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➤ **World Alzheimer report 2013 – Journey of caring: An analysis of long-term care for dementia**

This report examines the global and regional trends on older people needing dementia care and provides an analysis of long-term care systems around the world. It looks at the demographic and epidemiological transition world over and the challenges this brings. It analyses the global prevalence of dependence in the general population and among older people and how dementia impacts this dependence. It details long-term care; options of long-term care for people with dementia; future directions in long-term care; quality improvement of care such as coordinating and integrating care for people with dementia, and developing a dementia care workforce; financing long-term care for dementia that includes drivers and future trends.

Prince, M., Prina, M. & Guerchet, M. World Alzheimer report 2013 – Journey of caring: An analysis of long-term care for dementia. Alzheimer's Disease International.

Full text article can be accessed here:

<http://www.alz.co.uk/research/WorldAlzheimerReport2013.pdf>

➤ **Assessment and management of people with behavioural and psychological symptoms of dementia (BPSD): A handbook for NSW health clinicians**

This handbook for provides health staff with insights on managing BPSD. It provides an overview of dementia and BPSD covering types and stages of dementia and its symptoms. It highlights the cycle of care that includes accept, assess, act and reassess. Accept involves accepting the role of other staff and your own to provide person-centred care, communication and work with the carer. Assessment of the person with BPSD involves assessing safety, communication, environment, psychosocial factors and psychiatric disorder. Act covers non-pharmacological, pharmacological and psychosocial management as well as emergency care. Reassessment involves accepting the roles in care of different professional disciplines, teams and settings.

Assessment and management of people with behavioural and psychological symptoms of dementia (BPSD): A handbook for NSW health clinicians. NSW Ministry of Health and the Royal Australian and New Zealand College of Psychiatrists.

Full text article can be accessed here:

<http://www.health.nsw.gov.au/dementia/Publications/assessment-mgmt-people-bpsd.pdf>

➤ **Reshaping the design and delivery of dementia care**

This report presents how the design and delivery of dementia care have moved away from the previous care techniques such as demanding residents to participate in a one-size-fits-all group activity, restraining unruly residents or attempting to orient individuals to the current date and time. Today the focus is on person-centred care. While the transformation can incur costs of retraining staff and changes to the physical layout of the facility and may need staff commitment, its benefits outweigh the costs. The design also involves life-affirming therapy, advanced understanding of dementia and a willingness of the industry to learn and adapt.

Thompson, J. Reshaping the design and delivery of dementia care. Long-Term Living.

Full text article can be accessed here:

<http://www.ltimagazine.com/article/reshaping-design-and-delivery-dementia-care>

➤ **Younger onset dementia: A new horizon?**

This report looks at people living with younger onset dementia for people below the age of 65 and documents the unique challenges that 24,000 people living with this condition face. It provides recommendations as to how the Australian society can better understand the needs of these people and support them as they seek to participate actively in society. It also discusses how the National Disability Insurance Scheme (NDIS) and other funding bodies should respond to this problem.

Younger onset dementia: A new horizon? Alzheimer's Australia.

Full text article can be accessed here:

[http://www.fightdementia.org.au/common/files/NAT/NATIONAL_CONSUMER_SUMMIT_-_FINAL_March_2013\(1\).pdf](http://www.fightdementia.org.au/common/files/NAT/NATIONAL_CONSUMER_SUMMIT_-_FINAL_March_2013(1).pdf)

➤ **A cross-sectional study to compare care needs of individuals with and without dementia in residential homes in the Netherlands**

This study compares the number and type of unmet needs of people with and without dementia living in residential care in the Netherlands. Individuals diagnosed with dementia reported more needs in total and more unmet needs in comparison on issues such as accommodation, money, benefits, medication management, incontinence, memory problems, inadvertent self-harm, company and daytime activities. This may imply that the care for people with dementia can be better attuned to their needs.

Ploeg, E., Bax, D., Boorsma, M., Nijpels, G. & Hout, H. A cross-sectional study to compare care needs of individuals with and without dementia in residential homes in the Netherlands. BMC Geriatrics. 13:51.

Full text article can be accessed here:

<http://www.biomedcentral.com/content/pdf/1471-2318-13-51.pdf>

➤ **Feedback on end-of-life care in dementia: The study protocol of the FOLlow-up project**

The Feedback on End-of-Life care in dementia (FOLlow-up) project assesses and compares the effect of two audit and feedback strategies to improve the quality of end-of-life care in dementia. Eighteen nursing homes in the Netherlands matched on size, geographic location, religious affiliation and availability of palliative care were randomly assigned to an intervention group or the control group. The results were used to develop practice guidelines for nursing homes to monitor and improve care outcomes for end-of-life care among dementia patients.

Boogaard, J. & et.al. Feedback on end-of-life care in dementia: The study protocol of the FOLlow-up project. BMC Palliative Care. 12:29.

Full text article can be accessed here:

<http://www.biomedcentral.com/content/pdf/1472-684X-12-29.pdf>

➤ **A two-decade comparison of prevalence of dementia in individuals aged 65 years and older from three geographical areas of England: Results of the cognitive function and ageing study I and II**

In England and Wales, there has been a decrease in the number of elderly people developing dementia over the last 20 years. However, the percentage of nursing home residents diagnosed with dementia has increased during the corresponding period. While the figures suggest that improved education, prevention and treatment strategies have been effective, the burden on long-term care providers caring for dementia patients has increased over the same period. In addition, while fewer people are going into care facilities, the prevalence of dementia inside these facilities has increased from 56 percent to 70 percent.

Matthews, F.E., Arthur, A., Barnes, L.E. Bond, J., & Jagger, C., et al. A two-decade comparison of prevalence of dementia in individuals aged 65 years and older from three geographical areas of England: Results of the cognitive function and ageing study I and II. The Lancet.

Full text article can be accessed here:

<http://download.thelancet.com/flatcontentassets/pdfs/S0140673613615706.pdf>

➤ **A randomised controlled trial of the use of aromatherapy and hand massage to reduce disruptive behaviour in people with dementia**

While aromatherapy and hand massage therapies are reported to have some benefit for dementia sufferers displaying behavioural symptoms, there are a number of limitations to note about these reported studies. This article seeks to investigate the effect of aromatherapy (3 percent lavender oil spray) with and without hand massage on disruptive behaviour in dementia sufferers living in long-term care facilities. A blinded controlled trial involving 67 people diagnosed with dementia and known to have a history of disruptive behaviour

from three long-term care facilities showed that not one of the interventions significantly reduced disruptive behaviour despite a downward trend in behaviours displayed.

Fu, C-Y., Moyle, W., & Cooke, M. A randomised controlled trial of the use of aromatherapy and hand massage to reduce disruptive behaviour in people with dementia. BMC Complementary and Alternative Medicine. 13(165).

Full text article can be accessed here:

<http://www.biomedcentral.com/content/pdf/1472-6882-13-165.pdf>

➤ **World Alzheimer report 2014: Dementia and risk reduction**

This report examines the evidence for the existence of modifiable risk factors for dementia in four key domains: developmental; psychological and psychosocial; lifestyle; and cardiovascular conditions. It finds that dementia risk for populations can be modified by reduction in the use of tobacco, better control and detection for hypertension and diabetes, and cardiovascular risk factors. It suggests that brain health promotion messages be integrated in public health promotion campaigns such as anti-tobacco or non-communicable disease awareness. It recommends that dementia should be included in World Health Organization and national non-communicable disease planning.

Prince, M., Albanese, E., Guerchet, M. & Prina, M. World Alzheimer report 2014: Dementia and risk reduction. Alzheimer's Disease International.

Full text article can be accessed here:

<http://www.alz.co.uk/research/world-report-2014>

➤ **Improving the lives of people with dementia**

This report highlights nine key areas that the Ministry of Health in New Zealand will support over the next three years to maximise health independence and wellbeing of people with dementia. These actions include: implementing a nationally consistent approach to dementia care; increasing dementia awareness; reducing the risk of dementia; increasing access to a timely diagnosis of dementia; providing navigation of services and increasing the quality of information and education; increasing the ability of people with dementia to remain living at home; increasing the quality of information and education for the workforce; developing dementia-friendly health and social support services; and providing respectful and supportive end-of-life care.

Improving the lives of people with dementia. Ministry of Health, New Zealand.

Full text article can be accessed here:

<http://www.health.govt.nz/system/files/documents/publications/improving-the-lives-of-people-with-dementia.pdf>

➤ **Creative activities for residents with dementia**

This article provides an alternative to best care for people with dementia without using antipsychotic medication. It lists activities that can enrich the lives of people with dementia by engaging them positively and building on their remaining strength. Some activities are: off-campus trips to a variety of locations; “whack-a-mole” game where residents use water pistols to shoot down plastic cups decorated as moles; a read-aloud book club; an intergenerational square-dance event; and looking at old photographs.

Barbera, E. Creative activities for residents with dementia. McKnight's.

Full text article can be accessed here:

<http://www.mcknights.com/creative-activities-for-residents-with-dementia/article/374843/>

➤ **Comfort focus improves lives of those with advanced dementia**

Comfort Matters, an initiative for those with Alzheimer’s disease and other dementia, believes that those with dementia are experts on their own personal comfort. They opine that people with dementia communicate comfort and discomfort through their actions, that everyone who has dementia can be comfortable, and that the goal of comfort should not be reserved for end-of-life circumstances. The model allows residents to sleep as they wish; to eat what they enjoy when they want to eat, regardless of dietary concerns; to perform activities of daily living on their own terms; and to be engaged as they like. This article outlines the processes followed by Comfort Matters, its impactful outcomes, and its pilot project in New York.

Bowers, L. Comfort focus improves lives of those with advanced dementia. Long-Term Living Magazine.

Full text article can be accessed here:

<http://www.ltlmagazine.com/article/comfort-focus-improves-lives-those-advanced-dementia>

➤ **Improvements in gait characteristics after intensive resistance and functional training in people with dementia: A randomised controlled trial**

It is important to prevent and rehabilitate gait disorders in people with dementia during the early stages of the disease to help them stay independent. This study explores whether a specific, standardized training regimen can improve gait characteristics in people with dementia. Sixty-one individuals with mild to moderate stage dementia were enrolled in a three-month randomized control trial. The intervention group received supervised, progressive resistance and functional group training while the control group conducted a low-intensity motor placebo activity programme. It found that the training of the intervention group was feasible and significantly improved gait speed, cadence, stride length, stride time and double support.

Schwenk, M., Zieschang, T., Englert, S., Grewal, G., Najafi, B. & Hauer, K. Improvements in gait characteristics after intensive resistance and functional training in people with dementia: A randomised controlled trial. *BMC Geriatrics*, 14(73).

Full text article can be accessed here:

<http://www.biomedcentral.com/content/pdf/1471-2318-14-73.pdf>

➤ **Nurses' and care workers' experiences of spiritual needs in residents with dementia in nursing homes: A qualitative study**

While nurses claim to practise holistic nursing, not much is known about recognising the spiritual needs of nursing home residents with dementia. A qualitative study conducted at four nursing homes in Norway from June 2011 to Jan 2012 revealed that the nurses' and care workers' experiences of residents' spiritual needs were related to: the need for serenity and inner peace/contemplative and restful moments and calmness due to familiarity; the need for confirmation, namely love and proximity; and the need to express faith and beliefs, which refers to participating in worship and prayers and approaching death. The analyses revealed that the nurses believe the residents' spiritual needs were linked to the residents' previous sources of finding meaning, in relation to inter-personal, intra-personal and trans-personal dimensions in residents' lives. The findings show the importance of gaining more knowledge about how people with dementia in such settings express their spiritual needs and how to observe and interpret these needs.

Odbehr, L., Kvigne, K., Hauge, S., & Danbolt, L.J. Nurses' and care workers' experiences of spiritual needs in residents with dementia in nursing homes: A qualitative study. *BMC Nursing*. 13(12).

Full text article can be accessed here:

<http://www.biomedcentral.com/content/pdf/1472-6955-13-12.pdf>

➤ **Improving dementia long-term care: A policy blueprint**

In 2010, 15 percent of Americans aged above 70 had dementia and the number is expected to double by 2050 for those 65 years and older. In this report, the authors: identify the weakness in the long-term services and supports (LTSS) system that may be particularly severe for persons with dementia; review national and state strategies to address dementia or LTSS policy; identify policy options from the perspective of a diverse group of stakeholders; evaluate the policy options; and prioritise policy options by impact and feasibility. The report identifies 25 high-impact policy options covering five broad objectives to improve dementia LTSS delivery step, workforce and financing. They are: increase public awareness of dementia to reduce stigma and promote early detection; improve access to and utilisation of LTSS; promote high-quality, person- and family caregiver-centred care;

provide better support for family caregivers; and reduce the burden of dementia LTSS cost on individuals and families.

Shih, R., Concannon, T., Liu, J. & Friedman, E. Improving dementia long-term care: A policy blueprint. RAND Corporation.

Full text article can be accessed here:

http://www.rand.org/content/dam/rand/pubs/research_reports/RR500/RR597/RAND_RR597.pdf

➤ **Is the incidence of dementia declining?**

The World Alzheimer’s Report 2010 estimates that by 2050, the number of people with dementia will reach 115 million, up from the estimated 36 million in 2010. However, there is growing evidence that the incidence of this disease may be declining over the last decade or two. It could be attributed to a number of reasons, namely, the two most common subtypes of dementia, “Alzheimer’s disease (AD) and vascular dementia (VaD) which together account for nearly three-quarters of all dementia (2), with AD accounting for the majority. There are known risk factors for both disorders, some of which are modifiable and have indeed been modified in recent times.” Some of the risk factors for both disorders are modifiable and both disorders often overlap in older individuals, “and some of their risk and protective factors are shared.” This report also looks at dementia trends in Europe and North America and notes that “age-specific prevalence and, by inference, incidence of dementia and severe cognitive impairment may be declining in high income countries.”

Sachdev, P. Is the incidence of dementia declining? Alzheimer’s Australia.

Full text article can be accessed here:

http://www.fightdementia.org.au/common/files/NAT/Paper_39_Is_the_incidence_of_dementia_declining.pdf

➤ **Dementia-friendly Yorkshire: First steps on the journey**

This collection presents 20 examples of grassroots dementia-friendly projects transforming communities across Yorkshire. They comprise of projects taking place in shops, churches, mosques, gurdwaras, legal services and cafes, and in public services such as transport, museums, hospitals, trading standards, schools, libraries, and sports centres. These projects are mostly championed by locals and show how we can play a role in making our community or organisation a welcoming and supportive place for people with dementia.

Telfer, S. Dementia-friendly Yorkshire: First steps on the journey. Joseph Rowntree Foundation.

Full text article can be accessed here:

<http://www.jrf.org.uk/sites/files/jrf/Dementia-friendly-yorkshire.pdf>

➤ **Diagnoses indicating pain and analgesic drug prescription in patients with dementia: A comparison to age- and sex-matched controls**

Appropriate treatment of pain in nursing home residents may reduce the incidence of agitation and neuropsychiatric symptoms. However, due to the difficulties in communication, the evidence of pain in dementia may remain undetected. This report examines a large cohort of patients with dementia and age- and sex-matched controls to understand how often they receive diagnoses indicating pain; how often they receive analgesics, and in which agents and formulations. It found a comparable documentation of diagnoses indicating pain in persons with dementia compared to those without. However, there seemed to be undertreatment of pain inpatients with dementia. Analgesics were more often prescribed to sicker patients and to control pain in the context of morbidity.

Hoffmann, F., Bussche, H., Wiese, B., Glaeske, G. & Kaduszkiewicz, H. Diagnoses indicating pain and analgesic drug prescription in patients with dementia: A comparison to age- and sex-matched controls. BMC Geriatrics.

Full text article can be accessed here:

<http://www.biomedcentral.com/content/pdf/1471-2318-14-20.pdf>

➤ **Nutrition and dementia: A review of available research**

This report investigates how the right nutrition can help to make life better for people who live with dementia. It highlights the importance of nutritional factors to primary and secondary prevention of dementia such as adiposity and cognitive function in mid-life; and role of B vitamins, antioxidants, omega-3, Mediterranean diet. It looks at mechanisms, occurrence and consequences of dementia-related undernutrition and weight loss. It concludes by exploring interventions to improve the nutrition of people living with dementia such as using nutritional assessment; education and training; modifications to mealtime environment and routine; oral nutritional supplementation; feeding assistance; and examples of dementia care best practices.

Nutrition and dementia: A review of available research. Alzheimer's Disease International.

Full text article can be accessed here:

<http://www.alz.co.uk/sites/default/files/pdfs/nutrition-and-dementia.pdf>

➤ **Dementia self-assessment framework**

This benchmarking tool was created by nurses and care staff to compare current dementia care with the best practice criteria. It can be used by health and social care staff when considering changes to improve practice; developing a plan; and reviewing progress around their involvement in dementia care across the whole pathway. Nurses and care staff contributing to the dementia care pathway help increase basic awareness, reduce stigma, and assess, diagnose and continue support for people with dementia and carers

through to end of life care. This dementia self-assessment framework can be adapted to suit local requirements.

Dementia self-assessment framework.. Department of Health, U.K.

Full text article can be accessed here:

<https://www.gov.uk/government/publications/dementia-self-assessment-framework>

➤ **The triangle of care: A guide to best practice of dementia care**

The Triangle of Care describes a therapeutic relationship between the person with dementia (patient), staff member and carer that promotes safety, supports communication and sustains wellbeing. It was originally developed for use in mental health services but was found to be applicable in other care settings. This guide demonstrates how these standards can be used to support a partnership approach to dementia care. It explains the approach, some common problems encountered while seeking treatment, the importance of carer engagement in dementia care, supporting carers in hospitals, the Triangle of Care and the six key standards to achieving a Triangle of Care.

Hannan, R., Thompson, R., Worthington, A., & Rooney, P. The triangle of care: A guide to best practice for dementia care. Carers Trust.

Full text article can be accessed here:

http://www.rcn.org.uk/__data/assets/pdf_file/0009/549063/Triangle_of_Care_-_Carers_Included_Sept_2013.pdf

➤ **New Zealand framework for dementia care**

The number of people with dementia in New Zealand is expected to grow from 48,000 in 2011 to over 78,000 by 2026. In 2011 alone, the cost of dementia care, which includes the costs of residential care, pharmaceuticals, general practitioner visits, productivity loss and loss of healthy years of life, was NZ\$954.8 million. This framework provides the dementia sufferer with the services they need from diagnosis to end of life. It encourages collaboration between different health and social services in order to provide these people with integrated care. These services should also be cognizant of their wishes, cultural preferences and lifestyles. Furthermore, it encourages health care professionals to diagnose dementia earlier so that the sufferers can get the necessary help as soon as possible.

New Zealand framework for dementia care. Ministry of Health, New Zealand.

Full text article can be accessed here:

<http://www.health.govt.nz/system/files/documents/publications/new-zealand-framework-for-dementia-care-nov13.pdf>

➤ **The journey with dementia from the perspective of bereaved family caregivers: A qualitative descriptive study**

With a growing preference for home and community-based care an increasing number of family caregivers are caring for persons with dementia. This study examines the dementia caregiving experience from the perspective of the bereaved caregiver and presents a complete caregiving journey. It interviewed 11 bereaved caregivers to explore the following caregiving themes: getting a diagnosis; managing at home; transition to long-term care; end of life; and grief in bereavement. Bereaved caregivers share similar experiences with active caregivers in their caregiving journey.

Peacock, S., Hammond-Collins, K. & Forbes, D. The journey with dementia from the perspective of bereaved family caregivers: a qualitative descriptive study. BMC Nursing, 13.

Full text article can be accessed here:

<http://www.biomedcentral.com/content/pdf/s12912-014-0042-x.pdf>

➤ **Pain assessment for people with dementia: a systematic review of systematic reviews of pain assessment tools**

Pain in patients with dementia is under-detected and poorly managed in long-term care as it is challenging to do so. There are an increasing number of pain assessment tools to accurately measure pain in dementia patients. This study systematically reviews 21 different sets of tools to provide evidence of reliability, validity and clinical utility. However, the lack of a 'gold standard' significantly hinders the evaluation of any tool validity. The small sample size of the studies also provides limited evidence for use of any tools across settings or populations.

Lichtner, V., et. al. Pain assessment for people with dementia: a systematic review of systematic reviews of pain assessment tools. BMC Geriatrics, 14.

Full text article can be accessed here:

<http://www.biomedcentral.com/content/pdf/1471-2318-14-138.pdf>

➤ **Caring for the patient with end-stage dementia**

Dementia patients are underserved by hospices despite it being a terminal illness and hence end-stage dementia patients rarely receive the care they deserve or need. This article reviews four key components for ensuring patients with end-stage dementia receive proper care: the challenge of prognostication that is a leading barrier to hospice care; care planning strategies; strategies for managing complications of dementia such as behavioral problems, sleep disturbances, and pain; and strategies for helping patients and families through the bereavement process.

Sekerak, R. & Stewart, J. *Caring for the patient with end-stage dementia. Annals of Long-Term Care: Clinical Care and Aging*, 22(12).

Full text article can be accessed here:

<http://www.annalsoflongtermcare.com/article/caring-patient-end-stage-dementia>

➤ **Attending an activity center: Positive experiences of a group of home-dwelling persons with early-stage dementia**

In Norway, home-dwelling persons with dementia are provided with opportunities to participate in organised meaningful activities. This study explores the experiences of home-dwelling persons with early-stage dementia who attended an activity centre to participate in physical and social activities delivered by nurses and volunteers. The participants appreciated the activities; praised the nurses and volunteers; found themselves being more active; and being included in a fellowship. Participation in activities and the feeling of being included in a fellowship may have had a positive influence on the participants health and well-being.

Soderhamn, U., Aasgaard, L. & Landmark, B. *Attending an activity center: Positive experiences of a group of home-dwelling persons with early-stage dementia. Clinical Interventions in Aging*, 9.

Full text article can be accessed here:

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4234391/>

➤ **A tool to support meaningful person-centred activity for clients with dementia – A Delphi study**

This study examines the concept of the ‘Activity Support Tool’ aimed to assist dementia service workers identify and act upon the support needs of people with dementia living alone. A qualitative study found that people with dementia used objects and spaces within their home to maintain or re-enact identities from the past. Thematic results were translated into a tool using the Delphi technique. The tool was considered by almost all advisory panel members “to be a potentially valuable resource for helping to address impediments to integrated, effective and person-centered dementia care”. The simplicity, person-centeredness and applicability across service settings were the strengths of the tool.

Lloyd, B. & Stirling, C. *A tool to support meaningful person-centred activity for clients with dementia – A Delphi study. BMC Nursing*.

Full text article can be accessed here:

<http://www.biomedcentral.com/1472-6955/14/10>

➤ **Why dementia: 2015 and beyond conference report**

This report of a conference hosted by the East of England Strategic Clinical Network, encourages delegates to look beyond diagnosis rate and look at new and innovative models in memory assessment and post diagnostic support. It highlights three main models of memory assessment: specialist led (e.g. included Salford and Isle of Wight); GP based with specialist outreach (e.g. Gnosall and South Manchester); and primary care led (e.g. Dudley, Wiltshire and Bexhill on Sea). No one model is better than the other, with all having their own pros and cons.

Dollery, C. & Gupta, S. Why dementia: 2015 and beyond conference report. NHS.

Full text article can be accessed here:

http://dementiapartnerships.com/wp-content/uploads/sites/2/why_dementia_2015_and_beyond_conference_report.pdf

➤ **Dementia: Care guide**

This report provides an overview of how to care for people with dementia. It details the 10 warning signs of Alzheimer's and the different stages of dementia. It provides strategies for communicating with compassion and understanding including simple tips; best music; activities to foster connections with loved ones; and dos and don'ts while dealing with dementia behaviour problems. It gives information on person-centred memory care; a memory care checklist and recommended books. It highlights action to reduce stigma and help end the disease.

Dementia: Care guide. (2015). A Place for Mom.

Full text article can be accessed here:

<http://web28.streamhoster.com/apfmdev/dementia-guide.pdf>

➤ **Guidance on dementia care for designated centres for older people**

This guidance for dementia care in residential centres for older people is developed to guide service providers in Ireland in providing high quality, safe and effective care for residents with dementia. The guide provides an understanding on dementia, why dementia care is important and aims of effective dementia care. It details the health and social care needs that includes assessment and care planning. It also looks at residents rights, dignity and consultation; suitable staffing; and the environment.

Guidance on dementia care for designated centres for older people. Health Information and Quality Authority.

Full text article can be accessed here:

http://hiqa.ie/system/files/Dementia_Care-Guidance.pdf

➤ **How can and should UK society adjust to dementia?**

This paper explores the application of the social model of disability to dementia in the United Kingdom. It looks at the social model of disability and its relevance to dementia; social attitudes and understanding of disability and ageism; the nature and development of services; and the empowerment and involvement of people living with dementia. The paper highlights the way disability overlaps with ageism in society and how space and place acquire special relevance. It draws on theoretical perspectives to explain the social barriers that the social model of disability highlights in the lives of people with dementia.

Thomas, C. & Milligan, C. How can and should UK society adjust to dementia. Joseph Rowntree Foundation.

Full text article can be accessed here:
<http://www.jrf.org.uk/sites/files/jrf/society-adjust-dementia-summary.pdf>

➤ **Expert views on the factors enabling good end of life care for people with dementia: A qualitative study**

This report presents expert views on the key factors influencing good practice in end of life care for people with dementia. The four key factors are: leadership and management of care; integrating clinical expertise; continuity of care; and use of guidelines. The relationship between these four factors is important. The leadership and management of care will have implications for the successful implementation of guidelines and the appropriate and timely use of clinical expertise might prevent hospitalisation and ensure continuity of care.

Lee, R., Bamford, C., Exley, C. & Robinson, L. Expert views on the factors enabling good end of life care for people with dementia: a qualitative study. BMC Palliative Care.

Full text article can be accessed here:
<http://www.biomedcentral.com/1472-684X/14/32>

➤ **‘I want to feel at home’: Establishing what aspects of environmental design are important to people with dementia nearing the end of life**

This study explores the views of people with dementia, family carers and professionals on what aspects of the physical environment are important to support a good quality of life till the end. There were differences of opinion among the 18 people who participated in the focus group discussions. People with dementia and family carers identified comfort through engagement, feeling at home, a calm environment, privacy and dignity and use of technology to remain connected as important. Healthcare practitioners found design to facilitate duty of care and institutional influences of their practice as important. Fifteen features were identified as important to support good practice. They include: supporting the continued use of the senses; providing access to the

outdoors/natural environment; providing access to nature indoors; and providing opportunities to engage with spiritual life; among others.

Fleming, R., Kelly, F. & Stillfried, G. 'I want to feel at home': Establishing what aspects of environmental design are important to people with dementia nearing the end of life. BMC Palliative Care.

Full text article can be accessed here:
<http://www.biomedcentral.com/1472-684X/14/26>

➤ **Dementia 2015: Aiming higher to transform lives**

This fourth annual survey of people with dementia and their carers provides an assessment of what is currently in place and what needs to be improved in dementia care and support in England over the next five years. It looks at producing a national action plan for dementia and securing funding; taking action on risk management; improving diagnosis and transforming support after diagnosis; supporting carers; delivering dementia-friendly health and care settings; tackling issues in dementia education, training and workforce; driving forward dementia-friendly communities; and making the UK a leader in transformational research.

Kane, M. & Terry, G. Dementia 2015: Aiming higher to transform lives. Alzheimer's Society.

Full text article can be accessed here:
http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=2700

➤ **World Alzheimer report 2015: The global impact of dementia**

Around the world, there will be 9.9 million new cases of dementia in 2015. Currently, 46.8 million people worldwide are living with dementia in 2015 with the number expected to double every 20 years. This 2015 World Alzheimer Report updates data on the prevalence, incidence, cost and trends of dementia worldwide and also shows how these numbers will increase in the future. It looks at the global prevalence of dementia; the incidence of dementia; current and future secular trends; the impact of dementia worldwide; the worldwide costs of dementia; and recommendations to address dementia.

Prince, M., et. al. World Alzheimer report 2015: The global impact of dementia. Alzheimer's Disease International.

Full text article can be accessed here:
<http://www.worldalzreport2015.org/downloads/world-alzheimer-report-2015.pdf>

➤ **How can we make our cities dementia friendly?**

Dementia friendly cities (DFC) can be defined as places “where people with dementia are understood, respected and supported, and confident they can contribute to community life.” More than 80 places in the United Kingdom are striving towards becoming more dementia friendly. York and Bradford are two cities in the UK leading the field. This paper draws out key learnings from independent evaluations of DFCs. Some of them include: active and meaningful engagement of people with dementia and their families; engaging with and achieving equity for all people with dementia whatever their circumstances; addressing practical barriers to inclusion; recognising and promoting the human rights of people with dementia and carers; among others.

Hare, P. How can we make our cities dementia friendly? Joseph Rowntree Foundation.

Full text article can be accessed here:

<https://www.jrf.org.uk/report/how-can-we-make-our-cities-dementia-friendly>

➤ **Living at the farm, innovative nursing home care for people with dementia – Study protocol of an observational longitudinal study**

New care environments that are small-scale and homelike are developing. The green care farm providing 24 hour nursing home care for people with dementia is one such new care environment. The leading countries with green care farms include Norway, the Netherlands, France, Italy, Belgium, Austria, the UK, Germany and Ireland. Some are actual farms that have agricultural production while others providing care is the main source of income and gaining agricultural production is a by-product. This report explores the daily life of residents, the quality of care, and the experiences of caregivers on green care farms compared with other nursing home care environments.

Boer, B., Hamers, J., Beerens, H., Zwakhalen, S., Tan, F. & Verbeek, H. Living at the farm, innovative nursing home care for people with dementia – Study protocol of an observational longitudinal study. BMC Geriatrics.

Full text article can be accessed here:

<http://www.biomedcentral.com/1471-2318/15/144>