How to advance caregiver interventions

May 16, 2017 01:41PM

Zarit, S.H. Aging & Mental Health | Published online: 16 May 2017

**Objectives:** Research on caregiving interventions has increased substantially in recent years. Although many promising approaches have been tested, results are often modest. The goal of this paper is to identify conceptual and methodological issues that could lead to better treatment outcome.

**Conclusion:** Recommendations are made for improving the design of future trials through better attention to the heterogeneity of the caregiving population, improved conceptualization of goals and the use of innovative designs that accommodate differences in caregivers’ needs and resources.

Read the full abstract [here](#)

Love to Move: Chair-based gymnastics scheme boost for those with dementia

May 16, 2017 01:36PM

*Love to Move: Chair-based gymnastics scheme boost for those with dementia, says a report | BBC News*

More than 150 people have taken part in the Love to Move scheme run by the British Gymnastics Foundation (BGF).

And research by Age UK found the scheme to have “demonstrable benefits in the physical, emotional and cognitive aspects of older people”.

The organisers now aim to train more people to deliver the programme and make it more widely available.

Positive and Negative Experiences of Social Support and Risk of Dementia in Later Life

May 16, 2017 12:16PM


**Background:** Having a network of close relationships may reduce the risk of developing dementia. However, social exchange theory suggests that social interaction entails both rewards and costs. The effects of quality of close social relationships in later life on the risk of developing dementia are not well understood.

**Objective:** To investigate the effects of positive and negative experiences of social support within key relationships (spouse or partner, children, other immediate family, and friends) on the risk of developing dementia in later life.

**Conclusion:** Positive social support from children is associated with reduced risk of developing dementia whereas experiences of negative social support from children and other immediate family increase the risk. Further research is needed to better understand the causal mechanisms that drive these associations.

Read the full article [here](#)

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Read the full article [here](#)
Adequate vitamin D status in older age could delay or prevent the onset of dementia

May 16, 2017 12:04PM

Feart, C. et al. Associations of lower vitamin D concentrations with cognitive decline and long-term risk of dementia and Alzheimer's disease in older adults, Alzheimer's & Dementia | Published online: 15 May 2017

Introduction: Hypovitaminosis D has been associated with several chronic conditions; yet, its association with cognitive decline and the risk of dementia and Alzheimer's disease (AD) has been inconsistent.

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.

Read the full abstract here

Podcast: can we cure Alzheimer's?

May 15, 2017 11:07AM

Alzheimer’s disease affects millions of people worldwide. But despite decades of research costing hundreds of millions of dollars, we have no cure. Why? | The Guardian

Despite drug companies spending decades and hundreds of millions of dollars on development into drugs, so far nothing has been discovered that can stop the disease. But why is Alzheimer’s so hard to cure?

To probe this question Ian Sample is joined by Dr David Reynolds, chief scientific officer at Alzheimer’s Research UK, Professor Roger Morris, a molecular neurobiologist at King’s College London and Professor Giovanna Mallucci from the University of Cambridge.

View the full article and podcast here

Better quality relationships associated with reduced dementia risk

May 12, 2017 09:25AM

Positive social support from adult children is associated with reduced risk of developing dementia, according to new research. Conversely, negative social support is linked with increased risk, according to the 10-year follow-up study.

This study was based on data from the English Longitudinal Study of Ageing (ELSA)

Researchers analysed a decade of data that followed 10,055 core participants from ELSA who were dementia-free at the start of the study in 2002-2003. Participants were interviewed every two years during 2004-2012 and incidence of dementia was identified from self-reports by participants or information given by nominated informants.

Measures of positive and negative experiences of social support were calculated at baseline. The scale ranged from 1-4 with higher values indicating more of positive or negative support. An increase of one point in the positive social support score led to up to a 17 per cent reduction in the instantaneous risk of developing dementia, the findings showed. Positive support was characterised by having a reliable, approachable and understanding relationship with spouses or partners, children and other immediate family.

Negative support scores showed stronger effects — an increase of one point in the negative support score led to up to 31 per cent rise in the risk. Negative support was characterised by experiences of critical, unreliable and annoying behaviours from spouses or partners, children and other immediate family.

The Confusion Care Pathway

The Confusion Care Pathway has been developed by the dementia/delirium working group at London North West Healthcare NHS Trust as a guide to best practice in supporting people with dementia, delirium and/or cognitive impairment and their carers.

The Confusion Care Pathway (CCP) starts with the need to recognise confusion. A confusion identifier (the symbol on the CCP) is applied to the medical notes and a magnetic identifier is applied above the bed. The CCP subsequently guides healthcare staff to assess the cause of the confusion in order to reach a cognitive diagnosis, to avoid moves unless in the patient’s interest and to focus on assessing the patient’s needs for care planning and discharge planning throughout the inpatient stay.

The CCP prompts healthcare staff to work in partnership with the patient and their carer from the outset of their admission by: exploring the patient’s needs and preferences via a document called ‘Important Things About Me’, as well as using the Carer’s Agreement and Carer’s Passport.

Older Patients with Parkinson’s Disease or Dementia with Lewy Bodies who have been Hospitalised for Hip Fracture Surgery


Introduction: People with Parkinson’s disease (PD) are at risk of falling and have an increased risk of complications and prolonged recovery during hospitalisation.

Objective: The aim of this study was to investigate the rate of complications and recovery related to a hip fracture in patients with PD.

Conclusions: Although patients with PD/DLB are significantly younger and have significantly lower degrees of co-morbidity than patients with COPD, their course and recovery after surgery are equivalent to those of patients with COPD. Patients with PD/DLB are at high risk of developing complications during hospital admission for hip fracture.

Read the abstract here

The experience of people with dementia and nurses in hospital


Aims and objectives: To identify and examine existing research exploring how people with dementia and nurses view acute hospital care.

Background: Admission to hospital can be traumatic for a person with dementia due to an inability to cope with unfamiliar environments, faces and routines. Adverse behavioural and health
outcomes can result. Dementia adds complexity to patient care. Inability to deliver appropriate care is a source of stress and frustration for nurses.

**Conclusions:** Nurses require improved education and support to care for patients with dementia. Hospitals must focus on genuine caring concurrently with rapid discharge requirements, risk mitigation and fiscal restraint. More research is needed to inform the development of appropriate care for people with dementia in hospitals.

**Relevance to clinical practice:** Nurses must understand the complex needs of people with dementia in hospital. Nurse education about dementia, practical support, strong clinical leadership and role-modelling is needed. Empathy for patients regardless of diagnosis must remain a core attribute of nurses. Current hospital culture requires wider system review to mitigate against stigmatisation of patients with dementia.

**Read the full abstract** here