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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### New and updated Cochrane Systematic Reviews

Full-text evidence-based systematic reviews prepared by the Cochrane Collection

[Case management approaches to home support for people with dementia](#)

### Journal Articles

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Journal Articles:

1. Activity Engagement: Perspectives from Nursing Home Residents with Dementia.
   Citation: Educational Gerontology, 01 March 2015, vol./is. 41/3(182-192), 03601277
   Author(s): Tak, Sunghee H., Kedia, Satish, Tongumpun, Tera M., Hong, Song Hee
   Language: English
   Abstract: Engagement in social and leisure activities is an indicator of quality of life and well-being in nursing homes. There are few studies in which nursing home residents with dementia self-reported their experiences in activity engagement. This qualitative study describes types of current activity involvement and barriers to activities as perceived by nursing home residents with dementia. Thirty-one residents participated in short, open-ended interviews and six in in-depth interviews. Thematic content analysis showed that participants primarily depended on activities organized by their nursing homes. Few participants engaged in self-directed activities such as walking, visiting other residents and family members, and attending church services. Many residents felt they had limited opportunities and motivation for activities. They missed past hobbies greatly but could not continue them due to lack of accommodation and limitation in physical function. Environmental factors, along with a fixed activity schedule, further prevented them from engaging in activities. Residents with dementia should be invited to participate in activity planning and have necessary assistance and accommodation in order to engage in activities that matter to them. Based on the findings, a checklist for individualizing and evaluating activities for persons with dementia is detailed.
   Publication type: journal article
   Source: CINAHL

2. Analgesics in postoperative care in hip fracture patients with dementia - reported by nurses
   Citation: Journal of Clinical Nursing, Nov 2014, vol. 23, no. 21-22, p. 3095-3106, 0962-1067 (November 2014)
   Author(s): Rantala, Maija, Hartikainen, Sirpa, Kvist, Tarja, Kankkunen, Päivi
   Abstract: To describe the analgesic use in hip fracture patients with dementia during the first two postoperative days as reported by nurses. Nurses play a pivotal role in treating postoperative pain in patients with dementia and monitoring the effects of administered analgesics. Cross-sectional descriptive questionnaire study in seven university hospitals and 10 central hospitals in Finland. 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. 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%). 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. 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. [PUBLICATION] 52 references

Source: BNI

Full text: Available Journal of Clinical Nursing at No link? Ask Salisbury Healthcare Library - please click here to request article.

3. Armed forces families affected by dementia benefit from specialist nursing support
Citation: Primary Health Care, Oct 2014, vol. 24, no. 9, p. 8-9, 0264-5033 (October 28, 2014)

Author(s): Penfold, Julie

Abstract: Support for families of former armed service personnel affected by dementia is being provided by teams of dedicated specialist nurses. [PUBLICATION]

Source: BNI

Full text: Available Primary Health Care at No link? Ask Salisbury Healthcare Library - please click here to request article.

4. Influence of Aquariums on Resident Behavior and Staff Satisfaction in Dementia Units
Citation: Western Journal of Nursing Research, Nov 2014, vol. 36, no. 10, p. 1309-1322, 0193-9459 (November 2014)

Author(s): Edwards, Nancy E, Beck, Alan M, Lim, Eunjung

Abstract: The influence of an aquarium on resident behavior and staff job satisfaction in three dementia units was examined. The sample consisted of 71 individuals with dementia and 71 professional staff. A pretest-posttest design was utilized. Baseline resident behavior and staff satisfaction were obtained, and an aquarium was introduced into the setting. Post-behavioral assessment and job satisfaction surveys were completed. Residents' behaviors improved along four domains: uncooperative, irrational, sleep, and inappropriate behaviors. The overall residents' behavior score was significantly improved after an aquarium was introduced, F = 15.60, p .001. Their mean disruptive behavior score decreased from 67.2 to 58.2. The staff's satisfaction score significantly improved, F = 35.34, p .001. Pretest to posttest mean scores improved from 149.4 to 157.9. Aquariums are an innovative way for animal-assisted therapy and nature to be introduced to specialized dementia units in long-term care. [PUBLICATION] 30 references

Source: BNI

Full text: Available Western Journal of Nursing Research at No link? Ask Salisbury Healthcare Library - please click here to request article.

5. Medicines optimization in the dementias
Citation: Nurse Prescribing, Nov 2014, vol. 12, no. 11, p. 557-563, 1479-9189 (November 2014)

Author(s): Apampa, Bugewa, Navti, Beryl

Abstract: Medicines play a key role in the management of persons with dementia by delaying cognitive decline and ameliorating the behavioural and psychological symptoms associated with dementia, when all other interventions have failed. The four guiding principles of medicines optimization: understanding the patient’s experience, evidence-based choice of medicines, ensuring safe use of medicines and making medicines optimization part of routine practice, can be systematically incorporated into the routine care of these patients resulting in improved patient outcomes and ultimately reduced cost to the NHS. This article aims to provide an overview of medicines optimization for the health professional. [PUBLICATION] 42 references

Source: BNI

Full text: Available Nurse Prescribing at Nurse Prescribing

6. Music therapy to reduce agitation in dementia
Citation: Nursing Times, Aug 2014, vol. 110, no. 32/33, p. 12-15, 0954-7762 (August 6, 2014)

Author(s): Craig, Jacqueline

Abstract: Background: Music therapy is a non-pharmacological intervention that aims to increase emotional wellbeing through cognitive stimulation and social interaction. Aim and method: I aimed to investigate the efficacy of group music therapy to reduce agitation in people with dementia. To this end, I carried out a systematic review of the literature. Results: Eight articles show that music therapy is feasible for use with people with all stages of dementia. The best results involved using familiar music and a qualified group music therapist,
with the optimum frequency of intervention being two to three times a week for 30-50 minutes. Control interventions such as reading and recreational activities also reduced agitation. Conclusion: Music therapy should be implemented by qualified music therapists in care homes and day care units. Further research should be conducted to ascertain the most suitable music types to be used in therapy sessions. [Publication] 19 references

Source: BNI

Full text: Available ProQuest at Nursing Times

7. Person-Centered Dementia Care and the Cultural Matrix of Othering

Citation: The Gerontologist, Dec 2014, vol. 54, no. 6, p. 952-963, 0016-9013 (December 2014)

Author(s): Doyle, Patrick J., Rubinstein, Robert L.

Abstract: Purpose: The dominant clinical view of dementia and its treatment are through the biomedical lens - an approach to understanding the dementias that focuses on bodily and mental pathology and symptomology. Person-centered care (PCC) represents a shift in focus away from biomedical approach in elder care. The primary objective of this research was to examine how PCC was defined, shaped, and practiced by staff members within a dementia care setting. Design and Methods: Ethnographic data were collected over an 8-month period using participant observation (400hr) and ethnographic interviews with 20 people with dementia and 25 staff members of Cedar Winds, a dementia-specific long-term care setting that had a strong organizational support for using a person-centered approach to dementia care. Results: The observed cultural matrix of othering is the focus of this article and represents the cultural processes that prevented PCC from being enacted within Cedar Winds. The three main characteristics through which the residents were othered and PCC was obstructed were (a) dementia as a master status, (b) functional dependence, and (c) aggressiveness. Implications: This article concludes by examining the efforts that could reduce the extent of othering and improve the person centeredness of elder care settings. [PUBLICATION]

Source: BNI

Full text: Available The Gerontologist at No link? Ask Salisbury Healthcare Library - please click here to request article.

8. Safe prescribing of physical health medication in patients with dementia

Citation: International Journal of Geriatric Psychiatry, Dec 2014, vol. 29, no. 12, p. 1230-1241, 0885-6230 (December 2014)

Author(s): Bishara, Delia, Harwood, Daniel

Abstract: The prescription of multiple medications for older people is common, despite concerns over the dangers associated with this. Older adults are particularly vulnerable to adverse effects of medication, and this is an even greater risk in patients with dementia. Many drugs used for physical health conditions can negatively affect cognition. Our aim was to identify areas of concern and which drugs to avoid in patients with dementia. A review of the literature was carried out using Pubmed, Medline and Embase. Many drugs used for physical health conditions may worsen the symptoms of dementia. They do this either by negating the effects of cognitive enhancers or through direct adverse effects on cognition. Where evidence exists, we provide guidance as to the safest drugs to prescribe in particular clinical situations. Anticholinergic drugs should be avoided in dementia wherever possible. Effective pain management is important in older patients, but caution should be used when selecting an opioid analgesic because of their adverse central effects. Cardiac drugs have overall negligible effects on cognition, although some have been reported to cause delirium. [PUBLICATION] 94 references

Source: BNI

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

9. 'Seeing me through my memories': a grounded theory study on using reminiscence with people with dementia living in long-term care

Citation: Journal of Clinical Nursing, Dec 2014, vol. 23, no. 23-24, p. 3564-3574, 0962-1067 (December 2014)

Author(s): Cooney, Adeline, Hunter, Andrew, Murphy, Kathy, Casey, Dympna, Devane, Declan, Smyth, Siobhan, Dempsey, Laura, Murphy, Edel, Jordan, Fionnuala, O'Shea, Eamon

Abstract: To understand people with dementia, staff and relatives perspectives on reminiscence, its impact on their lives and experience of care and care giving. The quality of life of people with dementia living in long-term care is an important question for providers and policymakers. Reminiscence is thought to have potential for increasing resident-staff interaction, thereby contributing to enhanced personhood for people with dementia.
Relatively little is known about the effects of reminiscence on people with dementia or staff. This is a grounded theory study. This design was chosen because of its focus on understanding people's behaviour, interaction and response to events. In-depth interviews were conducted with residents with dementia (n = 11), relatives (n = 5), healthcare assistants (n = 10), nurses (n = 9) and nurse managers (n = 3). Reminiscence enabled staff to see and know the person beneath the dementia. It acted as ... a key revealing the person to staff, enabling them to engage with the person with dementia in a different way. Knowing the person enabled staff to understand (through the lens of the person's past) and sometimes to accommodate the person's current behaviour. The theory of 'seeing me (through my memories)' was generated from the data. This theory explains that through reminiscing and engaging with the person with dementia, staff begin to see the person (their personhood) through the mirror of their memories. (ProQuest: ... denotes formulae/symbols omitted.) [PUBLICATION] 32 references

Source: BNI

Full text: Available Journal of Clinical Nursing at No link? Ask Salisbury Healthcare Library - please click here to request article.

10. 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.

11. Stories about life narrated by people with Alzheimer's disease

Citation: Journal of Advanced Nursing, Dec 2014, vol. 70, no. 12, p. 2791-2799, 0309-2402 (December 2014)

Author(s): Karlsson, Eva, Sävenstedt, Stefan, Axelsson, Karin, Zingmark, Karin

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] 46 references

Source: BNI

Full text: Available EBSCOhost EJS at Journal of Advanced Nursing

12. Supporting people with Down's syndrome and dementia

Citation: Learning Disability Practice, Nov 2014, vol. 17, no. 9, p. 33-41, 1465-8712 (November 2014)

Author(s): Watchman, Karen

Abstract: People with Down's syndrome enjoy a longer life expectancy now than they ever have before, and are therefore at greater risk of developing conditions associated with ageing, including dementia. The evidence base for the effects of dementia on people with Down's syndrome is much smaller than that for older people generally, which means that learning disability professionals do not always recognise the condition and do not know to talk about dementia with clients who already have cognitive impairments, poor short-term memory or altered communication. As this article describes, professionals must make baseline assessments from which they can
monitor changes in people's behaviours. This involves finding out about clients' lives in the past and present so that professionals can understand their preferences, how they communicate and what adjustments may be required in the future based on their levels of understanding. In addition, staff in learning disability and older persons' services need information and education about the care of people with Down's syndrome and dementia to increase their own awareness, skills and confidence. [Continuing Professional Development. LDP1565] [PUBLICATION] 33 references

**Source:** BNI

**Full text:** Available Learning Disability Practice at No link? Ask Salisbury Healthcare Library - please click here to request article.

13. Supporting staff to care for people with dementia who experience distress reactions

**Citation:** Nursing Older People, Aug 2014, vol. 26, no. 7, p. 22-26, 1472-0795 (August 29, 2014)

**Author(s):** Elliot, Victoria, Williams, Angelena, Meyer, Julienne

**Abstract:** This article outlines the development of distress reaction training in a large care home charity, provided by directly employed My Home Life Admiral nurses, who are mental health nurses specialising in dementia. Reference is made to the limitations of a person-centred approach to care, and the importance of relationship-centred care, which underpins the My Home Life social movement for quality improvement in care homes. The authors argue that relationship-centred care is a more helpful approach to improve the lived experience and wellbeing of residents, relatives and staff. Potentially, it might also help to address high staff turnover in the care home sector. [PUBLICATION] 25 references

**Source:** BNI

**Full text:** Available Nursing Older People at Nursing Older People

14. Therapeutic lying to assist people with dementia in maintaining medication adherence

**Citation:** Nursing Ethics, Nov 2014, vol. 21, no. 7, p. 844-849, 0969-7330 (November 2014)

**Author(s):** Mitchell, Gary

**Abstract:** A case study of a routine ethical dilemma concerning the use of the therapeutic lie for people with dementia is illustrated by reflective practice. This case study illustrates the contention between beneficence and veracity which takes place when a therapeutic lie is operationalised in nursing practice for the purpose of maintaining adherence to medications. [PUBLICATION] 4 references

**Source:** BNI

**Full text:** Available EBSCOhost at Nursing Ethics

15. Using the arts to reduce isolation in dementia

**Citation:** Nursing Times, Oct 2014, vol. 110, no. 42, p. 18., 0954-7762 (October 15, 2014)

**Author(s):** Peinaar, Lorinda, Ward, Geoff, Shearn, Helen

**Abstract:** Many people with dementia become isolated and disconnected from the world around them because they are unable to take part in the activities most people take for granted. The Journeys of Appreciation project aims to reduce this isolation by taking people with dementia on visits to museums and galleries, followed by creative and therapeutic workshops. [Publication] 1 references

**Source:** BNI

**Full text:** Available ProQuest at Nursing Times

**Full text:** Available ProQuest at Nursing Times; NT

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**NHS England**

**Don't let care home residents slip through the dementia net – Alistair Burns**

**Thursday 18th December 2014**

Alistair Burns, NHS England’s National Clinical Director, has teamed up with two Dementia Ambassadors, Dan Harwood and Paul Twomey, to give their views on improving diagnosis in care homes – why, and how to do it: Around three-quarters of people living in residential and nursing homes have dementia. Some residents will have been assessed in the past and have a recorded diagnosis of dementia. However, many will have bypassed pathways to formal diagnosis if
they were admitted from direct from hospital, placed as an emergency because of severe risks or a breakdown in home support or were admitted from outside the locality with limited background information coming with them.

**England’s top dementia doctor says “Make cutting back on alcohol your New Year’s resolution”**
Sunday 28th December 2014
NHS England’s top dementia doctor says cutting back on alcohol to protect your mental health is a good 2015 resolution. Prevention is something everyone can help with as the NHS tackles the growing issue of dementia, says Professor Alistair Burns, NHS England’s National Clinical Director for Dementia. He said a number of research studies* showed significant relationships between alcohol and the onset of dementia.

**Meeting the dementia challenge of an ageing population – Dr Richard Sweeney**
Tuesday 9th December 2014
Projects have been completed over the last three years to improve the detection, diagnosis and aftercare of people with dementia through a Dementia Collaborative between the CCG, our mental health provider Tees Esk and Wear Valleys NHS Foundation Trust, our local hospital Harrogate District NHS Foundation Trust and North Yorkshire County Council, working with the third Sector, patients and carers and using lean management Rapid Improvement Process Workshops focussed on different parts of the pathway.

**Top urgent care doctor: Impact of loneliness at Christmas causes spike in A&E numbers**
Tuesday 23rd December 2014
The impact of loneliness and isolation on older people at Christmas can cause a major spike in admissions to A&E, England’s top urgent care doctor has said. Professor Keith Willett, NHS England’s Director for Acute Care, said studies show people left on their own over the festive period are more likely to end up in A&E with worse problems “….we are calling on the public to think about those people living nearby who might benefit from a visit. If they see other people they are more likely to mention a health problem and then are more likely to seek help early.” …. He also urged the public to join NHS England’s Winter Friends Campaign, which encourages people to look in on an elderly friend or neighbour over Christmas to make sure they are warm and coping well.

**NHS Choices**

**Out-of-character criminal actions linked to dementia**
Wednesday 7th January 2015
“Could criminal behaviour be the first sign of dementia?” the Mail Online asks. A US study found an association between sudden, unusual criminal behaviour, such as shoplifting or urinating in public, and various types of dementia. The study looked at crimes committed by patients suffering from a number of diseases that damage the brain and cause dementia. It found more than 8% of patients had a history of criminal behaviour that first emerged during their illness.

**£50 million endowment award to Centre for Ageing Better**
Wednesday 14th January 2015
The Big Lottery Fund has yesterday awarded a £50 million ten year endowment to The Centre for Ageing Better. The ground-breaking trust for our ageing population will be led by Chair, Lord Filkin. The Centre’s primary aim will be to support a good quality of life in older age and promote the benefits of an ageing society by bridging the gap between research, evidence and practice. The Centre will form part of the What Works Centres network in England.

**New Books**

**Dementia Care in Nursing**
Transforming Nursing Practice Series
Sue Barker and Michele Board
SAGE Learning Matters, London 2012
ISBN: 978 0 85725 801 4
Shelfmark: WM221
Barcode: T026760
Dementia Reconsidered – the person comes first
Tom Kitwood
ISBN: 978 0 335 198559
Shelfmark: WM224
Barcode: T026736

Excellence in Dementia Care – Research into Practice
Edited by Murna Downs & Barbara Bowers
2nd edition
McGraw Hill, Maidenhead, 2014
ISBN: 978 0 335 245338
Shelfmark: WM224
Barcode: T026737

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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.