Healthcare Library
Current Awareness Bulletin – Dementia
December 2014

This monthly Current Awareness Bulletin is produced by the Healthcare Library to provide staff with a range of dementia-related resources to support practice. It includes recently published guidelines and research articles, news and policy items, and details of forthcoming events and conferences.

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News

What's new in geriatrics

What's new in psychiatry

NHS Choices

Can a pill cure binge drinking and dementia?
Monday 1st December 2014
“Wonder’ drug could cure binge drinking, Alzheimer’s and dementia,” the Mail Online reports. But before you raise a glass or two, these are premature claims based on research in rats that has not yet been proven, or even tested, in people.

Public Health England

Blogging project to capture everyday experiences of people living with mental health difficulties
Friday 31st October 2014
A new online project is calling on people living with mental health difficulties to blog about their lives. People signing up to “A Day in the Life” will be invited to share their experiences of what makes their mental health better and what makes it worse by submitting a 700 word blog on set days as part of the year-long project. Bloggers will be asked to write about the same days, starting on 7 November 2014 and followed by 3 more dates in winter 2014, spring 2015 and summer 2015.

Journal Articles

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**Journal articles:**

1. Analgesics in postoperative care in hip fracture patients with dementia-Reported by nurses.  
**Citation:** Journal of Clinical Nursing, November 2014, vol./is. 23/21-22(3095-3106), 0962-1067;1365-2702 (Nov 2014)  
**Author(s):** Rantala, Maija, Hartikainen, Sirpa, Kvist, Tarja, Kankkunen, Paivi  
**Language:** English  
**Abstract:** Aims and objectives: To describe the analgesic use in hip fracture patients with dementia during the first two postoperative days as reported by nurses. Background: Nurses play a pivotal role in treating postoperative pain in patients with dementia and monitoring the effects of administered analgesics. Design: Cross-sectional descriptive
questionnaire study in seven university hospitals and 10 central hospitals in Finland. Methods: The study was conducted from March until May in 2011 in Finland. For this analysis, the focus was on the sample of nurses (n = 269) who were working in orthopaedic units. Analgesics were classified according to the Anatomical Therapeutic Chemical Classification System. Nonparametric tests were applied to find out the significant differences between analgesic use and different hospitals. Results: Paracetamol and strong opioids administered orally or parenterally seemed to be the most typical of postoperatively used types of analgesics in patients with dementia. Nonsteroidal anti-inflammatory analgesics and weak opioids were also commonly reported to be in use. There were no statistically significant differences between hospitals in typical daily doses. The majority of the nurses reported that the primary aim of postoperative pain management in hip fracture patients with dementia was 'slight pain, which does not prevent normal functioning' (72%). Conclusion: The pharmacological postoperative pain treatment in acute care was commonly based on the use of strong opioids and paracetamol in hip fracture patients with dementia. The reported use of transdermal opioids and codeine combination warrants further examination. Further studies are also needed to find out whether the pain is appropriately and adequately treated. Relevance to clinical practice: Transdermal opioids and codeine combination may not be relevant analgesics for acute pain management in older adults. It is important to create a balance between sufficient pain relief and adverse effects of analgesics to allow early mobilisation and functional recovery. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

Publications type: Journal, Peer Reviewed Journal
Source: PsycINFO
Full text: Available Journal of Clinical Nursing at No link? Ask Salisbury Healthcare Library - please click here to request article.

2. Anatomical heterogeneity of Alzheimer disease: Based on cortical thickness on MRIs.
Citation: Neurology, 18 November 2014, vol./is. 83/21(1936-1944), 00283878
Author(s): Noh, Young, Jeon, Seun, Lee, Jong Min, Seo, Sang Won, Kim, Geon Ha, Cho, Hanna, Ye, Byoung Seok, Yoon, Cindy W, Kim, Hee Jin, Chin, Juhee, Park, Kee Hyung, Heilman, Kenneth M, Na, Duk L
Language: English
Abstract: OBJECTIVE: Because the signs associated with dementia due to Alzheimer disease (AD) can be heterogeneous, the goal of this study was to use 3-dimensional MRI to examine the various patterns of cortical atrophy that can be associated with dementia of AD type, and to investigate whether AD dementia can be categorized into anatomical subtypes. METHODS: High-resolution T1-weighted volumetric MRIs were taken of 152 patients in their earlier stages of AD dementia. The images were processed to measure cortical thickness, and hierarchical agglomerative cluster analysis was performed using Ward’s clustering linkage. The identified clusters of patients were compared with an age- and sex-matched control group using a general linear model. RESULTS: There were several distinct patterns of cortical atrophy and the number of patterns varied according to the level of cluster analyses. At the 3-cluster level, patients were divided into (1) bilateral medial temporal-dominant atrophy subtype (n = 52, ~34.2%), (2) parietal-dominant subtype (n = 28, ~18.4%) in which the bilateral parietal lobes, the precuneus, along with bilateral dorsolateral frontal lobes, were atrophic, and (3) diffuse atrophy subtype (n = 72, ~47.4%) in which nearly all association cortices revealed atrophy. These 3 subtypes also differed in their demographic and clinical features. CONCLUSIONS: This cluster analysis of cortical thickness of the entire brain showed that AD dementia in the earlier stages can be categorized into various anatomical subtypes, with distinct clinical features.

Publication type: Journal article
Source: CINAHL
Full text: Available Ovid at No link? Ask Salisbury Healthcare Library - please click here to request article.

3. Antecedents of intact cognition and dementia at age 90 years: a prospective study.
Citation: International Journal of Geriatric Psychiatry, 01 December 2014, vol./is. 29/12(1278-1285), 08856230
Author(s): Vaillant, George E, Okereke, Olivia I, Mukamal, Kenneth, Waldinger, Robert J
Language: English
Abstract: OBJECTIVES: This study aimed to examine the possible antecedents of both dementia and sustained intact cognition at age 90 years among men who underwent a prospective, multidisciplinary assessment from ages 19 to 90 years, with little attrition. METHODS: We conducted a prospective 20-year reassessment of 196 (out of 268) former Harvard college sophomores who survived until age 70 years. Since 1939, the study gathered measurements of childhood environment, dominant personality traits, objective mental and physical health over time, smoking in pack-
years, alcohol abuse, and depression. Questionnaires were obtained every 2 years and physical exams every 5 years. Cognitive status was assessed at ages 80, 85, and 90 years. RESULTS: Despite addressing a wide variety of health, behavioral, and social factors over the lifespan, we observed few predictors with strong association with either intact cognition at age 90 years (n = 40) or dementia (n = 44). Univariate analysis revealed seven suggestive predictors of intact cognition at age 90 years or of dementia: warm childhood relationship with mother, exercise at age 60 years, high maternal education, young age of mother at subject’s birth, low body mass index, good physical health at 60 years, and late retirement. Only the first three variables, warm childhood relationship with mother, exercise at age 60 years, and high maternal education, remained significant with logistic regression. CONCLUSIONS: In this prospective study of long-lived, highly educated men, several well-known putative predictors of Alzheimer’s disease did not distinguish those who over the next 20 years developed dementia from those with unimpaired cognition until age 90 years.


Citation: International Journal of Geriatric Psychiatry, 01 December 2014, vol./is. 29/12(1304-1311), 08856230
Author(s): Stormoen, Sara, Almkvist, Ove, Eriksdotter, Maria, Sundström, Erik, Tallberg, Ing-Mari
Language: English
Abstract: OBJECTIVE: Impaired capacity to make decisions in everyday life and situations of medical treatment is an inevitable consequence of the cognitive decline in Alzheimer’s disease (AD). The objective of this study was to identify the most powerful cognitive component(s) that best predicted medical decision-making capacity (MDMC) in patients with AD and mild cognitive impairment. METHOD: Three groups of subjects participated in the study: patients with AD (n = 20), mild cognitive impairment (n = 21), and healthy control subjects (n = 33). MDMC was assessed by the linguistic instrument for medical decision-making (LIMD) and related to demographics and 27 cognitive test measures. RESULTS: The cognitive tests were found to aggregate into four components using a principle component analysis. The four components, which correspond to verbal knowledge, episodic memory, cognitive speed, and working memory, accounted for 73% of the variance in LIMD according to a stepwise regression analysis. Verbal knowledge was the most powerful predictor of LIMD (beta = 0.66) followed by episodic memory (beta = 0.43), cognitive speed (beta = 0.32), and working memory (beta = 0.23). The best single test as shown by the highest correlation with LIMD was Reading speed (R = 0.77). CONCLUSION: Multiple factors are involved in MDMC in subjects with cognitive impairment. The component of verbal knowledge was the best predictor of MDMC and Reading speed was the most important single cognitive test measurement, which assessed both rapid Reading and understanding of text. Copyright © 2014 John Wiley & Sons, Ltd.

5. Comparing neurocognition in severe chronic schizophrenia and frontotemporal dementia.

Citation: Australian and New Zealand Journal of Psychiatry, September 2014, vol./is. 48/9(828-837), 0004-8674;1440-1614 (Sep 2014)
Author(s): Chan, Hui-Minn, Stolwyk, Rene, Kelso, Wendy, Neath, Joanna, Walterfang, Mark, Mocellin, Ramon, Pavlis, Alexia, Velakoulis, Dennis
Language: English
Abstract: Objective: Previous research has suggested cognitive similarities between schizophrenia and frontotemporal dementia. In the current study, we compared neurocognition in a group of hospitalised patients with chronic schizophrenia, who may have a more severe form of schizophrenia resembling Emil Kraepelin’s dementia praecox, with patients with frontotemporal dementia. We hypothesised minimal group differences in cognitive performance, and a large overlap in between-group score distributions in each cognitive domain. Methods: Retrospective neuropsychological data for 26 patients with severe chronic schizophrenia and 34 patients with frontotemporal dementia (behavioural variant) was collated. Neuropsychological measures were categorised into 16 cognitive domains. Raw scores were converted into standardised z-scores for each measure, which were then averaged across measures within each domain. In addition to difference analysis, equivalence testing was utilised, whereby overlap percentages...
were computed to reflect the amount of score distribution overlap in each domain between groups. Results: A statistically significant difference was observed only in the executive function sub-domain of Switching. Small-to-moderate and moderate effect sizes were noted in four other domains. Equivalence testing showed more than 85% of overlap in score distribution in most domains. Conclusions: Our findings suggest that some patients with severe chronic schizophrenia have cognitive deficits similar in degree and pattern to patients with frontotemporal dementia. The few differences observed between both groups of patients are important for differential diagnostic purposes. One limitation is the retrospective nature of the study. Suggestions for future research include longitudinal follow-up studies of these two patient populations and studies of aspects beyond neurocognition. An implication of our findings is that the 'dementia of schizophrenia' concept may be applicable to patients with severe chronic schizophrenia. (PsycINFO Database Record (c) 2014 APA, all rights reserved) (journal abstract)

**Publication type:** Journal, Peer Reviewed Journal  
**Source:** PsycINFO  
**Full text:** Available *The Australian and New Zealand journal of psychiatry* at No link? Ask Salisbury Healthcare Library - please click here to request article.

**6. Effects of functional tasks exercise on older adults with cognitive impairment at risk of Alzheimer's disease: a randomised controlled trial.**

**Citation:** Age & Ageing, 01 November 2014, vol./is. 43/6(813-820), 00020729  
**Author(s):** Law, Lawla L. F., Barnett, Fiona, Yau, Matthew K., Gray, Marion A.  
**Language:** English  
**Abstract:** Objective: the aim of this study was to compare the effects of a functional tasks exercise programme to a cognitive training programme in older adults with mild cognitive impairment. Design: a single-blind randomised control trial with the intervention group compared with an active control group. Setting: out-patient clinic. Participants: older adults with mild cognitive impairment (n = 83) aged 60 and older living in the community. Methods: participants were randomised to either a functional task exercise group (n = 43) or an active cognitive training group (n = 40) for 10 weeks. All outcome measures were undertaken at baseline, post-intervention and 6-month follow-up using Neurobehavioral Cognitive Status Examination, Trail Making Test, Chinese Version Verbal Learning Test, Category Verbal Learning Test, Lawton Instrumental Activities of Daily Living Scale and Problems in Everyday Living Test. Results: the functional task exercise group showed significant between-group differences in general cognitive functions, memory, executive function, functional status and everyday problem solving ability. The improvements were sustained over time at 6-month follow-up. Conclusion: a functional tasks exercise programme is feasible for improving cognitive functions and functional status of older adults with mild cognitive impairment. This may serve as a cost-effective adjunct to the existing interventions for populations with mild cognitive impairment. Trial registration number: ACTRN12610001025022.  
**Publication type:** journal article  
**Source:** CINAHL  
**Full text:** Available *AGE AND AGING* at Age and Ageing  
**Full text:** Available *AGE AND AGING* at Age and Ageing  
**Full text:** Available *AGE AND AGING* at No link? Ask Salisbury Healthcare Library - please click here to request article.  
**Full text:** Available *AGE AND AGING* at Salisbury District Hospital Healthcare Library

**7. Impact of sleep on the risk of cognitive decline and dementia.**

**Citation:** Current Opinion in Psychiatry, 01 November 2014, vol./is. 27/6(478-483), 09517367  
**Author(s):** Spira, Adam P, Chen-Edinboro, Lenis P, Wu, Mark N, Yaffe, Kristine  
**Language:** English  
**Abstract:** PURPOSE OF REVIEW: Trouble falling or staying asleep, poor sleep quality, and short or long sleep duration are gaining attention as potential risk factors for cognitive decline and dementia, including Alzheimer’s disease. Sleep-disordered breathing has also been linked to these outcomes. Here, we review recent observational and experimental studies investigating the effect of poor sleep on cognitive outcomes and Alzheimer’s disease, and discuss possible mechanisms. RECENT FINDINGS: Observational studies with self-report and objective sleep measures (e.g. wrist actigraphy, polysomnography) support links between disturbed sleep and cognitive decline. Several recently published studies demonstrate associations between sleep variables and measures of Alzheimer’s disease pathology, including cerebrospinal fluid measures of A[beta] and PET measures of A[beta] deposition. In addition, experimental studies suggest that sleep loss alters cerebrospinal fluid A[beta] dynamics, decrements in slow-wave sleep may decrease the clearance of A[beta] from the brain, and hypoxemia characteristic of sleep-disordered breathing increases A[beta]
production. SUMMARY: Findings indicate that poor sleep is a risk factor for cognitive decline and Alzheimer's disease. Although mechanisms underlying these associations are not yet clear, healthy sleep appears to play an important role in maintaining brain health with age, and may play a key role in Alzheimer's disease prevention.

Publication type: journal article
Source: CINAHL
Full text: Available Current Opinion in Psychiatry at No link? Ask Salisbury Healthcare Library - please click here to request article.

8. "In my own words": Writing down life stories to promote conversation in dementia.
Citation: Dialogue and dementia: Cognitive and communicative resources for engagement., 2014(183-212) (2014)
Author(s): Ryan, Ellen Bouchard, Crispin, Debra, Daigneault, Michelle
Language: English
Abstract: (from the chapter) Communication is central to sustaining personhood for individuals with dementia, as demonstrated by the conversation analyses presented earlier in this volume. Our applied dementia focus concerns the collaborative elicitation of life story fragments in conversation and the use of written recordings of these stories as triggers for future conversation in long term care settings. In this chapter, we briefly overview one-on-one work with conversational remembering boxes and life story binders. Then, we present two case studies for a program of group storytelling and life story binders implemented on two hospital units: a complex care unit where patients may stay for months or years and a unit for patients with dementia awaiting, often for months, placement in long term care. The objective is to record the individuals' own words to optimize their chances of retrieving stories from their lives for sharing, elaboration, and personal connections with staff, peers, and family. (PsycINFO Database Record (c) 2014 APA, all rights reserved)
Publication type: Book, Edited Book
Source: PsycINFO

9. Insulin reverses the high-fat diet-induced increase in brain a[beta] and improves memory in an animal model of Alzheimer disease.
Citation: Diabetes, 01 December 2014, vol./is. 63/12(4291-4301), 00121797
Author(s): Vandal, Milene, White, Phillip J, Tremblay, Cyntia, St-Amour, Isabelle, Chevrier, Geneviève, Emond, Vincent, Lefrançois, Dominique, Virgili, Jessica, Planel, Emmanuel, Giguere, Yves, Marette, Andre, Calon, Frederic
Language: English
Abstract: Defects in insulin production and signaling are suspected to share a key role in diabetes and Alzheimer disease (AD), two age-related pathologies. In this study, we investigated the interrelation between AD and diabetes using a high-fat diet (HFD) in a mouse model of genetically induced AD-like neuropathology (3xTg-AD). We first observed that cerebral expression of human AD transgenes led to peripheral glucose intolerance, associated with pancreatic human A[beta] accumulation. High-fat diet enhanced glucose intolerance, brain soluble A[beta], and memory impairment in 3xTg-AD mice. Strikingly, a single insulin injection reversed the deleterious effects of HFD on memory and soluble A[beta] levels, partly through changes in A[beta] production and/or clearance. Our results are consistent with the development of a vicious cycle between AD and diabetes, potentiating both peripheral metabolic disorders and AD neuropathology. The capacity of insulin to rapidly break the deleterious effects of this cycle on soluble A[beta] concentrations and memory has important therapeutic implications.
Publication type: journal article
Source: CINAHL
Full text: Available Diabetes at No link? Ask Salisbury Healthcare Library - please click here to request article.

10. Is There a Relationship Between Mini Mental Status Examination Scores and the Activities of Daily Living Abilities of Clients Presenting with Suspected Dementia?
Citation: Physical & Occupational Therapy in Geriatrics, 01 December 2014, vol./is. 32/4(336-352), 02703181
Author(s): Brown, Ted, Elliott, Stephen, Fielding, Leesa
Language: English
Abstract: Introduction: The Mini Mental Status Examination (MMSE) is a commonly utilized cognitive screening assessment by occupational therapists working in both acute and sub-acute care environments. As MMSE scores are influenced by factors such as one's culture, language and education, this poses an issue when using MMSE scores to inform interventions for clients with culturally and linguistically diverse (CALD) backgrounds. Is there an association
between the MMSE and functional performance measures and does this relationship differ between CALD and non-CALD client groups? Aim: This study had two primary aims: (i) to investigate if the MMSE scores were significantly associated with the prehospital and inpatient functional performance of participants presenting with suspected dementia; and whether performance differences existed between CALD and non-CALD client groups, when completing the MMSE, Modified Barthel Index (MBI) and Activities of Daily Living Questionnaire (ADL-Q). Method: A sample of 28 participants suspected of having dementia were recruited from three acute care hospitals in Melbourne, Australia. The sample included 10 CALD and 18 English-speaking participants. Participants’ cognition was assessed using the MMSE and their functional performance was measured using the ADL-Q for their prehospital functional performance and the MBI for their inpatient level of functioning. Results were analyzed using Spearman's rho correlations and a Mann-Whitney U test of difference. Results: No significant correlations were found between the MMSE, MBI, or ADL-Q total scores, or the ADL-Q subscales. The Mann-Whitney U test revealed no significant differences between the CALD and non-CALD client group scores on the three measures. Conclusion: Cognitive scores and functional performance scores were not significantly associated. No significant differences between the CALD and non-CALD group were obtained.

**Publication type:** journal article  
**Source:** CINAHL  
**Full text:** Available Physical & Occupational Therapy in Geriatrics at No link? Ask Salisbury Healthcare Library - please click here to request article.

### 11. Live music promotes positive behaviours in people with Alzheimer’s disease.

**Citation:** British Journal of Occupational Therapy, 15 November 2014, vol./is. 77/11(556-564), 03080226  
**Author(s):** Cox, Elissa, Nowak, Madeleine, Buettner, Petra  
**Language:** English  
**Abstract:** Introduction: Behavioural symptoms of Alzheimer’s disease present barriers to providing a holistic standard of care. Limited attention has been given to the potential effects of live music, rather than background music or music therapy, on mood, function, and participation in and performance of daily activities. This exploratory study investigated whether live music could facilitate the expression of positive behaviour in people with Alzheimer’s disease. Method: A live musical violin intervention, provided on a one-to-one basis in a residential care facility, was employed to assess positive behaviour in people with moderate-to-severe Alzheimer’s disease using a one-group repeated measures design. Seven participants were video-recorded before, during, and after the intervention, which was provided individually in three separate sessions. The investigator and a blinded assessor used an investigator-modified version of the Cohen-Mansfield Agitation Inventory to assess 16 positive behaviours. Quotations from study participants are presented. Data were analysed using the Friedman test. Results: The total number of positive behaviours increased significantly from a median number of 4.3 (range 1.3–13) before the intervention to 30 (range 13–47.7) during, and 24.3 (range 4–27.7) after the intervention (p = 0.001). Conclusion: Live individualized music may provide occupational therapists with a useful strategy to enrich the lives of people with Alzheimer’s disease.

**Publication type:** journal article  
**Source:** CINAHL  
**Full text:** Available British Journal of Occupational Therapy at Salisbury District Hospital Healthcare Library  
**Full text:** Available British Journal of Occupational Therapy at No link? Ask Salisbury Healthcare Library - please click here to request article.


**Citation:** Neurology, 21 October 2014, vol./is. 83/17(1538-1544), 00283878  
**Author(s):** Johansson, Lena, Guo, Xinxin, Duberstein, Paul R, Hällström, Tore, Waern, Margda, Ostling, Svanå, Skoog, Ingmar  
**Language:** English  
**Abstract:** OBJECTIVE: To study the association between midlife neuroticism and extraversion and development of late-life dementia and long-standing distress in a sample of women followed for 38 years. METHODS: A population-based sample of 800 women, aged 38 to 54 years, was examined in 1968, with subsequent examinations in 1974, 1980, 1992, 2000, and 2005. Neuroticism and extraversion were assessed using the Eysenck Personality Inventory at baseline. Distress was measured according to a standardized question at each study wave. Dementia was diagnosed according to DSM-III-R criteria based on information from neuropsychiatric examinations, informant interviews, hospital records, and registry data. RESULTS: During the 38-year follow-up, 153 women developed dementia; Alzheimer disease (AD) dementia was diagnosed in 104 of these. A higher degree of neuroticism in midlife was associated with increased risk of AD dementia and long-standing distress over 38 years. The association between neuroticism and AD dementia
diminished after adjusting for long-standing distress. Extraversion was associated with a lower degree of long-standing distress, but had no impact on AD dementia. When the 2 personality dimensions were combined, high neuroticism/low extraversion showed the highest risk of AD dementia. CONCLUSIONS: Our study suggests that midlife neuroticism is associated with increased risk of AD dementia, and that distress mediates this association. The results have clinical implications because a group of women at risk of AD dementia is identified.

Publication type: journal article
Source: CINAHL
Full text: Available Ovid at No link? Ask Salisbury Healthcare Library - please click here to request article.

Full text: Available Ovid at Neurology

Full text: Available Ovid at Neurology


Citation: International Journal of Geriatric Psychiatry, 01 December 2014, vol./is. 29/12(1242-1248), 08856230

Author(s): Frederiksen, Kristian S, Sobol, Nanna, Beyer, Nina, Hasselbalch, Steen, Waldemar, Gunhild

Language: English

Abstract: OBJECTIVES: Physical exercise may modulate neuropathology and symptoms of Alzheimer’s disease (AD). This pilot study assessed the feasibility of conducting a study of moderate-to-high intensity aerobic exercise in home-dwelling patients with mild AD. METHODS: An uncontrolled preintervention-postintervention test design with a single group receiving the same intervention. A total of eight patients with mild to moderate AD from the Copenhagen Memory clinic were included in the study. The intervention lasted for 14 weeks and consisted of supervised, 1-h sessions of aerobic exercise three times per week (50-60% of heart rate reserve for a two-week adaptation period and 70-80% of heart rate reserve for the remaining 12 weeks). Feasibility was assessed based on acceptability, including attendance and drop-out, safety, and patients' and caregivers' attitudes towards the intervention as well as other relevant parameters. RESULTS: Attendance (mean, range: 90%, 70-100%) and retention (seven out of eight) rates were very high. No serious adverse events were observed. In general, patients and caregivers were positive towards the intervention. CONCLUSION: This study shows that it is feasible to conduct moderate-to-high intensity aerobic exercise in community-dwelling patients with mild AD. Our findings indicate that aspects such as a longer adaptation period, information about injury prevention, and need for involvement and support from caregivers should be addressed when planning an exercise intervention in an AD population. Copyright © 2014 John Wiley & Sons, Ltd.

Publication type: journal article
Source: CINAHL
Full text: Available International Journal of Geriatric Psychiatry at No link? Ask Salisbury Healthcare Library - please click here to request article.

14. Potentially Inappropriate Drug Prescribing and Associated Factors in Nursing Homes.

Citation: Journal of the American Medical Directors Association, 01 November 2014, vol./is. 15/11(0-), 15258610

Author(s): Cool, Charlene, Cestac, Philippe, Laborde, Charlotte, Lebaudy, Cecile, Rouch, Laure, Lepage, Benoit, Vellas, Bruno, Barreto, Philippe de Souto, Rolland, Yves, Lapeyre-Mestre, Maryse

Language: English

Abstract: Importance Polymedication is frequent in nursing home (NH) residents. This increases the risk of potentially inappropriate drug prescribing (PIDP), which can lead to adverse drug events, such as falls and hospitalization. Objective To identify PIDP in NH residents and to investigate subject-related and NH structural and organizational factors associated with PIDP. Design Cross-sectional study. Setting A total of 175 NHs in Midi-Pyrenees region, South-Western France. Participants A total of 974 subjects randomly selected from the 6275 NH residents participating in the IQUARE study. Exposure Patients with PIDP. Main Outcomes and Measures PIDP was the main outcome measure. It was defined using a specific indicator, based on the Summary of Product Characteristics, on the Laroche list, and on residents' clinical data. PIDP was defined as the presence of at least 1 of the following criteria: (1) drug with an unfavorable benefit-to-risk ratio; (2) drug with questionable efficacy according to the Laroche list; (3) absolute contraindication; (4) significant drug-drug interaction. Associated factors were identified by using multivariable logistic regression models. Results Among the 974 residents included, 71% had PIDP. PIDP was more frequent in patients without dementia, with several comorbidities and taking multiple medications. In the multivariable analysis, age (odds ratio [OR] 1.02; 95% confidence interval [CI] 1.01–1.03) and Charlson Comorbidity Index (CCI; P = .003, CCI = 1 versus 0: OR 1/0 1.22; 95% CI 0.85–1.74, CCI ≥ 2 versus 0: OR 2/0 1.72; 95% CI 1.23–2.41) were associated with an increased likelihood of PIDP. By contrast, dementia was associated with a lower likelihood of PIDP (OR 0.70; 95% CI 0.53–0.94).
Among NH structural and organizational characteristics, the access to psychiatric advice and/or to hospitalization in a psychiatric unit (OR 1.36; 95% CI 1.02–1.82) and the presence of a reevaluation of drug prescriptions (OR 1.45; 95% CI 1.07–1.96) were associated with an increased likelihood of PIDP. Conclusions and Relevance Our work suggests that some NH characteristics are associated with an increased likelihood of PIDP. Gaining a better understanding of the factors influencing PIDP, especially structural and organizational NH factors, can help to determine the interventions that should be implemented.

**Publication type:** journal article  
**Source:** CINAHL  
**Full text:** Available Journal of the American Medical Directors Association at [No link? Ask Salisbury Healthcare Library - please click here to request article.](#)

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15. **Psychiatric complications of Alzheimer's disease overlapping with parkinsonism: Depression, apathy, catatonia, and psychosis.**  
**Citation:** Movement disorders in dementias., 2014(73-86) (2014)  
**Author(s):** Starkstein, Sergio E, Pahissa, Jaime  
**Language:** English  
**Abstract:** (from the chapter) Depression is a frequent comorbid condition in Alzheimer's disease (AD) and is associated with the presence of parkinsonism. Apathy in AD was reported to predict more severe parkinsonism, suggesting that apathy may be an early manifestation of a more aggressive AD phenotype characterized by loss of motivation, increasing parkinsonism, a faster cognitive and functional decline, and more severe depression. Catatonia may be found in a small proportion of patients with AD, but rates are higher in hospitalized patients. Catatonia is significantly associated with more severe parkinsonism and depression and older age. Psychotic symptoms are relatively frequent in the late stages of AD. Current treatment with atypical antipsychotics has a concomitant risk of increased parkinsonism.  
(PsycINFO Database Record (c) 2014 APA, all rights reserved)  
**Publication type:** Book, Edited Book  
**Source:** PsycINFO

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16. **Relevance of subcortical visual pathways disruption to visual symptoms in dementia with Lewy bodies.**  
**Citation:** Cortex: A Journal Devoted to the Study of the Nervous System & Behavior, 01 October 2014, vol./is. 59/(12-21), 00109452  
**Author(s):** Delli Pizzi, Stefano, Maruotti, Valerio, Taylor, John-Paul, Franciotti, Raffaella, Caulo, Massimo, Tartaro, Armando, Thomas, Astrid, Onofrj, Marco, Bonanni, Laura  
**Language:** English  
**Abstract:** Visual hallucinations represent a core diagnostic criterion for dementia with Lewy bodies (DLB). We hypothesized that thalamic regions, which are critically involved in the modulation of visual transmission, may be differentially disrupted in DLB as compared to Alzheimer’s Disease (AD) and that these deficits could relate to visual dysfunction in DLB patients. Magnetic Resonance and Diffusion Tensor Imaging (DTI) were performed with a 3 T scanner on a sample population of 15 DLB patients, 15 AD patients and 13 healthy volunteers. Regional thalamic microstructural changes were assessed by parcelling the thalamus based on its connectivity to cortex and to amygdala and by measuring the mean diffusivity (MD) in each connectivity-defined sub-region. Micro-structural grey matter damage associated to higher MD values was found bilaterally in DLB compared to controls in the sub-regions projecting from thalamus to prefrontal and parieto-occipital cortices. Right thalamic sub-region projecting to amygdala and left thalamic sub-region projecting to motor cortex were also affected in DLB compared to controls. Higher MD values were found bilaterally in AD compared to controls in the thalamic sub-regions projecting to temporal cortex. Specific comparison between the two forms of dementia found differences: the sub-regions which project from thalamus to parieto-occipital cortex and to amygdala showed higher MD values in DLB compared to AD patients. In DLB patients, correlation analysis showed a significant correlation between NPI hallucinations item scores and MD values in the right thalamic sub-regions projecting to parietal and occipital cortices. The present study demonstrates how thalamic connectivity alterations between higher and lower visual areas may be relevant in explaining visual hallucinations in DLB.  
**Publication type:** journal article  
**Source:** CINAHL  
**Full text:** Available Elsevier at [Cortex](#)
17. Staff confidence, morale and attitudes in a specialist unit for general hospital patients with dementia and delirium: a qualitative study.
Citation: International Journal of Geriatric Psychiatry, 01 December 2014, vol./is. 29/12(1315-1317), 08856230
Author(s): Spencer, Karen, Foster, Pippa E R, Whittamore, Kathy H, Goldberg, Sarah E, Harwood, Rowan H
Language: English
Publication type: journal article
Source: CINAHL
Full text: Available International Journal of Geriatric Psychiatry at No link? Ask Salisbury Healthcare Library - please click here to request article.

Citation: Journal of Advanced Nursing, 01 December 2014, vol./is. 70/12(2791-2799), 03092402
Author(s): Karlsson, Eva, Sävenstedt, Stefan, Axelsson, Karin, Zingmark, Karin
Language: English
Abstract: Aim To explore how people with Alzheimer's disease present their life story. Background Life story work is a key concept in a person-centred care. An important aspect in understanding the subjective experience and supporting the identity of people with dementia is to listen to their life stories. Design A narrative design with interviews was used. Method Nine participants with Alzheimer's disease were encouraged to tell about their lives from childhood, adult life, to present life and about their thoughts on the future. The interviews were conducted between September 2010-March 2011 in the participants' homes, with their spouses present and were analysed with a method for analysis of narratives. Findings Contentment, Connectedness, Self-reliance and Personal growth were identified as core dimensions in the participants' life stories and shown like threads throughout life, from childhood, adult life to present life. All participants expressed an overall contentment with life, and connectedness was related to their relation with significant persons and to be included in the local community. Self-reliance was expressed as a strong confidence in the own ability and an overall curiosity throughout life as a sustained quest for personal growth. Conclusions It is important for healthcare professionals, who work with people with dementia, to understand that people with Alzheimer's disease can maintain an overall trusting and hopeful approach to life. It is also important to use life story work to enhance feelings of being connected to the world and thereby support their identity and sense of self.
Publication type: journal article
Source: CINAHL
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Full text: Available EBSCOhost EJS at Journal of Advanced Nursing

Useful Information and Publications

Alzheimer's Society
Information for health professionals

Royal College of Nursing (RCN)
Welcome to the dementia pages on the RCN website.

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This bulletin was produced by Helen Clemow, Librarian, Salisbury NHS Foundation Trust Healthcare Library. If you have any comments to make about this bulletin please contact helen.clemow@salisbury.nhs.uk.