



Dementia: January 2015

This bulletin brings together key dementia related research, news reports and journal articles to appear in December 2014 and January 2015.

Latest News

[Northern Countries: Environmental Risk Factors Behind Geographical Variations in Dementia Risk?](#)

People living further north appear to be more likely to develop dementia. Scientists mapped prevalence of dementia in Scotland among 37,000 people born in 1921. A second study involved over 26,000 Swedish twins living in different parts of that country. These two studies indicate that individuals living at higher latitudes tend to be more likely to suffer from dementia, perhaps due to environmental factors such as relative lack of sunlight (possibly implicating lower Vitamin D, which is a suspected risk factor previously identified) increasing the level of dementia risk.

[Link to the research](#): Russ, TC. Gatz, M. [and] Pedersen, NL. [et al] (2015). [Geographical variation in dementia: examining the role of environmental factors in Sweden and Scotland](#). Epidemiology. January 8th 2015.

[National Screening for Dementia Not Recommended](#)

The UK National Screening Committee (UK NSC) has upheld previous recommendations *against* screening people aged 65 and over for dementia. This decision follows an extensive review of the evidence.

The UK NSC has concluded that tests for dementia, which are largely questionnaire-based, do not – at present – accurately identify people who have dementia. Any recommendation in favour of screening would have required the UK NSC to be confident that acting earlier on a diagnosis might facilitate treatments to slow or prevent dementia.

The UK NSC will review these recommendations again after three years, or earlier if significant new evidence / new diagnostic techniques arise.

This relates to a specially commissioned review:



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Pittam, G. [and] Allaby, M. (2015). [*Screening for dementia: can screening bring benefits to those with unrecognised dementia, their carers and society?*](#)

An appraisal against UKNSC criteria. A report for the UK National Screening Committee.

Oxford: Solutions for Public Health (SPH), January 14th 2015.

Promoting Awareness of Current Trials and Encouraging Public Engagement in Dementia Research

The "[Join Dementia Research](#)" website has been designed to assist people to learn more about dementia research which is ongoing, whether in their local areas or across the UK. This service offers the public opportunities to get involved in dementia research, and makes it easier to connect with researchers. It should be particularly of interest to people with dementia, and their families, who would like to participate in studies.

[Partners from industry and academia to join European research initiative for the prevention of Alzheimer's](#)

Members of The European Prevention of Alzheimer's Dementia (EPAD) initiative today announced the start of a novel collaboration between academic and private sectors.

This is to test innovative treatments for the prevention of Alzheimer's dementia.

The goal of this initiative is the prevention of dementia in people with evidence of the condition (such as biomarker abnormalities as identified by specific tests), who have little or no complaints or clinical symptoms.

[Global Clinical Trials Fund: GCTF](#)

Alzheimer's Research UK has launched the *Global Clinical Trials Fund (GCTF)* to help finance trials which aim to translate discoveries in the lab into clinical treatments for the 830,000 people living with dementia in the UK. The *GCTF* aims to raise £20 million over five years for clinical trials, whether for exploring new experimental drugs and or in testing the potential for "re-purposing" existing drugs originally developed for other conditions to help people with dementia.

The *GCTF* will also contribute to funding non-drug "intervention" trials, to determine whether



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specific interventions might improve certain aspects of dementia, such as symptoms or the course of the disease.

[National Dementia Policy: Formation of Dementia Advisory Group](#)

The Department of Health intends to publish a renewed “vision” for strategic direction, with plans up to 2020, on the future of dementia policy in England. It should be ready by early 2015. This will continue and extend existing national dementia policy, picking-up from where the *Prime Minister’s Dementia Challenge* ends in March 2015.

The Department of Health is collecting evidence and consulting peoples’ views to inform this new vision. There is a newly formed *Dementia Advisory Group* to assist in this process.

Reference:

Department of Health work to develop a vision for the future of dementia policy in England.
London: Department of Health / Dementia Challenge, December 19th 2014.

[Viagra-like drug could double as dementia treatment](#)

A commonly prescribed drug used to treat men with erectile problems could become the next treatment for dementia, according to Alzheimer's Society and Alzheimer's Drug Discovery Foundation (ADDF).

Tadalafil – part of the same class of drugs as Viagra – is to be one of the drugs investigated in new research funded by the two charities in a cross-Atlantic research partnership.

Scientists led by Dr Atticus Hainsworth at St George's, University of London will explore whether tadalafil, which works by dilating blood vessels, could help prevent vascular dementia by increasing blood flow to the brain.

Vascular dementia is the second most common form of dementia and accounts for around 110,000 cases of dementia in the UK. The condition is often caused by damage to the small blood vessels of the brain leading to reduced blood flow to brain tissue. This blood vessel damage – known as small vessel disease – is seen in the brains of 50-70 per cent of older people. The researchers hope that tadalafil's blood-flow boosting properties can prevent the damage that leads to vascular dementia.



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[World Dementia Envoy's Christmas Message: Resolutions on Modifiable Risk Factors](#)

The *World Dementia Envoy's* Christmas message offers brief personal insights from contact with dementia in the family. One significant highlight of progress during 2014 has been recognition of the "[Blackfriars Consensus Statement](#)"; involving the agreement to focus seriously on researching healthy lifestyles and public health with a view to achieving significant advances in dementia risk reduction.

Reference:

Healthy living may reduce risk of dementia – World Dementia Envoy's Christmas message.
London: Department of Health / Dementia Challenge / World Dementia Council, December 18th 2014.

[Charity set to increase dementia nurse numbers to help tackle shortage](#)

The number of dementia nurses is set to increase by 50% at a national charity, which has called for the shortage in these specialist roles to be addressed "urgently".

Dementia UK aims to boost its supply of Admiral Nurses – who work with NHS providers and commissioners to provide practical and emotional support for family carers and people with dementia - from 140 to 210 by 2016.

The charity said the reduction of specialist dementia roles was a "real concern" at a time when there was a growing number of people affected by the condition.

Research

[Case Management and Home Support for People Living With Dementia \(Cochrane Database of Systematic Reviews\)](#)

This systematic review evaluates the effectiveness of case management approaches to home support for people with dementia, from the perspective of patients, carers and staff. People receiving case management are significantly less likely to become institutionalised, at least in the short-medium term. There is some evidence of benefits to carer burden and reduced carer depression.



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Overall, admissions to care homes, and healthcare costs, are reduced in the medium term.

Reference

Reilly, S. Miranda-Castillo, C. Malouf, R. [et al] (2015). [Case management approaches to home support for people with dementia](#). Cochrane Database of Systematic Reviews. January 5th 2015; Issue 1

[Systematic review of recent dementia practice guidelines](#)

Jennifer Ngo and Jayna M. Holroyd-Leduc
Age Ageing (2015) 44 (1): 25-33

Background: dementia is a highly prevalent acquired cognitive disorder that interferes with activities of daily living, relationships and quality of life. Recognition and effective management strategies are necessary to provide comprehensive care for these patients and their families. High-quality clinical practice guidelines can improve the quality and consistency of care in all aspects of dementia diagnosis and management by clarifying interventions supported by sound evidence and by alerting clinicians to interventions without proven benefit.

Objective: we aimed to offer a synthesis of existing practice recommendations for the diagnosis and management of dementia, based upon moderate-to-high quality dementia guidelines.

Methods: we performed a systematic search in EMBASE and MEDLINE as well as the grey literature for guidelines produced between 2008 and 2013.

Results: thirty-nine retrieved practice guidelines were included for quality appraisal by the Appraisal of Guidelines Research and Evaluation II (AGREE-II) tool, performed by two independent reviewers. From the 12 moderate-to-high quality guidelines included, specific practice recommendations for the diagnosis and/or management of any aspect of dementia were extracted for comparison based upon the level of evidence and strength of recommendation.

Conclusion: there was a general agreement between guidelines for many practice recommendations. However, direct comparisons between guidelines were challenging due to variations in grading schemes.



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[Assisted dying in dementia: a systematic review of the international literature on the attitudes of health professionals, patients, carers and the public, and the factors associated with these](#)

International Journal of Geriatric Psychiatry Volume 30, Issue 1, pages 10–20, January 2015

Background

Assisted death and dementia is a controversial topic that, in recent years, has been subject to considerable clinical, ethical and political debate.

Objective

This paper reviews the international literature on attitudes towards assisted dying in dementia and considers the factors associated with these.

Design

A systematic literature search was conducted in Cumulative Index to Nursing and Allied Health Literature, Excerpta Medica Database, PsychINFO and Web of Science between 1992 and August 2013. Electronic and hand searches identified 118 potential relevant studies. Eighteen studies met the full inclusion criteria and were screened using a quality assessment tool.

Results

Health professionals hold more restrictive views towards assisted dying, which appear less affected by their cultural background, than the public, patients and carers. However, opinions within each population vary according to dementia severity and issues of capacity, as well as differing according to factors such as age, ethnicity, gender and religion of those surveyed. There also appears to be a trend towards more accepting attitudes over time.

Conclusions

Sociodemographic factors can influence attitudes towards assisted dying. The impact of these, however, may also differ according to the population surveyed. The findings from this review can contribute to current debates and inform clinical practice and future research in this area.



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[End-of-Life Care: Under-Recognition of People With Dementia?](#)

A report by Marie Curie Cancer Care and the Alzheimer's Society asserts that dementia sufferers may not always get the quality of care needed, possibly because their condition is not recognised sufficiently (at a societal level and in commissioning circles) as a terminal illness.

Reference:

[Living and dying with dementia in England: barriers to care.](#) London: Marie Curie and Alzheimer's Society, December 1st 2014.

[“Advent Calendar”: 24 Days of Dementia Research.](#)

During December 2014 the National Institute of Health Research (NIHR), in partnership with Alzheimer's Research UK and the Alzheimer's Society, ran an original festive public awareness and engagement campaign, called the [“Advent Calendar”: 24 Days of Dementia Research](#). This involved a day-by-day introduction to 24 different clinical trials / research studies which happen, currently, to be recruiting members of the public to participate in research.

These 24 trials / studies are listed alphabetically below, with a brief description of each, plus links to further details and contact information:

The AFFECT Study involves collaboration between researchers in Northern Ireland and staff at the [Dementias and Neurodegeneration Specialty](#) in England. The [AFFECT Study](#) is investigating whether medications (such as Amlodipine) used for treating the symptoms of high blood pressure and high cholesterol might also be effective in reducing the symptoms of *Subcortical Ischemic Vascular Dementia (SIVD)*. SIVD is the most common form of Vascular Dementia.

The DAPA Study involves investigating whether physical activity might have any role in *slowing* the progression of dementia once it has already started. [The DAPA: Dementia and Physical Activity Trial](#) is based at the University of Warwick's Warwick Medical School. It will study the effects of physical activity (exercise) on cognition (memory and understanding) and function (daily activities) in people with mild to moderate dementia living in the community.

The “GE180” Study involves exploring new ways of imaging and mapping the brain, and monitoring how the central nervous system is affected by dementia. *GE180* is a chemical devised



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by researchers which latches onto the Amyloid proteins, and this tracer / marker enables researchers to trace activity and damage to nerve cells. The aim of the [GE180 Study](#) is to develop more accurate methods of diagnosing Alzheimer's Disease and other dementias, and measuring the effects of these conditions, with the possibility of determining how effective potential treatments prove to be in practice.

The GREAT Trial, based at Bangor University, is investigating whether talking therapy can help people cope better with memory problems. The [GREAT Study](#) (short for *Goal-oriented cognitive Rehabilitation in EARly sTage dementia*) is designed to establish whether *Cognitive Rehabilitation Therapy* is beneficial for people attending Memory Clinics (and for their friends and family members).

The "IDEAL" Study aims to provide evidence to guide policy and practice regarding helping people live well with dementia. The [IDEAL Study](#), based at **Bangor University**, will investigate the factors which help (or hinder) people with dementia to maintain a good level of well-being and quality of life.

The "LMTM" Study concerns a potential treatment for the rare form of dementia called *Behavioural Frontotemporal Dementia (bvFTD)*. It is understood that protein deposits can build up in the brain, resulting in brain cell death. The aim of the [LMTM Study](#), run by **Dementia Research Centre (DRC)** at **University College London**, is to establish whether the chemical compound leuco-methylthionium (LMTM) might cause such protein deposits to break apart, with the possible result of slowing of the progression of bvFTD.

The "LonDownS" Study is based at **University College London**. The [London Down Syndrome Consortium \(LonDownS\)](#) is investigating the factors influencing why a disproportionately high proportion of people with Down Syndrome develop Alzheimer's Disease later in life.

The Neuroinflammation and Amyloid Study is examining, in-depth, what happens to the brain from the earliest stages of Mild Cognitive Impairment (MCI). The hypothesis behind the [Neuroinflammation and Amyloid Study](#) is that proteins causing inflammation of the brain could be a possible cause of neurodegeneration and dementia.

The PREVENT Study is investigating possibilities for the prevention of dementia through environmental interventions. The [PREVENT Study](#) is based at Imperial College London.

The PROTECT Study is a dementia research study run by the Institute of Psychiatry at King's College London. The [PROTECT Study](#) aims to improve understanding of how the brain ages, with an emphasis on discovering why some people are more likely to develop dementia.



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The **Young Onset Alzheimer's Disease (YOAD) Study** concerns the 40,000 people per year who develop symptoms before age 65. The [Young Onset Alzheimer's Disease \(YOAD\) Study](#) is based at the University College London's Dementia Research Centre, and is investigating better diagnosis and improving understanding of changes in the brain which occur during the development of Alzheimer's Disease.

[The comparison of quality of life among people with mild dementia in nursing home and home care—a preliminary report](#)

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Azlina W Nikmat, Graeme Hawthorne, and Syed H Al-Mashoor

Background Living arrangements play an important role in determining the quality of life (QoL) of people with dementia. Although informal care (home-based) is favored, the transition to formal (institutional) care often becomes necessary, especially in the later stages of dementia. Nevertheless, there is currently no definitive evidence showing that informal or formal care provides a higher QoL for those with dementia.

Objective To compare the QoL of people with dementia in the nursing home and home care, and identify factors that differentiate their QoL.

Design and methods This was a cross-sectional survey. A total of 49 people with dementia ≥ 60 years old were recruited from government nursing homes and hospitals (home care). Consenting participants were assessed on cognitive severity, QoL, activities of daily living (ADLs), depression, and social isolation/connectedness by the Short Mini Mental State Examination (SMMSE), the WHO-8 (the EUROHIS-QOL), Short Assessment of Quality of Life (AQoL-8), Barthel Index (BI), Cornell Scale for Depression (CSDD), and Friendship Scale (FS).

Results There were significant differences in QoL, HRQoLs, ADLs, and social connectedness among people with dementia in home care ($n = 19$) and those in nursing homes ($n = 30$) ($p < 0.01$). No significant differences were found by socio-demographic factors, cognitive severity, or depression between the study cohorts.

Conclusions Older adults with dementia who were living at home experienced higher QoL, ADLs, and social connectedness compared with those living in institutional care. Support should be provided enabling home care and empowering caregivers to provide better care for people with dementia.

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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>

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>

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Map of Medicine ... Health Education Resources ... Athens ... Laptops ... **Literature Searching** ... MEDLINE ... Referencing ...



[Latest Guidance](#)

[Best Practice in Memory Services](#)

The “*Best Practice in Memory Services: Learning from across England*” report presents the findings from visits to memory services led by *Alistair Burns* (National Clinical Director for Dementia at NHS England) with help from NHS Improving Quality.

The memory services visited included those with longer waiting times from referral to assessment. The audit discovered some significant successes in improving access times over the past year, and presents a “top ten” of tips for service improvement.

Reference:

Burns, A. Wilkinson, A. [and] Peachey, S. (2014). *Best Practice in memory services: learning from across England*. Version number: 1 NHS England and NHS Improving Quality, December 8th 2014.

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#!topicssummary>

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>

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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>

Follow us on Twitter: [@RotherhamNHSLib](https://twitter.com/RotherhamNHSLib) 

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.

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