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

News

What’s new in geriatrics – geriatric neurology

What’s new in neurology - dementia

NHS Choices

A mug of cocoa is not a cure for memory problems
Monday 27th October 2014
The news is based on a small study that found a specially formulated cocoa-based drink high in "flavanols" made older people slightly faster, but no more accurate, in memory tests. The research, which happened over a period of just three months, also looked at brain scans of the test subjects. It found increased activity in an area of the brain thought to be involved in cognition and memory – the dentate gyrus. It is difficult to gauge whether the modest improvements seen in testing would have a significant impact on a person's daily life or functioning. The prospect of halting or reversing dementia or age-related cognitive decline through simple changes in your diet is incredibly appealing. But while the results of this study suggest the particular product tested could improve cognition and memory, it certainly does not prove this.

Short height 'linked to dementia death risk'
Tuesday 4th November 2014
"Short men more likely to die from dementia," The Daily Telegraph reports, though the results of the study it reports on are not as clear cut as the headline suggests. Researchers combined the results of 18 surveys, which included more than 180,000 people. They aimed to see whether reported height was associated with deaths from dementia over 10 years of follow-up. They found decreasing height was associated with higher rates of death from dementia. However, there are important limitations to consider. Despite the large cohort size, only 0.6% of the cohort died from dementia. These are small numbers on which to base any analysis. Also, despite the trend, none of the smaller height categories were associated with a significantly increased risk of dementia death. So, for both men and women, the smallest
people in the study did not have a significant increased risk of dementia when compared with the tallest. This means the association seen between height and dementia death isn't entirely convincing.

**UK Health Forum**

The 'walkability' of communities has a great impact on cognition in older adults

Wednesday 12th November 2014

Researchers have found that older residents of areas which encouraged more walking were healthier, both physically and mentally. They also found that elaborate community layouts which were thought to confuse and disorient those with Alzheimer’s would actually help them keep their mental faculties by encouraging more concentration and memory while out walking.

**Policy and Guidance**

**National Institute for Health and Care Excellence (NICE)**

Parafricta Bootees and Undergarments to reduce skin breakdown in people with or at risk of pressure ulcers

**Journal Articles**

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19. The importance of music for people with dementia: the perspectives of people with dementia, family carers, staff and music therapists.

20. The role of the Alzheimer's Society in hospital: evaluation of a new support service for patients and their carers

**Articles:**

1. 45 identifying predictors of outcome in patients with delirium: a systematic literature review...
   (British Geriatrics Society Communications to the Spring Meeting 23 – 25 April 2014 Manchester, England.)
   **Citation:** Age & Ageing, 02 October 2014, vol./is. 43/suppl2(0-0), 00020729
   **Author(s):** Jackson, T. A., Wilson, D., Lord, J. M.
   **Language:** English
   **Abstract:** Scope: Delirium is a serious and common neuropsychiatric syndrome common in older hospitalised adults. It is associated with poor outcomes, including increased mortality, increased length of hospital stay, increased rates of institutionalisation, re-admission and dementia (Witlox J, Eurelings LSM, et al. JAMA.. 2010;304(4):443–51 Siddiqi N, House AO and Holmes JD. Age Ageing. 2006 Jul;35(4):350–64.) However not all people with delirium have poor outcomes, and the risk factors for adverse outcomes within this group are not well described. Identifying risk factors for poor outcomes would allow clinicians to focus immediate and follow-up management strategies according to baseline risk. The objective was to report which predictors of outcome had been reported in the literature. Search methods: A systematic review was performed by an initial electronic database search of standard bibliographic databases using three key search criteria. Studies were then selected in a systematic fashion using specific predetermined criteria by three reviewers. Results: 452 articles were screened and 48 full text articles assessed for eligibility. In total 35 studies describing 45 different predictors of poor outcome were reported. These are in four broad themes; delirium related predictors, patient related predictors, predictors related to other psychiatric conditions and predictors related to biomarkers. The most numerousy described and clinically important appear to be the length of the delirium episode, a hypoactive motor subtype and pre-existing psychiatric morbidity with dementia or depression. These are all associated with poorer delirium outcomes. Conclusion: A number of important predictors of poor outcomes in patients with delirium are described. These predictors are easily clinically identifiable variables and can be used to advise on prognosis and direct management. These results also demonstrate a number of key unknowns, where further research to explore these relationships is recommended and is vital to improve understanding and management of this condition.
   **Publication Type:** journal article
   **Source:** CINAHL
   **Full Text:** Available from Oxford University Press NHS Pilot 2014 (NESLi2) in Age and Ageing; Note: ; Collection notes: Academic-License: Only available from an NHS networked computer
   Available from Ovid in Age and Ageing
   Available from AGE AND AGEING in Salisbury District Hospital Healthcare Library

2. A proactive outreach geriatric assessment service for older hospital patients outside elderly care wards.
   **Citation:** Age & Ageing, 02 October 2014, vol./is. 43/suppl2(0-0), 00020729
   **Author(s):** Bashir, N., King, H., Oliver, D.
Abstract: Background: Patients in general hospitals are increasingly old, many of them with frailty, dementia, complex co-morbidities and a need for skilled discharge planning and rehabilitation. Comprehensive Geriatric Assessment led by geriatricians on a specialist home ward improves outcomes for frail, older patients but many such patients “outly”. We piloted a Proactive Liaison service to non-geriatric medicine wards in a district general hospital to describe gains for recognition and management of geriatric syndromes, improved processes and outcomes.

Method: We provided the pilot service for three months in 2013 on three medical wards with an older case mix. A consultant geriatrician or specialist registrar proactively reviewed all patients over 65, liaising with the ward multidisciplinary team. We collected data prospectively from direct patient assessment, medical notes and computer records. We documented patient characteristics, medical issues, interventions and outcomes.

Evaluation: We assessed 140 patients (81 F, 59 M), median age 85 (range 66–97). We excluded 26 patients due to insufficient data. Issues we identified included; delirium (35% of patients), a new diagnosis by our team (29%), falls (23%), unmet social needs (21%), pain (13%) and immobility (13%). Our most common interventions included referral to other services including older persons mental health liaison or palliative care (30%), medications cessation (20%), focused investigations e.g. for delirium (19%) and decision-making around discharge (18%). We transferred 8% of patients to geriatric medicine “home” wards. 44% of patients were discharged home. Mortality during the patient hospital admission was 11%.

Conclusion: Even where geriatricians are “on take” for needs related geriatric medicine 7 days a week, providing a proactive in reach service to non-geriatric medical wards, rather than waiting for referrals, helped identify a range of problems related to frailty, dementia, delirium co-morbidity or discharge planning and value add to existing ward care.
hierarchy that it embodied has now been inverted. Admiral nurses, experts in dementia care, are often consulted by consultants, she says. It is the nurses who are in charge now. [PUBLICATION]

Source: BNI

Full Text:
Available from Nursing Older People in No link? Ask Salisbury Healthcare Library - please click here to request article.
Available from EBSCOhost in Cancer Nursing Practice
Available from EBSCOhost in Nursing Older People

5. Advance care planning for people living with dementia
Citation: British Journal of Community Nursing, Oct 2014, vol. 19, no. 10, p. 490-495, 1462-4753 (October 2014)
Author(s): Brooke, Joanne, Kirk, Mary
Abstract: The prevalence of dementia is increasing, however it is only recently that dementia has been recognised as a terminal disease where end-of-life care needs to be discussed and planned with the patient and their family. Early diagnosis of dementia enables the person with dementia and their family to discuss the future, including plans for end-of-life care such as Advance Care Planning (ACP). However, discussions regarding end-of-life care are not routine practice for people with dementia and their families. This article reviews the literature regarding barriers that impact on healthcare professionals’ engagement with ACP for people with dementia and their families. [PUBLICATION] 35 references
Source: BNI

Full Text:
Available from EBSCOhost in British Journal of Community Nursing
Available from British Journal of Community Nursing in No link? Ask Salisbury Healthcare Library - please click here to request article.

6. Assessment of cognition using cognitive training applications
(British Geriatrics Society Communications to the Spring Meeting 23 – 25 April 2014 Manchester, England.)
Citation: Age & Ageing, 02 October 2014, vol./is. 43/suppl2(0-0), 00020729
Author(s): Scanlon, L., O'Shea, E., O'Caoimh, R., Timmons, S.
Language: English
Abstract: Introduction: Cognitive training (CT) has been suggested as a treatment to improve cognition in patients with dementia. Given the increased availability and use of smartphone and tablets applications, we investigated the ability of older adults, particularly those with dementia, to engage with these technologies, and whether CT has an alternative role in the assessment of cognition.
Methods: Patients with cognitive impairment attending a university hospital memory clinic and day hospital, completed a questionnaire (n = 40) detailing the frequency and breadth of technology use. Participants were then instructed to use a tablet computer and complete three CT apps. CT scores were correlated with demographics, questionnaire results and total Montreal Cognitive Assessment (MoCA) scores.
Results: All three CT app tasks were fully completed by 85% (n = 34) of participants; 79.4% (n = 27) would use them again, and 23.5% (n = 8) found using the CT apps ‘easy’. There was a moderate, significant correlation between the number of technology based devices used in the home, and total CT scores (r = 0.41, p = 0.02). Total CT scores were found to be significantly correlated with total MoCA scores (r = 0.78, p < .01). MoCA subtests, apart from delayed recall, were also significantly related to CT scores. After correcting for frequency of technology use, CT scores were found to be significantly predictive of MoCA scores.
Conclusions: Total CT scores for patients with mild to moderate dementia reflect MoCA scores, thus providing a possible marker of cognitive function. CT applications may represent a combined diagnostic and treatment modality, which can track cognition over time. It also may be more acceptable to older adults than traditional confrontational cognitive testing.
Publication Type: journal article
Source: CINAHL

Full Text:
Available from Oxford University Press NHS Pilot 2014 (NESLi2) in Age and Ageing; Note: ; Collection notes: Academic-License: Only available from an NHS networked computer
Available from Ovid in Age and Ageing
Available from AGE AND AGEING in Salisbury District Hospital Healthcare Library
7. Benefits of sensory garden and horticultural activities in dementia care: a modified scoping review

**Citation:** Journal of Clinical Nursing, Oct 2014, vol. 23, no. 19-20, p. 2698-2715, 0962-1067 (October 2014)

**Author(s):** Gonzalez, Marianne T, Kirkevold, Marit

**Abstract:** To provide a review on the benefits associated with the use of sensory gardens and horticultural activities in dementia care. Maintaining quality of life is important in dementia care. Sensory gardens and horticultural activities are increasingly used in dementia care, yet their benefits are uncertain. A modified scoping review with descriptive analysis of selected empirical studies. Systematic searches in Amed, CINAHL, MEDLINE, ISI Web of Science, Embase and Scopus were used. Search terms were the free-text concepts 'healing garden', 'horticultural therapy', 'restorative garden' and 'wander garden' which were combined with dementia and Alzheimer. Sixteen studies were included with included participants ranging from eight to 129 participants. Research designs were case studies (n = 2), survey (n = 1), intervention studies with pretest/post-test design (n = 11) and randomised controlled studies (n = 2). Of these 16 studies, eight examined the benefits of sensory gardens, seven examined horticultural therapy or therapeutic horticulture and one examined the use of plants indoors. This study offers a review of the research addressing benefits of sensory gardens, therapeutic horticulture, horticultural therapy and other purposeful use of plants in dementia care. The reported findings are mainly on issues related to behaviour, affect and well-being. The findings are in general mutually supportive, however, with some contradictory findings. In addition, sleep pattern, well-being and functional level seem to improve. These types of nonpharmacological interventions may improve well-being and affect and reduce the occurrence of disruptive behaviour. Additionally, the use of psychotropic drugs, incidents of serious falls, sleep and sleep pattern also seem to improve. To further improve the use of the existing or planned gardens, an educational programme for staff that also includes skill training is recommended. [PUBLICATION] 66 references

**Source:** BNI

**Full Text:** Available from Journal of Clinical Nursing in No link? Ask Salisbury Healthcare Library - please click here to request article.


**Citation:** Age & Ageing, 02 October 2014, vol./is. 43/suppl2(0-0), 00020729

**Author(s):** Nadarajan, V., Singh, R., Ng, A.

**Language:** English

**Abstract:** Introduction: The National Dementia Strategy highlights the inadequate awareness and recognition of dementia, particularly within hospitals. Poor early recognition of dementia patients is one factor, which leads to their poor outcomes. An internal audit had shown that there has been inadequate assessment of the cognition of admissions. Particularly patients who had been flagged as needing cognitive assessment following initial dementia case finding screening. Audit showing rates of cognitive assessment (of flagged patients) were between 30-50% in 3 months prior. Leading to low rates of recognition. The number of patients diagnosed with dementia and/or delirium in these 3 months was 22. Method: Collaboration between the trust and Liaison Psychiatry was created. This partnership identified obstacles, which affected the delivery of dementia care. These obstacles were targeted using a multi-faceted approach to develop solutions to improve dementia recognition. We began a training program to increase dementia awareness for staff. This targeted all members of staff, and used multidisciplinary trainers. In addition, a Geriatric Specialist Nurse in conjunction with a Psychiatry nurse were supported towards a more flexible role where they were able to prompt appropriate assessments, create awareness and education. We developed a new proforma, which prompted junior doctors to assess cognition. A subsequent audit has shown significant improvement in the assessment of dementia and subsequent recognition. Rates of assessment of cognition (using the new proforma) have increased to 90% for 3 months. The number diagnosed with dementia and or delirium in the 3 months was 40. We show that to improve recognition of dementia (and overall care for this complicated cohort) requires a collaborative multi-faceted approach.

**Publication Type:** journal article

**Source:** CINAHL

**Full Text:** Available from Oxford University Press NHS Pilot 2014 (NESLi2) in Age and Ageing; Note : ; Collection notes: Academic-License: Only available from an NHS networked computer

Available from Ovid in Age and Ageing

Available from AGE AND AGEING in Salisbury District Hospital Healthcare Library
9. ‘Dementia TAB’ audit: does a computer-based prompt increase accurate screening for and assessment of cognitive impairment?

Citation: Age & Ageing, 02 October 2014, vol./is. 43/suppl2(0-0), 00020729

Author(s): Hollington, A., Sahemey, R., Green, A., Wyrko, Z.

Language: English

Abstract: Evidence-base: The prevalence of dementia and delirium in acute admissions to hospital and their impact on patient outcomes is substantial (E. Sampson, BJP 2009, 195:61-66). On two general medical wards, we audited the accuracy of responses to a new computer-based prompt, the ‘Dementia Tab’, aimed at increasing the screening, assessment and appropriate referral of patients aged 75 years and above for memory problems. We reviewed responses to the Dementia Tab as well as clinical notes for evidence of cognitive impairment. The Dementia Tab was often answered inaccurately with 31% of patients who had ‘no’ or ‘unknown’ as the response to the screening question having evidence of cognitive impairment.

Change strategies: Responses to the Dementia Tab have been monitored. Junior doctors with low positive response rates to the screening question have been ‘flagged’ and invited to a meeting with two consultants to identify and address any possible learning needs.

Change effects: A repeat audit has shown the Dementia Tab frequently continues to be completed inaccurately (36% of patients with ‘no’ or ‘unknown’ to the screening question had evidence of previous or current cognitive impairment). However, the percentage of patients receiving no cognitive assessment had fallen from 30% to 16%.

Conclusion: An increase in basic cognitive assessment was seen. Reasons for this are unclear, but could be linked to the increased profile of dementia and delirium amongst hospital staff. The accuracy of responses was, however, not improved. This information is being used to support proposals to changes in the computer system to help increase the accuracy of responses. Work aimed at clarifying the usefulness of ‘screening’ programmes like this, and education of medical students and doctors in all specialties regarding the prevalence and importance of cognitive decline on patient outcomes, is needed.

Publication Type: journal article

Source: CINAHL

Full Text:
Available from Oxford University Press NHS Pilot 2014 (NELSi2) in Age and Ageing; Note: ; Collection notes: Academic-License: Only available from an NHS networked computer
Available from Ovid in Age and Ageing
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10. Does coloured crockery influence food consumption in elderly patients in an acute setting?

Citation: Age & Ageing, 02 October 2014, vol./is. 43/suppl2(0-0), 00020729


Language: English


Innovation: To evaluate the impact of coloured crockery on food consumption, 2 acute elderly wards (intervention and control) were observed over 3 weeks. The control used white crockery throughout, whilst the intervention used white crockery in week one and blue in weeks two and three. Weight of food consumed at lunchtime was measured excluding any pre-packaged food.

Evaluation: 476 meals were weighed on the intervention ward and 243 on the control ward. This represented 95% of eligible meals. Both wards were demographically similar. Blue crockery was associated with a 33% increase in median weight of main course consumed (152 g intervention ward, 114 g control ward, p = 0.0002). Median weights of starter and dessert eaten increased, but did not reach statistical significance. On the intervention ward, patients ate 36% more during the second two weeks than in the first (152 g vs 111.5 g, p = 0.0005). Patients reported to be confused ate significantly less on white crockery than those who were not confused (90 g vs 150 g, p = 0.0001). Blue crockery was associated with an increase in food consumption of a third in these patients (120g vs 90g, p = 0.01).

Conclusion: Blue crockery was associated with increased food intake in our patients, including those reported to be confused. As a result of our findings, blue crockery is being introduced as standard across the trust.

Publication Type: journal article
11. Evaluation of a dementia care learning programme.

**Citation:** Nursing Older People, 01 November 2014, vol./is. 26/9(21-27), 14720795

**Author(s):** Velzke, Karl

**Language:** English

**Abstract:** This article reports on an evaluation of the Dementia Services Development Centre’s Best Practice in Dementia Care Learning Programme for hospitals, care homes including day centres and domiciliary care settings. A multi-method qualitative and quantitative evaluation was undertaken using 100 course participant feedback questionnaires, 60 course participant reflective exercises and 89 online responses to a service manager survey. Participants’ increased awareness and understanding of dementia in practice were evidence that the learning outcomes had been successfully met. Improved practice supported these results demonstrating a more expansive use of interventions and effective interactions between staff, families and people with dementia in multiple settings. With this training, practitioners can provide evidence-based and best practice care and support to families and people with dementia in hospitals, care homes, day centres and domiciliary care settings.

**Publication Type:** journal article

**Source:** CINAHL Full Text: Available from Oxford University Press NHS Pilot 2014 (NESLi2) in Age and Ageing; Note: ; Collection notes: Academic-License: Only available from an NHS networked computer

Available from Ovid in Age and Ageing

Available from AGE AND AGEING in Salisbury District Hospital Healthcare Library

12. Has staff education and training resulted in significantly better adherence to NICE guidance on adult hip fracture analgesia; especially in patients with moderate/severe dementia? A tale of two audits!

**Citation:** Age & Ageing, 02 October 2014, vol./is. 43/suppl2(0-0), 00020729

**Author(s):** Izzard, L., Aitken, E.

**Language:** English

**Abstract:** Evidence-base: A retrospective notes audit conducted in August 2011 to assess University Hospital Lewisham’s’ adherence to NICE guidelines on hip fracture analgesia (GC124, 2011) in patients over the age of 65, demonstrated suboptimal analgesic provisions; particularly in dementia patients. Change strategies: A second audit was completed in January 2014 following a programme of change introduced in the emergency department in 2012, namely: 89% of nurses trained to prescribe/dispense analgesiamodified universal pain assessment tool posters placed in all cubiclespain section included on observation chartsparacetamol printed on drug chartsAdditionally, ward nursing staff (n = 41) undertook online training modules regarding pain recognition in dementia patients. Change Effects: Several statistically significant improvements in analgesic provision are observed in audit 2; especially in cognitively impaired (dementia) patients, as depicted in the Table opposite. Conclusion: Ongoing staff education, training and regular audit is needed to continue driving up standards to improve the quality of care delivered.

**CITATION/S:** Audit target and standards = 100% for all criteria CI/CIM = cognitively intact/ impaired groups respectively ALL= all patients Audit 1 (n = 70) CI n =34 CIM n =36 %Audit 2 (n = 70) CI/CIM n =35 %p-values Adequate initial assessment of pain (ALL)65.788.60.0001 CI 85.394.30.401 CIM 47.282.90.004 Analgesia within 60 mins (ALL)5074.30.005 CI 82.380.0001 CIM 19.668.60.0001 Regular preoperative paracetamol (ALL)74.3100<0.0001 Regular opioid Preoperative (ALL)6088.60.0002 CI 73.594.20.044 CIM 47.282.90.004 Postoperative (ALL)85.785.70.809 CI 88.294.20.649 CIM 37.377.10.720 PRN opioid Preoperative (ALL)48.690<0.0001 CI 61.8100<0.0001 CIM 36.1800.0005 Postoperative (ALL)85.784.30.996 CI 197.10.984 CIM 77.371.30.759 Postoperative analgesia sufficient to permit movement (ALL)5082.90.0001
13. Palliative and end of life care for people with dementia: lessons for clinical commissioners

**Citation:** Primary Health Care Research and Development, Oct 2014, vol. 15, no. 4, p. 406-417, 1463-4236 (October 2014)

**Author(s):** Raymond, Mareeni, Warner, Alex, Davies, Nathan, Nicholas, Nirusha, Manthorpe, Jill, Iliffe, Steve

**Abstract:** Aim: To synthesize information about management of end of life care in people with dementia using review papers. Background: There are increasing numbers of people being diagnosed with dementia worldwide, and the needs of people with dementia and their carers at the end of life may be different from those with other chronic diseases. By highlighting the challenges of palliative care in persons with dementia and the ways they are best managed, practitioners in primary care may be able to improve services for this group of people at the end of life. Methods: A search of electronic databases of English language papers published in peer-reviewed journals, 2000-2011 inclusive was undertaken using broad terms related to palliative care and dementia. 6167 papers were identified. Titles and abstracts were read. Papers were included if they were literature reviews of palliative care or end of life care for people with dementia/Parkinson's disease/Lewy body dementia/cognitive impairment/Alzheimer's disease or any other cognitive impairment, in any setting (hospital, care home, community) and covering people of all ages. Papers were excluded if they covered palliative care focusing on other conditions, or were about an aspect of dementia care and treatment not related to palliative care. Findings: Our critical synthesis generated five main themes from this review of the reviews: (1) carers' (family caregivers') experiences; (2) person-centred care; (3) practice (including advance care planning, pain and comfort, nutrition, medical complications and minimizing the distress of behavioural symptoms); (4) system factors, including ethical dilemmas, decision making, information, and training; and (5) research priorities. There appears to be good evidence on the care and management of patients with dementia at the end of life which can be used to influence policy development and emerging specificity about research priorities in palliative care practice for people with dementia. [PUBLICATION] 44 references

**Source:** BNI

14. Pre-death grief in the context of dementia caregiving: a concept analysis

**Citation:** Journal of Advanced Nursing, Oct 2014, vol. 70, no. 10, p. 2196-2207, 0309-2402 (October 2014)

**Author(s):** Lindauer, Allison, Harvath, Theresa A.

**Abstract:** Aim. The aim of this study was to report on an analysis of the concept of pre-death grief in the context of dementia family caregiving. Background. Research indicates that witnessing changes and losses in a family member with dementia can lead to pre-death grief. Pre-death grief is associated with depression, burden and maladaptive caregiver coping. However, the concept lacks a refined definition and blurs with similar constructs. Design. Concept analysis using a hybrid of Penrod and Hupcey's principle-based concept analysis and Chin and Kramer's conceptualization of meaning. Data Sources. 49 peer-reviewed papers (2000-2013) that addressed pre-death grief in dementia family caregivers were used for the principle-based analysis; two examples from the popular media were used for the analysis of conceptual meaning. Methods. The scientific papers were examined for epistemological, linguistic, pragmatic and logical clarity. The two examples from the popular media were explored for conceptual meaning. Results. Pre-death grief in the context of dementia caregiving is a meaningful concept found in the popular media. From a scholarly point of view, it is an emerging concept. A definition is offered to advance conceptual clarity. Discussion focuses on advancing the concept into a situation-specific middle-range theory of pre-death grief in family caregiving. Conclusions. The concept of pre-death grief has salience for researchers and caregivers. This analysis lays the foundation for use of the concept in nursing research and practice across cultural, environmental and illness domains. [PUBLICATION] 89 references

**Source:** BNI

**Full Text:** Available from Journal of Advanced Nursing in No link? Ask Salisbury Healthcare Library - please click here to request article.
15. Prevalence of potentially inappropriate medications and risk of adverse clinical outcome in a cohort of hospitalized elderly patients: results from the REPOSI Study.

Citation: Journal of Clinical Pharmacy & Therapeutics, 01 October 2014, vol./is. 39/S(511-515), 02694727
Author(s): Pasina, L., Djade, C. D., Tettamanti, M., Franchi, C., Salerno, F., Corrao, S., Marengoni, A., Marcucci, M., Mannucci, P. M., Nobili, A.

Language: English

Abstract: What is known and objective Inappropriate prescribing is highly prevalent for older people and has become a global healthcare concern because of its association with negative health outcomes including ADEs, hospitalization and resource utilization. Beers' criteria are widely utilized for evaluating the appropriateness of medications, and an up-to-date version has recently been published. To assess the prevalence of patients exposed to PIMs at hospital discharge according to the 2003 and 2012 versions of Beers' criteria and to evaluate the risk of adverse clinical events, re-hospitalization and all-cause mortality at 3-month follow-up. Methods This cross-sectional study was held in 66 Italian internal medicine and geriatric wards. The sample included 1380 inpatients aged 65 years or older. Prescriptions of PIM were analysed at hospital discharge. We considered all patients with complete 3-month follow-up. Results and discussion The prevalence of patients receiving at least one PIM was 20-1% and 23-5% according to the 2003 and 2012 versions of the Beers' criteria, respectively. The 2012 Beers' criteria identified more patients with at least one PIM than the 2003 version, although a high percentage of those patients (72-2%) were also identified by the criteria updated in 2003. The main difference in the prevalence of patients receiving a PIM according to the two versions of Beers' criteria involved prescriptions of benzodiazepines for insomnia or agitation, chronic use of non-benzodiazepine hypnotics, prescription of antipsychotics in people with dementia and oral iron at dosage higher than 325 mg/day. Prescription of PIMs was not associated with a higher risk of adverse clinical events, re-hospitalization and all-cause mortality at 3-month follow-up in both univariate and multivariate analysis, after adjusting for age, sex and CIRS comorbidity index. What is New and Conclusions This study found no significant effect of inappropriate drug use according to Beers' criteria on health outcomes among older adults 3 month after discharge. Even though these criteria have been suggested as helpful in promoting appropriate prescribing, reducing drug-related adverse events and associated healthcare costs, to date there is no clear evidence that their application can achieve objective and quantifiable improvements in clinical outcomes. A possible explanation is that both versions of the Beers' criteria have several recognized limitations, one of the main ones being the restricted availability of some drugs in Europe or their limited prescription in everyday clinical practice.

Publication Type: journal article
Source: CINAHL
Full Text: Available from Journal of Clinical Pharmacy & Therapeutics in No link? Ask Salisbury Healthcare Library - please click here to request article.

16. Researcher or nurse? Difficulties of undertaking semi-structured interviews on sensitive topics

Citation: Nurse Researcher, Sep 2014, vol. 22, no. 1, p. 27-31, 1351-5578 (September 24, 2014)
Author(s): Ashton, Susan

Abstract: Aim: To reflect on the author's personal and professional journey when undertaking semi-structured interviews on sensitive topics with potentially vulnerable people. Background: When discussing care at the end of life, researchers must accept that some participants may become distressed or emotional, depending on their previous experiences. Interviews that involve sensitive topics require careful planning. Data sources: The semi-structured interviews were conducted as part of the author's PhD study examining the experiences of advance care planning among family caregivers of people with advanced dementia. Review methods: A reflection on my personal and professional journey when undertaking semi-structured interviews on sensitive topics with potentially vulnerable people. Discussion: The frustration and tragedy of dementia, as experienced by the family caregivers, were powerful and required the author to exert self-control to avoid being overly sympathetic and offering words of reassurance, agreement and comfort. Conclusion: This blurring of roles between researcher and nurse has implications for all nurse researchers who undertake qualitative interviews, particularly when an intense emotional response is likely. Implications for research/practice: Nurse researchers should plan and prepare for potential blurring of roles during emotional interviews and should never automatically assume that
they are sufficiently prepared as a result of their previous experience and nurse training. [PUBLICATION] 28 references
Source: BNI
Full Text: Available from EBSCOhost in Nurse Researcher
Available from Nurse Researcher in No link? Ask Salisbury Healthcare Library - please click here to request article.

17. The Bolton pain assessment tool: devising and implementing a pain assessment tool for patients unable to communicate.
Citation: Age & Ageing, 02 October 2014, vol./is. 43/suppl2(0-0), 00020729
Author(s): Gregory, J., Vernon, C., Onwudike, F., Ainsworth, G., Patel, E., Barnes, S., Ross, E., Feilding, E.
Language: English
Abstract: Background: There is evidence that pain is under detected and undertreated for people with communication difficulties, including people with dementia (Scott et al, 2011 BMC Geriatrics, 11:61). Pain tools exist but there is evidence that they are not used in everyday practice (Manias, E. 2012 International Journal of Nursing Studies 49(10): 1243–1254).Innovation: A group of multidisciplinary clinicians identified a lack of a pain assessment tool for patients with communication difficulties.Observations were carried out on medical and surgical wards which showed that cognitively impaired patients were less likely to be asked about pain.Six existing pain tools were examined in workshops and evaluated for likely ease of use. Three were identified as the most suitable and were trialled on six wards.Each tool was used on two wards and evaluated by nursing and physiotherapy staff, with qualitative and quantitative results. A crossover evaluation was carried out with each ward using a second tool. This showed that pain assessment tools could be used successfully, but practical problems were identified.Evaluation: Using these results a Bolton Pain Assessment Tool (BPAT) was devised which combined elements from the other tools as well as prompts to ask carers' opinions. BPAT was well received and used across the hospital. BPAT was then trialled at another hospital in four clinical areas. All staff agreed that it was easy and quick to use. Family involvement was limited but relevant. Nurses administered analgesia in 76% of cases. Staff rated the scale as a median of 8/10 and the majority rated it as better than other pain assessment tools.Conclusions: A multidisciplinary collaborative approach enabled the development of a Pain Tool that was effective and easy to use. Using a pain tool leads to increased interventions from the nursing staff.
Publication Type: journal article
Source: CINAHL
Full Text: Available from Oxford University Press NHS Pilot 2014 (NESLi2) in Age and Ageing; Note: ; Collection notes: Academic-License: Only available from an NHS networked computer
Available from Ovid in Age and Ageing
Available from AGE AND AGEING in Salisbury District Hospital Healthcare Library

18. The challenges of health professionals in meeting the needs of vulnerable patients undergoing chemotherapy: a focus group study
Citation: Journal of Clinical Nursing, Oct 2014, vol. 23, no. 19-20, p. 2844-2853, 0962-1067 (October 2014)
Author(s): Witham, Gary, Haigh, Carol, Foy, Sharon
Abstract: To explore health professionals' perceptions of the needs of patients undergoing chemotherapy treatment for cancer. Patients with vulnerabilities face additional challenges. People with learning difficulties, including people with dementia are often protected from even basic cancer information ; patients with severe mental illness are open to structural discrimination with limited access to diagnostic and treatment services. There is also a much poorer survival rate after a cancer diagnosis for patients living with dementia. A qualitative design was used. A focus group design was undertaken for this project using a narrative analytical approach revealing how narrative tales are presented and performed. Eighteen healthcare workers were recruited from a regional oncology centre in North West England. Two focus groups were conducted with nine participants in each. The data were collected from late 2011-2012. Participants were primarily focused on getting patients through treatment. The identification of vulnerability was an 'extra' complication and one that in practice was difficult to define/categorise. The participants appreciated the wider inclusion of family and friends to support vulnerable patients although they felt formalised health care was not particularly facilitative of this process. There were difficulties in achieving support for complex patient needs in the presence of a target driven culture. Healthcare professionals need wider managerial and cultural support in meeting the needs of vulnerable patients. There appeared to be a tendency by healthcare
professionals to minimise the inherent coping abilities of vulnerable patients. There is a clear need to support health professionals in providing appropriate resources in order to address the complex needs of vulnerable patients. This requires a cultural shift away from targets and an investment into greater resources for effective multidisciplinary working. [PUBLICATION] 56 references

Source: BNI

19. The importance of music for people with dementia: the perspectives of people with dementia, family carers, staff and music therapists.
Citation: Aging & Mental Health, 01 August 2014, vol./is. 18/6(706-716), 13607863
Author(s): McDermott, Orii, Orrell, Martin, Ridder, Hanne Mette
Language: English
Abstract: Objectives: Despite the popularity of music-based interventions in dementia care, there is a limited knowledge of how and why people with dementia find music beneficial for their well-being. A qualitative study was conducted to develop further insights into the musical experiences of people with dementia and explore the meaning of music in their lives. Method: Separate focus groups and interviews with (1) care home residents with dementia and their families, (2) day hospital clients with dementia, (3) care home staff, and (4) music therapists, were conducted. The findings of the thematic analysis were investigated further in the light of psychosocial factors with the aim of developing a theoretical model on music in dementia. Results: Six key themes were identified. The accessibility of music for people at all stages of dementia, close links between music, personal identity and life events, the importance of relationship-building through music making were particularly highlighted as valuable. The psychosocial model of music in dementia was developed. The model revealed the importance of music to support the personal psychology of people with dementia and the social psychology of the care home environment. Conclusion: The effects of music go beyond the reduction of behavioural and psychological symptoms. Individual preference of music is preserved throughout the process of dementia. Sustaining musical and interpersonal connectedness would help value who the person is and maintain the quality of their life.
Publication Type: journal article
Source: CINAHL

20. The role of the Alzheimer's Society in hospital: evaluation of a new support service for patients and their carers
Citation: British Journal of Neuroscience Nursing, Oct 2014, vol. 10, no. 5, p. 219-225, 1747-0307 (Oct-Nov 2014)
Author(s): Woods, Pernille, Tadros, George
Abstract: In collaboration with third sector organisation Alzheimer's Society, a new initiative to support patients with memory problems in a general hospital has been launched. Alzheimer's Society support workers hold two weekly drop-in sessions at Heartlands hospital to provide information and plan community follow-up visits. A service evaluation was conducted with semi-structured staff and carer interviews regarding their views on the service, and attendance data to the Alzheimer's Society sessions were recorded. Between August and December 2013, 196 individuals visited the Alzheimer's Society in Heartlands hospital. Of these, 18 individuals received referrals to access community services, and carers recommended that a similar service should exist in other hospitals. Staff believed this service complements patients' care pathway, and can help to reduce carer burnout. Recommendations include expanding the service, and introducing dementia cafés. The evaluation should be repeated in 12 months to gather further results on attendance and service-user feedback. [PUBLICATION] 15 references
Source: BNI
Full Text: Available from British Journal of Neuroscience Nursing in No link? Ask Salisbury Healthcare Library - please click here to request article.
Information and Resources

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Top tips for nurses

The Royal College of Nursing (RCN)
Information, news, and resources on dementia care

New Books

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Barcode: T026651, Shelfmark WM 220

Interdisciplinary working in mental health by Di Bailey (2012)
Barcode:T026660, Shelfmark WM 30

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