

## Current Awareness Update for Dementia/Older Peoples' Services October 2020

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**Knowledge Specialist for Primary Care**  
Coastal West Sussex GP Practices  
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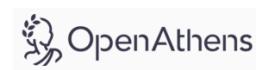
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Email [tom.kelly@nhs.net](mailto:tom.kelly@nhs.net)

Tel: 01243 831506 / 01903285025

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Web:

<http://www.westsussexknowledge.nhs.uk/Prosto/home/home.aspx?ssid=primary%20care>

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Click on the headings in the table of contents to take you directly to that section in this selection of articles.

The search was carried out in PsycINFO, CINAHL, Embase.

## Dementia & Living Well

### **Caregiver influences on 'living well' for people with dementia: Findings from the IDEAL study**

**Author(s):** Quinn, Catherine; et al

**Source:** Aging & Mental Health; Sep 2020; vol. 24 (no. 9); p. 1505-1513

Available at [Aging & mental health](#) - from Unpaywall

**Abstract:** Objectives: The capability to 'live well' in people with dementia can be influenced by many factors, including those related to the experiences of their informal caregiver. How caregivers experience their own role can affect not only their well-being but also the way they provide care and hence the experience of the person with dementia. The aim of this study is to identify the potential impact of the caregiver's perception of the caregiving experience on how people with mild to moderate dementia self-rate their QoL, well-being and satisfaction with life. Method: This study utilised time-point 1 data from 1283 informal caregiver and the 1283 people with dementia whom they provide care from the IDEAL cohort study. Multivariate modelling was used to investigate the associations between measures related to the caregiver's perception of the caregiving experience (caregiving stress, perceived social restrictions, caregiving competence, positive aspects of caregiving, and coping) and the self-ratings of QoL, satisfaction with life, and well-being by the person with dementia. Results: Lower QoL ratings by the person with dementia were associated with high caregiver stress ( $-1.98$ ; 95% CI:  $-2.89, -1.07$ ), high perceived social restrictions ( $-2.04$ ; 95% CI:  $-2.94, -1.14$ ) and low caregiving competence ( $-2.01$ ; 95% CI:  $-2.95, -1.06$ ). Similar associations were found for satisfaction with life and wellbeing. Positive aspects of caregiving and coping were not associated with outcomes for the person with dementia. Conclusion: The findings indicate that how the caregiver experiences caregiving can affect the person with dementia. This finding reinforces the importance of providing support to caregivers. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

### **Feasibility and acceptability evaluation of the promoting independence in dementia (pride) intervention for living well with dementia**

**Author(s):** Csipke, Emese; et al

**Source:** International Psychogeriatrics; Aug 2020

**Abstract:** Objectives: Post-diagnostic psychosocial interventions could play an important role in supporting people with mild dementia remain independent. The Promoting Independence in Dementia (PRIDE) intervention was developed to address this. Method: The mixed methods non-randomized, pre-post feasibility study occurred across England. Facilitators were recruited from the voluntary sector and memory services. Participants and their supporters took part in the three-session intervention. Outcome measures were collected at baseline and follow-up. To evaluate acceptability, focus groups and interviews were conducted with a subsample of participants and facilitators. Results: Contextual challenges to delivery including national research governance changes, affected recruitment of study sites. Thirty-four dyads consented, with 14 facilitators providing the intervention. Dyads took part in at least two sessions (79%), and 73% in all three. Outcome measures were completed by 79% without difficulty, with minimal missing data. No significant changes were found on pre and post assessments. Post hoc analysis found moderate effect size improvements for self-management (SMAS instrument) in people with dementia ( $d = 0.41$ ) and quality of life (EQ5D measure) in carers ( $d = 0.40$ ). Qualitative data indicated that dyads

found PRIDE acceptable, as did intervention facilitators. Conclusions: The three-session intervention was well accepted by participant-dyads and intervention facilitators. A randomized controlled trial of PRIDE would need to carefully consider recruitment potential across geographically varied settings and site stratification according to knowledge of contextual factors, such as the diversity of post-diagnostic services across the country. Letting sites themselves be responsible for identifying suitable intervention facilitators was successful. The self-report measures showed potential to be included in the main trial. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**The benefits of community-based participatory arts activities for people living with dementia: A thematic scoping review**

**Author(s):** Ward, Meghánn Catherine; et al

**Source:** Arts & Health: An International Journal of Research, Policy and Practice; Jun 2020

**Abstract:** ABSTRACT Background The drive towards living well with dementia has resulted in a growing recognition of the value of community-based participatory arts activities. This review aimed to explore their overall impact and holistic benefits for people with early to moderate stages of dementia. Methods Using a scoping review methodology and thematic analysis, this review explored relevant literature published between 2008 and 2019. Results 26 published papers were identified, comprising visual arts, literary arts, comedy, music and dance. The key themes included person-centred, in-the-moment approaches; participation and communication; attention and cognition; social cohesion and relationships; and the role of space, place and objects. Conclusions There is strong evidence in support of using participatory arts for dementia, regardless of art form. In-the-moment and person-centred approaches were deemed impactful. Further research is needed to explore the importance of setting, material culture and the methodological or theoretical perspectives in participatory arts and dementia research. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**Shared Experiences of Resilience Amongst Couples Where One Partner Is Living With Dementia-A Grounded Theory Study**

**Author(s):** Conway L.; Wolverson E.; Clarke C.

**Source:** Frontiers in Medicine; Jun 2020; vol. 7

Available at [Frontiers in medicine](#) - from Europe PubMed Central - Open Access

**Abstract:** Resilience is a concept which may help explain how older people are able to live well with dementia. Existing resilience research in dementia focuses on the caregiver and relatively little is known about how dyads (person with dementia and care partner) experience resilience. Using constructivist grounded theory, this qualitative study aimed to develop a theory of shared resilience amongst couples where one partner is living with dementia. Interviews were conducted with 12 dyads ( $n = 24$ ) to explore their shared understanding of resilience, what helps to develop and maintain their resilience and how resilience shapes their relationship and mutual well-being. Findings indicate that resilience was experienced as continuing with a "normal" life as a couple notwithstanding the impact of dementia. This is in contrast to models of resilience which emphasize bouncing back or flourishing in the face of adversity. Instead, couples described a shared

resilience that enabled them to maintain their couplehood, a sense of togetherness and reciprocity in their relationship, which in turn provided a further source of resilience. Findings emphasize the importance of dyadic research in developing a clearer understanding of the experience of living well with dementia. Interventions aimed at building resilience should engage dyads to consider how the couple's shared resilience can be maintained and enhanced. © Copyright © 2020 Conway, Wolverson and Clarke.

**Database:** EMBASE

**Living well with dementia: a systematic review and correlational meta-analysis of factors associated with quality of life, well-being and life satisfaction in people with dementia - CORRIGENDUM**

**Author(s):** Martyr A.; et al

**Source:** Psychological medicine; Jun 2020 ; p. 1

Available at [Psychological medicine](#) - from Unpaywall

**Database:** EMBASE

**Psychological predictors of 'living well' with dementia: findings from the IDEAL study.**

**Author(s):** Lamont ; et al

**Source:** Aging & Mental Health; Jun 2020; vol. 24 (no. 6); p. 956-964

Available at [Aging & mental health](#) - from Unpaywall

**Abstract:** Objectives: Increasingly, research has explored how psychological resources enable adaptation to illness. However, it is unclear whether psychological resources protect against the potential negative effects on living well with a progressive and life-limiting condition such as dementia. This paper examines the association between psychological resources and the ability to 'live well' with dementia. Method: Data from 1547 people with mild-to-moderate dementia in the Improving the experience of Dementia and Enhancing Active Life (IDEAL) cohort were used. Multivariate linear regression was employed to examine the association between self-reported measures of psychological resources (self-efficacy, optimism and self-esteem) and indices of capability to 'live well' (quality of life, well-being and life satisfaction). Results: All three measures of psychological resources had positive and independent associations with indices of living well and the effect sizes were similar. Effect sizes reduced when accounting for shared variance between psychological resources, showing some overlap in these constructs. Conclusion: Self-efficacy, optimism and self-esteem were each associated with capability to 'live well'. Overlap between these three resources is evident and when combined they may provide greater resilience when dealing with the challenges of living with dementia. Interventions for people with dementia could seek to improve levels of these potentially-modifiable psychological resources.

**Database:** CINAHL

**"I just keep thinking that I don't want to rely on people." a qualitative study of how people living with dementia achieve and maintain independence at home: stakeholder perspectives**

**Author(s):** Rapaport P.; et al

**Source:** BMC geriatrics; Jan 2020; vol. 20 (no. 1); p. 5

Available at [BMC geriatrics](#) - from BioMed Central

**Abstract:** BACKGROUND: Most people living with dementia want to remain in their own homes, supported by family and paid carers. Care at home often breaks down, necessitating transition to a care home and existing interventions are limited. To inform the development of psychosocial interventions to enable people with dementia to live well for longer at home, we qualitatively explored the views of people living with dementia, family carers and health and social care professionals, on how to achieve and maintain independence at home and what impedes this. METHOD(S): We conducted an inductive thematic analysis of qualitative interviews with 11 people living with dementia, 19 professionals and 22 family carers in England. RESULT(S): We identified four overarching themes: being in a safe and familiar environment, enabling not disabling care, maintaining relationships and community connectedness, and getting the right support. For people living with dementia, the realities of staying active were complex: there was a tension between accepting support that enabled independence and a feeling that in doing so they were accepting dependency. Their and professionals' accounts prioritised autonomy and 'living well with dementia', while family carers prioritised avoiding harm. Professionals promoted positive risk-taking and facilitating independence, whereas family carers often felt they were left holding this risk. DISCUSSION: Psychosocial interventions must accommodate tensions between positive risk-taking and avoiding harm, facilitating autonomy and providing support. They should be adaptive and collaborative, combining self-management with flexible support. Compassionate implementation of rights-based dementia care must consider the emotional burden for family carers of supporting someone to live positively with risk.

**Database:** EMBASE

#### **Living well with cognitive decline and dementia.**

**Author(s):** Mendes

**Source:** Nursing & Residential Care; Dec 2019; vol. 21 (no. 12); p. 672-673

Available at [Nursing and Residential Care](#) - from MAG Online Library - MAH Complete

**Database:** CINAHL

#### **Co-Creating the Living Well with Dementia Message**

**Author(s):** Smith G.; Simkhada B.

**Source:** Issues in mental health nursing; Sep 2019; vol. 40 (no. 9); p. 825-826

Available at [Issues in mental health nursing](#) - from Unpaywall

**Database:** EMBASE

#### **Covid 19 and Dementia**

#### **Prevalence, management, and outcomes of SARS-CoV-2 infections in older people and those with dementia in mental health wards in London, UK**

**Author(s):** Prof Gill Livingston, MD et al,

**Source:** The Lancet Psychiatry; October 05, 2020

Available at: [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30434-X/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30434-X/fulltext)

**Abstract:** People living in group situations or with dementia are more vulnerable to infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Older people and those with

multimorbidity have higher mortality if they become infected than the general population. However, no systematic study exists of COVID-19-related outcomes in older inpatients in psychiatric units, who comprise people from these high-risk groups. We aimed to describe the period prevalence, demographics, symptoms (and asymptomatic cases), management, and survival outcomes of COVID-19 in the older inpatient psychiatric population and people with young-onset dementia in five National Health Service Trusts in London, UK, from March 1 to April 30, 2020.

**Interpretation:** Patients in psychiatric inpatient settings who were admitted without known SARS-CoV-2 infection had a high risk of infection with SARS-CoV-2 compared with those in the community and had a higher proportion of deaths from COVID-19 than in the community. Implementation of the long-standing policy of parity of esteem for mental health and planning for future COVID-19 waves in psychiatric hospitals is urgent.

### **The COVID-19 Effect on the Immune System and Mitochondrial Dynamics in Diabetes, Obesity, and Dementia**

**Author(s):** Holder K.; Reddy P.H.

**Source:** Neuroscientist; 2020

Available at [The Neuroscientist : a review journal bringing neurobiology, neurology and psychiatry](https://journals.sagepub.com/doi/10.1177/1074959X20910311) - from SAGE Journals

**Abstract:** The coronavirus disease 2019 (COVID-19) is a pandemic disease, originated in Wuhan City, China. It is caused by severe acute respiratory syndrome corona virus 2 (SARS-CoV-2) and its biology is still poorly understood. Currently, there are no vaccines and drugs/or agents that can reduce severity of this new disease. Recent data suggest that patients with age-related comorbidities, including cardiovascular disease, diabetes, obesity, hypertension, chronic kidney disease, and dementia are highly susceptible to severe respiratory illness due to coronavirus infection. Recent research also revealed that aged individuals with elevated baseline inflammation cause defects in T and B cells, leading to decreased body's immune response to viral infection. In the current article, we discuss the effects of SARS-CoV-2 on age-related chronic diseases, such as diabetes, obesity, and Alzheimer's disease. Our article also highlights the interaction between coronavirus and immune cells, and how COVID-19 alters mitochondrial activities in host cells. Based on new and compelling evidence, we propose that mitochondrial fission is inhibited while fusion is promoted, causing mitochondrial elongation and providing a receptive intracellular environment for viral replication in infected cells. Further research is still needed to understand the cross talk between viral replication in mitochondria and disease progression in patients with COVID-19. Copyright © The Author(s) 2020.

**Database:** EMBASE

### **Delirium in COVID-19: epidemiology and clinical correlations in a large group of patients admitted to an academic hospital**

**Author(s):** Ticinesi A.; et al

**Source:** Aging - Clinical and Experimental Research; Oct 2020; vol. 32 (no. 10); p. 2159-2166

Available at [Aging clinical and experimental research](https://doi.org/10.1080/08982603.2020.1740700) - from Unpaywall

**Abstract:** Background: Delirium incidence and clinical correlates in coronavirus disease-19 (COVID-19) pneumonia are still poorly investigated. Aim(s): To describe the epidemiology of delirium in patients hospitalized for suspect COVID-19 pneumonia during the pandemic peak in an academic

hospital of Northern Italy, identify its clinical correlations and evaluate the association with mortality. Conclusion(s): Delirium represents a common complication of COVID-19 and a marker of severe disease course, especially in older patients with neuropsychiatric comorbidity. Copyright © 2020, The Author(s).

**Database:** EMBASE

**Minimising long-term effect of COVID-19 in dementia care**

**Author(s):** Dening K.H.; Lloyd-Williams M.

**Source:** The Lancet; Oct 2020; vol. 396 (no. 10256); p. 957-958

Available at [Lancet \(London, England\)](#) - from ClinicalKey

**Database:** EMBASE

**A uk survey of covid-19 related social support closures and their effects on older people, people with dementia, and carers**

**Author(s):** Giebel, Clarissa; et al

**Source:** International Journal of Geriatric Psychiatry; Sep 2020

Available at [International journal of geriatric psychiatry](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** Objectives The aim of this national survey was to explore the impact of COVID-19 public health measures on access to social support services and the effects of closures of services on the mental well-being of older people and those affected by dementia. Conclusions Being unable to access social support services due to COVID contributed to worse quality of life and anxiety in those affected by dementia and older adults across the UK. Social support services need to be enabled to continue providing support in adapted formats, especially in light of continued public health restrictions for the foreseeable future. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**Impact of covid-19 related social support service closures on people with dementia and unpaid carers: A qualitative study**

**Author(s):** Giebel, Clarissa; et al

**Source:** Aging & Mental Health; Sep 2020

**Abstract:** Abstract Objectives Accessing social care and social support services is key to support the well-being of people living with dementia (PLWD) and unpaid carers. COVID-19 has caused sudden closures or radical modifications of these services, and is resulting in prolonged self-isolation. The aim of this study was to explore the effects of COVID-19 related social care and support service changes and closures on the lives of PLWD and unpaid carers. Conclusions: PLWD and carers need to receive specific practical and psychological support during the pandemic to support their well-being, which is severely affected by public health restrictions. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

## **Awareness of the COVID-19 Outbreak and Resultant Depressive Tendencies in Patients with Severe Alzheimer's Disease.**

**Author(s):** Tsugawa, Akito; et al

**Source:** Journal of Alzheimer's Disease; Sep 2020; vol. 77 (no. 2); p. 539-541

Available at [Journal of Alzheimer's disease : JAD](#) - from Unpaywall

**Abstract:** The ongoing coronavirus disease 2019 (COVID-19) pandemic has substantially affected patients with dementia and their caregivers. However, we found not all Alzheimer's disease (AD) patients were afraid of COVID-19 infection. Therefore, we investigated the association between rate of awareness of COVID-19 and depressive tendency in AD. 126 consecutive outpatients with AD were enrolled in this study from May 25, on the day when the declaration of emergency was lifted in Japan, through June 30, 2020. In addition to routine psychological tests, the participants were asked the following two questions: "Do you know COVID-19?" and "Why are you wearing a face mask?". Moderate to severe AD patients were found to have a low COVID-19 recognition rate and did not fully understand why they were wearing face masks. In addition, because they did not understand the seriousness of the COVID-19 outbreak, their Geriatric Depression Scale scores were also substantially lower. These results may appear to simply indicate that people with severe dementia are unaware of current events. However, these results provide insights into how to care for patients with dementia and how to allocate the time and support of our limited staff during the COVID-19 outbreak.

**Database:** CINAHL

## **Covid-19 in dementia: an insidious pandemic.**

**Author(s):** Dee, Edward Christopher; et al

**Source:** Age & Ageing; Sep 2020; vol. 49 (no. 5); p. 713-715

Available at [Age and ageing](#) - from Oxford Journals A - Z

**Abstract:** The article presents a study which examined the appropriate course of action to treat hospitalised patients with dementia and Covid-19. Also cited are the use of quantitative real time reverse transcription polymerase chain reaction for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) ribonucleic acid (RNA), and the higher risk of Covid-19 in older patients.

**Database:** CINAHL

## **Resilience of Alzheimer's Disease to COVID-19.**

**Author(s):** Li ; et al

**Source:** Journal of Alzheimer's Disease; Sep 2020; vol. 77 (no. 1); p. 67-73

**Abstract:** Background: Facing the novel coronavirus disease 2019 (COVID-19), most vulnerable individuals are seniors, especially those with comorbidities. More attention needs to be paid to the COVID-19 patients with Alzheimer's disease (AD), which is the top age-related neurodegenerative disease. Objective: Since it is unclear whether AD patients are prone to COVID-19 infection and progression to severe stages, we report for the first time a retrospective analysis of the clinical characteristics of AD patients with COVID-19 pneumonia. Conclusion: AD patients with COVID-19 were in milder conditions with a better prognosis than non-AD patients. AD patients who had adequate access to healthcare showed resilience to COVID-19 with shorter hospital stays.

**Database:** CINAHL

### **Obesity and COVID-19: An Italian Snapshot.**

**Author(s):** Busetto ; et al

**Source:** Obesity (19307381); Sep 2020; vol. 28 (no. 9); p. 1600-1605

Available at [Obesity \(Silver Spring, Md.\)](#) - from Wiley Online Library

**Abstract:** Objective: The clinical manifestations of coronavirus disease (COVID-19) run from asymptomatic disease to severe acute respiratory syndrome. Older age and comorbidities are associated to more severe disease. A role of obesity is suspected. Conclusions: Patients with overweight and obesity admitted in a medical ward for severe acute respiratory syndrome coronavirus 2-related pneumonia, despite their younger age, required more frequently assisted ventilation and access to intensive or semi-intensive care units than normal weight patients.

**Database:** CINAHL

### **Impact of COVID-19 pandemic restrictions on community-dwelling caregivers and persons with dementia**

**Author(s):** Greenberg, Nicole E.; et al

**Source:** Psychological Trauma: Theory, Research, Practice, and Policy; Aug 2020; vol. 12 (no. S1); p. S220

Available at [Psychological trauma : theory, research, practice and policy](#) - from ProQuest PsycARTICLES - NHS

**Abstract:** Restrictions related to the 2019 novel coronavirus (COVID-19) pose unique and significant challenges for community-dwelling caregivers and people with dementia, including disrupted routines, a lack of structure, decreased access to respite care, and new or worsening safety issues related to interpersonal violence and hygiene. In addition to identifying issues confronting caregivers, the authors also describe possible ways to address some of these pressing concerns. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

### **Dementia care and COVID-19 pandemic: A necessary digital revolution**

**Author(s):** Cuffaro, Luca; et al

**Source:** Neurological Sciences; Aug 2020; vol. 41 (no. 8); p. 1977-1979

Available at [Neurological sciences : official journal of the Italian Neurological Society and of the Italian Society of Clinical Neurophysiology](#) - from Unpaywall

**Abstract:** Due to the COVID-19 pandemic, most memory clinics have had to suspend their activities. On the other hand, international dementia experts have recommended to provide urgently worldwide support for people living with dementia. This situation urges to play out new strategies to guarantee adequate care. Telemedicine and digital technology (DT) devices, such as smartphones, can be very helpful in remote monitoring and care. Technological devices such as videoconference or smartphone apps might be used for follow-up visits and support to patients and caregivers and to acquire digital markers of clinical progression. Hopefully, this dramatic situation would facilitate the process of progressive familiarization of neurologists with telemedicine and DT approach. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

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**Tackling challenges in care of alzheimer's disease and other dementias amid the covid-19 pandemic, now and in the future**

**Author(s):** Mok, Vincent C.T.; et al

**Source:** Alzheimer's & Dementia: The Journal of the Alzheimer's Association; Aug 2020

Available at [Alzheimer's & dementia : the journal of the Alzheimer's Association](#) - from Unpaywall

**Abstract:** We have provided an overview on the profound impact of COVID-19 upon older people with Alzheimer's disease and other dementias and the challenges encountered in our management of dementia in different health-care settings, including hospital, out-patient, care homes, and the community during the COVID-19 pandemic. We have also proposed a conceptual framework and practical suggestions for health-care providers in tackling these challenges, which can also apply to the care of older people in general, with or without other neurological diseases, such as stroke or parkinsonism. We believe this review will provide strategic directions and set standards for health-care leaders in dementia, including governmental bodies around the world in coordinating emergency response plans for protecting and caring for older people with dementia amid the COIVD-19 outbreak, which is likely to continue at varying severity in different regions around the world in the medium term. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**The protective impact of telemedicine on persons with dementia and their caregivers during the covid-19 pandemic**

**Author(s):** Lai, Frank Ho-yin; et al

**Source:** The American Journal of Geriatric Psychiatry; Aug 2020

Available at [The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry](#) - from ClinicalKey

**Abstract:** OBJECTIVES: Social distancing under the COVID-19 pandemic has restricted access to community services for older adults with neurocognitive disorder (NCD) and their caregivers. Telehealth is a viable alternative to face-to-face service delivery. Telephone calls alone, however, may be insufficient. Here, we evaluated whether supplementary telehealth via video-conferencing platforms could bring additional benefits to care-recipient with NCD and their spousal caregivers at home. CONCLUSION: Telemedicine by video conference was associated with improved resilience and wellbeing to both people with NCD and their caregivers at home. The benefits were visible already after 4 weeks and unmatched by telephone alone. Video conference as the modus operandi of telemedicine beyond the context of pandemic-related social distancing should be considered. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**Living with dementia: Increased level of caregiver stress in times of covid-19**

**Author(s):** Cohen, Gabriela; et al

**Source:** International Psychogeriatrics; Jul 2020

Available at [International psychogeriatrics](#) - from Unpaywall

**Abstract:** COVID-19 pandemic in Argentina has affected the care of older adults with dementia deeply. Our objective was to study how the obligatory social isolation affected stress caregiver and burden of care of family members of subjects living with dementia in the community after the initial 4 weeks of quarantine in our setting. We did a questionnaire survey among 80 family caregivers of persons with Alzheimer's disease (AD) or related dementia collected on April 2020. We designed a visual analog scale to test the level of the burden of care. Characteristics of people with dementia and their caregivers were analyzed with descriptive (mean, standard deviation, frequency and percent) and inferential statistics (chi-square test). The sample included older adults (mean age:  $80.51 \pm 7.65$ ) with different stages of dementia. Family was the primary provider of care in 65%. Overall, COVID-19 confinement increased stress caregiver independently of the dementia stage, but those caring for severe cases had more stress compared to milder forms of the disease. Other findings were that half of the subjects with dementia experienced increased anxiety and that most family members discontinued all sort of cognitive and physical therapies. Family members' main concerns were for severe dementia cases, fear of absence of the paid caregiver during the epidemic, and for mild cases fear of spreading the disease while assisting patients with instrumental activities. A partnership between departments of public health, care workers and families must be planned to guarantee continuity of care during these unique COVID-19 times. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

### **Examining older adult cognitive status in the time of COVID-19**

**Author(s):** Hantke, Nathan C.; Gould, Christine

**Source:** Journal of the American Geriatrics Society; Jul 2020; vol. 68 (no. 7); p. 1387-1389

Available at [Journal of the American Geriatrics Society](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** The rapid onset of the coronavirus disease 2019 (COVID-19) pandemic has left many providers ill equipped to continue to provide care as usual. As older adults are particularly at risk for mortality with COVID-19, most providers have rightly pivoted to clinical care via telephone and virtual video visits. Recent research suggests older adults are open to the idea of virtual visits, often preferring them as compared to face-to-face appointments for specialty mental health and dementia care. However, not all clinical services are easily translated into a virtual environment, resulting in providers either utilizing creativity or foregoing clinical tools during the health crisis. This letter briefly reviews the current state of remote cognitive assessment, with the goal of outlining appropriate clinical measures for older adults. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

**Database:** PsycINFO

### **The impact of nutrition on COVID-19 susceptibility and long-term consequences**

**Author(s):** Butler, Michael J.; Barrientos, Ruth M.

**Source:** Brain, Behavior, and Immunity; Jul 2020; vol. 87 ; p. 53-54

Available at [Brain, behavior, and immunity](#) - from ClinicalKey

**Abstract:** While all groups are affected by the COVID-19 pandemic, the elderly, underrepresented minorities, and those with underlying medical conditions are at the greatest risk. The high rate of consumption of diets high in saturated fats, sugars, and refined carbohydrates (collectively called

Western diet, WD) worldwide, contribute to the prevalence of obesity and type 2 diabetes, and could place these populations at an increased risk for severe COVID-19 pathology and mortality. WD consumption activates the innate immune system and impairs adaptive immunity, leading to chronic inflammation and impaired host defense against viruses. Furthermore, peripheral inflammation caused by COVID-19 may have long-term consequences in those that recover, leading to chronic medical conditions such as dementia and neurodegenerative disease, likely through neuroinflammatory mechanisms that can be compounded by an unhealthy diet. Thus, now more than ever, wider access to healthy foods should be a top priority and individuals should be mindful of healthy eating habits to reduce susceptibility to and long-term complications from COVID-19. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

### **Clinical characteristics and prognostic factors in COVID-19 patients aged =80 years.**

**Author(s):** Covino ; De Matteis, Giuseppe; et al

**Source:** Geriatrics & Gerontology International; Jul 2020; vol. 20 (no. 7); p. 704-708

Available at [Geriatrics & Gerontology International](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** Aim: The aim of the present study was to describe the clinical presentation of patients aged =80 years with coronavirus disease 2019 (COVID-19), and provide insights regarding the prognostic factors and the risk stratification in this population. Conclusions: The present data suggest that risk of death could be not age dependent in patients aged =80 years, whereas severe dementia emerged is a relevant risk factor in this population. Severe COVID-19, as expressed by elevated lactate dehydrogenase and low oxygen saturation at emergency department admission, is associated with a rapid progression to death in these patients. Geriatr Gerontol Int 2020; 20: 704-708.

**Database:** CINAHL

### **Clinical Presentation of COVID19 in Dementia Patients.**

**Author(s):** Bianchetti ; Rozzini, R.; et al

**Source:** Journal of Nutrition, Health & Aging; Jun 2020; vol. 24 (no. 6); p. 560-562

Available at [The journal of nutrition, health & aging](#) - from Unpaywall

**Abstract:** Objective: No studies analyzing the role of dementia as a risk factor for mortality in patients affected by COVID-19. We assessed the prevalence, clinical presentation and outcomes of dementia among subjects hospitalized for COVID19 infection. Design: Retrospective study. Setting: COVID wards in Acute Hospital in Brescia province, Northern Italy. Participants: We used data from 627 subjects admitted to Acute Medical wards with COVID 19 pneumonia. Conclusion: The diagnosis of dementia, especially in the most advanced stages, represents an important risk factor for mortality in COVID-19 patients. The clinical presentation of COVID-19 in subjects with dementia is atypical, reducing early recognition of symptoms and hospitalization.

**Database:** CINAHL

### **Dementia: Diagnosis & Treatment**

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### Sleep-disordered breathing and the risk of Alzheimer's disease

**Author(s):** Liguori C.; et al

**Source:** Sleep Medicine Reviews; Feb 2021; vol. 55

Available at [Sleep Medicine Reviews](#) - from ClinicalKey

**Abstract:** Sleep-disordered breathing is highly prevalent in the elderly population. Obstructive sleep apnea (OSA) represents the most common sleep disorder among the adult and elderly population. Recently, OSA diagnosis has been associated with an increased risk of developing cognitive decline and dementia, including vascular dementia and Alzheimer's disease (AD). Subsequently, there have been studies on AD biomarkers investigating cerebrospinal fluid, blood, neuroimaging, and nuclear medicine biomarkers in patients with OSA. Furthermore, studies have attempted to assess the possible effects of continuous positive airway pressure (CPAP) treatment on the cognitive trajectory and AD biomarkers in patients with OSA. This review summarizes the findings of studies on each AD biomarker (cognitive, biofluid, neuroimaging, and nuclear medicine imaging) in patients with OSA, also accounting for the related effects of CPAP treatment. In addition, the hypothetical model connecting OSA to AD in a bi-directional interplay is analyzed. Finally, the sex-based differences in prevalence and clinical symptoms of OSA between men and women have been investigated in relation to AD risk. Further studies investigating AD biomarkers changes in patients with OSA and the effect of CPAP treatment should be auspicated in future for identifying strategies to prevent the development of AD. Copyright © 2020 Elsevier Ltd

**Database:** EMBASE

### Homocysteic acid in blood can detect mild cognitive impairment: A preliminary study

**Author(s):** Hasegawa T.; et al

**Source:** Journal of Alzheimer's Disease; 2020; vol. 77 (no. 2); p. 773-780

Available at [Journal of Alzheimer's Disease](#) - from Unpaywall

**Abstract:** Background: In the treatment of Alzheimer's disease (AD), it is thought to be most effective to intervene at the earliest and mildest stages. For diagnosis at the earliest and mildest stages, it is desirable to use a biomarker that can be detected by a minimally invasive, cost-effective technique. Recent research indicates the potential clinical usefulness of plasma amyloid-beta (Abeta) biomarkers in predicting brain Abeta burden at an individual level. However, it is as yet unproven that accumulation of Abeta necessarily leads to the development of AD. Objective(s): Homocysteic acid (HCA) is useful as an early diagnostic marker for mild cognitive impairment (MCI), a pre-stage of AD. Conclusion(s): Our results suggest that plasma HCA may be a useful indicator as an early diagnostic marker for MCI. HCA seems to be upstream from neurodegeneration in the AD pathology because it is known that an overactive NMDA receptor promotes amyloid polymerization and tau phosphorylation in AD. Copyright © 2020 - IOS Press and the authors. All rights reserved.

**Database:** EMBASE

### Dementia Diagnosis Is Associated with Changes in Antidiabetic Drug Prescription: An Open-Cohort Study of 130,000 Swedish Subjects over 14 Years

**Author(s):** Seznik J.; et al

**Source:** Journal of Alzheimer's Disease; 2020; vol. 76 (no. 4); p. 1581-1594

**Abstract:** Care individualization dominates in clinical guidelines for cognitively impaired patients with diabetes; however, few studies examined such adaptations. Objective(s): Describe long-term pharmacological changes in diabetes treatment in subjects with and without dementia. Conclusion(s): Dementia patients had lower probability of receiving newer antidiabetic drugs, with simultaneous higher insulin dispensation compared to dementia-free subjects. Copyright © 2020 - IOS Press and the authors. All rights reserved.

**Database:** EMBASE

**Use of routine and cohort data globally in exploring dementia care pathways and inequalities: A systematic review**

**Author(s):** Watson, James; et al

**Source:** International Journal of Geriatric Psychiatry; Sep 2020

Available at [International Journal of Geriatric Psychiatry](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** Objectives: The aim of this systematic review was to evaluate studies which employed routine and cohort data sets to understand inequalities in dementia care pathways. Conclusions: Our study highlights issues in dementia care pathways based on socio-economic or protected characteristics. Equitable service provision, more culturally appropriate services, improved health literacy and increased provision for both early diagnosis and care at home can help narrow the gap in dementia care inequalities. There is greater need for research investigating dementia care pathways as something greater than the sum of its parts; exploring the influence of socio-economic factors from a person's entrance into the system and throughout. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**Factors associated with slow progression of cognitive impairment following first dementia diagnosis**

**Author(s):** Perera, Gayan; et al

**Source:** International Journal of Geriatric Psychiatry; Sep 2020

Available at [International journal of geriatric psychiatry](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** Objectives: To investigate the extent to which slow progression of dementia after diagnosis might be predicted from routine longitudinal healthcare data, in order to clarify characteristics of people who experience this outcome. Methods: A retrospective observational study was conducted using data from the South London and Maudsley NHS Foundation Trust Biomedical Research Centre Case Register. Conclusion: Slow dementia progression after diagnosis was common in patients with mixed Alzheimer's and vascular dementia, younger age, males and non-receipt of AChEIs, possibly suggesting non-Alzheimer pathologies and clarifying such predictors is important, as there is currently very limited information on which to base prognosis estimates in post-diagnosis counselling. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

## Identifying early mild cognitive impairment by multi-modality MRI-based deep learning

**Author(s):** Kang, Li; et al

**Source:** Frontiers in Aging Neuroscience; Sep 2020; vol. 12

Available at [Frontiers in Aging Neuroscience](#) - from Europe PubMed Central - Open Access

**Abstract:** Mild cognitive impairment (MCI) is a clinical state with a high risk of conversion to Alzheimer's Disease (AD). Since there is no effective treatment for AD, it is extremely important to diagnose MCI as early as possible, as this makes it possible to delay its progression toward AD. However, it's challenging to identify early MCI (EMCI) because there are only mild changes in the brain structures of patients compared with a normal control (NC). To extract remarkable features for these mild changes, in this paper, a multi-modality diagnosis approach based on deep learning is presented. Firstly, we propose to use structure MRI and diffusion tensor imaging (DTI) images as the multi-modality data to identify EMCI. Then, a convolutional neural network based on transfer learning technique is developed to extract features of the multi-modality data, where an L1-norm is introduced to reduce the feature dimensionality and retrieve essential features for the identification. At last, the classifier produces 94.2% accuracy for EMCI vs. NC on an ADNI dataset. Experimental results show that multi-modality data can provide more useful information to distinguish EMCI from NC compared with single modality data, and the proposed method can improve classification performance, which is beneficial to early intervention of AD. In addition, it is found that DTI image can act as an important biomarker for EMCI from the point of view of a clinical diagnosis. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

## Community-based dementia care re-defined: Lessons from Iceland

**Author(s):** Gudnadottir, Margrét; et al

**Source:** Health & Social Care in the Community; Sep 2020

Available at [Health & social care in the community](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** Studies of families caring for persons with dementia living at home often reflect feelings of being forgotten and abandoned by the authorities to shoulder the responsibility for care-giving. This has increased interest in how formal services can better support these families. This article analyses how health and social care professionals envision the needs of families of persons with dementia living in the community. It also describes the contributions of the formal care system to these families. The study design was qualitative. It involved interviews with professionals (N = 20), field observations from the settings where they worked, and public documents addressing care-giving for people with dementia. Data were analysed using the framework method. The findings reflected how those providing services to persons experiencing cognitive changes mainly understood the services as specialised. They focused on the diagnosis and treatment of the individual with dementia. They considered other aspects of care, such as attending to practical issues of daily life, to be a private matter, for which the family was responsible. In later stages of dementia, specialised day programs become available, offering rehabilitation to motivate positive daily living—for both the person experiencing dementia and family-centred supporters. Professionals in the field described primary care, community-based healthcare and home care services as poorly equipped to support these families. Participants acknowledged that families were

often under a lot of stress and might need more support earlier in the illness. However, they saw themselves as powerless. Towards the end of the data collection, services were being re-designed to emphasise the role of primary care. In light of its holistic and family-centred approach, primary care may be well placed to integrate relational understanding of living with dementia and specialised knowledge of dementia treatment. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

### **Biomarkers for alzheimer's disease early diagnosis**

**Author(s):** Auso E.; et al

**Source:** Journal of Personalized Medicine; Sep 2020; vol. 10 (no. 3); p. 1-27

Available at [Journal of Personalized Medicine](#) - from Europe PubMed Central - Open Access

**Abstract:** Alzheimer's disease (AD) is the most common cause of dementia, affecting the central nervous system (CNS) through the accumulation of intraneuronal neurofibrillary tau tangles (NFTs) and beta-amyloid plaques. By the time AD is clinically diagnosed, neuronal loss has already occurred in many brain and retinal regions. Therefore, the availability of early and reliable diagnosis markers of the disease would allow its detection and taking preventive measures to avoid neuronal loss. Current diagnostic tools in the brain, such as magnetic resonance imaging (MRI), positron emission tomography (PET) imaging, and cerebrospinal fluid (CSF) biomarkers (Abeta and tau) detection are invasive and expensive. Brain-secreted extracellular vesicles (BEVs) isolated from peripheral blood have emerged as novel strategies in the study of AD, with enormous potential as a diagnostic evaluation of therapeutics and treatment tools. In addition; similar mechanisms of neurodegeneration have been demonstrated in the brain and the eyes of AD patients. Since the eyes are more accessible than the brain, several eye tests that detect cellular and vascular changes in the retina have also been proposed as potential screening biomarkers. The aim of this study is to summarize and discuss several potential markers in the brain, eye, blood, and other accessible biofluids like saliva and urine, and correlate them with earlier diagnosis and prognosis to identify individuals with mild symptoms prior to dementia. Copyright © 2020 by the authors. Licensee MDPI, Basel, Switzerland.

**Database:** EMBASE

### **Progress of RAGE molecular imaging in Alzheimer's disease**

**Author(s):** Kong, Yanyan; et al

**Source:** Frontiers in Aging Neuroscience; Aug 2020; vol. 12

Available at [Frontiers in aging neuroscience](#) - from Europe PubMed Central - Open Access

**Abstract:** Alzheimer's disease (AD) is a progressive neurodegenerative disease characterized by senile plaques (SPs), which are caused by amyloid beta (A $\beta$ ) deposition and neurofibrillary tangles (NFTs) of abnormal hyperphosphorylated tau protein. The receptor for advanced glycation end products (RAGE) binds to advanced glycation end products deposited during vascular dysfunction. Alzheimer's disease may occur when RAGE binds to A $\beta$  and releases reactive oxygen species, further exacerbating A $\beta$  deposition and eventually leading to SPs and NFTs. As it is involved in early AD, RAGE may be considered as a more potent biomarker than A $\beta$ . Positron emission tomography provides valuable information regarding the underlying pathological processes of AD many years before the appearance of clinical symptoms. Thus, to further reveal the role of RAGE in AD

pathology and for early diagnosis of AD, a tracer that targets RAGE is needed. In this review, we first describe the early diagnosis of AD and then summarize the interaction between RAGE and A $\beta$  and Tau that is required to induce AD pathology, and finally focus on RAGE-targeting probes, highlighting the potential of RAGE to be used as an effective target. The development of RAGE probes is expected to aid in AD diagnosis and treatment. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**Light interventions and sleep, circadian, behavioral, and psychological disturbances in dementia: A systematic review of methods and outcomes**

**Author(s):** Hjetland, Gunnhild J.; et al

**Source:** Sleep Medicine Reviews; Aug 2020; vol. 52

Available at [Sleep medicine reviews](#) - from ClinicalKey

**Abstract:** Dementia is a devastating disease with a global impact, and there is an urgent need for effective interventions to alleviate the accompanying disturbances in behavior, mood, sleep, and circadian rhythms. Bright light treatment (BLT) is a promising non-pharmacological intervention; however, studies have yielded conflicting results. This systematic review provides a comprehensive overview of the effect of BLT in dementia, with a specific focus on how study characteristics might have affected the available results. The included studies were small and comprised time-limited interventions and follow-ups. Light values, adherence to treatment, and time of year were not consistently reported. Varying designs, methods, and population characteristics such as age, gender, dementia diagnosis, circadian phase, and baseline symptoms may have moderated the outcomes and affected review results. The use of crossover designs and too high illumination as placebo lights might have nullified positive effects of BLT. Because some studies had negative outcomes after ambient BLT with high amounts of short wavelengths, more modest light levels should be further investigated. Employing rigorous designs and detailed reporting of intervention characteristics, i.e., the illumination, correlated color temperature, timing, and duration of light utilized, are of utmost importance to establish the optimal treatment approach in this population. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**Amnestic and non-amnestic symptoms of dementia: An international study of alzheimer's disease in people with down's syndrome**

**Author(s):** Fonseca, Luciana M.; et al

**Source:** International Journal of Geriatric Psychiatry; Mar 2020

Available at [International journal of geriatric psychiatry](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** The presence of age-related neuropathology characteristic of Alzheimer's disease (AD) in people with Down syndrome (DS) is well-established. However, the early symptoms of dementia may be atypical and appear related to dysfunction of prefrontal circuitry. Objective To characterize the initial informant reported age-related neuropsychiatric symptoms of dementia in people with DS, and their relationship to AD and frontal lobe function. Conclusion Premorbid amnestic and non-amnestic symptoms as reported by informants increase with the progression to AD. For the formal diagnosis of AD in DS this progression of symptoms needs to be taken into account. An

understanding of the unique clinical presentation of DS in AD should inform treatment options.  
(PsycINFO Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

### **New use of psychotropic medication after hospitalization among people with dementia**

**Author(s):** Möllers, Tobias; et al

**Source:** International Journal of Geriatric Psychiatry; Mar 2020

Available at [International journal of geriatric psychiatry](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** Objectives Psychotropic medication is commonly used among people with dementia (PWD), but it shows modest efficacy and it has been associated with severe adverse events. Hospitalizations are an opportunity for medication management as well as treatment recommendations for outpatient physicians. The aim of this study was to assess factors associated with new use of psychotropic medication after hospitalization among PWD. Key points The percentage of new users was 1.8%, 7.1%, 2.1%, and 2.5% across hospitalizations for antidepressants, antipsychotics, anxiolytics or hypnotics/sedatives, and Alzheimer's medication, respectively. 83.0%, 61.9%, 56.9%, and 88.1% of new users received antidepressants, antipsychotics, anxiolytics or hypnotics/sedatives, and Alzheimer's medication for more than 6 weeks. Delirium and neuropsychiatric symptoms were associated with significantly increased odds of new psychotropic medication use. Hospital stays due to dementia and the need of care were predictors for new use of psychotropic medication. (PsycINFO Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

### **Attitudes towards prediction and early diagnosis of late-onset dementia: A comparison of tested persons and family caregivers**

**Author(s):** Lohmeyer, Johann Leopold; et al

**Source:** Aging & Mental Health; Feb 2020

**Abstract:** Background: The focus on early detection of dementia and Mild Cognitive Impairment (MCI) diagnosis has entered the clinics' daily routine. However, there exist epistemic uncertainty and moral concerns whether early detection and prediction of dementia is clinically meaningful for the people affected, primarily due to the lack of effective treatment options. Conclusions: Current clinical and communication strategies only partly address the perspectives and needs of the affected. A standardized and ethically reflected procedure of the information provided by professionals before testing and afterwards, during disclosure, seems necessary. Further, longitudinal studies are needed to improve our knowledge about the experiences tested persons and family caregivers have with different levels of stigma. (PsycINFO Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

### **Minocycline at 2 different dosages vs placebo for patients with mild Alzheimer disease: A randomized clinical trial**

**Author(s):** Howard, Robert; et al

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**Source:** JAMA Neurology; Feb 2020; vol. 77 (no. 2); p. 164-174

Available at [JAMA Neurology](#) - from Unpaywall

**Abstract:** Importance: There are no disease-modifying treatments for Alzheimer disease (AD), the most common cause of dementia. Minocycline is anti-inflammatory, protects against the toxic effects of  $\beta$ -amyloid in vitro and in animal models of AD, and is a credible repurposed treatment candidate. Objective: To determine whether 24 months of minocycline treatment can modify cognitive and functional decline in patients with mild AD. Conclusions and Relevance: Minocycline did not delay the progress of cognitive or functional impairment in people with mild AD during a 2-year period. This study also found that 400 mg of minocycline is poorly tolerated in this population. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

#### Memory/Memory clinics

##### **LTP-like cortical plasticity predicts conversion to dementia in patients with memory impairment**

**Author(s):** Di Lorenzo, Francesco; et al

**Source:** Brain Stimulation; 2020; vol. 13 (no. 5); p. 1175-1182

Available at [Brain stimulation](#) - from ClinicalKey

**Abstract:** Background: New diagnostic criteria consider Alzheimer's disease (AD) as a clinico-biological entity identifiable in vivo on the presence of specific patterns of CSF biomarkers. Objective: Here we used transcranial magnetic stimulation to investigate the mechanisms of cortical plasticity and sensory-motor integration in patients with hippocampal-type memory impairment admitted for the first time in the memory clinic stratified according to CSF biomarkers profile. Conclusion: LTP-like cortical plasticity could be a novel biomarker to predict the clinical progression to dementia in patients with memory impairment at prodromal stages of AD identifiable with the new diagnostic criteria based on CSF biomarkers. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

##### **Impact of Cognitive Frailty on Activities of Daily Living, Cognitive Function, and Conversion to Dementia among Memory Clinic Patients with Mild Cognitive Impairment**

**Author(s):** Sugimoto T.; et al

**Source:** Journal of Alzheimer's Disease; 2020; vol. 76 (no. 3); p. 895-903

**Abstract:** Background: Very few studies have investigated the impact of cognitive frailty in clinical settings, especially in memory clinic populations. Objective(s): To examine the impact of cognitive frailty on activities of daily living (ADL), cognitive function, and conversion to dementia among memory clinic patients with mild cognitive impairment (MCI). Conclusion(s): Our findings demonstrated cognitive frailty increases the risk of dependence but not cognitive outcomes. Cognitive frailty may have heterogeneous conditions, including APOE 4-related pathologies, which may affect the cognitive trajectories of patients with MCI. Copyright © 2020-IOS Press and the authors. All rights reserved.

**Database:** EMBASE

**"Sometimes it feels like thinking in syrup" – the experience of losing sense of self in those with young onset dementia**

**Author(s):** Busted, Laila Mohrsen; et al

**Source:** International Journal of Qualitative Studies on Health and Well-being; Dec 2020; vol. 15 (no. 1)

Available at [International journal of qualitative studies on health and well-being](#) - from Europe PubMed Central - Open Access

**Abstract:** Purpose: To explore and describe the experience of people having young-onset dementia. Methods: This was a qualitative study that used semi-structured interviews to collect data from nine persons with young-onset dementia (aged 47–65; five men and four women). Data were collected in the spring of 2018. All interviews were conducted at the participants' choice and in their own homes by one interviewer. The collected data were analysed using the six-stage process of reflexive thematic analysis model. Results: The analysis revealed three themes: Dementia causing loss of control over oneself; becoming a burden to the family while sense of self disappears; and fearing a humiliating future. Conclusions: The experience of having and living with young onset dementia affected the persons' thoughts and memory and was experienced through the persons' loss of personality and sense of self. Thoughts about the future were associated with fear, and the risk of changing their personalities to something different from the one which they had experienced as humiliating throughout most of their lives. (PsyInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**Services for people with young onset dementia: The 'angela' project national uk survey of service use and satisfaction**

**Author(s):** Stamou, Vasileios; et al

**Source:** International Journal of Geriatric Psychiatry; Oct 2020

Available at [International journal of geriatric psychiatry](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** Objectives Young onset dementia is associated with distinctive support needs but existing research on service provision has been largely small scale and qualitative. Our objective was to explore service use, cost and satisfaction across the UK. Conclusions Variation across diagnostic and post-diagnostic care pathways for YOD leads to disparate experiences, with specialist young onset services being associated with better continuity, quality and satisfaction. More specialist services are needed so all with YOD can access age-appropriate care. (PsyInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**Right hippocampal volume mediation of subjective memory complaints differs by hypertension status in healthy aging**

**Author(s):** Van Etten, Emily J.; et al

**Source:** Neurobiology of Aging; Oct 2020; vol. 94 ; p. 271-280

Available at [Neurobiology of aging](#) - from ClinicalKey

**Abstract:** Subjective memory complaints (SMCs) may be an important early indicator of cognitive aging and preclinical Alzheimer's disease risk. This study investigated whether age-related differences in right or left hippocampal volume underlie SMCs, if these relationships differ by hypertension status, and how they are related to objective memory performance in a group of 190 healthy older adults, 50–89 years of age. Analyses revealed a significant mediation of the relationship between age and mild SMCs by right hippocampal volume that was moderated by hypertension status. This moderated mediation effect was not observed with left hippocampal volume. Additionally, a moderated serial mediation model showed that age predicted right hippocampal volume, which predicted SMCs, and in turn predicted objective memory performance on several measures of verbal selective reminding in individuals with hypertension, but not in non-hypertensives. Together, these findings suggest that even mild SMCs, in the context of hypertension, provide an early indicator of cognitive aging, reflecting a potential link among vascular risk, SMCs, and the preclinical risk for Alzheimer's disease. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**Cognitive markers of dementia risk in middle-aged women with bilateral salpingo-oophorectomy prior to menopause**

**Author(s):** Gervais, Nicole J.; et al

**Source:** Neurobiology of Aging; Oct 2020; vol. 94 ; p. 1-6

Available at [Neurobiology of aging](#) - from ClinicalKey

**Abstract:** Oophorectomy prior to menopause is associated with late-life dementia. Memory decline may start within 6 months after oophorectomy in middle-aged women, suggested by lower verbal and working memory performance. Unknown is whether such changes persist beyond 6 months, and whether they are reversed by estradiol. Short-term benefits of estradiol on verbal memory following oophorectomy were observed in one study, but longer term effects remain unknown. In the present study, middle-aged BRCA1/2 mutation carriers with early oophorectomy at least 1 year prior to study onset were tested on verbal and working memory with results stratified by (1) current estradiol use ( n = 22) or (2) no history of estradiol use ( n = 24), and compared to age-matched premenopausal controls (n = 25). Both memory abilities were adversely affected by oophorectomy, but only working memory was maintained by estradiol. Estrogen metabolite levels correlated with working memory, suggesting a role for estradiol in preserving this ability. Memory decline appears to persist after early oophorectomy, particularly for women who do not take estradiol. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**Cognitive reserve does not support the retrieval of well-known proper names in older people**

**Author(s):** Delazer, Margarete; et al

**Source:** Neuropsychology; Sep 2020; vol. 34 (no. 6); p. 667-674

Available at [Neuropsychology](#) - from ProQuest PsycARTICLES - NHS

**Abstract:** Objective: To assess the role of cognitive reserve, age, gender and brain structure in proper name retrieval in advanced age. Conclusions: Cognitive reserve has a differential effect on cognitive abilities in advanced age. Education did not support the retrieval of well-known proper names but positively affected the retrieval of common names and performance in memory tasks.

Cognitive reserve has to be considered in neuropsychological diagnostic procedures. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**Combined genetic influences on episodic memory decline in older adults without dementia**

**Author(s):** Laukka, Erika J.; et al

**Source:** Neuropsychology; Sep 2020; vol. 34 (no. 6); p. 654-666

Available at [Neuropsychology](#) - from ProQuest PsycARTICLES - NHS

**Abstract:** Objective: Although heritability explains a large proportion of the variance in old-age cognition, studies on the influence of specific genes have been inconclusive. We investigated the individual and combined effects of four single polymorphisms, previously associated with episodic memory, on cognitive performance and rate of change. Conclusions: Results suggest a benefit of investigating the combined influence of polymorphisms related to specific mechanistic factors. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**Efficacy of group reminiscence therapy on cognition, depression, neuropsychiatric symptoms, and activities of daily living for patients with Alzheimer disease**

**Author(s):** Li, Mo; et al

**Source:** Journal of Geriatric Psychiatry and Neurology; Sep 2020; vol. 33 (no. 5); p. 272-281

Available at [Journal of geriatric psychiatry and neurology](#) - from SAGE Journals

**Abstract:** The current study aimed to investigate the effects of group reminiscence therapy on cognitive function, depression, neuropsychiatric symptoms, and activities of daily living in patients with mild-to-moderate Alzheimer disease (AD). A single-blind randomized parallel-design controlled trial was conducted on ninety patients with mild-to-moderate AD and recruited from Beijing Geriatric Hospital. Group reminiscence therapy was effective for improving depressive symptoms and was beneficial for treating neuropsychiatric symptoms in patients with AD. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**The reversal of memory deficits in an Alzheimer's disease model using physical and cognitive exercise**

**Author(s):** Dare, Leticia R.; et al

**Source:** Frontiers in Behavioral Neuroscience; Aug 2020; vol. 14

Available at [Frontiers in Behavioral Neuroscience](#) - from Europe PubMed Central - Open Access

**Abstract:** Alzheimer's disease (AD) is the leading cause of dementia in the world, accounting for 50–75% of cases. Currently, there is limited treatment for AD. The current pharmacological therapy minimizes symptom progression but does not reverse brain damage. Studies focused on nonpharmacological treatment for AD have been developed to act on brain plasticity and minimize the neurotoxicity caused by the amyloid-beta (A $\beta$ ) peptide. Using a neurotoxicity model induced by A $\beta$  in rats, the present study shows that physical (PE) and cognitive exercise (CE) reverse recognition memory deficits (with a prominent effect of long-term object recognition memory),

decrease hippocampal lipid peroxidation, restore the acetylcholinesterase activity altered by A $\beta$  neurotoxicity, and seems to reverse, at least partially, hippocampal tissue disorganization. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

### **Towards diagnostic conversational profiles of patients presenting with dementia or functional memory disorders to memory clinics**

**Author(s):** Elsey C.; et al

**Source:** Patient Education and Counseling; Sep 2015; vol. 98 (no. 9); p. 1071-1077

Available at [Patient education and counseling](#) - from ClinicalKey

**Abstract:** Objective: This study explores whether the profile of patients' interactional behaviour in memory clinic conversations with a doctor can contribute to the clinical differentiation between functional memory disorders (FMD) and memory problems related to neurodegenerative diseases. Conclusion(s): Specific communicative difficulties are characteristic of the interaction patterns of patients with a neurodegenerative pathology. Those difficulties are manifest in memory clinic interactions with neurologists, thereby helping to differentiate patients with dementia from those with FMD. Practical implications: Our findings demonstrate that conversational profiles based on patients' contributions to memory clinic encounters have diagnostic potential to assist the screening and referral process from primary care, and the diagnostic service in secondary care. Copyright © 2015 Elsevier Ireland Ltd.

**Database:** EMBASE

### **Behaviour and Aggression**

#### **Development and treatment of aggression in individuals with dementia**

**Author(s):** Gilmore, Meghan C.; et al

**Source:** Aggression and Violent Behavior; 2020; vol. 54

Available at [Aggression and Violent Behavior](#) - from ClinicalKey

**Abstract:** Behavioral and psychological symptoms of dementia (BPSD) are a group of non-cognitive symptoms and behaviors that often occur with a diagnosis of dementia. Aggression is the most prevalent and serious of these noncognitive symptoms. However, the development and treatment of aggression in this population are not always clear and the type of dementia does not further help to clarify this problem. There are biological, psychosocial, and environmental factors that attribute to the development of aggression, but identification has proven difficult due to the homogeneity of symptoms. Few studies have compared the type of aggression across the four most common types of dementia: Alzheimer's Disease (AD), vascular dementia (VaD), dementia with Lewy body (DLB) and frontotemporal dementia (FTD). Results indicated that those with AD are more likely to be physically aggressive, but other factors play a role in how and why it is exhibited. Treatment for aggression in dementia has focused on pharmacological and nonpharmacological methods. Atypical antipsychotics are the most frequently prescribed, nevertheless, these medications come with severe risks. The more recent Nonpharmacological treatments have shown promising results shown in conjunction with psychosocial approaches. Aggression in dementia is associated with a variety of factors and can be treated in multiple ways. Future research is needed in terms of identifying the etiology and presentation of aggression in AD, VaD, DLB, and FTD, developing safe pharmacologic

treatments, and evidence-based nonpharmacological methods. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**Potential Pathways for Circadian Dysfunction and Sundowning-Related Behavioral Aggression in Alzheimer's Disease and Related Dementias**

**Author(s):** Todd W.D.

**Source:** Frontiers in Neuroscience; Sep 2020; vol. 14

Available at [Frontiers in Neuroscience](#) - from Europe PubMed Central - Open Access

**Abstract:** Patients with Alzheimer's disease (AD) and related dementias are commonly reported to exhibit aggressive behavior and other emotional behavioral disturbances, which create a tremendous caretaker burden. There has been an abundance of work highlighting the importance of circadian function on mood and emotional behavioral regulation, and recent evidence demonstrates that a specific hypothalamic pathway links the circadian system to neurons that modulate aggressive behavior, regulating the propensity for aggression across the day. Such shared circuitry may have important ramifications for clarifying the complex interactions underlying "sundowning syndrome," a poorly understood (and even controversial) clinical phenomenon in AD and dementia patients that is characterized by agitation, aggression, and delirium during the late afternoon and early evening hours. The goal of this review is to highlight the potential output and input pathways of the circadian system that may underlie circadian dysfunction and behavioral aggression associated with sundowning syndrome, and to discuss possible ways these pathways might inform specific interventions for treatment. Moreover, the apparent bidirectional relationship between chronic disruptions of circadian and sleep-wake regulation and the pathology and symptoms of AD suggest that understanding the role of these circuits in such neurobehavioral pathologies could lead to better diagnostic or even preventive measures. © Copyright © 2020 Todd.

**Database:** EMBASE

**Post-traumatic stress disorder mistaken for behavioural and psychological symptoms of dementia: case series and recommendations of care**

**Author(s):** Bruneau M.-A.; et al

**Source:** Psychogeriatrics; Sep 2020; vol. 20 (no. 5); p. 754-759

Available at [Psychogeriatrics : the official journal of the Japanese Psychogeriatric Society](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** In late life, traumas may act cumulatively to exacerbate vulnerability to post-traumatic stress disorder (PTSD). PTSD is also a risk factor for cognitive decline. Major neurocognitive disorder (MND) can be associated with worsening of already controlled PTSD symptoms, late-life resurgence or de novo emergence. Misidentifying PTSD symptoms in MND can have negative consequences for the patient and families. We review the literature pertaining to PTSD and dementia and describe five cases referred for consultation in geriatric psychiatry initially for behavioural and psychological symptoms of dementia (BPSD), which were eventually diagnosed and treated as PTSD in MND subjects. We propose that certain PTSD symptoms in patients with MND are misinterpreted as BPSD and therefore, not properly addressed. For example, flashbacks could be interpreted as hallucinations, hypervigilance as paranoia, nightmares as sleep disturbances, and hyperreactivity as agitation/aggression. We suggest that better identification of PTSD symptoms in MND is needed.

We propose specific recommendations for care, namely: clarifying diagnosis by distinguishing PTSD symptoms coexisting with different types of dementia from a specific dementia symptom (BPSD), gathering a detailed history of the trauma in order to personalise non-pharmacological interventions, adapting psychotherapeutic strategies to patients with dementia, using selective serotonin reuptake inhibitors as first-line treatment and avoiding antipsychotics and benzodiazepines. Proper identification of PTSD symptoms in patients with MND is essential and allows a more tailored and efficient treatment, with decrease in inappropriate use of physical and chemical restraints. Copyright © 2020 Japanese Psychogeriatric Society

**Database:** EMBASE

### **Measurement of aggression in older adults**

**Author(s):** Ravyts, Scott G.; et al

**Source:** Aggression and Violent Behavior; Jul 2020

Available at [Aggression and Violent Behavior](#) - from ClinicalKey

**Abstract:** Aggressive behaviors are prevalent in late-life and are associated with important consequences for older adults, caregivers, and healthcare providers. Age-related changes in the manifestation of aggression are precipitated in part by the rise of cognitive impairment. Such changes necessitate the use of psychometrically sound measures. The present article identifies existing measures of aggression for older adults, highlights the strengths and limitations of these measures, and proposes avenues for future research in this area. Five full-scale measures of aggression, as well as five subscales of aggression embedded within larger non-aggression measures in older adults were identified. Overall, measures of aggression specific to late-life are predominately observational and limited to individuals with dementia or older adults living in long-term care settings. The psychometric properties of aggression scales in late-life generally indicate adequate internal consistency, interrater reliability, and concurrent validity. In contrast, the reliability and validity of subscales of aggression contained within larger neuropsychiatric measures are more difficult to ascertain due to limited research. Future investigations would benefit from examining the psychometric properties of widely-used self-report measures of aggression among older adults, further evaluating the psychometric properties of aggression subscales, and developing additional measures which are predictive of aggressive behaviors. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

### **Aggressive behaviour of persons with dementia towards professional caregivers in the home care setting—a scoping review**

**Author(s):** Schnelli, Angela; et al

**Source:** Journal of Clinical Nursing; Jun 2020

Available at [Journal of clinical nursing](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** Aims and objectives To outline and to examine the current research and grey literature on aggressive incidents of persons with dementia towards professional caregivers in the home care setting. We intended to identify evidence and research gaps in this field. Background Worldwide, around fifty million people are living with dementia. Current research indicates that aggressive behaviour of persons with dementia towards professional caregivers occurs frequently in inpatient

settings. However, there has been little research on this phenomenon in the home care setting. Design The design entails a scoping review using the methodological framework of Arksey and O'Malley and PRISMA-ScR. Conclusions There is a lack of literature on aggressive behaviour of persons with dementia in the home care setting, and various hindrances to solving this problematic behaviour have been identified. Relevance to clinical practice For home caregivers, specific education concerning communication skills and responding to aggressive behaviour may help to deal with the situation. A further approach may involve specific training aimed to improve caregivers' confidence. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

#### **"She convinced me I had Alzheimer's": Experiences of intimate partner violence in older men**

**Author(s):** Bates, Elizabeth A.; et al

**Source:** Psychology of Men & Masculinities; Jun 2020

**Publication Date:** Jun 2020

**Publication Type(s):** Journal Peer Reviewed Journal Journal Article

Available at [Psychology of Men & Masculinities](#) - from Unpaywall

**Abstract:** Although research has explored intimate partner violence (IPV) as a social issue across the last 50 years, it is only over the last decade that there has been an increase in investigating experiences of male victims. We now understand more about their experiences of physical violence, coercive control, and the impact of this victimization on both physical and mental health; however, this research has typically worked with younger samples, and there is still a dearth of literature exploring experiences of older men. The aim of the current study was to explore the experiences of men over 60 extracted from a wider data set that explored men's experience of IPV (see Bates, 2019c). The narratives of 8 men were analyzed thematically (Braun & Clarke, 2006), and three master themes were extracted: their experiences of abuse behaviors, unique experiences of older men, and the impact of the abuse. Men described experiences of abuse that were comparable with that seen within younger men's narratives, but they also described age-specific experiences related to the longevity of the relationships, manipulation of finances, and exploitation of age-related cognitive decline. The results are discussed in line with the need for further research and also a practice-based need to ensure service responses are tailored to the victim groups they are working with, and moving away from a one-size-fits-all approach. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Impact statement** Public Significance Statement: This article presents a novel exploration of intimate partner violence victim experiences in a group that has not previously been explored. Older men in this sample experienced significant levels of physical violence and coercive control; furthermore, they reported age-specific abusive experience related to age-related cognitive decline, longevity of relationship, and financial circumstances. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

**Database:** PsycINFO

#### **Violence, older adults, and serious mental illness**

**Author(s):** Goldhagen, Renata F.S.; et al

**Source:** Aggression and Violent Behavior; Jun 2020

Available at [Aggression and Violent Behavior](#) - from ClinicalKey

**Abstract:** The purpose of this paper was to conduct a systematic review of the literature on violence and aggressive behavior by and towards older adults in the context of serious mental illness. The literature reviewed suggests that preventing and managing aggression and violence by or towards older adults should emphasize a collaborative approach that integrates the social, interpersonal, situational, and cultural contexts both in future research and clinical practice. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

### **Caring for older people with dementia reliving past trauma**

**Author(s):** Craftman, Åsa Gransjön; et al

**Source:** Nursing Ethics; Mar 2020; vol. 27 (no. 2); p. 621-633

Available at [Nursing ethics](#) - from SAGE Journals

**Abstract:** Background: The occurrence of behavioural changes and problems, and degree of paranoid thoughts, are significantly higher among people who have experienced extreme trauma such as during the Holocaust. People with dementia and traumatic past experiences may have flashbacks reminding them of these experiences, which is of relevance in caring situations. In nursing homes for people with dementia, nursing assistants are often the group of staff who provide help with personal needs. They have firsthand experience of care and managing the devastating outcomes of inadequate understanding of a person's past experiences. Aim: The aim was to describe nursing assistants' experiences of caring for older people with dementia who have experienced Holocaust trauma. Discussion and conclusion: The world still witnesses genocidal violence and such traumatic experiences will therefore be reflected in different ways when caring for survivors with dementia in the future. Person-centred care and an awareness of the meaning of being a survivor of severe trauma make it possible to avoid negative triggers, and confirm emotions and comfort people during negative flashbacks in caring situations and environments. Nursing assistants' patience and empathy were supported by a wider understanding of the behaviour of people with dementia who have survived trauma. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

### **Aggression prevention training for individuals with dementia and their caregivers: A randomized controlled trial**

**Author(s):** Kunik, Mark E.; et al

**Source:** The American Journal of Geriatric Psychiatry; Feb 2020

Available at [The American Journal of Geriatric Psychiatry](#) - from ClinicalKey

**Abstract:** OBJECTIVE: International appeals call for interventions to prevent aggression and other behavioral problems in individuals with dementia (IWD). Aggression Prevention Training (APT), based on intervening in three contributors to development of aggression (IWD pain, IWD depression, and caregiver–IWD relationship problems) aims to reduce incidence of aggression in IWD over 1 year. RESULTS: Aggression incidence and secondary outcomes did not differ between groups. However, in those screening positive for IWD depression or caregiver–IWD relationship problems, those receiving EU-PC had significant increases in depression and significant decreases in quality of the caregiver–IWD relationship, whereas those receiving APT showed no changes in these

outcomes over time. CONCLUSION: The cost to patients, family, and society of behavioral problems in IWD, along with modest efficacy of most pharmacologic and nonpharmacologic interventions, calls for more study of novel preventive approaches. (PsycINFO Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**A person-centred team approach targeting agitated and aggressive behaviour amongst nursing home residents with dementia using the Senses Framework**

**Author(s):** Gillis K.; et al

**Source:** International journal of older people nursing; Dec 2019; vol. 14 (no. 4)

Available at [International Journal of Older People Nursing](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** PURPOSE: The increase in agitated or aggressive behaviour amongst nursing home residents with dementia is a challenging problem. Such behaviour causes stress for both resident and caregiver. Many non-pharmacological interventions have been studied, but these interventions disregard the resident's unfulfilled needs and are executed by a single, designated caregiver. This study tests a non-pharmacological intervention, applied by the entire team and based on the resident's underlying needs. CONCLUSION(S): This study shows the possibilities of designing individualised interventions on the Senses Framework and the ABC method for addressing agitated and aggressive behaviour amongst nursing home residents with dementia. The framework presented in this study should be further explored. IMPLICATIONS FOR PRACTICE: A team-based approach is effective to reduce agitated or aggressive behaviour amongst nursing home residents. Copyright © 2019 John Wiley & Sons Ltd.

**Database:** EMBASE

**Depression and Anxiety**

**Role of anxiety, depression and neurocognition for cognitive behavioural therapy pre-therapy skills in people living with dementia, older and younger adults**

**Author(s):** Stott, Joshua; et al

**Source:** Journal of Affective Disorders; Nov 2020; vol. 276 ; p. 1022-1029

Available at [Journal of Affective Disorders](#) - from ClinicalKey

**Abstract:** Background: Anxiety and depression are common in people living with dementia (PLWD) and Cognitive behavioural therapy (CBT) seems to be one of the few efficacious interventions. However, PLWD's ability to engage with CBT has been questioned due to the presumed impact of neurocognitive impairment on core skills necessary to engage with CBT (pre-therapy skills). Here, we (i) compare CBT pre-therapy skills in PLWD to older and younger adults (OA, YA), (ii) examine potential confounders and mediators and (iii) explore associations of neurocognition, anxiety and depression with pre-therapy skills in PLWD. Conclusions: PLWD may have a relative difficulty in CBT pre-therapy skills. Yet, there seems to be substantial variability of skill level, independent of mood. Therefore, mild dementia does not necessarily preclude CBT readiness. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**A UK survey of covid-19 related social support closures and their effects on older people, people with dementia, and carers**

**Author(s):** Giebel, Clarissa; et al

**Source:** International Journal of Geriatric Psychiatry; Sep 2020

Available at [International journal of geriatric psychiatry](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Available at [International journal of geriatric psychiatry](#) - from Unpaywall

**Abstract:** Objectives The aim of this national survey was to explore the impact of COVID-19 public health measures on access to social support services and the effects of closures of services on the mental well-being of older people and those affected by dementia. Conclusions Being unable to access social support services due to COVID contributed to worse quality of life and anxiety in those affected by dementia and older adults across the UK. Social support services need to be enabled to continue providing support in adapted formats, especially in light of continued public health restrictions for the foreseeable future. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**High depression and anxiety in people with Alzheimer's disease living in retirement homes during the covid-19 crisis**

**Author(s):** El Haj, et al

**Source:** Psychiatry Research; Sep 2020; vol. 291

Available at [Psychiatry research](#) - from ClinicalKey

**Abstract:** To cope with Covid-19 and limits its spread among residents, retirement homes have prohibited physical contact between residents and families and friend and, in some cases, even between residents or between residents and caregivers. We investigated the effects of measures against Covid-19 on the mental health of participants with Alzheimer's disease (AD) who live in retirement homes in France. We instructed on-site caregivers to assess depression and anxiety in participants with mild AD who live in retirement homes. Fifty-eight participants consented to participate in the study. The participants rated their depression and anxiety during and before the Covid-19 crisis. Participants reported higher depression ( $p = .005$ ) and anxiety ( $p = .004$ ) during than before the Covid-19 crisis. These increases can be attributed to the isolation of the residents and/or to the drastic changes in their daily life and care they receive. While, in their effort to prevent infections, retirement homes are forced to physically separate residents from the outside world and to drastically reduce residents' activities, these decisions are likely to come at a cost to residents with AD and their mental health. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

**Risk of dementia in persons who have previously experienced clinically-significant depression, anxiety, or PTSD: A systematic review and meta-analysis**

**Author(s):** Kuring, J. K.; Mathias, J. L.; Ward, L.

**Source:** Journal of Affective Disorders; Sep 2020; vol. 274 ; p. 247-261

Available at [Journal of affective disorders](#) - from ClinicalKey

**Abstract:** Background: Depression, anxiety and PTSD appear to be linked to dementia, but it is unclear whether they are risk factors (causal or prodromal) for, comorbid with, or sequelae to (secondary effect of) dementia. Existing meta-analyses have examined depression or anxiety in all-cause dementia, Alzheimer's disease (AD) and vascular dementia (VaD), but have not considered post-traumatic stress disorder (PTSD), dementia with Lewy bodies (DLB), or frontotemporal dementia (FTD). The current meta-analysis examined the risk of developing dementia (AD, VaD, DLB, FTD, all-cause) in people with and without a history of clinically-significant depression, anxiety or PTSD in order to better understand the link between mental illness and dementia (PROSPERO number: CRD42018099872). Conclusions: Depression and anxiety appear to be risk factors for dementia, but longitudinal studies across adulthood (young adult/mid-life/older adult) are needed to evaluate the likely causal or prodromal nature of this risk. The link between PTSD and dementia remains unclear. Regular screening for new onset mental illness and for cognitive changes in older adults with a history of mental illness may assist with earlier identification of dementia. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

#### **A systematic review of the prevalence of depression, anxiety, and apathy in frontotemporal dementia, atypical and young-onset alzheimer's disease, and inherited dementia**

**Author(s):** Collins, Jessica D.; et al

**Source:** International Psychogeriatrics; Jul 2020

**Abstract:** Objectives: Depression, anxiety, and apathy are the most commonly reported neuropsychiatric symptoms (NPS) in Alzheimer's disease (AD). Understanding their prevalence in rarer dementias such as frontotemporal dementia (FTD), primary progressive aphasia (PPA), posterior cortical atrophy (PCA), young-onset AD (YOAD), and inherited dementias has implications for both clinical practice and research. In this study, we aimed to examine the current state of knowledge of the prevalence of these three NPS in less prevalent dementias. Conclusions: Future studies should consider the inclusion of larger sample sizes (e.g. through multicenter collaborations) and the use of harmonized protocols that include the combination of caregiver and patient-derived measures and symptom-specific questionnaires. More research is needed on the phenotype-specific barriers and facilitators for people living with dementia to successfully engage in self-reports of NPS. (PsycInfo Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

#### **Depression, anxiety, and apathy in mild cognitive impairment: Current perspectives**

**Author(s):** Ma, Lina

**Source:** Frontiers in Aging Neuroscience; Jan 2020; vol. 12

Available at [Frontiers in aging neuroscience](#) - from Europe PubMed Central - Open Access

**Abstract:** Objective: Mild cognitive impairment (MCI) is an important risk state for dementia, particularly Alzheimer's disease (AD). Depression, anxiety, and apathy are commonly observed neuropsychiatric features in MCI, which have been linked to cognitive and functional decline in daily activities, as well as disease progression. Accordingly, the study's objective is to review the prevalence, neuropsychological characteristics, and conversion rates to dementia between MCI

patients with and without depression, anxiety, and apathy. Conclusions and Implications: Depression, anxiety, and apathy are common in MCI and represent possible risk factors for cognitive decline and progression to dementia. Further studies are needed to better understand the role and neurobiology of depression, anxiety, and apathy in MCI. (PsycINFO Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

### **Apathy and anxiety are early markers of Alzheimer's disease**

**Author(s):** Johansson, Maurits; et al **Source:** Neurobiology of Aging; Jan 2020; vol. 85 ; p. 74-82

Available at [Neurobiology of aging](#) - from ClinicalKey

**Abstract:** In this study, we investigated associations between neuropsychiatric symptoms (i.e., apathy, anxiety, and depression) and cerebral atrophy, white matter lesions (WML), beta-amyloid (A $\beta$ ) deposition, and cognitive decline in a nondemented sample. 104 cognitively unimpaired and 53 subjects with mild cognitive impairment were followed for up to 4 years within the Swedish BioFINDER study. Neuropsychiatric assessments included the Hospital Anxiety and Depression Scale and the Apathy Evaluation Scale. Magnetic resonance imaging and 18F-flutemetamol-positron emission tomography quantified brain atrophy, WML, and A $\beta$  deposition. Mini-Mental State Examination assessed longitudinal global cognition. Regression analyses were used to test for associations. Apathy and anxiety were shown related to A $\beta$  deposition and predicted cognitive decline. Anxiety also interacted with amyloid status to predict faster cognitive deterioration. Apathy was further related to frontotemporal and subcortical atrophy, as well as WML. To conclude, the associations between apathy and anxiety with A $\beta$  deposition and cognitive decline point to these symptoms as early clinical manifestations of Alzheimer's disease. (PsycINFO Database Record (c) 2020 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

### **Nonpharmacological interventions to improve depression, anxiety, and quality of life (QoL) in people with dementia: An overview of systematic reviews**

**Author(s):** Kishita, Naoko; et al

**Source:** Journal of Geriatric Psychiatry and Neurology; Jan 2020; vol. 33 (no. 1); p. 28-41

Available at [Journal of Geriatric Psychiatry and Neurology](#) - from SAGE Journals

**Abstract:** This overview aimed to systematically synthesize evidence from existing systematic reviews to signpost practitioners to the current evidence base on nonpharmacological interventions to improve depression, anxiety, and quality of life (QoL) in people with dementia and to discuss priorities for future research. Although health-care professionals are recommended to continue using these approaches, future research needs to focus on the type and form of interventions that are most effective for different stages and types of dementia. (PsycINFO Database Record (c) 2019 APA, all rights reserved) (Source: journal abstract)

**Database:** PsycINFO

### **Psychological therapies with older adults**

**Improving Access to Psychological Therapies for older adults: Auditing management of newly diagnosed mild and moderate depression in six general practices within the Birmingham and Solihull CCG**

**Author(s):** Laake J.P.; Parratt J.; Majeed N.

**Source:** Postgraduate Medical Journal; 2020

Available at [Postgraduate medical journal](#) - from BMJ Journals

**Abstract:** Background: The first-line treatments for mild-moderate and moderate-severe depression according to the National Institute for Health and Care Excellence clinical guidelines for the management of depression in adults are psychological therapies followed by or alongside pharmacological treatment. We conducted an audit of patient records (as recorded by general practitioners (GPs)) to compare practice to the guidelines. Discussion of pharmacological management was similar for all age groups in 2016-2017 (89.9%) and 2017-2018 (93.0%). Implications: For patients aged  $>=65$  years, psychological therapies are featuring less in management discussions with GPs or are not being recorded. Recommendations for change implemented at the practice included feedback of results and professional reminders throughout the 2019-2020 QOF year. Copyright © Author(s) (or their employer(s)) 2020. No commercial re-use. See rights and permissions. Published by BMJ.

**Database:** EMBASE

**Cognitive Behavioral Therapy for Hoarding Disorder in an Older Female**

**Author(s):** Farquhar K.; Caiazza R.

**Source:** Clinical Case Studies; Jun 2020; vol. 19 (no. 3); p. 205-221

Available at [Clinical Case Studies](#) - from SAGE Journals

**Abstract:** Relationships toward objects can be part of healthy development; however, problems develop when collecting becomes excessive or when the individual has difficulty getting rid of the accumulated items. Hoarding disorder (HD) is defined as an enduring difficulty in discarding possessions as result of a need to save these items, and significant distress linked to disposing of them. Hoarding difficulties are still covered by the clinical guidelines for obsessive-compulsive disorder (OCD) (National Institute for Health and Clinical Excellence), which recommend utilizing psychological therapy at the client's home. The psychological intervention with the strongest evidence-base is cognitive-behavioral therapy (CBT), but dropout rates are high and difficulties still persist for more than 50% of clients, suggesting that further research is required. Although HD has a higher prevalence in older adults, there is a lack of research into the use of CBT in this population. Preliminary research suggests that adjustments should be made around the difficulties commonly faced by these individuals. This case report outlines the use of CBT to treat "Lucy," a 67-year-old female with HD complicated by other mental health and physical health difficulties. The case reflects on adaptations that could be made to the existing CBT model. Copyright © The Author(s) 2020.

**Database:** EMBASE

**Usability, Acceptability, and Effectiveness of Web-Based Conversational Agents to Facilitate Problem Solving in Older Adults: Controlled Study**

**Author(s):** Bennion M.R.; et al

**Source:** Journal of medical Internet research; May 2020; vol. 22 (no. 5)

Available at [Journal of medical Internet research](https://www.jmir.org) - from Europe PubMed Central - Open Access

**Abstract:** BACKGROUND: The usability and effectiveness of conversational agents (chatbots) that deliver psychological therapies is under-researched. OBJECTIVE(S): This study aimed to compare the system usability, acceptability, and effectiveness in older adults of 2 Web-based conversational agents that differ in theoretical orientation and approach. CONCLUSION(S): Controlled studies of chatbots need to be conducted in clinical populations across different age groups. The potential integration of chatbots into psychological care in routine services is discussed. Copyright

©Matthew Russell Bennion, Gillian E Hardy, Roger K Moore, Stephen Kellett, Abigail Millings.

Originally published in the Journal of Medical Internet Research (<http://www.jmir.org>), 27.05.2020.

**Database:** EMBASE

### **Social isolation and loneliness: The new geriatric giants Approach for primary care**

**Author(s):** Freedman A.; Nicolle J.

**Source:** Canadian Family Physician; Mar 2020; vol. 66 (no. 3); p. 176-182

**Abstract:** Objective To review the problems of social isolation, loneliness, and social vulnerability in older adults and the associated risks, and to help primary care providers identify patients at risk and recommend effective interventions. Main message Social isolation, loneliness, and social vulnerability are very common in older adults and are associated with considerable morbidity and mortality, comparable to established risk factors such as smoking, alcohol consumption, obesity, and frailty. Numerous interventions addressing loneliness and social isolation have been studied: social facilitation (including technology), exercise, psychological therapies, health and social services, animal therapy, befriending, and leisure and skill development. However, current evidence of effectiveness is limited. A patient-centred approach is essential to the selection of interventions. The needs of underserviced and marginalized populations, including new immigrants, older adults identifying as LGBTQ+ (lesbian, gay, bisexual, transgender, queer or questioning, and related communities), Indigenous seniors, and seniors living in poverty, as well as the needs of long-term care residents and older caregivers, require further evaluation. Conclusion Social isolation, loneliness, and social vulnerability are common problems in older adults and have important health consequences. Family physicians are uniquely positioned to identify lonely and socially isolated older adults and to initiate services. Copyright © 2020 College of Family Physicians of Canada. All rights reserved.

**Database:** EMBASE

### **Systematic Review of Older Adults' Attitudes Towards Depression and Its Treatment**

**Author(s):** Nair P.; Bhanu C.; Frost R.; Buszewicz M.; Walters K.R.

**Source:** The Gerontologist; Jan 2020; vol. 60 (no. 1)

Available at [The Gerontologist](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7060703/) - from Unpaywall

**Abstract:** BACKGROUND AND OBJECTIVES: Late-life depression is a major societal concern, but older adults' attitudes toward its treatment remain complex. We aimed to explore older adults' views regarding depression and its treatment. DISCUSSION AND IMPLICATIONS: Supporting older adults to self-manage milder depressive symptoms may be more acceptable than professional interventions. Assisting older adults with accessing professional help for more severe symptoms might be better achieved by integrating access to help within familiar, convenient locations to

reduce stigma and increase accessibility. Discussing treatment choices using narratives that engage with older adults' lived experiences of depression may lead to greater acceptability and engagement. Copyright © The Author(s) 2019. Published by Oxford University Press on behalf of The Gerontological Society of America. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.

**Database:** EMBASE

**Stepped-care treatment of anxiety and depression in older adults: A narrative review**

**Author(s):** Meuldijk D.; Wuthrich V.M.

**Source:** The Australian journal of rural health; Aug 2019; vol. 27 (no. 4); p. 275-280

Available at [The Australian journal of rural health](https://onlinelibrary.wiley.com/doi/10.1111/1440-1591.12637) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

**Abstract:** OBJECTIVE: Stepped care models are a possible solution to address service gaps in the provision of psychological therapies for anxiety and/or depression. The benefits may be particularly relevant for people in rural and remote areas and other under-serviced and/or hard to reach populations, such as older adults. CONCLUSION(S): Stepped care has been associated with improved clinical outcomes and costs in older adults, particularly in primary care. There have been no rigorous studies of stepped delivery of psychological interventions to older depressed and anxious adults in alternative settings such as in specialist older adult mental health services or in private clinics. Although the evidence-base for stepped care interventions is growing, it is not clear what evidence-based treatment model should be adopted and in what services it could apply. More research is needed. However, the evidence to date is promising and suggests that stepped care approaches are feasible in older adults, and are likely to increase access to high quality interventions for older adults living in rural communities. Copyright © 2019 National Rural Health Alliance Ltd.

**Database:** EMBASE

**In other news ...**

**International Longevity Centre UK: Global COVID recovery relies on better engaging over-50's**

[https://ilcuk.org.uk/global-covid-recovery-relies-on-better-engaging-over-50s/?utm\\_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm\\_medium=email&utm\\_campaign=11890733\\_NEWSL\\_HMP%202020-10-16&dm\\_i=21A8,72UY5,RH285J,SLX58,1](https://ilcuk.org.uk/global-covid-recovery-relies-on-better-engaging-over-50s/?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11890733_NEWSL_HMP%202020-10-16&dm_i=21A8,72UY5,RH285J,SLX58,1)

October 2020

A new international report launched ahead of the G20 Finance Ministers' meeting by the International Longevity Centre UK (ILC-UK), the UK's specialist think tank on the impact of longevity on society, today, unveils the significant, and growing, economic contributions of older people across the G20

**BBC: Growing up about growing old**

<https://www.bbc.co.uk/news/health-13093992>

Risk Factors for Cannabis-Related Mental Health Harms in Older Adults: A Review

<https://www.tandfonline.com/doi/abs/10.1080/07317115.2020.1808134>

## Other current awareness services

Current Awareness for Health: Dementia

<http://cash.libraryservices.nhs.uk/subject-a-z/d/dementia/>

NHS Education for Scotland:

<http://www.knowledge.scot.nhs.uk/cabs/topics/dementia.aspx>

Dementia from the BMJ:

<https://www.bmj.com/specialties/dementia>

Rotherham NHS Foundation Trust. Dementia online newsfeed:

<https://trftdementianews.wordpress.com/>

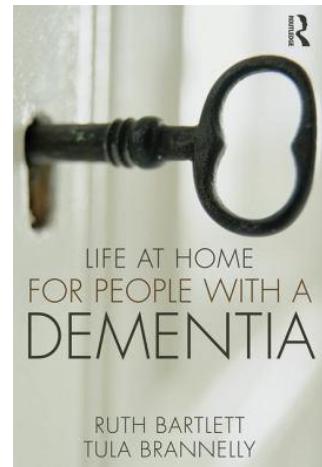
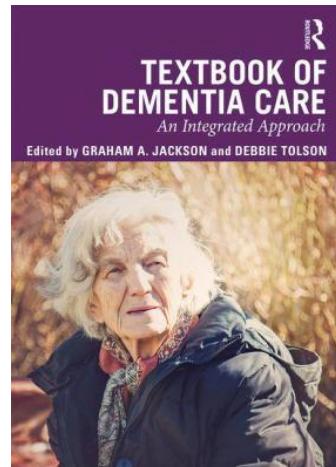
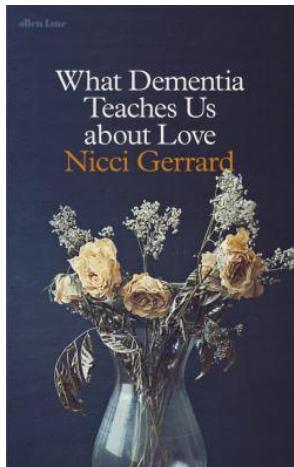
## NICE Guidance

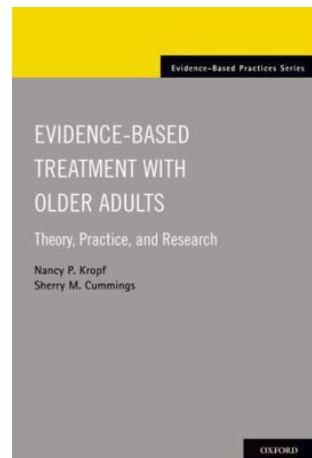
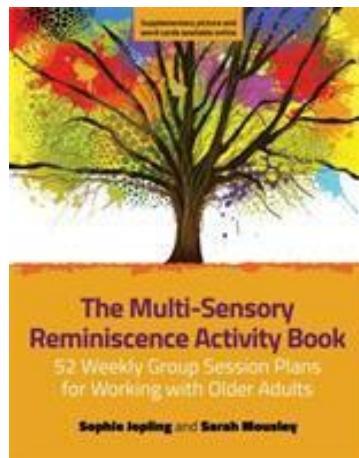
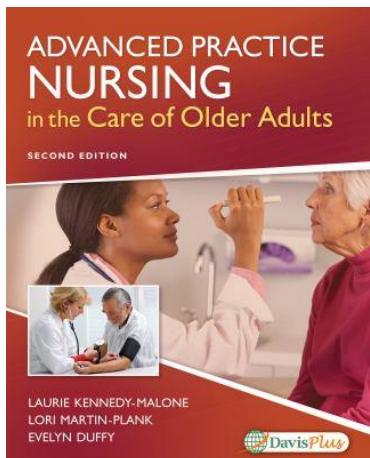
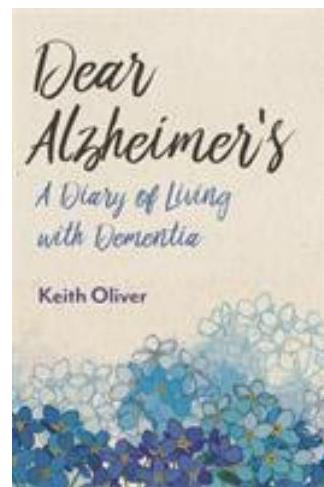
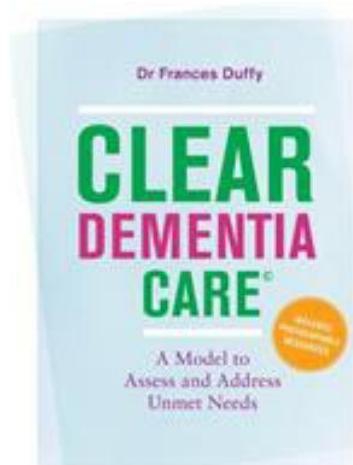
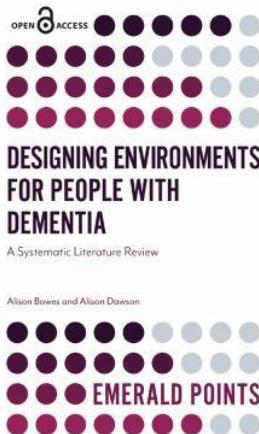
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