

TRFT Library & Knowledge Service

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Dementia: May 2014

Latest News

[Dementia Roadmap for GPs and Patients](#)

(Department of Health / Dementia Challenge)

The Royal College of General Practitioners (RCGP) has developed an online dementia resource for GPs, which links to information on patient's emerging needs as dementia develops, from diagnosis onwards. This "Dementia Roadmap" tool also signposts patients to suitable local resources, including memory clinics, hospitals, care homes and specialist residential housing, again ideally at the right time.

The *Dementia Roadmap* tool was funded by the [Department of Health](#) and has been produced with the help of the Alzheimer's Society. Topics covered include:

"...understanding dementia, memory worries, the diagnostic process, post-diagnosis support, living well with dementia, carer health and planning for the future".

[Message to NHS staff about dementia.](#)

London: Department of Health, May 23rd 2014.

A message to NHS staff from the Secretary of State for Health about activity, on numerous fronts, to tackle dementia.

[Blackfriars Consensus Statement on Dementia Risk Factors](#)

(Public Health England / UK Health Forum) Related Lancet article available [here](#)

Coinciding with Dementia Awareness Week (2014) the "*Blackfriars Consensus Statement*" has been organised jointly by the UK Health Forum and Public Health England. This consensus statement calls for a national focus on dementia risk reduction, which involves raising awareness to tackle unhealthy lifestyles including smoking, drinking, sedentary behaviour and poor diet. Giving a higher priority to addressing these risk factors could reduce the incidence of dementia in later life, much as it is understood to do in the case of other non-communicable diseases (NCDs) such as heart disease, stroke and certain cancers.

Patient Care ... Professional Development ... Commissioning ... Evidence-based Practice ... Revalidation ... Research ...

Clinical Pathways ... Knowledge Management ... Books ... Journals ... Critical Appraisal ... Bulletins ... Alerts ... DynaMed ...

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

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The UK Health Forum and Public Health England have persuaded fifty-nine organisations and experts from across the dementia and public health community to sign the *Blackfriars Consensus Statement*. The Blackfriars Consensus was developed after an earlier meeting in London in January 2014.

“The Blackfriars Consensus Statement says that the scientific evidence on dementia risk reduction is evolving rapidly and is now sufficient to justify action to incorporate dementia risk reduction into health policies and to raise wider awareness about which factors can reduce the risk of developing dementia”.

[Promoting Brain Health: Developing a prevention agenda linking dementia and other non-communicable diseases.](#)

UK Health Forum and Public Health England, May 19th 2014.

This paper summarises the findings of a joint programme of work between the UK Health Forum and Public Health England. The project set out to explore the opportunities for dementia risk reduction in the UK. It culminated in the production of a [Blackfriars Consensus Statement](#) which concludes that an integrated health and wellbeing approach for dementia and non-communicable diseases (NCDs) would strengthen existing prevention work and not cause any harm.

Full report: [Promoting brain health: Developing a prevention agenda linking dementia and other non-communicable diseases](#)

[Progress on the Prime Minister’s Challenge on Dementia: Year Two.](#)

[Letter to Prime Minister]. London: Department of Health / Dementia Challenge

The three Dementia Challenge Champion Groups have written brief reports detailing their progress during the past year. These reports feature in a [letter to the Prime Minister](#), which also reiterates achievements since the Prime Minister’s Dementia Challenge was launched 2 years ago and describes the Champion Groups’ ambitions for the third year of the dementia challenge.

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[Dementia: May 2014](#)

[The State of Caring 2014](#)

Carers UK, May 2014

This report presents the results of a survey of nearly 5,000 carers across the UK. Topics covered include: carers' health, financial hardship, the impact of caring on the ability to remain in employment, statistics on how caring influences relationships, and findings on how well carers are valued and feel treated by society.

[Dementia Friends campaign launched by Public Health England and Alzheimer's Society.](#)

Department of Health / Dementia Challenge, May 7th 2014.

Public Health England (PHE) and the Alzheimer's Society have launched a joint campaign to encourage people to become [Dementia Friends](#). Employers are encouraged to make it easier for people with early dementia to remain in employment and to support working carers. PHE estimate that 50,000 carers will have to quit their job in 2014 and a further 66,000 staff will have to make adjustments to combine work with caring responsibilities.

[National Dementia Carers Day](#)

(Dementia UK / SweetTree Home Care Services)

National Dementia Carers Day 2014 is on Sunday September 14th 2014. National Dementia Carers Day is a UK-wide awareness day, created by Dementia UK and SweetTree Home Care Services. It has been planned to fall within World Alzheimer's Month.



Dementia: May 2014

[A Good Life with Dementia](#)

This report from ESRO and Red & Yellow Care (published with the Alzheimer's Society) looks at steps required to improve the wellbeing of people living with dementia, whether in the community or in care. The report analyses six groups ("domains") of challenges for improvement to preserve a good quality of life for people with Alzheimer's Disease and other forms of dementia (and for their families / carers):

1. Respect for identity. "Respecting identity: It's not one size fits all".
2. Remembering life experiences. "Embracing now: It's a moment-living life".
3. Sustaining relationships. "Sustaining relationships: You don't always need words".
4. Enabling happiness. "Valuing contrast: Good days and bad days".
5. Protecting people from risks (in a balanced way). "Supporting agency: What's there to worry about?"
6. Maintaining health. "Maintaining health: My priority in life".

The authors recommend timely diagnosis, increased public awareness, and greater flexibility in the provision of care as partial solutions and remedies to help to address the above challenges.

[Hundreds of thousands with dementia suffer from malnutrition, says report](#)

More attention needs to be focused on the problem of malnutrition in people living with dementia, according to a [new report](#) released from Alzheimer's Disease International (ADI) and the Compass Group.

Studies reviewed in the report Nutrition and Dementia have shown that up to 45 per cent of those living with dementia experience clinically significant weight loss over one year, and up to half of people with dementia in care homes have an inadequate food intake.

Commissioned to investigate how the right nutrition can help to make life better for people who live with dementia, the report highlights that reduced appetite and increased activity all play a part in contributing to malnutrition.

The report also discusses how obesity in middle age may also be a risk factor for developing dementia in later life, and also that currently there is no evidence that nutritional supplements can affect someone's chances of developing dementia.

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[Responsible management of motor vehicle drivers with dementia](#) (JRCPE)

This editorial article in the Journal of the Royal College of Physicians of Edinburgh explores some of the ethical, social, political, medical and practical issues surrounding the rights of people with dementia with respect to driving.

[Supporting employees who are caring for someone with dementia.](#)

London: Carers UK, March 2014.

The impact of dementia is an increasingly significant issue in the workplace. People are often struggling to combine work with caring for family member or friend. Carers UK and Employers for Carers performed a survey of employers and employees between October 2013 and January 2014 to investigate the issues. This report makes ten recommendations for employers, health and social care services and government.

[Members of World Dementia Council announced.](#)

Department of Health / Dementia Challenge, May 1st 2014.

Initial members of the World Dementia Council have been announced, with indications of more members to follow.

The World Dementia Council has the aim of promoting innovation, development and commercialisation of life-enhancing drugs, treatments and approaches to care for people with dementia (or at risk of dementia).

Read more about the World Dementia Council [here](#)

[Dementia training to be made available to all NHS staff.](#)

Department of Health / Dementia Challenge, May 6th 2014.

Dementia training will be available to all NHS staff by 2018, according to the Health Education England (HEE) mandate which sets out the priorities for HEE in the coming year.

Health Education England will start by extending the basic training to 250,000 NHS staff by March 2015, and will make tools and training opportunities available to all NHS staff by the end of 2018.

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The training will support staff to spot the early symptoms of dementia, understand how to interact with people with dementia and signpost the most appropriate care and support.

[Raising Dementia Awareness Via Social Media](#)

Facebook users can experience a simulation of the subjective effects of living with dementia. Alzheimer's Research UK have produced their [FaceDementia](#) app which has been designed to modify users' personal Facebook pages (safely and without long-term damage to the originals), so as to erase and degrade important memories. It is hoped that mimicking one important aspect of how dementia affects the brain will help raise awareness of dementia in the community.

[Summary of the G8 Dementia Summit: Global Action Against Dementia](#)

This Department of Health web-based document presents a synopsis of activity at the G8 Dementia Summit held in London on December 11th 2013. It summarises agreed actions, video excerpts from some of the speeches at the event, and the work within topic-specific discussion panels. The main section headings comprise:

1. [A growing global health problem.](#)
 2. [Ministers agreed action.](#)
 3. [Dementia – the challenge the world faces.](#)
 4. [First-hand experience.](#)
 5. [Discussion 1: Improving life and care for people affected by dementia, and their carers.](#)
 6. [Discussion 2: Preventing and delaying dementia.](#)
 7. [Discussion 3: Social adaptation to global aging and dementia.](#)
 8. [Keynote address: David Cameron.](#)
 9. [Closing remarks.](#)
 10. [Legacy activities in 2014.](#)
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[Dementia Calculator: Version Three Launched in April 2014](#) (NHS England)

A new version of the Dementia Prevalence Calculator was launched earlier this month. It gives local information about dementia care and facilitates the local planning of services (primarily concerning the diagnosis of people with dementia).

Note: The Dementia Prevalence Calculator is accessible via www.primarycare.nhs.uk to registered users, such as GP practice staff, clinical commissioning groups, NHS England area and regional teams.

[How to help people with dementia: A guide for customer-facing staff](#)

This publication explains how small actions can make a big difference when you are serving customers with dementia. By recognising symptoms and demonstrating understanding to someone who may be having problems, you can make their day-to-day life much better.

This booklet gives an introduction to dementia and how it can affect people. Easy-to-follow tips outline the important elements of communication and the guide also explains how other physical, environmental and sensory factors can cause difficulties, and suggestions of how to reduce their impact.

Latest Research

[People with high levels of cynical distrust may be more likely to develop dementia:](#)

People with high levels of cynical distrust may be more likely to develop dementia, according to a study published in *Neurology*, the medical journal of the American Academy of Neurology.

Cynical distrust, which is defined as the belief that others are mainly motivated by selfish concerns, has been associated with other health problems, such as heart disease. This is the first study to look at the relationship between cynicism and dementia.

For the study, 1,449 people with an average age of 71 were given tests for dementia and a questionnaire to measure their level of cynicism. Based on their scores, participants were grouped in low, moderate and high levels of cynical distrust.

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Once researchers adjusted for other factors that could affect dementia risk, such as high blood pressure, high cholesterol and smoking, people with high levels of cynical distrust were three times more likely to develop dementia than people with low levels of cynicism.

Research reference: [Late-life cynical distrust, risk of incident dementia, and mortality in a population-based cohort](#), Anna-Maija Tolppanen PhD et al. American Academy of Neurology, May 28, 2014.

[Blood test for people with mild cognitive impairment may predict those at greater risk of developing Alzheimer's disease](#)

A study in Annals of Neurology found that people with mild cognitive impairment (MCI) and high levels of copper in their bloodstream were at an increased risk of developing Alzheimer's disease.

In a new study published in Annals of Neurology, researchers tested 141 people, all of whom had MCI, for levels of this copper. They found that those with high levels had a 50 percent chance of developing Alzheimer's disease within four years, while those with low levels of this type of copper had less than a 20 percent chance of progressing to Alzheimer's disease.

Based on these findings, a blood test has been developed to test copper levels in people with MCI to predict who is at greater risk of developing Alzheimer's disease. This test is currently only available in Italy.

Research reference: [Value of serum nonceruloplasmin copper for prediction of mild cognitive impairment conversion to Alzheimer disease](#). Annals of Neurology Volume 75, Issue 4, pages 574–580.

[The use of wide-scale mental agility testing to identify people at risk of dementia: crucial or harmful?](#)

(JRCPE 2014. Vol. 44(1), pp.30-35.)

This article in the Journal of the Royal College of Physicians of Edinburgh presents an account of both sides of the argument with regards to whether screening for dementia might be beneficial, and examines the recent controversy on the dementia case-finding debate.



Dementia: May 2014

[Fitness and IQ at 18 may increase the risk of early-onset dementia, study suggests](#)

Teenagers with poor fitness and poor cognitive performance are seven times more likely to develop early-onset dementia, according to research published in the journal *Brain* (6 March 2014)

The research, conducted at Gothenburg University, tracked the health of 1.1 million 18-year-old men who were conscripted into the Swedish army between 1968 and 2005. It found that men with poorer cardiovascular fitness and/or lower IQ in their teenage years more often developed early-onset dementia.

More specifically, men with lowest levels of cardiovascular fitness at the time of conscription were 2.5 times more likely to develop dementia before the age of 60 than those with highest fitness levels. Those who performed poorly on cognitive tests at 18 were at four times greater risk, and a combination of both poor cardiovascular fitness and cognitive performance entailed a seven times greater risk. The increased risk remained even when controlled for other risk factors such as heredity, medical history and social-economic circumstances.

Research reference: J. Nyberg, M. A. I. Aberg, L. Schioler, M. Nilsson, A. Wallin, K. Toren, H. G. Kuhn. [Cardiovascular and cognitive fitness at age 18 and risk of early-onset dementia](#). *Brain*, 2014

[Hormone replacement therapy linked to potential reduction in risk of developing dementia](#)

Hormone replacement therapy (HRT) given soon after menopause could help reduce the risk of developing dementia or mild cognitive impairment.

This is according to a study published in the journal *Plos One*. The study, led by [Stanford University School of Medicine](#), found that hormone therapy, initiated soon after menopause, prevented degeneration in key brain regions of women who were at heightened dementia risk.

[Aromatherapy for dementia.](#)

Cochrane Database Systematic Reviews. February 25th 2014; Issue 2

This systematic review assesses the efficacy of aromatherapy for reducing the behavioural and psychological symptoms of dementia. The authors looked originally at all trials using fragrance from plants defined as aromatherapy as an intervention with people with dementia, and took into



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account all relevant outcomes (such as agitation, behavioural symptoms, activities of daily living and quality of life). Seven studies with 428 participants are of sufficient quality to be included in this review.

The benefits of aromatherapy for people with dementia are unclear and inconclusive based on these seven trials. Different aromatherapy interventions may not be comparable, and it seems likely that outcomes may vary between different types of dementia. Better-designed, large-scale randomised controlled trials are needed.

[Light therapy for improving cognition, activities of daily living, sleep, challenging behaviour, and psychiatric disturbances in dementia.](#)

Cochrane Database Systematic Reviews. February 26th 2014; Issue 2

This systematic review examines the effectiveness of light therapy in improving cognition, activities of daily living (ADLs), sleep, challenging behaviour, and psychiatric symptoms in people with dementia.

The authors could find no evidence of any effect of light therapy on cognitive function, sleep, challenging behaviour (such as agitation), or psychiatric symptoms associated with dementia. They conclude that the evidence is insufficient currently to justify the use of bright light therapy in dementia. Future research might concentrate on a possible weak effect of light therapy on improving ADLs, and investigating any underlying biological mechanisms which might justify light therapy as an approach to treatment.

[Brain scan could predict cognitive decline](#)

A brain scan could predict cognitive decline and help advance research into the treatment of Alzheimer's disease, according to researchers at Duke University Medical Centre in the US.

The study, published in the Nature journal, Molecular Psychiatry, examined 152 people aged 50 and over, of whom 69 had normal cognitive function, 52 had mild cognitive impairment and 31 had Alzheimer's disease.

The participants undertook numerous cognitive tests and PET brain scans using a radioactive dye called Amyvid, which binds to the beta-amyloid plaques that characterize Alzheimer's disease. After three years (36 months) the tests were repeated on all participants.



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The study found that regardless of cognitive status, those who had evidence of beta-amyloid in their brains at the start showed greater deterioration on cognitive tests than those with a negative Amyvid scan.

The results showed that thirty-five percent of amyloid-positive participants who started with mild cognitive impairment progressed to Alzheimer's, compared to only 10 percent without any plaques.

Research reference: [Florbetapir F 18 amyloid PET and 36-month cognitive decline: a prospective multicenter study](#). *Molecular Psychiatry*, 2014

[New blood markers could predict dementia risk](#)

A set of 10 molecules in blood could be used to predict with 90 per cent accuracy whether people are at greater risk of developing dementia within the next few years, according to researchers at Georgetown University Medical Center, USA.

The study, published in *Nature Medicine*, is the first study to show differences in the blood between people with pre-clinical Alzheimer's disease before the presenting symptoms appear and people who will not go on to develop the condition.

Research reference: [Plasma phospholipids identify antecedent memory impairment in older adults](#). *Nature Medicine* 20, 415–418 (2014)

[Chemicals present in cooked foods could be linked to Alzheimer's, says study](#)

Foods high in compounds called advanced glycation endproducts (AGEs) could contribute to the build-up of beta-amyloid, a major hallmark of Alzheimer's disease

According to a study published in the journal *PNAS*, AGEs are found in cooked foods and have previously been linked to health conditions including diabetes and dementia. This new research has uncovered a potential mechanism for how AGEs in the diet might contribute to Alzheimer's disease. According to the authors, AGEs suppress SIRT1 – a protein in the body thought to protect against neurodegeneration.

The researchers found that mice fed a diet low in AGEs boosted their levels of SIRT-1 protein and prevented the accumulation of beta-amyloid in the brain. In contrast, mice fed a diet high in AGEs developed beta-amyloid deposits and showed poor performance in both cognitive and motor



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tests. In addition, a small clinical study of healthy humans over the age of 60, found that people who had high AGEs in their blood also had low SIRT1 levels and developed cognitive decline over a nine month period.

AGEs are found in cooked food, particularly high fat proteins such as animal meat. They are produced by cooking so are very low in raw fruit and vegetables.

Research reference: [Oral glycotoxins are a modifiable cause of dementia and the metabolic syndrome in mice and humans](#). Weijing Cai et al. *Proceedings of the National Academy of Sciences of the United States of America*. Published online before print February 24, 2014.

[Estimating the burden of early onset dementia; systematic review of disease prevalence.](#)

Lambert, MA. Bickel, H. Prince, M. [et al] (2014). *European Journal of Neurology*. January 13th 2014. [Epub ahead of print].

Dementia is more common in older age but a number of people develop symptoms at a younger age and are said to have early onset dementia (EOD). Those with EOD face different challenges to those with onset later in life. It has been difficult to quantify this disease burden. This is a systematic review of papers reporting on the prevalence of EOD. A search of Medline and Embase was performed. This was followed by a hand search of the references of these papers. Eleven suitable studies were included. All of the data was from more economically developed countries. The studies were heterogeneous in their design hindering direct comparison. The majority of the papers looked at all types of dementia although many gave a breakdown of the prevalence of different subgroups. A variety of diagnostic criteria was employed. Figures of 38 to 260 per 100,000 are quoted by papers looking at various different types of dementia together with an onset of between 30 and 64 or up to 420 per 100,000 for those aged 55-64. Prevalence rises as age approaches 65. Epidemiological data for prevalence rates for EOD are sparse. EOD remains a rare condition with low case numbers. Assimilation and comparison of results from existing studies is difficult due to methodological heterogeneity. Cross-national standardization of methodology should be a priority for future research in this area.

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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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Latest Guidance

There have been no further updates to the below guidelines since the last Dementia bulletin

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

Issued: November 2006 last modified: October 2012 Next review date: April 2014

<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>

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>

Copies of the articles listed in this bulletin are available on request:

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