Royal United Hospitals Bath
NHS Foundation Trust

Dementia

Current Awareness Bulletin

October 2025

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  45 minutes. Learn how to transform a question into a search strategy, and how to find the best evidence in a database.

  Next sessions: 10th November @ 11am & 2nd December @ 12 noon

- **Simple and painless evidence into practice (BMJ Best Practice and the LKS Hub)**
  30 minutes. Learn about quick and hassle-free ways to seamlessly incorporate evidence into your daily work.

  Next sessions: 11th November @ 10am & 3rd December @ 11am

- **Quickfire health literacy: communicating with patients more effectively**
  30 minutes. Learn about the communication barriers patients may encounter, and ways to ensure they get the most from their care.

  Next sessions: 28th November @ 12 noon & 9th December @ 1pm

Book a session today at https://forms.office.com/e/HyiSXfDaYV (these sessions will be held on a monthly basis)

National Institute for Health and Care Research:

People living with dementia often experience episodes of incontinence of urine, faeces or both, which can have a profound impact on their lives and on their carers'. There is a misconception that nothing can be done to address incontinence; however, continence can be promoted through a balanced diet, exercise and a clear routine.

Continence is not always managed well in people with dementia in hospital, living at home or in care homes. Identifying, assessing and managing these problems can help people with dementia maintain their dignity and improve their health.

In a previous Collection, we explored how to improve continence care for people with dementia. You can also listen to our accompanying podcast, where we talk to experts about their views on this topic.

- Population-level policies on risk factors for dementia could reduce costs

- What impact does hearing loss have on dementia risk?

- Negative attitudes to dementia are widespread on Twitter

- Care home staff saw long-term benefits from an intervention to help people with dementia

- Carers of people with dementia benefit from online help for anxiety and depression

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Why can't we do anything about delirium?

BMJ 2025; 391 doi: https://doi.org/10.1136/bmj.r2003 (Published 02 October 2025)Cite this as: *BMJ* 2025;391:r2003

Tens of thousands of NHS patients will develop delirium—and an alarming proportion die after the illness. Yet few people talk about it. **Chris Stokel-Walker** explores why

My grandad had always said he was bulletproof, and I believed him. In his 92 years of life he had rarely been ill. In his late 80s he shrugged off a knee replacement like it was nothing, and recuperated incredibly quickly after an unexpected fall in his 90s led to an emergency hip replacement. He wasn't blighted with the illnesses and health problems that affected his peers. Until he was.

My grandad is one of the many people who have developed delirium, an often encountered but little spoken about condition that can change lives—or end them.

Delirium is a state of sudden, acute confusion that is brought about by illness, infection, or changes to the patient's environment. Some 1-2% of patients in primary care experience the condition,1 as do 8% of care home residents.2 In emergency departments 10% of attendees have it, rising to 25% of patients who have a hip fracture.3

For adults aged 18-65 a delirium diagnosis is associated with at least a doubling of 30 day mortality risk.4 One in four patients who score highest on a test designed to diagnose delirium die during hospital admission.4

Yet while official data from NHS England suggest that annually 71 000 people in UK hospitals have delirium,5 researchers say that's a drastic undercount because of its lack of diagnosis.6 Some 55% of delirium diagnoses are missed among patients in emergency departments.

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1. **Quality of life of persons with young-onset dementia: Repeated self-reported assessment over two years from diagnosis**

Authors: Aspö, Malin;Visser, Leonie N. C.;Cronfalk, Berit Seiger;Kivipelto, Miia and Boström, Anne-Marie

Publication Date: 2025

Journal: Journal of Alzheimer's Disease 107(4), pp. 1415–1429

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2. **A Multihospital Analysis of Clinician-Reported Safety Events in People Living with Dementia: Contributing Factors and System Recommendations**

Authors: Bangerter, Lauren;Zabala, Garrett;Werner, Nicole E.;Kim, Yijung K.;Adams, Katharine;Fong, Allan and Ratwani, Raj

Publication Date: 2025

Journal: Joint Commission Journal on Quality & Patient Safety 51(11), pp. 711–718

Abstract: People living with dementia (PLWD) are hospitalized at higher rates than those without dementia and are particularly vulnerable to safety events in the hospital. This study aimed to characterize the scope of clinician-reported safety events in PLWD, identify contributing factors from the perspective of reporting clinicians, and categorize clinician recommendations for system improvement. The authors analyzed safety events reported by clinicians between January 2018 and July 2023 through a voluntary reporting system at a 10-hospital health system in the mid-Atlantic region, representing a broad spectrum of hospitals and patient populations. A total of 1,287 clinician-reported safety events in PLWD were identified using a keyword search. Two researchers coded the event reports using validated taxonomies to classify contributing factors and clinician recommendations for improvement. The most common clinician-reported safety events among PLWD were skin/tissue injuries (59.4%), falls (17.2%), and safety/security issues (6.9%). The most frequently cited contributing factors were situational factors (70.0%) and active failures (11.2%). Most clinician reports (65.6%) did not include any recommendation for improvement; 30.0% included person-based recommendations, and only 4.4% included system-based recommendations. Health systems should prioritize the

prevention of pressure injuries and falls—two of the most common and preventable safety events. Effective interventions should integrate both person-based (for example, staff training, patient/family education) and system-based (for example, policies, protocols) strategies to improve safety for PLWD in the hospital.

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3. **Implementing reablement for community dwelling people with dementia: A formative evaluation using single-case experimental design**

Authors: Campbell, Alexis;Poulos, Christopher J.;Takla, Caroline;Allen, Joy;Lemsing, Kylie and O'Connor, Claire,M.C.

Publication Date: 2025

Journal: Dementia (14713012) 24(8), pp. 1558–1580

Abstract: Background: Reablement is recommended to maximise functioning in people with dementia, yet in Australia, is not routinely available. This study aimed to provide insight into the implementation and program outcomes of reablement in real-world practice for a person living with dementia. Methods: Reablement was implemented for a client with dementia. In parallel, a formative mixed-methods pilot evaluation was performed, using single-case experimental A-B-A design (n = 1), supplemented by routinely collected pre-post program clinical measures. Implementation was evaluated qualitatively via clinical notes for fidelity, feasibility and client engagement. Results: Single-case experimental design outcomes indicated the program positively impacted the participant's physical functioning. Additionally, most routinely collected pre-post clinical measures demonstrated improvement. Intervention fidelity varied, with differences in length and client engagement. Conclusion: Implementation of evidence-informed reablement has been shown to be feasible in real-world practice for a community-dwelling person living with dementia. Larger implementation trials are needed to build on preliminary outcomes to ultimately improve access to these important programs.

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4. **Attitudes to Brain Health and Dementia Amongst the Chinese Population Living in the UK**

Authors: Cheston, Richard;Champ, Mei and Lim, Jennifer N. W.

Publication Date: 2025

Journal: Dementia (14713012) 24(8), pp. 1632–1645

Abstract: Background: Just under half a million people who identify as Chinese or Chinese-British are living in the UK. Chinese migrants have a distinctive linguistic and cultural heritage and are likely to differ from the wider UK population in their attitudes to dementia care. However, to date no studies have explored this area. This study aimed to compare attitudes to dementia amongst Chinese people and the wider UK population using a translated version of the 2023 Dementia Attitudes Monitor survey (DAM). Methods: We translated the DAM into Simplified and Traditional Chinese and distributed this through an online survey. In total 84 UK based participants (65 women and 19 men) completed the survey. We weighted data by age and sex. Results: We identified important differences between Chinese participants and the wider UK population. Chinese participants were more likely to report that they would find it hard to talk to someone with dementia and that they would not feel comfortable telling people outside their close family if they were to be diagnosed. Higher levels of knowledge about dementia were associated with increased reluctance to tell people outside their family. Chinese participants were equally willing to take a test that could tell them whether they were in the early stages of dementia, even before symptoms showed. They were also more likely to report that they would want to know information in midlife about their risk of developing dementia later on. Conclusion: This paper is the first to report knowledge about brain functioning and dementia within the UK-based Chinese

community. Chinese people are highly motivated to reduce their dementia risk – but to do so requires specific public health programmes that are adapted to meet the specific needs of Chinese communities.

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5. **Association of oral health and chewing ability with cognitive impairment and dementia in older adults: Longitudinal findings from a national panel study**

Authors: Choi, Miri;Park, Hyewon and Park, Bomi

Publication Date: 2025

Journal: Archives of Gerontology & Geriatrics 138, pp. N.PAG

Abstract: • Poor chewing ability increased dementia/MCI risk by about 50 %. • Each GOHAI point increment reduced dementia/MCI risk by 2 %. • Oral health and cognitive decline were more strongly linked in men. • First longitudinal study linking chewing ability, GOHAI, and dementia. • Robust age-stratified analysis (≥45 and ≥65 years) using national data. Recent studies suggest that poor oral health may contribute to cognitive impairment. However, most previous studies were cross-sectional, limiting conclusions regarding temporal relationships. Using nationally representative data, we investigated the longitudinal association between oral health and the development of mild cognitive impairment (MCI) or dementia among adults aged ≥45 years, with a specific focus on those aged ≥65 years. Data from the Korean Longitudinal Study of Aging were analyzed. Adults aged ≥45 years without dementia were followed up from 2018 to 2022. Baseline oral health was assessed using the Geriatric Oral Health Assessment Index (GOHAI) and self-reported chewing ability. Cases of MCI or dementia were identified using self-reported physician diagnoses during follow-up. Cox proportional hazard models were used to estimate the hazard ratios (HR) for developing MCI/dementia according to baseline oral health. Analyses were performed separately by sex and included a subgroup analysis of participants aged ≥65 years. Over the 4-year follow-up, participants with higher GOHAI scores exhibited significantly lower risks of cognitive impairment (adjusted HR: 0.98 per point increase, 95 % confidence interval (CI): 0.96–0.99). Participants reporting good chewing ability had approximately half the risk of cognitive decline compared with those reporting chewing difficulties (adjusted HR: 0.50, 95 %CI: 0.35–0.75). This association remained significant across sexes and within the subgroup aged ≥65 years. Improved oral health and preserved chewing ability were significantly associated with a reduced risk of cognitive impairment and dementia, suggesting a potential role for oral health in dementia prevention strategies.

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6. **Is Work-Related Hearing Loss Associated With Dementia? Evidence From a High-Risk Population.**

Authors: Cloeren, Marianne;Dement, John;Quackenbush, Jane;Quinn, Patricia and Ringen, Knut

Publication Date: Nov ,2025

Journal: American Journal of Industrial Medicine 68(11), pp. 1013–1027

Abstract: BACKGROUND: Age-related hearing loss is associated with increased dementia risk. We examined the association between hearing loss and dementia in a population at high risk for hearing loss from occupational noise exposures. **METHODS**: We conducted cross-sectional and longitudinal analyses using logistic regression and interval-censored Cox models using data from the Building Trades National Medical Screening Program (BTMed), from inception in 1996 through March 2024. Hearing loss was defined as a speech-frequency pure-tone average >= 20 decibels (dB) in the better ear and categorized as mild (20-34 dB), moderate (35-49 dB), moderately severe (50-64 dB), or severe to complete (>= 65 dB). Dementia was defined using criteria from medical history, physical exams, and

medication data across all medical screening examinations. **RESULTS**: The study included 44,000 exams in 24,958 BTMed participants; 54.6% had hearing loss. Hearing loss was strongly associated with dementia prevalence (211 cases, p = 20 dB and dementia (adjusted odds ratio = 1.88, 95% confidence interval (CI) = 1.15-3.07). In longitudinal analysis, a Cox model adjusted for confounders estimated a hazard ratio of 1.60 (95% CI = 0.99-2.59, p-trend = 0.0928) for incident dementia. **DISCUSSION**: Cross-sectional results support an association between occupational hearing loss and dementia, consistent in direction with findings for age-related hearing loss; longitudinal estimates were not significant but were directionally similar. If confirmed in other high-risk cohorts with repeated audiometry, these findings underscore the potential for hearing conservation and hearing loss rehabilitation in dementia prevention.

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7. **Sex and gender differences in caregiver burden among family caregivers of persons with dementia: A systematic review and meta-analysis**

Authors: Duangjina, Thitinan;Jeamjitvibool, Thanakrit;Park, Chang;Raszewski, Rebecca;Gruss, Valerie and Fritschi, Cynthia

Publication Date: 2025

Journal: Archives of Gerontology & Geriatrics 138, pp. N.PAG

Abstract: • Female caregivers experienced greater burden than male caregivers. • Gender disparity in caregiver burden was highest in Asia and high-income countries. • High heterogeneity was found in studies from Western and high-income countries. • Gender-sensitive, culturally tailored interventions are urgently needed. This systematic review and meta-analysis examined sex and gender differences in caregiver burden among family caregivers of persons with dementia and explored variations by region and country income level. Following PRISMA guidelines, a comprehensive literature search was conducted in four databases (CINAHL, PubMed, EMBASE, and PsycINFO), including studies up to December 2024. Forty-seven studies representing 24 countries were included in the systematic review, with 39 studies (41 effect sizes) included in the meta-analysis. A random-effects model was used to calculate pooled effect sizes (Cohen's d), and subgroup analyses were performed based on region and national income level. Across the 47 studies, 14,919 family caregivers participated, of whom 70 % were women. Most family caregivers were either spouses (44 %) or adult children (43 %). Care recipients were predominantly diagnosed with Alzheimer's disease. Female caregivers reported significantly greater burden than males (Cohen's d = 0.21, 95 % CI: 0.13–0.29, p < 0.001). Subgroup analyses showed higher burden in Asian countries (d = 0.27) compared to Western countries (d = 0.19), though the difference was not statistically significant. High-income countries showed greater disparities (d = 0.21) than middle-income countries (d = 0.16), with no significant difference. High heterogeneity was observed among Western and high-income countries. Female family caregivers experience a higher burden than male caregivers across regions and economic settings. Although regional and income-level subgroup differences were not statistically significant, findings underscore the role of cultural and structural contexts in shaping caregiver burden. Gender-sensitive, context specific interventions are essential to address these disparities

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8. **The impact of game play on dementia knowledge: A student evaluation of the Dementia Inequalities Game**

Authors: Giebel, Clarissa;Marshall, Helen;Cannon, Jacqui;Donnellan, Warren;Bullen, Heather;Lomas, Elizabeth;Porritt, Bridget;Rees, Anna;Curran, Simon;Tetlow, Hilary and Gabbay, Mark

Publication Date: 2025

Journal: Dementia (14713012) 24(8), pp. 1466–1477

Abstract: Background: People with dementia and carers can face many barriers, or inequalities, in accessing a diagnosis or care. These barriers are unjust and can be addressed by the right interventions, to ensure that everyone receives equitable access to diagnosis and care. A lack of knowledge about dementia in the health and social care workforce is a recognised barrier. The Dementia Inequalities Game was co-produced with people with personal, professional, and voluntary sector experiences of dementia, and offers an educational tool to educate people about dementia and associated inequalities and overcome this knowledge gap in the current and future (in training) workforce. Aims: The aim of this study was to assess the impact of playing the co-produced Dementia Inequalities Game on knowledge about dementia and associated inequalities in health care, allied health professional, nursing and psychology students. Methods: We conducted 11 game play workshops as part of regular teaching in undergraduate and postgraduate courses in psychology, nursing, occupational therapy, physiotherapy, orthoptics, and radiography at one University in the North of England. Students did not have to partake in the workshops. Participating students completed a brief before and after knowledge questionnaire about dementia and inequalities. Paired samples t-tests were used to compare ratings of knowledge of dementia and associated inequalities before and after game play. Findings: Three-hundred-and-eighteen students took part in the workshops, with 312 fully completed questionnaires. The largest cohort of students (49%) were studying for a degree in nursing. Playing the game significantly increased knowledge about dementia ($p < .001$) and dementia inequalities ($p < .001$). Implications: Playing the Dementia Inequalities Game is an effective tool to improve knowledge about dementia and associated inequalities in health care and psychology students. Using the game as an educational and sociable intervention in health and social care professionals is a next avenue to test.

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9. **The experiences of unpaid carers of people living with dementia during the cost-of-living crisis: A reflexive thematic analysis**

Authors: Herron, Daniel;Kyte, Lisa and Clewes, Lilli

Publication Date: 2025

Journal: Dementia (14713012) 24(8), pp. 1449–1465

Abstract: Some carers have reported struggling to manage the additional costs of caring for someone with dementia, which has negatively impacted upon their financial resilience. Since 2021, this has been compounded by the cost-of-living crisis experienced in the United Kingdom. This crisis has been driven by sharp increases in energy prices and the prices of everyday basics such as food. This study aimed to better understand how unpaid carers, supporting and co-habiting with people living with dementia, experience the cost-of-living crisis, and the impact this has on their ability to provide care for the person living with dementia. Eleven carers supporting and co-habiting with people living with dementia in England, took part in two semi-structured interviews approximately 3 months apart between November 2022 and February 2023. All transcripts were analysed using reflexive thematic analysis. Carers reported having to make difficult and sometimes drastic decisions in reaction to the cost-of-living crisis and the uncertainty of future cost-of-living increases, such as using blankets and extra lays of clothing for them and the person living with dementia in place of using the heating system in their home, going without food so their loved one can eat, or even missing social opportunities. Some carers described aspects which they felt mitigated some of the negative impact of the cost-of-living crisis, such as being able to draw upon financial resources or their local authority providing social events which included a heated space with food. The cost-of-living crisis has led to carers having to make difficult decisions which created worry and anxiety. Findings indicate that many carers need financial support, and it would be beneficial for free social events to be organised which provide a heated space and food, where carers and people living with dementia can socialise with others.

10. **A critical review and classification of dementia risk assessment tools to inform dementia risk reduction**

Authors: Huque, Md Hamidul;Eramudugolla, Ranmalee;Li, Meiwei;Kiely, Kim M.;Peters, Ruth and Anstey, Kaarin J.

Publication Date: Nov ,2025

Journal: Jpad 12(9), pp. 100333

Abstract: Addressing modifiable dementia risk factors requires reliable risk assessment methods. We aimed to synthesise knowledge on risk scores for all cause dementia, Alzheimer's disease (AD) and vascular dementia, classify them according to target population, evaluate their content, cost, appropriateness of validation studies, and suitability for implementing risk reduction guidelines. A systematic search was conducted of PubMed, Cochrane Collaboration, ProQuest, Scopus, Embase, and PsycINFO databases using a pre-registered protocol. Data on risk factors, target population, predictive validity, cost, and alignment with WHO guidelines were extracted. Random-effects meta-analysis was performed. Of 45 risk scores identified, 29 were for all-cause dementia, including 11 based on late-life cohorts, 6 on midlife, and 7 covering mid to late-life. The pooled C-statistic across development and validation studies of dementia risk scores was 0.69 (95 % CI: 0.67, 0.71). Development study AUCs were higher than validation study AUCs and dropped from 0.74 to 0.66 for risk scores developed for clinical samples and from 0.79 to 0.71 for AD specific scores (which include functional indicators non-independent of disease). There were no validated risk scores for vascular dementia. Dem-NCD, CogDrisk, ANU-ADRI and LIBRA risk scores incorporated most WHO-recommended risk factors and demonstrated accuracy comparable to the overall pooled C-statistic. We conclude that across the field, there are methodological limitations relating to validation, and inappropriate comparison of tools designed for different purposes or target populations. However, there are now several validated, risk scores for all-cause dementia and AD that assess modifiable factors and offer cost-effective dementia risk assessment and risk reduction advice.

11. **Life satisfaction and risk of dementia in older adults: findings from 15 European countries and meta-analysis.**

Authors: Karakose, Selin;Miller, Amanda A.;Luchetti, Martina;Stephan, Yannick;Sutin, Angelina R. and Terracciano, Antonio

Publication Date: Aug 29 ,2025

Journal: Age & Ageing 54(10)

Abstract: BACKGROUND: Life satisfaction (LS) is associated with lower morbidity and mortality. However, the evidence linking LS to dementia remains limited, with no studies from Europe. Prior studies also differ in the measurement of LS, dementia ascertainment and follow-up length. This study examined the prospective association between LS and dementia risk in samples of older adults from 15 European countries and combined the findings with the published literature in a meta-analysis. **METHODS**: Participants from the English Longitudinal Study of Ageing (ELSA; N = 6979; 56.1% female; Meanage = 65.35) and the Survey of Health, Ageing and Retirement in Europe (SHARE; N = 24,098; 55.8% female; Meanage = 64.50) reported their LS at baseline (2004-05 for ELSA; 2006-10 for SHARE). Dementia was ascertained through self-reported diagnosis or the Informant Questionnaire on Cognitive Decline in the Elderly up to 2023 for ELSA and with self and/or proxy-reported doctor diagnosis up to 2022 for SHARE. **RESULTS**: In both samples, accounting for

age and sex, greater LS was associated with a lower risk of dementia (ELSA; hazard ratio [HR] = 0.80, 95% CI = 0.73-0.87; SHARE; HR = 0.82, 95% CI = 0.79-0.86). The association persisted, accounting for other dementia risk factors (physical inactivity, smoking, obesity, diabetes, hypertension and depression), and was similar across sociodemographic groups and European regions. The random-effects meta-analysis (k = 7; total N = 74 392) supported the association between LS and lower dementia risk (HR = 0.76, 95% CI = 0.67-0.84). **CONCLUSIONS**: Across Europe and other world regions, the findings are consistent that LS is related to a lower risk of dementia. LS could be a valuable target for promoting healthier cognitive outcomes in older adults.

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12. **"We will tell everyone!" Capturing the impact of public and patient involvement in music therapy and dementia research through songwriting**

Authors: Kelly, Lisa;Corcoran, Carl;Paley, Gerry;Paley, Nuala;Quaid, Kevin;Quaid, Helena;Rochford-Brennan, Helen;Geoghegan, Carmel;Richardson, Ita and Moss, Hilary

Publication Date: 2025

Journal: Dementia (14713012) 24(8), pp. 1600–1614

Abstract: This paper describes and presents findings from a doctoral research project where songwriting was used as an approach to capture the impact of Patient and Public Involvement (PPI) in research. This paper is situated in the context of a larger research project which explored how telehealth music therapy can support people with dementia and their family caregivers living in the community. The research was guided by three PPI contributors with dementia with support from their family care partners to ensure the relevance of research outputs for people with dementia living in the community. To capture their experiences of being involved in this research, they collaboratively wrote a song entitled 'We Will Tell Everyone', about living well with dementia and the impact of being involved in dementia research. This paper presents the process of writing the song, the lyrics of the original song, alongside the PPI contributors experiences. Qualitative research using Interpretative Phenomenological Analysis was undertaken to analyse the process. Three themes emerged: (a) An empowering experience, (b) the importance of collaboration, respect and listening, and (c) a message of hope. This paper demonstrates how arts-based research methods such as songwriting can make research findings more impactful and offers a creative and accessible approach to capture the voices and lived experiences of people with dementia in research.

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13. **Impact of Specialty and Nonspecialty Palliative Care on Quality of Dying With Alzheimer's Disease or Related Dementias: A Systematic Review and Meta-Analysis**

Authors: Lai, Po-Hsuan;Chang, Ting-Chun;Zhan, Hsiang-Ting;Chao, Chen-Yun;Huang, Mei-Chih;Mudiyanselage, Sriyani Padmalatha Konara and Lin, Shih-Chun

Publication Date: 2025

Journal: Medical Care 63(11), pp. 851–865

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14. **Speaking of prevention: verbal interaction and social engagement as modifiable risk factors for dementia**

Authors: Marzetti, Emanuele;Calvani, Riccardo and Coelho-Junior, H.

Publication Date: 2025

Journal: Archives of Gerontology & Geriatrics 138, pp. N.PAG

Abstract: • Infrequent social and verbal interactions increase the risk of dementia especially in older men. • Social engagement and daily conversation reduce dementia risk through multiple pathways. • Healthcare, community, and policy initiatives should be implemented to enhance social connectivity and conversational opportunities.

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15. **Sustained social participation and dementia: evidence from a Japanese longitudinal cohort study with a time-varying exposure analysis**

Authors: Matsuyama, Yusuke;Shirai, Kokoro and Aida, Jun

Publication Date: 2025

Journal: Social Science & Medicine 385, pp. N.PAG

Abstract: Social participation is linked to a reduced risk of cognitive impairment and dementia. However, few studies have considered the bidirectional relationship between social participation and cognitive decline over time. We aimed to estimate the effect of sustained social participation on dementia risk reduction among older Japanese adults, accounting for the bias induced by the bidirectional relationship. A longitudinal study was conducted using data from the Japan Gerontological Evaluation Study. A baseline survey was administered in 2013, with dementia onset information up to 2022 obtained from the municipality registry (n = 47,698; median follow-up 9.2 years). Additional questionnaire surveys in 2016 and 2019 collected data on social participation and time-varying confounders. The average treatment effect (ATE) of sustained social participation on dementia onset was estimated using doubly robust targeted minimum loss-based estimation. Of the participants, 17.2 % got dementia. Participants with baseline social participation had a lower incidence of dementia (14.7 %) compared to those without social participation (17.8 %). Sustained social participation in any group at least once per week from 2013 to 2019 was associated with a 3.2 percentage point increase in dementia-free survival probability (95 % confidence interval, CI: 1.9, 4.5) compared to never participated. Among specific group types, participation in sports groups (ATE = 4.2; 95 % CI: 2.0, 6.4) and hobby groups (ATE = 5.3; 95 % CI: 2.5, 8.0) was significantly associated with increased dementia-free survival probability. Sustained social participation was associated with reduced dementia risk among older Japanese adults. • We examined the association of sustained social participation with dementia. • Time-varying, bidirectional nature of social participation and cognition was considered. • Sustained social participation was linked to a 3.2-point increase in dementia-free survival. • Sustained social participation reduced dementia risk among older Japanese adults.

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16. **"There is always a reason why someone is doing something": The importance of life history and personhood when supporting people with dementia to "wander" in care homes**

Authors: Mikhaylova-O'Connell, Yelena;Griffiths, Alys Wyn;Cunha, Iria;Devi, Reena;Spilsbury, Karen and Cherry, Mary Gemma

Publication Date: 2025

Journal: Dementia (14713012) 24(8), pp. 1516–1536

Abstract: Up to 60% of people living with dementia who reside in care homes will 'wander' at some point. A person-centred approach should be taken to support each person's individual needs through tailored interventions when wandering. This study aimed to identify care home staff perspectives on what supports safe wandering for people living with dementia in care home environments. As part of a larger study, and using a person-centred framework, semi-structured qualitative interviews were conducted with staff (N = 19) recruited from care homes in the North of England who provide care for older people. Transcripts were analysed using framework analysis. Four themes were identified, and two of these themes are presented here. Staff highlighted the importance of ensuring that personhood is at the centre of care delivery when supporting residents to wander. Clear leadership from management and meaningful involvement of families allowed staff to provide better support for residents. Staff also reflected on the importance of identification of unique impacts of dementia on each individual when providing person-centred care. The delicate balance between safety and well-being was consistently considered and reviewed. We identified a range of individual factors that contribute towards safe and supported wandering for people living with dementia. Positive risk taking, supported by policies and procedures, such as resident safety and meaningful activity, may allow staff to manage the benefits and risks associated with wandering.

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17. **Awareness and knowledge of dementia risk reduction among current and future health professionals: A survey study.**

Authors: Paauw, Dominique;Heger, Irene;Horstkotter, Dorothee;Kohler, Sebastian and Deckers, Kay

Publication Date: Oct ,2025

Journal: Alzheimer's & Dementia 21(10), pp. e70781

Abstract: INTRODUCTION: To lower future dementia incidence, there is an urgent need to implement dementia risk reduction strategies in routine care. Yet, it remains unclear whether health professionals possess sufficient knowledge. **METHODS**: A cross-sectional survey was conducted among 368 current and 692 future (i.e., students) health professionals in the Netherlands, assessing awareness of dementia risk reduction, knowledge of dementia risk factors, and educational needs and barriers. **RESULTS**: Most professionals (79.1%) and students (54.1%) were aware of dementia risk reduction. Across both groups, highly educated individuals demonstrated greater awareness and better recognition of risk factors. Knowledge gaps existed within both groups regarding the contribution of hearing impairment, obesity, poor sleep, and chronic kidney disease. Both groups expressed interest in professional education on brain health promotion. **DISCUSSION**: These findings highlight the need for tailored educational modules to address knowledge gaps and equip professionals with the tools to discuss dementia risk reduction in routine care. **HIGHLIGHTS**: Most professionals and students were aware of dementia risk reduction possibilities. Highly educated individuals demonstrated greater awareness and better recognition of dementia risk factors than those with lower education levels. Both professionals and students had knowledge gaps regarding specific dementia risk factors. Few students received comprehensive education on dementia risk reduction as part of their studies. The majority of professionals and students expressed interest in further (professional) education on improving brain health and dementia risk reduction.

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18. **Qualitative evaluation of My Life Today - A co-produced personal tool from the IDEAL programme to help people with dementia monitor valued aspects of their lives**

Authors: Pentecost, Claire;Hunt, Anna;Litherland, Rachael;Quinn, Catherine;Charlwood, Catherine;Morris, Robin G. and Clare, Linda

Publication Date: 2025

Journal: Dementia (14713012) 24(8), pp. 1478–1497

Abstract: Background and objectives: Self-management of chronic conditions can help individuals take control of their health, both improving well-being and reducing the burden on health and social care resources. This study explored the potential of our co-produced self-management tool, My Life Today (MLT), to help people with dementia identify, plan and monitor aspects of their lives that are important to them and that help to maintain or improve well-being. Research design and methods: We asked people with dementia to try using MLT. We conducted semi-structured interviews after one month and further interviews one month later. We also interviewed people who had supported the person with dementia to use MLT ('supporters'). We adopted a realist approach to thematic analysis to explore what works, for whom, under what circumstances. Results: Sixteen people with dementia and four supporters took part. All but one had mild to moderate cognitive impairment, and one had severe cognitive impairment. People with dementia used MLT according to their perceptions of its usefulness, their capabilities, and whether they had support. Using MLT helped most to think more positively about their activities and achievements and feel reassured by identifying the activities they were doing. Supporters and some people with dementia also derived benefits from planning and problem-solving to include more pleasurable activities. Discussion and implications: People with dementia and supporters found MLT a helpful tool. Mechanisms of engagement with MLT resonate with theories of behaviour change concerning the evaluation of capabilities and feelings of confidence in the ability to complete MLT and plan activities. Offering simple self-management tools such as MLT could form part of a post-diagnostic support package for people with dementia. Providing flexibility in when tools are offered and how they are used can allow for differences in attitudes and capabilities and increase the likelihood of engagement

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19. **Effects of an immersive virtual reality reminiscence intervention on engagement, behavioral and psychological symptoms, and well-being of people with dementia: A randomized crossover trial**

Authors: Pereira, Miguel;Leite, Cláudia;Campos, Carlos and Coelho, Tiago

Publication Date: 2025

Journal: Journal of Alzheimer's Disease 107(4), pp. 1517–1529

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20. **Love, anger and Primary Progressive Aphasia: Psychological care for a person with dementia**

Authors: Prigatano, George

Publication Date: Nov ,2025

Journal: Applied Neuropsychology: Adult 32(6), pp. 1823–1830

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21. **Enhancing healthcare professionals' confidence in ethical decision-making when caring for people with dementia: A qualitative evaluation of the CARE intervention**

Authors: Schou-Juul, Frederik;Tjørnhøj-Thomsen, Tine and Lauridsen, Sigurd

Publication Date: 2025

Journal: Dementia (14713012) 24(8), pp. 1581–1599

Abstract: Aim(s): To evaluate the impact of the CARE intervention on healthcare professionals'

perceived confidence levels and understand the factors influencing confidence in ethical decision-making in dementia care. Design: Thematic analysis of post-intervention focus-group interviews. Methods: Twelve focus-group interviews were conducted post-intervention with nurses and other healthcare professionals providing direct caregiving for people with dementia in a Danish municipality. Braun and Clarke's framework guided thematic analysis, which assessed the participants' perceived influence of the CARE intervention on their confidence and gained insights into the factors perceived by participants as impacting confidence in ethical decision-making. Results: Analysis revealed five themes across two overarching domains: the perceived influence of the CARE intervention on healthcare professionals' confidence and factors impacting their confidence. While the intervention reinforced confidence for many, some reported no change due to pre-existing high confidence levels. Factors contributing to confidence included reassurance of ethical practice, peer dialogue, family interaction, and critical reflection, underscoring the importance of peer support and dialogue in bolstering ethical confidence in dementia care. Conclusion: This study presents findings on the CARE intervention's impact on enhancing healthcare professionals' confidence in ethical decision-making in dementia care and offers insights on the potential of peer interaction and support in bolstering ethical confidence.

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22. **Frequency of daily conversation and risk of dementia: A population-based cohort study in Japan**

Authors: Shimizu, Yoko;Inoue, Manami;Yasuda, Nobufumi;Yamagishi, Kazumasa;Iwasaki, Motoki;Tsugane, Shoichiro and Sawada, Norie

Publication Date: 2025

Journal: Archives of Gerontology & Geriatrics 138, pp. N.PAG

Abstract: • We examined the association between frequency of daily conversation and risk of dementia. • The influence of sex and living arrangement on dementia risk was also considered. • Lower conversation frequency was linked to higher risk of dementia. • Living alone was associated with a higher risk in men, but not in women. This population-based study evaluated the association between frequency of daily conversation and risk of dementia, with consideration to living arrangement (living alone or living with someone) and sex. Participants aged 50 to 79 years who reported their frequency of daily conversation in 2000–2003 within the Japan Public Health Center-based Prospective Study were followed from 2006 to 2016 for incident dementia using certification records for national long-term care insurance in Japan. Hazard ratio (HR) and 95 % confidence interval (CI) were estimated using a Cox proportional hazards model with adjustment for factors such as lifestyle and medical history. Subgroup analyses were performed by living arrangement and sex. Among 35,488 participants, 3334 were diagnosed with dementia. Fully adjusted HRs compared with a conversation frequency of almost every day were 0.80 (95 % CI: 0.69–0.93) for every day with many people, 0.88 (0.80–0.97) for every day with several people, 1.18 (1.06–1.31) for 1–4 times/week, 1.17 (0.97–1.42) for 1–3 times/month, and 2.06 (1.49–2.85) for

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23. **Stakeholder Engagement to Inform and Refine an Existing Dementia Care Model in Home-Based Primary Care: The Co-Creation of Dementia Care Quality at Home**

Authors: Thacker, Ayush;Sy, Maimouna;Leff, Bruce;Ritchie, Christine S. and Sheehan, Orla C.

Publication Date: 2025

Journal: Journal of Applied Gerontology 44(11), pp. 1772–1782

Abstract: Millions of Americans have Alzheimer's Disease and Related Dementias (ADRD). While

people with ADRD can live well, many become homebound and are not able to access office-based primary care. Existing dementia care interventions improve patient and caregiver outcomes but are not tailored to homebound people living with dementia, their caregivers, or home-based primary care (HBPC) practices and clinicians who care for them. This study aimed to adapt existing dementia care models to the HBPC setting through qualitative focus groups with caregivers of homebound people living with dementia (n = 24) and HBPC clinicians (n = 22). Using the FRAME framework for intervention adaptation, and the Framework qualitative analysis method, our findings include that caregivers identified behavior management, decision-making, and safety as key areas where they needed more help from their HBPC practice. We co-created the Dementia Care Quality at Home (DCQH) intervention with HBPC clinicians to address this gap by adapting an existing dementia care model to the home and HBPC. Evaluation will determine if intervention refinement based on this feedback enhances the feasibility and acceptability of the DCQH.

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24. **Effectiveness of dementia literacy interventions for caregivers of people with dementia: A meta-analysis of randomized controlled trials**

Authors: Widiyaningsih;Pradana, Anung Ahadi;Susanto, Herry and Chiu, Huei-Ling

Publication Date: 2025

Journal: International Journal of Nursing Studies 171, pp. N.PAG

Abstract: Dementia is a significant global health challenge, placing a considerable burden on caregivers. Dementia literacy encompasses the ability to seek, evaluate, and apply dementia-related information, influencing dementia prevention and care. Interventions aimed at improving dementia literacy among caregivers have the potential to support caregiving by enhancing knowledge, confidence, and coping strategies. However, the effectiveness of these interventions in reducing caregiver burden remains unclear. To evaluate the effectiveness of dementia literacy interventions for caregivers of people with dementia. Systematic review and meta-analysis. Randomized controlled trials of dementia literacy interventions were searched comprehensively in PubMed, Embase, and Web of Science up to July 12, 2024. Trials included family caregivers of people with dementia. Primary outcomes were caregiver burden; secondary outcomes included knowledge, attitudes toward dementia, and self-efficacy. Two authors independently reviewed the eligible studies, evaluated their quality, and extracted relevant data. The risk of bias was assessed using the Cochrane Risk-of-Bias 2 tool for randomized trials. Meta-analysis was conducted using Comprehensive Meta-Analysis vers. 3.0, while narrative synthesis was applied when meta-analysis was not suitable. 40 eligible studies, comprising a total of 4336 caregivers were analyzed. Interventions varied in structure, delivery modes, durations, and frequencies and included education on dementia, caregiving techniques, stress management, and communication skills. The findings revealed that dementia literacy interventions significantly reduced caregivers' burden (Hedges' g = − 0.446, p < 0.001) and improved caregivers' knowledge (Hedges' g = 0.806, p < 0.001), attitudes toward dementia (Hedges' g = 0.621, p = 0.002), and self-efficacy (Hedges' g = 0.272, p < 0.001). Subgroup analyses and meta-regression indicated that the different intervention characteristics influenced caregiver burden, knowledge, and attitudes toward dementia, such as session duration, intervention frequency, mode of delivery, use of technology, total intervention duration, and number of sessions. However, significant heterogeneity and risks of bias were observed across studies. This study highlights the potential of dementia literacy interventions to address caregiver challenges and improve outcomes, emphasizing the importance of structured and sustained programs tailored to caregivers' needs. Future research should focus on optimizing intervention designs, such as session length and delivery methods, to maximize their impact and ensure long-term effectiveness. The protocol was registered on PROSPERO (Registration number: CRD42024565023).

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25. **The quality of life of patients with dementia and their caregivers: important and yet inadequately assessed**

Authors: Zhang, Xin;Aylwin, Michael;Thomas, David;Stott, Joshua;Crutch, Sebastian and Fox, Nick C.

Publication Date: 2025

Journal: Lancet Neurology 24(11), pp. 906–907

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26. **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
