

# Dementia

## Current Awareness Bulletin

### October 2024

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## NEW BOOKS FROM THE ACADEMY LIBRARY

- Remember me? discovering my mother as she lost her memory / Shobna Gulati.. 2020.
- Coping with mild cognitive impairment (MCI): a guide to managing memory loss, effective brain training and reducing the risk of dementia / Mary Jordan. 2020.
- Why dementia makes communication difficult: a guide to better outcomes / Alison Wray. 2021.
- The memory activity book: practical projects to help with memory loss and dementia / Helen Lambert; foreword by Angela Rippon. 2018.
- Intellectual disabilities and dementia: a guide for families / Karen Watchman. 2017.

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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/)

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## 1. Frontotemporal Dementia Differential Diagnosis in Clinical Practice: A Single-Center Retrospective Review of Frontal Behavioral Referrals

**Authors:** Krishnadas, Natasha;Chew, Marcia;Sutherland, Antony;Christensen, Maja;Rogers, Kirrily A.;Kyndt, Christopher;Islam, Fariha;Darby, David G. and Brodtmann, Amy

**Publication Date:** 2025

**Journal:** Neurology.Clinical Practice 15(1), pp. e200360

**Abstract:** Background and Objectives: Many neurodegenerative syndromes present with impairment of frontal networks, especially frontoinsular networks affecting social and emotional cognition. People presenting with frontal network impairments may be considered for a frontotemporal dementia (FTD) diagnosis. We sought to examine the diagnostic mix of patients referred with frontal network impairments to a single cognitive neurology service.; Methods: A retrospective review was conducted of all patients seen between January 2010 and December 2019 at the Eastern Cognitive Disorders Clinic, a quaternary cognitive neurology clinic in Melbourne, Australia. Patients were included if they met the following criteria: (1) were referred for suspected FTD or with a preexisting diagnosis of a FTD syndrome, (2) were referred for 'frontal behaviors' (i.e., disinhibition, disorganization, poor judgment, loss of empathy, apathy) and/or had an informant report of behavior change, and (3) had available referral documents and clinical consensus diagnosis. Referral diagnosis was compared against final diagnosis adjudicated by a consensus multidisciplinary team. Case details including age of symptom onset, Cambridge Behavioural Inventory-Revised scores, psychiatric history, and Charlson Comorbidity Index were compared against the final diagnosis.; Results: In total, 161 patients aged 42-82 years (mean = 64.5, SD = 9.0; 74.5% men) met inclusion criteria. The commonest final diagnosis was a FTD syndrome (44.6%: 26.7% behavioral variant FTD (bvFTD), 9.3% progressive supranuclear palsy, 6.2% semantic dementia, 1.2% corticobasal syndrome, and 1.2% FTD/motor neuron disease). A primary psychiatric disorder (PPD) was the next commonest diagnosis (15.5%), followed by vascular cognitive impairment (VCI, 10.6%), Alzheimer disease (AD, 9.9%), and other neurologic diagnoses (6.2%). A final diagnosis of bvFTD was associated with higher rates of medical comorbidities and more eating behavior abnormalities compared with a diagnosis of PPD. Screening cognitive tests and preexisting psychiatric history did not distinguish these 2 groups.; Discussion: A broad spectrum of neurologic and psychiatric disorders may present with impairments to frontal networks. Almost half of patients referred had a final FTD syndrome diagnosis, with bvFTD the commonest final diagnosis. People with PPD, VCI, and AD present with similar clinical profiles but are distinguishable using MRI and FDG-PET imaging. Medical and psychiatric comorbidities are common in people with bvFTD.; Competing Interests: The authors report no relevant disclosures. Full disclosure form information provided by the authors is available with the full text of this article at Neurology.org/cp. (Copyright © 2024 The Author(s). Published by Wolters Kluwer Health, Inc. on behalf of the American Academy of Neurology.)

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## 2. Distinguishing Prodromal Dementia With Lewy Bodies From Prodromal Alzheimer Disease: A Longitudinal Study

**Authors:** Wyman-Chick, Kathryn;Ferman, Tanis J.;Weintraub, Daniel;Armstrong, Melissa J.;Boeve, Bradley F.;Bayram, Ece;Chrenka, Ella and Barrett, Matthew J.

**Publication Date:** 2025

**Journal:** Neurology.Clinical Practice 15(1), pp. e200380

**Abstract:** Background and Objectives: It can be clinically challenging to differentiate dementia with Lewy bodies (DLB) and Alzheimer disease (AD). As potential therapies emerge with the goal of slowing or halting misfolded protein aggregation, it is imperative to be able to identify individuals before the disease becomes disabling. Differentiating between DLB and AD in the preclinical or prodromal phase of DLB and AD becomes more important. Studies are needed to validate the proposed criteria for prodromal DLB.; Methods: Longitudinal data were obtained from the Uniform Data Set of the National Alzheimer's Coordinating Center. Included participants had a baseline diagnosis of normal or mild cognitive impairment and a consecutive 2-year follow-up diagnosis of DLB or AD. We examined whether core DLB clinical features, supportive neuropsychiatric features, and neuropsychological data in the 2 years preceding the dementia diagnosis distinguished DLB from AD.; Results: We identified

143 participants with DLB and 429 age-matched/sex-matched participants with AD. The presence of 2 or more core DLB features in the year before dementia diagnosis yielded the greatest AUC (0.793; 95% CI 0.748-0.839) in distinguishing prodromal DLB from prodromal AD. Sleep disturbances, hallucinations, and a cognitive profile of worse processing speed, attention, and visuoconstruction performance were evident at least 2 years before the dementia diagnosis in DLB compared with AD.; Discussion: Data from this multisite, longitudinal, well-characterized research North American cohort support the validity of the recently published criteria for prodromal DLB. In the prodromal stage, patients who subsequently develop DLB are more likely to have core DLB clinical features and worse attention, processing speed, and visuospatial performance than those who go on to develop AD. Differentiation of DLB and AD before dementia emerges provides an opportunity for early, disease-specific intervention and overall management.; Competing Interests: K.A. Wyman-Chick receives research support from the NIH (R21AG074368). T.J. Ferman receives support from the National Institutes of Health and from Mangurian Foundation Lewy Body Dementia Program at Mayo Clinic. M.J. Armstrong receives research support from the NIH (R01AG068128, P30AG066506, R01NS121099, and R44AG062072), the Florida Department of Health (grants 20A08, 24A14, and 24A15), and as the local PI of a Lewy Body Dementia Association Research Center of Excellence. She serves on the DSMBs for the Alzheimer's Therapeutic Research Institute/Alzheimer's Clinical Trial Consortium and the Alzheimer's Disease Cooperative Study. She has provided educational content for Medscape, Vindico CME, and Prime Inc. E. Bayram receives research support from the NIH (K99AG073453) and the Lewy Body Dementia Association. B.F. Boeve has served as an investigator for clinical trials sponsored by Alector, Biogen, and Transposon. He serves on the Scientific Advisory Board of the Tau Consortium, which is funded by the Rainwater Charitable Foundation. He receives support from NIH, the Mayo Clinic Dorothy, Harry T. Mangurian Jr. Lewy Body Dementia Program, the Little Family Foundation, and the Ted Turner and Family Foundation. D. Weintraub has received research funding or support from MJFF, Alzheimer's Therapeutic Research Initiative, Alzheimer's Disease Cooperative Study, the International Parkinson and Movement Disorder Society, and National Institute on Aging (NIA); honoraria for consultancy from Acadia, Aptinyx, Biogen, CHDI Foundation, Clintrex LLC, Eisai, Enterin, F. Hoffmann-La Roche Ltd, Ferring, Janssen, Otsuka, Promentis, Sage, Signant Health, Sunovion, and Takeda; and license fee payments from the University of Pennsylvania for the QUIP and QUIP-RS. M.J. Barrett receives research support from the NIH (R21AG077469). Full disclosure form information provided by the authors is available with the full text of this article at [Neurology.org/cp](https://www.neurology.org/cp). (© 2024 American Academy of Neurology.)

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### **3. 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 and Geriatrics 126, pp. 105535

**Abstract:** Objectives: This systematic review aimed to identify barriers and facilitators to the implementation of physical activity programs for residents with dementia in aged care homes.; Methods: 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.; Results: 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 %).; Conclusions: 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.; Prospero Registration Number: CRD42022372308.; Competing Interests: Declaration of competing interest The authors declare there is no conflict of interests. (Copyright © 2024 The Author(s). Published by Elsevier B.V. All rights reserved.)

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#### **4. Remote visits to address loneliness for people living with dementia in care homes: A descriptive qualitative study of visitors' perceptions**

**Authors:** Barsan, Kelti;Swindle, Jennifer;Boscart, Veronique M.;Chacinsky, Dorothy;Hoben, Matthias;Hopper, Tammy;McGilton, Katherine and O'Rourke, Hannah,M.

**Publication Date:** 2024

**Journal:** Journal of Advanced Nursing 80(11), pp. 4676–4688

**Abstract:** Aims: To assess visitors' perceptions of the benefits and challenges related to engaging in a remote visit intervention, which was designed to address the loneliness of people living with moderate to severe dementia in care homes.; Design: A qualitative descriptive study.; Methods: Twenty-four people living with dementia in care homes in Canada and their family and friends (i.e., remote visitors) took part in facilitated remote visits in 2021. Each person living with dementia received scheduled visits for 30-60 min per week for 6 weeks. Participants chose to complete one longer visit, or multiple shorter visits, per week. Twenty remote visitors participated in semi-structured interviews after six weeks to discuss their perspectives on the effectiveness, benefits and challenges of the program in relation to addressing experiences of loneliness of the person living with dementia. Conventional content analysis was used to analyze the data.; Results: We describe three themes and several sub-themes. Themes support the use of remote visits to enhance, rather than replace, in-person visits; the benefits of remote visits for the person living with dementia and their remote visitors; and the conditions that lead to a successful remote visit.; Conclusion: Remote visitors reported that facilitated visits had positive effects for both visitors and people living with dementia with respect to loneliness, communication, relationships, and social connection.; Implications for Patient Care: Clinicians can consider the factors that contributed to positive experiences of remote visits. The factors include individualized, facilitated visits that were flexible, and the use of reliable technology in a supportive, distraction-free environment.; Impact: Loneliness and social isolation are growing health concerns. When experienced by people living with dementia residing in long-term care homes, loneliness and social isolation can result in lower levels of quality of life and well-being, and higher levels of anxiety and responsive behaviours. Remote visitors perceived that facilitated remote visits have the potential to address loneliness and improve quality of life for people living with dementia and also offer social support to remote visitors. The findings can impact clinician practice by guiding the use of remote visits in care homes, and inform future intervention research to evaluate the effectiveness of remote visits for people living with dementia and their remote visitors.; Reporting Method: This manuscript adheres to the relevant EQUATOR guidelines (the Consolidated criteria for reporting qualitative research or COREQ).; Patient or Public Contribution: No patient or public contribution. (© 2024 The Authors. Journal of Advanced Nursing published by John Wiley & Sons Ltd.)

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#### **5. 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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## 6. Impact of Hospitalizations on Problematic Medication Use Among Community-Dwelling Persons With Dementia

**Authors:** Deardorff, W. J.;Jing, Bocheng;Growdon, Matthew E.;Blank, Leah J.;Bongiovanni, Tasce;Yaffe, Kristine;Boscardin, W. J.;Boockvar, Kenneth S. and Steinman, Michael A.

**Publication Date:** 2024

**Journal:** The Journals of Gerontology.Series A, Biological Sciences and Medical Sciences 79(11)

**Abstract:** Background: Hospitalizations are frequently disruptive for persons with dementia (PWD) in part due to the use of potentially problematic medications for complications such as delirium, pain, and insomnia. We sought to determine the impact of hospitalizations on problematic medication prescribing in the months following hospitalization.; Methods: We included community-dwelling PWD in the Health and Retirement Study aged  $\geq 66$  with a hospitalization from 2008 to 2018. We characterized problematic medications as medications that negatively affect cognition (strongly anticholinergics/sedative-hypnotics), medications from the 2019 Beers criteria, and medications from STOPP-V2. To capture durable changes, we compared problematic medications 4 weeks prehospitalization (baseline) to 4 months posthospitalization period. We used a generalized linear mixed model with Poisson distribution adjusting for age, sex, comorbidity count, prehospital chronic medications, and timepoint.; Results: Among 1 475 PWD, 504 had a qualifying hospitalization (median age 84 (IQR = 79-90), 66% female, 17% Black). There was a small increase in problematic medications from the baseline to posthospitalization timepoint that did not reach statistical significance (adjusted mean 1.28 vs 1.40, difference 0.12 (95% CI -0.03, 0.26),  $p = .12$ ). Results were consistent across medication domains and certain subgroups. In one prespecified subgroup, individuals on  $< 5$  prehospital chronic medications showed a greater increase in posthospital problematic medications compared with those on  $\geq 5$  medications ( $p = .04$  for interaction, mean increase from baseline to posthospitalization of 0.25 for those with  $< 5$  medications (95% CI 0.05, 0.44) vs. 0.06 (95% CI -0.12, 0.25) for those with  $\geq 5$

medications).; Conclusions: Hospitalizations had a small, nonstatistically significant effect on longer-term problematic medication use among PWD. (© The Author(s) 2024. Published by Oxford University Press on behalf of The Gerontological Society of America. All rights reserved. For commercial re-use, please contact reprints@oup.com for reprints and translation rights for reprints. All other permissions can be obtained through our RightsLink service via the Permissions link on the article page on our site—for further information please contact journals.permissions@oup.com.)

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### **7. Personalized interactive multimedia systems to support meaningful activities in dementia care: A systematic review To be published in: Archives of Gerontology and Geriatrics**

**Authors:** Gerbaudo-González, Noelia;Rodríguez-González, Raquel;Facal-Mayo, David and Gandoy-Crego, Manuel

**Publication Date:** 2024

**Journal:** Archives of Gerontology and Geriatrics 127, pp. 105575

**Abstract:** Background and Objectives: Interactive multimedia systems are widely used to enhance participation in meaningful activities for older people living with dementia. This review aims to analyze and synthesize current evidence regarding personalization of these systems, by considering the type of content included, the selection process and the experience of people living with dementia when interacting with the content.; Materials and Methods: In accordance with PRISMA guidelines (PROSPERO registration number blinded for review), a systematic search was undertaken across 4 databases. Meta-aggregation pooled data for synthesis.; Results: A total of 520 articles were identified from searches in four databases, and 15 were included in this review. Two classes of content were identified: personal, often autobiographical; and curated, carefully chosen generic content appropriate for a wider group of people in the demographic. Variety of content can act as a trigger for autobiographical memories. Personalized music enhanced a desire to engage and prompted meaningful interactions among participants.; Discussion and Implications: Despite some differences in the selected studies, the findings enabled us outline key points to consider when personalizing interactive multimedia systems for people living with dementia. Further research should focus on studying the social condition of the target users during the personalization process and on the benefits for caregivers.; Competing Interests: Declaration of competing interest The author(s) declared no potential conflicts of interest regarding the research, authorship and/or publication of this article. (Copyright © 2024 The Author(s). Published by Elsevier B.V. All rights reserved.)

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### **8. 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. 105590

**Abstract:** Background: Prediction of mortality is very important for care planning in hospitalized patients with dementia and artificial intelligence has the potential to serve as a solution; however, this issue remains unclear. Thus, this study was conducted to elucidate this matter.; Methods: We identified 10,573 hospitalized patients aged  $\geq 45$  years with dementia from three hospitals between 2010 and 2020 for this study. Utilizing 44 feature variables extracted from electronic medical records, an artificial intelligence (AI) model was constructed to predict death during hospitalization. The data was randomly separated into 70 % training set and 30 % testing set. We compared predictive accuracy among six algorithms including logistic regression, random forest, extreme gradient boosting (XGBoost), Light Gradient Boosting Machine (LightGBM), multilayer perceptron (MLP), and support vector machine (SVM). Additionally, another set of data collected in 2021 was used as the validation set to assess the performance of six algorithms.; Results: The average age was 79.8 years, with females constituting



54.5 % of the sample. The in-hospital mortality rate was 6.7 %. LightGBM exhibited the highest area under the curve (0.991) for predicting mortality compared to other algorithms (XGBoost: 0.987, random forest: 0.985, logistic regression: 0.918, MLP: 0.898, SVM: 0.897). The accuracy, sensitivity, positive predictive value, and negative predictive value of LightGBM were 0.943, 0.944, 0.943, 0.542, and 0.996, respectively. Among the features in LightGBM, the three most important variables were the Glasgow Coma Scale, respiratory rate, and blood urea nitrogen. In the validation set, the area under the curve of LightGBM reached 0.753.; Conclusions: The AI prediction model demonstrates strong accuracy in predicting in-hospital mortality among patients with dementia, suggesting its potential implementation to enhance future care quality.; Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024 Elsevier B.V. All rights reserved.)

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## 9. Renal function and risk of dementia: a Mendelian randomization study

**Authors:** Huang, Haowen;Ren, Yuan;Wang, Jun;Zhang, Zhiqin;Zhou, Jie;Chang, Sansi;Zhang, Yuelin and Xue, Jun

**Publication Date:** 2024

**Journal:** Renal Failure 46(2), pp. 2411856

**Abstract:** Background: The burgeoning recognition of the nexus between renal functionality and the prevalence of dementia has precipitated a surge in research endeavors. This study aims to substantiate the causal relationship between kidney functionality and dementia.; Methods: We utilized clinical renal function metrics from the Chronic Kidney Disease Genetics (CKDGen) Consortium and diverse dementia types (Alzheimer's disease AD] and vascular dementia) from the FinnGen Biobank by using Mendelian randomization analysis. At the stratum of genetic susceptibility, we tested the causal relationship between variations index in renal function and the occurrence of dementia. Inverse-variance weighted (IVW) method was the main analysis, and several supplementary analyses and sensitivity analyses were performed to test the causal estimates.; Results: The findings indicate a significant correlation between each unit increase in cystatin C-based estimated glomerular filtration rate (eGFR-cys) levels was significantly associated with a reduction in the incidence of late-onset Alzheimer's disease (LOAD) (IVW: OR = 0.35, 95% CI: 0.13-0.91, p = 0.031). After adjusting for creatinine-based eGFR (eGFR-cre) and urinary albumin-to-creatinine ratio (UACR), a causal relationship was still identified between elevated levels of eGFR-cys and decreased risk of LOAD (IVW: OR: 0.08; 95% CI: 0.01-0.97, p = 0.047). Sensitivity tests demonstrated the reliability of causal estimates.; Conclusions: The association between renal function based on cystatin C and the augmented risk of developing AD lends support to the perspective that regular monitoring of cystatin C may be a valuable investigative biomarker.

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## 10. 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.

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### 11. A Personalized Music Intervention in Nursing Home Residents Living With Dementia: Findings From a Randomized Study

**Authors:** Inoue, Megumi;Ihara, Emily S.;Layman, Shannon;Li, Meng-Hao;Nosrat, Sarah;Mehak, Samreen;Barrett, Kendall;Magee, Catherine;McNally, Kimberly A.;Moore, Morgan and Tompkins, Catherine J.

**Publication Date:** 2024

**Journal:** Journal of Applied Gerontology : The Official Journal of the Southern Gerontological Society 43(11), pp. 1611–1620

**Abstract:** Utilizing a randomized control design, this mixed method study aimed to assess the impact of a personalized music intervention on mood, agitation level, and psychotropic drug use in individuals with moderate to advanced dementia residing in long-term care facilities. The sample comprised of 261 participants, with 148 in the intervention group and 113 in the control group. Data were collected from three sources: quantitative data from the Minimum Data Set and the Cohen-Mansfield Agitation Inventory, observational data of music-listening sessions, and an administrator survey regarding the lead staff person's perceptions of the intervention. Findings, based on Mixed Effect Models and content analyses, revealed positive impacts of the personalized music intervention on residents living with dementia. This low-cost, easily implementable intervention, requiring no special licensure for administration, can significantly enhance the quality of life for nursing facility residents.; 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.

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### 12. 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 and Geriatrics 126, pp. 105498

**Abstract:** 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.; Competing Interests: Declaration of competing interest The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Sigurd Lauridsen reports financial support was provided by Velux Foundation. If there are other authors, they declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024.

### 13. Personal dignity in people with early-stage dementia: A longitudinal study

**Authors:** Kisvetrová, Helena; Bretšnajdrová, Milena; Jurašková, Božena and Langová, Kateřina

**Publication Date:** 2024

**Journal:** Nursing Ethics 31(7), pp. 1258–1270

**Abstract:** Background: A psychosocial problem faced by people with early-stage dementia (PwESD) is the perception of threats to personal dignity. Insights into its dynamics are important for understanding how it changes as dementia advances and to develop suitable interventions. However, longitudinal studies on this change in PwESD are lacking. Aims: To determine how perceptions of dignity and selected clinical and social factors change over 1 year in home-dwelling PwESD and the predictors associated with changes in perceptions of dignity over 1 year. Research design and methods: A longitudinal study was conducted. The sample included 258 home-dwelling Czech PwESD. Data were collected using the Patient Dignity Inventory (PDI-CZ), Mini-Mental State Examination, Bristol Activities of Daily Living Scale, Geriatric Depression Scale and items related to social involvement. Questionnaires were completed by the PwESD at baseline and after 1 year. Ethical considerations: The study was approved by the ethics committee and informed consent was provided by the participants. Results: People with Early-Stage Dementia rated the threat to dignity as mild and the ratings did not change significantly after 1 year. Cognitive function, self-sufficiency, vision, and hearing worsened, and more PwESD lived with others rather than with a partner after 1 year. Worsened depression was the only predictor of change in perceived personal dignity after 1 year, both overall and in each of the PDI-CZ domains. Predictors of self-sufficiency and pain affected only some PDI-CZ domains. Conclusions: Perceptions of threat to dignity were mild in PwESD after 1 year, although worsened clinical factors represented a potential threat to dignity. Our findings lead us to hypothesise that perceived threats to personal dignity are not directly influenced by health condition, but rather by the social context.

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### 14. Factors related to nurses' beliefs regarding pain assessment in people living with dementia

**Authors:** Kodagoda Gamage, Madushika Wishvanie; Pu, Lihui; Todorovic, Michael and Moyle, Wendy

**Publication Date:** 2024

**Journal:** Journal of Clinical Nursing (John Wiley & Sons, Inc.) 33(11), pp. 4367–4380

**Abstract:** Aim: To evaluate registered nurses' beliefs and related factors regarding pain assessment in people living with dementia. Design: A descriptive cross-sectional survey was conducted between July 2022 and April 2023. Methods: An online survey comprised of demographics, knowledge scale, and beliefs scale relating to pain assessment in dementia was distributed to registered nurses (RNs) caring for people living with dementia in Australia. Results: RNs (N = 131) completed the survey. Most respondents were females (87.0%) and self-identified as Caucasian (60.3%). The mean beliefs score was 72.60 ( $\pm 6.39$ ) out of a maximum possible score of 95. RNs' beliefs about pain assessment varied based on their education, dementia pain assessment knowledge, nursing experience, and ethnicity. Hierarchical multiple regression analysis revealed factors significantly related to the beliefs score (i.e. education and dementia pain assessment knowledge). Conclusion: The relationship between education and knowledge, and the beliefs score indicates the potential to improve RNs' knowledge and overcome their erroneous beliefs about pain assessment in dementia. Implications for the profession and/or patient care: Education and training in assessing pain in people living with dementia should be tailored to overcome RNs' misconceived beliefs. These programmes should be integrated into continuous learning programmes. Impact: Some RNs' beliefs about pain assessment in dementia were not evidence-based, and knowledge and educational status were the strongest factors related to RNs' beliefs. RNs' erroneous beliefs about pain assessment in dementia need to be addressed to improve pain assessment and management. Researchers should explore the potential of educational

interventions to overcome RNs' misconceived beliefs about pain assessment in dementia. Reporting Method: This study was reported adhering to the Strengthening the Reporting of Observational Studies in Epidemiology checklist. Patient or Public Contribution: RNs caring for people living with dementia participated as survey respondents. Additionally, RNs were involved in the pre-testing of the study's survey instrument.

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### **15. Findings from the Promoting Independence in Dementia App (PRIDE-app) Study a Reach, Effectiveness, Adoption, Implementation, and Maintenance Framework Discussion**

**Authors:** Lee, Abigail Rebecca;McDermott, Orie and Orrell, Martin

**Publication Date:** 2024

**Journal:** Journal of Geriatric Psychiatry & Neurology 37(6), pp. 461–472

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### **16. Prevalence of involuntary treatment among community-living older persons with dementia: A systematic review**

**Authors:** Liu, Minyan;Wang, Yuqiang;Zeng, Qinglin;Li, Jia;Yang, Liping and Zeng, Yanli

**Publication Date:** 2024

**Journal:** Archives of Gerontology and Geriatrics 127, pp. 105574

**Abstract:** Objective: This systematic review and meta-analysis aimed to ascertain the prevalence of involuntary treatment among community-living older persons with dementia and explore associated factors.; Methods: We comprehensively searched seven electronic databases (PubMed, Embase, Cochrane Library, Web of Science, CINAHL, PsycINFO, and Scopus) from their inception to October 17, 2023, with an update conducted on April 1, 2024. Meta-analysis synthesized prevalence estimates of involuntary treatment and its three subcategories, with 95% confidence intervals.; Results: This study included 11 research papers involving 12,136 community-dwelling individuals with cognitive impairment and dementia from 19 countries. The pooled prevalence of involuntary treatment among community-dwelling older persons with dementia was 45.2% (95% CI: 33.7-60.5%). Subcategories included physical restraints (9.8%, 95% CI: 5.1-18.8%), psychotropic medication (19.1%, 95% CI: 13.6-26.9%), and non-consensual care (34.3%, 27.6-42.7%). Factors influencing involuntary treatment were categorized as caregiver-related and care recipient-related.; Conclusion: This study underscores the prevalent use of involuntary treatment among community-dwelling older persons with dementia, emphasizing its association with specific caregiver and care recipient factors. Addressing these findings underscores the importance of proactive measures and targeted interventions to improve the quality of care for this vulnerable population.; Competing Interests: Declaration of competing interest The authors declare there is no conflict of interests. (Copyright © 2024 Elsevier B.V. All rights reserved.)

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### **17. Sensory impairments and the risk of cognitive decline and dementia across sex, age, and regions: Longitudinal insights from Europe**

**Authors:** Möller, Sören;Lykkegaard, Jesper;Hansen, Rikke Syrak;Stokholm, Lonny;Kjær, Niels Kristian and Ahrenfeldt, Linda Juel

**Publication Date:** 2024

**Journal:** Archives of Gerontology and Geriatrics 127, pp. 105584

**Abstract:** Background: In aging populations, understanding predictors of cognitive decline is essential. We aimed to investigate the risk of cognitive decline and dementia by sensory impairments across sex, age, and European regions, and examined the mediating role of activities of daily living (ADL), physical activity, and depressive symptoms.; Methods: A cohort study of 72,287 Europeans aged 50+ participating in at least two waves of the Survey of Health, Ageing and Retirement in Europe. We

employed mixed-effects and time-to-event models, incorporating sex interactions, and adjusting for socio-demographic factors and medical history.; Results: Compared to individuals with good vision and hearing, lower cognitive function was found for people with vision impairment (VI) (males: coef. -0.70, 95 % CI -0.95; -0.46; females: coef. -1.12, 95 % CI -1.33; -0.92), hearing impairment (HI) (males: coef. -0.64, 95 % CI -0.93; -0.35; females: coef. -0.96, 95 % CI -1.27; -0.65) and dual sensory impairment (DSI, i.e. VI and HI) (males: coef. -1.81, 95 % CI -2.16; -1.46; females: coef. -2.71, 95 % CI -3.05; -2.38), particularly among females. Moreover, higher dementia risk was observed among participants with VI (hazard ratio (HR) 1.29, 95 % CI 1.17; 1.43), HI (HR 1.18, 95 % CI 1.05; 1.34), and DSI (HR 1.62, 95 % CI 1.45; 1.81) with no sex-interactions. Findings were overall consistent across age and European regions.; Conclusion: The results suggest the necessity of preventing sensory impairments to maintain good cognitive function. Mitigating depressive symptoms, ADL limitations, and physical inactivity could potentially reduce a significant portion of the total effect of sensory impairments on cognitive decline.; Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024 Elsevier B.V. All rights reserved.)

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## **18. Dementia and neurodegenerative diseases: What is known and what is promising at the cellular and molecular level**

**Authors:** Moroz, Olesia F.; Kravchenko, Viktoriia I.; Kushch, Bohdan O. and Zholos, Alexander V.

**Publication Date:** 2024

**Journal:** Basic & Clinical Pharmacology & Toxicology 135(5), pp. 550–560

**Abstract:** Millions of people worldwide are affected by neurodegenerative diseases and cognitive impairment, which includes dementia, while there are only symptomatic treatments available for this syndrome at present. However, several important prospective drug targets have been identified in recent years that can potentially arrest or even reverse the progression of neurodegenerative diseases. Their natural or synthetic ligands are currently in the experimental stage of drug development. In vitro and preclinical (e.g. using animal models) studies confirm their therapeutic potential, but clinical trials often fail or produce conflicting results. Here, we first review the complexity and typology of dementia, followed by the discussion of currently available treatments, and, finally, some novel molecular and cellular approaches to this problem. (© 2024 Nordic Association for the Publication of BCPT (former Nordic Pharmacological Society). Published by John Wiley & Sons Ltd.)

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## **19. Dementia friendly in the context of hospitalization: A concept analysis using the Walker & Avant Method**

**Authors:** Munsterman, Ellen; Perez, Adriana; Hodgson, Nancy and Cacchione, Pamela

**Publication Date:** 2024

**Journal:** Journal of Advanced Nursing 80(11), pp. 4448–4460

**Abstract:** Aim(s): To evaluate the literature to inform and propose a conceptual definition for dementia friendly in the context of hospitalization.; Methods: The Walker & Avant method for concept analysis was utilized for this review.; Data Sources (include Search Dates): Initial search conducted June 2022. Repeated search conducted in February 2023. Databases for the literature search include Scopus, PubMed, CINAHL, PsycINFO, and AGELINE.; Results: Five attributes of the concept of dementia friendly in the context of hospitalization were identified including: staff knowledge/education, environmental modification, person-centred care, nursing care delivery and inclusion of family caregivers. Based on these attributes a conceptual definition is proposed.; Conclusion: A clarified definition for dementia friendly in the context of hospitalization will aid in understanding the concept, provide guidance for hospitals seeking to implement dementia-friendly interventions and benefit researchers aiming to study the impact of such programs. REPORTING METHOD: n/a.; Patient or Public Contribution: No Patient or Public Contribution. (© 2024 The Authors. Journal of Advanced

**20. The Bender Gestalt Test is useful for clinically diagnosing dementia with Lewy bodies: Analysis of its sensitivity, specificity, and clinical characteristics of the figure copy**

**Authors:** Murayama, Norio;Ota, Kazumi and Iseki, Eizo

**Publication Date:** Nov ,2024

**Journal:** Applied Neuropsychology: Adult 31(6), pp. 1296–1301

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**21. Nurses' perspectives on shared decision-making in the daily care of hospitalized patients with dementia: An exploratory qualitative study**

**Authors:** Plantinga, Annette;Roodbol, Petrie F.;van Munster, Barbara,C. and Finnema, Evelyn J.

**Publication Date:** 2024

**Journal:** Journal of Advanced Nursing 80(11), pp. 4654–4664

**Abstract:** Aim: Gain insight into the process of shared decision-making (SDM) in daily hospital care for patients with dementia from nurses' perspectives.; Design: Explorative qualitative design.; Methods: In-depth digital interviews were conducted with 14 registered nurses between June and November 2022. A phenomenological approach was applied using Colaizzi's seven-step method.; Results: Five themes were identified in the data: (1) SDM in daily care: How shared decision-making is applied; (2) Nurses' perceptions and competence: How nurses perceive and manage SDM; (3) Nurses' roles and advocacy: The evolving roles of nurses and their advocacy efforts, (4) Recognition of dementia and its impact: How nurses recognize and manage dementia; and (5) Interventions to support SDM: Strategies and interventions to facilitate SDM.; Conclusion: This study highlights the complexity of SDM in patients with dementia. It demonstrates the importance of the involvement of relatives, omission of patient goals in discussions and perceived deficiencies of nurses. The early identification of dementia, evaluation of nuanced capacity and targeted communication are essential. Further research and enhanced training are required to improve care in this context.; Impact: Potential areas for further research on SDM in nurses involving patients with dementia include investigating the effects of integrating goal discussions into SDM training for nurses, overcoming barriers to SDM competence, and challenging the idea that SDM is solely the responsibility of physicians. These findings highlight the need for policies that encourage interdisciplinary collaboration, address misconceptions and recommend training programmes that focus on applying SDM to the daily care of patients with dementia, thereby improving the overall quality of patient care.; Reporting Method: The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was used for reporting.; Patient or Public Contribution: No patient or public contribution. (© 2024 The Authors. Journal of Advanced Nursing published by John Wiley & Sons Ltd.)

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**22. Validation and extension of the quick dementia rating system (QDRS)**

**Authors:** Stewart, Peter V.;Tapscott, Brian E.;Davis, Beate;Boscarino, Joseph J.;Sanders, Keshia;Rodgers, Sarajane E. and Lichtenstein, Maya L.

**Publication Date:** Nov ,2024

**Journal:** Applied Neuropsychology: Adult 31(6), pp. 1375–1382

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**23. A post-diagnosis information and support programme for dyads—People living with dementia or mild cognitive impairment and family carers: A feasibility study**

**Authors:** Stockwell-Smith, Gillian;Moyle, Wendy;Grealish, Laurie;Comans, Tracy;Varghese, Paul;Whitlatch, Carol and Orsulic-Jeras, Silvia

**Publication Date:** 2024

**Journal:** Journal of Advanced Nursing (John Wiley & Sons, Inc.) 80(11), pp. 4422–4435

**Abstract:** Aim: The aim of the study was to establish the feasibility of delivering a structured post-diagnosis information and support program to dyads (persons living with dementia or mild cognitive impairment and family carers) in two primary care settings. Design: A two-phase explanatory mixed-method approach guided by the Bowen Feasibility Framework focused on acceptability, implementation, adaptation, integration and efficacy of a five-part programme. In phase 1, the quantitative impact of the programme on the dyadic programme recipients' self-efficacy, quality of life, dyadic relationship and volume of care was measured. In phase 2, inductive content analysis focused on nurse and dyad participant experiences of the programme. Quantitative and qualitative data were reviewed to conclude each element of feasibility. Methods: Four registered nurses working within the participating sites were recruited, trained as programme facilitators and supported to deliver the programme. Eligible dyads attending the respective primary health clinics were invited to participate in the programme and complete surveys at three time points: recruitment, post-programme and 3-month follow-up. Post-programme semi-structured interviews were conducted with dyads and programme facilitators. Results: Twenty-nine dyads completed the program; the majority were spousal dyads. The programme proved acceptable to the dyads with high retention and completion rates. Implementation and integration of the programme into usual practice were attributed to the motivation and capacity of the nurses as programme facilitators. Regarding programme efficacy, most dyads reported they were better prepared for the future and shared the plans they developed during the programme with family members. Conclusion: Implementing a structured information and support programme is feasible, but sustainability requires further adaptation or increased staff resources to maintain programme fidelity. Future research should consider selecting efficacy measures sensitive to the unique needs of people living with dementia and increasing follow-up time to 6 months. Impact: This study established the feasibility of registered nurses delivering a post-diagnosis information and support programme for people living with early-stage dementia or mild cognitive impairment and their informal carers in primary care settings. The motivation and capacity of nurses working as programme facilitators ensured the integration of the programme into usual work, but this was not considered sustainable over time. Family carer dyads reported tangible outcomes and gained confidence in sharing their diagnosis with family and friends and asking for assistance. Findings from this study can be used to provide direction for a clinical trial investigating the effectiveness of the structured information and support programme in the primary care setting. Reporting Method: The authors have adhered to the EQUATOR STROBE Statement. Patient or Public Contribution: A public hospital memory clinic and general medical practice participated in project design, study protocol development and supported implementation.

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#### **24. 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. 105554

**Abstract:** Background: Caring for people with dementia is perceived as one of the most challenging caring roles, so effective and practical support is essential. One such innovative approach to internet-based tailored health intervention is the use of recommender system.; Objective: This study develops a dementia care intelligent recommender system (DCIRS) that can provide personalized and timely care recommendations for caregivers when they encounter difficult various care problems in people with dementia.; Methods: The development process was divided into 3 stages. In stage 1, we complete the construction of the domain knowledge graph of dementia care. In stage 2, the established domain knowledge graph of dementia care was introduced into the recommendation model by the way of graph embedding to form a recommendation model composed of graph embedding module and recommendation module. In stage 3, on the basis of the application of knowledge graph and recommendation mode, DCIRS was developed, for practical use. In addition, DCIRS has been

validated for accuracy for assessing the correctness of the profiling and recommendation, by enrolling 56 caregivers.; Results: The proposed DCIRS has functions of knowledge graph management and dementia care decision support. Experiments on 56 caregivers in single class recommendation task; the value of accuracy is equals to 98.92% and indicates the high capability of DCIRS.; Conclusions: This study was a pioneering research to develop a more comprehensive DCIRS for caregivers of people with dementia. According to the evaluation results, our DCIRS showing high specificity and accuracy. This system can provide a novel perspective for patient-centered and needs-based support of caregivers of people with dementia.; Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024. Published by Elsevier B.V.)

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## **25. Transitional Care of People With Dementia and Caregivers in the ADRD-PC Trial: A Mixed Methods Study**

**Authors:** Toles, Mark;Ozier, Ellen;Briell, Laura;Fender, Moriah and Hanson, Laura C.

**Publication Date:** 2024

**Journal:** Journal of Pain and Symptom Management 68(5), pp. 435–442

**Abstract:** Context: People with late-stage Alzheimer's diseases and related dementias (ADRD) have high risk for postacute complications and readmission; however, minimal research describes hospital transitional care.; Objective: Within the context of the ongoing ADRD-PC clinical trial, the purpose of this study was to describe the content and quality of transitional care of people with ADRD.; Methods: Descriptive mixed methods using data from a retrospective chart review and interviews with palliative care social workers and a nurse providing transitional care in the ADRD-PC clinical trial.; Results: Of 40 dyads of people with late-stage ADRD and their caregivers, palliative care plans were documented for 29 patients (73%); completed postdischarge calls in 72 hours were made for 39 (98%) caregivers and calls in 2 weeks were made for 33 (78%). The content of postdischarge care was promoting continuity, identifying resources, helping caregivers feel heard, troubleshooting problems, and providing grief support. Challenges during transitional care were limited time to engage caregivers in hospital-based palliative care, educate caregivers about palliative care plans, coordinate care after transfers to long term care, and the scarcity of community ADRD resources. Facilitators of high quality transitional care were continuity of staff who saw the patient or caregiver across hospital and postacute contacts, caregiver understanding of goals of care, written palliative care plans, and resources for postdischarge care.; Conclusion: Findings indicate high quality dementia-specific transitional care occurs when staff have resources, such as ADRD training and care planning template, to pull the hospital palliative care plan forward into the postdischarge destination, help families fit the plan to new circumstances, and manage strain and grief related to changes in health and function. (Copyright © 2024 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.)

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## **26. Eating experiences in people living with dementia: A concept analysis using Rodgers's methodology**

**Authors:** Wang, Zih-Ling;McHale, Jenna R.;Belza, Basia and Sonney, Jennifer

**Publication Date:** 2024

**Journal:** Journal of Advanced Nursing 80(11), pp. 4461–4475

**Abstract:** Aims: To analyse the concept of eating experiences in people living with dementia.; Design: Rodgers' evolutionary method of concept analysis was used as a framework for the paper.; Data Sources: The literature was searched using electronic databases PubMed, Google Scholar, CINAHL, PsycInfo, Web of Science, Embase and Elsevier databases. These databases cover a variety of disciplines, including but not limited to nursing, medicine and occupational therapy. The relevant literature published from 1989 to April 2023 was thoroughly examined. Any quantitative or qualitative



studies published in English focused on eating or dining experiences in people with dementia were included.; Review Methods: Rodgers' evolutionary method for concept analysis was used. The attributes, antecedents, consequences and case examples of the concept were identified.; Results: Twenty-two articles met the inclusion criteria, identifying key attributes of self-connection, the special journey of life and self-interpretation. Antecedents, as framed by the socio-ecological model, were categorized to represent intrapersonal (personal preferences, individual culture, mealtime routines), interpersonal (social interaction) and environmental (dining room environment, policies) factors. Consequences were divided into external (nutritional health, physical health and quality of life) and internal (personhood, autonomy and independence, dignity and feeling valued and mental well-being) domains.; Conclusion: A theoretical definition and conceptual model of eating experiences in people living with dementia was developed. The identified attributes, antecedents and consequences can be utilized in nursing education, research and intervention approaches.; Impact: This article allows nurses and other healthcare professionals to better understand people living with dementia through the relationship between eating and interpersonal, intrapersonal and environmental aspects to develop personalized interventions and care strategies to achieve an optimal quality of life.; Patient or Public Contribution: Not applicable. (© 2024 John Wiley & Sons Ltd.)

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## **27. Family Involvement in the Care of Nursing Home Residents With Dementia: A Scoping Review**

**Authors:** Wei, Andrea;Bell, Jessica;Locke, Jenna;Roach, Ashley;Rogers, Anita;Plys, Evan;Zaguri-Greener, Dalit;Zisberg, Anna and Lopeze, Ruth P.

**Publication Date:** 2024

**Journal:** Journal of Applied Gerontology : The Official Journal of the Southern Gerontological Society 43(11), pp. 1772–1784

**Abstract:** Family members are involved in the lives of older adults with dementia in complex ways. This scoping review synthesizes existing research on family involvement in the care of nursing home residents with advanced dementia. Using the Arksey and O'Malley scoping review framework, electronic searches of PubMed, EBSCO's CINAHL Complete, and APA PsychInfo on the Ovid platform were conducted. Twenty-eight studies met inclusion criteria. Emergent themes and definitions of involvement were obtained through thematic analysis, including: (1) contact (through visitation, calling, or writing letters); (2) engagement in care activities (instrumental/activities of daily living); (3) planning and monitoring care (being aware of health and treatment changes, partnership with care staff, ensuring adequate care, and decision-making); and (4) supporting the resident (advocacy, socioemotional support, and financial support). Moreover, limited psychometrically sound instruments exist to measure family involvement. These limitations stall the progression of research targeting family involvement.; 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.

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## **28. Persisting gaps in dementia carer wellbeing and education: A qualitative exploration of dementia carer experiences**

**Authors:** White, Jennifer;Falcioni, Dane;Barker, Roslyn;Bajic-Smith, Julie;Krishnan, Chitra;Mansfield, Elise and Hullick, Carolyn

**Publication Date:** 2024

**Journal:** Journal of Clinical Nursing (John Wiley & Sons, Inc.) 33(11), pp. 4455–4467

**Abstract:** Aims: To explore the emotional wellbeing of dementia carers in the lead up to and during transition of a person living with dementia to a residential aged care facility. Design: An interpretative qualitative study. Methods: Semi-structured interviews were conducted with informal carers of person living with dementia between February and June 2023. Data were analysed using an inductive thematic approach and resulted in three themes. Results: The majority of carers were adult children (n = 19) and

six were wives. Carers lived across metropolitan (n = 20) and regional settings (n = 5) in the most populous state of Australia. Three themes were identified which were attributed to different aspects of the carer role: (1) Carer emotional journey as dementia progresses – impacted by knowledge and lack of support; (2) Questioning decision making–underpinned by knowledge and confidence; and (3) Challenges in re-establishing identity – impacted by ongoing concerns. Conclusion: As dementia progresses carers of person living with dementia consistently reported gaps in knowledge including how to access support. Specifically, this study identified the need for more to be done to help carers to develop the skills needed for their role, including participation in care planning and identifying care preferences for the future. Nurses can play a key role in promoting referral to services that support carers. Findings offer practical solutions to ameliorate carer stress and promote shared decision making. Reporting Method: This research was guided by the Consolidated Criteria for Reporting Qualitative Research.

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## **29. 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;Brodsky, Henry;Brijnath, Bianca;Chang, Hui-Chen Rita;Wong, Bel;Zhou, Yunrui;He, Jinjie;Xia, Mengmeng;Hong, Jih-Yang;Che, Shirley and Milte, Rachel

**Publication Date:** 2024

**Journal:** International Journal of Nursing Studies 159, pp. 104868

**Abstract:** Background: 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.; Objectives: 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.; Design: A multicentre randomised controlled trial.; Settings and Participants: Participants were family carers in Australia and greater China. We recruited participants to the study from 1st November 2021 to 30th June 2022.; Methods: 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.; Results: 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.; Conclusion: 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.; Trial Registration: This study is registered in the Australia New Zealand Clinical Trials Registry on 12th March 2021 (ACTRN12621000276853).; Tweetable Abstract: 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.; Competing Interests: Declaration of Competing Interest No conflict of interest has been declared by the authors. (Copyright © 2024 The Author(s). Published by Elsevier Ltd.. All rights

reserved.)

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### 30. Ten Reasons Why Neurologists Should Refer Patients With Alzheimer Dementia to Music Therapy

**Authors:** Yuan, Shauna H.; Silverman, Michael J.; Cevasco-Trotter, Andrea and Wang, Sonya G.

**Publication Date:** 2024

**Journal:** *Neurology.Clinical Practice* 14(6), pp. e200357

**Abstract:** Background: Alzheimer dementia (AD) constitutes a major societal problem with devastating neuropsychiatric involvement. Pharmaceutical interventions carry a heightened risk of side effects; thus, nonpharmacological interventions such as music-based interventions (MBIs), including music therapy, are recommended.; Recent Findings: The 2023 *Neurology* release of the Music Based Intervention Toolkit for Brain Disorders of Aging showcased music's emerging role as an intervention to manage symptoms of various brain disorders while defining the building blocks of MBIs to guide research in the exploration of music's therapeutic potential.; Implications for Practice: This study extends beyond the research aspects of the MBI Toolkit to clinical applications by providing neurologists with a summary of MBIs, the MBI Toolkit, how board-certified music therapists (MT-BCs) administered music therapy is a unique MBI, and 10 reasons why they should make referrals to music therapy for their patients with AD.; Competing Interests: S.H. Yuan reports a relevant disclosure as an Institute of Translational Neuroscience (ITN) Scholar at the University of Minnesota. M.J. Silverman reports no relevant disclosures to the manuscript. A.M. Cevasco-Trotter reports no relevant disclosures to the manuscript. S.G. Wang reports no relevant disclosures to the manuscript. Full disclosure form information provided by the authors is available with the full text of this article at [Neurology.org/cp](https://www.neurology.org/cp). (Copyright © 2024 The Author(s). Published by Wolters Kluwer Health, Inc. on behalf of the American Academy of Neurology.)

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### 31. Dignity in people with dementia: A concept analysis

**Authors:** Zhang, Yuchen; Lingler, Jennifer H.; Bender, Catherine M. and Seaman, Jennifer B.

**Publication Date:** 2024

**Journal:** *Nursing Ethics* 31(7), pp. 1220–1232

**Abstract:** Background: Dignity, an abstract and complex concept, is an essential part of humanity and an underlying guiding principle in healthcare. Previous literature indicates dignity is compromised in people with dementia (PwD), but those PwD maintain the capacity to live with dignity with appropriate external support. Alzheimer's disease and related dementias (ADRDs) lead to progressive functional decline and increased vulnerability and dependence, leading to heightened risks of PwD receiving inappropriate or insufficient care that diminishes dignity. Considering the increased disease prevalence and the continuously escalating costs of dementia care, establishing a productive value-based guideline may prevent suffering, maximize dignity, and thus promote quality of life (QoL). Aim: The goal of this project is to identify actionable targets for integrating dignity harmoniously and practically into care planning and management for PwD. Research Design: We conducted a concept analysis using Walker and Avant's eight-step process. A comprehensive literature search was conducted (PubMed and CINAHL) with the keywords "dignity," "dementia," "Alzheimer's disease," and "dementia care." Results: A total of 42 out of 4910 publications were included. The concept of dignity in PwD is operationalized as the promotion of worthiness and the accordance of respect that allows the presence and expression of a person's sense of self, regardless of physical, mental, or cognitive health. The concept has two subdimensions: absolute dignity which encompasses the inherent self and relative dignity characterized by its dynamic reflective nature. Worthiness and respect are the two main attributes, while autonomy is an underlying component of dignity. Specific antecedents of dignity in PwD are empowerment, non-maleficence, and adaptive environmental scaffolding. As a consequence of facilitating dignity in PwD, QoL may be enhanced. Conclusion: As a foundational and necessary

humanistic value, incorporating dignity into dementia care can lead to efficient and effective care that optimizes QoL in PwD throughout their disease progression.

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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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