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Dementia

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September 2026

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1. **Principles and Strategies of Interviewing People with Advanced Dementia**

Authors: Backhouse, Tamara;Killett, Anne;Jeon, Yun-Hee and Mioshi, Eneida

Publication Date: 2026

Journal: Dementia (14713012) 25(7), pp. 1512–1529

Abstract: People with cognitive impairment such as those with dementia, particularly in the moderate or advanced stages, can be excluded from qualitative interview research. However, the value of people with dementia's participation in research is increasingly acknowledged. Adaptations to qualitative

interview techniques for use with people with advanced dementia are underexplored. We draw on 13 semi-structured interviews undertaken with people with advanced dementia in family and care-home settings. We examine researcher intuitive adaptations to contextualise and clarify including the importance of member checking in the moment with direct, closed questions if need be; people with dementia 'coasting' and leading; as well as carers as conversation partners. We draw out learning points around creating safe interview interactions, and strategies to enhance meaning making. We present methodological learnings and considerations when interviewing people with advanced dementia likely to be instructive for other researchers. We suggest that the research topic needs to be relatable and multiple methods of meaning making should be considered. Our analysis contributes to the growing evidence base considering how to improve meaningful engagement with people with dementia in interviewing. We encourage other researchers to reflect on their interview interactions with people with dementia to further delineate successful components and inform future research practices.

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2. **Findings From a Photovoice Project to Identify Services and Support for People Living With Young Onset Dementia and Their Families**

Authors: Baxter, Vanessa;Sheard, David;Jones, Victoria and Crewe, Jackie

Publication Date: 2026

Journal: Dementia (14713012) 25(7), pp. 1494–1511

Abstract: There is considerable variation in the provision of support and services for people living with young onset dementia in the UK. This study aimed to elicit the views of people living with young onset dementia and their families on what they want in the community, and identify gaps in support. The Photovoice approach was used to collect views from four groups of participants, over three sessions of each group. A total of four people living with young onset dementia and eight carers took part. People living with young onset dementia want to do a variety of activities, and these need to be age appropriate and "normal" things that they would have done prior to their diagnosis. Activities need to be flexible and fitted to the person rather than the person being fitted to the activity. A number of facilitators and barriers were identified. Carers' lives are now very different to what they had planned or envisaged for the future, and they value peer support. They need support to help understand information and navigate paperwork, systems and processes. The study provided insights based on lived experience into what people living with young onset dementia and their families want from support and services in the community

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3. **Delayed Access to Dementia Services: The Experiences of the African Caribbean Community in the UK**

Authors: Brown, Melissa G.;Howarth, Stephanie L. and Riley, Gerard A.

Publication Date: 2026

Journal: Dementia (14713012) 25(7), pp. 1597–1611

Abstract: African Caribbean people in the UK have a higher incidence of dementia compared to White people. Despite this, they are less likely to seek help from services. Previous research has investigated barriers to help-seeking for dementia in ethnic minorities, but this research has typically involved samples drawn from a range of ethnic groups. Given their increased risk, it would be useful to focus specifically on the African Caribbean community. Fourteen African Caribbean participants, with experience of supporting a family member with memory loss, participated in an interview exploring their perceptions of barriers to help-seeking. Reflexive Thematic Analysis was used to guide the collection and analysis of interview data. Historical experiences of the African Caribbean community have made them self-reliant and stoical in the face of adversity, and unwilling to seek help, particularly from a society that rejected them. Memory loss is likely to be attributed to old age or harmless individual traits, and the concept of dementia is not well rooted in the culture. Shame and stigma attached to mental difficulties in the culture also make people unwilling to seek help and motivated to mask their

difficulties. There are cultural and familial expectations that care should be provided by daughters within the family, not by outsiders. Participants were reluctant to make use of services due to concerns that, because of racism, the family member will receive a poorer quality service, a culturally insensitive service, or be mistreated. There is a need to raise awareness and understanding of dementia in this community, and to tackle the stigma associated with it. Ongoing racism and cultural insensitivity within services also need to be addressed. Because of the community's mistrust of government and mainstream institutions, African Caribbean community organisations should be funded to lead efforts to deal with these issues.

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4. **'Everyone Needs a Hug': A Lifeworld-Led Approach to Recognise and Maintain the Person of Care Recipients Living With Advanced Dementia**

Authors: Bøgmose, Jesper;Bøgeskov, Benjamin Olivares;Dening, Tom and Martinsen, Bente

Publication Date: 2026

Journal: Dementia (14713012) 25(7), pp. 1612–1627

Abstract: A most crucial aspect in dementia care is recognising and maintaining the person behind the dementia condition. Yet, it has been found that caring for people living with advanced dementia risk becoming mere techniques and undervaluing the significance of inter-embodied relationships. This can lead to that the unique person of those receiving the care becomes overlooked and undermined. Research suggests how the care recipients' unique person fruitfully can be recognised via identifying humanising caring relations in their everyday lives. Thus, it is necessary to explore how formal caregivers engage in care that support people living with advanced dementia as human beings, which is the aim of this study. Following Galvin and Todres' existential lifeworld-led approach to care, the lived experience of formal caregivers' humanisation of their care recipients were explored through participant observations and semi-structured interviews at two nursing homes specialised in advanced dementia; both methods were granted ethical approval from a research ethics committee. Based on the lifeworld-led theory we found four ways within formal caregivers' experience to be able to humanise care recipients living with advanced dementia, which can be described as: The continuity of self, The touch of the world, The kindred understanding, and The invisible bond. We argue that it is not enough just replicating such caring ways in order to deliver humanisation in advanced dementia care, but require of the caregiver to engage in a genuine human relation with those for whom they care. Such engagement in recognising and supporting the intrinsic humanness of the care recipient can guide a more humanly sensitive care practice that recognises and maintains the unique person behind the advanced dementia condition.

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5. **Views and Experiences of People With Dementia, Informal Caregivers and Professionals on Eating and Drinking Difficulties: A Qualitative Systematic Review**

Authors: Cai, Mingjin;Gong, Xiaoyan;Yang, Yi;He, Haiyan and Wu, Xuehua

Publication Date: 2026

Journal: Journal of Advanced Nursing (John Wiley & Sons, Inc.) 82(10), pp. 8921–8938

Abstract: Aim: This study aims to explore the views and experiences of people with dementia, informal caregivers and professionals regarding eating and drinking difficulties. Design: A qualitative systematic review was conducted. Methods: The Preferred Reporting Items for Systematic Reviews and Meta-analysis guidelines were used to conduct this systematic review. The quality of the included studies was assessed using the Joanna Briggs Institute Critical Appraisal Checklist for Qualitative Research, and the data were thematically synthesised using Thomas and Harden's three-stage method. Data Sources: Six electronic databases (PubMed, EMBASE, Cochrane Library, Web of Science, CINAHL and PsycINFO) were searched from their respective inception dates to August 2025 to identify relevant studies. Results: Thematic analysis of the 16 included studies identified four key themes: (1) Physiological and psychological changes in people with dementia and caregivers; (2) factors

influencing eating and drinking in people with dementia; (3) needs and recommendations for people with dementia, informal caregivers and professionals; (4) selection of eating methods for end-stage people with dementia. Conclusions: Eating and drinking difficulties affect the well-being of both patients and caregivers. A good dining environment improves mealtime pleasure but demands caregivers' time and energy. All parties emphasised the importance of effective communication. In end-stage dementia, professional assistance is crucial for enteral nutrition decisions. Implications for the Profession and/or Patient Care: Collaboration among patients, caregivers and professionals is vital for creating tailored nutritional plans and improving mealtime environments, thereby enhancing nutritional intake. In advanced dementia, providers must provide balanced information on comfort feeding versus enteral nutrition to aid decision-making. Impact: What problems were addressed in this study? This study addressed the lack of a consolidated, tri-perspective understanding of eating and drinking difficulties in dementia care settings. What are the main findings? Four key themes were identified: physiological and psychological changes, influencing factors, stakeholder needs and end-of-life decision-making. Where and on whom will the research have an impact? This will impact care practices for people with dementia and inform the training and support of informal caregivers and healthcare professionals.

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6. **Social Participation and Psychological Well-Being Among Older Adults With Dementia**

Authors: Choi, Namkee G.;Marti, C. N.;Zhou, Yuanjin and Kunik, Mark E.

Publication Date: 2026

Journal: Dementia (14713012) 25(7), pp. 1545–1567

Abstract: The positive physical, mental, and cognitive health effects of social participation in late life have been well established. However, the facilitators and barriers of social participation among older adults with dementia and the effects of social participation on their psychological well-being have been understudied. Using the cross-sectional 2023 National Health and Aging Trends Studies (N = 7,547; 13.2% of them classified as having possible or probable dementia), we examined the correlates of social participation among older adults with dementia, compared to those among their peers without dementia, the moderating effect of dementia on the associations between social participation and psychological well-being, and the mediation effects of SSNS and depressive/anxiety symptoms on the associations between social participation and psychological well-being among older adults with dementia. Results from linear regression models show negative associations between dementia and social participation (B SE] = −0.36 0.07], t = −5.38, p <.001 for possible dementia; B SE] = −0.31 0.09], t = −3.42, p =.001 for probable dementia). However, regardless of dementia status, higher education, larger social network, greater neighborhood social cohesion, and engagement in exercise were facilitators of social participation. Perceived health-related and transportation barriers and vision impairment among those with dementia were barriers to social participation. The positive association between social participation and psychological well-being (B SE] = 0.18 0.01], t = 13.01, p <.001) was not moderated by dementia status, although both possible and probable dementia were independently negatively associated with psychological well-being. Path model results show that among older adults with dementia, increased social network size (ratio of indirect to total effects = 0.13) and reduced depressive/anxiety symptoms (ratio of indirect to total effects = 0.17) mediated the association between social participation and psychological well-being. Implications of the findings for enhancing social participation among older adults with dementia are discussed.

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7. **Frailty transitions, depressive symptoms, and incident dementia: findings from four longitudinal studies**

Authors: Fang, Jia;Cheng, Wencan;Li, Huiyuan;Ho, Kayan;Yang, Chen;Zhang, Yiheng;Zhang, Ni;Zhang, Ye;Shen, Fangjia;Wu, Xiaodan and Zhang, Meifen

Publication Date: 2026

Journal: Journal of Affective Disorders 414, pp. N.PAG

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8. **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.

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9. **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

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10. **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.

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11. **Annual wellness visits, cognitive function, and early dementia diagnosis**

Authors: Kim, Elizabeth;Raji, Mukaila A.;Polychronopoulou, Efstathia;Tzeng, Huey-Ming;Milani, Sadaf Arefi and Kuo, Yong-Fang

Publication Date: 2026

Journal: Archives of Gerontology and Geriatrics 150, pp. 106355

Abstract: Background Diagnosing dementia early optimizes care and enables timely interventions for modifiable contributors. Impact of Medicare Annual Wellness Visits (AWVs) on rate of mild cognitive impairment (MCI) detection remains unclear. Objective To assess association between AWVs and timeliness of diagnosis of MCI and Alzheimer's disease-related dementias (ADRD), adjusting for factors (not accounted for in prior studies) including education, poverty, residence, serial cognitive measures before and after AWV, instrumental activity of daily living, behavioral factors and non-clinical determinants of health-captured in Health and Retirement Study (HRS) survey database. Methods Data from the Health and Retirement Study (HRS) linked to Medicare claims (2011-2019) were used. Propensity score-matched cohorts (AWV vs. non-AWV) were created for four calendar years. HRS survey-based scores before and after AWVs measured cognitive function. Kaplan-Meier and Cox models were used to estimate the risk of MCI/ADRD diagnoses within two years. Results Demographic variables were well-matched (absolute standard difference < 10%). Both groups had similar cognitive decline, but the AWV group had higher cognitive scores before and after AWV than non-AWV group. MCI diagnoses were higher in the AWV group, while both groups had similar time to diagnosis for ADRD, independent of behavioral factors and non-clinical determinants of health. Conclusion AWVs are associated with earlier detection of MCI, which may guide patient-provider decisions on evaluations for modifiable factors (e.g. physical inactivity, smoking, hypothyroidism, sleep apnea) linked to cognitive decline and subsequent dementia.

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12. **"Between love and bills"- tailored personas of families coping with financial toxicity from caring for people with dementia and comorbidities: A qualitative study**

Authors: Liu, Tong;Ma, Yingzhuo;Yang, Yang;Cheng, Oumei;Feng, Min;Zhao, Qinghua;Wang, Jun and Xiao, Mingzhao

Publication Date: 2026

Journal: International Journal of Nursing Studies 183, pp. N.PAG

Abstract: Financial toxicity is a critical factor impacting the well-being of families caring for people with dementia and comorbidities. However, the impact of individual differences in behavioral decision-making patterns when coping with financial toxicity is particularly significant, and standard financial support approaches often fail to meet the needs of this heterogeneous group. This study aimed to

explore the heterogeneity of behavioral decision-making patterns in coping with financial toxicity among families managing dementia and comorbidities, and to construct family personas to address the unique challenges and needs of diverse family groups. A qualitative descriptive study was conducted at multiple medical institutions and community centers in Chongqing, China, from August to October 2025. Purposive sampling was used to select primary financial decision-makers for people with dementia and comorbidities. Semi-structured interviews were conducted to capture their financial coping strategies and the underlying decision-making mechanisms. Inductive content analysis was used to extract factual labels and construct dimensional models. Family personas were developed by categorizing participants based on these dimensions, and the behavioral decision-making patterns embodied by these personas were interpreted from a behavioral economics perspective and visualized using labeled personas. A total of 26 eligible primary financial decision-makers participated in the study. Three key dimensions were identified to construct the personas: characteristics of financial coping, behavioral decision-making patterns, and primary unmet support needs. Four distinct personas were developed based on individual attributes, highlighting the varying behavioral decision-making patterns and needs of families managing dementia and comorbidities. The personas were categorized as follows: participants who are avoidant and overwhelmed, participants who are motivated by responsibility and guided by emotion, participants who are anxious and restricted by social image, and participants who are highly knowledgeable with planning capabilities. Precise interventions based on family personas are essential for optimizing financial decision-making in dementia and comorbidities care. This study developed four family personas for coping with financial toxicity, providing a theoretical basis for precise interventions to address the heterogeneous needs of this family group.

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13. **Nurse or Allied Health-Led Models of Transitional Dementia Care in Australia: A Scoping Review**

Authors: Mete, Rebecca;Smyth, Aisling;D'cunha, Nathan;Gibson, Diane;Isbel, Stephen and Bail, Kasia

Publication Date: 2026

Journal: Dementia (14713012) 25(7), pp. 1700–1730

Abstract: It is important to understand the range of transitional care models that support people with dementia who have complex health needs. This is to avoid unnecessary hospitalisations, to maximise any benefits in care transfers and, may increase access to higher quality care and reduce the incidence of low value care. A scoping review of peer-reviewed literature was conducted to investigate and summarise nurse or allied health-led models of transitional dementia care in Australia. Nurse and allied health-led transitional care models for older people and people with dementia included models that emphasised community services, hospital avoidance, out-reach to residential care, emergency department streamlining, intensive dementia support, or a combination (n = 14). Health outcomes reported included decreased presentations, length of stay and costs in emergency departments; reduction in hospital admissions and in medication use and increase in non-pharmacological interventions. Future models of nurse or allied health-led care should emphasise the need for localised relational approaches by the transitional staff to support continuity of care as crucial aspects for behavioural and gerontological transitional care.

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14. **Artificial intelligence enabled social robotic interventions (PARO) in Australian dementia care: A systematic review and meta-analysis**

Authors: Omar, Syed Haris;Ghani, Ahsan;Sanober, Adla and Umar, Abdullah

Publication Date: 2026

Journal: International Journal of Medical Informatics 220, pp. 106627

Abstract: Background Although there is a growing body of research indicating that Personal Robot/Social Robot could be used in various aspects of care for individuals with dementia, little is known about how well these types of interventions work in an actual hospital setting in Australia. Aims

& Objectives The objective of the present systematic review and meta-analysis is to assess the effectiveness of PARO-based socially assistive robotic intervention in terms of its effectiveness outcomes towards the reduction of dementia-related behavioural and psychological symptoms in Australian based healthcare settings. Methods A systematic search was conducted across five electronic databases, including MEDLINE (PubMed), EMBASE, CINAHL, PsycINFO, and the Cochrane Library, to identify randomised controlled trials (RCTs) investigating PARO-based socially assistive robotic interventions for dementia in Australian healthcare settings. This review was registered with PROSPERO (CRD420251251916) and followed the PRISMA 2020 guidelines. In addition, the Cochrane Risk of Bias tool (RoB 2) was used to evaluate the risk of bias across all studies. Pooled standardised mean differences (SMD) with 95 % confidence intervals (CI) were calculated for agitation, anxiety, and depression. Heterogeneity across studies was evaluated using the I^2 statistic. Results Six RCTs involving 1444 participants were identified for inclusion in this review. AI-enabled socially assistive robotic interventions, specifically the PARO therapeutic robot, significantly reduced agitation and anxiety when compared to standard treatment or control conditions. The pooled analysis showed that agitation SMD = -0.44 (95 % CI: -0.70, -0.18) p = 0.0008] and anxiety SMD = -0.59 (95 % CI: -0.91, -0.27) p = 0.0003] were reduced significantly, while the decrease in depression SMD = -0.44 (95 % CI: -0.95, -0.07) p = 0.09] scores was non-significant among dementia patients receiving PARO-based socially assistive robotic interventions as compared to the control. The overall risk of bias across all six studies was considered low to moderate. Conclusion PARO-based socially assistive robotic interventions may provide preliminary evidence of effectiveness in reducing agitation and anxiety in individuals with dementia in Australian healthcare, but the evidence regarding the reduction of depression remains unclear. Therefore, additional high-quality trials with consistent methodology and extended follow-up will be necessary to determine both the short-term and long-term clinical efficacy and practicality of implementing these interventions into practice.

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15. **"It Became More and More Important to Bring the World Into the House": Exploring the Barriers and Facilitators to a Culturally Inclusive Dementia-Friendly Community**

Authors: Shatnawi, Eman;Steiner-Lim, Genevieve;Caballero, Gabriela E.;Stojcevska, Irena;Vu, Thi Hang;Pham, Nhan Ho Trong;Morrison, Nicky;DiGiacomo, Michelle;Dadich, Ann;Karamacoska, Diana and Dementia Alliance, Canterbury Bankstown

Publication Date: 2026

Journal: Dementia (14713012) 25(7), pp. 1477–1493

Abstract: Dementia-friendly communities can increase community participation and social wellbeing for people impacted by dementia. However, culturally and linguistically diverse people have typically been excluded or underrepresented from dementia-friendly community design processes. This study aimed to establish the factors that affect community engagement for culturally and linguistically diverse people impacted by dementia, and their suggestions for a dementia-friendly community in Canterbury-Bankstown, Australia. Bilingual researchers conducted semi-structured interviews (N = 17) in three languages: seven were in English (dyads n = 6; former carer n = 1); five were in Arabic (person with dementia n = 1; dyads n = 3; former carer n = 1) and five were in Vietnamese (dyads n = 4; former carer n = 1). These interviews explored barriers and facilitators to community engagement and design considerations for a culturally inclusive dementia-friendly community. Interview transcripts were thematically analysed, inductively. Factors that affected participation included community perceptions of dementia, family support, and the accessibility of transport and public environments. Members of the Arabic and Vietnamese groups faced language barriers and cultural stigma, which increased a sense of exclusion and isolation. In response, they emphasised the need for accessible transport, inclusive social groups, and community-wide dementia education to create a more dementia-friendly environment. Their suggestions aligned with traditional dementia-friendly community principles and were subsequently adopted by the local dementia alliance in designing a more inclusive and culturally responsive dementia-friendly community.

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16. **Spiritual Support for People Affected by Dementia: A Scoping Review**

Authors: Wolverson, Emma;Backhouse, Tamara;Burnand, Alice;Eriksen, Siren;Fonseca de Paiva, Andrea;Harrison Dening, Karen;Mabire, Jean-Bernard;Sabatini, Serena and van der Steen, Jenny T.

Publication Date: 2026

Journal: Dementia (14713012) 25(7), pp. 1674–1699

Abstract: As a life-limiting illness, dementia requires a holistic approach to care, where spiritual support plays a crucial role in helping individuals and their caregivers find meaning and solace. Our aim was to systematically map the research conducted on psychosocial interventions developed to provide spiritual support for people living with dementia and their caregivers from diagnosis and across the disease trajectory. A scoping review was conducted to explore the breadth of research on 'spiritual support' in dementia care, encompassing interventions, service delivery models, programs, toolkits, approaches, and activities. Electronic databases (MEDLINE (Pubmed), CINAHL, PsycINFO, EMBASE, Web of Science and The Cochrane Library) from inception until February 2025. References of included papers were hand searched. The quality of studies was assessed using the Mixed Methods Appraisal Tool. The findings were interpreted jointly with seven people with dementia and six family caregivers. Twelve papers met the eligibility criteria, reporting on interventions for people with dementia, caregivers, staff skills, care environments, and inclusive worship. Most studies were exploratory, with only one RCT. Studies originated from the USA (n = 4), Europe (n = 4), Australia (n = 2), Taiwan (n = 1), and Canada (n = 1). Eight focused on community settings, three on residential care, and one included both. Six studies involved people with dementia: four with mild to moderate, one with moderate to advanced, and one with mixed severity. Outcomes were inconsistent and there was a lack of longitudinal observational studies to track changes over time. Spiritual support should be personalised and multifaceted, incorporating creative activities and tailored interventions that reflect individual preferences and diverse backgrounds. Future research should employ longitudinal observational and intervention designs.

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17. **Comparison of sleep characteristics between Alzheimer's disease dementia and Parkinson's disease dementia**

Authors: Zhao, Beiyu;Shang, Suhang;Zhang, Meng;Guo, Xiaojuan;Zhou, Rong;Qu, Qiumin and Cao, Hongmei

Publication Date: 2026

Journal: Sleep Medicine 147, pp. N.PAG

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18. **How Does Receipt of Dementia Screening Impact Depressive Symptoms Among Patients and Their Family Members?**

Authors: Lou Y.

Publication Date: 2026

Journal: J*ournal of the American Geriatrics Society* 2026;:doi: 10.1111/jgs.70603

Abstract: [This study aims to examine how dementia screening affects older adults and their family members over time, and whether these effects occur independently or simultaneously within the dyad. The findings suggest that screening for dementia in older adults has a spillover effect to family members. Dementia screening may have a double benefit in families.]

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