

## Current Awareness Bulletin

# MENTAL HEALTH

# OLDER PEOPLE

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This bulletin includes recent articles and reports from selected journals and websites on the topic of **Mental Health Older People**.

This is not an exhaustive list and if you require further information on a specific topic you should carry out a full literature search, or ask Library Services to undertake this for you.

In the electronic version of this bulletin you can jump directly to the area you want.

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### Key Journals – Ctrl Click to access current Table of Contents

[Signpost – Journal of Dementia and Mental Health Care of Older People](#) (Click the link for the latest issue - Full text journal)

[Age and Ageing](#) (bimonthly)

[Aging & Mental Health](#) (8 issues per year)

[BMC Geriatrics](#) (monthly online open access)

[Dementia – The International Journal of Social Research and Practice](#) (quarterly)

[Drugs & Aging](#) (monthly)

[International Journal of Alzheimer’s Disease](#) (annually)

[International Journal of Geriatric Psychiatry](#) (monthly)

[International Journal of Older People Nursing](#) (quarterly)

[International Psychogeriatrics](#) (monthly) (Some full-text access available with Athens password)

[Journal of Aging and Health](#) (8 issues per year)

[Journal of Gerontological Social Work](#) (8 issues per year)

[Nursing Older People](#)

[The Journals of Gerontology Series B](#) (bimonthly)

[Working with Older People](#) (quarterly)

### Abstracts

Please note that access to full-text PDFs is given only where available through NHS core content or library subscriptions. For access to articles that do not have links please contact the library service.

#### [Dementia profile: February 2021 update.](#)

Public Health England (PHE); 2021.

<https://www.gov.uk/government/statistics/dementia-profile-february-2021-update>

[Updated statistics on dementia prevalence, hospital admissions, care and mortality, at the national and subnational geographical areas in England. The dementia profile is designed to improve the availability and accessibility of information on dementia. The data is presented in an interactive tool that allows users to view and analyse it in a user-friendly format.]

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#### [Conversational Therapy through Semi-Immersive Virtual Reality Environments for Language Recovery and Psychological Well-Being in Post Stroke Aphasia.](#)

Giachero A. *Behavioural Neurology* 2020;:2846046.

[After the treatment, no significant differences among groups were found in the different measures. However, the amount of improvement in the different areas was distributed over far more cognitive and psychological aspects in the VR group than in the control group.]

*Freely available online*

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#### [Speech rehabilitation in dysarthria after stroke: a systematic review of the studies.](#)

Chiamonte R. *European Journal of Physical and Rehabilitation Medicine* 2020;56:547-62.

[This systematic review tried to provide to the reader a complete overview of the literature of all possible different speech treatments for dysarthria after stroke. A correct protocol could permit to improve the communication and the quality of life of these subjects.]

*Freely available online*

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### **Dementia and loneliness: prevalence and determinants for people living in the UK.**

The Mental Elf; 2021.

<https://www.nationalelfservice.net/mental-health/dementia/dementia-loneliness/>

[Rosie Mansfield summarises recent findings from the IDEAL programme on the prevalence and determinants of loneliness in people living with dementia.]

*Freely available online*

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### **Effects of Mind-Body Interventions Involving Meditative Movements on Quality of Life, Depressive Symptoms, Fear of Falling and Sleep Quality in Older Adults: A Systematic Review with Meta-Analysis.**

Weber M. *International Journal of Environmental Research and Public Health* 2020;17(18):6556 .

[MBI involving meditative movements may serve as a promising opportunity to improve psychological health domains such as QoL, depressive symptoms, FoF and sleep quality in older adults. Hence, these forms of exercise may represent potential preventive measures regarding the increase of late-life mental disorders, which need to be further confirmed by future research.]

*Freely available online*

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### **Evaluation of rivastigmine in Alzheimer's disease.**

**Author(s):** Nguyen ; Hoffman, Heidi; Chakkampambal, Binu; Grossberg, George T

**Source:** Neurodegenerative Disease Management; Feb 2021; vol. 11 (no. 1); p. 35-48

**Publication Date:** Feb 2021

**Publication Type(s):** Academic Journal

Available at [Neurodegenerative disease management](#) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:**Dementia is the major cause of mortality and morbidity in older adults, with Alzheimer's disease (AD) being the most common cause. AD has a significant impact on economic and psychosocial status. Cholinesterase inhibitors (ChEIs) are currently the mainstay in the management of AD. Rivastigmine is the only ChEI that inhibits both acetylcholinesterase and butyrylcholinesterase enzymes in the brain. This dual inhibition makes it potentially more effective for AD patients. Its availability as both a transdermal formulation and oral capsule, may improve adherence rates and care giver satisfaction compared with other ChEIs. To date, the data from randomized clinical trials and post marketing observational studies have shown evidence for an impact on cognitive functions in AD with good safety and tolerability. Dementia is the major cause of death and disability in older adults, with Alzheimer's disease being the most common cause. Cholinesterase inhibitors (ChEIs) are the class of drugs that are used currently for the medical management of dementia. Among them, rivastigmine is the only ChEIs that inhibits certain enzymes in the brain. This inhibition makes the drug more effective for the patients. As this drug is also available as a skin patch, it makes the drug easier to administer and improves patient adherence to it. To date, the data from randomized clinical trials and post marketing observational studies have shown evidence for an impact in patient's cognitive abilities with good safety and minimal side effects. These data are summarized in this article.

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### **Cannabinoids in the management of frontotemporal dementia: a case series.**

**Author(s):** Gopalakrishna ; Srivathsal, Yazhini; Kaur, Gurmehar

**Source:** Neurodegenerative Disease Management; Feb 2021; vol. 11 (no. 1); p. 61-64

**Publication Date:** Feb 2021

**Publication Type(s):** Academic Journal

Available at [Neurodegenerative Disease Management](#) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:**Background: Frontotemporal dementia (FTD) is characterized by progressive deterioration in

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behaviors, executive function and/or language. The behavioral variant (Bv) is characterized by disinhibition and obsessive/compulsive behaviors. These symptoms are sometimes resistant to medications. This series examines patients suffering with treatment-resistant Bv-FTD who were prescribed cannabinoid and related compounds for other indications. Case presentation: Three FTD cases from a dementia clinic were identified. These patients had disability due to behavior despite typical pharmacologic management. These patients were prescribed marijuana for comorbidities (anxiety, insomnia and pain). In all cases, use of cannabinoid products showed significant improvements in behavior and in the primary indication for prescription. Conclusion: Review of these cases demonstrates potential for the use of cannabinoids in the management of treatment-resistant Bv-FTD. Frontotemporal dementia is a complicated and difficult disease that can be challenging to manage and often leads to significant burden on caregivers. Sometimes management of behavioral changes is difficult even with medications. In this case series, we report three cases of patients with behavior that was resistant to typical treatment who showed improvement in behavior when they were prescribed medical marijuana for other reason.

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**A communication model for nursing staff working in dementia care: Results of a scoping review.**

**Author(s):** van Manen ; Aarts, Sil; Metzelthin, Silke F.; Verbeek, Hilde; Hamers, Jan P.H.; Zwakhalen, Sandra M.G.

**Source:** International Journal of Nursing Studies; Jan 2021; vol. 113

**Publication Date:** Jan 2021

**Publication Type(s):** Academic Journal

Available at [International Journal of Nursing Studies](#) - from Unpaywall

**Abstract:**Communication between nursing staff and people with dementia can be challenging. According to the literature, communication is seen as a process of social- and/or informational exchange between a sender and a receiver in a context. Factors related to these elements determine the quality of communication. Insight into the factors involved in the communication process between nursing staff and people with dementia is limited and a comprehensive model of communication in dementia care is lacking. To identify and visualize factors associated with communication between nursing staff and people with dementia. A scoping review of scientific literature. Scientific articles were retrieved from the bibliographic databases of PubMed, CINAHL and PsycINFO. The reviewing process was directed by the Joanna Briggs guidelines for scoping reviews. Full-text articles describing the communication process between nursing staff and people with dementia were eligible for inclusion. A data extraction form was used to identify factors associated with communication. Following a directed content analysis approach, factors were categorized in one of three categories: nursing staff; people with dementia; or context. Each category was thematically analysed to identify themes and subthemes. Results were visualized into a communication model. The review included 31 articles; in total, 115 factors were extracted. Thematic analysis of nursing staff factors (n = 78) showed that communication is associated with professional characteristics, individual experiences, verbal - and non-verbal communication skills, communication approach and values. Factors attributed to people with dementia (n = 22) concerned client characteristics, functional status, behaviour, verbal communication skills and values. Contextual factors (n = 15) related to organization of care, time and situation. Based on these results, the Contac-d model was constructed. The Contac-d model gives a comprehensive overview of factors involved in the communication process between nursing staff and people with dementia, providing insight in potential starting points for communication improvement, e.g. respect for needs, identity and privacy of people with dementia, a flexible and adapted communication approach and matching language. Additionally, results suggest that an appealing location, longer duration of the interaction, and music in the surrounding may improve communication in certain situations. However, it was not feasible based on current literature to recommend what works to improve communication in which situations. Future studies should study factors and their interrelatedness in specific care situations. Authors further believe that more attention should be paid to strengths and capabilities of people with dementia and to non-modifiable factors that influence communication.

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**Use of dementia care mapping in the care for older people with intellectual disabilities: A mixed-method study.**

**Author(s):** Schaap ; Dijkstra, Geke J.; Reijneveld, Sijmen A.; Finnema, Evelyn J.

**Source:** Journal of Applied Research in Intellectual Disabilities; Jan 2021; vol. 34 (no. 1); p. 149-163

**Publication Date:** Jan 2021

**Publication Type(s):** Academic Journal

Available at [Journal of applied research in intellectual disabilities : JARID](#) - from Wiley Online Library Login with Athens Account details

Available at [Journal of applied research in intellectual disabilities : JARID](#) - from Unpaywall

**Abstract:**Background: The ageing of people with intellectual disabilities, with associated morbidity like dementia, calls for new types of care. Person-centred methods may support care staff in providing this, an example being Dementia Care Mapping (DCM). DCM has been shown to be feasible in ID-care. We examined the experiences of ID-professionals in using DCM. Methods: We performed a mixed-methods study, using quantitative data from care staff (N = 136) and qualitative data (focus-groups, individual interviews) from care staff, group home managers and DCM-in-intellectual disabilities mappers (N = 53). Results: DCM provided new insights into the behaviours of clients, enabled professional reflection and gave new knowledge and skills regarding dementia and person-centred care. Appreciation of DCM further increased after the second cycle of application. Conclusion: DCM is perceived as valuable in ID-care. Further assessment is needed of its effectiveness in ID-care with respect to quality of care, staff-client interactions and job performance.

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**A person-centred approach to implementation of psychosocial interventions with people who have an intellectual disability and dementia—A participatory action study.**

**Author(s):** Watchman ; Mattheys, Kate; McKernon, Michael; Strachan, Heather; Andreis, Federico; Murdoch, Jan

**Source:** Journal of Applied Research in Intellectual Disabilities; Jan 2021; vol. 34 (no. 1); p. 164-177

**Publication Date:** Jan 2021

**Publication Type(s):** Academic Journal

Available at [Journal of Applied Research in Intellectual Disabilities](#) - from Wiley Online Library Login with Athens Account details

Available at [Journal of Applied Research in Intellectual Disabilities](#) - from Unpaywall

**Abstract:**Background: Numbers of people with an intellectual disability and dementia present a global health and social challenge with associated need to reduce stress or agitation and improve quality of life in affected individuals. This study aimed to identify effectiveness of psychosocial interventions in social care settings and, uniquely, explore use of photovoice methodology to develop dialogue about dementia. Methods: This mixed-method participatory action study used individualised goal-setting theory with 16 participants with intellectual disability and dementia, and 22 social care staff across 11 sites. Five co-researchers with intellectual disability were part of an inclusive research team collecting data using existing and bespoke tools including photovoice. Analysis used descriptive and inferential statistics and framework analysis. Results: Seventy four percentage of individual goals met or exceeded expectations with reduction in some "as required" medication. Qualitative findings include themes of enabling care and interventions as tools for practice. Photovoice provided insight into previously unreported fears about dementia. Conclusions: Individualized psychosocial interventions have potential to reduce distress or agitation.

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**Understanding the causes, symptoms and effects of young-onset dementia.**

**Author(s):** Ray ; Denning, Tom

**Source:** Nursing Standard; Dec 2020; vol. 8 (no. 4)

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**Publication Date:** Dec 2020

**Publication Type(s):** Trade Publication

Available at [Nursing standard \(Royal College of Nursing \(Great Britain\) : 1987\)](#) - from Coventry & Warwickshire Partnership Trust Libraries Print holdings Local Print Collection <br>, [location] : Education Centre Library - Coventry & Warwickshire Partnership NHS Trust. ; Caludon Centre Library - Coventry & Warwickshire Partnership NHS Trust. [title\_notes] : Donated journal some issues missing.

**Abstract:**Why you should read this article: • To increase your awareness of young-onset dementia and its distinct challenges • To understand the differences between young-onset dementia and dementia developing later in life • To recognise the role of nurses in ensuring people with young-onset dementia are adequately diagnosed and supported Young-onset dementia refers to dementia that develops before the age of 65 years. It can present with a wide variety of symptoms including cognitive, behavioural, neurological and systemic symptoms, which reflects the wide range of possible causes. Young-onset dementia profoundly affects all aspects of people's lives, including relationships, employment and finances, and it will also profoundly affect relatives and carers. This article outlines the causes, symptoms and effects of young-onset dementia and describes the role of nurses in providing care and support to people with this progressive condition.

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### **The Protective Impact of Telemedicine on Persons With Dementia and Their Caregivers During the COVID-19 Pandemic.**

**Author(s):** Lai ; Yan, Elaine Wai-hung; Yu, Kathy Ka-ying; Tsui, Wing-Sze; Chan, Daniel Ting-hoi; Yee, Benjamin K.

**Source:** American Journal of Geriatric Psychiatry; Nov 2020; vol. 28 (no. 11); p. 1175-1184

**Publication Date:** Nov 2020

**Publication Type(s):** Academic Journal

**PubMedID:** NLM32873496

Available at [The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry](#) - from Unpaywall

**Abstract:**Objectives: Social distancing under the COVID-19 pandemic has restricted access to community services for older adults with neurocognitive disorder (NCD) and their caregivers. Telehealth is a viable alternative to face-to-face service delivery. Telephone calls alone, however, may be insufficient. Here, we evaluated whether supplementary telehealth via video-conferencing platforms could bring additional benefits to care-recipient with NCD and their spousal caregivers at home.Participants: Sixty older adults NCD-and-caregiver dyads were recruited through an activity center.Design, Intervention: The impact of additional services delivered to both care-recipient and caregiver through video conference (n = 30) was compared with telehealth targeted at caregivers by telephone only (n = 30), over 4 weeks in a pretest-post-test design. Interviews and questionnaires were conducted at baseline and study's end.Measurements, Results: Supplementary telemedicine had averted the deterioration in the Montreal Cognitive Assessment evident in the telephone-only group ( $\eta^2 = 0.50$ ). It also reversed the falling trend in quality of life observed in the telephone only group (QoL-AD,  $\eta^2 = 0.23$ ). Varying degrees of improvements in physical and mental health (Short-Form 36 v2), perceived burden (Zarit Burden Interview Scale) and self-efficacy (Revised Caregiving Self-Efficacy Scale) were observed among caregivers in the video-conferencing group, which were absent in the telephone-only group ( $\eta^2 = 0.23-0.51$ ).Conclusion: Telemedicine by video conference was associated with improved resilience and wellbeing to both people with NCD and their caregivers at home. The benefits were visible already after 4 weeks and unmatched by telephone alone. Video conference as the modus operandi of telemedicine beyond the context of pandemic-related social distancing should be considered.

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**Group cognitive behavioural therapy for family caregivers of people with dementia: A single-arm pilot study.**

**Author(s):** Shikimoto ; Tamura, Noriko; Irie, Sachiko; Iwashita, Satoru; Mimura, Masaru; Fujisawa, Daisuke

**Source:** Psychogeriatrics; Jan 2021; vol. 21 (no. 1); p. 134-136

**Publication Date:** Jan 2021

**Publication Type(s):** Academic Journal

Available at [Psychogeriatrics : the official journal of the Japanese Psychogeriatric Society](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:**The article discusses caregivers of people with dementia have subject to psychological and physical burdens due to cognitive and functional decline and Behavioural and Psychological Symptoms of Dementia (BPSD) of families. Topics include the program consists of psychoeducation, behavioural management of BPSD based on applied behavioural analysis theory; and the aims of the study have to evaluate the feasibility of the program.

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**Increasing need for telehealth services for families affected by dementia as a result of Covid-19.**

**Author(s):** Brown ; Oliver, Emily; Harrison Dening, Karen

**Source:** Journal of Community Nursing; Oct 2020; vol. 34 (no. 5); p. 59-64

**Publication Date:** Oct 2020

**Publication Type(s):** Academic Journal

Available at [Journal of Community Nursing](#) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:**There is no doubt that families affected by dementia have faced many new challenges as a result of Covid-19. The suspension and closure of support services, enforced lockdown and changes to important daily routines have influenced the way in which families affected by dementia have gained support. Health and social care services have recognised the need to adapt by incorporating telehealth as a substitute to existing care models; however, some have faced challenges in providing such care to this patient population. This paper explores the use of telephone helplines as a means of support for families affected by dementia during Covid-19, commenting on the advantages and disadvantages and reflecting on the experience of a dementia specialist helpline nurse.

**Database:** CINAHL

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**Current and Future Treatments in Alzheimer Disease: An Update.**

**Author(s):** Yiannopoulou ; Papageorgiou, Sokratis G

**Source:** Journal of Central Nervous System Disease; Jan 2020 ; p. 1-12

**Publication Date:** Jan 2020

**Publication Type(s):** Academic Journal

Available at [Journal of central nervous system disease](#) - from Europe PubMed Central - Open Access

Available at [Journal of central nervous system disease](#) - from Unpaywall

**Abstract:**Disease-modifying treatment strategies for Alzheimer disease (AD) are still under extensive research. Nowadays, only symptomatic treatments exist for this disease, all trying to counterbalance the neurotransmitter disturbance: 3 cholinesterase inhibitors and memantine. To block the progression of the disease, therapeutic agents are supposed to interfere with the pathogenic steps responsible for the clinical symptoms, classically including the deposition of extracellular amyloid  $\beta$  plaques and intracellular neurofibrillary tangle formation. Other underlying mechanisms are targeted by neuroprotective, anti-inflammatory, growth factor promotive, metabolic efficacious agents and stem cell therapies. Recent therapies have integrated multiple new features such as novel biomarkers, new neuropsychological outcomes, enrollment of earlier populations in the course of the disease, and innovative trial designs. In the near future different specific agents for every patient might be used in a "precision medicine" context,

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where aberrant biomarkers accompanied with a particular pattern of neuropsychological and neuroimaging findings could determine a specific treatment regimen within a customized therapeutic framework. In this review, we discuss potential disease-modifying therapies that are currently being studied and potential individualized therapeutic frameworks that can be proved beneficial for patients with AD.

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**Receiving a diagnosis of young onset dementia: a scoping review of lived experiences.**

**Author(s):** O'Malley ; Carter, Janet; Stamou, Vasileios; LaFontaine, Jenny; Oyebode, Jan; Parkes, Jacqueline

**Source:** Aging & Mental Health; Jan 2021; vol. 25 (no. 1); p. 1-12

**Publication Date:** Jan 2021

**Publication Type(s):** Academic Journal

Available at [Aging & mental health](#) - from Unpaywall

**Abstract:**Personal experiences of receiving a diagnosis of young onset dementia (YOD) are often overlooked in a complex assessment process requiring substantial investigation. A thematic synthesis of published until November 2018 qualitative studies was completed to understand the lived experiences of younger people. This informed a Delphi study to learn how diagnostic processes could be improved, identify the strengths and weaknesses of current approaches, and help educate professionals concerning key issues. Systematic searches of bibliographic databases were conducted involving self-reported experiences of diagnosis of YOD. Eight out of 47 papers identified were quality assessed using Walsh & Browne's criteria for methodological appraisal. The review emphasises that delays in diagnosis can often be attributed to (1) delays in accessing help, and (2) misattribution of symptoms by the clinician. The impact of diagnosis is influenced by the clinician's use of language; and reactions to diagnosis varied from feelings of reassurance (in that their symptoms are now explained), to shock and destabilisation. This review suggests that improving the recognition of presenting symptoms, reducing diagnostic errors, and identifying the emotional needs arising from diagnosis are required to improve the diagnostic experience for younger adults, and to promote future engagement with services.

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**Dementia in the workplace: are employers supporting employees living with dementia?**

**Author(s):** Egdell ; Cook, Mandy; Stavert, Jill; Ritchie, Louise; Tolson, Debbie; Danson, Michael

**Source:** Aging & Mental Health; Jan 2021; vol. 25 (no. 1); p. 134-141

**Publication Date:** Jan 2021

**Publication Type(s):** Academic Journal

Available at [Aging & mental health](#) - from Unpaywall

**Abstract:**As working lives extend and there is better recognition of early-onset dementias, employers need to consider dementia as a workplace concern. With suitable support, people living with dementia can continue employment – although, this is not appropriate for all. The requirement for employers to support employees living with dementia has human rights and legal foundations. This article considers whether employers consider dementia as a workplace concern; and the policies and/or practices available to support employees living with dementia. Thus, it develops understanding of whether employers are meeting their human rights/legislative obligations. A sequential mixed-methods approach was employed, with data collection undertaken in Scotland (United Kingdom). An online survey was sent to employers across Scotland, with 331 participating. Thirty employer interviews were conducted, with the survey results informing the interview approach. The survey and interview data were analyzed separately and then combined and presented thematically. The themes identified were (1) Dementia as a workplace concern, (2) Support for employees living with dementia and (3) Employer policy development and awareness raising. The findings demonstrate dementia awareness, but this knowledge is not applied to employment situations. There was little evidence suggesting that the rights of employees living with dementia are consistently upheld. This research sends out strong messages about the rights and legal position of person living with dementia which cannot be ignored. The continuing potential of employees



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living with dementia and their legal rights are not consistently recognized. This highlights the need for robust training interventions for employers.

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### **Does the Meeting Centre Support Programme decrease the experience of stigmatisation among people with cognitive deficits?**

**Author(s):** Lion ; Szcześniak, Dorota; Bulińska, Katarzyna; Mazurek, Justyna; Evans, Shirley B.; Evans, Simon C.; Saibene, Francesca Lea; d'Arma, Alessia; Scorolli, Claudia; Farina, Elisabetta; Brooker, Dawn; Chattat, Rabih; Meiland, Franka J. M.; Dröes, Rose-Marie; Rymaszewska, Joanna

**Source:** Aging & Mental Health; Jan 2021; vol. 25 (no. 1); p. 160-169

**Publication Date:** Jan 2021

**Publication Type(s):** Academic Journal

Available at [Aging & Mental Health](#) - from Unpaywall

**Abstract:**This is the first study to focus on the role and impact of a psychosocial intervention, the Meeting Centre Support Programme (MCSP), for people living with dementia and mild cognitive impairment (MCI) on the experience of stigmatisation across three different European countries. A pre/post-test control group study design compared outcomes for 114 people with dementia (n=74) and MCI (n=40) in Italy, Poland and the UK who received either the MCSP or usual care (UC). The 'Stigma Impact Scale, neurological disease' (SIS) was administered at two points in time, 6 months apart. The Global Deterioration Scale (GDS) was used to assess the level of cognitive impairment. Although statistical analysis did not show any significant differences between MCSP and UC at pre/post-test for the 3 countries combined, there were significant results for individual countries. In Italy, the level of SIS was significantly lower ( $p=0.02$ ) in the MCSP group following the intervention. The level of Social Isolation increased significantly ( $p=0.05$ ) in the UC group at follow-up in Poland. The level of Social Rejection was significantly higher ( $p=0.03$ ) over time for UK participants receiving MCSP compared to UC. The experience of stigma by people living with dementia and MCI is complex and there may be different country specific contexts and mechanisms. The results do not enable us to confirm or disconfirm the impact of a social support programme, such as MCSP, on this experience. Difficulties in directly measuring the level of stigma in this group also requires further research.

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### **Sources of well-being for older adults with and without dementia in residential care: relations to presence of meaning and life satisfaction.**

**Author(s):** Dewitte ; Vandenbulcke, Mathieu; Schellekens, Tine; Dezutter, Jessie

**Source:** Aging & Mental Health; Jan 2021; vol. 25 (no. 1); p. 170-178

**Publication Date:** Jan 2021

**Publication Type(s):** Academic Journal

**Abstract:**To explore what sources of well-being are rated meaningful by older adults in residential care and how they are related to two important well-being outcomes. Two cross-sectional questionnaire studies were conducted in a sample of care residents without cognitive disability ( $n = 329$ ) and with Alzheimer's disease ( $n = 104$ ). Structural equation modelling was used to test a hypothesized and exploratory model of different sources as predictors of presence of meaning in life (POM) and satisfaction with life (SWL). Family and Health were rated most meaningful by residents with and without dementia. In both studies, the hypothesized model showed adequate fit with the data. For cognitively intact residents, Personal Growth, Spirituality/Religion, and Interpersonal Relationships predicted POM, while Family and Leisure predicted SWL. Exploratory testing identified Leisure as a possible additional predictor of POM. For residents with Alzheimer's disease, Personal Growth and Society/Community predicted POM, while Family predicted SWL. For older adults in residential care, many sources of well-being remain highly meaningful and some are directly related to the experience of meaning and life satisfaction. Both for residents with and without dementia, continued or increased investment in moments that foster personal growth and family relationships might be especially valuable.

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**Psychotropic drug use in community-dwelling people with young-onset dementia: two-year course and determinants.**

**Author(s):** Gerritsen ; Bakker, Christian; Bruls, Esther; Verhey, Frans R. J.; Pijnenburg, Yolande A. L.; Millenaar, Joany K.; de Vugt, Marjolein E.; Koopmans, Raymond T. C. M.

**Source:** Aging & Mental Health; Jan 2021; vol. 25 (no. 1); p. 179-186

**Publication Date:** Jan 2021

**Publication Type(s):** Academic Journal

Available at [Aging & Mental Health](#) - from Unpaywall

**Abstract:**The aim of this study was to describe the course of psychotropic drug use in people with young-onset dementia and to explore possible associations with age, sex, dementia severity, dementia subtype and neuropsychiatric symptoms. Psychotropic drug use was studied in 198 community-dwelling persons participating in the Needs in Young-onset Dementia study. Data about psychotropic drug use were retrieved at baseline, as well as at 6, 12, 18 and 24 months and was classified into five groups (antiepileptics, antipsychotics, anxiolytics, hypnotics/sedatives and antidepressants) and quantified as 'present' or 'absent'. Generalized Estimating Equation modeling and chi-square tests were used to study associations between the determinants and psychotropic drug use. There was a statistically significant increase in the prevalence of psychotropic drug use from 52.3% to 62.6% during the course of the study. Almost three-quarters (72.4%) of the participants were treated with any psychotropic drug during the study, and more than one-third (37.4%) received psychotropic drugs continuously. Antipsychotics were used continuously in more than 10% of the participants and antidepressants in more than 25%. Increasing age was positively associated ( $p = .018$ ) with psychotropic drug use at baseline, while apathy symptoms were negatively associated ( $p = .018$ ). Despite the recommendations of various guidelines, the prolonged use of psychotropic drugs in community-dwelling people with young-onset dementia is high. Therefore, more attention is needed to timely evaluate psychotropic drug use and the introduction of self-management programs for caregivers should be encouraged to support caregivers in dealing with the neuropsychiatric symptoms caused by the dementia.

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**Self-Regulation of Driving Behaviors in Persons With Early-Stage Alzheimer's Disease.**

**Author(s):** Davis, Rebecca; Owens, Megan

**Source:** Journal of Gerontological Nursing; Jan 2021; vol. 47 (no. 1); p. 21-27

**Publication Date:** Jan 2021

**Publication Type(s):** Academic Journal

Available at [Journal of Gerontological Nursing](#) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:**The purpose of the current study was to determine if persons with Alzheimer's disease (AD) or mild cognitive impairment (MCI) due to AD reported awareness of driving ability and made self-regulatory changes to the same degree as older adults without AD. Driving awareness and behaviors were collected using a self-report survey. Results of the AD/MCI group were compared to a similarly aged control group. Results showed that persons with AD/MCI reported less confidence in their driving ability and worried about getting lost more often than the control group. In addition, they were more likely to have stopped driving. The AD/MCI group reported that they avoided driving in unfamiliar situations, drove less often, and drove with another person significantly more than the control group. The results give evidence that persons within the early stage of AD may have self-awareness of their driving ability and self-regulate their driving to enhance safety. [The purpose of the current study was to determine if persons with Alzheimer's disease (AD) or mild cognitive impairment (MCI) due to AD reported awareness of driving ability and made self-regulatory changes to the same degree as older adults without AD. Driving awareness and behaviors were collected using a self-report survey. Results of the AD/MCI group were compared to a similarly aged control group. Results showed that persons with AD/MCI reported less confidence in their driving ability and worried about getting lost more often than the control group. In addition, they were more likely to have stopped driving. The AD/MCI group reported that they avoided driving in unfamiliar situations, drove less often, and drove with another person significantly more than the control group. The results give

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evidence that persons within the early stage of AD may have self-awareness of their driving ability and self-regulate their driving to enhance safety. [Journal of Gerontological Nursing, 47(1), 21–27.]

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### **Benzodiazepine Use and the Risk of Dementia.**

**Author(s):** Tampi ; Bennett, Adriane

**Source:** Psychiatric Times; Jan 2021; vol. 38 (no. 1); p. 16-18

**Publication Date:** Jan 2021

**Publication Type(s):** Academic Journal

**Abstract:**The article discusses various studies on benzodiazepine use and its relationship with dementia. One study has found a high risk of cognitive decline among users of benzodiazepine. Another investigation has discovered a higher odd of developing dementia among benzodiazepine users than those who were not. Also mentioned are the contributing factors to the increase in the risk of dementia including the treatment duration and the use of long-acting agents.

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### **New Channels Of Communication.**

**Author(s):**

**Source:** Psychology Today; Jan 2021; vol. 54 (no. 1); p. 64-64

**Publication Date:** Jan 2021

**Publication Type(s):** Periodical

Available at [Psychology Today](#) - from EBSCO (Psychology and Behavioral Sciences Collection)

Available at [Psychology Today](#) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:**The author discusses tips and recommendations on how to better communicate with people with dementia. Topics mentioned include the storytelling non-profit organization TimeSlips, Alzheimer's disease, and asking open-ended questions to people with dementia to provide them the keys to creative expression.

**Database:** CINAHL

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### **Correlation between retinal nerve fibre layer thickness and white matter lesions in Alzheimer's disease.**

**Author(s):** Carazo-Barrios, L; Archidona-Arranz, A; Claros-Ruiz, A; García-Basterra, I; Garzón-Maldonado, F J; Serrano-Castro, V; Gutiérrez-Bedmar, M; Barbancho, M A; la Cruz Cosme C, De; García-Campos, J M; García-Casares, N

**Source:** International journal of geriatric psychiatry; Jan 2021

**Publication Date:** Jan 2021

**Publication Type(s):** Journal Article

**PubMedID:** 33387372

Available at [International journal of geriatric psychiatry](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:**OBJECTIVES Early diagnosis in Alzheimer's disease (AD) is crucial in order to implement new therapeutic strategies. The retina is embryologically related to the brain. Thus, the possible usefulness of optical coherence tomography (OCT) in the early detection of AD is currently being studied. Our aim was to study the relationship between retinal nerve fiber layer (RNFL) thickness and AD. METHODS We undertook an observational, analytical, cross-sectional study with consecutive sampling of 32 patients with AD or mild cognitive impairment (MCI) and a group of healthy controls (C). The total number of eyes studied was 64. An ophthalmological and a comprehensive neuropsychological evaluation were performed in all participants. Quantification of white matter lesions and study of atrophy of the hippocampus by cerebral magnetic resonance were also performed. RESULTS We observed a significant

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linear trend towards a thinning of RNFL as the degree of cognitive deterioration increased, in the superior and temporal quadrants of the retina. A significant correlation was also noted between the mean thickness of the RNFL of the left temporal quadrant and occipital white matter lesions ( $r = -0.579$ ,  $p = 0.038$ ). CONCLUSION SOCT could be a safe, rapid non-invasive tool providing useful biomarkers in the early detection of cognitive deterioration and AD. This article is protected by copyright. All rights reserved.

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**Professionals' views on the "optimal time" for people living with dementia to move to a care home.**

**Author(s):** Cole, Laura; Samsi, Kritika; Manthorpe, Jill

**Source:** International journal of geriatric psychiatry; Jan 2021; vol. 36 (no. 1); p. 136-142

**Publication Date:** Jan 2021

**Publication Type(s):** Journal Article

**PubMedID:** 32808388

Available at [International journal of geriatric psychiatry](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Available at [International journal of geriatric psychiatry](#) - from Unpaywall

**Abstract:** OBJECTIVE The decision about the best time for a person living with dementia to move to a care home involves the individual and others, particularly family. However, little is known about care professionals' views on the best time to move, particularly those with decision-making authority. This study investigated social workers' and care home managers' views on whether there is an "optimal time" for a move. METHODS A qualitative, phenomenological approach was employed, using semi-structured interviews with 20 social workers and 20 care home managers in England; all with experience of advising people living with dementia about a care home move and making decisions about funding or acceptance. Interviews were audio-recorded, transcribed, and analyzed thematically. RESULTS Four overarching themes emerged from the data: (1) staying at home for as long as possible but avoiding crisis, (2) balancing risks proactively and anticipating triggers, (3) desires for the person living with dementia to be involved in the decision, and (4) the significance of funding in enabling choices about a care home move. CONCLUSION Deciding on the timing of a care home move is context and person specific. Two professional groups with substantial experience of this among their client group both recommended proactive deliberation but funding was overall the deciding factor in the extent to which they considered choice was possible. Future research should avoid seeing all care home moves as negative and explore how practitioners can best encourage discussions prior to crisis point about care home options.

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**Effects of transient and chronic loneliness on major depression in older adults: A longitudinal study.**

**Author(s):** Martín-María, Natalia; Caballero, Francisco F; Lara, Elvira; Domènech-Abella, Joan; Haro, Josep M; Olaya, Beatriz; Ayuso-Mateos, José L; Miret, Marta

**Source:** International journal of geriatric psychiatry; Jan 2021; vol. 36 (no. 1); p. 76-85

**Publication Date:** Jan 2021

**Publication Type(s):** Journal Article

**PubMedID:** 32791563

Available at [International journal of geriatric psychiatry](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** OBJECTIVE The number of older adults is rapidly rising globally. Loneliness is a common problem that can deteriorate health. The aims of this work were to identify different types of loneliness (transient and chronic) and to assess their association with depression over time. METHODS A nationally representative sample from the Spanish population comprising 1190 individuals aged 50+ years was interviewed on three evaluations over a 7-year period. The UCLA Loneliness Scale was used to measure loneliness. While chronic loneliness was defined as the presence of loneliness across all three waves, transient loneliness expressed the presence of loneliness in one wave only. A 12-month major depressive episode was assessed at each interview. After confirming the cross-sectional relationship, a multilevel

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mixed-effects model was used to examine the association between loneliness and depression. RESULTS Almost a quarter of individuals felt lonely and one out of 10 presented depression at baseline. Of the sample, 22.78% showed transient loneliness, while 6.72% presented the chronic type. People experiencing chronic loneliness were at a higher risk of presenting major depression (OR = 6.11; 95% CI = 2.62, 14.22) than those presenting transient loneliness (OR = 2.22; 95% CI = 1.19, 4.14). This association varied over time and was stronger at the first follow-up than at the second one. CONCLUSIONS Focusing on loneliness prevention could reduce the risk of depression. Chronic loneliness is a public health problem that should be addressed through the full participation of the political, social, and medical sectors.

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### **COVID 19 and dementia: experience from six European countries.**

**Author(s):** Burns, Alistair; Lobo, Antonio; Olde Rikkert, Marcel; Robert, Philippe; Sartorius, Norman; Semrau, Maya; Stoppe, Gabriela

**Source:** International journal of geriatric psychiatry; Jan 2021

**Publication Date:** Jan 2021

**Publication Type(s):** Journal Article

**PubMedID:** 33462849

Available at [International journal of geriatric psychiatry](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:**The effects of Covid-19 have been well documented across the world with an appreciation that older people and in particular those with dementia have been disproportionately and negatively affected by the pandemic. This is both in terms of their health outcomes (mortality and morbidity), care decisions made by health systems and the longer-term effects such as neurological damage. The International Dementia Alliance (IDEAL) is a group of dementia specialists from six European countries and this paper is a summary of our experience of the effects of COVID-19 on our populations. Experience from England, France, Germany, the Netherlands, Spain and Switzerland highlight the differential response from health and social care systems and the measures taken to maximise support for older people and those with dementia. The common themes include recognition of the atypical presentation of COVID-19 in older people (and those with dementia)the need to pay particular attention to the care of people with dementia in care homes; the recognition of the toll that isolation can bring on older people and the complexity of the response by health and social services to minimise the negative impact of the pandemic. Potential new ways of working identified during the pandemic could serve as a positive legacy from the crisis. This article is protected by copyright. All rights reserved.

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### **Benzodiazepines and antidepressants: Effects on cognitive and functional decline in alzheimer's disease and lewy body dementia**

**Author(s):** Borda, Miguel Germán; Jaramillo-Jimenez, Alberto; Oesterhus, Ragnhild; Santacruz, Jose Manuel; Tovar-Rios, Diego Alejandro; Soennesyn, Hogne; Cano-Gutierrez, Carlos Alberto; Vik-Mo, Audun Osland; Aarsland, Dag

**Source:** International Journal of Geriatric Psychiatry; Jan 2021

**Publication Date:** Jan 2021

**Publication Type(s):** Journal Peer Reviewed Journal

Available at [International journal of geriatric psychiatry](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Available at [International journal of geriatric psychiatry](#) - from Unpaywall

**Abstract:**Objectives We aim to study the effects of the prescription of benzodiazepines and antidepressants on cognitive and functional decline in older adults living with Alzheimer's disease (AD) and Lewy body dementia (LBD) over a 5-year follow-up. Methods This is a longitudinal analysis of a Norwegian cohort study entitled "The Dementia Study of Western Norway" (DemVest). We included 196 patients

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newly diagnosed with AD (n = 111) and LBD (n = 85), followed annually for 5 years. Three prescription groups were defined: only benzodiazepines (BZD), only antidepressants (ADep), and the combination of benzodiazepines and antidepressants (BZD-ADep). Linear mixed-effects models were conducted to analyze the effect of the defined groups on the outcomes. The outcomes were functional decline, measured by the Rapid Disability Rating Scale—2, and cognition measured with the Mini-Mental State Examination. Results Prescription of the combination of benzodiazepines and antidepressants in LBD was associated with faster functional decline. In AD, the prescription of BZD and BZD-ADep was associated with greater functional deterioration. ADep alone did not show positive or negative significant associations with the studied outcomes. Conclusions BZD and especially the combination of BZD and ADep are associated with functional decline in AD and LBD and should be used cautiously. (PsycInfo Database Record (c) 2021 APA, all rights reserved) (Source: journal abstract)

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### **Feasibility and acceptability of a technology-based, rural weight management intervention in older adults with obesity.**

**Author(s):** Batsis, John A; Petersen, Curtis L; Clark, Matthew M; Cook, Summer B; Kotz, David; Gooding, Tyler L; Roderka, Meredith N; Al-Nimr, Rima I; Pidgeon, Dawna; Haedrich, Ann; Wright, K C; Aquila, Christina; Mackenzie, Todd A

**Source:** BMC geriatrics; Jan 2021; vol. 21 (no. 1); p. 44

**Publication Date:** Jan 2021

**Publication Type(s):** Journal Article

**PubMedID:** 33435877

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Available at [BMC geriatrics](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC geriatrics](#) - from EBSCO (MEDLINE Complete)

Available at [BMC geriatrics](#) - from Unpaywall

**Abstract:**BACKGROUND Older adults with obesity residing in rural areas have reduced access to weight management programs. We determined the feasibility, acceptability and preliminary outcomes of an integrated technology-based health promotion intervention in rural-living, older adults using remote monitoring and synchronous video-based technology. METHODS A 6-month, non-randomized, non-blinded, single-arm study was conducted from October 2018 to May 2020 at a community-based aging center of adults aged  $\geq 65$  years with a body mass index (BMI)  $\geq 30$  kg/m<sup>2</sup>. Weekly dietitian visits focusing on behavior therapy and caloric restriction and twice-weekly physical therapist-led group strength, flexibility and balance training classes were delivered using video-conferencing to participants in their homes. Participants used a Fitbit Alta HR for remote monitoring with data feedback provided by the interventionists. An aerobic activity prescription was provided and monitored. RESULTS Mean age was 72.9 $\pm$ 3.9 years (82% female). Baseline anthropometric measures of weight, BMI, and waist circumference were 97.8 $\pm$ 16.3 kg, 36.5 $\pm$ 5.2 kg/m<sup>2</sup>, and 115.5 $\pm$ 13.0 cm, respectively. A total of 142 participants were screened (n=27 ineligible), and 53 consented. There were nine dropouts (17%). Overall satisfaction with the trial (4.7 $\pm$ 0.6, scale: 1 (low) to 5 (high)) and with Fitbit (4.2 $\pm$ 0.9) were high. Fitbit was worn an average of 81.7 $\pm$ 19.3% of intervention days. In completers, mean weight loss was 4.6 $\pm$ 3.5 kg or 4.7 $\pm$ 3.5% (p<0.001). Physical function measures of 30-s sit-to-stand repetitions increased from 13.5 $\pm$ 5.7 to 16.7 $\pm$ 5.9 (p<0.001), 6-min walk improved by 42.0 $\pm$ 77.3 m (p=0.005) but no differences were observed in gait speed or grip strength. Subjective measures of late-life function improved (3.4 $\pm$ 4.7 points, p<0.001). CONCLUSIONS A technology-based obesity intervention is feasible and acceptable to older adults with obesity and may lead to weight loss and improved physical function. CLINICAL TRIAL REGISTRATION Registered on Clinicaltrials.gov # NCT03104205 . Registered on April 7, 2017. First participant enrolled on October 1st, 2018.

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**Evaluation of a multi-component, non-pharmacological intervention to prevent and reduce sleep disturbances in people with dementia living in nursing homes (MoNoPol-sleep): study protocol for a cluster-randomized exploratory trial.**

**Author(s):** Dichter, Martin N; Berg, Almuth; Hylla, Jonas; Eggers, Daniela; Wilfling, Denise; Möhler, Ralph; Haastert, Burkhard; Meyer, Gabriele; Halek, Margareta; Köpke, Sascha

**Source:** BMC geriatrics; Jan 2021; vol. 21 (no. 1); p. 40

**Publication Date:** Jan 2021

**Publication Type(s):** Journal Article

**PubMedID:** 33430785

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Available at [BMC geriatrics](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC geriatrics](#) - from EBSCO (MEDLINE Complete)

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**Abstract:**BACKGROUND Sleep problems are highly prevalent in people with dementia. Nevertheless, there is no "gold standard" intervention to prevent or reduce sleep problems in people with dementia. Existing interventions are characterized by a pronounced heterogeneity as well as insufficient knowledge about the possibilities and challenges of implementation. The aim of this study is to pilot and evaluate the effectiveness of a newly developed complex intervention to prevent and reduce sleep problems in people with dementia living in nursing homes. METHOD This study is a parallel group cluster-randomized controlled trial. The intervention consists of six components: (1) the assessment of established sleep-promoting interventions and an appropriate environment in the participating nursing homes, (2) the implementation of two "sleep nurses" as change agents per nursing home, (3) a basic education course for nursing staff: "Sleep problems in dementia", (4) an advanced education course for nursing staff: "Tailored problem-solving" (two workshops), (5) workshops: "Development of an institutional sleep-promoting concept" (two workshops with nursing management and sleep nurses) and (6) written information and education material (e.g. brochure and "One Minute Wonder" poster). The intervention will be performed over a period of 16 weeks and compared with usual care in the control group. Overall, 24 nursing homes in North, East and West Germany will be included and randomized in a 1:1 ratio. The primary outcome is the prevalence of sleep problems in people with dementia living in nursing homes. Secondary outcomes are quality of life, quality of sleep, daytime sleepiness and agitated behavior of people with dementia, as well as safety parameters like psychotropic medication, falls and physical restraints. The outcomes will be assessed using a mix of instruments based on self- and proxy-rating. A cost analysis and a process evaluation will be performed in conjunction with the study. CONCLUSION It is expected that the intervention will reduce the prevalence of sleep problems in people with dementia, thus not only improving the quality of life for people with dementia, but also relieving the burden on nursing staff caused by sleep problems. TRIAL REGISTRATION Current controlled trials: ISRCTN36015309 . Date of registration: 06/11/2020.

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**Efficacy and effectiveness of psychological interventions on co-occurring mood and anxiety disorders in older adults: A systematic review and meta-analysis**

**Author(s):** Wuthrich, Viviana M.; Meuldijk, Denise; Jagiello, Tess; Robles, Alberto González; Jones, Michael P.; Cuijpers, Pim

**Source:** International Journal of Geriatric Psychiatry; Jan 2021

**Publication Date:** Jan 2021

**Publication Type(s):** Journal Peer Reviewed Journal

Available at [International Journal of Geriatric Psychiatry](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** Objectives Co-occurring mood and anxiety disorders are common in older adult populations and

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are associated with worse long-term outcomes and poorer treatment response than either disorder alone. This systematic review and meta-analysis aimed to examine the efficacy and effectiveness of psychological interventions for treating co-occurring mood and anxiety disorders in older adults. Method The study was registered (PROSPERO CRD4201603834), databases systematically searched (MEDLINE, PSYCINFO, PubMed and Cochrane Reviews) and articles screened according to PRISMA guidelines. Inclusion Participants aged  $\geq 60$  years with clinically significant anxiety and depression, psychological intervention evaluated against control in randomised controlled trial, changes in both anxiety and depression reported at post-treatment. Results Four studies were included (total  $n = 255$ , mean age range 67–71 years). Overall, psychological interventions (cognitive behavioural therapy, mindfulness) resulted in significant benefits over control conditions (active, waitlist) for treating depression in the presence of co-occurring anxiety (Hedges'  $g = -0.44$ ), and treating anxiety in the presence of depression (Hedges'  $g = -0.55$ ). However, conclusions are limited; the meta-analysis was non-significant, few studies were included, several were low quality and there was high heterogeneity between studies. Benefits at follow-up were not established. Conclusion Co-occurring anxiety and mood disorders can probably be treated simultaneously with psychological interventions in older adults with moderate effect sizes, however, more research is needed. Given comorbidity is common and associated with worse clinical outcomes, more high-quality clinical trials are needed that target the treatment of co-occurring anxiety and mood disorders, and report changes in diagnostic remission for both anxiety and mood disorders independently. (PsycInfo Database Record (c) 2021 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

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### **The Psychopharmacology Algorithm Project at the Harvard South Shore Program: An update on management of behavioral and psychological symptoms in dementia**

**Author(s):** Chen A.; Copeli F.; Metzger E.; Cloutier A.; Osser D.N.

**Source:** Psychiatry Research; Jan 2021; vol. 295

**Publication Date:** Jan 2021

**Publication Type(s):** Review

**Abstract:** Geriatric patients with dementia frequently present with agitation, aggression, psychosis, and other behavioral and psychological symptoms of dementia (BPSD). We present an update of our previously published algorithms for the use of psychopharmacologic agents in these patients taking into account more recent studies and findings in meta-analyses, reviews, and other published algorithms. We propose three algorithms: BPSD in an emergent, urgent, and non-urgent setting. In the emergent setting when intramuscular (IM) administration is necessary, the first-line recommendation is for olanzapine (since IM aripiprazole, previously favored, is no longer available) and haloperidol injection is the second choice, followed by possible consideration of an IM benzodiazepine. In the urgent setting, the first line would be oral second-generation antipsychotics (SGAs) aripiprazole and risperidone. Perhaps next could be then prazosin, and lastly electroconvulsive therapy is a consideration. There are risks associated with these agents, and adverse effects can be severe. Dosing strategies, discontinuation considerations, and side effects are discussed. In the non-emergent setting, medications are proposed for use in the following order: trazodone, donepezil and memantine, antidepressants such as escitalopram and sertraline, SGAs, prazosin, and carbamazepine. Other options with less support but potential future promise are discussed. Copyright © 2020

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