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Dementia: February 2015

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

Latest News

[Prime Minister's Challenge on Dementia 2020: £300m Government Funding Planned for Dementia Research](#)

In the wake of the three-year *Prime Minister's "Dementia Challenge"* (2012), David Cameron has announced the follow-up *Prime Minister's Challenge on Dementia 2020*. The plan is to further transform dementia research, dementia care and support. It is anticipated that by 2020 England should be the best country in the world (i) to perform research into dementia (*and other neurodegenerative diseases*), (ii) for dignified, compassionate dementia care and (iii) for the quality of support services available to people with dementia (and their carers / families). Specific objectives, targets and ambitions are briefly as follows:

- Improved public awareness and understanding of the risk factors for dementia and how these can be reduced through healthier lifestyle choices.
- Equality of access to diagnosis, and the national waiting time target being an average of 6 weeks for an initial assessment, following a referral from a GP.
- *Named GPs* will have responsibility for the coordination and continuity of care for people diagnosed with dementia.
- Everyone diagnosed with dementia, and their carers / families, should receive meaningful post-diagnosis care and support services.
- All *NHS* staff should receive appropriate training in dementia awareness.
- All hospitals and care homes should meet minimum standards of dementia friendliness.
- The Alzheimer's Society will aim to recruit an *additional 3 million Dementia Friends* in England.
- Progress of town and cities working towards official recognition as "*Dementia Friendly Communities*" should mean that over half of people with dementia live within such dementias-friendly social environments.

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- Businesses will be encouraged and supported to become dementia friendly, offering dementia awareness training to staff.
- National and local government will play a leadership role ensuring public sector organisations are dementia friendly. All tiers of local government will join their local Dementia Action Alliance.
- Dementia research will be career opportunity of choice.
- Dementia research funding will double by 2025 (as projected).
- An *international dementia research institute* will be established in England.
- Cross-sector partnerships will be encouraged between universities, research charities, the NHS and private sector organisations.
- An international framework for dementia research will be fostered further, with the aim of discovering cures, or at least disease modifying therapies, by 2025.
- Research will inform effective service models and care pathways, enabling suitable interventions to be implemented across health and care sectors.
- Open access to research results and publications will be encouraged.
- More patients will be encouraged to participate in dementia research

Related BBC link: [Government pledges £300m on dementia research](#)

[Outline of Government's Work to Improve Dementia Diagnosis, Care and Research 2015 \(House of Commons Library\)](#)

Coinciding with publication of the [Prime Minister's Challenge on Dementia 2020](#), this *House of Commons Library Standard Note* discusses the Government's objectives for the next five years, in relation to Government's, NHS's and other statutory bodies' efforts to improve dementia diagnosis, care and support and research. This document presents statistics and maps on age-adjusted dementia prevalence across the UK, including local level data on dementia diagnoses in English Parliamentary constituencies.

Reference: Blow, E. [and] Baker, C. (2015). [Dementia: statistics on prevalence and an outline of the Government's work to improve diagnosis, care and research 2015](#). London: House of Commons Library, February 23rd 2015. Standard Note: SN07007.

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[Beyond Integrated Care: Population Health Systems?](#)

Persons concerned about integrated care and public health are invited to consider *population health* as a broader, all-encompassing, construct for addressing local public health and a broad range of socio-economic determinants of health inequalities.

Reference:

Alderwick, H. Ham, C. and Buck, D. (2015). *Population health systems: going beyond integrated care*. London: The King's Fund, January 22nd 2015.

[Scheme launches to help people take part in dementia research](#)

The “[Join Dementia Research](#)” website assists people with dementia to learn about, and become involved in, dementia research. A new enhancement to this service allows people with dementia (or their families / carers for example, acting on their behalf) to register an interest in participating in research studies. This is hoped to remove barriers to public and patient engagement in research trials, while helping researchers find suitable participants as and when required.

Reference:

Scheme launches to help people take part in dementia research. London: Department of Health / Dementia Challenge, February 24th 2015.

[Dementia Diagnosis Rates in England: March 2015 Target Date Approaches](#)

Data on dementia diagnosis rates from April 2014 to January 2015 have been published, in support of the *Dementia Strategy (2009)* and David Cameron's *Dementia Challenge*. NHS England is committed to increasing dementia diagnosis rates in England by March 2015, with the target of two-thirds of people with dementia receiving a formal diagnosis.

This analysis from the [Health and Social Care Information Centre \(HSCIC\)](#) examines Quality Outcomes Framework (QOF) recorded dementia diagnoses between April 2014 and January 2015.



Research

[What should we know about dementia in the 21st Century? A Delphi consensus study](#)

This study delved into the underlying consensus among English-speaking dementia experts concerning contemporary knowledge about dementia. Delphi experts have identified 36 statements about dementia deemed to be “essential” to understanding the condition. These statements are primarily about care for people with dementia and their carers, but also relate to dementia characteristics, symptoms and progression, diagnosis and assessment, and treatment and prevention.

Annear, MJ. Toye, C. [and] McInerney, F. [et al] (2015). *What should we know about dementia in the 21st Century? A Delphi consensus study*. BMC Geriatrics, February 6th2015, Vol.15(1), 5. pp.1-26.

[Diabetes and depression linked to progression from mild cognitive impairment to dementia](#)

Objective: Public health campaigns encouraging early help seeking have increased rates of mild cognitive impairment (MCI) diagnosis in Western countries, but we know little about how to treat or predict dementia outcomes in persons with the condition.

Method: The authors searched electronic databases and references for longitudinal studies reporting potentially modifiable risk factors for incident dementia after MCI. Two authors independently evaluated study quality using a checklist. Meta-analyses were conducted of three or more studies.

Results: There were 76 eligible articles. Diabetes and prediabetes increased risk of conversion from amnesic MCI to Alzheimer’s dementia; risk in treated versus untreated diabetes was lower in one study. Diabetes was also associated with increased risk of conversion from any-type or nonamnesic MCI to all-cause dementia. Metabolic syndrome and prediabetes predicted all-cause dementia in people with amnesic and any-type MCI, respectively. Mediterranean diet decreased the risk of conversion to Alzheimer’s dementia. The presence of neuropsychiatric symptoms or lower serum folate levels predicted conversion from any-type MCI to all-cause dementia, but less formal education did not. Depressive symptoms predicted conversion from any-type MCI to all-cause dementia in epidemiological but not clinical studies.



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Conclusions: Diabetes increased the risk of conversion to dementia. Other prognostic factors that are potentially manageable are prediabetes and the metabolic syndrome, neuropsychiatric symptoms, and low dietary folate. Dietary interventions and interventions to reduce neuropsychiatric symptoms, including depression, that increase risk of conversion to dementia may decrease new incidence of dementia.

Reference:

Cooper, C et al. *Modifiable Predictors of Dementia in Mild Cognitive Impairment: A Systematic Review and Meta-Analysis*. American Journal of Psychiatry, 2015; appi.ajp.2014.1 DOI: 10.1176/appi.ajp.2014.14070878

[Enhancing healthcare assistants' dementia role](#)

Goodwin C (2015) Enhancing healthcare assistants' dementia role. *Nursing Times*; 111: 9, 21-23.

One in four inpatients in general hospitals has dementia care needs, and faces worse outcomes if these needs go unrecognised. One large NHS trust has introduced an enhanced dementia care role for healthcare assistants, offering training in how to recognise dementia and providing one-to-one support. This article outlines the content of the training and its impact on practice and teamwork at the trust.

[Target risk factors for dementia prevention: a systematic review and Delphi consensus study on the evidence from observational studies](#)

International Journal of Geriatric Psychiatry. Volume 30, Issue 3, pages 234–246

Objective: Dementia has a multifactorial etiology, but the importance of individual health and lifestyle related risk factors is often uncertain or based on few studies. The goal of this paper is to identify the major modifiable risk factors for dementia as a first step in developing an effective preventive strategy and promoting healthy late life cognitive functioning.

Methods: A mixed-method approach combined findings from a systematic literature review and a Delphi consensus study. The literature search was conducted in PubMed and updated an earlier review by the United States National Institutes of Health from 2010. We reviewed the available evidence from observational epidemiological studies. The online Delphi study asked eight international experts to rank and weigh each risk factor for its importance for dementia prevention.



Results: Out of 3127 abstracts, 291 were included in the review. There was good agreement between modifiable risk factors identified in the literature review and risk factors named spontaneously by experts. After triangulation of both methods and re-weighting by experts, strongest support was found for depression, (midlife) hypertension, physical inactivity, diabetes, (midlife) obesity, hyperlipidemia, and smoking, while more research is needed for coronary heart disease, renal dysfunction, diet, and cognitive activity.

Conclusions: Findings provide good support for several somatic and lifestyle factors and will be used to inform the design of a new multicenter trial into dementia prevention.

[Association of fish oil supplement use with preservation of brain volume and cognitive function](#)

Alzheimers and Dementia February 2015 Volume 11, Issue 2, Pages 226–235

Objective: The aim of this study was to investigate whether the use of fish oil supplements (FOSs) is associated with concomitant reduction in cognitive decline and brain atrophy in older adults.

Methods: We conducted a retrospective cohort study to examine the relationship between FOS use during the Alzheimer's Disease Neuroimaging Initiative and indicators of cognitive decline. Older adults (229 cognitively normal individuals, 397 patients with mild cognitive impairment, and 193 patients with Alzheimer's disease) were assessed with neuropsychological tests and brain magnetic resonance imaging every 6 months. Primary outcomes included (1) global cognitive status and (2) cerebral cortex gray matter and hippocampus and ventricular volumes.

Results: FOS use during follow-up was associated with significantly lower mean cognitive subscale of the Alzheimer's Disease Assessment Scale and higher Mini-Mental State Examination scores among those with normal cognition. Associations between FOS use and the outcomes were observed only in *APOE* $\epsilon 4$ -negative participants. FOS use during the study was also associated with less atrophy in one or more brain regions of interest.

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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>

[Latest Guidance](#)

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>

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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>

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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