Dementia Bulletin
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Dementia Assessment and Referral to GPs: DeAR-GP (NICE /HIN)

Jun 12, 2017 09:03AM

Dementia and Elderly Care News

Summary

It was already known that between 75% – 89% of care home residents have dementia, but many of these persons do not receive a diagnosis. The Health Innovation Network (HIN) worked with five care homes to design the Dementia Assessment Referral to GP (DeAR-GP) tool.

DeAR-GP is a case finding tool which assists care workers in care homes to identify and support residents showing signs of dementia or confusion. The aim is to achieve better referrals to GPs or other healthcare professionals for prompt review and post-diagnostic support.

Full Text Link

Reference

Dementia Assessment Referral to GP (DeAR-GP). [Online]: National Institute for Health and Care Excellence (NICE) and Health Innovation Network (HIN), June 2017.

Related comment:

Full Text Link(Note: This article requires a suitable Athens password, a journal subscription or payment for access).

Reference


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“I’m Still Here”: Personhood and the Early-Onset Dementia Experience

Jun 9, 2017 12:43PM

The current study examined the lived experience from the point of view of four adults younger than 65 with dementia, particularly how they perceive their personhood | Journal of Gerontological Nursing

Using interpretative phenomenological analysis as the research approach, findings revealed that the EOD experience can be incorporated into six themes: (a) A Personal Journey, (b) Navigating the System, © The Stigma of Dementia, (d) Connecting to the World, (e) A Story Worth Telling, and (f) I’m Still Here. Participants’ stories, as presented via these six thematic threads, reveal that individuals with EOD can have a strong sense of personhood. Findings are discussed and situated within the current EOD body of knowledge, and new knowledge is presented. Implications for practice and recommendations for future research are discussed.


Nurses’ experiences of pain management for people with advanced dementia approaching the end of life

Jun 9, 2017 12:36PM

Pain management in end-stage dementia is a fundamental aspect of end-of-life care; however, it is unclear what challenges and facilitators nurses experience in practice, whether these differ across care settings, and whether training needs to be tailored to the context of care | Journal of Clinical Nursing
Aims and objectives: To explore hospice, acute care and nursing home nurses’ experiences of pain management for people with advanced dementia in the final month of life. To identify the challenges, facilitators and practice areas requiring further support.

Conclusions: Achieving pain management in practice was highly challenging. A number of barriers were identified; however, the manner and extent to which these impacted on nurses differed across hospice, nursing home and acute care settings. Needs-based training to support and promote practice development in pain management in end-stage dementia is required.

Relevance to clinical practice: Nurses considered pain management fundamental to end-of-life care provision; however, nurses working in acute care and nursing home settings may be undersupported and under-resourced to adequately manage pain in people dying with advanced dementia. Nurse-to-nurse mentoring and ongoing needs-assessed interactive case-based learning could help promote practice development in this area. Nurses require continuing professional development in pharmacology.


Vitamin D, cognitive decline and long-term risk of dementia

Methods: The study population consisted of 916 participants from the Three-City Bordeaux cohort aged 65+, nondemented at baseline, with assessment of vitamin D status and who were followed for up to 12 years.

Results: In multivariate analysis, compared with individuals with 25(OH)D sufficiency (n = 151), participants with 25(OH)D deficiency (n = 218) exhibited a faster cognitive decline. A total of 177 dementia cases (124 AD) occurred: 25(OH)D deficiency was associated with a nearly three-fold increased risk of AD (hazard ratio = 2.85, 95% confidence interval 1.37-5.97).

Discussion: This large prospective study of French older adults suggests that maintaining adequate vitamin D status in older age could contribute to slow down cognitive decline and to delay or prevent the onset of dementia, especially of AD etiology.


General practitioners’ practices when suspecting cognitive impairment

Objective: Our objective is to describe the usual practices, and their determinants, of French GPs in this field.

Results: Hundred two GPs completed the study. GPs were in majority men, working in urban areas. Mean age was 54.4 years...
old. GPs’ feeling of confidence and self-perception of follow-up of national recommendations is linked with their practices. Performing a clinical interview to assess cognitive impairment is linked with good communication skills. GPs feel less confident to give information about resources for dementia. The main reason alleged for underdiagnosis is the limited effectiveness of drug therapy.

**Conclusions:** This study underlines the importance of GPs’ feeling of confidence when managing cognitively impaired patients with dementia, and the need of increasing training in the field of dementia, which could improve the awareness of GPs about diagnosis and available resources.

**Full reference:** Harmand, M.G-C. et al. (2017) *Description of general practitioners’ practices when suspecting cognitive impairment. Recourse to care in dementia (Recaredem) study. Aging & Mental Health. Published online: 8 June 2017*

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**Dementia Assessment Referral to GP**

**Jun 8, 2017 12:21PM**

*DeAR-GP (Dementia Assessment Referral to GP) | Health Innovation Network | Alzheimer’s Society*

DeAR-GP, developed by the Health Innovation Network and supported by Alzheimer’s Society, is a simple paper based case-finding tool which has been designed for use by care workers to identify people who are showing signs of dementia or confusion and refer them to their GP or healthcare professional for review.

[Image Source: http://www.dear-gp.org](http://www.dear-gp.org)

Once completed, DeAR-GP acts as a communication aide between care workers and GPs and supports NICE ‘Dementia: support in health and social care’ (QS1) quality statement 2: ‘People with suspected dementia are referred to a memory assessment service’.

A diagnosis will aid the understanding of care workers and family members and friends; leading to better care and support of the person with dementia.

The DeAR-GP resource can be downloaded here

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**Integrated Care Pathways and Care Bundles for Dementia in Acute Care**

**Jun 6, 2017 02:12PM**

*Caring for people with dementia in acute settings is challenging and confounded by multiple comorbidities and difficulties transitioning between community and acute care | American Journal of Alzheimer’s Disease & Other Dementias*

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**Specialist geriatric medicine ward for older patients with dementia**

**Jun 6, 2017 02:04PM**

*The objective of this study is to clarify if admission to a specialist geriatric medicine ward leads to improvements in aspects of acute medical care for patients with dementia.*
We analysed combined data involving 900 patients from the Irish and Northern Irish audits of dementia care. Data on baseline demographics, admission outcomes, clinical aspects of care, multidisciplinary assessment and discharge planning processes were collected.

Relatively low numbers of patients with dementia received care on a specialist geriatric medicine ward. There appears to be a more streamlined discharge planning process in place on these wards, but they did not perform as well as one would expect in certain areas, such as compliance with multidisciplinary assessment and antipsychotic prescribing.

**Full reference:** Briggs, R. et al. (2017) *Does admission to a specialist geriatric medicine ward lead to improvements in aspects of acute medical care for older patients with dementia?* International Journal of Geriatric Psychiatry. 32(6) pp. 624–632

What causes Alzheimer’s disease? What we know, don’t know and suspect

Jun 2, 2017 01:29PM

This article by Yen Ying Lim, Research Fellow, Florey Institute of Neuroscience and Mental Health looks at what we currently know, what we don’t know, and what we suspect about Alzheimer’s disease | Via The Conversation

Alzheimer’s disease is the most common form of dementia, which is an umbrella term used to describe general loss of memory, thinking skills and other day-to-day functions.

A hallmark of Alzheimer’s disease is gradual deterioration of memory. But it is a biological disease, which means that, besides seeing outwards symptoms such as memory loss, we can also measure the breakdown that occurs in the brain as a consequence of disease progression.

In this article, the author examines a range of issues associated with Alzheimer’s disease including:

- Amyloid and tau
- The role of genes
- Diet, diabetes and obesity
- Physical activity
- Sleep
- Mood
- Cognitive reserve or resilience
- Preventing Alzheimer’s disease

Detecting Alzheimer’s disease before symptoms emerge

Jun 1, 2017 10:55AM

*Cognitive tests can detect early Alzheimer’s disease in older adults without symptoms according to a new study.* | Neuropsychology Review | via ScienceDaily

A new study led by Duke Han, suggests that cognitive tests are able to detect early Alzheimer’s in people without symptoms. Han and his colleagues conducted a meta-analysis of 61 studies to explore whether neuropsychological tests can identify early Alzheimer’s disease in adults over 50 with normal cognition.

The study, which was published in *Neuropsychology Review*, found that people who had amyloid plaques performed worse on
neuropsychological tests of global cognitive function, memory, language, visuospatial ability, processing speed and attention/working memory/executive function than people who did not have amyloid plaques.

The study also found that people with tau pathology or neurodegeneration performed worse on memory tests than people with amyloid plaques. Amyloid plaques and tau pathology were confirmed by PET scan or cerebrospinal fluid analysis.

Han believes that the study results provide a solid argument for incorporating cognitive testing into routine, annual checkups for older people.

Full story at ScienceDaily