

Dementia

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June 2026

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Unlocking the door to dementia diagnosis and treatments.

Alzheimer's Society; 2026.

[Two new reports published by the Alzheimer's Society reveal that dementia patients routinely face prolonged delays to diagnosis, followed by gaps and stark inequalities in treatment and support - highlighting the need for the same focus and urgency seen in other major conditions.]

1. Differences in intensive care outcomes between older adults with and without dementia: A systematic review and meta-analysis

Authors: Badell, Camila S.;Lizarazo Jimenez, Maria;Lopez Jesus, Angelica,I.;Rojas, Tatiana;Soares, Florence;Solorzano-Salazar, Dustin;Figueroa, Luis A.;Wilson, Gwen;Palomino, Luis E.;Fung, Katherine K.;Chyn, Eric Tien Yen;Ruiz, Eloy F. and Ponce-Ponte, Oscar

Publication Date: 2026

Journal: Journal of Critical Care 94, pp. 155553

Abstract: Purpose: Intensive care unit (ICU) admissions among older adults with dementia have more than doubled in the past two decades, now representing over 15% of ICU admissions. This population is particularly vulnerable to functional decline and complications following critical illness. This study systematically reviewed evidence on ICU utilization and outcomes among older adults with dementia compared with those without dementia.; Methods: We conducted a systematic review and random-effects meta-analysis of cohort studies (2003-2023) identified in MEDLINE, EMBASE, SCOPUS, and Web of Science. Pooled odds ratios (ORs) and mean differences (MDs) with 95% confidence intervals (CIs) were calculated.; Results: Fifteen studies from six countries including 1,738,285 patients (173,107 with dementia) met inclusion criteria. Adjusted analyses showed no difference in ICU mortality (OR 1.05,95%CI 1.00-1.11;n = 1). However, dementia was associated with higher 30-day (OR 1.54,95%CI 1.47-1.62;n = 1) and 12-month mortality (OR 1.95,95%CI 1.88-2.02;n = 1). Patients with dementia also had lower odds of receiving mechanical ventilation (OR 0.69,95%CI 0.60-0.80;n = 3) and higher odds of developing delirium (OR 4.80, 95%CI 1.81-12.72;n = 1).; Conclusions: Older adults with dementia

admitted to ICUs experience similar ICU mortality but higher long-term mortality, more delirium, and lower odds of mechanical ventilation. These findings highlight the need for prospective studies to guide patient-centered ICU care in this population. (Copyright © 2026 Elsevier Inc. All rights reserved.)

2. Challenges and needs in dementia care: people with dementia and family caregivers' experiences from diagnosis to follow-up in Swedish primary care: a qualitative study

Authors: Bergqvist, Monica; Bastholm-Rahmner, Pia; Modig, Karin and Schmidt-Mende, Katharina

Publication Date: 2026

Journal: Scandinavian Journal of Primary Health Care 44(1), pp. 1–14

Abstract: Objective: Primary care plays a central role in diagnosing dementia and coordinating and providing care. This study explores how older people with dementia and their family caregivers experience the process from diagnosis to follow-up in primary care, what support is needed, what works well and what could be improved.; Design: Semi-structured interviews were conducted with four people with dementia and 11 family caregivers in Stockholm, Sweden. Data were analyzed with inductive thematic analysis.; Results: Four themes were identified: Seamless assessment - from primary care to memory clinic, describes the transition from primary care to memory clinics, where empathy and professionalism are crucial to prevent feelings of failure. After diagnosis - a no man's land, highlights a communication gap between memory clinics and primary care that leaves informants feeling abandoned and causes emotional distress and isolation. Follow-up in a deficient primary care, underscores the importance of having 'a single point of entry' for coordinated support and a primary care provider with expertise in dementia. Embracing life with the diagnosis, emphasizes the need for guidance from a dedicated dementia team to manage progression.; Conclusion: People with dementia and their caregivers felt that primary care often failed to meet their needs due to limited accessibility, poor coordination, and a lack of dementia-specific expertise. Strengthening the role of general practitioners, introducing liaison nurses, and enhancing collaboration with municipal services could improve continuity, navigation, and support. These findings underscore the need for Swedish health care policy to promote sustainable, person-centered dementia care models within primary care.

3. A gated pathway for suspected urinary tract infection in dementia

Authors: Carpenter, Rob E. and Krouse, Andrew

Publication Date: 2026

Journal: Diagnostic Microbiology and Infectious Disease 115(3), pp. 117387

Abstract: Suspected urinary tract infection (UTI) in people living with dementia is a common diagnostic problem: delirium or functional decline often replaces focal urinary symptoms, while asymptomatic bacteriuria and pyuria are common at baseline, making urine positivity easy to misattribute as causal. The result is a predictable dual harm pattern across emergency and long-term care settings, with avoidable antibiotics in low-certainty episodes and dangerous delay when invasive infection is evolving. This instructional review presents a verification-first, certainty-gated approach organized by clinical stability and attribution difficulty. Gate 1 standardizes management of stable, attributable presentations using minimum criteria with urinalysis as screening and culture confirmation before treatment. Gate 2 defines escalation for stable but unresolved or discordant cases via broadened differential diagnosis and selective adjunct diagnostics only when results are decision-grade. Gate 3 prioritizes immediate therapy with parallel source evaluation when instability suggests sepsis or invasive infection. Gate 4 assigns results ownership through 48-72-hour culture follow-up with explicit stop/continue/de-escalate decisions, particularly post-discharge. We provide a high-yield differential, measurable audit metrics, and guardrails for biomarkers and molecular assays to improve specificity without increasing harmful delay. The outcome of this gated pathway is meant to improve specificity without creating delay by aligning testing, treatment, and follow-up to attributable syndromes and actionable microbiology. (Copyright © 2026 Elsevier Inc. All rights reserved.)

4. Risk factors for suicidal behaviour in people with dementia: A systematic review and meta-analysis

Authors: Chen, Yin-Ting;Kausar, Sobia;Lindenmeyer, Antje and Marshall, Tom

Publication Date: 2026

Journal: Journal of Affective Disorders 411, pp. 122050

Abstract: Background: Dementia-related affective symptoms and social withdrawal increase vulnerability to suicidal behaviour. This study evaluates the magnitude of this risk and its determinants, focusing specifically on suicide attempts and deaths.; Methods: A systematic review and meta-analysis of observational studies was conducted. Eight English- and Chinese-language databases were searched from inception to May 2025. Pooled odds ratios (OR) were estimated using random-effects models to compare people with dementia (PwD) with controls and to identify risk factors within the dementia population.; Results: Thirty-seven studies met the inclusion criteria. Dementia was associated with a 62% increased risk of suicidal behaviour compared with non-dementia controls (pooled OR = 1.62; 95% CI 1.32-1.98). Risk was notably concentrated in specific subgroups: younger patients were nearly three times more likely to die by suicide than older patients, and men faced 28% higher odds of suicide attempts and 188% increased odds of suicide deaths compared to women. Social isolation and psychiatric history-particularly depression-were robust risk markers. Notably, the exhaustive search of Chinese-language databases yielded no eligible publications, revealing a significant geographical evidence gap.; Conclusions: PwD face a significant increase in suicidal behaviour, concentrated within subgroups with psychiatric and social vulnerabilities. Prevention should prioritise younger patients, men, and socially isolated individuals. The identified lack of diverse data necessitates future cross-cultural qualitative research in English and Chinese to bridge the gap between Western and Eastern perspectives and capture culturally situated risk factors currently missing from the literature. (Copyright © 2026 The Authors. Published by Elsevier B.V. All rights reserved.)

5. Mind-body exercise interventions in older adults with dementia: A systematic review and meta-analysis

Authors: da Silva, Vanessa Pereira;Monteiro-Junior, Renato and Moraes, Helena

Publication Date: 2026

Journal: Journal of Bodywork and Movement Therapies 47, pp. 469–478

Abstract: Objective: This study investigated the effects of mind-body interventions-defined as practices integrating physical movement, controlled breathing, and focused attention, such as yoga, dance, tai chi, and mindfulness-on neuropsychological and behavioural aspects in older adults with dementia.; Methods: A systematic search was conducted in PubMed, Web of Science, Scopus, APA PsycInfo, Embase, and SciELO. Eligible studies were randomized controlled trials (RCTs) of movement-based mind-body interventions in dementia that reported at least one neuropsychological or behavioral and psychological symptom of dementia (BPSD) outcome. Physical function and quality of life were also evaluated as secondary outcomes. A meta-analysis was performed using a random-effects model, with effect sizes expressed as standardized mean differences (SMD). Heterogeneity was assessed using the I² statistic.; Results: Eight RCTs comprising 529 participants met the inclusion criteria. Significantly large effects were observed for BPSD, particularly with mindfulness and tai chi interventions sustained for up to 1 year. Moderate improvements were also identified in neuropsychological and physical function compared with controls. No significant effects were detected for quality of life.; Conclusions: Movement-based mind-body interventions might be a cost-effective, non-pharmacological strategy to improve BPSD, neuropsychological, and physical function in individuals with dementia. However, current evidence only permits general clinical recommendations. Further large-scale, well-designed RCTs are needed to consolidate the evidence base and guide dementia care practices. This systematic review follows PRISMA-S guidelines and is registered in PROSPERO (CRD42023483823).

6. Interventions to support young carers/supporters of people living with dementia: a mixed methods systematic review

Authors: Goodchild, Kirstie; Parkinson, Ellice and Cross, Jane L.

Publication Date: 2026

Journal: International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2650367

Abstract: Purpose: Despite children being young carers for people living with dementia globally, and evidence suggesting they need more support, there is limited research evaluating best practice for dementia-care related interventions for children. The purpose of this work was therefore to comprehensively summarise the existing literature by synthesising studies appraising existing child-focused and dementia-care relevant interventions.; Method: A mixed methods systematic review with a convergent integrated synthesis approach. Four databases were systematically searched from 1st January 2013 to 9th February 2024. Qualitative, quantitative, and mixed methods studies evaluating any intervention programme that aimed to improve children's understanding and/or support for people living with dementia were included.; Results: Seventeen studies, evaluating 15 different interventions (1,345 participants), were eligible for inclusion. Extracted data were inductively synthesised into 18 categories, forming six integrated findings relating to what makes interventions useful for helping children to understand and/or support people living with dementia.; Conclusions: The findings can inform the development of interventions for children with dementia care responsibilities, and further robust research.

7. Proficient nurses' empathy in caring for people with dementia

Authors: Ishii, Yuka; Yao, Li; Oyama, Hitoshi; Fukazawa, Yuri; Toriumi, Yukie and Takayanagi, Chikako

Publication Date: 2026

Journal: International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2608193

Abstract: Aim: "Empathy" is a key concept in dementia care and considered important to improve the quality of care. However, how empathy should be promoted among dementia care nurses remains unclear. Thus, this study aimed to clarify the role of nurses' empathy in caring for people with dementia.; Methods: Certified nurse specialists in gerontological and dementia nursing were recruited as participants using snowball sampling. Data were collected from seven participants in March 2023 through focus-group interviews and analyzed qualitatively and inductively.; Results: Six categories related to care experiences were formed using fifty-six codes in five stages. The categories were as follows: i) Turn toward each other, considering personal diversity; ii) Actively approach them by understanding and acknowledging their thoughts; iii) Experience feelings of warmth after comprehending their personalities; iv) Experience an emotional resonance with them; v) Sharpen own senses to deeply understand their experiences; and vi) Work as a team to provide the most suitable care.; Conclusion: The results demonstrated that empathy is a key element in the interactions between nurses and people with dementia that contributes to more harmonious relationships. These findings can be used to educate nurses on dementia care, which may help reduce nurses' burnout.

8. Exploring the experiences and needs in everyday life of spouse carers of persons with dementia

Authors: Johansson, Marcus F.; Marmstål Hammar, Lena; Dahlberg, Lena; McKee, Kevin; Williams, Chirstine and Summer Meranius, Martina

Publication Date: 2026

Journal: International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2680726

Abstract: Purpose: Spouses of persons with dementia often take on caring responsibilities that can be overwhelming and negatively affect their well-being. To support the development of effective services and promote carer well-being, we aim to describe carer experiences and needs in everyday life.; Methods: Semi-structured phone interviews were conducted with a convenience sample of 24 spouses caring for a partner with dementia in Sweden. The interviews explored experiences of caring for a partner with dementia. Interviews were analyzed with thematic analysis.; Results: The analysis generated two themes: "Being consumed by caring" and "Longing to be seen and feel supported". The first theme showed that spouse carers experience a transition from spouse to carer and feel confined in their new situation. The second showed that to be supported, spouse carers need to feel acknowledged in their situation, and formal care must meet their partner's needs, as carers' needs are enmeshed with those of their partners.; Conclusion: Spouse carers of persons with dementia often feel trapped by caring responsibilities. To feel supported, they need to be acknowledged both as individuals and as part of a couple. Health and social care professionals should focus on maintaining spouses' sense of self and adopt a couple-centred approach.

9. When minds collide: The combined impact of dementia and depression on survival

Authors: Lee, Gyeong-Min;Jun, Nu-Ri;Lee, Hyun Jun and Kim, Jae-Hyun

Publication Date: 2026

Journal: Journal of Affective Disorders 404, pp. 121504

Abstract: Background: Dementia and depression are major public health concerns in aging societies and are independently associated with increased morbidity and mortality. However, their combined impact on survival remains insufficiently understood, particularly in Asian populations.; Objective: This study examined the independent and combined effects of dementia and depression on all-cause mortality among middle-aged and older Korean adults, with a focus on sex differences.; Methods: We used data from the Korean Longitudinal Study of Aging (KLoSA) spanning 2018-2022. A total of 6940 participants from the 7th wave (2018) were followed through 9th wave (2022) to determine survival status. Dementia was identified by self-reported physician diagnosis, and depressive symptoms were assessed using the CES-D-10. Mortality risk was evaluated using chi-square tests and Cox proportional hazards models, adjusting for demographic, health, and social activity factors.; Results: Compared with individuals without either condition, mortality risk was higher in participants with depression only (HR = 1.34, p = 0.071), dementia only (HR = 1.69, p = 0.011), and was substantially elevated in those with comorbid dementia and depression (HR = 4.72, p < 0.0001). Men with comorbidity showed the highest risk (HR = 10.59), exceeding that observed in women (HR = 4.57). Limited social activity was also associated with increased mortality.; Conclusion: Dementia and depression were each associated with increased mortality, and their co-occurrence was associated with elevated risk, particularly among men. These findings underscore the importance of integrated and sex-sensitive management strategies to reduce excess mortality in aging populations. (Copyright © 2026. Published by Elsevier B.V.)

10. Post-stroke insomnia and the risk of post-stroke cognitive impairment and dementia: A large retrospective cohort study

Authors: Muhtar, Muhammad Solihuddin;Chirakalwasan, Naricha;Chiu, Hsiao-Yean;Pongpitakmetha, Thanakit;Hsu, Min-Huei;Chen, Pin-Yuan;Al-Nouman, Huda;Thato, Ratsiri and Hasan, Faizul

Publication Date: 2026

Journal: Sleep Medicine 143, pp. 108929

Abstract: To evaluate the association between post-stroke insomnia (PSI) and the incidence of post-stroke cognitive impairment (PSCI), dementia, and all-cause mortality compared to stroke survivors

without insomnia. We analyzed electronic health record data from the TriNetX Global Collaborative Network (119 healthcare organizations). Adults diagnosed with stroke between January 1, 2004, and September 30, 2017, were included. Patients with pre-existing insomnia were excluded. Patients were categorized as having PSI if diagnosed with insomnia after the index stroke, or as a non-insomnia comparator if no sleep disorder was recorded. Propensity score matching was used to balance baseline characteristics. The primary outcome was PSCI. Secondary outcomes included all-cause dementia, Alzheimer's disease, and all-cause mortality. Cox proportional hazard models were used to estimate hazard ratios (HRs) with 95% CIs. After propensity score matching, 35,144 patients were included in each cohort (PSI and non-insomnia). During follow-up, patients with PSI had significantly higher risks of PSCI (HR, 1.29; 95% CI, 1.24-1.34), all-cause dementia (HR, 1.30; 95% CI, 1.23-1.37), and Alzheimer's disease (HR, 1.28; 95% CI, 1.13-1.45) compared to the non-insomnia group. The risk of all-cause mortality was not different between the groups. Multivariable Cox model analyses revealed stronger associations of PSI with PSCI, dementia, and Alzheimer's disease in older adults, females, and those with diabetes, musculoskeletal diseases, hypertensive diseases, digestive disorders, specific head injuries, antidepressant use, NSAID use, and non-opioid analgesics use. In this large cohort study, PSI was associated with a significantly increased risk of cognitive decline, including PSCI, dementia, and Alzheimer's disease. These findings suggest that systematic screening and management of insomnia should be integrated into post-stroke care pathways to potentially mitigate long-term cognitive deterioration. (Copyright © 2026 Elsevier B.V. All rights reserved.)

11. Does insomnia severity increase the risk of dementia? A 7-year longitudinal study

Authors: Oo, Aung Thet; Yamada, Takuya; Sato, Shinichiro; Takeda, Noriko; Nakamura, Mutsumi; Ueda, Takuya; Kitabatake, Yoshinori; Maruo, Kazushi; Arao, Takashi and Nemoto, Yuta

Publication Date: 2026

Journal: Archives of Gerontology and Geriatrics 148, pp. 106274

Abstract: Background: Although sleep disorders may be a modifiable risk factor for dementia onset, the association between insomnia and dementia remains unclear. The aim of this study was to examine whether the severity of insomnia accelerates the onset of dementia among older adults.; Methods: This 7-year community-based longitudinal study was conducted in Tsuru City, Yamanashi, Japan. All residents aged ≥ 65 years without functional disability were invited to participate in the baseline survey in January 2016, and 5255 older adults responded. Follow-up data were collected for up to seven years and included in the analysis. Dementia onset was assessed using data from long-term care insurance. Insomnia severity was measured using the Athens Insomnia Scale. Restricted cubic spline models and time-varying Cox proportional hazards models were conducted to examine the association between insomnia severity and dementia onset.; Results: During the follow-up period, 878 participants (16.7%) developed dementia. The spline curve indicated a linear dose-response association between insomnia severity and dementia risk. After adjusting for sociodemographic factors and health characteristics, greater insomnia severity was associated with a higher incidence of dementia (hazard ratio 95% confidence interval]: 1.02 1.00, 1.04]). Stratified analyses by sex, age, and educational attainment, as well as sensitivity analyses excluding participants who developed dementia within two years of baseline, showed results consistent with the main analyses.; Conclusion: We found a linear dose-response relationship, in which greater insomnia severity is associated with a higher risk of dementia. These findings support the importance of prevention and management of insomnia in dementia prevention strategies. (Copyright © 2026 Elsevier B.V. All rights reserved.)

12. Global burden of disease due to young-onset dementia and the forecast for 2050: update from global burden of disease study 2021

Authors: Park, Yoonseo; Jeong, Heejae; Kim, Eun-Ji; Park, Sewon; Lee, Munjae and Jakovljevic, Mihajlo

Publication Date: 2026

Journal: Journal of Medical Economics 29(1), pp. 1012–1026

Abstract: Objective: The prevalence of young-onset dementia (YOD) is increasing worldwide, leading to greater economic and social burden, necessitating strategic management and prevention.; Materials and Methods: Using GBD 2021 data, disability-adjusted life years (DALYs) rates were analyzed by age, sex, and risk factors across five age groups. ARIMA and Bayesian models were applied to predict disease burden through 2050.; Results: From 1990 to 2021, disease burden increased in both sexes aged ≥ 55 years, with the greatest rise in the 55-59 group. DALYs rates were consistently higher in females, peaking in the 60-64 group. High fasting plasma glucose was the leading risk factor. Model performance varied by sex and age; applying the best-fitting models indicated a continued increase in burden, particularly among females.; Conclusions: YOD burden has risen over time and is associated with modifiable factors such as high blood glucose and body mass index. The increasing trend is expected to persist, highlighting the need for effective management strategies to reduce future socioeconomic impact.

13. Barriers and facilitators to home-based end-of-life care for people with dementia: A meta-ethnographic study

Authors: Yin, Guo;Sivaramakrishnan, Divya;Wang, Yajing;Chong, Huimin and Macaden, Leah

Publication Date: 2026

Journal: International Journal of Nursing Studies 179, pp. 105517

Abstract: Background: Achieving a "good death" at home for people with dementia remains an aspiration rather than a reality. Despite the preference for home-based end-of-life care among people with dementia and their families, institutional deaths continue to predominate.; Objectives: This review aims to systematically synthesize qualitative evidence to identify the barriers and facilitators influencing home-based end-of-life care for people with dementia and to develop a conceptual framework integrating these complex factors.; Methods: Qualitative evidence synthesis using a meta-ethnographic approach. A systematic search was conducted in PubMed, MEDLINE, Embase, CINAHL, PsycINFO, Web of Science, and the Cochrane Library in October 2024. Study quality was assessed using the CASP tool, and confidence in the review findings was assessed using GRADE-CERQual.; Results: Six core themes were identified through the synthesis of data from 17 studies. System-level factors included ambiguous and obstructed entry points for end-of-life care, strained supply, financial thresholds for care services, and unstable care support. Family-level factors involved powerlessness in perceiving and seeking care and the limits of family capacity. Based on these findings, a conceptual framework was developed, which comprehensively presents the complexity of home-based end-of-life care for people with dementia.; Conclusions: Home-based end-of-life care for people with dementia remains a "long and challenging journey." Future research should pay greater attention to factors that enable and strengthen service provision and to feasible ways of implementing such care. Additionally, the existing evidence mainly comes from developed countries in the Global North and is largely based on the perspectives of family caregivers and healthcare professionals. Future research needs to incorporate the perspectives of people with dementia and pay attention to the context of low- and middle-income countries.; Registration: The review protocol was registered with PROSPERO (CRD42024578005). (Copyright © 2026 The Authors. Published by Elsevier Ltd.. All rights reserved.)

14. Cancer and dementia incidence are strongly correlated worldwide: evidence from cross-national regression analyses

Authors: You, Wenpeng;Coventry, Brendon J. and Henneberg, Maciej

Publication Date: 2026

Journal: Future Science OA 12(1), pp. 2602336

Abstract: Background: Cancer and dementia are two major global health challenges influenced by population aging and socioeconomic transitions. Both impose substantial burdens, yet their relationship

at the population level is insufficiently explored. This study investigated the global association between cancer incidence and dementia incidence, while accounting for developmental, demographic, and healthcare-related factors.; Methods: Data were obtained from the Institute for Health Metrics and Evaluation. Covariates included economic affluence, urbanization, reduced selection opportunity, and life expectancy e(60). Analyses across 204 countries employed correlations, partial correlations, principal component analysis, and multiple linear regression (enter and stepwise). Subgroup analyses were stratified by income level, development status, WHO regions, and geopolitical groupings.; Results: Cancer incidence was strongly correlated with dementia incidence worldwide ($r = 0.873$; $\rho = 0.938$, $p < 0.001$). Associations remained consistent across regions, particularly in upper-middle-income and developing countries. Partial correlations showed the relationship persisted after adjustment, with cancer explaining 59.8% of dementia variance. Regression models revealed that socioeconomic and demographic factors explained 51.7% of the variance, rising to 80.1% with cancer included.; Conclusion: Cancer incidence is a dominant independent predictor of dementia incidence globally, surpassing traditional factors. Findings highlight shared determinants and emphasize the importance of integrated chronic disease strategies, especially in low-resource settings.

15. Effectiveness of non-pharmacological and pharmacological interventions on delirium duration in older adults with delirium: a systematic review and meta-analysis of randomised controlled trials.

Authors: Sánchez A.

Publication Date: 2026

Journal: *Age and Ageing* ;55(4):afag085.

Abstract: [Non-pharmacological multicomponent interventions may reduce delirium duration in older adults, but evidence is limited by heterogeneity and the few studies focused on treatment. Pharmacological and single-component interventions showed unclear benefit, underscoring the need for more high-quality trials in this population.]

16. Experiences of primary care for people with dementia from socioeconomically disadvantaged areas: a qualitative study.

Authors: Morris C.

Publication Date: 2026

Journal: *British Journal of General Practice*;76(766):e376-e384.

Abstract: [The increasing prevalence of dementia is expanding the role of primary care in its management. However, inequities exist in primary care for people with dementia, particularly related to socioeconomic status. Individuals from socioeconomically disadvantaged areas are underrepresented in research on this topic.]

17. Healthcare Service Utilisation of People Living With Non-Alzheimer's Dementia: A Systematic Review.

Authors: Tjin A.

Publication Date: 2026

Journal: *Journal of Geriatric Psychiatry and Neurology*;39(4):355-367.

Abstract: [Thirty-one studies were included. Healthcare utilisation varied by dementia subtype and was influenced by sociodemographic, cognitive, and clinical factors. Compared with Alzheimer's disease (AD), non-AD dementias had higher healthcare use and costs. People with non-AD dementias have

greater and distinct healthcare needs. Future research should develop standardised measures and tailored interventions to address their complex socioeconomic and clinical requirements.]

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