Please find below the results of your literature search request.

If you would like the full text of any of the abstracts included, or would like a further search completed on this topic, please let us know.

We’d appreciate feedback on your satisfaction with this literature search. Please visit http://www.hello.nhs.uk/literature_search_feedback.asp and complete the form.

Thank you

**Literature search results**

<table>
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<tr>
<th>Search completed for:</th>
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<td>Search completed by:</td>
<td>Richard Bridgen</td>
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</tbody>
</table>

**Search details**

Dementia, dementia strategy, dementia friendly hospital, dementia friendly communities, dementia challenge

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; AMED; BNI; CINAHL; EMBASE; HMIC; MEDLINE; PsychINFO; Google Scholar; Google Advanced Search

**Database search terms:** (dement* OR alzheimer*) (strateg* OR friendly OR challenge*); (dement* OR alzheimer*) adj1 (strat* OR friendly OR challenge*)

**Evidence / Google search string(s):** (dementia OR alzheimer’s OR alzheimers OR demented) (strategy OR friendly OR challenge)

**Summary**

There is quite a lot of information on dementia published in the last year. Given the quantity I limited it to just those documents relevant to strategy, friendly hospitals, friendly communities and the dementia challenge. This means anything clinical has mostly been omitted from the results. If you want me to broaden the scope of the search to include diagnosis and treatment please let me know.

**Guidelines and Policy**

**American Speech-Language-Hearing Association**

Dementia evidence map 2014

Department of Health, Western Australia - Diagnostic Imaging Pathways
Dementia 2014

King’s Fund
Making hospitals dementia-friendly: new report from the King’s Fund 2013

Royal College of General Practitioners
Dementia roadmap 2014

<table>
<thead>
<tr>
<th>Evidence-based reviews</th>
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<tbody>
<tr>
<td>Alzheimer’s Disease International</td>
</tr>
<tr>
<td>Nutrition and dementia: a review of available research 2014</td>
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<tr>
<td>Building dementia-friendly communities: a priority for everyone 2013</td>
</tr>
<tr>
<td>Cochrane Database of Systematic Reviews</td>
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<tr>
<td>Respite care for people with dementia and their carers 2014</td>
</tr>
<tr>
<td>Current evidence does not demonstrate any benefits or adverse effects from the use of respite care for people with dementia or their caregivers. These results should be treated with caution, however, as they may reflect the lack of high quality research in this area rather than an actual lack of benefit. Given the frequency with which respite care is advocated and provided, well-designed trials are needed in this area.</td>
</tr>
<tr>
<td>Cognitive training and cognitive rehabilitation for mild to moderate Alzheimer’s disease and vascular dementia 2013</td>
</tr>
<tr>
<td>Available evidence regarding cognitive training remains limited, and the quality of the evidence needs to improve. However, there is still no indication of any significant benefit derived from cognitive training. Trial reports indicate that some gains resulting from intervention may not be captured adequately by available standardised outcome measures. The results of the single RCT of cognitive rehabilitation show promise but are preliminary in nature. Further, well-designed studies of cognitive training and cognitive rehabilitation are required to obtain more definitive evidence. Researchers should describe and classify their interventions appropriately using available terminology.</td>
</tr>
<tr>
<td>Exercise programs for people with dementia 2013</td>
</tr>
<tr>
<td>There is promising evidence that exercise programs can have a significant impact in improving ability to perform ADLs and possibly in improving cognition in people with dementia, although some caution is advised in interpreting these findings. The programs revealed no significant effect on challenging behaviours or depression. There was little or no evidence regarding the remaining outcomes of interest.</td>
</tr>
<tr>
<td>Database of Abstracts of Reviews of Effects</td>
</tr>
<tr>
<td>Analysis of case management programs for patients with dementia: a systematic review 2013</td>
</tr>
<tr>
<td>Case management improved quality of care, quality of life, and satisfaction, but the evidence was less clear for hospitalisation and institutionalisation rates. The intensity and integration of case management programmes affected the magnitude of the clinical effects, but the evidence was weak and further research was needed.</td>
</tr>
<tr>
<td>Health care experiences of people with dementia and their caregivers: a meta-ethnographic analysis of qualitative studies 2013</td>
</tr>
<tr>
<td>Several opportunities were identified to improve the healthcare experiences of people with dementia and their caregivers. Strategies for improving service delivery for these groups were in line with an emphasis on person-centred care.</td>
</tr>
</tbody>
</table>
NHS Economic Evaluation Database

The cost-effectiveness of a nonpharmacologic intervention for individuals with dementia and family caregivers: the Tailored Activity Program 2014

The authors concluded that the TAP was likely to be cost-effective. They acknowledged their limited costing, study length and sample size, and that there was a need for further research.

Potential cost-effectiveness of a family-based program in mild Alzheimer's disease patients 2014

The authors concluded that the cognitive-behavioural family intervention was very likely to be cost-effective for patients with mild Alzheimer's disease. They acknowledged the need for more information and the limits on generalising the results.

REMCARE: reminiscence groups for people with dementia and their family caregivers – effectiveness and cost-effectiveness pragmatic multicentre randomised trial 2014

The authors concluded that the REMCARE trial showed a lack of clinical effectiveness and cost-effectiveness for the reminiscence intervention. Further research was needed to confirm these results, as they were contrary to previous findings.

Effects of the Finnish Alzheimer Disease Exercise Trial (FINALEX): a randomized controlled trial 2013

The authors concluded that exercise administered in the patient's home could slow their decline in physical functioning, without increasing total health and social service costs, and without significant adverse effects.

NICE Evidence

Eyes on Evidence: assessment and treatment of dementia in older adults 2014

Published research – Databases

1. Understanding the needs of family caregivers of older adults dying with dementia.

Author(s) Thompson, Genevieve N, Roger, Kerstin

Citation: Palliative & Supportive Care, 01 June 2014, vol./is. 12/3(223-231), 14789515

Publication Date: 01 June 2014

Abstract: Objectives: A challenge in understanding the needs of dementia family caregivers (DFC) within the purview of dementia as a terminal illness rests on the fact that literature in this area is dispersed across disciplines and not specifically grounded within the realm of palliative care. The objective of this paper is to describe the domains of DFC needs and their impact on the delivery of palliative care services. Methods: A literature search pertaining to dementia family caregivers and palliative/endpoint-of-life care was conducted using the databases Medline, CINHAL, Ageline, PsychInfo, and Scopus for articles published in the English language between 1997 and 2011. Results: Supporting family caregivers of individuals with dementia throughout the disease trajectory requires consideration of caregivers: (1) physical, emotional, and psychological needs; (2) information and decisional support needs; and (3) instrumental support needs. The unique nature and prolonged duration of these needs directly influences the palliative care services and supports required by these family caregivers. Significance of results: Understanding the scope of DFC needs help further our understanding of how these needs may impact the delivery of palliative care services, and assists in developing a model of care for those dying from dementia and for their family caregivers.

Source: CINAHL

Available in fulltext from Palliative and Supportive Care at Cambridge University Press

Author(s): Kleebauer, Alistair

Citation: Nursing Standard, 28 May 2014, vol./is. 28/39(11-11), 00296570

Publication Date: 28 May 2014

Abstract: An observational checklist is helping nurses to assess pain in patients with dementia who struggle to speak.

Source: CINAHL

Available in fulltext from Nursing Standard at EBSCOhost
Available in print at Pilgrim Hospital Staff Library

3. Best practices interventions to improve quality of care of people with dementia living at home.

Author(s): Zabalegui, Adelaida, Hamers, Jan P H, Karlsson, Staffan, Leino-Kilpi, Helena, Renom-Guiteras, Anna, Saks, Kai, Soto, Maria, Sutcliffe, Caroline, Cabrera, Esther

Citation: Patient Education & Counseling, 01 May 2014, vol./is. 95/2(175-184), 07383991

Publication Date: 01 May 2014

Abstract: OBJECTIVE: To identify effective interventions which improve quality of care for people with dementia (PwD) living at home. METHODS: MEDLINE-(via PubMed), CINAHL, PsycINFO and ISI Web of Science databases were searched. Inclusion criteria: (1) randomized controlled trials; (2) published in English-language, peer-reviewed journals between 1990 and 2012; (3) evaluated strategies to improve quality of care for PwD cared at home; and (4) participants older than 65. RESULTS: 23 studies met inclusion criteria. All the studies aimed to improve PwD quality of care and most of them focused on PwD caregivers. Psychoeducational programs are the most frequently assessed interventions and multicomponent interventions produced the most promising results. CONCLUSION: Due to the great variety of interventions describing specific samples and contexts, comparison of practice effectiveness is difficult. However, cognitive rehabilitation in PwD is effective when applied at an early stage of the disease. Case managers have demonstrated to reduce PwD institutionalization and the use of other community services. The studies were limited by sample heterogeneity, short follow-up or insufficiently detailed description. PRACTICE IMPLICATIONS: To improve PwD homecare, health professionals should educate and support caregivers. Before specific interventional recommendations can be made, further research addressing the limitations of current studies is needed.

Source: CINAHL


Author(s): Tang J

Citation: Nursing Older People, May 2014, vol./is. 26/5(10), 1472-0795;1472-0795 (2014 May)

Publication Date: May 2014

Abstract: I agree with the need to provide dementia awareness training for healthcare professionals (Nursing Older People. 25, 8, 5). According to the World Health Organization, more than 35 million people worldwide have dementia, and with the ageing of the global population, this number will grow to more than 100 million by 2050.

Source: Medline

Available in fulltext from Cancer Nursing Practice at EBSCOhost
Available in fulltext from Nursing Older People at EBSCOhost

5. Dementia strategy now needs updating to build on success.
6. Optimizing person-centered transitions in the dementia journey: A comparison of national dementia strategies

Author(s) Fortinsky R.H., Downs M.

Citation: Health Affairs, April 2014, vol./is. 33/4(566-573), 0278-2715;1544-5208 (April 2014)

Abstract: The journey for people with Alzheimer's disease or another dementia involves the need for increasing levels of support, with transitions across care settings. Although transitional care has received increasing attention in the health care arena, no widely accepted transitions typology exists for the dementia journey. At the same time, national dementia strategies are proliferating. We developed a typology containing six transitions that cover the dementia journey from symptom recognition to end-of-life care. We then critically evaluated whether and how the national dementia strategies of Australia, England, France, the Netherlands, Norway, Scotland, and the United States addressed each transition. Adopting a person-centered perspective, we found that most or all of the national strategies adequately address earlier transitions in the journey, but fewer strategies address the later transitions. We recommend that next-generation national dementia strategies focus on later transitions, specify how care coordination and workforce training should make transitions more person centered, and use person-centered outcomes in evaluating the success of the strategies' implementation and dissemination. 2014 Project HOPE-The People-to-People Health Foundation, Inc.

Source: EMBASE


Author(s) McGrath, Margaret, O'Callaghan, Claire

Citation: Australian Occupational Therapy Journal, 01 April 2014, vol./is. 61/2(92-101), 00450766

Abstract: Background/aim There is a growing body of research to support the role of occupational therapy in dementia care. However, little is known about the extent to which this research is translated into occupational therapy practice. This study addresses this gap by considering current occupational therapy practice in the field of dementia care in Ireland. Methods A cross-sectional online survey was used to gather data about current practice. Convenience sampling and snowball recruitment techniques were used to recruit occupational therapists. Data were analysed using a combination of descriptive statistics and content analysis. Results Forty-seven therapists responded to the survey. The majority of respondents worked in primary care and provided services for people with early stage or mild dementia. Assessment practices were primarily focussed on cognitive screening and functional performance. Limited attention was paid to occupational participation. Interventions typically addressed environmental modification, assistive devices and compensatory strategies. The ability of therapists to apply research evidence to practice appears to be strongly constrained by practice and organisational demands. Conclusion There is a need for a global occupational therapy strategy to support knowledge translation in dementia care. At present although occupational therapists are aware of research
evidence they face significant barriers in applying this evidence in practice.

Source: CINAHL
Available in fulltext from Australian Occupational Therapy Journal at the ULHT Library and Knowledge Services’ eJournal collection

8. Translating Research Into Practice: Case Study Of A Community-Based Dementia Caregiver Intervention.

Author(s) Mittelman, Mary S., Bartels, Stephen J.
Citation: Health Affairs, 01 April 2014, vol./is. 33/4(587-595), 02782715
Publication Date: 01 April 2014
Abstract: One of the most devastating impacts of Alzheimer’s disease and related dementias is the toll on caregivers. Evidence from randomized clinical trials has demonstrated the effectiveness of providing psychosocial interventions for caregivers to lessen their burden. However, the implementation of such interventions in community settings has proved challenging. This case study describes outcomes of the implementation of an evidence-based intervention in a multisite program in Minnesota. Consistent with the original randomized clinical trial of the intervention, assessments of this program showed decreased depression and distress among caregivers. Participating in a greater number of caregiver counseling sessions was also associated with longer time to nursing home placement for the person with dementia. Some of the challenges in the community setting included having caregivers complete the full six counseling sessions and acquiring complete outcome data. Given the challenges faced in the community setting, web-based training for providers may be a cost-effective way to realize the maximum benefits of the intervention for vulnerable adults with dementia and their families.

Source: CINAHL

9. Redesigning Systems Of Care For Older Adults With Alzheimer’s Disease.

Author(s) Callahan, Christopher M., Sachs, Greg A., LaMantia, Michael A., Unroe, Kathleen T., Arling, Greg, Boustani, Malaz A.
Citation: Health Affairs, 01 April 2014, vol./is. 33/4(626-632), 02782715
Publication Date: 01 April 2014
Abstract: Best-practice models of dementia care have evolved from strategies focused on family caregivers to guidelines predicated on supporting the patient-caregiver dyad along the care continuum. These models have grown in complexity to encompass medical and team-based care that is designed to coordinate dementia care across settings and providers for a defined population of patients. Although there is evidence that the models can improve outcomes, they have not been widely adopted. Barriers to the models’ increased adoption include workforce limitations, the cost of necessary practice redesign, and limited evidence of their potential cost-effectiveness. We summarize the origins, evidence base, and common components of best-practice models of dementia care, and we discuss barriers to their implementation. We conclude by describing two current efforts to implement such models on a broad scale, supported by the Center for Medicare and Medicaid Innovation. Taken together, these models seek to demonstrate improved dementia care quality and outcomes, accompanied by cost savings, in both community-based and institutional care settings.

Source: CINAHL

10. Preparing The Health Care Workforce To Care For Adults With Alzheimer’s Disease And Related Dementias.

Author(s) Warshaw, Gregg A., Bragg, Elizabeth J.
Citation: Health Affairs, 01 April 2014, vol./is. 33/4(633-641), 02782715
Publication Date: 01 April 2014
Abstract: In the United States, one in nine people ages sixty-five and older and one-third of people ages eighty-five and older have Alzheimer's disease. The number of cases of Alzheimer's disease is projected to triple by 2050, from 5.0 million in 2013 to 13.8 million. This will challenge the health care workforce, which is already inadequate in both size and training. We assessed what is likely to be an increasing shortage of physicians, nurses, and social workers with specialized training in geriatrics and, more specifically, in the care of people with dementia. We highlight the limited training of health care professionals in best practices of dementia care and chronic disease management. To address these shortfalls, we recommend the dissemination of team-based models of care that integrate health and social services; expansion of education loan forgiveness and faculty development programs to attract students into clinician-educator careers focusing on Alzheimer's disease; inclusion of curricula specific to the disease in all health professions training; expansion of federal programs to train existing workers; and increased compensation for the direct care workforce.

Source: CINAHL

11. Elder Abuse And Dementia: A Review Of The Research And Health Policy.

Author(s) XinQi Dong, Ruijia Chen, Simon, Melissa A.

Citation: Health Affairs, 01 April 2014, vol./is. 33/4(642-649), 02782715

Publication Date: 01 April 2014

Abstract: Older adults with dementia may be at high risk for abuse, but the topic has not been well studied. We conducted a literature review to examine the relationships between elder abuse and dementia. We found that psychological abuse was the most common form of abuse among older adults, with estimates of its prevalence ranging from 27.9 percent to 62.3 percent. Physical abuse was estimated to affect 3.5-23.1 percent of older adults with dementia. We also found that many older adults experienced multiple forms of abuse simultaneously, and the risk of mortality from abuse and self-neglect may be higher in older adults with greater levels of cognitive impairment. We summarize programs and policies related to the abuse of older adults with dementia, including adult protective services, mandatory elder abuse reporting, and the Long-Term Care Ombudsman Program. We also summarize aspects of the National Alzheimer's Project Act, the Older Americans Act, and the Elder Justice Act. In spite of a recent increase in research and policy developments on elder abuse, challenges such as insufficient funding, limited knowledge about elder abuse, a lack of funding for the implementation of federal and state programs relevant to elder abuse and dementia, and a lack of dementia-specific training for front-line health care staff persist. Stronger programs targeting the well-being of older adults with dementia are needed.

Source: CINAHL

12. Does Self-Neglect Occur Among Older Adults With Dementia When Unsupervised in Assisted Living? An Exploratory, Observational Study.

Author(s) Caspi, Eilon

Citation: Journal of Elder Abuse & Neglect, 01 April 2014, vol./is. 26/2(123-149), 08946566

Publication Date: 01 April 2014

Abstract: The phenomenon of older adults with dementia who develop behavioral expressions when they are unsupervised in assisted living residences is understudied. This qualitative study aimed to bridge this gap in the literature by focusing on 12 residents in various stages of dementia. Grounded Theory was followed to guide data collection and analysis. Data were collected in two special care units of an assisted living residence for 10 months. Participant observation was the primary data collection strategy. Semistructured interviews with staff and managers and review of clinical records augmented the observation data. While unsupervised, residents exhibited a wide spectrum of negative emotional states, behavioral expressions, functional difficulties, wayfinding difficulties, serious hygiene problems, and safety risks. More than half of the identified incidents represented self-neglectful behaviors. The study highlights the need for enhanced supervision and targeted interventions for residents with dementia who are susceptible to...
self-neglect.

**Source:** CINAHL

**13. Dementia-friendly neighbourhoods.**

**Author(s)** Duffin, Christian

**Citation:** Nursing Older People, 01 March 2014, vol./is. 26/2(16-17), 14720795

**Publication Date:** 01 March 2014

**Abstract:** Six research projects that will improve understanding of dementia are to receive £20 million in funding from the UK government. The projects, which will be overseen by the National Institute for Health Research and the Economic and Social Research Council, include investigations into creating dementia-friendly neighbourhoods; the lifestyle changes that can reduce the risk of developing the condition; training care home staff to support patients who become agitated; improving predictions of the future financial costs of dementia; living well with the condition; and the effects of visual aids on wellbeing and quality of life.

**Source:** CINAHL

Available in fulltext from Cancer Nursing Practice at EBSCOhost

Available in fulltext from Nursing Older People at EBSCOhost

**14. Dementia challenge: Effective strategies for translating basic research into clinical success in Alzheimer's disease**

**Author(s)** McGeer P.L.

**Citation:** BMJ (Online), March 2014, vol./is. 348/, 1756-1833 (06 Mar 2014)

**Publication Date:** March 2014

**Source:** EMBASE

Available in fulltext from BMJ: British Medical Journal (Overseas & Retired Doctors Edition) at EBSCOhost

Available in print at Louth County Hospital Medical Library

Available in print at Grantham Hospital Staff Library

Available in print at Lincoln County Hospital Professional Library

Available in print at Pilgrim Hospital Staff Library

**15. Dementia-friendly design resource**

**Author(s)** Baillie J.

**Citation:** Health estate, February 2014, vol./is. 68/2(49-53) (Feb 2014)

**Publication Date:** February 2014

**Abstract:** Although estimates suggest that, on average, some 30 per cent of all patients in general acute medical wards may have some form of dementia, Stirling University's Dementia Services Development Centre (DSDC), one of the leading international knowledge centres working to improve the lives of dementia sufferers, says progress in designing healthcare facilities that address such patients' needs has been 'patchy at best'. With the number of individuals living with dementia expected to double in the next 25 years, the DSDC has recently worked with Edinburgh-based architects, Burnett Pollock Associates, to develop an online resource that clearly illustrates, via 15 simulated 'dementia-friendly' healthcare 'spaces', some of the key principles to consider when designing effectively for this fast-growing group. HEJ editor, Jonathan Baillie, attended the launch of the so-called 'Virtual Hospital'.

**Source:** EMBASE

Author(s) Otaegui-Arrazola, Ane, Amiano, Pilar, Elbusto, Ana, Urdaneta, Elena, Martinez-Lage, Pablo

Citation: European Journal of Nutrition, 01 February 2014, vol./is. 53/1(1-23), 14366207

Publication Date: 01 February 2014

Abstract: Introduction: The prevention of Alzheimer's disease (AD) has become a real challenge due to its rising prevalence and the lack of an effective cure. Diet and nutrients have gained significant interest as potentially modifiable protective factors. Purpose: The aim of this review is to provide an updated summary of evidence related to the effect of diet and nutritional factors on the risk of AD and cognitive aging, and discuss the potential mechanisms and confounding factors involved. Methods: A search was conducted in Medline and Web of Knowledge for epidemiological and clinical studies in the international literature from January 2000 to February 2013 using combinations of the following keywords: 'Alzheimer's disease', 'mild cognitive impairment', 'cognitive function', 'dietary factors', 'omega-3', 'antioxidants', 'B vitamins', 'dietary patterns', and 'Mediterranean diet'.

Results and conclusion: Data from observational studies point to a protective role for certain nutrients, such as omega-3 fatty acids, antioxidants or B vitamins, and dietary patterns (Mediterranean diet). However, data from randomized controlled trials do not show a consistent effect. Whether confounding factors such as age, disease stage, other dietary components, cooking processes, and other methodological issues explain the divergent results remains to be established. Moreover, if certain nutrients protect against dementia, it is as yet unknown whether they may have a general effect on brain vascular health or directly interfere with the etiopathogenesis of AD.

Source: CINAHL

17. A review of the factors associated with the non-use of respite services by carers of people with dementia: implications for policy and practice.

Author(s) Phillipson, Lyn, Jones, Sandra C., Magee, Christopher

Citation: Health & Social Care in the Community, 01 January 2014, vol./is. 22/1(1-12), 09660410

Publication Date: 01 January 2014

Abstract: The use of respite services by carers has been shown to extend the length of time people with dementia can remain living in the community with family support. However, the use of respite services by informal carers of people with dementia is often low and does not appear to match carer need. To better understand how to address carers' unmet need for respite, the factors that impede respite service use must be identified. To achieve this, a narrative synthesis of published academic literature (1990-2011) was undertaken regarding factors associated with not utilising different types of respite services utilising Anderson's Behavioural Model of Service Use. The review reinforces the importance of the assessment and matching of services to the needs of individual carers and care recipients at the local level. It also highlights the need to move beyond care pathways for individuals. To support respite use there is a need for local action to be augmented at a community or population level by strategies to address attitudinal and resource barriers that influence sub-groups of the carer population who may be more vulnerable to service non-use.

Source: CINAHL

Available in print at Lincoln County Hospital Professional Library

18. Factors associated with caregiver readiness to use nonpharmacologic strategies to manage dementia-related behavioral symptoms.

Author(s) Gitlin, Laura N, Rose, Karen

Citation: International Journal of Geriatric Psychiatry, 01 January 2014, vol./is. 29/1(93-
**Abstract:** BACKGROUND: Nonpharmacologic strategies to manage dementia-related behavioral symptoms depend upon caregiver implementation. Caregivers may vary in readiness to use strategies. We examined characteristics associated with readiness, extent readiness changed during intervention, and predictors of change in readiness. METHODS: Data came from a randomized trial involving 119 caregivers in a nonpharmacologic intervention for managing behavioral symptoms. Baseline measures included caregiver, patient, and treatment-related factors. At initial (2 weeks from baseline) and final (16 weeks) intervention sessions, interventionists rated caregiver readiness as pre-action (precontemplation = 1; contemplation = 2; preparation = 3) or action (= 4). Ordinal logistic regression identified baseline characteristics associated with initial readiness. Mc Nemar-Bowker test of symmetry described change in readiness; binary logistic regression identified baseline predictors of change in readiness (initial to final sessions). One-way multivariate analysis of variance identified treatment factors (dose/intensity, number of strategies used, perceived benefits, and therapeutic engagement) associated with change in readiness. RESULTS: At initial intervention session, 67.2% (N = 80) of caregivers were in pre-action and 32.8% (N = 39) in action. Initial high readiness was associated with better caregiver mood, less financial difficulty, lower patient cognition, and more behavioral symptoms. By final session, 72% (N = 79) were in action and 28% (N = 31) in pre-action; caregivers with less financial difficulty improved in readiness (B = -0.70, p = 0.017); those in action were more therapeutically engaged (F[2,107] = 3.61, p = 0.030) and perceived greater intervention benefits (F[2, 88] = 6.06, p = 0.003). CONCLUSION: Whereas patient and caregiver-related factors were associated with initial readiness, financial stability, therapeutic engagement, and perceived benefits enhanced probability of change. Understanding caregiver readiness and factors associated with its change may be important considerations in nonpharmacologic interventions. Copyright © 2013 John Wiley & Sons, Ltd.

**Source:** CINAHL


**Author(s)** Savundranayagam, Marie Y., Orange, J. B.

**Citation:** International Journal of Language & Communication Disorders, 01 January 2014, vol./is. 49/1(49-59), 13682822

**Publication Date:** 01 January 2014

**Abstract:** Background Communication problems stemming from Alzheimer’s disease (AD) often result in misunderstandings that can be linked with problem behaviours and increased caregiver stress. Moreover, these communication breakdowns also can result either from caregivers’ use of ineffective communication strategies, which paradoxically are perceived as helpful, or can occur as a result of not using effective communication strategies that are perceived as unhelpful. Aims The two primary aims were to determine the effectiveness of strategies used to resolve communication breakdowns and to examine whether caregivers’ ratings of strategy effectiveness were consistent with evidence from video-recorded conversations and with effective communication strategies documented in the literature. Methods & Procedures Twenty-eight mealtim conversations were recorded using a sample of 15 dyads consisting of individuals with early, middle and late clinical-stage AD and their family caregivers. Conversations were analysed using the trouble-source repair paradigm to identify the communication strategies used by caregivers to resolve breakdowns. Family caregivers also rated the helpfulness of communication strategies used to resolve breakdowns. Analyses were conducted to assess the overlap or match between the use and appraisals of the helpfulness of communication strategies. Outcomes & Results Matched and mismatched appraisals of communication strategies varied across stages of AD. Matched appraisals by caregivers of persons with early-stage AD were observed for 68% of 22 communication strategies, whereas caregivers of persons with middle- and late-stage AD had matched appraisals for 45% and 55% of the strategies, respectively. Moreover, caregivers of persons with early-stage AD had matched appraisals over and above making matched appraisals by chance alone, compared with caregivers of persons in middle- and late-stage AD. Conclusions & Implications Mismatches illustrate the
need for communication education and training, particularly to establish empirically derived evidence-based communication strategies over the clinical course of AD.

Source: CINAHL

20. Family Caregivers of Individuals with Frontotemporal Dementia: Examining the Relationship Between Coping and Caregiver Physical and Mental Health.

Author(s) Wong, Cindy C., Wallhagen, Margaret I.

Citation: Journal of Gerontological Nursing, 01 January 2014, vol./is. 40/1(30-40), 00989134

Publication Date: 01 January 2014

Abstract: To identify strategies to assist family caregivers of individuals with frontotemporal dementia (FTD) in dealing with their caregiving demands, nurses must understand these family members' unique needs and how they currently deal with their demands. The purpose of this study was to examine the relationship between coping and caregiver physical and mental health among FTD family caregivers. Participants were primary caregivers of individuals with FTD (with behavioral symptoms) living at home. To identify strategies to assist family caregivers of individuals with frontotemporal dementia (FTD) in dealing with their caregiving demands, nurses must understand these family members' unique needs and how they currently deal with their demands. The purpose of this study was to examine the relationship between coping and caregiver physical and mental health among FTD family caregivers. Participants were primary caregivers of individuals with FTD (with behavioral symptoms) living at home (N = 61). A small positive association was noted between problem-focused coping and caregiver physical health (r = 0.29, p < 0.05), and a small but nonsignificant positive correlation was noted between emotion-focused coping and caregiver mental health (r = 0.21, p = 0.10). However, multiple regression analysis showed that emotion-focused coping (β = 0.46, p < 0.05) made a statistically significant, unique contribution to caregiver mental health and explained approximately 14% of its variance. These findings support the potential value of emotion-focused coping strategies when dealing with behavioral symptoms manifested by individuals with FTD. [Journal of Gerontological Nursing, 40(1), 30-40.]

Source: CINAHL

Available in fulltext at Journal of Gerontological Nursing; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

21. START (STrAtegies for RelaTives) coping strategy for family carers of adults with dementia: qualitative study of participants’ views about the intervention.

Author(s) Sommerlad A, Manela M, Cooper C, Rapaport P, Livingston G

Citation: BMJ Open, 2014, vol./is. 4/6(e005273), 2044-6055 (2014)

Publication Date: 2014

Abstract: OBJECTIVES: To analyse the experience of individual family carers of people with dementia who received a manual-based coping strategy programme (STrAtegies for RelaTives, START), demonstrated in a randomised-controlled trial to reduce affective symptoms.DESIGN: A qualitative study using self-completed questionnaires exploring the experience of the START intervention. Two researchers transcribed, coded and analysed completed questionnaires thematically.SETTING: Three mental health and one neurology dementia clinic in South East England.PARTICIPANTS: Participants were primary family carers of a patient diagnosed with dementia who provided support at least weekly to their relative. We invited those in the treatment group remaining in the START study at 2 years postrandomisation (n=132) to participate. 75 people, comprising a maximum variation sample, responded.PRIMARY AND SECONDARY OUTCOME MEASURES: (1) Important aspects of the therapy. (2) Continued use of the intervention after the end of the therapy. (3) Unhelpful aspects of the therapy and suggestions for improvement. (4) Appropriate time for intervention delivery.RESULTS: Carers identified several different components as important: relaxation techniques, education about dementia, strategies to help manage the
behaviour of the person with dementia, contact with the therapist and changing unhelpful thoughts. Two-thirds of the participants reported that they continue to use the intervention's techniques at 2-year follow up. Few participants suggested changes to the intervention content, but some wanted more sessions and others wanted the involvement of more family members. Most were happy with receiving the intervention shortly after diagnosis, although some relatives of people with moderate dementia thought it should have been delivered at an earlier stage. CONCLUSIONS: Participants' varied responses about which aspects of START were helpful suggest that a multicomponent intervention is suited to the differing circumstances of dementia carers, providing a range of potentially helpful strategies. The continued use of the strategies 2 years after receiving the intervention could be a mechanism for the intervention remaining effective. 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.

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22. Dementia strategy should focus on reducing risks and promoting brain health, say experts.

Author(s) Limb M
Citation: BMJ, 2014, vol./is. 348/(g3450), 0959-535X;1756-1833 (2014)
Publication Date: 2014
Source: Medline
Available in fulltext from BMJ: British Medical Journal (Overseas & Retired Doctors Edition) at EBSCOhost
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Available in print at Pilgrim Hospital Staff Library

23. Connecting the person with dementia and family: a feasibility study of a telepresence robot

Author(s) Moyle, Wendy, Jones, Cindy, Cooke, Marie, O'Dwyer, Siobhan, Sung, Billy, Drummond, Suzie
Citation: BMC Geriatrics, Jan 2014, vol. 14, no. 7, p. 11 pages, 1471-2318 (January 24, 2014)
Publication Date: January 2014
Abstract: Background: Maintenance of communication is important for people with dementia living in long-term care. The purpose of this study was to assess the feasibility of using "Giraff", a telepresence robot to enhance engagement between family and a person with dementia living in long-term care. Methods: A mixed-methods approach involving semi-structured interviews, call records and video observational data was used. Five people with dementia and their family member participated in a discussion via the Giraff robot for a minimum of six times over a six-week period. A feasibility framework was used to assess feasibility and included video analysis of emotional response and engagement. Results: Twenty-six calls with an average duration of 23 mins took place. Residents showed a general state of positive emotions across the calls with a high level of
engagement and a minimal level of negative emotions. Participants enjoyed the experience and families reported that the Giraff robot offered the opportunity to reduce social isolation. A number of software and hardware challenges were encountered. Conclusions: Participants perceived this novel approach to engage families and people with dementia as a feasible option. Participants were observed and also reported to enjoy the experience. The technical challenges identified have been improved in a newer version of the robot. Future research should include a feasibility trial of longer duration, with a larger sample and a cost analysis. [PUBLICATION] 25 references

Source: BNI

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Available in fulltext from BMC Geriatrics at Directory of Open Access Journals
Available in fulltext from BMC Geriatrics at EBSCOhost
Available in fulltext from BMC Geriatrics at BioMedCentral

24. Compassion in healthcare - lessons from a qualitative study of the end of life care of people with dementia

Author(s) Crowther, Jacqueline, Wilson, Kenneth CM, Horton, Siobhan, Lloyd-Williams, Mari

Citation: Royal Society of Medicine. Journal, Dec 2013, vol. 106, no. 12, p. 492-497, 0141-0768 (December 2013)

Publication Date: December 2013

Abstract: Objectives A lack of compassion in UK healthcare settings has received much recent attention. This study explores the experiences of people with dementia in the last year of life and time surrounding death and how the presence and lack of compassion, kindness and humanity influenced the experience of care. Design Qualitative in-depth interviews with bereaved informal carers of people with dementia. Setting United Kingdom. Participants Forty bereaved carers - 31 women and nine men - with an age range of 18-86 years and from wide socioeconomic backgrounds participated. Main outcome measures Experiences of carers of care for person with dementia during last year of life. Results The interviews highlighted differences and challenges in care settings in providing compassionate, humanistic care and the impact of the care experienced by the person with dementia during the last year of life on informal carers during the bereavement period and beyond. Excellent examples of compassionate care were experienced alongside very poor and inhumane practices. Conclusion The concepts of compassion, kindness and humanity in dementia care are discussed within the paper. The ability to deliver care that is compassionate, kind and humanistic exists along a continuum across care settings - examples of excellent care sit alongside examples of very poor care and the reasons for this are explored together with discussion as to how health and social care staff can be trained and supported to deliver compassionate care. [PUBLICATION]

Source: BNI

Available in fulltext from Journal of the Royal Society of Medicine at EBSCOhost
Available in fulltext from Journal of the Royal Society of Medicine at EBSCOhost
Available in fulltext from Journal of the Royal Society of Medicine at National Library of Medicine
25. Free online tool shows how dementia-friendly acute wards are created.

Author(s)
Citation: Nursing Older People, 01 December 2013, vol./is. 25/10(6-6), 14720795
Publication Date: 01 December 2013
Source: CINAHL
Available in fulltext from Cancer Nursing Practice at EBSCOhost
Available in fulltext from Nursing Older People at EBSCOhost


Author(s)
Citation: Nursing Standard, 13 November 2013, vol./is. 28/11(10-10), 00296570
Publication Date: 13 November 2013
Abstract: Plans for a dementia-friendly 'virtual hospital' have been unveiled amid concerns that traditional wards are unsafe for patients with the condition.
Source: CINAHL
Available in fulltext from Nursing Standard at EBSCOhost
Available in print at Pilgrim Hospital Staff Library

27. The challenges of achieving person-centred care in acute hospitals: A qualitative study of people with dementia and their families.

Author(s) Clissett, Philip, Porock, Davina, Harwood, Rowan H., Gladman, John R. F.
Citation: International Journal of Nursing Studies, 01 November 2013, vol./is. 50/11(1495-1503), 00207489
Publication Date: 01 November 2013
Source: CINAHL

28. Therapeutic Interactions to Enhance the Mental Health and Wellness of Dementia Caregivers and Patients.

Author(s) Clarke, Philip B., Shaw, Edward G., Villalba, Jose A., Alli, Rabeena, Sink, Kaycee M.
Citation: Journal of Gerontological Nursing, 01 November 2013, vol./is. 39/11(7-10), 00989134
Publication Date: 01 November 2013
Abstract: Individuals with dementia and their family caregivers have higher rates of stress and mental health concerns than the general population. Gerontological nurses have unique and valuable opportunities to conduct therapeutic interactions that support the mental health and well-being of patients and family members. Information regarding dementia patient and family caregiver stressors are presented, followed by engaging strategies for opening therapeutic conversations about these topics. Ways in which gerontological nurses can facilitate coping skills and strengths identification are also outlined. Individuals with dementia and their family caregivers have higher rates of stress and mental health concerns than the general population. Gerontological nurses have unique and valuable opportunities to conduct therapeutic interactions that support the mental health and well-being of patients and family members. Information regarding
dementia patient and family caregiver stressors are presented, followed by engaging strategies for opening therapeutic conversations about these topics. Ways in which gerontological nurses can facilitate coping skills and strengths identification are also outlined.

Source: CINAHL

Available in fulltext at Journal of Gerontological Nursing; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)’ from Select Region, and then 'NHS England' from Choose your Library.


Author(s) McCaffrey, Ruth, Tappen, Ruth M., Lichtstein, Daniel M., Friedland, Michael

Citation: Journal of Interprofessional Care, 01 November 2013, vol./is. 27/6(534-536), 13561820

Publication Date: 01 November 2013

Abstract: As the population ages and understanding of Alzheimer's disease (AD) improves, the number of older adults diagnosed and treated for AD and related dementias is projected to increase. Dementia diagnosis, treatment and patient and family education are complex processes best done through collaboration among healthcare professions. The educational program described in this article aimed to create an interprofessional team approach to the diagnosis and treatment of dementia involving medical and family nurse practitioner students. A two-group treatment/control pretest posttest design was used to measure changes in knowledge, attitudes and appreciation for an interprofessional team approach to patient care. Findings from this interprofessional program demonstrated that nurse practitioner students gained higher levels of knowledge regarding AD, and medical students gained more positive attitudes toward these patients and their caregivers. Comments from students indicated that both medical and nursing students found the experience valuable. Understanding the roles that various providers play will help healthcare professional meet the challenge of caring for the increasing number of patients with memory loss and for their families.

Source: CINAHL

30. The cost-effectiveness of the decision to hospitalize nursing home residents with advanced dementia.

Author(s) Goldfeld, Keith S, Hamel, Mary Beth, Mitchell, Susan L

Citation: Journal of Pain & Symptom Management, 01 November 2013, vol./is. 46/5(640-651), 08853924

Publication Date: 01 November 2013

Abstract: CONTEXT: Nursing home (NH) residents with advanced dementia commonly experience burdensome and costly hospitalizations that may not extend survival or improve quality of life. Cost-effectiveness analyses of decisions to hospitalize these residents have not been reported. OBJECTIVES: To estimate the cost-effectiveness of 1) not having a do-not-hospitalize (DNH) order and 2) hospitalization for suspected pneumonia in NH residents with advanced dementia. METHODS: NH residents from 22 NHs in the Boston area were followed in the Choices, Attitudes, and Strategies for Care of Advanced Dementia at the End-of-Life study conducted between February 2003 and February 2009. We conducted cost-effectiveness analyses of aggressive treatment strategies for advanced dementia residents living in NHs when they suffer from acute illness. Primary outcome measures included quality-adjusted life days (QALD) and quality-adjusted life years, Medicare expenditures, and incremental net benefits (INBs) over 15 months. RESULTS: Compared with a less aggressive strategy of avoiding hospital transfer (i.e., having DNH orders), the strategy of hospitalization was associated with an incremental increase in Medicare expenditures of $5972 and an incremental gain in quality-adjusted survival of 3.7 QALD. Hospitalization for pneumonia was associated with an incremental increase in Medicare expenditures of $3697 and an incremental reduction in quality-adjusted survival
of 9.7 QALD. At a willingness-to-pay level of $100,000/quality-adjusted life years, the INBs of the more aggressive treatment strategies were negative and, therefore, not cost effective (INB for not having a DNH order, -$4958 and INB for hospital transfer for pneumonia, -$6355). CONCLUSION: Treatment strategies favoring hospitalization for NH residents with advanced dementia are not cost effective.

Source: CINAHL

31. Meeting the religious needs of residents with dementia.
Author(s) Higgins, Patricia
Citation: Nursing Older People, 01 November 2013, vol./is. 25/9(25-29), 14720795
Publication Date: 01 November 2013
Abstract: This article considers practical strategies to help nurses working in care homes meet the religious needs of people with dementia, including attending services in homes or churches, supporting them in private prayer and at the end of life. It also considers the characteristics of person-centred care for such residents and how the Mental Capacity Act 2005 may be called on to support religious needs as dementia advances. To achieve good practice in all these aspects, staff in care homes should work in partnership with local faith communities and ensure they are aware of residents’ life histories and preferences, including their faith practices. The focus of the article is on meeting the needs of Christian residents. For residents from other faith groups living in care homes not affiliated to their faith, the same general approach to meeting religious needs could be adopted as a starting point.

Source: CINAHL
Available in fulltext from Cancer Nursing Practice at EBSCOhost
Available in fulltext from Nursing Older People at EBSCOhost

32. Factors influencing the resilience of carers of individuals with dementia.
Author(s) Cherry, Mg, Salmon, P, Dickson, Jm, Powell, D, Sikdar, S, Ablett, J
Citation: Reviews in Clinical Gerontology, 01 November 2013, vol./is. 23/4(251-266), 09592598
Publication Date: 01 November 2013
Abstract: Most individuals with dementia live in the community, receiving care from family or lay carers. Carers’ wellbeing, and the quality of the care they provide, depends on their resilience in the face of the challenges associated with caring for someone with dementia. However, factors associated with carers’ resilience are not yet fully understood. The aim of this review is to present a narrative synthesis of factors, materials and resources associated with carers’ resilience. Electronic and hand searches identified relevant published literature, which was narratively synthesized. A framework consisting of three inter-related domains of factors influencing carers’ resilience emerged, encompassing: social and cultural factors; properties of the care relationship; and carers’ psychological factors. Holistic assessment based on this framework can help practitioners to identify vulnerable carers and to target help on factors that help to make them vulnerable but that are amenable to change.

Source: CINAHL
Available in fulltext at Reviews in Clinical Gerontology; Collection notes: On first login to a ProQuest journal you will need to select ‘Athens (OpenAthens Federation)’ from Select Region, and then ‘NHS England’ from Choose your Library.

33. Cost effectiveness of a manual based coping strategy programme in promoting the mental health of family carers of people with dementia (the START (STrAtegies for RelaTives) study): a pragmatic randomised controlled trial
Author(s) Knapp, Martin, King, Derek, Romeo, Renee, Schehl, Barbara, Barber, Julie,
Abstract: Objective To assess whether the START (STrAtegies for RelatTives) intervention added to treatment as usual is cost effective compared with usual treatment alone. Design Cost effectiveness analysis nested within a pragmatic randomised controlled trial. Setting Three mental health and one neurological outpatient dementia service in London and Essex, UK. Participants Family carers of people with dementia. Intervention Eight session, manual based, coping intervention delivered by supervised psychology graduates to family carers of people with dementia added to usual treatment, compared with usual treatment alone. Primary outcome measures Costs measured from a health and social care perspective were analysed alongside the Hospital Anxiety and Depression Scale total score (HADS-T) of affective symptoms and quality adjusted life years (QALYs) in cost effectiveness analyses over eight months from baseline. Results Of the 260 participants recruited to the study, 173 were randomised to the START intervention, and 87 to usual treatment alone. Mean HADS-T scores were lower in the intervention group than the usual treatment group over the 8 month evaluation period (mean difference -1.79 (95% CI -3.32 to -0.33)), indicating better outcomes associated with the START intervention. There was a small improvement in health related quality of life as measured by QALYs (0.03 (-0.01 to 0.08)). Costs were no different between the intervention and usual treatment groups (£252 (-28 to 565) higher for START group). The cost effectiveness calculations suggested that START had a greater than 99% chance of being cost effective compared with usual treatment alone at a willingness to pay threshold of £30 000 per QALY gained, and a high probability of cost effectiveness on the HADS-T measure. Conclusions The manual based coping intervention START, when added to treatment as usual, was cost effective compared with treatment as usual alone by reference to both outcome measures (affective symptoms for family carers, and carer based QALYs). [PUBLICATION] 29 references

Source: BNI
Available in fulltext from BMJ: British Medical Journal (Overseas & Retired Doctors Edition) at EBSCOhost
Available in print at Louth County Hospital Medical Library
Available in print at Grantham Hospital Staff Library
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

34. Scotland's dementia strategy
Author(s) Huggins G.
Citation: International Psychogeriatrics, October 2013, vol./is. 25/(S16-S17), 1041-6102 (October 2013)
Publication Date: October 2013
Abstract: Objective: To explain the development and implementation of the first Scottish Dementia Strategy 2010-2013 and the development of the second Scottish Dementia Strategy 2013- 2016. Method: The presentation will set out the methods of public and professional engagement, the development of standards and workforce plans and the implementation approaches to increase diagnosis and improve post diagnostic support. Results: During the period of the first Strategy, diagnosis rates improved from 42% of presumed prevalence to 64% of presumed prevalence at population level; increased access to post diagnostic support was available; training and workforce capability was improved through education programmes and development; there were reductions in the use of anti-psychotic drugs; standards based inspections of hospital environments were launched and action plans put in place. Conclusion: The implementation of the Strategy identifies how programmatic work can be led by national governments, working in
collaboration with professionals, carers and people with dementia to produce improvements in the quality of services and in the reach of services giving better outcomes. The work has also demonstrated the challenges both of a growing population, but also of ensuring that services are delivered with dignity and humanity.

Source: EMBASE

35. Charity calls for communities to be more dementia friendly.

Author(s) Dean E

Citation: Nursing Older People, October 2013, vol./is. 25/8(8-9), 1472-0795;1472-0795 (2013 Oct)

Publication Date: October 2013

Source: Medline

Available in fulltext from Cancer Nursing Practice at EBSCOhost
Available in fulltext from Nursing Older People at EBSCOhost


Author(s) Guerra, Sara Raquel Costa, Demain, Sara, Figueiredo, Daniela Maria Pias, Marques de Sousa, Liliana Xavier

Citation: Activities, Adaptation & Aging, 01 October 2013, vol./is. 37/4(319-334), 01924788

Publication Date: 01 October 2013

Abstract: Several programs have been developed to help families cope with the challenges of living with and caring for a relative with dementia; in general, outcomes are positive but tend to decrease after 6 months. This study reports a Post-Intervention Referral Service (PIRS) that was performed 6 months after families’ (living with and caring for a relative with dementia) participation in a psychoeducational program (proFamilies-dementia). PIRS provides each family a social worker to help them in their needs (by direct help or referral). The sample comprises five families (six members) and five social workers. Both social workers and families were inter-viewed on PIRS use and perceived benefits. Thematic analysis was performed. Main findings show that three families contacted one social worker. Families perceived a few benefits, including the guarantee of help whenever necessary and the dissipation of doubts and uncertainties; social workers’ perceived benefits include the provision of guidance and support to the families. PIRS is a promising service that needs further development, but it seems to have the potential to promote a collaborative network where different professionals (e.g., psychologists, occupational and physical therapists) can work together to offer integrated support to people with dementia and their families.

Source: CINAHL

37. Person Centered Care for People with Dementia: Opportunities and Challenges.

Author(s) Maslow, Katie

Citation: Generations, 01 September 2013, vol./is. 37/3(8-15), 07387806

Publication Date: 01 September 2013

Source: CINAHL

Available in fulltext at Generations: Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

Available in fulltext from Generations at EBSCOhost

38. Strategies to deliver dementia training and education in the acute hospital
39. Review: Strategies to deliver dementia training and education in the acute hospital setting.

Author(s) Hibberd, Penny

Citation: Journal of Research in Nursing, 01 September 2013, vol./is. 18/6(594-595), 17449871

Publication Date: 01 September 2013

Source: CINAHL

40. Towards dementia friendly Hospitals: A multicentre survey of acute Hospital ward environments

Author(s) Lee R., Manning E., Browne V., Barrett A., Deenihan C., Clune Y., Gallagher P., Coveney S., Timmons S.

Citation: Irish Journal of Medical Science, September 2013, vol./is. 182/(S260), 0021-1265 (September 2013)

Publication Date: September 2013

Abstract: Background: As the population with dementia expands, acute hospitals must examine whether their physical environment is appropriate for the person with dementia, not just in elderly care wards, but in all hospital wards. Methods: Thirty-one wards were randomly chosen from six hospitals in Cork county (three urban public hospitals; one urban private hospital, and two rural public hospitals). A team of three researchers external to the hospitals examined these wards using the UK National Audit of Dementia environmental audit tool (RCPUK 2010). Results: Few wards had sufficient orientation aids, such as clocks, visible from all patients' beds (n = 5), and only one ward had calendars visible from all beds. Personal items and messages from relatives were visible to patients in only nine wards. Only two wards could supply hearing aids such as amplifiers/communicators/batteries, and some wards (n = 9) could not even readily supply mobility aids. Seven wards did not have an area for restless patients to mobilise while still visible to staff. Just ten wards utilised a colour scheme to aid the patient to find their own bay, and key areas such as the nurses' station or the dayroom were clearly marked in only 8 wards. Similarly, toilets were poorly signposted- only three wards had the sign for the bay toilet visible from all beds, and the toilet door did not have a sign in 10 wards. The call bell/ alarm was not visible in the toilet in 7 wards. Signs, when present, were judged to be unclear in the majority of cases (19 wards). There was some variation between hospitals, but no ward was ideal. Conclusions: Our acute hospital wards could be improved to better meet the needs of a person with dementia who is hospitalised. Many of the changes (e.g. signs, orientation aids) are low cost and feasible to implement.

Source: EMBASE

41. Supporting self-management in early dementia: A contribution towards 'living well'

Author(s) Cheffey J., Hill L., Roberts G., Marlow R.

Citation: Advances in Psychiatric Treatment, September 2013, vol./is. 19/5(344-350), 1355-5146;1472-1481 (September 2013)

Publication Date: September 2013
Abstract: There has been increasing interest in how to assist people to 'live well' with advancing and incurable conditions late into life. This article considers the progress made in mental health services for adults of working age which promote active involvement in their care and how these principles can be applied to older adults with dementia. The concept of 'recovery' and its applicability to dementia care are discussed. The Wellness Recovery Action Plan (WRAP) and how it could be translated and modified to the needs of people with dementia are explored. This is especially important in light of the UK National Dementia Strategy, which emphasises early diagnosis and intervention to promote improved care and quality of life.

Source: EMBASE
Available in print at Grantham Hospital Staff Library
Available in fulltext from Advances in Psychiatric Treatment at Free Access Content

42. The clock is ticking on dementia care excuses
Author(s) Whyte, Alison
Citation: Nursing Standard, Sep 2013, vol. 28, no. 4, p. 26-27, 0029-6570 (September 25, 2013)
Publication Date: September 2013
Abstract: Alzheimer Scotland's first nurse consultant Colin Macdonald has audited dementia care in three Edinburgh hospitals and supported staff to improve care and make wards dementia-friendly. There are now 'no hiding places' for poor care, he says.

Source: BNI
Available in fulltext from Nursing Standard at EBSCOhost
Available in print at Pilgrim Hospital Staff Library

43. Facilitators and barriers to safe emergency department transitions for community dwelling older people with dementia and their caregivers: A social ecological study
Author(s) Parke, Belinda, Hunter, Kathleen F, Strain, Laurel A, Marck, Patricia Beryl, Waugh, Earle H, McClelland, Ashley J
Citation: International Journal of Nursing Studies, Sep 2013, vol. 50, no. 9, p. 1206-1218, 0020-7489 (September 2013)
Publication Date: September 2013
Abstract: Internationally, older adults visit the ED at a rate higher than other age groups. Little attention has been given to ED care for older people with dementia, although concern for such care is growing with the increasing number of individuals worldwide affected by this significant disabling problem. It is critical to understand ED transitional processes and consequences because the complexity of dementia care poses multiple challenges to optimizing safety, effectiveness and quality of care during admission, assessment, and treatment in this setting. Using an interpretive, descriptive exploratory design with three iterative, interrelated phases, we conducted interviews, created a photographic narrative journal (PNJ), and finally held photo elicitation focus groups to identify factors that facilitate or impede safe transitional care for community dwelling older adults with dementia in two Canadian emergency departments, and to identify practice solutions for nurses. We purposively sampled to recruit ten older adult-family caregiver dyads, ten ED RNs, and four Nurse Practitioners. Data were analyzed using constant comparative analysis. Four interconnected reinforcing consequences emerged from our analysis: being under-triaged; waiting and worrying about what was wrong; time pressure with lack of attention to basic needs; and, relationships and interactions leading to feeling ignored, forgotten and unimportant. Together these consequences stem from a triage system that does not recognize atypical presentation of disease and illness. This potentiated a cascade of vulnerability in older people with dementia and their caregivers. Nurses experienced time pressure challenges that impeded their ability to be responsive to basic care needs. In an aging population where dementia is becoming more prevalent, the unit of care in the ED
must include both the older person and their family caregiver. Negative reinforcing consequences can be interrupted when nurses communicate and engage more regularly with the older adult-caregiver dyad to build trust. System changes are also needed to support the ability of nurses to carry out best practices. [PUBLICATION] 50 references

Source: BNI

44. How can we keep patients with dementia safe in our acute hospitals? A review of challenges and solutions

Author(s) George, Jim, Long, Susannah, Vincent, Charles

Citation: Royal Society of Medicine. Journal, Sep 2013, vol. 106, no. 9, p. 355-361, 0141-0768 (September 2013)

Publication Date: September 2013

Abstract: Maintaining patient safety in acute hospitals is a global health challenge. Traditionally, patient safety measures have been concentrated on critical care and surgical patients. In this review the medical literature was reviewed over the last ten years on aspects of patient safety specifically related to patients with dementia. Patients with dementia do badly in hospital with frequent adverse events resulting in the geriatric syndromes of falls, delirium and loss of function with increased length of stay and increased mortality. Contributory factors include inadequate assessment and treatment, inappropriate intervention, discrimination, low staff levels and lack of staff training. Unfortunately there is no one simple solution to this problem, but what is needed is a multifactorial, multilevel approach at the seven levels of care - patient, task, staff, team, environment, organisation and institution. Improving safety and quality of care for patients with dementia in acute hospitals will benefit all patients and is an urgent priority for the NHS. [ORIGINAL] 30 references

Source: BNI

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Available in fulltext from Journal of the Royal Society of Medicine at EBSCOhost

Available in fulltext from Journal of the Royal Society of Medicine at National Library of Medicine

Available in fulltext from Journal of the Royal Society of Medicine at National Library of Medicine

45. Introducing the Strategic Clinical Network for mental health, dementia and neurological conditions

Author(s) Sutton, Lucy

Citation: British Journal of Neuroscience Nursing, Aug 2013, vol. 9, no. 4, p. 164., 1747-0307 (August 2013)

Publication Date: August 2013

Abstract: Clinical Networks are seen as an NHS success story. Combining the experience of clinicians, the input of patients and the organisational vision of NHS staff, they have supported and improved the way we deliver care to patients in distinct areas, delivering true integration across primary, secondary and often tertiary care. [PUBLICATION] 1 reference

Source: BNI

46. Maintaining continence in people with dementia.

Author(s) Andrews, June

Citation: Nursing Times, 10 July 2013, vol./is. 109/27(20-21), 09547762

Publication Date: 10 July 2013

Abstract: Incontinence is not an inevitable consequence of having dementia, but
continence can be an issue. Nurses need to have strategies in place to provide supportive continence care for people with dementia not only in hospitals, care homes and day care services, but also for those living at home alone or with a carer. For this to happen, the patient and home environment need to be assessed. This article explores steps that can be taken to preserve the dignity of people with dementia if they become incontinent. The role of health professionals in hospitals is discussed, as well as changes that can be made in patients' own homes.

**Source:** CINAHL

Available in fulltext at *Nursing Times; NT*; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

Available in print at *Grantham Hospital Staff Library*

Available in fulltext from *Nursing Times* at the ULHT Library and Knowledge Services' eJournal collection

Available in print at *Louth County Hospital Medical Library*

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47. Promoting value in dementia care: Staff, resident and family experience of the capabilities model of dementia care.

**Author(s)** Moyle, Wendy, Venturato, Lorraine, Cooke, Marie, Hughes, Julian, van Wyk, Sierra, Marshall, Jenni

**Citation:** Aging & Mental Health, 01 July 2013, vol./is. 17/5(587-594), 13607863

**Publication Date:** 01 July 2013

**Abstract:** Objectives: This Australian study examined individual experiences of the implementation of the Capabilities Model of Dementia Care (CMDC) and subsequent outcomes for the care of residents with dementia living in long-term care. Furthermore, this study aimed to explore those factors that facilitated and inhibited the implementation of the new model of care. Methods: The CMDC was developed and then tested in a non-randomised clinical trial. Staff, residents and family experiences of their involvement and perceptions of the model were captured at the end of 12 months. Semi-structured interviews and focus groups were conducted with the 25 participants (12 nursing staff, 6 residents with dementia, 7 family members). Questions varied depending on the participant group but were designed to assess experiences of and changes to care during the intervention. Inductive thematic analysis was used to identify the experiences of the implementation of the CMDC. Results: Five themes included: general reflections on nursing care, implementation of the CMDC intervention, positive outcomes of the CMDC intervention, challenges in the implementation of the CMDC, difficulty sustaining care and tensions between participants’ perspectives of care. Conclusion: Positive change resulted from implementation of the CMDC, however, staff mentorship was identified as a key to sustaining changes in practice.

**Source:** CINAHL

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48. Dementia challenge annual update.

**Author(s)**

**Citation:** Journal of Dementia Care, 01 July 2013, vol./is. 21/4(5-5), 13518372

**Publication Date:** 01 July 2013

**Source:** CINAHL

Available in print at *Grantham Hospital Staff Library*

Available in print at *Lincoln County Hospital Professional Library*

Available in print at *Pilgrim Hospital Staff Library*

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49. New Scottish national dementia strategy launched in Glasgow.
50. Commissioning dementia services.

Author(s) Anderson, David N

Citation: The Psychiatrist, July 2013, vol./is. 37/7(246), 1758-3209;1758-3217 (Jul 2013)

Publication Date: July 2013

Abstract: Comments on an article by Steve Ilife (see record 2013-11867-001). Iliffe makes important points about complex conditions but offers a very limited view of the possibilities for commissioning dementia services. The new commissioning environment creates an exciting opportunity to think more imaginatively and this will be needed to meet the dementia challenge. This has to be more than the 'is it the GP or the specialist?' question. (PsycINFO Database Record (c) 2014 APA, all rights reserved)

Source: PsycINFO

Available in fulltext at Psychiatrist (was Psychiatric Bulletin); Notes: Username: ulthlibraries/Password: library

Available in print at Grantham Hospital Staff Library

51. Psychological interventions for carers of people with dementia: A systematic review of quantitative and qualitative evidence.

Author(s) Elvish, Ruth, Lever, Sammi-Jo, Johnstone, Jodie, Cawley, Rosanne, Keady, John

Citation: Counselling & Psychotherapy Research, 01 June 2013, vol./is. 13/2(106-125), 14733145

Publication Date: 01 June 2013

Abstract: Rationale: Carers of people with dementia experience significant levels of stress in their everyday role. The National Dementia Strategy in England identifies the key role that carers play in supporting people with dementia living at home, often to the detriment of their social, emotional and physical health. Aims: To add to the substantive knowledge base by combining search criteria used by Pinquart and Sörensen (2006) and Gallagher-Thompson and Coon (2007) to update the literature on psychological interventions for carers of people with dementia published between 2005 and 2011. Method: Following the study inclusion criteria, comprehensive searches were conducted using the electronic databases Medline, PsycINFO, ERIC, and PubMed. Twenty studies were identified, graded and synthesised into the reported systematic review with both quantitative and qualitative studies included to maximise practice application. Results: Consistent with previous findings, three categories of psychological intervention were identified: (i) psychoeducational-skill building (n=8); (ii) psychotherapy-counselling (n=1); (iii) multicomponent (n=6). Our review also identified a fourth intervention category, (iv) technology-based (n=5). The majority of studies in the updated review examine the constructs of depression, burden, social support and well-being. The development of focused interventions for carers, whether individually tailored interventions or group interventions around a common issue, was significant for developing practice. Future studies across all categories should continue to embed supervision arrangements within their psychological intervention protocols.

Source: CINAHL

52. Educating and Training the Workforce to Work with People with Dementia: Two Projects from the United Kingdom.
Abstract: Educating and training the dementia workforce is a global challenge, given the expected increasing number of people living with dementia across the world as the population ages. Two projects from the UK (one regionally and one locality based) investigated courses available to the workforce and mapped the content of identified courses against a locally developed dementia care pathway. The locality project included a survey of what percentage of staff time was spent with people living with dementia, and what percentage of staff caseloads were devoted to people living with dementia. There was a great variation in the extent of education and training available, with some stages of the dementia care pathway poorly addressed. An educational strategy for the dementia workforce in the UK might include four categories of education and training: basic dementia awareness, intermediate level, advanced level, and dementia awareness for managers. Staff requiring education and training might be divided into three groups: those employed to work specifically with people living with dementia and their families; those working with people who have other conditions but some of whom will have a coincidental dementia; those working with other conditions but in settings where a high proportion of their patients have a comorbid dementia. To improve workforce skills in dementia care will require actions across the whole of education and training for professionals and untrained workers who provide services to this group.

Source: CINAHL

53. Dementia care costs and outcomes: a systematic review.

Author(s) Knapp, Martin, Iemmi, Valentina, Romeo, Renee

Citation: International Journal of Geriatric Psychiatry, 01 June 2013, vol./is. 28/6(551-561), 08856230

Abstract: OBJECTIVE: We reviewed evidence on the cost-effectiveness of prevention, care and treatment strategies in relation to dementia. METHODS: We performed a systematic review of available literature on economic evaluations of dementia care, searching key databases and websites in medicine, social care and economics. Literature reviews were privileged, and other study designs were included only to fill gaps in the evidence base. Narrative analysis was used to synthesise the results. RESULTS: We identified 56 literature reviews and 29 single studies offering economic evidence on dementia care. There is more cost-effectiveness evidence on pharmacological therapies than other interventions. Acetylcholinesterase inhibitors for mild-to-moderate disease and memantine for moderate-to-severe disease were found to be cost-effective. Regarding non-pharmacological treatments, cognitive stimulation therapy, tailored activity programme and occupational therapy were found to be more cost-effective than usual care. There was some evidence to suggest that respite care in day settings and psychosocial interventions for carers could be cost-effective. Coordinated care management and personal budgets held by carers have also demonstrated cost-effectiveness in some studies. CONCLUSION: Five barriers to achieving better value for money in dementia care were identified: the scarcity and low methodological quality of available studies, the difficulty of generalising from available evidence, the narrowness of cost measures, a reluctance to implement evidence and the poor coordination of health and social care provision and financing.

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Source: CINAHL

Available in fulltext from International Journal of Geriatric Psychiatry at EBSCOhost

54. Toward integrated services for dementia: a formal carer perspective.
Abstract: Purpose Policy has identified the need for integrated dementia services for older people. However, the role of the formal carer within an integrated framework of service delivery has not been well articulated in practice. The aim of this paper is to understand the experiences of formal carers working with the context of an integrated dementia service by exploring findings from a research-based evaluation. Design/methodology/approach - The evaluation captured the experiences of formal carers working within the service via observations, semi-structured interviews and focus groups. Findings - Working with an integrated service brings about individual, social and organisational challenges to the role of the formal carer, in terms of: delivering flexibility and responsiveness, providing continuity of care, ensuring cross-organisational working and acquiring skills, knowledge and expertise. Originality/value - To facilitate the successful delivery of integrated care, the emerging role of the formal carer needs to be more clearly articulated and supported within a service context.

Source: CINAHL

Available in fulltext from Journal of Integrated Care at the ULHT Library and Knowledge Services’ eJournal collection

Available in fulltext at Journal of Integrated Care; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.


Author(s) Crampton, Janet, Eley, Ruth

Citation: Working with Older People: Community Care Policy & Practice, 01 June 2013, vol./is. 17/2(49-57), 13663666

Publication Date: 01 June 2013

Abstract: Purpose - This paper aims to outline the findings from a research and development project to determine how York might become a more dementia-friendly city and, in drawing out the features, to discuss the benefits for other places. Design/methodology/approach - The project team worked with existing groups and individuals, including people with dementia and family carers, established a cross sector operational group formed of statutory and non-statutory sectors, and developed a wider network to share news and ideas. Findings - York as a city is already responding in many positive ways to the needs of people with dementia and their carers, but there is much more that can be done, there and elsewhere. The project proposes a model - People, Places, Networks and Resources - for analysing the suitability and helpfulness of existing arrangements or features of a place or an organisation in order to realise a more dementia-friendly community Research limitations/implications - The research was commissioned by and restricted to the City of York but there are lessons that can be taken and applied elsewhere. The project was also primarily concerned with the experience of people with dementia, generally post diagnosis, exploring their normal everyday lives as well as the contact they had and interventions from the statutory agencies. Reaching people with dementia who had not yet been diagnosed, or those on the margins of society, especially those living alone, proved hard to achieve. Practical implications - The numbers of people with dementia are expected to double over the next 30 years, with a shrinking of the working population and a tripling of costs to the NHS and social care. The proposed model can be applied anywhere to support the creation of dementia-friendly communities that understand how to help. Social implications - The concept of "dementia-friendliness" is not the exclusive domain of the health and social care world. On the contrary, the research reveals that it is the daily attrition of everyday life where help is most needed. People with dementia and family carers find routine activities most difficult - shopping, managing finances, using transport, keeping active - causing them to withdraw. There are moral, economic and business reasons why we should support people to live well with their dementia, as well as reasons of health and well-being. Originality/value - This project
makes a substantial contribution to the literature on what constitutes a dementia-friendly community and how to achieve it. It highlights the need for a wider information and awareness raising campaign for the general public and for anyone working directly with the public.

Source: CINAHL

Available in fulltext at Working With Older People; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

56. Improving nutrition and care for people with dementia.

Author(s) Williams, Kathryn, Weatherhead, Ian

Citation: British Journal of Community Nursing, 02 May 2013, vol./is./(0-), 14624753

Publication Date: 02 May 2013

Abstract: As the number of people diagnosed with dementia rises, care services are facing a significant increase in people accessing services, be it community, hospital or long-term residential care. Maintaining wellbeing is an essential aspect of quality of life, and appropriate nutrition and hydration are essential to well-faring. Care staff require knowledge and understanding of dementia, the impact dementia has on the individual and the challenges and issues it presents for formal and informal carers. The National Dementia Strategy and the Prime Minister's Challenge have placed emphasis on improved quality of care and education on dementia for care professionals. Nutrition is a constant need to be met, especially as the illness progresses and the person may require considerable support to meet this need. Physiological changes through the journey of the illness present many challenges and considerations, especially towards end of life. This article aims to raise awareness of dementia, diagnosis and issues faced on meeting the nutritional needs of people with dementia.

Source: CINAHL

Available in fulltext from British Journal of Community Nursing at EBSCOhost

57. In practice: Working towards dementia friendly societies

Author(s) Innes A.

Citation: Perspectives in Public Health, May 2013, vol./is. 133/3(141), 1757-9139;1757-9147 (May 2013)

Publication Date: May 2013

Source: EMBASE

Available in fulltext at Perspectives in Public Health; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

58. Raising awareness to support people with dementia in hospital

Author(s) Duffin C.

Citation: Nursing Older People, May 2013, vol./is. 25/5(14-17), 1472-0795;2047-8941 (May 2013)

Publication Date: May 2013

Abstract: One quarter of patients in UK hospitals has dementia and the number is growing. This article explores initiatives at Guy's and St Thomas' NHS Foundation Trust in London to raise staff awareness of dementia and highlight what good care of all older patients should involve. The aim is that all 12,500 staff will watch Barbara's Story, a film devised by a nurse at the trust about a woman with dementia and her experiences during a hospital visit, and attend related training sessions. Older people's wards at the trust have also been refurbished to create a dementia-friendly environment.
59. Dementia strategy outlines three-tiered workforce
Author(s) Duffin C.
Citation: Nursing older people, May 2013, vol./is. 25/4(6-7), 1472-0795 (May 2013)
Publication Date: May 2013
Source: EMBASE
Available in fulltext at Nursing Older People; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.
Available in fulltext from Cancer Nursing Practice at EBSCOhost
Available in fulltext from Nursing Older People at EBSCOhost

60. Bringing dementia strategy to life
Author(s)
Citation: Nursing standard (Royal College of Nursing (Great Britain) : 1987), March 2013, vol./is. 27/28(63), 0029-6570 (2013 Mar 13-19)
Publication Date: March 2013
Source: EMBASE
Available in fulltext from Nursing Standard at EBSCOhost
Available in print at Pilgrim Hospital Staff Library
Available in fulltext at Nursing Standard; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

61. Health-related quality of life in older people with severe dementia: Challenges for measurement and management
Author(s) Moyle W., Murfield J.E.
Citation: Expert Review of Pharmacoeconomics and Outcomes Research, February 2013, vol./is. 13/1(109-122), 1473-7167;1744-8379 (February 2013)
Publication Date: February 2013
Abstract: The current dementia epidemic, coupled with the absence of a cure for the disease, means that an increasing number of people with dementia are likely to experience the severe stage. Given that this final stage adversely impacts not only the person living with the disease (i.e., cognitive impairment and limited communication), but also their family members and caregivers (i.e., burden and stress), there is a pertinent need to understand the needs and desires of the person to help shape optimal care management practices. In this article, literature produced in the last 5 years, regarding measurement and management challenges encountered when researching health-related quality of life in older people with severe dementia, is reviewed. The paper aims to provide important, up-to-date insight into the type and amount of research undertaken with this population, including the measurement tools currently used and the challenges faced, and pose recommendations for future research. 2013 Expert Reviews Ltd.
62. From forgetfulness to dementia: Clinical and commissioning implications of diagnostic experiences

**Author(s)** Manthorpe J., Samsi K., Campbell S., Keady J., Bond J., Watts S., Robinson L., Warner J., Iliffe S.

**Citation:** British Journal of General Practice, January 2013, vol./is. 63/606(e69-e75), 0960-1643 (January 2013)

**Publication Date:** January 2013

**Abstract:** Background: The National Dementia Strategy in England stressed the importance of earlier diagnosis of dementia. In-depth knowledge of the experiences of patients using such services remains an evidence gap. Aim: To increase understanding of the experiences of people developing dementia and of their carers, to inform practice and decision making. Design and setting: A retrospective and prospective qualitative interview study of participants recruited from four memory clinics in London, the north-west and the north-east of England. Method: Purposive sampling was used to recruit 27 individuals with memory problems and 26 supporters and carers. Interviews explored referral pathways, assessment processes, disclosure of the diagnosis, experiences of being prescribed medication to help with symptoms, and issues of risk and decision making. Results: Few participants experienced the process of memory assessment as patient centred. Where assessment processes were lengthy and drawn out, participants experienced considerable uncertainty. Many experienced tests and assessments as distressing, sometimes in settings that were perceived as alarming or potentially stigmatising by association. Information provision and communication were variable and practitioners were not always thought to help people to make sense of their experiences. Conclusion: The transition from the early stages of cognitive impairment is not straightforward. There is potentially much uncertainty and waiting. Primary care practitioners may be better able to provide tailored support to individuals and their carers during this time if they are aware of what patients are anticipating and are informed about the diagnostic ‘journey’ by the insights of those who have experienced it. British Journal of General Practice.

63. The dementia challenge

**Author(s)** While A.

**Citation:** British Journal of Community Nursing, January 2013, vol./is. 18/1(50), 1462-4753 (January 2013)

**Publication Date:** January 2013

**Source:** EMBASE

Available in fulltext from British Journal of General Practice at National Library of Medicine

Available in fulltext from British Journal of General Practice at National Library of Medicine

Available in fulltext from British Journal of General Practice at National Library of Medicine

Available in fulltext from British Journal of General Practice at National Library of Medicine

Available in fulltext from British Journal of General Practice at Highwire Press

Available in fulltext from British Journal of Community Nursing at EBSCOhost
64. Dementia skills for all: a core competency framework for the workforce in the United Kingdom.

Author(s) Tsaroucha A, Benbow SM, Kingston P, Le Mesurier N

Citation: Dementia, January 2013, vol./is. 12/1(29-44), 1471-3012;1741-2684 (2013 Jan)

Publication Date: January 2013

Abstract: One of the biggest challenges facing health and social care in the United Kingdom is the projected increase in the number of older people who require dementia care. The National Dementia Strategy (Department of Health, 2009) emphasizes the critical need for a skilled workforce in all aspects of dementia care. In the West Midlands, the Strategic Health Authority commissioned a project to develop a set of generic core competencies that would guide a competency based curriculum to meet the demands for improved dementia training and education. A systematic literature search was conducted to identify relevant frameworks to assist with this work. The core competency framework produced and the methods used for the development of the framework are presented and discussed.

Source: Medline


Author(s) Law E, Starr JM, Connelly PJ

Citation: Dementia, January 2013, vol./is. 12/1(23-8), 1471-3012;1741-2684 (2013 Jan)

Publication Date: January 2013

Abstract: Scotland's National Dementia Strategy calls for people with dementia and their carers to give voice to what they see as the priorities for dementia research. We sent questionnaires on dementia research priorities, locus and type of research, desired outcome measures and willingness to volunteer, to two groups of dementia research stakeholders: (1) people with dementia and their carers who may or may not be participating in research and (2) those who are directly participating in research. We also made the questionnaire available on a national dementia research website. Five hundred and fourteen responses were received. The top four topics rated by importance were identical across all three groups of respondents: early detection (38.1%), drug trials (14.2%), studies on people living at home (9.7%) and study of carers (6.0%). The data can help shape the dementia research agenda, but more information needs to be made available to the public about other potential research areas.

Source: Medline


Author(s)

Citation: , 2013

Publication Date: 2013

Abstract: This assessment tool was developed in collaboration with NHS trusts participating in The King's Fund's Enhancing the Healing Environment (EHE) programme. This phase of the EHE programme was funded by the Department of Health to support the implementation of the National Dementia Strategy. The assessment tool is informed by research evidence and reflects best practice. It is the first of a series of tools produced by The King's Fund to help individuals and organisations develop more supportive design for people with dementia.

Source: HMIC

67. Making a difference in dementia : nursing vision and strategy.
The Department of Health has launched a new nursing vision and strategy for dementia care. This new resource will support the Prime Minister's Dementia Challenge by:

- raising the profile of the wider nursing contribution to dementia care
- describing what is expected of all nurses to meet the level and quality of care expected in all care settings

The vision demonstrates the 6Cs for dementia care by including nursing values and behaviours. It builds on 'Compassion in Practice', the national vision for nurses, midwives and care staff. [Website abstract]

Source: HMIC

68. Improving the patient experience : developing supportive design for people with dementia : the King's Fund's Enhancing the Healing Environment Programme 2009-2012

Author(s) Waller, Sarah.

Abstract: The DH suggests that over 670,000 people in England are suffering from dementia, while the Alzheimer's Society has shown that people who have dementia and other cognitive problems are often badly affected by hospital care. The Environments of Care for People with Dementia programme is a DH funded programme which focused on improving care for hospital patients suffering from dementia, as part of the National Dementia Strategy for England. This report explains the purpose of the programme and outlines its scope. It sets out case studies of the hospital sites that were involved in the programme and describes the evaluation process and details of the tools that were developed to process information that was gathered. The report reviews the good outcomes that can result from providing better care for those with dementia, but it outlines areas where improvements are necessary and sets out some practical examples of how these can be achieved. Cites numerous references.

Source: HMIC

69. A guide to creating a dementia-friendly ward

Author(s) Andrews, June.

Abstract: Admission to hospital can be distressing for people with dementia, but appropriately designed surroundings can reduce this. This article explains how simple adaptations to the ward environment can improve the quality of care they receive. Cites three references. [Journal abstract]

Source: HMIC

Available in fulltext at Nursing Times; NT: Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

Available in print at Grantham Hospital Staff Library

Available in fulltext from Nursing Times at the ULHT Library and Knowledge Services’ eJournal collection

Available in print at Louth County Hospital Medical Library

70. Toward the establishment of a community-based integrated care system
supporting the lives of elderly patients with dementia

Author(s) Awata S.

Citation: Japanese Journal of Geriatrics, 2013, vol./is. 50/2(200-204), 0300-9173 (2013)

Publication Date: 2013

Abstract: After reviewing the direction of the national dementia strategy from the perspective of the establishment of a community-based integrated care system, we present our recent work on strengthening medical services and promoting the early detection and intervention, and the integration of services for elderly patients with dementia. We developed a selfrating scale for assessing the capacity of medical facilities to provide services needed for dementia in terms of 7 latent factors. This scale is expected to be useful for assessing the effectiveness of programs aimed at strengthening medical resources, such as training programs for primary care physicians to increase their capacity to provide general medical services for patients with dementia or public programs for the establishment of a Medical Center for Dementia in each medical service area. We also developed an informant-rating scale for assessing change in behaviors affected by impairment of cognitive function and activities of daily living in patients with dementia, which had adequate reliability and validity as a screening tool for detecting mild dementia. The use of this scale should promote early detection, comprehensive geriatric assessment, access to diagnosis, care planning, and the integration of services for patients with dementia. 2013 The Japan Geriatrics Society.

Source: EMBASE


Available in fulltext from 日本老年医学会雑誌 at J-STAGE

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MEETING THE PRIME MINISTER'S DEMENTIA CHALLENGE: IMPROVING CARE AND INCREASING ACP DISCUSSIONS FOR PEOPLE WITH DEMENTIA …

K Thomas, MS Rowlands, L Giles - BMJ supportive & palliative care, 2013 - spcare.bmj.com

Background The UK's Prime Minister's Dementia Challenge highlights the need to improve care for people with dementia. There is growing evidence that hospitalisation can often cause them harm, with increased mortality and morbidity. They can suffer increased ...

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S Page, K Hope - Journal of psychiatric and mental health ..., 2013 - Wiley Online Library


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K Spencer, P Foster, KH Whittamore, SE Goldberg... - BMJ open, 2013 - bmjopen.bmj.com

... The prevalence of dementia is increasing worldwide.1 One in three acute hospital admissions is of a confused older person.2 In recent years, various reports have called for improvements in care for people with dementia admitted to hospital.3–7 The Alzheimer's Society8 ...
Integrating people with dementia and their carers into service design
JM Caine - Journal of Integrated Care, 2014 - emeraldinsight.com
... 10 Alzheimer Scotland, (2013) Statistics: Number of people with dementia in Scotland living in ...
Cited by 1

The pros and cons of early diagnosis in dementia
C Fox, L Lafortune, M Boustani, C Brayne - British Journal of General ..., 2013 - bjgp.org ...
Cited by 3

Palliative care for dementia—time to think again?
J Crowther, KCM Wilson, S Horton, M Lloyd-Williams - QJM, 2013 - Oxford Univ Press ...
Cited by 2

Quality palliative care for cancer and dementia in five European countries: some common challenges
N Davies, L Maio, JR Paap, E Mariani... - Aging & mental ..., 2014 - Taylor & Francis ...
Journal of Alzheimer's Diseases, 22(1), 37–55. ... End of life care strategy: Promoting high quality care for all adults at the end of life. ... timely to investigate the factors that affect the quality of palliative care and care of the dying, particularly but not exclusively for dementia syndrome. ... Cited by 3

A systematic review of religion and dementia care pathways in black and minority ethnic populations
JL Regan, S Bhattacharyya, P Kevern... - Mental Health, Religion ..., 2013 - Taylor & Francis ...
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dementiachallenge.dh.gov.uk/
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Dementia Friendly Communities - Alzheimer’s Society
www.alzheimers.org.uk › About dementia
Our five year strategy includes a key ambition to work with people affected by dementia. As part of the PM's Challenge, the Dementia Friendly Communities.

Improving care for people with dementia - Policy - GOV.UK
https://www.gov.uk/.../policies/improving-care-for-people-with-dementia
25 Mar 2013 - ... create more dementia-friendly communities and make dementia research a priority. ... Innovation Challenge Prize for Dementia; launching a new toolkit to help ... The National Dementia Strategy, published in 2009, set new ...

Dementia Strategy - The Scottish Government
www.scotland.gov.uk/Topics/Health/Services/Mental-Health/Dementia
2 May 2014 - Dementia. ... Scotland's National Dementia Strategy 2013-2016. Scotland's National Dementia Strategy 2013-2016 ... Scotland's National Dementia ... - Resource Mapping Template - Costing Tool

Dementia Friendly Surrey
www.dementiafriendlysurrey.org.uk/
In support of the Prime Minister's Dementia Challenge, Surrey County Council and three of Surrey's Clinical Commissioning Groups are embarking on a ...

Dementia strategy – Warwickshire County Council
www.warwickshire.gov.uk › Home › Strategies and priorities
11 Feb 2014 - This strategy is Warwickshire County Council and NHS Warwickshire's response to the National Dementia Strategy. It sets out current initiatives ...

Checklist for dementia friendly environments - Innovations in ...
www.innovationsindementia.org.uk/DementiaFriendlyCommunities/Dem...

Dementia Friendly Communities | let's do this together
www.adementiafriendlycommunity.com/
dementia friendly communities, dementiafriendlycommunities, ... We challenge the myths and stigma associated with dementia which acts as barriers to change.

Dementia Friendly Churches | Livability - Choices for ...
www.livability.org.uk › Your church
The Dementia Friendly Churches Initiative offers a range of services ... in 2012 Prime Minister, David Cameron launched the Dementia Challenge – an ...

Dementia-friendly Yorkshire: First steps on the journey ...
www.jrf.org.uk › Publications
21 Jan 2014 - This collection contains 20 examples of inspiring grassroots dementia-friendly projects transforming communities across Yorkshire.

Dementia-Friendly Stirling | Dementia Services ...
dementia.stir.ac.uk/communities/dementia-friendly-stirling
Dementia-friendly Stirling is a great example of evidence-based dementia community development.

Dementia-Friendly Communities | ACT on Alzheimer’s ...
www.actonalz.org/dementia-friendly
Action Resources: Dementia-Friendly Communities Building Dementia-Friendly Communities Learn about 10 key areas communities working to become ...

Dementia Friendly Tring: Home
www.dementiafriendlytring.org.uk/
This site is an information resource for Tring as a *Dementia Friendly* Community. It is run by the *Dementia* Initiative committee set up by Tring Town Council ...

**Dementia Friendly Toolkit for Hampshire**
www3.hants.gov.uk/adult.../dementia/dementia-friendly-toolkit.htm
29 Aug 2013 - *Dementia Friendly* toolkit. This toolkit is one of the initiatives being introduced by the County Council to help improve the quality of life for ...

**Dementia-friendly environments – SCIE Dementia Gateway**
Assistive technology, developing *dementia-friendly* communities, understanding risk – all these issues play an important part in supporting people living with ...

**dementia friendly communities | Andover Mind Centre for ...**
www.andovermind.org.uk/dementia-friendly-communities/
This is a new Hampshire-wide project which has been commissioned by Hampshire County Council. We have local area co-ordinators working in the following ...

**Crawley Borough Council :: Dementia Friendly Crawley**
www.crawley.gov.uk/dfc
It was announced on Tuesday 20 May 2014 that *Dementia Friendly* Crawley won the 'Local Initiative' category at the National *Dementia Friendly* Awards .