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Dementia: March/April 2015

This bulletin brings together key dementia related research, news reports and journal articles to appear in March/April 2015.

Latest News

Global conference on dementia held by World Health Organization

The World Health Organization (WHO) held the First Global Ministerial Conference on Global Action Against Dementia on 16 and 17 March, at its headquarters in Geneva.

Following on from the G8 Dementia Summit in London in December 2013, this event brought together a much larger number of countries from across the world to focus on dementia.

The aim of the conference was to place action on dementia higher on the national and global political agendas, and to highlight the potential benefits of co-ordinated global action.

The 2-day conference covered a wide range of areas, including:

- highlighting evidence relating to the global burden and impact of dementia
- discussing the importance of measuring dementia care and monitoring progress
- stressing the importance of identifying cures or disease modifying drugs for dementia
- emphasising the need for increased investment in research
- reviewing what has happened already globally in the past few years
- discussing how to build on global co-operation and move from commitment to action

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Dementia Challenge site is archived and replaced by new dementia site

The Department of Health's Dementia Challenge website has been archived and replaced by the new Dementia Challenge site on the Engagement Platform. The archived site can still be accessed, but it won't be updated.

The Department of Health's new Dementia Challenge site is now the source of more up-to-date information.

Health Secretary announces \$100m Dementia Discovery Fund

Health Secretary Jeremy Hunt has announced a \$100 million *Dementia Discovery Fund* at the World Health Organisation's First Ministerial Conference on Global Action Against Dementia Conference.

The Dementia Discovery Fund will be used to finance dementia research with the aim of developing new drugs. It includes financial commitments from pharmaceutical industry, and £15 million which the UK government announced for the fund earlier in Autumn 2014.

<u>Countries agree to support Call for Action at Global Action against Dementia</u> Conference.

World Health Organization (WHO) member states have agreed to support a formal Call for Action setting out the intent to tackle dementia on an international scale and provide global leadership. The Call for Action was adopted by most of the countries that attended the First WHO Ministerial Conference on Global Action Against Dementia.

The countries agreed overarching principles and approaches that will be needed in promoting global action against dementia, and have called for a series of actions. More about the Call for Action on the WHO site

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<u>Dementia Peer Support Resource Tool</u> (Health Innovation Network)

The Health Innovation Network has produced a dementia peer support resource tool, in partnership with the Alzheimer's Society, Age UK and Innovations in Dementia. This tool is designed to assist with establishing and running peer support networks for people with dementia, whether in community or care settings.

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Reference:

<u>Dementia Peer Support Resource Pack</u>. London: Health Innovation Network, March 26th2015.

Addressing Dementia: The OECD Response

This book examines the large and growing human and financial cost of dementia and discusses policy options for improving care, controlling costs, and facilitating research.

<u>The report</u> provides an assessment of the Organisation for Economic Co-operation and Development (OECD)'s international position on dementia. The OECD recommended higher priority being given to:

- 1. Timely diagnosis.
- 2. Models of care which promote more independence, dignity and social interaction.
- 3. Improving access to palliative care outside of hospitals, allowing people with dementia end-of-life care with dignity in a place of their choosing.
- 4. Better handling of ethical issues behind the involvement of people with presymptomatic dementia in clinical trials.
- 5. New models of consent which address concerns about privacy / confidentiality.



Dementia Today and Tomorrow

This report, from the Deloitte UK Centre for Health Solutions in collaboration with the Alzheimer's Society, summarises the emerging consensus and outcomes developed from a series of events and initiatives which aimed to collect the views of people interested in improving services for people with dementia and their carers. The "Dementia Today and Tomorrow" report:

1. Evaluates progress made since the *National Dementia Strategy* (2009) and *Prime Minister's Dementia Challenge* (2012).

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- 2. Identifies issues and challenges remaining.
- 3. Considers aims and targets for the next five years.
- 4. Discusses what good dementia care and support should look like by 2020.

Reference:

<u>Dementia today and tomorrow: a new deal for people with dementia and their carers</u>. London: Deloitte LLP ("Deloitte") Centre for Health Solutions [and] Alzheimer's Society, February 19th 2015

Research

Aerobic Exercise for Improvement / Preservation of Cognitive Function?

(Cochrane Database of Systematic Reviews)

It is widely believed that physical activity supports healthy ageing and helps to prevent cognitive decline, perhaps as a result of improving cardio-respiratory fitness. This systematic review examined the evidence concerning any beneficial influence(s) of aerobic exercise in improving cognitive functioning in older people without cognitive impairment. Twelve trials including 754 participants were considered. There was no discernible benefit from aerobic exercise in any domain of cognitive performance in cognitively healthy older adults, even when the intervention(s) *did* improve cardio-respiratory fitness.

Reference:

Young, J. Angevaren, M. [and] Rusted, J. [et al] (2015). <u>Aerobic exercise to improve cognitive function in older people without known cognitive impairment</u>. The Cochrane database of Systematic Reviews. April 22nd 2015



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Cognitive Assessment: Differentiating the Three Ds "Dementia, Delirium and Depression"

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Nursing Times Learning has produced a new learning unit to assist in the differential diagnosis between dementia, delirium and depression in older people. The aim is to offer training / continuing professional development which helps ensure patients receive the most appropriate and effective care.

Reference:

Polson, J. [and] Croy, S. (2015). Differentiating dementia, delirium and depression. Nursing Times. April 13th 2015, Vol.111(16), pp.18-19

Behaviour and Pain in People with Dementia Admitted to Acute Hospitals

Research into pain in 230 people with dementia at two hospitals, conducted by University College London, indicates that the occurrence of pain experienced in hospitals may be significantly underreported. This observational study found around two-thirds (57%) of people with dementia experience pain, but less than 40% are able to report it.

The same researchers found an association between pain and the expression of behavioural and psychological symptoms of dementia (BPSD), such as aggression, agitation and anxiety. BPSD can reflect undetected or under-managed pain, and behaviours perceived as "difficult" can – in turn – contribute to a cycle of poor care in stressful and busy hospital environments.

Related:

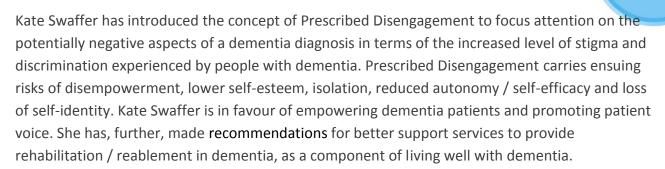
<u>People with dementia in hospital struggling with undiagnosed pain, study finds</u>. London: Alzheimer's Society, March 25th 2015.

Reference:

Sampson, EL. White, N. [and] Lord, K. [et al] (2015). <u>Pain, agitation, and behavioural problems in people with dementia admitted to general hospital wards: a longitudinal cohort study</u>. PAIN. April 2015, Vol.156(4), pp.675–683.

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Dementia and Prescribed Dis-engagement.



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Reference:

Swaffer, K. (2015). Dementia and Prescribed Dis-engagement. Dementia. January 2015; 14(1): 3-6.

BMI and risk of dementia in two million people over two decades: a retrospective cohort study

A large-scale analysis of medical records for nearly two million British people over up to two decades, by Oxon Epidemiology and the London School of Hygiene and Tropical Medicine, has discovered surprising relationships between obesity / body mass index (BMI) and dementia risk.

The evidence indicates that underweight people are *most* at risk of developing dementia. Underweight people have a 39% *higher* risk of dementia than people with what is considered to be a healthy weight. People who are overweight, by contrast, appear to benefit from an 18% *reduction* in dementia risk, and this seemingly rises to 24% for those considered obese.

Reference:

Qizilbash, N. Gregson, J. Johnson, ME. [et al] (2015). <u>BMI and risk of dementia in two million</u> <u>people over two decades: a retrospective cohort study</u>. The Lancet Diabetes & Endocrinology. April 9th 2015.

See also:

Middle-age spread 'seems to reduce dementia risk'. NHS Choices Behind the Headlines, April 10th 2015.

Being overweight 'reduces dementia risk'. BBC Health News, April 10th 2015.

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<u>Drug Alteration to Brain's Immune System Prevents Mice Developing Alzheimer's</u>

Dementia? (BBC News / Journal of Neuroscience)

Latest research evidence, from **Duke University** in the US, suggests that the immune system plays a part in the development of Alzheimer's Disease (in mice). It appears that immune cells which attack nutrients in the brain may be an early trigger.

Microglia, which normally defend against infection in the brain, could be involved in the development of dementia. Some microglia change and become better able to break down an amino acid called *arginine* in the early stage of the disease in a mouse model of Alzheimer's Disease. When these immune cells (microglia) consume the arginine nutrient with abnormal effectiveness this in turn impairs the immune system in the brain. Conversely, blocking this process, with a small-molecule drug which blocks the enzymes that break down arginine, appears to prevent development of Alzheimer's characteristic brain plaques and stop memory loss in a mouse model of the disease. This research suggests that blocking the process of amino acid deprivation works to protect mice from developing Alzheimer's Disease.

Reference:

Gallagher, J. (2015). <u>Dementia 'halted in mice brains'</u>. London: BBC Health News, April 15th 2015.

This relates to:

Kan, MJ. Lee, JE. [and] Wilson, JG. [et al] (2015). <u>Arginine Deprivation and Immune Suppression in a Mouse Model of Alzheimer's Disease</u>. The Journal of Neuroscience. April 15th 2015, 35(15): 5969-5982.

Dementia pathways.

NICE

The following NICE pathways are available open access at the following urls. Clicking on a section within the pathway will bring up explanatory notes and additional material such as 'implementation tools' and 'source guidance'

Dementia overview

http://pathways.nice.org.uk/pathways/dementia

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Dementia diagnosis and assessment

http://pathways.nice.org.uk/pathways/dementia/dementia-diagnosis-and-assessment

Dementia interventions

http://pathways.nice.org.uk/pathways/dementia/dementia-interventions



Map of Medicine

The Map of Medicine is a collection of evidence-based, practice-informed care maps which connect all the knowledge and services around a clinical condition.

The Map of Medicine 'Dementia' care map has recently been updated to include the latest guidance from NICE, WHO, and the European Federation of Neurological Societies (EFNS). It provides succinct, accessible information on the diagnosis, assessment, and management of people with dementia, as well as advice on dealing with co-morbid emotional disorders and supportive information for carers.

An NHS Athens username/password is required to view this resource http://directaccess.mapofmedicine.com/evidence/terms.htm?next=/map/dementia1.html

Latest Guidance

Standards for the Care of Patients with Dementia in Acute Hospitals (CHKS)

CHKS was assisted by the Alzheimer's Society in developing their assurance programme specifying standards for the care of patients with dementia in acute settings. This programme combines a framework of standards concerning the organisational structure and processes in acute hospitals. Monitoring of performance and outcome data is involved, to help focus continuing quality improvement.

The framework of standards is based on the Royal College of Psychiatrists' <u>National Audit of Dementia</u> Care, and covers:

- 1. Governance and leadership.
- 2. Risk awareness.
- 3. Staffing.
- Support and training.
- 5. Patient pathways.
- 6. The care environment.

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Dementia: Supporting people with dementia and their carers in health and social care.

Issued: November 2006 last modified: October 2012

http://www.nice.org.uk/nicemedia/live/10998/30318/30318.pdf

Clinical Knowledge Summaries: http://cks.nice.org.uk/dementia#!topicsummary

Department of Health: Living Well With Dementia: a national dementia strategy https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf

Department of Health: Improving care for people with dementia https://www.gov.uk/government/policies/improving-care-for-people-with-dementia

Useful links

NHS Evidence dementia:

https://www.evidence.nhs.uk/topic/dementias?q=dementia

NHS Choices - Dementia Choices:

http://www.nhs.uk/conditions/dementia-guide/Pages/dementia-choices.aspx

Supporting people to live well with dementia: information for the public:

http://www.nice.org.uk/nicemedia/live/14141/63423/63423.pdf

Find out how we can help: http://www.rotherhamhospital.nhs.uk/lks

Search our catalogue: http://rotherham.nhslibraries.com

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The evidence you need

This bulletin draws from a number of sources including The Alzheimer's Society and Dementia and Elderly Care News. You are welcome to reuse and share the content of this bulletin, but please acknowledge the TRFT Library and Knowledge Service as originating source.