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## Relying on procedural memory to enhance independence in daily living activities: Smartphone use in a case of semantic dementia

**Citation:** Neuropsychological Rehabilitation, 2015, vol./is. 25/6(913-935), 09602011

**Author(s):** Bier, N, Brambati, S, Macoir, J, Paquette, G, Schmitz, X, Belleville, S, Faucher, C, Joubert, S

**Language:** English

**Abstract:** Relying on procedural memory is a promising approach for interventions that address the cognitive difficulties found in semantic dementia. The aim of this study was to determine if procedural memory could be used to optimise learning of relevant smartphone functions in MH, a 55-year-old man with semantic dementia. The impact of learning to use specific smartphone applications, which display concepts and their semantic characteristics, on relearning useful significant concepts, was also explored in MH. This patient, who showed no deficits in procedural learning on a serial reaction time paradigm, was able to learn manipulations related to 15 smartphone functions although, because of his deficit in word comprehension, he generally needed verbal cues to clarify which functions he was asked to perform. Six months after the end of the intervention, he was still using 8 of the 15 functions regularly. However, repeated exposure to concepts through the use of two applications did not improve naming or retrieval of semantic attributes. This study showed the potential of relying on procedural memory to optimise learning of new technologies in the ecological rehabilitation of semantic dementia.

**Publication Type:** Academic Journal

**Source:** CINAHL

## Symptom Assessment for a Palliative Care Approach in People With Dementia Admitted to Acute Hospitals: Results From a National Audit

**Citation:** Journal of Geriatric Psychiatry & Neurology, 2015, vol./is. 28/4(255-259), 08919887

**Author(s):** O'Shea, Emma, O'Neill, Desmond

**Language:** English

**Abstract:** Context: As the prevalence of dementia increases, more people will need dementia palliative and end-of-life (EOL) care in acute hospitals. Published literature suggests that good quality care is not always provided. Objective: To evaluate the prescription of antipsychotics and performance of multidisciplinary assessments relevant to palliative care for people with dementia, including those at EOL, during hospital admission. Method: As part of a national audit of dementia care, 660 case notes were reviewed across 35 acute hospitals. Results: In the entire cohort, many assessments essential to dementia palliative care were not performed. Of the total sample, 76 patients died, were documented to be receiving EOL care, and/or were referred for specialist palliative care. In this cohort, even less symptom assessment was performed (eg, no pain assessment in 27%, no delirium screening in 68%, and no mood or behavioral and psychological symptoms of dementia in 93%). In all, 37% had antipsychotic drugs during their admission and 71% of these received a new prescription in hospital, most commonly for "agitation." Conclusion: This study suggests a picture of poor symptom assessment and possible inappropriate prescription of antipsychotic medication, including at EOL, hindering the planning and delivery of effective dementia palliative care in acute hospitals.

**Publication Type:** Academic Journal

## A Survey on Dementia Training Needs Among Staff at Community-Based Outpatient Clinics

**Citation:** Educational Gerontology, 2015, vol./is. 41/12(903-915), 03601277

**Language:** English

**Abstract:** Dementia is a major public health concern. Educating health-care providers about dementia warning signs, diagnosis, and management is paramount to fostering clinical competence and improving patient outcomes. The objective of this project was to describe and identify educational and training needs of staff at community-based outpatient clinics related to treating and managing veterans with dementia. Health professionals took an online survey consisting of questions related to general knowledge and skills in working with veterans with dementia and their families, staff training, and attitudes toward people with dementia. Most participants considered knowledge of dementia important; however, few reported having received training in dementia care within the past year. Furthermore, over half of participants considered themselves beginners in terms of knowledge and skills in dementia care. Regarding training needs, topics that could improve the overall care of veterans with dementia and their caregivers were most often cited. Participants reported being most satisfied with in-person training. Physicians rated their dementia knowledge and skill as greater than nurses'/other medical professionals' and support staff's. Compared with support staff, nurses/other medical professionals held more positive attitudes

toward persons with dementia. Survey results suggest that staff are interested in improving knowledge of, and skills for, working with persons with dementia, and that job classification is associated with differences in attitudes.

**Publication Type:** Academic Journal

## Tools to Assess Pain or Lack of Comfort in Dementia: A Content Analysis

**Citation:** Journal of pain and symptom management, Nov 2015, vol. 50, no. 5, p. 659 (November 2015)

**Author(s):** van der Steen, Jenny T, Sampson, Elizabeth L, Van den Block, Lieve, Lord, Kathryn, Vankova, Hana, Pautex, Sophie, Vandervoort, An, Radbruch, Lukas, Shvartzman, Pesach, Sacchi, Valentina, de Vet, Henrica C W, Van Den Noortgate, Nele J A, EU-COST Action TD1005 Collaborators

**Abstract:** There is need for tools to help detect pain or lack of comfort in persons unable to communicate. However, pain and (dis)comfort tools have not been compared, and it is unclear to what extent they discriminate between pain and other possible sources of discomfort, or even if items differ. To map and compare items in tools that assess pain and the broader notion of discomfort or comfort in people with severe dementia or at the end of life. Using qualitative content analysis with six classifications, we categorized each item of four thoroughly tested observational pain tools (Pain Assessment in Advanced Dementia [PAINAD], Pain Assessment Checklist for Seniors with Limited Ability to Communicate [PACSLAC], Doloplus-2, and draft Pain Assessment in Impaired Cognition [PAIC]), and four discomfort tools (including distress, comfort, and quality of life in severe dementia or at the end of life; Discomfort Scale-Dementia Alzheimer Type [DS-DAT], Disability Distress Assessment Tool [DisDAT], End-of-Life in Dementia-Comfort Assessment in Dying with Dementia [EOLD-CAD], and Quality of Life in Late-Stage Dementia [QUALID] scale). We calculated median proportions to compare distributions of categories of pain and discomfort tools. We found that, despite variable content across tools, items from pain and discomfort tools overlapped considerably. For example, positive elements such as smiling and spiritual items were more often included in discomfort tools but were not unique to these. Pain tools comprised more "mostly descriptive" (median 0.63 vs. 0.44) and fewer "highly subjective" items (0.06 vs. 0.18); some used time inconsistently, mixing present and past observations. This analysis may inform a more rigorous theoretical underpinning and (re)development of pain and discomfort tools and calls for empirical testing of a broad item pool for sensitivity and specificity in detecting and discriminating pain from other sources of discomfort. Copyright © 2015 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

**Source:** Medline

## Lifting the veil: how to use clinical neuropsychology to assess dementia

**Citation:** Journal of neurology, neurosurgery, and psychiatry, Nov 2015, vol. 86, no. 11, p. 1216-1224 (November 2015)

**Author(s):** Burrell, James R, Piguet, Olivier

**Abstract:** Neurologists often struggle to interpret the results of neuropsychological testing, even though cognitive assessments are an integral component of the diagnostic process in dementia syndromes. This article reviews the principles underlying clinical neuropsychology, background on common neuropsychological tests, and tips on how to interpret the results when assessing patients with dementia. General cognitive screening tools, appropriate for use by general neurologists and psychiatrists, as well as specific cognitive tests examining the main cognitive domains (attention and orientation, memory, visuospatial function, language and executive function) in patients with dementia are considered. Finally, the pattern of deficits, helpful in defining clinical dementia phenotypes and sometimes in predicting the underlying molecular pathology, are outlined. Such clinicopathological associations will become invaluable as disease-modifying treatments for dementia are developed and implemented. Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>.

**Source:** Medline

**Full Text:**

Available from *Highwire Press* in **Journal of neurology, neurosurgery, and psychiatry**

## Enabling resources in people with dementia: a qualitative study about nurses' strategies that may support a sense of coherence in people with dementia

**Citation:** Journal of clinical nursing, Nov 2015, vol. 24, no. 21-22, p. 3129-3137 (November 2015)

**Author(s):** Lillekroken, Daniela, Hauge, Solveig, Slettebø, Åshild

**Abstract:** To explore nurses' strategies that may support the sense of coherence in people with dementia. People with dementia are often described as people with no resources, people who need support from family or from healthcare personnel to function in everyday life. Despite the disease, some people still have the resources needed to cope well with parts of their lives and experience coherence. To date, no research has explored any nurses' strategies that may support the sense of coherence in people with dementia. The design of the study is qualitative and exploratory. Data were collected by participant observation and focus group interviews. Sixteen registered nurses from two different Norwegian nursing homes were recruited and participated in the study. Qualitative content analysis was used to analyse the data. The empirical material consisted of field notes from participant observation and transcripts from focus group interviews. Three generic categories were identified as strategies that may support sense of coherence in people with dementia: 'Finding and nurturing the individual's resources', 'Customising meaningful activities' and 'Finding creative solutions'. These categories were identified as strategies that may support and possibly enhance the sense of coherence in people with dementia. The findings provide an empirical base for assuming that with support and help from nurses, people with dementia may experience and strengthen their sense of coherence, therefore, the nurses need to be aware of the activities that may support and possibly enhance the sense of coherence in people with dementia. Despite the contextual limitations, this study highlights the need to identify and nurture resources in people with dementia, thus supporting their sense of coherence. The findings may contribute in enhancing the quality of care for people with dementia. © 2015 John Wiley & Sons Ltd.

**Source:** Medline

## Group music interventions for dementia-associated anxiety: A systematic review

**Citation:** International journal of nursing studies, Nov 2015, vol. 52, no. 11, p. 1775-1784 (November 2015)

**Author(s):** Ing-Randolph, Avis R, Phillips, Linda R, Williams, Ann B

**Abstract:** This systematic review examines the few published studies using group music interventions to reduce dementia-associated anxiety, the delivery of such interventions, and proposes changes to nursing curriculum for the future. Literature review. All quantitative studies from 1989 to 2014 were searched in CINAHL and PubMed databases. Only published articles written in English were included. Studies excluded were reviews, non-human subjects, reports, expert opinions, subject age less than 65, papers that were theoretical or philosophical in nature, individual music interventions, case studies, studies without quantification of changes to anxiety, and those consisting of less than three subjects. Components of each study are analyzed and compared to examine the risk for bias. Eight articles met the inclusion criteria for review. Subject dementia severity ranged from mild to severe among studies reviewed. Intervention delivery and group sizes varied among studies. Seven reported decreases to anxiety after a group music intervention. Group music interventions to treat dementia-associated anxiety is a promising treatment. However, the small number of studies and the large variety in methods and definitions limit our ability to draw conclusions. It appears that group size, age of persons with dementia and standardization of the best times for treatment to effect anxiety decreases all deserve further investigation. In addition, few studies have been conducted in the United States. In sum, while credit is due to the nurses and music therapists who pioneered the idea in nursing care, consideration of patient safety and improvements in music intervention delivery training from a healthcare perspective are needed. Finally, more research investigating resident safety and the growth of nursing roles within various types of facilities where anxiety is highest, is necessary. Copyright © 2015 Elsevier Ltd. All rights reserved.

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## The experience of family carers attending a joint reminiscence group with people with dementia: A thematic analysis

**Citation:** Dementia (London, England), Nov 2015, vol. 14, no. 6, p. 842-859 (November 2015)

**Author(s):** Melunsky, Nina, Crellin, Nadia, Dudzinski, Emma, Orrell, Martin, Wenborn, Jennifer, Poland, Fiona, Woods, Bob, Charlesworth, Georgina

**Abstract:** Reminiscence therapy has the potential to improve quality of life for people with dementia. In recent years reminiscence groups have extended to include family members, but carers' experience of attending joint sessions is undocumented. This qualitative study explored the experience of 18 family carers attending 'Remembering Yesterday Caring Today' groups. Semi-structured interviews were transcribed and subjected to thematic analysis. Five themes were identified: experiencing carer support; shared experience; expectations (met and unmet), carer perspectives of the person with dementia's experience; and learning and comparing. Family carers' experiences varied, with some experiencing the intervention as entirely positive whereas others had more mixed feelings. Negative aspects included the lack of respite from their relative, the lack of emphasis on their own needs, and experiencing additional stress and guilt through not being able to implement newly acquired skills. These findings may explain the failure of a recent trial of joint reminiscence groups to replicate previous findings of positive benefit. More targeted research within subgroups of carers is required to justify the continued use of joint reminiscence groups in dementia care. © The Author(s) 2013.

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## Privileging place: Reflections on involving people with dementia in a residency

**Citation:** Dementia (London, England), Nov 2015, vol. 14, no. 6, p. 788-799 (November 2015)

**Author(s):** Bartlett, Ruth, Hick, Caroline, Houston, Agnes, Gardiner, Larry, Wallace, Daphne

**Abstract:** Although attention is paid to involving people with dementia as collaborators in research, the issue of place - where involvement actually occurs - has been neglected. This is significant because we know from the academic literature that places can adversely affect social relations and a person's ability to participate as equal partners. This paper privileges place and documents our experiences of running residencies in the English Lake District with people with dementia - Houston, Gardiner and Wallace all have some form of dementia. In doing so we provide a model to reference for involving people with dementia in research and knowledge production, while simultaneously strengthening the evidence base for the residency as a method for participatory research. People with dementia participated in two residencies to co-produce a touring exhibition and educational resource as part of a research dissemination project. We found that by privileging place a more equitable, productive, healthier, and respectful way of involving people with dementia as collaborators in research dissemination could be realised. The project has wider implications for the involvement of people with dementia in not only research, but also public consultations, service evaluations, and policy-related work. © The Author(s) 2013.

**Source:** Medline

## People with dementia living in poorer areas of England are less likely to receive medication

New research suggests that a postcode lottery still exists for people living with dementia. People with dementia who live in more affluent areas of England are 27% more likely to be prescribed anti-dementia medication than those living in poorer areas. It was also found that people from more deprived areas were less likely to receive a specific diagnosis for a type of dementia. Researchers looked at anonymised medical records of over 77,000 people from between 2002 and 2013, who had either been diagnosed with dementia or received at least one prescription for anti-dementia medication.

**Alzheimer's Society**

## A relentless journey: Life with dementia

**Citation:** The Lancet, November 2015, vol./is. 386/10006(1813-1814), 0140-6736;1474-547X (07 Nov 2015)

**Author(s):** Das P.

**Language:** English

**Publication Type:** Journal: Review

**Source:** EMBASE

**Full Text:**

Available from *The Lancet* in [Lancet, The](#)

## People with dementia and carers' experiences of dementia care and services: Outcomes of a focus group study

**Citation:** *Dementia* (London, England), Nov 2015, vol. 14, no. 6, p. 769-787 (November 2015)

**Author(s):** Sutcliffe, Caroline L, Roe, Brenda, Jasper, Rowan, Jolley, David, Challis, David J

**Abstract:** An ageing population and an associated increase in the prevalence of dementia are of increasing concern in the United Kingdom and worldwide. Recently, the United Kingdom and other European countries implemented national dementia strategies to address this. This paper reports on the outcomes of a focus group study involving people with dementia and carers on their experiences of dementia care and support services in relation to government and third sector agencies' objectives and recommendations. Three focus groups comprising carers and people with dementia (n = 27) were undertaken covering topics related to experiences, service receipt, information sharing and service development. Some participants experienced difficulties or delays in receiving a dementia diagnosis and in accessing appropriate care. The provision of training, timeliness of information, access to appropriate advice, and consistent and flexible services were deemed important. The findings suggest that some issues raised by participants were highlighted in earlier policy objectives and recommendations but remain of central concern. The projected growth in the number of people with dementia coupled with reduced availability of informal care and increased demand for services emphasises the need to transform dementia care in the United Kingdom. © The Author(s) 2013.

**Source:** Medline

## 'What I want to do is get half a dozen of them and go and see Simon Cowell': Reflecting on participation and outcomes for people with dementia taking part in a creative musical project

**Citation:** *Dementia* (London, England), Nov 2015, vol. 14, no. 6, p. 734-750 (November 2015)

**Author(s):** McCabe, Louise, Greasley-Adams, Corinne, Goodson, Katy

**Abstract:** This paper presents the findings from an evaluation of a creative musical project led by Scottish Opera. The project included people with dementia and their carers in the development, writing, design and performance of a musical production about their experiences of love. The project involved professional singers, artists and choreographers from the opera company. Activities involved practice sessions and performances. People with dementia and their carers reflected on positive outcomes from the project including improved confidence; being part of a group; improved physical strength and people seeing them in a new way. Within the evaluation framework they also reported on how the project had been run and gave ideas for future development. Key elements in the success of this project were the involvement of professionals, the kudos of working with a national organisation and the performances that, while daunting, provided unique and rewarding experiences. © The Author(s) 2013.

**Source:** Medline

## Couples with dementia: Positioning the 'we'.

**Citation:** *Dementia* (London, England), Nov 2015, vol. 14, no. 6, p. 716-733 (November 2015)

**Author(s):** Hydén, Lars-Christer, Nilsson, Elin

**Abstract:** The aim of this article is to investigate how spouses in couples with dementia position themselves in relation to each other by analysing their use of pronouns, especially the we. The study uses joint interviews with 11 couples. Based on a quantitative analysis of pronoun use, it is argued that the pronoun we is used by all the spouses; however, it is used less frequently by the spouses with dementia in comparison with healthy spouses. A qualitative analysis of the use of the pronoun we shows that the spouses position, experience and consider themselves as a couple and that they position and experience themselves as individuals in relation to the couple. One of the challenges for couples with dementia is to be able to retain a we in face of the progression of the dementia disease. By positioning themselves in various ways, the spouses establish and negotiate quite a complex and emotionally charged web of relationships. © The Author(s) 2013.

**Source:** Medline

## Detecting Cognitive Impairment and Dementia in Deaf People: The British Sign Language Cognitive Screening Test

**Citation:** *Archives of clinical neuropsychology : the official journal of the National Academy of Neuropsychologists*, Nov 2015, vol. 30, no. 7, p. 694-711 (November 2015)

**Author(s):** Atkinson, Joanna, Denmark, Tanya, Marshall, Jane, Mummery, Cath, Woll, Bencie

**Abstract:** To provide accurate diagnostic screening of deaf people who use signed communication, cognitive tests must be devised in signed languages with normative deaf samples. This article describes the development of the first screening test for the detection of cognitive impairment and dementia in deaf signers. The British Sign Language Cognitive Screening Test uses standardized video administration to screen cognition using signed, rather than spoken or written, instructions and a large norm-referenced sample of 226 deaf older people. Percentiles are provided for clinical comparison. The tests showed good reliability, content validity, and correlation with age, intellectual ability, and education. Clinical discrimination was shown between the normative sample and 14 deaf patients with dementia. This innovative testing approach transforms the ability to detect dementia in deaf people, avoids the difficulties of using an interpreter, and enables culturally and linguistically sensitive assessment of deaf signers, with international potential for adaptation into other signed languages. © The Author 2015. Published by Oxford University Press. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.

**Source:** Medline

## Uptake of a newly implemented advance care planning program in a dementia diagnostic service

**Citation:** Age and ageing, Nov 2015, vol. 44, no. 6, p. 1045-1049 (November 2015)

**Author(s):** Lewis, Matthew, Rand, Elizabeth, Mullaly, Elizabeth, Mellor, David, Macfarlane, Stephen

**Abstract:** advance care planning (ACP) provides a framework for discussion and documentation of future care preferences when a person loses cognitive capacity. It can assist people in the early stages of dementia to document their preferences for care at later stages of the illness. a three-stage project introduced ACP to clients with mild cognitive impairment (MCI) or recently diagnosed dementia and their families through a specialist memory clinic. Over 8 months, all English-speaking clients (n = 97) and carers (n = 92) were mailed a survey assessing completed documentation for future care; understanding of the principles of ACP and willingness to get further information about ACP (Stage 1). Participants wanting more information were invited to a seminar introducing the ACP program and service (Stage 2). Participants wanting to complete ACP documentation could make an appointment with the ACP clinicians (Stage 3). forty-eight (52.2%) carers and 34 clients (35.1%) responded to the survey. Most clients (62.1%) and carers (79.1%) expressed interest in ACP, and 78.6% of clients and 63.6% of carers believed that clients should be involved in their future medical decisions. Nine clients (26.5%; diagnoses: MCI = 5; AD = 3; mixed dementia = 1) and 9 carers (18.8%) attended the seminars, and 2/48 (4%) carers and 3/34 (8.8%) clients (diagnoses: MCI = 2; AD = 1) completed ACP. despite initial interest, ACP completion was low. The reasons for this need to be determined. Approaches that may better meet the needs of people newly diagnosed with MCI and dementia are discussed. © The Author 2015. Published by Oxford University Press on behalf of the British Geriatrics Society. All rights reserved. For Permissions, please email: journals.permissions@oup.com.

**Source:** Medline

## Dementia in older people admitted to hospital: a regional multi-hospital observational study of prevalence, associations and case recognition

**Citation:** Age and ageing, Nov 2015, vol. 44, no. 6, p. 993-999 (November 2015)

**Author(s):** Timmons, Suzanne, Manning, Edmund, Barrett, Aoife, Brady, Noleen M, Browne, Vanessa, O'Shea, Emma, Molloy, David William, O'Regan, Niamh A, Trawley, Steven, Cahill, Suzanne, O'Sullivan, Kathleen, Woods, Noel, Meagher, David, Ni Chorcorain, Aoife M, Linehan, John G

**Abstract:** previous studies have indicated a prevalence of dementia in older admissions of ~42% in a single London teaching hospital, and 21% in four Queensland hospitals. However, there is a lack of published data from any European country on the prevalence of dementia across hospitals and between patient groups. to determine the prevalence and associations of dementia in older patients admitted to acute hospitals in Ireland. six hundred and six patients aged ≥70 years were recruited on admission to six hospitals in Cork County. Screening consisted of Standardised Mini-Mental State Examination (SMMSE); patients with scores <27/30 had further assessment with the Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE). Final expert diagnosis was based on SMMSE, IQCODE and relevant medical and demographic history. Patients were screened for delirium and depression, and assessed for co-morbidity, functional ability and nutritional status. of 598 older patients admitted to acute hospitals, 25% overall had dementia; with 29% in public hospitals. Prevalence varied between hospitals (P < 0.001); most common in rural hospitals and acute medical admissions. Only 35.6% of patients with dementia had a previous diagnosis. Patients with dementia were older and frailer, with higher co-morbidity, malnutrition and lower functional status (P < 0.001). Delirium was commonly superimposed on dementia (57%) on admission. dementia is common in older people admitted to acute hospitals, particularly in acute medical admissions, and rural hospitals, where services may be less available. Most dementia is not previously diagnosed, emphasising the necessity for cognitive assessment in older people on presentation to hospital. © The Author 2015. Published by Oxford University Press on behalf of the British Geriatrics Society.

**Source:** Medline

## Helping Individuals With Dementia Live More Fully Through Person-Centered Practices

**Citation:** Journal of gerontological nursing, Nov 2015, vol. 41, no. 11, p. 9-14, 0098-9134 (November 1, 2015)

**Author(s):** Love, Karen, Femia, Elia

**Abstract:** Dementia, including Alzheimer's disease, is a health condition saddled with social stigmas and is widely misunderstood. Person-centered care practices can positively improve the psychosocial experience of living with dementia and have become the gold standard for care because of the resulting beneficial outcomes. The purpose of the current article is to describe four person-centered principles that form the foundation for dementia care practice: (a) the idea that individuals can and do live fully with dementia; (b) quality of life depends not only on the care received but also on the value that others put on their abilities and life; (c) being meaningfully engaged and having purpose are vital to well-being; and (d) respect, dignity, and choice are not only foundational to person-centered care but for basic human rights. Although efforts have been made to mandate person-centered practices, challenges remain that can direct future research and practice efforts. [Journal of Gerontological Nursing, 41(11), 9-14.]. Copyright 2015, SLACK Incorporated.

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