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

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In the electronic version of this bulletin you can jump directly to the area you want. Use Ctrl + click to follow the link on the title below.

Contents
Table of Contents of Key Journals
Extending the Newcastle Model: how therapeutic communication can reduce distress in people with dementia.

**Author(s):** Jackman, Louisa  
**Source:** Nursing older people; Mar 2020; vol. 32 (no. 2); p. 33-41  
**Publication Date:** Mar 2020  
**Publication Type(s):** Journal Article  
**PubMedID:** 32207594  
**Abstract:** This article identifies the importance of effective communication in delivering care to people living with dementia when their understanding of the situation may differ to ours. The Newcastle Model's biopsychosocial framework is revisited to understand the context in which caregiving takes place, and the article goes on to consider the importance of communication to person-centred care delivery. The special case of lie telling or 'therapeutic untruths' as a communication tool is considered as an often essential way to join with the person's reality, and the practical and ethical dilemmas this poses are considered.

**Health outcomes of patients with dementia in acute care settings-A systematic review.**

**Author(s):** Fox, Amanda; MacAndrew, Margaret; Ramis, Mary-Anne  
**Source:** International journal of older people nursing; Mar 2020 ; p. e12315  
**Publication Date:** Mar 2020  
**Publication Type(s):** Journal Article
BACKGROUND An ageing population has resulted in increased numbers of people with dementia attending acute care services; however, the impact of hospitalisation on this population is uncertain. PURPOSE This systematic review aimed to synthesise the available evidence on adverse health outcomes for people with dementia in acute care settings. METHODSA systematic search of CINAHL, PubMed, MEDLINE, EMBASE and Scopus databases for primary research articles in English language, published from 2000 to 2017, was conducted. A protocol for the review was registered on the PROSPERO database. RESULTS The initial search identified 5,520 records. Following removal of duplicates and assessment against inclusion criteria, 13 studies were included in the final review. Findings identify associations between patients with dementia, longer length of hospital stay and higher mortality in some situations. Heterogeneity across studies in data reporting and outcomes prevented meta-analysis; therefore, results are presented narratively. CONCLUSIONS Certainty of findings from this review is impacted by variation in patient condition and data reporting. Additional rigorous studies on health outcomes for people with dementia during acute hospitalisation will contribute to the evidence. IMPLICATIONS FOR PRACTICE These findings along with further research examining outcomes for patients with dementia in acute care settings will inform provision of safer, quality care and optimal health outcomes for this vulnerable population.

Scoring methods used in the dietary variety score survey to predict malnutrition among older patients receiving home care.

Author(s): Yamamoto, Kaoru; Tsuji, Taeko; Yamasaki, Kazuyo; Momoki, Chika; Yasui, Yoko; Habu, Daiki

Source: International journal of older people nursing; Mar 2020 ; p. e12301

Publication Date: Mar 2020

Publication Type(s): Journal Article

Abstract: BACKGROUND The dietary variety score (DVS), a simple dietary survey method for older adults, investigates the weekly frequency of consumption of the 10 food groups in Japan. The DVS is also associated with nutritional status. The original scoring method applied only to community-dwelling older adults, not to older patients receiving home care, who have little dietary variety. AIM Using three different scoring methods for the DVS, we examined which method was most likely to reflect the nutritional status of older patients receiving home care. METHODSThis cross-sectional study was carried out on older patients receiving home care. Participant characteristics, the DVS (evaluated using three different scoring methods), and the Mini Nutritional Assessment-Short Form (MNA®-SF) survey were researched. A receiver operating characteristic (ROC) analysis was performed to find the cut-off value for the DVS. Multivariate analysis was performed, with malnutrition as the outcome, to investigate the extent to which the DVS is associated with malnutrition. RESULTS We studied 317 participants. The DVS could produce significant ROC curves using modified scoring methods A and B (p = .028 and .042) with nutritional status as the outcome. Cut-off value, sensitivity and specificity were 30 points, 60.9% and 55.9% in modified scoring method A and 5 points, 79.1%, and 35.6% in modified scoring method B. Results of the multivariate logistic regression analysis, in Model 1 dysphagia (odds ratio [95% confidence interval]: 3.85 [1.70-8.71]) and the DVS of modified scoring method A [2.00 [1.11-3.62]] were significant independent factors. In Model 2, dysphagia (3.57 [1.58-8.07]) and the DVS based on modified scoring method B (2.36 [1.24-4.47]) were significant independent factors. CONCLUSIONS Modified scoring method B was found to be most suitable for the dietary assessment of older patients receiving home care. IMPLICATIONS FOR PRACTICE Even in the absence of registered dietitians, any care staff member who is involved in providing nursing services during home-visits is capable of administering a dietary survey, when using the easy DVS scoring method.
Reminiscence Therapy for Dementia.
 Author(s): Redulla, Rhoda
 Source: Issues in Mental Health Nursing; Mar 2020; vol. 41 (no. 3); p. 265-266
 Publication Date: Mar 2020
 Publication Type(s): Academic Journal
 Abstract: Reminiscence therapy has shown to be an effective treatment that supports people with dementia. The objective of this review article was to assess the effects of reminiscence therapy (RT) on people living with dementia. The authors searched for randomised, controlled trials in which RT was compared with no treatment or with a non-specific activity. The authors concluded that there is some evidence that RT can improve quality of life, cognition, communication and possibly mood in people with dementia in some circumstances, although all the benefits were small. Further research is needed to understand these differences and to find out who is likely to benefit most from what type of RT.

Update on Treatments for Cognitive Decline in Alzheimer's Disease.
 Author(s): Kriebel-Gasparro, Ann
 Source: Journal for Nurse Practitioners; Mar 2020; vol. 16 (no. 3); p. 181-185
 Publication Date: Mar 2020
 Publication Type(s): Academic Journal
 Abstract: Alzheimer's disease (AD) is a progressive neurodegenerative disorder and a leading cause of dementia in the elderly. AD initially presents as mild cognitive impairment (MCI); later, as AD progresses, memory and cognition are destroyed, preventing the ability to carry out activities of daily living. The primary care provider may be the first to suspect MCI, and screening tests can help with diagnosis. Development of drugs for cognitive decline in AD has been slow; however new therapies are in the pipeline and discovery of biomarkers make early diagnosis and future treatment of AD hopeful. • Alzheimer's disease (AD) is the most common neurodegenerative disease causing cognitive decline. • Costs of treating AD will increase as our population ages. • Current pharmacological therapies for AD target symptoms, not cure. • Drugs in the 2019 AD pipeline focus on disease-modifying therapies, symptomatic cognitive enhancers, and agents addressing neuropsychiatric changes. • Biomarkers in cerebrospinal fluid and positron emission scans will enable clinicians and researchers to identify AD much earlier.

Toward Best Practice Methods for Delirium Biomarker Studies: An International Modified Delphi Study.
 Author(s): Amgarth-Duff, Ingrid; Hosie, Annmarie; Caplan, Gideon; Agar, Meera
 Source: International journal of geriatric psychiatry; Mar 2020
 Publication Date: Mar 2020
 Publication Type(s): Journal Article
 PubMedID: 32150303
 Available at International journal of geriatric psychiatry - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS
 Abstract: BACKGROUND Delirium is a serious and distressing neurocognitive condition common in people with advanced illness. The understanding of delirium pathophysiology is limited and largely hypothetical. To accelerate empirical understanding of delirium pathophysiology, robust scientific methods for conducting and reporting delirium biomarker studies are urgently needed. The aim of this study was to develop international consensus on the core elements of high quality delirium biomarker studies. METHODSA three-round modified Delphi survey was conducted from February to August, 2019. Participants were international researchers experienced in conducting delirium studies from a range of
settings (hospital, university, research centres). Round one commenced with open-ended questions developed from results from a prior systematic review and the REMARK checklist. Responses were qualitatively analysed and closed statements were developed. Participants then ranked the importance of these statements using a 5-point likert scale in rounds 2 and 3. A priori consensus was defined as ≥70% participant agreement. Descriptive statistics for each item were computed including the mean Likert scores, standard deviation (SD), and median participant scores.

**RESULT**

Twenty-eight participants completed survey round one, 16 completed round two, and 19 completed the final round. Consensus was achieved for a total of 60 items.

**CONCLUSION**

The Delphi survey identified items that expert researchers agreed were important in the conduct of delirium biomarker studies. These reporting items provide a strong platform for improved methodological quality and opportunities to synthesise future delirium biomarker studies.

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**The MemClin project: a prospective multi memory clinics study targeting early stages of cognitive impairment.**

**Author(s):** Ekman, Urban; Ferreira, Daniel; Muehlboeck, J-Sebastian; Wallert, John; Rennie, Anna; Eriksdotter, Maria; Wahlund, Lars-Olof; Westman, Eric

**Source:** BMC geriatrics; Mar 2020; vol. 20 (no. 1); p. 93

**Publication Date:** Mar 2020

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

**PubMedID:** 32138686

Available at [BMC geriatrics](https://bmcgeriatrics.biomedcentral.com/articles/10.1186/s12877-020-01855-8) - from BioMed Central

Available at [BMC geriatrics](https://bmcgeriatrics.biomedcentral.com/articles/10.1186/s12877-020-01855-8) - from Europe PubMed Central - Open Access

Available at [BMC geriatrics](https://bmcgeriatrics.biomedcentral.com/articles/10.1186/s12877-020-01855-8) - from EBSCO (MEDLINE Complete)

Available at [BMC geriatrics](https://bmcgeriatrics.biomedcentral.com/articles/10.1186/s12877-020-01855-8) - from ProQuest (Health Research Premium) - NHS Version

**Abstract:**

**BACKGROUND**

There remains a lack of large-scale clinical studies of cognitive impairment that aim to increase diagnostic and prognostic accuracy as well as validate previous research findings. The MemClin project will amass large quantities of cross-disciplinary data allowing for the construction of robust models to improve diagnostic accuracy, expand our knowledge on differential diagnostics, strengthen longitudinal prognosis, and harmonise examination protocols across centres. The current article describes the Memory Clinic (MemClin) project’s study-design, materials and methods, and patient characteristics. In addition, we present preliminary descriptive data from the ongoing data collection.

**METHODS**

Nine out of ten memory clinics in the greater Stockholm area, which largely use the same examination methods, are included. The data collection of patients with different stages of cognitive impairment and dementia is coordinated centrally allowing for efficient and secure large-scale database construction. The MemClin project rest directly on the memory clinics examinations with cognitive measures, health parameters, and biomarkers.

**RESULTS**

Currently, the MemClin project has informed consent from 1543 patients. Herein, we present preliminary data from 835 patients with confirmed cognitive diagnosis and neuropsychological test data available. Of those, 239 had dementia, 487 mild cognitive impairment (MCI), and 104 subjective cognitive impairment (SCI). In addition, we present descriptive data on visual ratings of brain atrophy and cerebrospinal fluid markers.

**CONCLUSION**

Based on our current progress and preliminary data, the MemClin project has a high potential to provide a large-scale database of 1200-1500 new patients annually. This coordinated data collection will allow for the construction of improved diagnostic and prognostic models for neurodegenerative disorders and other cognitive conditions in their naturalistic setting.

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**The Risk of Head Injuries Associated With Antipsychotic Use Among Persons With Alzheimer's disease.**

**Author(s):** Tapiainen, Vesa; Lavikainen, Piia; Koponen, Marjana; Taipale, Heidi; Tanskanen, Antti; Tiihonen, Jari; Hartikainen, Sirpa; Tolppanen, Anna-Maija

**Source:** Journal of the American Geriatrics Society; Mar 2020; vol. 68 (no. 3); p. 595-602
BACKGROUND/OBJECTIVES: Antipsychotic use is associated with risk of falls among older persons, but we are not aware of previous studies investigating risk of head injuries. We studied the association of antipsychotic use and risk of head injuries among community dwellers with Alzheimer’s disease (AD). DESIGN: Nationwide register-based cohort study. SETTING: Medication Use and Alzheimer’s Disease (MEDALZ) cohort, Finland. PARTICIPANTS: The MEDALZ cohort includes Finnish community dwellers who received clinically verified AD diagnosis in 2005 to 2011. Incident antipsychotic users were identified from the Prescription Register and matched with nonusers by age, sex, and time since AD diagnosis (21,795 matched pairs). Persons with prior head injury or history of schizophrenia were excluded. MEASUREMENTS: Outcomes were incident head injuries (International Classification of Diseases, Tenth Revision [ICD-10] codes S00-S09) and traumatic brain injuries (TBIs; ICD-10 codes S06.0-S06.9) resulting in a hospital admission (Hospital Discharge Register) or death (Causes of Death Register). Inverse probability of treatment (IPT) weighted Cox proportional hazard models were used to assess relative risks. RESULTS: Antipsychotic use was associated with an increased risk of head injuries (event rate per 100 person-years = 1.65 [95% confidence interval {CI} = 1.50-1.81] for users and 1.26 [95% CI = 1.16-1.37] for nonusers; IPT-weighted hazard ratio [HR] = 1.29 [95% CI = 1.14-1.47]) and TBIs (event rate per 100 person-years = 0.90 [95% CI = 0.79-1.02] for users and 0.72 [95% CI = 0.65-0.81] for nonusers; IPT-weighted HR = 1.22 [95% CI = 1.03-1.45]). Quetiapine users had higher risk of TBIs (IPT-weighted HR = 1.60 [95% CI = 1.15-2.22]) in comparison to risperidone users. CONCLUSIONS: These findings imply that in addition to previously reported adverse events and effects, antipsychotic use may increase the risk of head injuries and TBIs in persons with AD. Therefore, their use should be restricted to most severe neuropsychiatric symptoms, as recommended by the AGS Beers Criteria®. Additionally, higher relative risk of TBIs in quetiapine users compared to risperidone users should be confirmed in further studies. J Am Geriatr Soc 68:595–602, 2020
Managing depressive symptoms in people with mild cognitive impairment and mild dementia with a multicomponent psychotherapy intervention: a randomized controlled trial.

Author(s): Tonga, Johanne B; Šaltytė Benth, Jūratė; Arnevik, Espen A; Werheid, Katja; Korsnes, Maria S; Ulstein, Ingun D

Source: International psychogeriatrics; Mar 2020 ; p. 1-15

Publication Date: Mar 2020

Publication Type(s): Journal Article

PubMedID: 32131911

Abstract: OBJECTIVE To evaluate the feasibility and effectiveness of the CORDIAL program, a psychosocial intervention consisting of cognitive behavioral therapy (CBT), cognitive rehabilitation, and reminiscence to manage depressive symptoms for people with mild cognitive impairment (MCI) or dementia. DESIGN We conducted a randomized controlled trial, based on a two-group (intervention and control), pre-/post-intervention design. SETTING Participants were recruited from five different old age psychiatry and memory clinics at outpatients' hospitals. PARTICIPANTS Hundred and ninety-eight people with MCI or early-stage dementia were included. INTERVENTION The intervention group (n = 100) received 11 individual weekly sessions of the CORDIAL program. This intervention includes elements from CBT, cognitive rehabilitation, and reminiscence therapy. The control group (n = 98) received treatment-as-usual. MEASUREMENTS We assessed Montgomery-Åsberg Depression Rating Scale (MADRS) (main outcome), Neuropsychiatric Inventory Questionnaire, and Quality of Life in Alzheimer's disease (secondary outcomes) over the course of 4 months and at a 10-month follow-up visit. RESULTSA linear mixed model demonstrated that the depressive symptoms assessed by MADRS were significantly more reduced in the intervention groups as compared to the control group (p < 0.001). The effect persisted for 6 months after the intervention. No significant differences between groups were found in neuropsychiatric symptoms or quality of life. CONCLUSION Our multicomponent intervention, which comprised 11 individual sessions of CBT, cognitive rehabilitation, and reminiscence therapy, reduced depressive symptoms in people with MCI and dementia.

Development of a tool to detect older adults with severe personality disorders for highly specialized care.

Author(s): Laheij-Rooijakkers, Linda A E; van der Heijden, Paul T; Videler, Arjan C; Segal, Daniel L; van Alphen, Sebastiaan P J

Source: International psychogeriatrics; Mar 2020 ; p. 1-9

Publication Date: Mar 2020

Publication Type(s): Journal Article

PubMedID: 32127075

Abstract: OBJECTIVES Current guidelines recommend highly specialized care for patients with severe personality disorders (PDs). However, there is little knowledge about how to detect older patients with severe PDs. The aim of the current study was to develop an age-specific tool to detect older adults with severe PDs for highly specialized mental health care. DESIGN In a Delphi study, a tool to detect adults with severe PDs for highly specialized mental health care was adjusted for older adults based on expert opinion. Subsequently, the psychometric properties of the age-specific tool were evaluated. SETTING The psychometric part of the study was performed in two Dutch highly specialized centers for PDs in older adults. PARTICIPANTS Patients (N = 90) from two highly specialized centers on PDs in older adults were enrolled. MEASUREMENTS The age-specific tool was evaluated using clinical judgment as the gold standard. RESULTSThe Delphi study resulted in an age-specific tool, consisting of seven items to detect older adults with severe PDs for highly specialized mental health care. Psychometric properties of this tool were evaluated. Receiver operating curve analysis showed that the questionnaire was characterized by sufficient diagnostic accuracy. Internal consistency of the tool was sufficient and inter-rater reliability was
An age-specific tool to detect older adults with severe PDs was developed based on expert opinion. Psychometric properties were evaluated showing sufficient diagnostic accuracy. The tool may preliminarily be used in mental health care to detect older adults with severe PDs to refer them to highly specialized care in an early phase.

Benefits and Harms of Statins in People with Dementia: A Systematic Review and Meta-Analysis.

**Author(s):** Davis, Katrina A.S.; Bishara, Delia; Perera, Gayan; Molokhia, Mariam; Rajendran, Lawrence; Stewart, Robert J.

**Source:** Journal of the American Geriatrics Society; Mar 2020; vol. 68 (no. 3); p. 650-658

**Publication Date:** Mar 2020

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


**Abstract:**

**OBJECTIVES:** More people with dementia also fall into the category of high vascular risk, for which a statin is usually prescribed. However, these recommendations are based on studies in people without dementia. We aimed to evaluate the evidence for the long-term effectiveness and harm of statin therapy in patients with dementia. **DESIGN:** Systematic review of randomized controlled trials and observational research. **SETTING:** Publications from developed countries indexed in the PubMed, Web of Science, and Cochrane trial database between 2007 and 2019. **PARTICIPANTS:** Trials including people with all types of dementia with a mean age older than 65 years. **INTERVENTION:** Treatment with a statin for 6 months or longer. **MEASUREMENTS:** Major adverse cardiovascular events, dementia progression, and general health at 2 years, or medication adverse events (AEs) at any time. Each article was assessed for bias using the Newcastle-Ottawa or Cochrane Collaboration tools. A narrative synthesis and pooled analyses are reported. **RESULTS:** Five articles met the inclusion criteria. They reported only on dementia of the Alzheimer’s type. There was no evidence regarding cardiovascular events or general health. We made a very low confidence finding that statins reduce dementia progression based on three cohort studies of heterogeneous design. We made a very low confidence finding of no significant difference in AEs based on two randomized controlled trials of 18 months: odds ratios of any AE = 1.21 (95% confidence interval [CI] = 0.83-1.77), serious AE = 1.03 (95% CI = 0.76-1.87), and death = 1.69 (95% CI = 0.79-3.62). **CONCLUSION:** Evidence was insufficient to fully evaluate the efficacy of statins in people with dementia. We found that statins may have a small benefit delaying progression in Alzheimer’s dementia, although this conflicted with previous findings from shorter randomized trials. For safety, the trial data lacked power to show clinically important differences between the groups. We recommend that clinical data be leveraged for further observational studies to inform prescribing decisions. J Am Geriatr Soc 68:650–658, 2020

Are older people putting themselves at risk when using their walking frames?

**Author(s):** Thies, Sibylle Brunhilde; Bates, Alex; Costamagna, Eleonora; Kenney, Laurence; Granat, Malcolm; Webb, Jo; Howard, Dave; Baker, Rose; Dawes, Helen

**Source:** BMC geriatrics; Mar 2020; vol. 20 (no. 1); p. 90

**Publication Date:** Mar 2020

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

Available at [BMC geriatrics](https://bmcgeriatrics.biomedcentral.com/articles/10.1186/s12877-020-01239-z) - from BioMed Central

**Abstract:**

**BACKGROUND**

Walking aids are issued to older adults to prevent falls, however, paradoxically
their use has been identified as a risk factor for falling. To prevent falls, walking aids must be used in a stable manner, but it remains unknown to what extent associated clinical guidance is adhered to at home, and whether following guidance facilitates a stable walking pattern. It was the aim of this study to investigate adherence to guidance on walking frame use, and to quantify user stability whilst using walking frames. Additionally, we explored the views of users and healthcare professionals on walking aid use, and regarding the instrumented walking frames ('Smart Walkers') utilized in this study.

**METHODS**

This observational study used Smart Walkers and pressure-sensing insoles to investigate usage patterns of 17 older people in their home environment; corresponding video captured contextual information. Additionally, stability when following, or not, clinical guidance was quantified for a subset of users during walking in an Activities of Daily Living Flat and in a gait laboratory. Two focus groups (users, healthcare professionals) shared their experiences with walking aids and provided feedback on the Smart Walkers.

**RESULTS**

Incorrect use was observed for 16% of single support periods and for 29% of dual support periods, and was associated with environmental constraints and a specific frame design feature. Incorrect use was associated with reduced stability. Participants and healthcare professionals perceived the Smart Walker technology positively.

**CONCLUSIONS**

Clinical guidance cannot easily be adhered to and self-selected strategies reduce stability, hence are placing the user at risk. Current guidance needs to be improved to address environmental constraints whilst facilitating stable walking. The research is highly relevant considering the rising number of walking aid users, their increased falls-risk, and the costs of falls.

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### Optimizing Prescribing of Antipsychotics in Long-Term Care (OPAL): A Stepped-Wedge Trial.

**Author(s):** Kirkham, Julia; Maxwell, Colleen; Velkers, Clive; Leung, Roxanne; Moffat, Kathryn; Seitz, Dallas

**Source:** Journal of the American Medical Directors Association; Mar 2020; vol. 21 (no. 3); p. 381-381

**Publication Date:** Mar 2020

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

**Abstract:** Inappropriate antipsychotic prescribing is a key quality indicator by which clinical outcomes might be monitored and improved in long-term care (LTC), but limited evidence exists on the most effective strategies for reducing inappropriate antipsychotic use. The objective of the study was to evaluate a multicomponent approach to reduce inappropriate prescribing of antipsychotics in LTC. A prospective, stepped-wedge study design was used to evaluate the effect of the intervention. Interdisciplinary staff at 10 Canadian LTC facilities. The intervention consisted of an educational in-service, provision of evidence-based tools to assess and monitor neuropsychiatric symptoms (NPS) in dementia, and monthly interprofessional team meetings. The primary outcome was the proportion of residents receiving an antipsychotic without a diagnosis of psychosis using a standardized antipsychotic quality indicator. The weighted mean change in inappropriate antipsychotic prescribing rate from baseline to 12-month follow-up was −4.6% [standard deviation (SD) = 2.8%, P <.0001], representing a 16.1% (SD = 17.0) relative reduction. After adjusting for site, the odds ratio for the inappropriate antipsychotic prescribing quality indicator at 12 months compared to baseline was 0.73 (95% confidence interval = 0.48-0.94; chi-square = 6.59; P =.01). There were no significant changes in related quality indicators, including falls, restraint use, or behavioral symptoms. This multicomponent intervention was effective in reducing inappropriate antipsychotic prescribing in LTC without adversely affecting other domains related to quality of care, and offers a practical means by which to improve the care of older adults with dementia in LTC.

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### Attributes of person-centred communication: A qualitative exploration of communication with older persons in home health care.

**Author(s):** Sundler, Annelie J; Hjertberg, Frida; Keri, Helena; Holmström, Inger K

**Source:** International journal of older people nursing; Mar 2020; vol. 15 (no. 1); p. e12284

**Publication Date:** Mar 2020

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

**PubMedID:** 31642182

Available at International journal of older people nursing - from Wiley Online Library Medicine and
**Nursing Collection 2019 - NHS**

**Abstract:** BACKGROUND Previous research points to challenges related to the home healthcare of older persons and to the complexity of communication. Although person-centred care has been advocated widely, there remains a need for in-depth knowledge on how to enable person-centred and supportive communication in the care of older persons. AIM The aim of this study was to explore attributes of person-centred communication between nurses and older persons being cared for in their home. METHODSA descriptive study with a qualitative approach was conducted. A data set from the COMHOME-study consisting of 77 audio-recorded home healthcare visits between registered nurses and older persons was analysed with a method for qualitative thematic analysis. RESULTS The findings indicate that the attributes of person-centred communication comprise recognising, inviting and involving older persons. To facilitate this form of communication, attentiveness and responsiveness on the part of RNs seemed significant. Person-centred communication was facilitated when the RNs used verbal expressions to emphasise and acknowledge the older persons’ views and were attentive to their emotions and expressions. CONCLUSION The nurses’ attentiveness and responsiveness seems important for person-centred communication with older persons. Communication skills are needed to recognise, invite and involve older persons in their care and to support their health and well-being. Implication for practice The importance of communication which facilitate a person-centred approach by nurses should be acknowledged when caring for older persons and included in education and training.

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**The effectiveness of electroconvulsive therapy for psychiatric symptoms and cognitive fluctuations similar to dementia with Lewy bodies: a case report.**

**Author(s):** Izuhara, Muneto; Hashioka, Sadayuki; Sato, Takeki; Nishikoori, Hikaru; Koike, Masahiro; Matsuda, Hiroyuki; Kanayama, Misako; Miura, Syoko; Yamashita, Satoko; Nagahama, Michiharu; Otsuki, Koji; Hayashida, Maiko; Wake, Rei; Miyaoka, Tsuyoshi; Inagaki, Masatoshi; Horiguchi, Jun

**Source:** Psychogeriatrics; Mar 2020; vol. 20 (no. 2); p. 229-231

**Publication Date:** Mar 2020

**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 presents a case report of a 69-year-old woman about the effectiveness of electroconvulsive therapy (ECT) for psychiatric symptoms and cognitive fluctuations similar to dementia with Lewy bodies (DLB). Topics include three core clinical features that supported the diagnosis of probable DLB, the use of test battery to evaluate the patient's neuropsychiatric symptoms, and an improvement in her hallucinations, depression, and activities of daily living through ECT.

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**Burden for caregivers of patients with dementia: A three-year longitudinal study.**

**Author(s):** Kajiwara, Kohei; Kako, Jun; Noto, Hiroko; Oosono, Yasufumi; Kobayashi, Masamitsu

**Source:** International journal of geriatric psychiatry; Mar 2020

**Publication Date:** Mar 2020

**Publication Type(s):** Letter

**PubMedID:** 32198792

Available at *International journal of geriatric psychiatry* - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

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**Caution of variability: Domain-specific cognition measured by Montreal Cognitive Assessment in normal ageing and prodromal dementia.**

**Author(s):** Lu, Hanna

**Source:** International journal of geriatric psychiatry; Mar 2020
Predicting hospitalisation-associated functional decline in older patients admitted to a cardiac care unit with cardiovascular disease: a prospective cohort study.

**Author(s):** Van Grootven, Bastiaan; Jeuris, Anthony; Jonckers, Maren; Devriendt, Els; Dierckx de Casterlé, Bernadette; Dubois, Christophe; Fagard, Katleen; Herregods, Marie-Christine; Hornikx, Miek; Meuris, Bart; Rex, Steffen; Tournoy, Jos; Milisen, Koen; Flamaing, Johan; Deschodt, Mieke

**Source:** BMC geriatrics; Mar 2020; vol. 20 (no. 1); p. 112

**Abstract:**
BACKGROUND
Up to one in three of older patients who are hospitalised develop functional decline, which is associated with sustained disability, institutionalisation and death. This study developed and validated a clinical prediction model that identifies patients who are at risk for functional decline during hospitalisation. The predictive value of the model was compared against three models that were developed for patients admitted to a general medical ward. METHODS
A prospective cohort study was performed on two cardiac care units between September 2016 and June 2017. Patients aged 75 years or older were recruited on admission if they were admitted for non-surgical treatment of an acute cardiovascular disease. Hospitalisation-associated functional decline was defined as any decrease on the Katz Index of Activities of Daily Living between hospital admission and discharge. Predictors were selected based on a review of the literature and a prediction score chart was developed based on a multivariate logistic regression model. RESULTS
A total of 189 patients were recruited and 33% developed functional decline during hospitalisation. A score chart was developed with five predictors that were measured on hospital admission: mobility impairment = 9 points, cognitive impairment = 7 points, loss of appetite = 6 points, depressive symptoms = 5 points, use of physical restraints or having an indwelling urinary catheter = 5 points. The score chart of the developed model demonstrated good calibration and discriminated adequately (C-index = 0.75, 95% CI (0.68-0.83) and better between patients with and without functional decline (chi2 = 12.8, p = 0.005) than the three previously developed models (range of C-index = 0.65-0.68). CONCLUSION
Functional decline is a prevalent complication and can be adequately predicted on hospital admission. A score chart can be used in clinical practice to identify patients who could benefit from preventive interventions. Independent external validation is needed.
Abstract: OBJECTIVE To compare effects of Non-pharmacological therapies (NPTs) on improving the cognition of people with MCI by performing a Bayesian network meta-analysis (NMA). METHODS We searched eight databases for potentially eligible studies. Physical exercise (PE), cognitive stimulation (CS), cognitive training (CT), cognitive rehabilitation (CR), musical therapy (MT) and multi-domain interventions (MI). Pairwise meta-analyses were performed by estimating the weighted mean differences with 95% confidence interval (CI) for MMSE. The Network meta-analysis was undertaken to compare different interventions. RESULTS CS, PE, MI, MT and CT may all be effective in improving the cognition of patients with MCI. CR was unable to show a significant efficacy. Our NMA ranking results suggests the effectiveness of the six NPTs to be ranked from best to worst as follows: CS, PE, MI, MT, CT and CR. CONCLUSIONS NPT has great potential to improve the cognition of the elderly with MCI. CS has the highest probability of being the optimal NPT. However the result should be interpreted with cautious given the limited number and small samples of included RCTs in this field, large diversity existing in different study designs and potential risk of bias. Future RCTs with high quality and large sample sizes are required to confirm our results. SUMMARY NPT, as a whole definition, has great potential to improve the cognition of the elderly with MCI. Our NMA ranking results suggests the effectiveness of the six NPTs to be ranked from best to worst as follows: CS, PE, MI, MT, CT and CR. This article is protected by copyright. All rights reserved.

Cross-cultural dementia screening using the Rowland Universal Dementia Assessment Scale: a systematic review and meta-analysis.

Author(s): Nielsen, T R; Jørgensen, Kasper

Source: International psychogeriatrics; Mar 2020 ; p. 1-14

Publication Date: Mar 2020

Publication Type(s): Journal Article

PubMedID: 32146910

Abstract: OBJECTIVE To quantitatively synthesize data on the accuracy of the Rowland Universal Dementia Assessment Scale (RUDAS) in different sociocultural settings and compare its performance to other brief screening instruments for the detection of dementia. DESIGN Systematic review and meta-analysis. Literature searches were performed in PubMed, EMBASE, and CINAHL from January 1, 2004 until September 1, 2019. SETTING Community, outpatient clinic, and hospital settings in high-, and low- and middle-income countries. PARTICIPANTS Twenty-six studies reporting diagnostic accuracy of the RUDAS were included with almost 4000 participants, including approximately 1700 patients with dementia. MEASUREMENTS Procedures for translation and cultural adaption of the RUDAS, and influence of demographic variables on diagnostic accuracy, were compared across studies. Bivariate random-effects models were used to pool sensitivity and specificity results, and diagnostic odds-ratios and the area under the hierarchical summary receiver operator characteristic curve were used to present the overall performance. RESULTS The pooled sensitivity and specificity for the detection of dementia were .82 (95% CI, .78-.86) and .83 (95% CI, .78-.87), respectively, with an area under the curve of .89. Subgroup analyses revealed that the RUDAS had comparable diagnostic performances across high-, and low- and middle-income settings (z = .63, P = .53) and in samples with a lower and higher proportion of participants with no formal education (z = -.15, P = .88). In 11 studies making direct comparison, the diagnostic performance of the RUDAS was comparable to that of the Mini-Mental State Examination (z = -.82, P = .41), with areas under the curve of .88 and .84, respectively. CONCLUSIONS The RUDAS has good diagnostic performance for detecting dementia in different sociocultural settings. Compared to other brief screening instruments, advantages of the RUDAS include its limited bias in people with limited or no formal education and a minimal need for cultural or language adaptation.

Formal Volunteering Buffers the Negative Impact of Unemployment among Older Workers: A Longitudinal Analysis.

Author(s): Yang, Jie
Guided by Jahoda’s Latent Deprivation Theory, this study examined whether engaging in formal volunteering could moderate the negative impact of unemployment on older workers’ mental health. This study also explored the optimal intensity/hours of volunteering required to have a positive effect. This study analyzed six waves (12 years) of longitudinal data from the Health and Retirement Study using fixed effects modeling. The outcome variable was depressive symptoms, and the independent variables were labor force status and volunteering status. Observed time-varying confounders were controlled. There was a significant interaction between engaging in formal volunteering and unemployment status. Unemployed older workers who participated in volunteering fared better than those unemployed workers who did not volunteer. Further, those unemployed older workers who volunteered over 100 hours/year did not benefit from volunteering. Results from this study have important implications for future intervention development targeting the mental health of unemployed older workers.

Effect of mirabegron on cognitive function in elderly patients with overactive bladder: MoCA results from a phase 4 randomized, placebo-controlled study (PILLAR).

BACKGROUND: Antimuscarinics are often used for treatment of overactive bladder (OAB), but exposure to medications such as antimuscarinics that have anticholinergic properties has been linked to adverse cognitive effects. A phase 4 placebo-controlled study (PILLAR; NCT02216214) described the efficacy and safety of mirabegron, a β3-adrenoreceptor agonist, for treatment of wet OAB in patients aged ≥65 years. This pre-planned analysis aimed to measure differences in cognitive function between mirabegron and placebo, using a rapid screening instrument for mild cognitive impairment: the Montreal Cognitive Assessment (MoCA).

METHODS: Outpatients aged ≥65 years with wet OAB were randomized 1:1 to mirabegron or placebo, stratified by age (<75/≥75 years). There were no exclusion criteria regarding cognitive status. Patients randomized to mirabegron initially received 25 mg/day with an optional increase to 50 mg/day after week 4/8 based on patient/investigator discretion. The MoCA was administered at baseline and end of treatment (EoT, week 12). The study protocol was Independent Ethics Committee/Institutional Review Board-approved.

RESULTS: Of the 887 randomized patients who received ≥1 dose of study drug, 72.3% were female, 79.5% were white, and 28.1% were aged ≥75 years. All patients had ≥1 comorbidity and 94.3% were receiving ≥1 concomitant medication. One third of patients had a history of psychiatric disorders, the most common being depression (17.2%), insomnia (15.7%), and anxiety (11.4%). Baseline mean (standard error, SE) MoCA total scores were 26.9 (0.1) and 26.8 (0.1) in the mirabegron and placebo groups, respectively. Among patients with MoCA data available at baseline/EoT, 27.1% (115/425) of mirabegron and placebo group patients, respectively, had impaired cognitive function at baseline (MoCA total score <26). There was no statistically significant change in adjusted mean (SE) MoCA total score from baseline to EoT in the mirabegron group (-0.2 [0.1]) or the placebo group (-0.1 [0.1]).

CONCLUSION: Treatment with mirabegron for 12 weeks did not
contribute to drug-related cognitive side effects in patients aged ≥65 years, as measured by the MoCA. Furthermore, the pattern of change in cognition over time in an older OAB trial population does not appear to differ from that of subjects receiving placebo. TRIAL REGISTRATION: NCT02216214 (prospectively registered August 13, 2014).

A multi-centre, parallel-group, randomised controlled trial to assess the efficacy and safety of eurythmy therapy and tai chi in comparison with standard care in chronically ill elderly patients with increased risk of falling (ENTAiER): a trial protocol.

Author(s): Kienle, G S; Werthmann, P G; Grotejohann, B; Kaier, K; Steinbrenner, I; Voigt-Radloff, S; Huber, R

Source: BMC geriatrics; Mar 2020; vol. 20 (no. 1); p. 108

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Available at BMC geriatrics - from Unpaywall

Abstract: BACKGROUND: In elderly people, multimorbidity and polypharmacy increase while sensory, motor and cognitive functions decrease. Falls occur in 30% of people aged 65 years and older at least once per year, with injuries at 10-20%. Reducing falls and enhancing physical, emotional and cognitive capacities are essential for healthy aging despite chronic disease. Eurythmy therapy (EYT) and Tai Chi train balance, mobility and concentrative and sensory capacities. METHODS: In eight trial sites (academic or community hospitals), 550 outpatients aged 65 years and older with chronic disease and increased risk of falling (history of imbalance, Berg Balance Scale (BBS) score ≤ 49) will be randomly assigned (1:1:1) to receive either EYT or Tai Chi (each provided in one-hour group sessions, twice, later once per week plus practice at home, for over 24 weeks) added to standard care or standard care alone. Standard care includes a detailed written recommendation on fall prevention and the visit of a primary care doctor. Seniors living a reclusive life or economically disadvantaged elderly will be particularly addressed. A motivation and communication concept supports the trial participants' compliance with trial procedures and practicing. Public and patient representatives are involved in the planning and conduction of the trial. Falls will be documented daily in a diary by the participants. These falls as well as injuries and complications will be ascertained during monthly phone visits. The falls efficacy scale, BBS, cognition (MoCA), Mood (GDS-15), quality of life (SF12), instrumental activities of daily living (IADL), use of medical and non-medical services (FIMA) and adherence will be assessed at 65 years and older with chronic disease and increased risk of falling (history of imbalance, Berg Balance Scale (BBS) score ≤ 49) will be randomly assigned (1:1:1) to receive either EYT or Tai Chi (each provided in one-hour group sessions, twice, later once per week plus practice at home, for over 24 weeks) added to standard care or standard care alone. Standard care includes a detailed written recommendation on fall prevention and the visit of a primary care doctor. Seniors living a reclusive life or economically disadvantaged elderly will be particularly addressed. A motivation and communication concept supports the trial participants' compliance with trial procedures and practicing. Public and patient representatives are involved in the planning and conduction of the trial. Falls will be documented daily in a diary by the participants. These falls as well as injuries and complications will be ascertained during monthly phone visits. The falls efficacy scale, BBS, cognition (MoCA), Mood (GDS-15), quality of life (SF12), instrumental activities of daily living (IADL), use of medical and non-medical services (FIMA) and adherence will be assessed at months 3, 6, and 12 and inner correspondence with practices (ICPH) at month 6. The trial is funded by the Federal Ministry of Education and Research (BMBF 01GL1805). DISCUSSION: This study will determine whether EYT and Tai Chi reduce falls, injurious falls, fear of falling and healthcare utilisation and improve mobility, cognition, mood, quality of life and functional independence. A reduction of fall risk and fear of falling and an improvement of mobility, autonomy, quality of life, mood, and cognition are highly relevant for older people to cope with aging and diseases and to reduce healthcare costs. TRIAL REGISTRATION: www.drks.de. DRKS00016609. Registered 30th July 2019.

The role of intraindividual cognitive variability in posttraumatic stress syndromes and cognitive aging: a literature search and proposed research agenda.

Author(s): Rutter, Lauren A; Vahia, Ipsit V; Passell, Eliza; Forester, Brent P; Germine, Laura

Source: International psychogeriatrics; Mar 2020 ; p. 1-11

Publication Date: Mar 2020
OBJECTIVES: Cognitive impairments are directly related to severity of symptoms and are a primary cause for functional impairment. Intraindividual cognitive variability likely plays a role in both risk and resiliency from symptoms. In fact, such cognitive variability may be an earlier marker of cognitive decline and emergent psychiatric symptoms than traditional psychiatric or behavioral symptoms. Here, our objectives were to survey the literature linking intraindividual cognitive variability, trauma, and dementia and to suggest a potential research agenda.

DESIGN: A wide body of literature suggests that exposure to major stressors is associated with poorer cognitive performance, with intraindividual cognitive variability in particular linked to the development of posttraumatic stress disorder (PTSD) in the aftermath of severe trauma. MEASUREMENTS: In this narrative review, we survey the empirical studies to date that evaluate the connection between intraindividual cognitive variability, PTSD, and pathological aging including dementia.

RESULTS: The literature suggests that reaction time (RT) variability within an individual may predict future cognitive impairment, including premature cognitive aging, and is significantly associated with PTSD symptoms.

CONCLUSIONS: Based on our findings, we argue that intraindividual RT variability may serve as a common pathological indicator for trauma-related dementia risk and should be investigated in future studies.

The influence of the age of dementia onset on college students' stigmatic attributions towards a person with dementia.

Author(s): Werner, Perla; Raviv-Turgeman, Lilach; Corrigan, Patrick W

Source: BMC geriatrics; Mar 2020; vol. 20 (no. 1); p. 104

Publication Date: Mar 2020

Abstract: BACKGROUND: Research in the area of public stigma and Alzheimer's disease (AD) is limited to examining stigmatic beliefs towards persons aged 65 and over (i.e., persons with late-onset dementia). The aim of the present study was to compare college students' stigmatic attributions towards an older and a younger person with AD, using an attributional model of stigma. METHODOLOGY: A cross-sectional study was conducted with 375 college students (mean age = 25.5, 58.9% female, 64.3% Jewish) who answered a computerized, self-administered, structured questionnaire after being presented with one of two randomly distributed vignettes varying in the age of the person with AD - 80 or 50 years of age. Cognitive, emotional and behavioral attributions of stigma were assessed using an adapted version of the Attribution Questionnaire. Other variables examined included background information, experiences and concerns about developing AD. T-tests and Ordinary Least Square (OLS) hierarchical regressions were used to analyze results. RESULTS: Similar to previous studies, students' levels of dementia stigma were low to moderate. Negative attributions were consistently and significantly higher (β = .17 to .33, p < .01) when the target person was younger rather than older. CONCLUSION: The differences in stigmatic beliefs towards a younger and older person with AD point to the theoretical and practical importance of clearly stating the age of the target person in stigma studies as well as in programs aimed at reducing public stigma towards persons with AD.

The effects of health literacy in influenza vaccination competencies among community-dwelling older adults in Hong Kong.
**Author(s):** Zhang, Fan; Or, Peggy Pui-Lai; Chung, Joanne Wai-Yee

**Source:** BMC geriatrics; Mar 2020; vol. 20 (no. 1); p. 103

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Available at [BMC geriatrics](https://www.ebscohost.com/academic/health-sciences-databases) - from EBSCO (MEDLINE Complete)

Available at [BMC geriatrics](https://www.proquest.com) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC geriatrics](https://www.unpaywall.org) - from Unpaywall

**Abstract:**
Poor health literacy was found to be one of the key barriers in older adults' disease prevention practice. However, it has still been unclear how different processes in health literacy play a role in older adult's vaccination-related competencies. By adopting the European Health Literacy Survey (HLS-EU), the current study aimed to examine older adults' competences in accessing, understanding, evaluating and applying health information, as well as how they are related to perceived difficulties in vaccination-related practices.

**METHODS**
With a cross-sectional design, a quantitative exploratory study was conducted using structured questionnaires. Four-hundred and 86 community-dwelling older adults aged 65 and above were recruited from non-government organizations in Hong Kong. Health literacy was measured by the Chinese version of 47-item HLS-EU (HLS-Asia-Q), which assesses the competences in accessing, understanding, evaluating and applying health information across the domains of health care, disease prevention, and health promotion. Linear regression was performed to test the association between different aspects of health literacy and vaccination-related information processing.

**RESULTS**
The findings showed that the health literacy of Hong Kong older adults has been limited, particularly in information appraisal. Poorer competences in accessing and appraising health information were associated with greater difficulties in making vaccination decision.

**CONCLUSIONS**
By identifying the health literacy processes associated with vaccination, our findings suggested that health-promotion programs strengthening the appraisal and comparison of vaccination information should be provided for the general public. Meanwhile, health professionals and mass media should reduce the complexity when delivering the health messages, and make it easier for older adults to access and comprehend, thus increasing the inclination to take vaccine and preventing the spread of communicable diseases.

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**Frailty assessment and risk prediction by GRACE score in older patients with acute myocardial infarction.**

**Author(s):** Anand, Atul; Cudmore, Sarah; Robertson, Shirley; Stephen, Jacqueline; Haga, Kristin; Weir, Christopher J; Murray, Scott A; Boyd, Kirsty; Gunn, Julian; Iqbal, Javaid; MacLullich, Alasdair; Shenkin, Susan D; Fox, Keith A A; Mills, Nicholas; Denvir, Martin A

**Source:** BMC geriatrics; Mar 2020; vol. 20 (no. 1); p. 102

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Available at [BMC geriatrics](https://www.proquest.com) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC geriatrics](https://www.unpaywall.org) - from Unpaywall

**Abstract:**
Risk prediction after myocardial infarction is often complex in older patients. The
Global Registry of Acute Coronary Events (GRACE) model includes clinical parameters and age, but not frailty. We hypothesised that frailty would enhance the prognostic properties of GRACE.

METHODS

We performed a prospective observational cohort study in two independent cardiology units: the Royal Infirmary of Edinburgh, UK (primary cohort) and the South Yorkshire Cardiothoracic Centre, Sheffield, UK (external validation). The study sample included 198 patients ≥65 years old hospitalised with type 1 myocardial infarction (primary cohort) and 96 patients ≥65 years old undergoing cardiac catheterisation for myocardial infarction (external validation). Frailty was assessed using the Clinical Frailty Scale (CFS). The GRACE 2.0 estimated risk of 12-month mortality, Charlson comorbidity index and Karnofsky disability scale were also determined for each patient.

RESULTS

Forty (20%) patients were frail (CFS ≥5). These individuals had greater comorbidity, functional impairment and a higher risk of death at 12 months (49% vs. 9% in non-frail patients, p < 0.001). The hazard of 12-month all-cause mortality nearly doubled per point increase in CFS after adjustment for age, sex and comorbidity (Hazard Ratio [HR] 1.90, 95% CI 1.47-2.44, p < 0.001). The CFS had good discrimination for mortality by Receiver Operating Characteristic (ROC) curve analysis (Area Under the Curve [AUC] 0.81, 95% CI 0.72-0.89) and enhanced the GRACE estimate (AUC 0.86 vs. 0.80 without CFS, p = 0.04). At existing GRACE thresholds, the CFS resulted in a Net Reclassification Improvement (NRI) of 0.44 (95% CI 0.28-0.60, p < 0.001), largely through reductions in risk estimates amongst non-frail patients. Similar findings were observed in the external validation cohort (NRI 0.46, 95% CI 0.23-0.69, p < 0.001).

CONCLUSIONS

The CFS had good discrimination for mortality by Receiver Operating Characteristic (ROC) curve analysis (Area Under the Curve [AUC] 0.81, 95% CI 0.72-0.89) and enhanced the GRACE estimate (AUC 0.86 vs. 0.80 without CFS, p = 0.04). At existing GRACE thresholds, the CFS resulted in a Net Reclassification Improvement (NRI) of 0.44 (95% CI 0.28-0.60, p < 0.001), largely through reductions in risk estimates amongst non-frail patients. Similar findings were observed in the external validation cohort (NRI 0.46, 95% CI 0.23-0.69, p < 0.001).

CONCLUSIONS

The GRACE score overestimated mortality risk after myocardial infarction in these cohorts of older patients. The CFS is a simple guided frailty tool that may enhance prediction in this setting. These findings merit evaluation in larger cohorts of unselected patients.

TRIAL REGISTRATION

Clinicaltrials.gov; NCT02302014 (November 26th 2014, retrospectively registered).

Identifying contemporary early retirement factors and strategies to encourage and enable longer working lives: A scoping review.

Author(s): Wilson, Donna M; Errasti-Ibarrondo, Begoña; Low, Gail; O'Reilly, Pauline; Murphy, Fiona; Fahy, Anne; Murphy, Jill

Source: International journal of older people nursing; Mar 2020 ; p. e12313

Publication Date: Mar 2020

Publication Type(s): Journal Article

PubMedID: 32166897

Available at International journal of older people nursing - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract:

A I MA ccelerating population ageing is raising concern in many countries now in relation to the availability of workers for essential work roles and responsibilities. A scoping research literature review was done to identify factors currently associated with early retirement and contemporary strategies to encourage and support longer working lives.

METHODS

Using the PRISMA-Scr Checklist, we searched the Directory of Open Access Journals and EBSCO Discovery Service for published 2013-2018 research articles using the keyword/MeSH term "early retirement"; 54 English-language articles in peer-review journals were reviewed. RESULTS

Seven early retirement factors were revealed: Ill health, good health, workplace issues, the work itself, ageism, social norms and having achieved personal financial or pension requirement criteria. Six suggested solutions, none proven effective, were identified: Occupational health programmes, workplace enhancements, work adjustments, addressing ageism, changing social norms and pension changes.

CONCLUSIONS

The evidence base on early retirement prevention is not strong, with qualitative investigations needed for in-depth understandings of early retirement influences and mixed-methods studies needed to test early retirement prevention solutions for their effects.

IMPLICATIONS FOR PRACTICE

Until more evidence is available, every organisation should perform an early retirement risk assessment and identify current versus needed policies and programmes to encourage and enable more middle-aged and older people to work longer.
Experiences of dementia and attitude towards prevention: a qualitative study among older adults participating in a prevention trial.

Author(s): Rosenberg, Anna; Coley, Nicola; Soulier, Alexandra; Kulmala, Jenni; Soininen, Hilka; Andrieu, Sandrine; Kivipelto, Milla; Barbera, Mariagnese; MIND-AD and HATICE groups

Source: BMC geriatrics; Mar 2020; vol. 20 (no. 1); p. 99

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Available at BMC geriatrics - from ProQuest (Health Research Premium) - NHS Version
Available at BMC geriatrics - from Unpaywall

Abstract: BACKGROUND A better insight into older adults' understanding of and attitude towards cognitive disorders and their prevention, as well as expectations and reasons for participation in prevention trials, would help design, conduct, and implement effective preventive interventions. This qualitative study aimed at exploring the knowledge and perceptions of cognitive disorders and their prevention among participants in a prevention trial.

METHODS Semi-structured interviews were conducted among the participants of a multinational randomised controlled trial testing the efficacy of a lifestyle-based eHealth intervention in preventing cardiovascular disease or cognitive decline in community dwellers aged 65+. Participants were probed on their reasons for participation in the trial and their views on general health, cardiovascular disease, ageing, and prevention. The subset of data focusing on cognitive disorders (15 interviewees; all in Finland) was considered for this study. Data were analysed using content analysis.

RESULTS Participants' knowledge of the cause and risk factors of cognitive disorders and prevention was limited and superficial, and a need for up-to-date, reliable, and practical information and advice was expressed. Cognitive disorders evoked fear and concern, and feelings of hopelessness and misery were frequently expressed, indicating a stigma. Strong heredity of cognitive disorders was a commonly held belief, and opinions on the possibility of prevention were doubtful, particularly in relation to primary prevention. Family history and/or indirect experiences of cognitive disorders was a recurrent theme and it showed to be linked to both the knowledge of and feelings associated with cognitive disorders, as well as attitude towards prevention. Indirect experiences were linked to increased awareness and knowledge, but also uncertainty about risk factors and possibility of prevention. Distinct fear and concerns, particularly over one's own cognition/risk, and high motivation towards engaging in prevention and participating in a prevention trial were also identified in connection to this theme.

CONCLUSIONS Family history and/or indirect experiences of cognitive disorders were linked to sensitivity and receptiveness to brain health and prevention potential. Our findings may be helpful in addressing older adults' expectations in future prevention trials to improve recruitment, maximise adherence, and facilitate the successful implementation of interventions.

A cluster randomised trial of the program to enhance adjustment to residential living (PEARL): a novel psychological intervention to reduce depression in newly admitted aged care residents.

Author(s): Davison, Tanya E; McCabe, Marita P; Busija, Lucy; O'Connor, Daniel W; Costa, Vera Camões; Byers, Jessica

Source: BMC geriatrics; Mar 2020; vol. 20 (no. 1); p. 98

Publication Date: Mar 2020

Publication Type(s): Journal Article

PubMedID: 32164587

Available at BMC geriatrics - from BioMed Central
Abstract: BACKGROUND Depression rates are high in residential aged care (RAC) facilities, with newly admitted residents at particular risk. New approaches to address depression in this population are urgently required, particularly psychological interventions suitable for widespread use across the RAC sector. The Program to Enhance Adjustment to Residential Living (PEARL) is a brief intervention, designed to provide individually tailored care approaches to meet the psychological needs of newly admitted residents, delivered in collaboration with facility staff. METHODS PEARL will be evaluated using a cluster randomised controlled design, comparing outcomes for residents who participate in the intervention with those residing in care as usual control facilities. Participants are RAC residents aged 60 years or above, with normal cognition or mild-moderate cognitive impairment, who relocated to the facility within the previous 4 weeks. The primary outcomes are depressive symptoms and disorders, with secondary outcomes including anxiety, stress, quality of life, adjustment to RAC, and functional dependence, analysed on an intention to treat basis using multilevel modelling. DISCUSSION PEARL is an intervention based on self-determination theory, designed to reduce depression in newly admitted residents by tailoring day to day care to meet their psychological needs. This simple psychological approach offers an alternative care model to the current over-reliance of antidepressant medications. TRIAL REGISTRATION ACTRN12616001726448; Registered 16 December 2016 with the Australian New Zealand Clinical Trials Registry.

Informal caregivers' views on the quality of healthcare services provided to older patients aged 80 or more in the hospital and 30 days after discharge.

Author(s): Lilleheie, Ingvild; Debesay, Jonas; Bye, Asta; Bergland, Astrid

Source: BMC geriatrics; Mar 2020; vol. 20 (no. 1); p. 97

Publication Date: Mar 2020

Publication Type(s): Journal Article

PubMedID: 32164569

Abstract: BACKGROUND In the European Union (EU), informal caregivers provide 60% of all care. Informal caregiving ranges from assistance with daily activities and provision of direct care to helping care recipients to navigate within complex healthcare and social services systems. While recent caregiver surveys document the impact of informal caregivers, systematic reviews show that they have unmet needs. Because of the political desire to reduce the length of hospital stays, older patients are discharged from the hospital 'quicker and sicker' than before. The transition between different levels of the healthcare system and the period after hospital discharge is critical for elderly patients. Caregivers' perspectives on the quality of older patients' care journeys between levels of the healthcare system may provide valuable information for healthcare providers and policymakers. This study aims to explore older patient's informal caregivers' views on healthcare quality in the hospital and in the first 30 days after hospitalisation. METHODS We conducted semi-structured individual interviews with 12 participants to explore and describe informal caregivers' subjective experiences of providing care to older relatives. The interviews were then transcribed and analysed thematically. RESULTS The analysis yielded the overarching theme 'Informal caregivers - a health service alliance - quality contributor', which was divided into four main themes: 'Fast in, fast out', 'Scant information', 'Disclaimer of responsibility' and 'A struggle to secure...
professional care'. The healthcare system seemed to pay little attention to ensuring mutual understandings between those involved in discharge, treatment and coordination. The participants experienced that the healthcare providers' main focus was on the patients' diseases, although the health services are supposed to view patients holistically.

**CONCLUSION**

Based on the information given by informal caregivers, health services must take into account each person’s needs and preferences. To deliver quality healthcare, better coordination between inter-professional care teams and the persons they serve is necessary. Health professionals must strengthen the involvement of caregivers in transitions between care and healthcare. Future work should evaluate targeted strategies for formal caregivers to cooperate, support and empower family members as informal caregivers.

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**Comparing patient and informant ratings of depressive symptoms in various stages of Alzheimer’s disease**

**Author(s):** Gold, Dov; Rosowsky, Erline; Piryatinsky, Irene; Sinclair, Samuel Justin  
**Source:** Neuropsychology; Mar 2020  
**Publication Date:** Mar 2020  
**Publication Type(s):** Journal Peer Reviewed Journal Journal Article  
**Abstract:**

Objective: Using a multimethod approach, this study assessed the relationship between patient and informant ratings of depression in Alzheimer’s disease (AD) in a manner that better represents the progressive course of AD, and allows for elucidation of specific cognitive domains that may explain changes in respondent agreement. Method: Case data (N = 16,297) were provided by the National Alzheimer’s Coordinating Center (NACC). A series of contingency analyses were performed to assess the relationship between patient and informant agreement across levels of impairment in individuals with AD. Patients and informants were placed into groups (i.e., not impaired, mild impairment, moderate impairment, severe impairment) based on patients’ performance on multiple indicators of global cognitive functioning, as well as measures of attention, working memory, processing speed, executive functioning, language, and episodic learning and memory. Results: Across measures, greater impairment was significantly (p < .001) associated with decreases in patient–informant congruence and increases in rates of patients denying depression when informants endorsed observing features of the same. These inconsistencies were most pronounced in the mildest stages of impairment. For a subset of the sample, rates of patients reporting depressive symptoms when informants denied observing the same also increased alongside worsening impairment. Incremental impairment in episodic learning (χ² = 805.25) and memory (χ² = 856.94) performance were most closely associated with decreases in respondent agreement. Patient–informant relationship type did not appear to mediate the response patterns observed. Conclusions: Mild impairment in AD patients, particularly in episodic learning and memory functioning, is significantly associated with decreases in patient–informant agreement regarding the presence of depressive symptoms. These results suggest that even at the earliest stages of AD informant reports should be used to corroborate patients’ reporting. (PsycINFO Database Record (c) 2020 APA, all rights reserved)
Adverse life events and late-life cognitive decline in a chinese cohort: The shanghai aging study

**Author(s):** Tian, Hongdou; Deng, Wei; Law, Chikin; Zhao, Qianhua; Liang, Xiaoniu; Wu, Wanqing; Luo, Jianfeng; Ding, Ding

**Source:** International Journal of Geriatric Psychiatry; Mar 2020

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**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:** Objective This study aimed to demonstrate the association between adverse life events (ALEs) and the risk of late-life cognitive decline in older community-dwelling individuals in China. Methods We prospectively followed up 1657 dementia-free participants with ALE data at baseline in the Shanghai Aging Study. The cohort was categorized into four subgroups (depression with ALEs, depression without ALEs, no depression with ALEs, and no depression without ALEs). Cox regressions were conducted to estimate the hazard ratio (HR) for incident dementia stratified by all participants and depressed and nondepressed participants. Results We identified 168 incident dementia cases over a mean period of 5.2 years. The cumulative dementia incidence in nondepressed participants with ALEs was the lowest among the four subgroups. Nondepressed participants with ALEs had a lower risk of incident dementia (HR [95% CI]: 0.50 [0.27-0.92], P = .0267) than those without ALEs, adjusted for age, sex, education, apolipoprotein E ε4 (APOE ε4), body mass index, cigarette smoking, heart disease, hypertension, diabetes, stroke, Mini-Mental State Examination (MMSE) at baseline, and anxiety. Conclusions This study explored a significant inverse association between ALEs and the risk of incident cognitive decline among older adults without depression in China. Interventions for depression prevention immediately after ALEs may reduce the risk of cognitive decline later in life. (PsycINFO Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

The effects of prosthetic status and dementia on the chewing efficiency of seniors in nursing homes.

**Author(s):** Klotz, Anna-Luisa; Ehret, Judith; Zajac, Melania; Schwindling, Franz Sebastian; Hassel, Alexander Jochen; Rammelsberg, Peter; Zenthöfer, Andreas

**Source:** Journal of oral rehabilitation; Mar 2020; vol. 47 (no. 3); p. 377-385

**Publication Date:** Mar 2020

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

**PubMedID:** 31743464

Available at Journal of oral rehabilitation - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** BACKGROUND The oral health of seniors in nursing homes is compromised. Furthermore, reduced chewing efficiency is described to be associated with reduced cognition. However, studies investigating how prosthetic status affects the chewing efficiency of nursing home residents are not available. OBJECTIVE To evaluate associations between prosthetic status, dementia and chewing efficiency of seniors in nursing homes. METHOD This study was performed in nine nursing homes. In addition to assessing the general and medical data of the participants, a dental examination was assessed and the severity of dementia was evaluated by use of the Clinical Dementia Rating (CDR). Furthermore, chewing efficiency was assessed by use of a two-colour mixing ability test. Descriptive and bivariate statistics, as well as linear regression models with the dependent variable chewing efficiency and possible confounders, were used to analyse data at P < .05. RESULTS Complete target variables of 146 participants were analysed. The mean (SD) chewing efficiency of the study sample, as expressed by the variance of hue, was .590 (.250). The type of prosthesis used (P < .001), the number of occluding tooth pairs (P < .001) and the presence of dementia (P = .002) were the main variables significantly affecting chewing efficiency. The condition of removable dentures also had an effect (P = .016). Multivariate testing predominantly confirmed these associations. CONCLUSION The chewing efficiency of seniors in nursing homes is somewhat compromised. Beyond dental aspects, suffering from dementia seems to reduce the chewing
efficiency. Further interventional/longitudinal studies are, however, encouraged to verify this outcome.

End-of-Life Care of Persons With Alzheimer Disease: An Update for Clinicians.
Author(s): Trinh, Eric; Lee, Andrew; Kim, Kye Y.
Source: American Journal of Hospice & Palliative Medicine; Apr 2020; vol. 37 (no. 4); p. 314-317
Publication Date: Apr 2020
Publication Type(s): Academic Journal
Abstract: While end-of-life (EOL) care has been a relatively common option for patients with terminal cancer, the utilization of EOL care in Alzheimer disease and other dementias has become available more recently. By the time end-stage dementia is present, the clinicians and caregivers become faced with multiple clinical issues—their inability to provide subjective complaints of pain and discomfort, behavioral symptoms, delirium, food refusal, and so on. In addition to providing quality EOL care to the patients, clinicians need to work with their families in an open and empathic manner, assuring that their loved ones will receive supportive measures to keep them comfortable.

Giving Meaning to Alzheimer's Disease: An Experimental Study Using a Framing Approach.
Author(s): Cuadrado, Fátima; Antolí, Adoración; Rosal-Nadales, María; Moriana, Juan A.
Source: Health Communication; Apr 2020; vol. 35 (no. 4); p. 447-455
Publication Date: Apr 2020
Publication Type(s): Academic Journal
Abstract: The prejudices and stereotypes associated with Alzheimer's disease (AD) are based on contents that highlight the most negative and dramatic aspects of the symptoms of this disease. This is reinforced by the preponderance of negative representations related to AD. In this paper, these representations have been analyzed as frames. The most dominant frame used to represent dementia is "body-mind dualism," and its alternative is the "body-mind unity" counter-frame. This study aims to define the impact of different messages inspired by the Dualism frame and the Unity counter-frame in the collective representation and meaning given to AD. Posters of simulated health campaigns about AD were designed, combining contents related to the Dualism frame and the Unity counter-frame, and were shown to 85 participants. To analyze the impact of both types of frameworks, a pre-post record of the attitudes of the participants toward AD was conducted using the Attitudes toward Dementia Scale. The assessment of the campaign and the self-report emotions were also registered. Participants' eye movements were measured during exposure to the posters. Attitudes toward dementia were found to be significantly more positive following exposure to discourses characteristic of the Unity counter-frame. Likewise, the dualism discourse evoked more sadness and anger. Moreover, the posters that used the discourse of the Unity counter-frame were considered more useful. We concluded that attitudes toward dementia are influenced by framing. Designing suitable health campaigns using these frames could help mitigate the attitudes and stigma associated with AD.

Association between simple evaluation of eating and swallowing function and mortality among patients with advanced dementia in nursing homes: 1-year prospective cohort study.
Author(s): Hoshino, Daichi; Watanabe, Yutaka; Edahiro, Ayako; Kugimiya, Yoshihiro; Igarashi, Kentaro; Motokawa, Keiko; Ohara, Yuki; Hirano, Hirohiko; Myers, Mie; Hironaka, Shouji; Maruoka, Yasubumi
Source: Archives of Gerontology & Geriatrics; Mar 2020; vol. 87
Publication Date: Mar 2020
Publication Type(s): Academic Journal
Available at Archives of Gerontology and Geriatrics - from Unpaywall
Abstract: Eating and swallowing function were related to 1-year mortality in dementia patients. PMMT
and MWST were significantly associated with 1-year mortality. • PMMT and MWST can predict prognosis and may provide evidence for care planning. A simple and predictable method of evaluating eating and swallowing has not been yet established; thus, it is difficult to implement advance care planning according to deterioration in this function. This study aimed to clarify the association between a simple evaluation of eating and swallowing function and 1-year mortality in advanced dementia patients in nursing homes in Japan. The study included 325 residents with advanced dementia. In a baseline survey, we examined medical history, physical function, and eating and swallowing function. We recorded mortality for 1 year from baseline. Kaplan-Meier survival analysis and Cox proportional regression were performed to investigate the association between the simple evaluation of eating and swallowing function and mortality. Statistical analysis included data from 312 of the 325 residents who had completed the baseline survey (7 individuals with non-oral ingestion and 6 who were alive but did not reside in the nursing home 1 year later were excluded). The participants’ mean age was 85.2 years, and 79.5 % of participants were female. At the 1-year follow-up, 70 patients had died. According to Cox proportional regression analysis, age, male gender, history of cerebrovascular disorder, poor results of palpation of masseter muscle tension, and modified water swallowing test were significantly associated with 1-year mortality. The results of palpation of masseter muscle tension and modified water swallowing test were associated with 1-year mortality. These routine observations can predict mortality, and may thus provide evidence of the opportunity to implement advance care planning.

Cognitive frailty as a predictor of dementia among older adults: A systematic review and meta-analysis.

Author(s): Zheng, Lufang; Li, Guichen; Gao, Dawei; Wang, Shuo; Meng, Xiangfei; Wang, Cong; Yuan, Haibo; Chen, Li

Source: Archives of Gerontology & Geriatrics; Mar 2020; vol. 87

Publication Date: Mar 2020

Publication Type(s): Academic Journal

Available at Archives of gerontology and geriatrics - from Unpaywall

Abstract:• Cognitive frailty is a significant predictor of incident dementia. • It is much possible that the predictive validity on dementia is stronger than that of either frailty or cognitive impairment alone. • Health caregivers can identify and intervene cognitive frailty as soon as possible, which possesses a potential benefit of preventing or delaying dementia. The aim of this systematic review and meta-analysis was to synthesize the pooled risk effect and to determine whether cognitive frailty is a predictor of dementia among older adults. Systematic review and meta-analysis. PubMed, EMBASE, Web of Science, and the Cochrane Library were systematically searched until June 5, 2019. Only cohort studies and population-based longitudinal studies published in English were eligible. Study selection, data extraction and quality assessment of including studies were independently completed by two researchers. A fixed-effects model was used to synthesize the risk of baseline cognitive frailty on dementia in the older adults compared with older adults without cognitive frailty. The risk of cognitive frailty on incident dementia. Of the 1566 identified records, 7 studies met the inclusion criteria and were included in the review. And 4 studies reporting hazard ratio (HR) of incident dementia for cognitive frailty were included in the meta-analysis. Synthesized results showed that baseline cognitive frailty in the elderly was significantly associated with an increased risk of developing dementia as compared with those without cognitive frailty (prefrailty + CI model: pooled HR = 3.99, 95 %CI = 2.94–5.43, p < 0.00001, I² = 31 %; frailty + CI model: pooled HR = 5.58, 95 %CI = 3.17–9.85, p < 0.00001, I² = 0 %). Heterogeneity across the studies was low. Cognitive frailty is a significant predictor of dementia. Cognitive frailty status may be a novel modifiable target in identification of early signs before dementia.

Correlation between potentially inappropriate medication and Alzheimer’s disease among the elderly.

Author(s): Tao, Ping; Chen, Pei-En; Tao, Jung; Yang, Sheau-Ning; Tung, Tao-Hsin; Chien, Ching-Wen

Source: Archives of Gerontology & Geriatrics; Mar 2020; vol. 87

Publication Date: Mar 2020
From the clinical viewpoint, elder patients with potentially inappropriate medication had increased hospitalizations, morbidity, and mortality. We performed a nationwide population-based case-control study to examine the correlation between potentially inappropriate medication and Alzheimer’s disease. Significant positive correlation was found between PIM and AD among the elderly population. This study is conducted to explore the association between potentially inappropriate medication (PIM) and Alzheimer’s disease (AD) among the elderly. We used Taiwan’s National Health Insurance Research Database (NHIRD) to conduct a nationwide case-control study. Elderly individuals (over 65 years of age) who had been diagnosed with AD (ICD-9-CM: 331.0) for the first time in 2011 were selected as subjects for the case group. A control group was formed by selecting elderly patients without AD using 1:1 propensity score matching. Control variables included sex, age, health status, and 31 Elixhauser comorbidities. All analyses were performed using the Resource Utilization Band (Adjusted Clinical Groups software). All health utilization data associated with PIM were traced back for a period of 5 years. We examined the odds ratio (OR) and 95% confidence interval (CI) for PIM in relation to AD. We identified 5264 patients with AD (case group) and 5264 non-AD controls. After adjustment for confounding factors, proportion of all PIM (adjusted OR: 1.006, 95%CI: 1.002–1.010, p-value = 0.009) was significantly associated with AD. In conclusion, we observed a significant positive correlation between PIM and AD among elderly population.

Nonpharmacological Interventions Are the Most Effective for Treating Neuropsychiatric Symptoms of Dementia.

Author(s): Buhr, Gwendolen; Little, Milta Oyola
Source: Caring for the Ages; Mar 2020; vol. 21 (no. 2); p. 19-19
Publication Date: Mar 2020
Publication Type(s): Academic Journal
Available at Caring for the Ages - from Unpaywall

Detection of amyloid beta peptides in body fluids for the diagnosis of alzheimer's disease: Where do we stand?

Author(s): Veerabhadrappa, Bhavana; Delaby, Constance; Hritz, Christophe; Vialaret, Jérôme; Alcolea, Daniel; Lleó, Alberto; Fortea, Juan; Santosh, Mysore Sridhar; Choubey, Shushil; Lehmann, Sylvain
Source: Critical Reviews in Clinical Laboratory Sciences; Mar 2020; vol. 57 (no. 2); p. 99-113
Publication Date: Mar 2020
Publication Type(s): Academic Journal

Alzheimer's disease (AD) is an incurable neurodegenerative disease characterized by progressive decline of cognitive abilities. Amyloid beta peptides (Aβ), Tau proteins and the phosphorylated form of the Tau protein, p-Tau, are the core pathological biomarkers of the disease, and their detection for the diagnosis of patients is progressively being implemented. However, to date, their quantification is mostly performed on cerebrospinal fluid (CSF), the collection of which requires an invasive lumbar puncture. Early diagnosis has been shown to be important for disease-modifying treatment, which is currently in development, to limit the progression of the disease. Nevertheless, the diagnosis is often delayed to the point where the disease has already progressed, and the tools currently available do not allow for a systematic follow-up of patients. Thus, the search for a molecular signature of AD in a body fluid such as blood or saliva that can be collected in a minimally invasive way offers hope. A number of methods have been developed for the quantification of core biomarkers, especially in easily accessible fluids such as the blood, that improve their accuracy, specificity and sensitivity. This review summarizes and compares these approaches, focusing in particular on their use for Aβ detection, the earliest biomarker to be modified in the course of AD. The review also discusses biomarker quantification in CSF, blood and saliva and their clinical applications.
Sodium Oligomannate: First Approval.

Author(s): Syed, Yahiya Y.

Source: Drugs; Mar 2020; vol. 80 (no. 4); p. 441-444

Publication Date: Mar 2020

Publication Type(s): Academic Journal

Abstract: Sodium oligomannate (九期一®; GV-971) is a marine algae-derived oral oligosaccharide being developed by Shanghai Green Valley Pharmaceuticals for the treatment of Alzheimer’s disease (AD). Sodium oligomannate received its first approval in November 2019 in China for the treatment of mild to moderate AD to improve cognitive function. This article summarizes the milestones in the development of sodium oligomannate leading to this first approval for AD.

Correction to: Sodium Oligomannate: First Approval...Syed YY. Sodium Oligomannate: First Approval. Drugs, Mar 2020; 80(4): 441-444.

Author(s): Syed, Yahiya Y.

Source: Drugs; Mar 2020; vol. 80 (no. 4); p. 445-446

Publication Date: Mar 2020

Publication Type(s): Academic Journal

Available at Drugs - from Unpaywall

Abstract: The first sentence, which currently reads: "Sodium oligomannate is produced by depolymerizing propylene glycol alginate sodium sulfate followed by oxidation, leaving carboxyl group at the reduced end [11]."

"In the Bengali Vocabulary, There Is No Such Word as Care Home": Caring Experiences of UK Bangladeshi and Indian Family Carers of People Living With Dementia at Home.

Author(s): Herat-Gunaratne, Ruminda; Cooper, Claudia; Mukadam, Naaheed; Rapaport, Penny; Leverton, Monica; Higgs, Paul; Samus, Quincy; Burton, Alexandra

Source: Gerontologist; Mar 2020; vol. 60 (no. 2); p. 331-339

Publication Date: Mar 2020

Publication Type(s): Academic Journal

Abstract: Background and Objectives We aimed to explore experiences of South Asian carers of people with dementia receiving health or social care in the United Kingdom, purposively recruited to encompass a range of migration, economic and cultural experiences. While previous work in this area has reported carers’ understanding of, and attitudes to dementia, we explored how carers’ cultural identities and values influenced their experiences, negotiation of the caring role and relationship with services. Research Design and Methods We conducted semi-structured interviews with 10 Bangladeshi and Indian family carers of people living with dementia at home. We recruited participants from community settings in London and Bradford, UK. Interviews were audio recorded, transcribed and thematically analyzed. Results We identified 4 themes: an expectation and duty to care, expectation and duty as a barrier to accessing formal care (family carer reluctance, care recipient reluctance, and service organization), culturally (in)sensitive care, and the importance of support from informal care networks. Discussion and Implications Interviewees described tensions between generations with different understandings of familial care obligations. Expectations to manage led to burden and guilt, and the cost of caring, in terms of lost employment and relationships was striking. Unlike in previous studies, interviewees wanted to engage and be supported by services, but were frequently offered care models they could not accept. There was a tension between a state-provided care system obliged to provide care when there are no alternatives, and family carers who feel a duty to always provide alternatives. Informal social networks often provided
A Scoping Review of Dementia Care Experiences in Migrant Aged Care Workforce.

Author(s): Adebayo, Bola; Nichols, Pam; Heslop, Karen; Brijnath, Bianca

Source: Gerontologist; Mar 2020; vol. 60 (no. 2)

Publication Date: Mar 2020

Publication Type(s): Academic Journal

Abstract: Background and Objectives In high-income countries, an increasing number of people living with dementia in residential aged care facilities are being cared for by an increasingly multicultural workforce. The purpose of this review was to investigate migrant aged care workers' dementia care experiences and to identify enablers and challenges that influence their retention. Research Design and Methods Utilizing Arksey and O'Malley’s approach, PubMed, Scopus, CINAHL, Web of Science, and EMBASE were searched for peer-reviewed studies published from 2000 to November 2018. Selection criteria were studies with original research, focusing on dementia care among migrant aged care workers, and conducted in high-income countries. Results Seventeen articles were identified incorporating 13 (76.47%) qualitative, 1 (5.88%) quantitative, and 3 (17.65%) mixed method designs. A limited understanding of dementia and experiences of dementia care were reported among some migrant care workers in residential aged care facilities. The identified enablers to retention were the availability of organization support services; professional development opportunities; reciprocity and mutual respect between migrant care workers, care recipients, and coworkers; and good working conditions. Factors such as discrimination from care recipients and coworkers and limited understanding of workplace culture were identified as barriers to migrant care workforce retention. Discussion and Implications Migrant care workers are valuable contributors to the aged care workforce. It is important to consider their cultural perceptions of dementia in relation to care provision. In addition, their exposure to occupational psychosocial risk factors in conjunction with the challenges associated with resettlement and dementia care needs to be addressed.

Healthcare, Public Health & Guidance

Dementia: assessment, management and support for people living with dementia and their carers

This guideline covers diagnosing and managing dementia (including Alzheimer’s disease). It aims to improve care by making recommendations on training staff and helping carers to support people living with dementia.

NICE: June 2018

Guideline

CQC: The state of care in mental health services 2014 to 2017

The state of care in mental health services 2014 to 2017 presents findings from the CQC programme of comprehensive inspections of specialist mental health services. The report combines evidence from our inspections and findings from our role monitoring use of the the Mental Health Act, as well as analysis of data from other sources. This rich resource of information means we now know more about the quality of mental health care than ever before.

Plan

Carers action plan 2018 - 2020: supporting carers today

The plan sets out the cross-government programme of work to support carers over the next two years. It is structured around the following themes: services and systems that work for carers; employment and financial wellbeing; supporting young carers; recognising and supporting carers in the wider community and society; and building research and evidence to improve outcomes for carers.
Dementia in the Family
Alzheimer’s Research UK
Alzheimer’s Research UK has published Dementia in the Family: the impact on carers. The report explores the experiences of people who are caring for family members with dementia, highlighting the heavy toll the condition can take on family carers. The report includes case studies purposely chosen to include different types of relationships between the person with dementia and their carer. They were also chosen to include people at different stages of the condition.

Monitoring the Deprivation of Liberty Safeguards
Care Quality Commission (CQC)
CQC monitoring reports on the use of the Deprivation of Liberty Safeguards.

Hearing loss and dementia
Joseph Rowntree Foundation
The Joseph Rowntree Foundation has published Dementia friendly communities: supporting learning and outreach with the deaf community. This report aims to inform the development of policy and practice in relation to dementia awareness and information models in the Deaf community and with people with hearing loss. These approaches challenge misconceptions and provide signposting for appropriate information and support. The report considers and provides next steps on best practice models based on a pilot project with Alzheimer’s Society and BDA.

NICE guidance: older people: independence and mental wellbeing
National Institute for Clinical Evidence (NICE)
NICE guidance on “Older people: independence and mental wellbeing” (NG32) This guideline covers interventions to maintain and improve the mental wellbeing and independence of people aged 65 or older and how to identify those most at risk of a decline.

A selection of books available in the Health Library

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 DISCLAIMER: This table contains information about the books and authors mentioned in the image. The table format is not shown in the image. It is a table that lists the titles and authors of the books mentioned, with a link to the library catalogue on CWPT website for further reference.