with dementia.

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## 21. Cessation of driving has important psychosocial implications for people living with young-onset dementia and their families.

**Authors:** Loi SM.

**Publication Date:** 2024

**Journal:** *Evidence-Based Nursing*;27(3):103.

**Abstract:** [There are gaps in service needs in the area of driving such as providing accessible information, other options for transportation and how to support social involvement and maintain role, identity and independence.

Further research is needed to address these gaps to provide more holistic support for people living with young-onset dementia and their families.]

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## 22. Sheffield researchers receive global recognition for digital dementia tool

National health executive (NHE), 2 July 2024

Medical and NHS experts from Sheffield have risen to global acclaim with a patient engagement award for a digital dementia assessment tool.

The innovation — known as CognoSpeak — uses AI alongside speech and language analysis to detect memory problems at an early stage and thus predict dementia.

The tool won a global Made with Patients award from the Patient Engagement Open Forum. The Made with Patients award is the first worldwide accolade that exclusively celebrates innovators in patient engagement.

The award was given thanks to collaborative work done with ethnic minority communities to ensure the accuracy of the tool when assessing those who do not have English as their first language.

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### **23. Digital education about delirium for health care professional students: a mixed methods systematic review**

**BMC Medical Education, 15 July 2024, 24(762)**

This study addresses the preparation of pre-registration healthcare professional students to recognize, assess, and prevent delirium using digital/web-based educational interventions. Delirium, a common but preventable condition in hospitalized patients, requires early recognition and person-centered care. The systematic review, guided by the PICo and PRISMA frameworks, searched databases from 2012 to 2023, using Covidence software for data management and the Crowe Critical Appraisal Tool for quality appraisal. Ten papers were reviewed, including mixed methods, qualitative, and quantitative studies, focusing primarily on medical students, followed by nursing students. The duration of educational interventions ranged from 12 minutes of virtual reality to a two-week geriatrics elective. Effective learning was found to be enhanced by player autonomy, engagement, safety, applicability, choices, multiple perspectives, and moral reasoning opportunities. The review highlights the importance of visually appealing and interactive digital programs that provide opportunities for practice and timely feedback to improve competence in delirium care among healthcare students.

This RightCare scenario about dementia uses fictional patients to compare a suboptimal, but realistic, pathway of care with an optimal one. The scenario invites systems to consider how this patient journey reflects their local service provision through a series of questions.

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

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