

# Dementia

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### February 2025

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**Next sessions: 4<sup>th</sup> March @ 12 noon, 2<sup>nd</sup> April @ 1pm & 15<sup>th</sup> May @ 2pm**

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### 1. Differential Social Cognitive Performance in Older Adults With Mild Cognitive Impairment and Dementia

**Authors:** Chander, Russell J.;Numbers, Katya;Grainger, Sarah A.;Cleary, Rhiagh;Mather, Karen A.;Kochan, Nicole A.;Brodaty, Henry;Henry, Julie D. and Sachdev, Perminder S.

**Publication Date:** 2025

**Journal:** American Journal of Geriatric Psychiatry 33(3), pp. 248–259

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### 2. Exploring Factors for Inclusive Occupational Therapy for People With Dementia in Australia: A Qualitative Study

**Authors:** Day, Sally;Laver, Kate;Radford, Kylie;Jeon, Yun-Hee and Low, Lee-Fay

**Publication Date:** 2025

**Journal:** The American Journal of Occupational Therapy : Official Publication of the American Occupational Therapy Association 79(2)

**Abstract:** Importance: Occupational therapy interventions are a crucial part of dementia care and have been shown to be effective in research trials. However, the acceptability and inclusivity of occupational therapy interventions to treat dementia for people from diverse groups are unclear.; Objective: To explore factors contributing to the delivery of acceptable and inclusive community-based occupational therapy interventions for people with dementia from diverse groups in Australia.; Design: Exploratory qualitative study in which interviews and focus groups were used. Data were analyzed with reflexive thematic analysis.; Setting: Community-based occupational therapy in Australia.; Participants: Purposive sampling was used to recruit 26 participants. Eight people with experience of dementia from diverse groups (ethnic minority, sexual minority, and socially or economically disadvantaged groups) participated in individual interviews; occupational therapists participated in focus groups (n = 10) and interviews (n = 8).; Results: Three key themes were developed to support inclusivity: (1) knowing the person at the center of the care, (2) collaboration, and (3) perception of occupational therapy for people with dementia. Acceptable and inclusive occupational therapy interventions for dementia occurred when people from diverse groups felt valued and received tailored interventions, were confident in and partnered with the therapist, and understood the purpose of therapy.; Conclusions and Relevance: Therapists require support to apply cultural humility and to build skills to overcome barriers to providing

culturally safe and acceptable care. Plain-Language Summary: People from diverse groups include ethnic minority, sexual minority, and socially or economically disadvantaged groups as well as Indigenous populations. We know community-based occupational therapy interventions improve function and quality of life for people with dementia and their families, but we do not know whether they work for people from diverse groups. We asked people with experience of dementia from diverse groups and occupational therapists in Australia what they thought. We found that occupational therapy interventions for dementia are acceptable to diverse groups when the therapist works in partnership, providing an intervention that is meaningful to them. To be inclusive, therapists need to empower people from diverse groups to participate equally in the intervention. They need to make sure families understand the purpose of the intervention. Some occupational therapists may need training to build skills and knowledge as well as support to overcome barriers and to provide acceptable and inclusive interventions. (Copyright © 2025 by the American Occupational Therapy Association, Inc.)

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### 3. Montreal Cognitive Assessment vs the Mini-Mental State Examination as a Screening Tool for Patients With Genetic Frontotemporal Dementia

**Authors:** de Boer, Liset;Poos, Jackie M.;Van Den Berg, Esther;De Houwer, Julie,F.H.;Swartenbroekx, Tine;Dopper, Elise G. P.;Boesjes, Pam;Tahboun, Najlae;Bouzigues, Arabella;Foster, Phoebe H.;Ferry-Bolder, Eve;Adams-Carr, Kerala;Russell, Lucy L.;Convery, Rhian S.;Rohrer, Jonathan D.;Seelaar, Harro and Jiskoot, Lize C.

**Publication Date:** 2025

**Journal:** Neurology 104(5), pp. e213401

**Abstract:** Background and Objectives: With upcoming clinical trials targeting preclinical stages of genetic frontotemporal dementia (FTD), early detection through cognitive screening is crucial. The Mini-Mental State Examination (MMSE) and Montreal Cognitive Assessment (MoCA) have potential as screening instruments for early-stage genetic FTD. However, no comparative evaluation has been performed. We aimed to compare MMSE and MoCA performance among presymptomatic, prodromal, and symptomatic pathogenic variant carriers to analyze which screening test has superior discriminative abilities.; Methods: We used cross-sectional and longitudinal data from 2 longitudinal genetic FTD cohort studies in the Netherlands and the United Kingdom, collected between 2021 and 2024. Participants were either presymptomatic, prodromal, or symptomatic pathogenic variant carriers or healthy controls (first-degree family members without pathogenic variants for FTD). Grouping was based on the global CDR-plus-NACC-FTLD score. Participants were assessed with both MoCA and MMSE. Statistical analyses compared total and subscores between groups and evaluated predictive and classification accuracy of both tests.; Results: A total of 243 participants (mean age  $49.9 \pm 13.1$  years, mean education  $14.5 \pm 3.0$  years, 56% female), 157 of whom were pathogenic variant carriers (MAPT, GRN, C9orf72, TARDBP, and TBK1) and 86 controls, were included. Carriers were classified as presymptomatic ( $n = 119$ ), prodromal ( $n = 18$ ), or symptomatic ( $n = 20$ ). Both MoCA  $F(3,239) = 16.565, p < 0.001$ ] and MMSE  $F(3,239) = 13.529, p < 0.001$ ] total scores differed significantly between groups, with controls (median MoCA 28.5, 95% CI 28.0-29.0; median MMSE 30, 95% CI 30.0-30.0) outperforming prodromal (median MoCA 26, 95% CI 23.0-27.0; median MMSE 29, 95% CI 27.5-29.5) and symptomatic (median MoCA 20.5, 95% CI 17.0-24.0; median MMSE 26, 95% CI 23.5-29.0) carriers. MoCA distinguished between presymptomatic carriers and controls (median MoCA 28, 95% CI 27.0-29.0), but MMSE did not. MoCA demonstrated superior discriminative ability compared with MMSE (MoCA area under the curve AUC] = 0.87, 95% CI 0.81-0.94; MMSE AUC = 0.80, 95% CI 0.72-0.89).; Discussion: Its higher sensitivity and better discriminative power make MoCA a more valuable tool for cognitive screening in upcoming clinical trials targeting preclinical FTD. Future studies should aim for larger sample sizes from additional study centers.

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### 4. Repercussions of abuse by caregivers in the elderly population with dementia: a scoping review

**Authors:** de Oliveira, Bárbara Silva;Santos, Diogo Bezerra Leite;Freire, Graziela Rosa Lopes Bastos;Moura, Clícia Grazielly de Lima;do Nascimento, Ana,Clara Lira;Barbosa, Éverton Emanuel da

Silva;Ferraz, Lucas Ribeiro and Silva, Hugo Rafael de Souza E.

**Publication Date:** 2025

**Journal:** Psychogeriatrics : The Official Journal of the Japanese Psychogeriatric Society 25(2), pp. e13244

**Abstract:** Due to the ageing population throughout the world, the rates of older adults suffering from dementia are increasing, requiring a closer look at this population. As a result, the aim of this scoping review is to gather data from the scientific literature on the repercussions of abuse of elderly people with dementia by their caregivers. For this review, Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews was used as a guideline to structure the review topics. Six researchers during the period of December 2023 to March 2024 searched for relevant articles in the following databases: MEDLINE; SCOPUS; WEB OF SCIENCE; EMBASE; BIREME. Of 707 articles found in the databases, 16 were included in this scoping review. The articles addressed different aspects of the topic of abuse of elderly people with dementia by caregivers, 12 articles listed risk factors, six explained the different types of abuse, 11 articles dealt with neuropsychological aspects of caregivers, seven studies focused on the relationship between the elderly person and their caregiver and six portrayed the impacts of abuse. Studies point to several common risk factors, for example, advanced stage of the disease, financial cost of treatment and psychobehavioural symptoms of both the caregiver and the patient. Upon thorough examination and critical reflection on existing studies, a substantial void has been identified in the literature concerning the ramifications of abusive relationships within the care receiver and caregiver dyad. While many studies approach the issue in a broad manner, only a limited number of articles delve into the specific impact of such dynamics on the deterioration of the elderly's well-being. There is an urgent demand for new research to investigate the consequences that abuse generates in the lives of elderly individuals with dementia. (© 2025 Japanese Psychogeriatric Society.)

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### 5. Home Hospitalization in Palliative Care for Advanced Cancer and Dementia: A Systematic Review

**Authors:** Farinha-Costa, Beatriz and Reis-Pina, Paulo

**Publication Date:** 2025

**Journal:** Journal of Pain & Symptom Management 69(3), pp. 289–303

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### 6. Sense of coherence, subjective burden, and anxiety and depression symptoms in caregivers of people with dementia: Causal dynamics unveiled by a longitudinal cohort study in Europe

**Authors:** Gonçalves-Pereira, Manuel;Marques, Maria J.;Alves, Regina F.;Jelley, Hannah;Wolfs, Claire;Meyer, Gabriele;Bieber, Anja;Irving, Kate;Hopper, Louise;Zanetti, Orazio;Portolani, Daniel M.;Selbaek, Geir;Røsvik, Janne;Sköldunger, Anders;Sjölund, Britt-Marie;de Vugt, Marjolein;Verhey, Frans and Woods, Bob

**Publication Date:** 2025

**Journal:** Journal of Affective Disorders 373, pp. 1–11

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### 7. Pregnancy as a window of opportunity for dementia prevention: a narrative review

**Authors:** Hand, Lauren K.;Taylor, Matthew K.;Sullivan, Debra K.;Siengasukon, Catherine F.;Morris, Jill K.;Martin, Laura E. and Hull, Holly R.

**Publication Date:** 2025

**Journal:** Nutritional Neuroscience 28(3), pp. 347–359

**Abstract:** Dementia is a debilitating condition with a disproportionate impact on women. While sex differences in longevity contribute to the disparity, the role of the female sex as a biological variable in disease progression is not yet fully elucidated. Metabolic dysfunctions are drivers of dementia etiology, and cardiometabolic diseases are among the most influential modifiable risk factors. Pregnancy is a time of enhanced vulnerability for metabolic disorders. Many dementia risk factors, such as hypertension or blood glucose dysregulation, often emerge for the first time in pregnancy. While such cardiometabolic complications in pregnancy pose a risk to the health trajectory of a woman, increasing her odds of developing type 2 diabetes or chronic hypertension, it is not fully understood how this relates to her risk for dementia. Furthermore, structural and functional changes in the maternal brain have been reported during pregnancy suggesting it is a time of neuroplasticity for the mother. Therefore, pregnancy may be a window of opportunity to optimize metabolic health and support the maternal brain. Healthy dietary patterns are known to reduce the risk of cardiometabolic diseases and have been linked to dementia prevention, yet interventions targeting cognitive function in late life have largely been unsuccessful. Earlier interventions are needed to address the underlying metabolic dysfunctions and potentially reduce the risk of dementia, and pregnancy offers an ideal opportunity to intervene. This review discusses current evidence regarding maternal brain health and the potential window of opportunity in pregnancy to use diet to address neurological health disparities for women

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## 8. What are the Correlates of Hearing Aid Use for People Living With Dementia?

**Authors:** Hooper, Emma;Brown, Laura J. E.;Dawes, Piers;Leroi, Iracema and Armitage, Christopher J.

**Publication Date:** 2025

**Journal:** Journal of Aging and Health 37(3-4), pp. 210–219

**Abstract:** Objectives: To identify correlates of hearing aid use in people with dementia and age-related hearing loss.; Methods: Bivariate and multivariate logistic regression analyses of predictor variables from 239 participants with dementia and hearing loss in the European SENSE-Cog Randomized Controlled Trial (Cyprus, England, France, Greece, and Ireland).; Results: In multivariate analysis, four variables were significantly associated with hearing aid use: greater self-perceived hearing difficulties (OR 2.61 CI 1.04-6.55], lower hearing acuity (OR .39 CI .2-.56]), higher cognitive ability (OR 1.19 CI 1.08-1.31]), and country of residence. Participants in England had significantly increased odds of use compared to Cyprus (OR .36 CI .14-.96]), France (OR .12 CI .04-.34]) or Ireland (OR .05 CI .01-.56]) but not Greece (OR 1.13 CI .42-3.00]).; Conclusions: Adapting interventions to account for cognitive ability, country of residence, self-perceived hearing difficulties, and hearing acuity may support hearing aid use in people with dementia.; 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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## 9. Identification of Barriers and Facilitators to the Use of a New Pain Assessment Mobile Health Application by Family Carers of People with Dementia: A Qualitative Study

**Authors:** Hussein, Areej;Moullin, Joanna;Stafford, Andrew;Hughes, Jeffery and Queded, Eleanor

**Publication Date:** 2025

**Journal:** Ageing International 50(1), pp. 1–22

**Abstract:** This study identified potential barriers and facilitators to the implementation of a medical device in the form of a mobile health (mHealth) application, (app) called PainChek®, by family carers of individuals with dementia in the Australian community setting. Focus groups and a phone interview took place with family carers and healthcare professionals. Data were analysed thematically. 6 family carers and 8 healthcare professionals participated across 2 focus groups and 1 phone interview. Themes related to the user, innovation/PainChek®, and contextual factors were identified. Barriers to use included age, physical limitations, cost, technical issues, misinterpretation of how PainChek®

works, and influence of family. Facilitators included a willingness to use mHealth Apps and previous experience. Some themes acted as both barriers and facilitators depending on the situation such as the healthcare team's acceptance. Targeted interventions and support strategies, leveraging facilitators are essential to overcome barriers related to user, intervention, and context and to enhance successful PainChek® implementation, thereby improving pain management in individuals with dementia. Future research is recommended to develop effective implementation strategies to utilise the facilitators and overcome the barriers to improve the implementation of PainChek®.

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## 10. End-of-Life Care of Persons with Alzheimer's Disease and Other Dementias

**Authors:** Jan, Darlon and Kim, Kye Y.

**Publication Date:** 2025

**Journal:** American Journal of Hospice & Palliative Medicine 42(3), pp. 309–313

**Abstract:** End-of-life (EOL) care has been a common option for patients with terminal medical conditions such as cancers. However, the utilization of EOL care in Alzheimer disease and other dementing conditions have become available relatively recently. As the end-stage dementia approaches, the clinicians and caregivers become faced with numerous clinical challenges—delirium, neuropsychological symptoms, the patient's inability to communicate pain and associated discomfort, food refusal, and so on. In addition to providing quality clinical care to the EOL patients, clinicians should pay special attention to their families, assuring that their loved ones will receive supportive measures to improve quality of life (QOL).

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## 11. Prescribing patterns in people living with dementia in the community: A cross-sectional study

**Authors:** Lau, Edward Chun Yin; Jeon, Yun-Hee; Hilmer, Sarah N. and Tan, Edwin C. K.

**Publication Date:** 2025

**Journal:** Australasian Journal on Ageing 44(1), pp. e13380

**Abstract:** Objectives: To identify the prevalence of and factors associated with medication use in people living with dementia in the community.; Methods: A cross-sectional study using baseline data from a randomised controlled trial known as the Interdisciplinary Home-based Reablement Program (I-HARP) between 2018 and 2021 in Sydney, Australia. Participants included people with mild-moderate dementia and their carers. Medication use was classified according to the Anatomical Therapeutic Chemical codes, while potentially inappropriate medications (PIMs) were defined using 2019 Beer's Criteria and 2024 Australian list. Logistic regression models were used to identify factors associated with use of medication classes.; Results: A total of 130 people with dementia and their carers were included. Of the people with dementia, 35% were using antedementia medication, 48% psychotropics, 76% PIMs and 65% polypharmacy ( $\geq 5$  medications). Polypharmacy was associated with the use of psychotropics (adjusted OR [aOR]: 5.09, 95% confidence interval [CI]: 1.94-13.39) and PIMs (aOR: 17.38, 95% CI: 5.12-59.02). Higher education level was associated with lower odds of psychotropic use (aOR: .33, 95% CI: .15-.76), and age over 80 years was associated with lower odds of antedementia medication use (aOR: .29; 95% CI: .12-.72).; Conclusions: The use of PIMs, psychotropics and polypharmacy were common in this sample of people with dementia living in the community. Associations were seen between participant characteristics and medication use. Future research should focus on reviewing PIMs and polypharmacy in people with dementia living in the community to assess the impact on health outcomes. (© 2024 The Author(s). Australasian Journal on Ageing published by John Wiley & Sons Australia, Ltd on behalf of AJA Inc'.)

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## 12. "Why miss today worrying about tomorrow?" A qualitative investigation of ways middle-aged and older adults manage dementia-related anxiety

**Authors:** Maxfield, Molly;Peckham, Allie;James, Dara L. and Koffer, Rachel E.

**Publication Date:** 2025

**Journal:** Anxiety, Stress, and Coping 38(2), pp. 219–233

**Abstract:** Background and Objectives: Dementia-related anxiety (DRA) is the fear or anxiety about a current or future diagnosis of Alzheimer's disease or another type of dementia. The purpose of the present study was to examine management of DRA.; Methods and Design: In semi-structured qualitative interviews, 50 community-dwelling adults (58-89 years old, M = 70.80, SD = 6.02) without dementia diagnoses reflected on their thoughts and feelings about dementia. A reflexive inductive thematic approach was used to examine ways people managed DRA.; Results: We identified five themes related to managing DRA: monitoring cognitive status (e.g., self-monitoring or objective assessment); active coping strategies (e.g., using external reminders, normalizing age-related change); interpersonal relationships and support (e.g., anticipating benefit of support from others); planning and preparing for potential outcomes (e.g., securing power of attorney, saying goodbyes); and personal responsibility to manage risk or accept diagnosis (e.g., lifestyle factors to reduce dementia risk, thereby reducing risk for burdening others).; Conclusions: Findings suggest internal and external means for coping with DRA that are likely to vary in degrees of usefulness. We consider findings within the context of relevant, established theories, attending to potential clinical interventions for individuals experiencing DRA.

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### 13. Association of Rheumatoid Arthritis With Progression of Cognitive Impairment and Risk of Mortality in People With Dementia

**Authors:** Mo, Minjia;Eriksdotter, Maria;Ajeganova, Sofia;Mitra, Sumonto;Garcia-Ptacek, Sara and Xu, Hong

**Publication Date:** 2025

**Journal:** Neurology 104(5), pp. e213405

**Abstract:** Background and Objectives: Rheumatoid arthritis (RA) has been linked to an increased risk of dementia, yet little is known about how RA affects the progression of cognitive impairment and the risk of mortality in people with dementia. We aimed to investigate whether RA is linked to an accelerated cognitive decline and a higher risk of all-cause mortality in patients with dementia.; Methods: We conducted a propensity score-matched register-based cohort study based on the Swedish Registry for Cognitive/Dementia Disorders-SveDem. Patients diagnosed with dementia and registered in SveDem between May 1, 2007, and October 16, 2018, were included. The main outcome for the study was cognitive decline, measured by Mini-Mental State Examination (MMSE) score changes over years. The secondary outcome was all-cause death. We used mixed-effects models to examine the association between RA and cognitive decline, and Cox proportional hazards models to investigate the risk of all-cause mortality. We also conducted subgroup analyses to explore the potential effects of sociodemographic, baseline MMSE, comorbidities, and the use of dementia medications on the association between RA and outcomes.; Results: We included 1,685 dementia patients with RA (mean SD] age, 79.9 6.7] years; 73.4% were women) and 5,055 dementia patients with non-RA (80.1 7.5] years; 73.1% were women). The median follow-up was 2.9 years (interquartile range, 1.5-4.6 years) for non-RA and 2.6 years (interquartile range, 1.4-4.2 years) for RA. In total, 111,266 MMSE measurements were available for analysis. Compared with non-RA patients, patients with RA presented faster cognitive decline ( $\beta = -0.24$  points/y; 95% CI -0.38 to -0.10) and an increased risk of death (hazard ratio 1.15; 95% CI 1.06-1.24). In subgroup analysis, significant interactions were observed between RA and baseline MMSE scores as well as living conditions regarding cognitive decline ( p for interaction <0.05).; Discussion: We identified a worse cognitive function and an increased mortality risk in dementia patients with RA compared with non-RA. However, we lacked information on the duration of RA before the onset of dementia and on disease activity, which could influence our findings. Further studies are needed to validate these results in comparable populations.

#### **14. Implementing Arts on Prescription at Home for People Living With Dementia: A Hybrid-Effectiveness Feasibility Study**

**Authors:** O'Connor, Claire, M.C.; Poulos, Roslyn G.; Heldon, Michelle; Preti, Costanza; Beattie, Elizabeth and Poulos, Christopher J.

**Publication Date:** 2025

**Journal:** Journal of Geriatric Psychiatry & Neurology 38(2), pp. 115–131

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#### **15. A core capability framework for physiotherapists to deliver quality care when working with people living with dementia and their families/caregivers: an international modified e-Delphi study**

**Authors:** Taylor, Morag E.; Sverdrup, Karen; Ries, Julie; Rosendahl, Erik; Tangen, Gro Gujord; Telenius, Elisabeth; Lawler, Katherine; Hill, Keith; Toots, Annika; Hobbelen, Hans; Dal Bello-Haas, Vanina; Hall, Abi; Hunter, Susan W.; Goodwin, Victoria A.; Whitney, Julie and Callisaya, Michele L.

**Publication Date:** 2025

**Journal:** Physiotherapy 126, pp. N.PAG

**Abstract:** What are the core capabilities physiotherapists need to deliver quality care when working with people with dementia and their families/caregivers? A three-round modified e-Delphi study. Panel members were physiotherapists experienced in working with people with dementia and/or educating and/or researching in the dementia field. A steering group (16 international physiotherapists and a consumer) developed a draft framework including 129 core capabilities across 5 domains for panel members to rate their appropriateness for inclusion as a core capability to provide high quality care to people with dementia and their caregivers/families. The RAND/UCLA method was used to assess consensus. Thirty-five physiotherapists from 11 countries participated in Round 1, 31 (89%) in Round 2 and 28 (80% of Round 1) in Round 3. All core capabilities were rated appropriate for inclusion in each round. Panel members recommended wording refinements across the rounds and suggested 51 core capabilities for consideration. Three rounds were needed to reach consensus, resulting in 137 core capabilities rated appropriate for inclusion across 5 domains: 1) Knowledge and understanding, n = 36; 2) Assessment, n = 39; 3) Management, interventions and prevention n = 40; 4) Communication, therapeutic relationship and person-centred care, n = 17; and 5) Physiotherapists self-management and improvement, n = 5. This e-Delphi study outlines the core capabilities physiotherapists need to provide high quality care to people with dementia and their families/caregivers. These core capabilities can be used by physiotherapists to help identify knowledge/skill gaps, as well as by educators to improve their training of undergraduate and postgraduate students, and clinicians. • This e-Delphi study has developed, through expert consensus, the first comprehensive physiotherapy specific core capability framework for providing high-quality care to people with dementia and their families/caregivers. • The core capability framework can be used by physiotherapists to identify knowledge and/or skill gaps, and by physiotherapy educators to assist with entry-level and post-graduate curriculum development and student/workforce training. • As physiotherapists play a vital role in working with people with dementia and their caregivers/families, and competencies lie at the heart of effective quality care and service delivery, the newly developed core capability framework serves as basis for broader consultation and input.

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#### **16. How is autonomy supported for people with dementia living in a nursing home, to what extent and under what circumstances? A realist evaluation**

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

**Publication Date:** 2025

**Journal:** BMC Health Services Research 25(1), pp. 1–14



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### 17. The Mediating Effect of Social Participation Restriction on the Association Between Role Overload and Mental Health Among Caregivers of Older Adults with Dementia

**Authors:** Wang, Fei;Kapur, Ishita;Mukherjee, Namrata and Wang, Kun

**Publication Date:** 2025

**Journal:** International Journal of Aging & Human Development 100(2), pp. 227–247

**Abstract:** Caregivers of older adults with dementia (dementia caregivers) often experience high role overload (i.e., feeling overwhelmed by caregiving demands that exceed available resources), which can take a toll on their mental health. Moreover, dementia caregiving can restrict caregivers' participation in valued social activities. This study aims to examine the mediating effect of social participation restriction on the relationship between role overload and mental health among dementia caregivers. A total of 894 dementia caregivers (mean age = 61.77) were selected from the National Study of Caregiving. The sample was predominantly women (64%) and White (78%). Path analysis shows that social participation restriction partially mediated the associations between (1) role overload and psychological distress (indirect effect  $\beta = .08$ ,  $p < .001$ ) and (2) role overload and psychological wellbeing (indirect effect  $\beta = -.05$ ,  $p < .05$ ). Interventions targeting coping strategies and healthcare-recreation programs are needed to improve social participation among dementia caregivers.

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### 18. General practitioner and practice nurses perspectives on implementation of the 75+ health assessment: Implications for dementia care and well-being

**Authors:** White, Jennifer;Norton, Grace;Pond, Dimity;Khaing, Kay;Dolja-Gore, Xenia;Byles, Julie and Carey, Mariko

**Publication Date:** 2025

**Journal:** Journal of Advanced Nursing 81(3), pp. 1505–1516

**Abstract:** Background: The uptake of the health assessment for persons aged 75 years and older (75 + HA) remains low. Repeat assessments provide an opportunity to identify areas of change in cognitive function which may mark the onset of dementia. We aimed to explore general practitioner (GP) and practice nurse experiences of implementing the 75 + HA with a focus on clinical considerations for dementia care.; Methods: An interpretative qualitative study involving interviews with 15 GPs (female = 11, male = 4) and 5 practice nurses (all female). Data were analysed using an inductive thematic approach.; Results: The majority of GPs ( $n = 11$ ) worked in metropolitan settings and four GPs worked in regional settings across NSW. All participants worked in separate clinics, except for two GPs and one practice nurse who worked within the same metropolitan clinic. Distinct themes emerged regarding participants experiences of implementing the 75 + HA for patients with dementia: (1) negotiating aged care is complex and facilitated by a comprehensive assessment; (2) implementing work practices that support the 75 + HA in patients with cognitive decline; and (3) variations in follow up of findings and implications for care.; Discussion: The 75 + HA provides an opportunity for monitoring and acting on emergent physical and cognitive health changes. Increased engagement and support towards implementing the 75 + HA, particularly in the context of dementia, may facilitate the instigation of interventions. While some participants in this study were confident with identifying and managing cognitive decline, the majority relied on geriatricians to confirm dementia diagnosis and refer to community support services. We suggest the need for greater initiatives and clinical guidelines to assist GPs in the identification and management of cognitive decline.; Implications for the Profession: From a nursing perspective, this study highlights the valuable role of nurses towards assessment and management of issues raised in the health assessment for persons aged 75 years and older. However, more resources are needed to enable nurse time for adequate follow-up care. (© 2024 The Author(s). Journal of Advanced Nursing published by John Wiley & Sons Ltd.)

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### 19. Transforming dementia research into practice: a multiple case study of academic research

## **utilization strategies in Dutch Alzheimer Centres**

**Authors:** Zhu, Eden Meng; Buljac-Samardžić, Martina; Ahaus, Kees and Huijsman, Robbert

**Publication Date:** 2025

**Journal:** Health Research Policy & Systems 23(1), pp. 1–18

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