Identification of the palliative phase in people with dementia: a variety of opinions between healthcare professionals

Citation: BMC Palliative Care, December 2015, vol./is. 14/1, 1472-684X (01 Dec 2015)

Author(s): Van Riet Paap J., Mariani E., Chattal R., Koopmans R., Kerherve H., Lepper W., Forycka M., Radbruch L., Vissers C, Dassen M., Engels Y.

Abstract: Background: People with dementia can benefit from a palliative care approach. Recommendations, such as those of the EAPC have been proposed to strengthen the provision of palliative care for this group of patients. Yet, it remains challenging for professionals to identify when a person with dementia is in need of palliative care. The objective of this study therefore was to explore when professionals in long-term care settings consider a person with dementia in need of palliative care. Methods: Teams with in total 84 professionals working in 13 long-term care settings from 6 countries (France, Germany, Italy, Norway, Poland and the Netherlands) received a case-vignette concerning a person with dementia recently admitted to a nursing home. Teams were asked to discuss when they considered people with dementia eligible for palliative care. The constant comparative method was used to analyse their answers. Results: Three different time points in the disease trajectory when people with dementia were considered to be eligible for palliative care were extracted: (1) early in the disease trajectory; (2) when signs and symptoms of advanced dementia are present; and (3) from the time point that curative treatment of co-morbidities is futile. Yet, none of these time points was uniformly considered by the professional teams across Europe. In some cases, professionals working in the same nursing home didn’t even reach consensus when considering persons with dementia eligible for palliative care. Conclusion: The results of the study identified that professionals across Europe have different opinions regarding the time point when to consider a person with dementia in need of palliative care.

Publication Type: Journal: Article

Source: EMBASE

Full Text: Available from BioMed Central in BMC Palliative Care
Does a palliative care consult decrease the cost of caring for hospitalized patients with dementia?

**Citation:** Palliative & supportive care, Dec 2015, vol. 13, no. 6, p. 1535-1540 (December 2015)

**Author(s):** Araw, Marissa, Kozikowski, Andrzej, Sison, Cristina, Mir, Tanveer, Saad, Maha, Corrado, Lauren, Pekmezaris, Renee, Wolf-Klein, Gisele

**Abstract:** Advanced dementia (AD) is a terminal disease. Palliative care is increasingly becoming of critical importance for patients afflicted with AD. The primary objective of this study was to compare pharmacy cost before and after a palliative care consultation (PCC) in patients with end-stage dementia. A secondary objective was to investigate the cost of particular types of medication before and after a PCC. This was a retrospective study of 60 hospitalized patients with end-stage dementia at a large academic tertiary care hospital from January 1, 2010 to October 1, 2011, in order to investigate pharmacy costs before and after a PCC. In addition to demographics, we carried out a comparison of the average daily pharmacy cost and comparison of the proportion of subjects taking each medication type (cardiac, analgesics, antibiotics, antipsychotics and antiemetics) before and after a PCC. There was a significant decrease in overall average daily pharmacy cost from before to after a PCC ($31.16 ± 24.71 vs. $20.83 ± 19.56; p < .0003). There was also a significant difference in the proportion of subjects taking analgesics before and after PCC (55 vs. 73.3%; p < .0009), with a significant average daily analgesic cost rise from pre- to post-PCC: $1.36 ± .57 (median = $0.05) versus. $2.35 ± 5.35 (median = $0.71), respectively, p = 0.011; average daily antiemetics cost showed a moderate increase from pre- to post-PCC: $0.08 ± .07 (median = $0) versus $0.23 ± 2.75 (median = $0), respectively, p < .047. Our findings indicate that PCC is associated with overall decreased medication cost in hospitalized AD patients. Additionally, receiving a PCC was related to greater use of pain medications in hospitalized dementia patients. Our study corroborates the benefits of palliative care team intervention in managing elderly hospitalized dementia patients.

**Source:** Medline

Reminiscence Therapy Improves Cognitive Functions and Reduces Depressive Symptoms in Elderly People With Dementia: A Meta-Analysis of Randomized Controlled Trials

**Citation:** Journal of the American Medical Directors Association, Dec 2015, vol. 16, no. 12, p. 1087-1094 (December 1, 2015)

**Author(s):** Huang, Hui-Chuan, Chen, Yu-Ting, Chen, Pin-Yuan, Huey-Lan Hu, Sophia, Liu, Fang, Kuo, Ying-Ling, ChiHsiao-Yean

**Abstract:** Cognitive function impairments and depressive symptoms are common in elderly people with dementia. Previous meta-analyses of outdated and small-scale studies have reported inconsistent results regarding the effects of reminiscence therapy on cognitive functions and depressive symptoms; therefore, we conducted a meta-analysis by including more recent randomized controlled trials (RCTs) with large sample sizes to investigate the immediate and long-term (6-10 months) effects of reminiscence therapy on cognitive functions and depressive symptoms in elderly people with dementia. Electronic databases, including PubMed, Medline, CINAHL, PsychINFO, the Cochrane Central Register of Controlled Trials, ProQuest, Google Scholar, and Chinese databases were searched to select eligible articles. Primary outcome measures included the scores of cognitive functions and depressive symptoms. In total, 12 RCT studies investigating the effects of reminiscence therapy on cognitive functions and depressive symptoms in elderly people with dementia were included. Two reviewers independently extracted data. All analyses were performed using a random-effects model. Reminiscence therapy had a small-size effect on cognitive functions (g = 0.18, 95% confidence interval [CI] 0.05-0.30) and a moderate-size effect on depressive symptoms (g = -0.49, 95% CI -0.70 to -0.28) in elderly people with dementia. Long-term effects of reminiscence therapy on cognitive functions and depressive symptoms were not confirmed. Moderator analysis revealed that institutionalized elderly people with dementia exhibited greater improvement in depressive symptoms than community-dwelling people with dementia did (g = -0.59 vs. -0.16, P = .003). This meta-analysis confirms that reminiscence therapy is effective in improving cognitive functions and depressive symptoms in elderly people with dementia. Our findings suggest that regular reminiscence therapy should be considered for inclusion as routine care for the improvement of cognitive functions and depressive symptoms in elderly people with dementia, particularly in institutionalized residents with dementia. Copyright © 2015 AMDA – The Society for Post-Acute and Long-Term Care Medicine. Published by Elsevier Inc. All rights reserved.

**Source:** Medline

Symptom Assessment for a Palliative Care Approach in People With Dementia Admitted to Acute Hospitals: Results From a National Audit

**Citation:** Journal of geriatric psychiatry and neurology, Dec 2015, vol. 28, no. 4, p. 255-259 (December 2015)

**Author(s):** O'Shea, Emma, Timmons, Suzanne, Kennelly, Sean, Siùn, Anna de, Gallagher, Paul, O'Neill, Desmond

**Abstract:** This study investigated the ability of both quantitative and qualitative assessments relevant to palliative care for people with dementia, including those at EOL, during hospital admission. As part of a national audit of dementia care, 660 case notes were reviewed across 35 acute hospitals. In the entire cohort, many assessments essential to dementia palliative care were not performed. Of the total sample, 76 patients died, were referred for specialist palliative care, and/or were referred for specialist palliative care. In this cohort, even less symptom assessment was performed (eg, no mood or sleep assessment in 27%, no delirium screening in 68%, and no mood or behavioral and psychological symptoms of dementia in 83%), in all, 37% had antipsychotic drugs during their admission and 71% of these received a new prescription in hospital, most commonly for "agitation." This study suggests a picture of poor symptom assessment and possible inappropriate prescription of antipsychotic medication, including at EOL, hindering the planning and delivery of effective dementia palliative care in acute hospitals. © The Author(s) 2015.

**Source:** Medline

Executive Abilities as Reflected by Clock Hand Placement: Frontotemporal Dementia Versus Early-Onset Alzheimer Disease

**Citation:** Journal of geriatric psychiatry and neurology, Dec 2015, vol. 28, no. 4, p. 239-248, 0891-9887 (December 2015)

**Author(s):** Barrows, Robin J, Barsuglia, Joseph, Paholpak, Pongsatorn, Eknoydan, Donald, Sabodash, Valery, Lee, Grace J, Mendez, Mario F

**Abstract:** The clock-drawing test (CDT) is widely used in clinical practice to diagnose and distinguish patients with dementia. It remains unclear, however, whether the CDT can distinguish among the early-onset dementias. Accordingly, we examined the ability of both quantitative and qualitative CDT analyses to distinguish behavioral variant frontotemporal dementia (bvFTD) and early-onset Alzheimer disease (EAD), the 2 most common neurodegenerative dementias with onset <65 years of age. We hypothesized that executive aspects of the CDT would discriminate between these 2
disorders. The study compared 15 patients with bvFTD and 16 patients with eAD on the CDT using 2 different scales and correlated the findings with neuropsychological testing and magnetic resonance imaging. The total CDT scores did not discriminate bvFTD and eAD; however, specific analysis of executive hand placement items successfully distinguished the groups, with eAD exhibiting greater errors than bvFTD. The performance on those executive hand placement items correlated with measures of naming as well as visuospatial and executive function. On tensor-based morphometry of the magnetic resonance images, executive hand placement correlated with right frontal volume. These findings suggest that lower performance on executive hand placement items occurs with involvement of the right dorsolateral frontal-parietal network for executive control in eAD, a network disproportionately affected in AD of early onset. Rather than the total performance on the clock task, the analysis of specific errors, such as executive hand placement, may be useful for early differentiation of eAD, bvFTD, and other conditions. © The Author(s) 2015.

Source: Medline

The Effect of Aroma Hand Massage Therapy for People with Dementia

Citation: Journal of alternative and complementary medicine (New York, N.Y.), Dec 2015, vol. 21, no. 12, p. 759-765 (December 2015)

Author(s): Yosiyama, Kazuy, Arita, Hideko, Suzuki, Jinichi

Abstract: Clinical aromatherapy is a complementary therapy that may be very helpful for elderly dementia care. Aromatherapy may reduce the behavioral and psychological symptoms of dementia (BPSD), improve quality of care, and thus improve the quality of life for people with dementia. In this pilot study, aroma hand massage therapy was used for elderly patients in a medical institution in Japan. The study assessed the effectiveness and safety of clinical aromatherapy as part of routine integrative care among people with dementia in a clinical care setting. The randomized, crossover pilot trials were performed among 14 patients with mild-to-moderate dementia older than age 65 years living in a nursing home in Nara, Japan. Participants were divided into two groups and offered, alternately, control therapy and clinical aromatherapy 3 times a week for the 4-week trials. The effects on BPSD and activities of daily living (ADLs) were evaluated quantitatively before and after the study and 4 weeks after the study ended as a follow-up. Observation records were also collected to obtain qualitative data. The quantitative data showed that neither therapy significantly improved the BPSD or ADL results. The qualitative data were classified into four main categories: mood, behavior, verbal communication, and nonverbal communication - reflecting the positive experiences of participants during both therapies. No harmful reactions or changes in medication occurred during the study. This pilot study demonstrated that clinical aromatherapy was clinically safe but did not lead to statistically significant improvements in BPSD or ADL among people with dementia. Further research on therapeutic effects is needed to develop high-quality care with clinical aromatherapy for elderly patients with dementia in Japan and to fully establish evidence for effective and safe practice in health care institutions.

Source: Medline

Dementia, distributed interactional competence and social membership

Citation: Journal of aging studies, Dec 2015, vol. 35, p. 104-110 (December 2015)

Author(s): Gjernes, Trude, Måseide, Per

Abstract: The article analyzes how a person with dementia playing a guitar collaborates with other people in a joint activity. The analysis shows that a person with dementia may gain social membership in a group of persons with and without dementia through social interaction, collaboration, scaffolding and use of material anchors. It shows that interactional skills as well as skills as guitar player are not only products of a mind-body system, but also a product of collaboration between different actors with different participant statuses in a particular situation. The guitar player’s mind emerges in the social context of the joint activity and scaffolding. Scaffolding comes from interactive moves from the other participants without dementia and from the guitar. The guitar represents a material anchor. It is a tool for participation, experiences of pleasure, and coping, but it is also a challenge that requires management of face threatening events. Copyright © 2015 Elsevier Inc. All rights reserved.

Source: Medline

Sleep, Cognition and Dementia

Citation: Current psychiatry reports, Dec 2015, vol. 17, no. 12, p. 97. (December 2015)

Author(s): Porter, Verna R, Buxton, William G, Avidan, Alon Y

Abstract: The older patient population is growing rapidly around the world and in the USA. Almost half of seniors over age 65 who live at home are dissatisfied with their sleep, and nearly two-thirds of those residing in nursing home facilities suffer from sleep disorders. Chronic and pervasive sleep complaints and disturbances are frequently associated with excessive daytime sleepiness and may result in impaired cognition, diminished intellect, poor memory, confusion, and psychomotor retardation all of which may be misinterpreted as dementia. The sleep disorders impacting patients with dementia include insomnia, hypersomnolence, circadian rhythm misalignment, sleep disordered breathing, motor disturbances of sleep such as periodic leg movement disorder of sleep and restless leg syndrome, and parasomnias, mostly in the form of rapid eye movement (REM) sleep behavior disorder (RBD). RBD is a pre-clinical marker for a class of neurodegenerative diseases, the "synucleinopathies", and requires formal polysomnographic evaluation. Untreated sleep disorders may exacerbate cognitive and behavioral symptoms in patients with dementia and are a source of considerable stress for bed partners and family members. When left untreated, sleep disturbances may also increase the risk of injury at night, compromise health-related quality of life, and precipitate and accelerate social and economic burdens for caregivers.

Source: Medline

Bilingualism, dementia, cognitive and neural reserve

Citation: Current opinion in neurology, Dec 2015, vol. 28, no. 6, p. 618-625 (December 2015)

Author(s): Perani, Daniela, Abutalebi, Jubin

Abstract: We discuss the role of bilingualism as a source of cognitive reserve and we propose the putative neural mechanisms through which lifelong bilingualism leads to a neural reserve that delays the onset of dementia. Recent findings highlight that the use of more than one language affects the human brain in terms of anatomo-structural changes. It is noteworthy that recent evidence from different places and cultures throughout the world points to a significant delay of dementia onset in bilingual/multilingual individuals. This delay has been reported not only for Alzheimer's dementia and its prodromal mild cognitive impairment phase, but also for other dementias such as vascular and fronto-temporal dementia, and was found to be independent of literacy, education and immigrant status. Lifelong bilingualism represents a powerful cognitive reserve delaying the onset of dementia by approximately 4 years. As to the causal mechanism, because speaking more than one language heavily relies upon executive control and attention, brain systems handling these functions are more developed in bilinguals resulting in increases of gray and white matter densities that may help protect
from dementia onset. These neurocognitive benefits are even more prominent when second language proficiency and exposure are kept high throughout life.

Source: Medline

**ESPEN guidelines on nutrition in dementia**

**Citation:** Clinical nutrition (Edinburgh, Scotland), Dec 2015, vol. 34, no. 6, p. 1052-1073 (December 2015)

**Author(s):** Volkert, Dorothee, Chourdakis, Michael, Faxen-Irving, Gerd, Frühwald, Thomas, Landi, Francesco, Suominen, Merja H, Vandewoude, Maurits, Wirth, Rainer, Schneider, Stéphane M

**Abstract:** Older people suffering from dementia are at increased risk of malnutrition due to various nutritional problems, and the question arises which interventions are effective in maintaining adequate nutritional intake and nutritional status in the course of the disease. It is of further interest whether supplementation of energy and/or specific nutrients is able to prevent further cognitive decline or even correct cognitive impairment, and in which situations artificial nutritional support is justified. It is the purpose of these guidelines to cover these issues with evidence-based recommendations. The guidelines were developed by an international multidisciplinary working group in accordance with officially accepted standards. The GRADE system was used for assigning strength of evidence. Recommendations were discussed, submitted to Delphi rounds and accepted in an online survey among ESPEN members. 26 recommendations for nutritional care of older persons with dementia are given. In every person with dementia, screening for malnutrition and close monitoring of body weight are recommended. In all stages of the disease, oral nutrition may be supported by provision of adequate, attractive food in a pleasant environment, by adequate nursing support and elimination of potential causes of malnutrition. Supplementation of single nutrients is not recommended unless there is a sign of deficiency. Oral nutritional supplements are recommended to improve nutritional status but not to correct cognitive impairment or prevent cognitive decline. Artificial nutrition is suggested in patients with mild or moderate dementia for a limited period of time to overcome a crisis situation with markedly insufficient oral intake. If low nutritional intake is predominantly caused by a potentially reversible condition, but not in patients with severe dementia or in the terminal phase of life. Nutritional care and support should be an integral part of dementia management. In all stages of the disease, the decision for or against nutritional interventions should be made on an individual basis after carefully balancing expected benefit and potential burden, taking the (assumed) patient will and general prognosis into account. Copyright © 2015 Elsevier Ltd and European Society for Clinical Nutrition and Metabolism. All rights reserved.

Source: Medline

**Nursing Interventions in Managing Wandering Behavior in Patients With Dementia: A Literature Review**

**Citation:** Archives of psychiatric nursing, Dec 2015, vol. 29, no. 6, p. 454-457 (December 2015)

**Author(s):** Gu, Lin

**Abstract:** Wandering behavior is common in patients with dementia. The purpose of this literature review was to define wandering, describe the factors of wandering and analyze different interventions and nursing skill of managing this behavior. Finally, barriers to and effective nursing intervention for wandering behavior will be reviewed as they appear within the literature. The search was conducted to use the PubMed, ProQuest, CINAHL, MEDLINE databases from 1990 to 2015. Search terms used included ‘wandering’, ‘intervention’, ‘dementia or Alzheimer’, ‘nursing’, and ‘elopement’. The inclusion criteria were: implementing the effective nursing intervention to manage wandering behavior, scholarly and peer reviewed journals, and publication in the English language. Copyright © 2015 Elsevier Inc. All rights reserved.

Source: Medline

**Assessing Engagement in People With Dementia: A New Approach to Assessment Using Video Analysis**

**Citation:** Archives of psychiatric nursing, Dec 2015, vol. 29, no. 6, p. 377-382 (December 2015)

**Author(s):** Jones, Cindy, Sung, Billy, Moyle, Wendy

**Abstract:** The study of engagement in people with dementia is important to determine the effectiveness of interventions that aim to promote meaningful activity. However, the assessment of engagement for people with dementia in relation to our current work that uses social robots is fraught with challenges. The Video Coding - Incorporating Observed Emotion (VC-IOE) protocol that focuses on six dimensions of engagement: emotional, verbal, visual, behavioral, collective and signs of agitation was therefore developed. This paper provides an overview of the concept of engagement in dementia and outlines the development of the VC-IOE to assess engagement in people with dementia when interacting with social robots. Copyright © 2015 Elsevier Inc. All rights reserved.

Source: Medline

**Lokomat training in vascular dementia: motor improvement and beyond!**

**Citation:** Aging clinical and experimental research, Dec 2015, vol. 27, no. 6, p. 935-937 (December 2015)

**Author(s):** Calabrò, Rocco Salvatore, De Luca, Rosaria, Leo, Antonino, Balletta, Tina, Marra, Angela, Bramanti, Placido

**Abstract:** Vascular dementia (VaD) is a general term describing problems with reasoning, planning, judgment, memory, and other thought processes caused by brain damage from impaired blood flow to the brain. Cognitive rehabilitation and physical therapy are the mainstays of dementia treatment, although often ineffective because of the scarce collaboration of the patients. However, emerging data suggest that physical activity may reduce the risk of cognitive impairment, mainly VaD, in older people living independently. Herein, we describe a 72-year-old male affected by VaD, in which traditional cognitive training in addition to intensive gait robotic rehabilitation (by using Lokomat device) led to a significant improvement in the motor and cognitive function. This promising finding may be related either to the intensive and repetitive aerobic exercises or to the task-oriented training with computerized visual feedback, which can be considered as a relevant tool to increase patients' motor output, involvement, and motivation during robotic training.

Source: Medline
Galantamine improves sleep quality in patients with dementia

Citation: Acta neurologica Belgica, Dec 2015, vol. 115, no. 4, p. 563-568 (December 2015)

Author(s): Naharci, Mehmet Ilkin, Ozturk, Ahmet, Yasar, Halit, Cintosun, Umit, Kocak, Necmettin, Bozoglu, Ergun, Tasci, Ilker, Doruk, Huseyin

Abstract: The purpose of the study was to evaluate the influences of cholinesterase inhibitors on sleep pattern and sleep disturbance. A total of 87 mild to moderate stage dementia patients who were not on cholinesterase enzyme inhibitor and memantine treatment were included in the study. The dementia patients were treated with donepezil, galantamine or rivastigmine, depending on the preference of the clinician. Fifty-five dementia patients (63.2 %) completed the study. Twenty-three elderly subjects, who had normal cognitive functions, were included in the study as the control group. The Pittsburgh Sleep Quality Index was used for evaluating the sleep quality at the beginning and at the final assessment. The improvement in sleep quality was better with regard to changes in Pittsburgh Sleep Quality Index scores with galantamine treatment compared to the donepezil and the control groups. A significant decrease in Pittsburgh Sleep Quality Index scores was detected in the galantamine group after treatment. Although statistically not significant, rivastigmine decreased and donepezil increased the Pittsburgh Sleep Quality Index scores after treatment. Dementia patients who had a poor sleep quality (n: 36), the rate of improvement in sleep disturbance was 81.8 % in the galantamine group, 75 % in the rivastigmine, and 50 % in the donepezil group. Galantamine may be the first choice of cholinesterase inhibitor in mild to moderate dementia patients in terms of improving sleep quality.

Source: Medline

Detecting dementia: how hit and miss is this questionnaire?

Citation: Evidently Cochrane

Author(s): Chapman, S

In the UK, 9.9 million people are aged over 65 and it has been estimated that around 6.6% have dementia; in the over 85s, this may be as high as 50%. Dementia has been identified as a national priority in health and social care and recent guidelines have emphasized early diagnosis to help with planning and management, though ‘screening’ for dementia remains the subject of debate.

www.evidentlycochrane.net/assessed-for-dementia/

Transition between inpatient hospital settings and community or care home settings for adults with social care needs

This guideline covers the transition between inpatient hospital settings and community or care homes for adults with social care needs. It aims to improve people's experience of admission to, and discharge from, hospital by better coordination of health and social care services.

www.nice.org.uk/guidance/NG27