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Effects of implementing a sensory integration training method, using a person centred approach with the carers of people with dementia who are showing distressed behaviour

Date requested: 08.01.2020  
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Mary Smith  
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SUMMARY
- Nonpharmacological approaches for behavioural and psychological symptoms of dementia in older adults: A systematic review of reviews. - Although there remains a paucity of high-quality research in this area, the existing evidence indicates that behavioural and psychological symptoms of dementia require a range of nonpharmacologic sensory-focused approaches that are tailored to the individual. Further research is needed to determine the interventions best suited for specific behaviours and contexts, particularly inappropriate sexual behaviours. Relevance to clinical practice: There is a need for nurses to be informed of best practices in order to effectively plan appropriate interventions to address behaviours in older adults with dementia. Care planning and tailored, sensory-focused, nonpharmacologic approaches are safe and effective options for nurses to consider in practice (7)
A systematic review of the clinical effectiveness and cost-effectiveness of sensory, psychological and behavioural interventions for managing agitation in older adults with dementia. Person-centred care, communication skills and DCM (all with supervision), sensory therapy activities, and structured music therapies reduce agitation in care-home dementia residents. Future interventions should change care home culture through staff training and permanently implement evidence-based treatments and evaluate health economics. There is a need for further work on interventions for agitation in people with dementia living in their own homes. (33)

The Multi Sensory Stimulation Environment and activity groups demonstrated behavior improvements and higher scores on the Cohen-Mansfield agitation inventory, verbal agitated behavior factor, and Neuropsychiatric Inventory - Nursing Home, with no significant differences between groups. The MSSE could have long-term positive effects on such neuropsychiatric symptoms in older people with dementia. (34)

Newcastle Model – see ref (29)

East Lancashire Clinic Model – see ref (5)

Ian James – see refs (13), (14), (36)

Training

The disconnect between evidence and practice: A systematic review of person-centred interventions and training manuals for care home staff working with people with dementia. (31)

A systematic review of the clinical effectiveness and cost-effectiveness of sensory, psychological and behavioural interventions for managing agitation in older adults with dementia. Training family carers in behavioural or cognitive interventions did not decrease severe agitation. Person-centred care, communication skills and DCM (all with supervision), sensory therapy activities, and structured music therapies reduce agitation in care-home dementia residents. Future interventions should change care home culture through staff training and permanently implement evidence-based treatments and evaluate health economics. There is a need for further work on interventions for agitation in people with dementia living in their own homes. (33)

Web-Based STAR E-Learning Course Increases Empathy and Understanding in Dementia Caregivers: Results from a Randomized Controlled Trial in the Netherlands and the United Kingdom. (28)

Patient-centred care training needs of health care assistants who provide care for people with dementia (2)

For BPSD overall and for agitation, caregiver training, environmental adaptations, person-centered care, and tailored activities were identified as first-line approaches prior to any pharmacologic approaches. (3)

Person-centred communication in dementia care: a qualitative study of the use of the SPECAL® method by care workers in the UK (8)

Care staff training based on person-centered care and dementia care mapping, and its effects on the quality of life of nursing home residents with dementia. (17)

Workforce development to provide person-centered care (18)

Evidence was insufficient regarding the efficacy of nonpharmacological care-delivery interventions to reduce agitation or aggression in nursing home and assisted living facility residents with dementia (20)

The development and evaluation of an educational intervention for primary care promoting person-centred responses to dementia (26)

The experiences of staff in a specialist mental health service in relation to development of skills for the provision of person centred care for people with dementia. (30)
• The impact of adopting person-centred care approach for people with Alzheimer's on professional caregivers' burden: An interventional study (32)
• Staff attributions towards distressed behaviour in dementia before and after training in psychological assessment and formulation [Thesis] (37)
• Training nursing home staff to improve psychosocial care reduces neuroleptic use in people with dementia without an increase in agitation (41)

SEARCH RESULTS

Abstract: Behavior disturbance in people with neurocognitive disorders is a major challenge for caregiving and quality of life. Common neuropsychiatric symptoms include sleep disturbance, aggression, anxiety, depression, and agitation. As a part of patient-centered care, individual needs of the person must be considered when attempting behavioral interventions. By reviewing the evidence regarding short- and long-term outcomes of nonpharmacological choices for behavioral interventions, care providers can make patient-centered choices. Sensory, cognitive, emotional and environmental interventions are explored in reference to major neurocognitive disorder (dementia). An emphasis is placed on the importance of caregiver education and environmental modifications.

Abstract: It is well documented that Health care assistants (HCAs) provide the most hands-on care to residents in aged care facilities, and play a critical role in the provision of care to dementia residents. Over the last 25 years, a philosophy of person-centred care has become the preferred approach to care and this has meant that HCAs are encouraged to get to know the resident very well. This paper reports the experiences of HCAs in caring for people at end-of-life, identifies the skills required for their work and examines the education provided against these skills. Semi-structured interviews were conducted in 49 facilities (n = 34) across New Zealand and data analysed thematically, with the aim of critically examining the adequacy of education for health care assistants which meets their needs within a person-centred environment. The results confirm that the skills include traditional tasks of care (showering, feeding, toileting, and dressing) but the increasingly important communication and de-escalation skills, both verbal and non-verbal, have become central to their care skills. Education provided has not sufficiently shifted focus to include these more complex skills. Provision of educations that acknowledges the increased complexities of their role needs to be provided. As well, facilities need to be challenged to reconsider the HCA’s position in the facility care team. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Abstract: Objectives: Behavioral and psychological symptoms of dementia (BPSD) are nearly universal in dementia, a condition occurring in more than 40 million people worldwide. BPSD present a considerable treatment challenge for prescribers and healthcare professionals. Our purpose was to prioritize existing and emerging treatments for BPSD in Alzheimer’s disease (AD) overall, as well as specifically for agitation and psychosis. Design(s): International Delphi consensus process. Two rounds of feedback were conducted, followed by an in-person meeting to ratify the outcome of the electronic process. Setting(s): 2015 International Psychogeriatric Association meeting. Participant(s): Expert panel comprised of 11 international members with clinical and research expertise in BPSD management. Result(s): Consensus outcomes showed a clear preference for an escalating approach to the
management of BPSD in AD commencing with the identification of underlying causes. For BPSD overall and for agitation, caregiver training, environmental adaptations, person-centered care, and tailored activities were identified as first-line approaches prior to any pharmacologic approaches. If pharmacologic strategies were needed, citalopram and analgesia were prioritized ahead of antipsychotics. In contrast, for psychosis, pharmacologic options, and in particular, risperidone, were prioritized following the assessment of underlying causes. Two tailored non-drug approaches (DICE and music therapy) were agreed upon as the most promising non-pharmacologic treatment approaches for BPSD overall and agitation, with dextromethorphan/quinidine as a promising potential pharmacologic candidate for agitation. Regarding future treatments for psychosis, the greatest priority was placed on pimavanserin.

Conclusion(s): This international consensus panel provided clear suggestions for potential refinement of current treatment criteria and prioritization of emerging therapies.

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Abstract: The quality of care of persons with dementia in hospitals is not optimal and can be challenging. Moreover, staff may find difficulty in translating what they have learned during training into practice. This paper report the development and evaluation of a set of workshops using an appreciative inquiry approach to implement person-centred dementia care in two hospital wards. Staff worked collaboratively to develop a ward vision and to implement a number of action plans. Using appreciative inquiry approach, staff attitudes towards persons with dementia improved, inter-professional collaboration was enhanced and small changes in staff practices were noted. Dementia care in hospitals can be enhanced by empowering staff to take small but concrete actions after they engage in appreciative inquiry workshops, during which they are listened to and appreciated for what they can contribute. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Abstract: The East Lancashire Clinic model is a consultancy-based approach to supporting care home staff to assess and respond to reactive behaviours of people with dementia and reduce the need to refer into secondary mental health services. The clinics are person centred and solution focused, aiming to promote recognition of unmet needs and early interventions implemented by staff. The pilot was able to resolve most cases and reduce referral rates into secondary care services. Through working collaboratively, it empowers staff to improve the care of all their residents, improves relationship with secondary care services and has potential to offer efficiency savings.


Abstract: This feasibility study aimed to identify and address the support needs of family carers (FCs) of people living with dementia and to assess whether the use of the Carer Support Needs Assessment Tool (CSNAT) intervention in home-based care was acceptable and relevant to FCs. The CSNAT intervention comprised two FC support needs assessment visits, 7 weeks apart, plus associated actions addressing prioritised needs by the Client Care Advisors of a community care service in Western Australia in 2015. Telephone interviews were conducted with FCs on their experience using the CSNAT at the end of the intervention. Twenty-one FCs were involved in the intervention and 15 of them completed the feedback interviews. Care recipients had moderate to severe dementia. The top five support needs reported by FCs were: having time to yourself in the day; knowing what to expect in the future; practical help in the home; looking after your own health and dealing with your feelings and worries. Three themes summarised their experience: a straightforward structured approach; awareness, acknowledgement and acceptance of their situation; and provision of support. FCs appreciated the opportunity to be heard and acknowledged, to have their practical and psychosocial support needs facilitated, to identify what is important to them and to receive a response in a timely manner. The CSNAT approach offered a structured carer-led, person-centred, supportive intervention that facilitated discussion between the family
carer and the service provider about support needs and strategies to address them. (PsycINFO Database Record (c) 2019 APA, all rights reserved)


Abstract: Aims and objectives: To review the evidence on nonpharmacological approaches to care for behavioural and psychological symptoms of dementia in older adults. Background(s): Dementia is increasing in worldwide prevalence and can have severe and life-altering impacts on older adults. Behavioural and psychological symptoms of dementia can occur as a result of unmet needs and are distressing for family and caregivers. Many reviews have examined specific approaches to behaviours, but few have compared interventions for effectiveness and applicability across settings. Design(s): Systematic review of reviews. Method(s): The search was limited to reviews that were published between October 2009-April/May 2015. Seven databases were searched, and reviews with a focus on nonpharmacological approaches to behaviours in older adults with dementia were included. All reviews were independently screened by two reviewers, quality appraised and data extracted. Results are reported through narrative synthesis. Result(s): There were 18 international reviews that met inclusion criteria describing individual therapies, targeted interventions and organisational interventions. The organisational interventions of care planning using a consultation or dementia mapping process demonstrated modest benefits. The most conclusive evidence supported individual, sensory-focused interventions such as music therapy, interventions targeting pain, person-centred approaches and education for family caregivers. Conclusion(s): Although there remains a paucity of high-quality research in this area, the existing evidence indicates that behavioural and psychological symptoms of dementia require a range of nonpharmacologic sensory-focused approaches that are tailored to the individual. Further research is needed to determine the interventions best suited for specific behaviours and contexts, particularly inappropriate sexual behaviours. Relevance to clinical practice: There is a need for nurses to be informed of best practices in order to effectively plan appropriate interventions to address behaviours in older adults with dementia. Care planning and tailored, sensory-focused, nonpharmacologic approaches are safe and effective options for nurses to consider in practice. Copyright: 2017 John Wiley & Sons Ltd


Abstract: Communication has featured prominently in person-centred dementia care research, but no consensus has been reached on which communication techniques are most helpful in supporting person-centred care. This qualitative study explored communication techniques used by domiciliary and community care workers of people with dementia in the UK. Care workers trained in the SPECAL® method (Specialised Early Care for Alzheimer’s) were invited to semi-structured interviews. The data were analysed using a constructivist grounded theory approach. Themes from the data were discussed as a potential basis for developing a substantive theory. The care workers contributed to client well-being through modifying their communication techniques, expressing a protective, empathetic and reassuring approach, underpinned by reflection. Clients exhibited greater well-being and less anxious behaviour. The care workers’ use of SPECAL® communication methods, supported by supervision, may provide a unique combination of techniques, contributing to the development of caring relationships, to care worker and client well-being, and to the maintenance of client personhood.


Abstract: This study assessed the effects of a psycho-educational intervention on direct care workers’ person-centredness during morning care to residents with dementia. A controlled pretest-posttest study was conducted in four aged-care facilities with 56 direct care workers (female, mean age 44.72 ± 9.02). Two experimental facilities received a psycho-educational intervention comprising person-centred care competences and stress management skills; control facilities received an education-only intervention, without stress support. In total, 112
video-recorded morning care sessions were coded using the Global Behaviour Scale. Both groups reported significantly higher scores on eight of 11 items of the Global Behaviour Scale and on the Global Behaviour Scale total score at posttest (F = 10.59; p = 0.02). Global Behaviour Scale total score improvements were higher for the experimental group, with values close to significance (F = 3.90; p = 0.054). The findings suggest that a psycho-educational intervention may increase care workers’ person-centredness. Further research is needed to explore the long-term sustainability and extent of its benefits on workers and residents. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Festa EK, Katz AP, Ott BR, Tremont G, Heindel WC. Dissociable effects of aging and mild cognitive impairment on bottom-up audiovisual integration. Journal of Alzheimer’s Disease 2017; 59(1):155-167. Abstract: Effective audiovisual sensory integration involves dynamic changes in functional connectivity between superior temporal sulcus and primary sensory areas. This study examined whether disrupted connectivity in early Alzheimer’s disease (AD) produces impaired audiovisual integration under conditions requiring greater corticocortical interactions. Audiovisual speech integration was examined in healthy young adult controls (YC), healthy elderly controls (EC), and patients with amnestic mild cognitive impairment (MCI) using McGurk-type stimuli (providing either congruent or incongruent audiovisual speech information) under conditions differing in the strength of bottom-up support and the degree of top-down lexical asymmetry. All groups accurately identified auditory speech under congruent audiovisual conditions, and displayed high levels of visual bias under strong bottom-up incongruent conditions. Under weak bottom-up incongruent conditions, however, EC and amnestic MCI groups displayed opposite patterns of performance, with enhanced visual bias in the EC group and reduced visual bias in the MCI group relative to the YC group. Moreover, there was no overlap between the EC and MCI groups in individual visual bias scores reflecting the change in audiovisual integration from the strong to the weak stimulus conditions. Top-down lexicality influences on visual biasing were observed only in the MCI patients under weaker bottom-up conditions. Results support a deficit in bottom-up audiovisual integration in early AD attributable to disruptions in corticocortical connectivity. Given that this deficit is not simply an exacerbation of changes associated with healthy aging, tests of audiovisual speech integration may serve as sensitive and specific markers of the earliest cognitive change associated with AD. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

Goh AMY, Loi SM, Westphal A, Lautenschlager NT. Person-centered care and engagement via technology of residents with dementia in aged care facilities. International Psychogeriatrics 2017; 29(12):2099-2103. Abstract: Touchscreen technology (TT) is a resource that can improve the quality of life of residents with dementia, and care staff, in residential aged care facilities (RACF) through a person-centered care approach. To enable the use of TTs to engage and benefit people with dementia in RACFs, education is needed to explore how these devices may be used, what facilitates use, and how to address barriers. We sought to provide education and explore RACF staff views and barriers on using TT to engage their residents with dementia. An educational session on using TT with residents with dementia was given to staff from three long-term RACFs in Melbourne, Australia. A cross-sectional convenience sample of 17 staff members (personal care attendants, registered nurses, enrolled nurses, allied health clinicians, and domestic staff) who attended were administered questionnaires pre- and post-sessions. As a result of the education seminar, they were significantly more confident in their ability to use TT devices with residents. TT, and education to staff about its use with residents with dementia, is a useful strategy to enhance RACF staff knowledge and confidence, thereby enhancing the use of technology in RACFs in order to improve care standards in people with dementia. (PsycINFO Database Record (c) 2018 APA, all rights reserved)

Jakob A. Sensory enrichment for people living with dementia: increasing the benefits of multisensory environments in dementia care through design. Design for Health 2017; 1(1):115-133. Abstract: Recent research has investigated the impact of design on providing multisensory experience for people with dementia living in care homes, particularly the quality of multisensory environments (MSEs). This interdisciplinary research evolved from a broad
consideration of the role of design in dementia care enhancing the wellbeing of people living with dementia and their carers. Previous research suggests that using MSE in dementia care as a resource for meaningful engagement has beneficial effects and many MSEs have been installed in UK care homes. However, evidence indicates that these spaces often fail to benefit the residents causing staff becoming discouraged and subsequently the room becoming unused. A study investigating the current facilitation of MSE in sixteen UK care homes revealed two key issues: (1) set-up and design of existing MSEs in care environments is, in most cases, not suitable for older people; (2) there is a lack of knowledge and information for care practitioners for facilitating sensory activities and environments. Based on these findings, design criteria improving usability and accessibility for people with dementia were established and user-centred design recommendations developed. As a first step towards closing the knowledge gap amongst healthcare practitioners in providing multisensory experience, initial design guidelines were published as an online resource.


(14) James I, Jackman L. Treating problem behaviours in dementia by understanding their biological, social and psychological causes. In: Ames D, editor. Dementia. CRC Press; 2017. 244-256. Notes: [Chapter can be viewed in Google Books]

(15) Kim SK, Park M. Effectiveness of person-centered care on people with dementia: a systematic review and meta-analysis. Clinical interventions in aging 2017; 12:381-397. Abstract: BACKGROUND Person-centered care is a holistic and integrative approach designed to maintain well-being and quality of life for people with dementia, and it includes the elements of care, the individual, the carers, and the family. AIMA systematic literature review and meta-analysis were undertaken to investigate the effectiveness of person-centered care for people with dementia. METHODS Literature searches were undertaken using six databases including Medline, EMBASE, CINAHL, PsycINFO, Cochrane Database, and KoreaMed using the following keywords: cognition disorder, dementia, person-centered care, patient-centered care, client-centered care, relationship-centered care, and dementia care. The searches were limited to interventional studies written in English and Korean and included randomized controlled studies and noncontrolled studies for people with dementia living in any setting. RESULTS Nineteen interventional studies, including 3,985 participants, were identified. Of these, 17 studies were from long-term care facilities and two studies were from homecare settings. The pooled data from randomized controlled studies favored person-centered care in reducing agitation, neuropsychiatric symptoms, and depression and improving the quality of life. Subgroup analysis identified greater effectiveness of person-centered care when implemented for people with less severe dementia. For agitation, short-term interventions had a greater effect (standardized mean difference [SMD]: -0.434; 95% confidence interval [CI]: -0.701 to -0.166) than long-term interventions (SMD: -0.098; 95% CI: -0.190 to 0.007). Individualized activities resulted in a significantly greater beneficial effect than standard care (SMD: 0.513; 95% CI: -0.994 to -0.032). However, long-term, staff education, and cultural change interventions had a greater effect on improving the quality of life for people with dementia (SMD: 0.191; 95% CI: 0.079 to 0.302). CONCLUSION This systematic review and meta-analysis provided evidence for person-centered care in clinical practice for people with dementia. Person-centered care interventions were shown to reduce agitation, neuropsychiatric symptoms, and depression and to improve the quality of life. Person-centered care interventions can effectively reduce agitation for a short term using intensive and activity-based intervention. However, an educational strategy that promotes learning and skill development of internal care staff is needed to enhance patient's quality of life and to ensure the sustainability of the effects of behavioral problems. The feasibility and effectiveness of the intervention, the severity of patient disease, and intervention type and duration should be considered as part of an intervention design.

Abstract: A quasi-experimental study using a pre-posttest design was conducted in four aged care facilities to assess the effects of a person-centred care (PCC) multisensory stimulation (MSS) and motor stimulation (MS) program, implemented by direct care workers, on the behaviors of residents with dementia. Data were collected at baseline and after the intervention through video recordings of morning care routines. Forty-five residents with moderate and severe dementia participated in the study. A total of 266 morning care routines were recorded. The frequency and duration of a list of behaviors were analyzed. The frequency of engagement in task decreased significantly (p = .002) however, its duration increased (p = .039). The duration of gaze directed at direct care workers improved significantly (p = .014) and the frequency of closed eyes decreased (p = .046). There was a significant decrease in the frequency of the expression of sadness. These results support the implementation of PCC-MSS and MS programs as they may stimulate residents’ behaviors. (PsycINFO Database Record (c) 2017 APA, all rights reserved) (Source: journal abstract)

(17) Yasuda M, Sakakibara H. Care staff training based on person-centered care and dementia care mapping, and its effects on the quality of life of nursing home residents with dementia. Aging & Mental Health 2017; 21(9):991-996.
Abstract: Objectives: To assess the effects of care staff training based on person-centered care (PCC) and dementia care mapping (DCM) on the quality of life (QOL) of residents with dementia in a nursing home. Methods: An intervention of staff training based on PCC and DCM was conducted with 40 care staff members at a geriatric nursing home. The effects of the staff training on the QOL of residents with dementia were evaluated by the DCM measurements of 40 residents with dementia three times at about one-month intervals (first, baseline; second, pre-intervention; third, post-intervention). Results: The well-being and ill-being values (WIB values) of the residents with dementia measured by DCM were not different between the first and second rounds before the staff training (p = 0.211). Meanwhile, the WIB values increased from the first and second rounds to the third post-intervention round (p = 0.035 and p < 0.001, respectively); over 50% of the residents had better WIB values. The behavior category “interactions with others” in DCM also demonstrated a significant increase in the third round compared to the first round (p = 0.041). Conclusion: Staff training based on PCC and DCM could effectively improve the QOL of residents with dementia. (PsycINFO Database Record (c) 2017 APA, all rights reserved)

(18) Austrom MG, Carvell CA, Alder CA, Gao S, Boustani M, LaMantia M. Workforce development to provide person-centered care and dementia care mapping, and its effects on the quality of life of nursing home residents with dementia. Aging & Mental Health 2016; 20(8):781-792.
Abstract: Objectives: Describe the development of a competent workforce committed to providing patient-centered care to persons with dementia and/or depression and their caregivers; to report on qualitative analyses of our workforce’s case reports about their experiences; and to present lessons learned about developing and implementing a collaborative care community-based model using our new workforce that we call care coordinator assistants (CCAs). Method: Sixteen CCAs were recruited and trained in person-centered care, use of mobile office, electronic medical record system, community resources, and team member support. CCAs wrote case reports quarterly that were analyzed for patient-centered care themes. Results: Qualitative analysis of 73 cases using NVivo software identified six patient-centered care themes: (1) patient familiarity/understanding; (2) patient interest/engagement encouraged; (3) flexibility and continuity of care; (4) caregiver support/engagement; (5) effective utilization/integration of training; and (6) teamwork. Most frequently reported themes were patient familiarity - 91.8% of case reports included reference to patient familiarity, 67.1% included references to teamwork and 61.6% of case reports included the theme flexibility/continuity of care. CCAs made a mean number of 15.7 (SD = 15.6) visits, with most visits for coordination of care services, followed by home visits and phone visits to over 1200 patients in 12 months. Discussion: Person-centered care can be effectively implemented by well-trained CCAs in the community. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Abstract: Background: The aim of this study is to develop and try out an approach for personalized nature activities for people with dementia. Methods: A qualitative descriptive study using focus group interviews with people with dementia was conducted. Based on the
results of the focus groups and the relevant literature, the approach was developed. In a qualitative descriptive pilot study with a one-group design, we tried out the approach regarding acceptability and experience of the intervention among people with dementia, and satisfaction with the approach among healthcare professionals. Additionally, we investigated the organizational feasibility. Results: From the focus groups, eight key aspects of experiencing nature were identified as being important for quality of life (e.g. relaxation, freedom), as well as six categories of preferred activities (e.g. active, passive, and social activities). Based on these themes and categories, an approach was developed to design nature activities according to the personal wishes, needs, and experiences of people with dementia. During the intervention, participants in the pilot study showed high levels of positive behaviors and low levels of negative behaviors. As regards, organizational feasibility, eight themes for successful implementation of nature activities were identified. Conclusions: This exploratory study contributes to the knowledge regarding the development and implementation of person-centered nature activities for people with dementia. The implementation of the activities could be improved by training professionals in person-centered care. The effect of the person-centered nature activities approach should be investigated. (PsycINFO Database Record (c) 2016 APA, all rights reserved)


Abstract: Objectives To evaluate the efficacy of nonpharmacological care-delivery interventions (staff training, care-delivery models, changes to the environment) to reduce and manage agitation and aggression in nursing home and assisted living residents. Design Three bibliographic databases, references of systematic reviews, ClinicalTrials.gov, and the International Controlled Trials Registry Platform were systematically searched for randomized controlled trials reporting behavioral outcomes for nonpharmacological care-delivery interventions in nursing homes and assisted living facilities. Five investigators independently assessed study eligibility, extracted data, rated risk of bias, and graded strength of evidence. Inclusion was limited to studies with low to moderate risk of bias. Setting Nursing homes and assisted living facilities. Participants Facility caregiving staff. Measurements Agitation, aggression, antipsychotic and other psychotropic use, general behavior. Results Nineteen unique studies met entry criteria, addressing several categories of facility caregiver training interventions: dementia care mapping (DCM; n = 3), person-centered care (PCC; n = 3), clinical protocols to reduce the use of antipsychotic and other psychotropic drugs (n = 3), and emotion-oriented care (n = 2). Eleven additional studies evaluated other unique interventions. Results were pooled for the effect of each type of intervention on agitation and aggression: DCM (standardized mean difference -0.12, 95% confidence interval (CI) = -0.66 to 0.42), PCC (standardized mean difference -0.15, 95% CI = -0.67 to 0.38), and protocols to reduce antipsychotic and other psychotropic use (Cohen-Mansfield Agitation Inventory mean difference -4.5, 95% C = -38.84 to 29.93). Strength of evidence was generally insufficient to draw conclusions regarding efficacy or comparative effectiveness. Conclusion Evidence was insufficient regarding the efficacy of nonpharmacological care-delivery interventions to reduce agitation or aggression in nursing home and assisted living facility residents with dementia.


Abstract: The objective of this study was to compare the effect of multisensory stimulation environment (MSSE) and one-to-one activity sessions in the symptomatology of elderly individuals with severe dementia. Thirty-two participants were randomly assigned to the following 3 groups: MSSE, activity, and control group. The MSSE and activity groups participated in two 30-minute weekly sessions over 16 weeks. Pre-, mid-, and posttrial; 8-week follow-up behavior; mood; cognitive status; and dementia severity were registered. Patients in the MSSE group demonstrated a significant improvement in the Neuropsychiatric Inventory and Bedford Alzheimer Nursing Severity Scale scores compared with the activity group. Both MSSE and activity groups showed an improvement during the intervention in the Cohen-Mansfield Agitation Inventory aggressive behavior factor and total score, with no significant differences between groups. The MSSE may have better effects on
neuropsychiatric symptoms and dementia severity in comparison with one-to-one activity sessions in patients with severe dementia. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

(22) Strom BS, Ytrehus S, Grov EK. Sensory stimulation for persons with dementia: A review of the literature. Journal of Clinical Nursing 2016; 25(13-14):1805-1834. Abstract: Aims and objectives: To provide an overview of available sensory stimulation interventions, and their effect on persons with dementia and to present theoretical and methodological characteristics of the studies included. Background: Different sensory stimulation interventions are used for persons with dementia to increase alertness, reduce agitation and improve quality of life. However, the effect of these interventions is not clear, neither are their characteristics. Design: A systematic search and review of the literature with description of the content and an evaluation of theoretical and methodological approaches. Methods: Systematic searches in CINAHL, PubMed (Medline), The Cochrane library and PsycINFO. Studies included have been subject to quality assessment by means of Critical Appraisal Skills Programme. Results: Fifty-five studies were included and thirty of these documented significant effect. The effect of the sensory stimulation interventions mainly reported on negative behaviours, except from five studies assessing quality of life and well-being. The majority of the studies had methodological limitations. The different sensory stimulation interventions were organised into eight categories: music, light therapy, acupressure/reflexology, massage/ aromatherapy and doll therapy/ toy therapy, the Sonas programme and Snoezelen. Conclusions: More studies are needed to clarify appropriate substantial background for the specific interventions. However, most of the studies based their interventions on a theoretical foundation. Furthermore, more research is needed to measure the effect of sensory stimulation on communication as well as quality of life. In addition, studies are to focus on whether the effect depends on the stage of dementia. Relevance to clinical practice: Nurses are to be aware of sensory stimulation as a possible intervention to improve persons' quality of life. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)


(24) Barbosa A, Nolan M, Sousa L, Figueiredo D. Supporting direct care workers in dementia care: Effects of a psychoeducational intervention. American Journal of Alzheimer's Disease and Other Dementias 2015; 30(2):130-138. Abstract: An experimental study using a pre-posttest control group design was conducted to assess the effects of a person-centered care-based psychoeducational intervention on direct care workers’ stress, burnout, and job satisfaction. The intervention aimed to develop person-centered care competences and tools for stress management. Four aged care facilities were randomly assigned to a psychoeducational or an education-only intervention (control). Data were collected from 56 direct care workers (female, mean age 44.72± 9.02) through measurements of burnout (Maslach Burnout Inventory), job satisfaction (Minnesota Satisfaction Questionnaire-short form), and stress (Perceived Stress Scale) and focus-group interviews. Results showed significant positive effects in emotional exhaustion (P = .029) and positive but no significant effects in stress and job satisfaction. According to qualitative data, the experimental group perceived enhanced group cohesion, emotional management, and self-care awareness. Psychoeducational interventions may contribute to reduce direct care workers’ burnout. Further work is needed to determine the extent of its benefits. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

(25) Boersma P, van Weert JCM, Lakerveld J, et al. The art of successful implementation of psychosocial interventions in residential dementia care: A systematic review of the literature based on the RE-AIM framework. International Psychogeriatrics 2015; 27(1):19-35. Abstract: [Correction Notice: An Erratum for this article was reported in Vol 27(1) of International Psychogeriatrics (see record 2014-56059-005). In the original article, the email for the corresponding author was incorrect. The correct email address is Petra.Boersma@Inholland.nl] Background: In the past decades many psychosocial interventions for elderly people with dementia have been developed and implemented. Relatively little research has been done on the extent to which these interventions were
implemented in the daily care. The aim of this study was to obtain insight into strategies for successful implementation of psychosocial interventions in the daily residential dementia care. Using a modified REAIM framework, the indicators that are considered important for effective and sustainable implementation were defined. Methods: A systematic literature search was undertaken in PubMed, PsycINFO, and Cinahl, followed by a hand search for key papers. The included publications were mapped based on the dimensions of the RE-AIM framework: Reach, Effectiveness, Adoption, Implementation, and Maintenance. Results: Fifty-four papers met the inclusion criteria and described various psychosocial interventions. A distinction was made between studies that used one and studies that used multiple implementation strategies. This review shows that to achieve improvements, caregivers needed at least multiple implementation strategies, only education is not enough. For increasing a more person-centered attitude, different types of knowledge transfer can be effective. Little consideration is given to the adoption of the method by caregivers and to the long-term sustainability (maintenance). Conclusions: This review shows that in order to successfully implement a psychosocial method, the use of multiple implementation strategies is recommended. To ensure sustainability of a psychosocial care method in daily nursing home care, innovators as well as researchers should specifically pay attention to the dimensions Adoption, Implementation, and Maintenance of the RE-AIM implementation framework. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Abstract: Background: Early diagnosis of dementia within primary care is important to allow access to support. However, dementia remains under-detected in general practice. Aim: This work aimed to develop and evaluate an educational intervention for primary care promoting person-centred responses to people experiencing cognitive decline. Method: A prototype educational intervention was pilot tested and refined; the final version of the educational intervention was then evaluated in four volunteer practices. A questionnaire was administered pre- and post-training to 94 practice staff to assess knowledge and attitudes to dementia. The responses of general practitioners (who make diagnostic, referral and treatment decisions) were compared with those from other staff who do not have such roles. Findings: Post-training, there were statistically significant improvements in understanding of person-centred care for people with dementia; attitudes to early diagnosis; awareness of non-cognitive dementia symptoms; and awareness of the role that non-clinical staff may have in recognising dementia. Conclusions: A dementia education intervention for primary care which fosters person-centred attitudes can involve all members of a primary care team. Further research is needed to ascertain if improvements in knowledge and attitudes translate into improved practice. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Abstract: Mealtime behavioral symptoms are distressing and frequently interrupt eating for the individual experiencing them and others in the environment. A computer-assisted coding scheme was developed to measure caregiver person-centeredness and behavioral symptoms for nursing home residents with dementia during mealtime interactions. The purpose of this pilot study was to determine the feasibility, ease of use, and inter-observer reliability of the coding scheme, and to explore the clinical utility of the coding scheme. Trained observers coded 22 observations. Data collection procedures were acceptable to participants. Overall, the coding scheme proved to be feasible, easy to execute and yielded good to very good inter-observer agreement following observer re-training. The coding scheme captured clinically relevant, modifiable antecedents to mealtime behavioral symptoms, but would be enhanced by the inclusion of measures for resident engagement and consolidation of items for measuring caregiver person-centeredness that co-occurred and were difficult for observers to distinguish. Copyright; 2015

(28) Hattink B, Meiland F, van der Roest Ht, Kevern P, Abiuso F, Bengtsson J et al. Web-Based STAR E-Learning Course Increases Empathy and Understanding in Dementia Caregivers: Results from a Randomized Controlled Trial in the Netherlands and the United Kingdom.
Abstract: Background: The doubling of the number of people with dementia in the coming decades coupled with the rapid decline in the working population in our graying society is expected to result in a large decrease in the number of professionals available to provide care to people with dementia. As a result, care will be supplied increasingly by untrained informal caregivers and volunteers. To promote effective care and avoid overburdening of untrained and trained caregivers, they must become properly skilled. To this end, the European Skills Training and Reskilling (STAR) project, which comprised experts from the domains of education, technology, and dementia care from 6 countries (the Netherlands, Sweden, Italy, Malta, Romania, and the United Kingdom), worked together to create and evaluate a multilingual e-learning tool. The STAR training portal provides dementia care training both for informal and formal caregivers.

Objective: The objective of the current study was to evaluate the user friendliness, usefulness, and impact of STAR with informal caregivers, volunteers, and professional caregivers.

Methods: For 2 to 4 months, the experimental group had access to the STAR training portal, a Web-based portal consisting of 8 modules, 2 of which had a basic level and 6 additional modules at intermediate and advanced levels. The experimental group also had access to online peer and expert communities for support and information exchange. The control group received free access to STAR after the research had ended. The STAR training portal was evaluated in a randomized controlled trial among informal caregivers and volunteers in addition to professional caregivers (N=142) in the Netherlands and the United Kingdom. Assessments were performed with self-assessed, online, standardized questionnaires at baseline and after 2 to 4 months. Primary outcome measures were user friendliness, usefulness, and impact of STAR on knowledge, attitudes, and approaches of caregivers regarding dementia. Secondary outcome measures were empathy, quality of life, burden, and caregivers' sense of competence.

Results: STAR was rated positively by all user groups on both usefulness and user friendliness. Significant effects were found on a person-centered care approach and on the total score on positive attitudes to dementia; both the experimental and the control group increased in score. Regarding empathy, significant improvements were found in the STAR training group on distress, empathic concern, and taking the perspective of the person with dementia. In the experimental group, however, there was a significant reduction in self-reported sense of competence.

Conclusions: The STAR training portal is a useful and user-friendly e-learning method, which has demonstrated its ability to provide significant positive effects on caregiver attitudes and empathy.


Abstract: National guidance for working with people whose behaviour challenges in dementia care suggests that a psychosocial approach should be the first-line intervention. However, there is little guidance for nurses about how to assess and manage behaviour that challenges in people with dementia. Nurses across specialties who work with older people might be asked to contribute to an assessment or provide advice to care home staff or families. This article presents one psychosocial model – the Newcastle Model – that provides a framework and process in which to understand behaviour that challenges in terms of needs which are unmet, and suggests a structure in which to develop effective interventions that keep people with dementia central to their care.


Abstract: It is estimated that 820,000 people in the UK have dementia. Dementia costs the UK 17 billion a year and in the next 30 years this will treble to over £50 billion a year. There is a need to raise competence of staff delivering care to people living with dementia across health, social and voluntary sector provision. Effective education and training will build capacity and improve staff knowledge. However, at present not enough is known about the experiences of staff involved in gaining the skills, knowledge and attitudes required to support provision of high quality care for people with dementia. This study was conducted within a large National Health Service Trust in the UK serving an urban, ethnically mixed population, in collaboration with a local university. The trust responded to government policy by seeking to identify staff
training needs. The aim was to explore the experiences of staff working within a specialist mental health service in relation to development of skills for the provision of person-centred care for people with dementia. To achieve this, staff roles, experiences of dementia training and the ways in which staff feel they learn were explored through focus group interviews. Relatives' views of staff competencies necessary for effective care provision were also explored to supplement the data from staff. A total of 70 staff and 16 family carers participated and data were subjected to inductive thematic analysis. Five themes emerged: competency-based skills, beliefs, enablers and barriers and ways of learning. Findings suggested participants felt that skills for person-centred care were innate and could not be taught, while effective ways of learning were identified as learning by doing, learning from each other and learning from experience. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Abstract: Objective: The overall objective is to determine the availability of person-centred intervention and training manuals for dementia care staff with clinical trial evidence of efficacy. Design: Interventions were identified using a search of electronic databases, augmented by mainstream search engines, reference lists, hand searching for resources and consultation with an expert panel. The specific search for published manuals was complemented by a search for randomised control trials focussing on training and activity-based interventions for people with dementia in care homes. Manuals were screened for eligibility and rated to assess their quality, relevance and feasibility. Results: A meta-analysis of randomised control trials indicated that person-centred training interventions conferred significant benefit in improving agitation and reducing the use of antipsychotics. Each of the efficacious packages included a sustained period of joint working and supervision with a trained mental health professional in addition to an educational element. However, of the 170 manuals that were identified, 30 met the quality criteria and only four had been evaluated in clinical trials. Conclusions: Despite the availability of a small number of evidence-based training manuals, there is a widespread use of person-centred intervention and training manuals that are not evidence-based. Clearer guidance is needed to ensure that commissioned training and interventions are based on robust evidence. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Abstract: This study described the impact of adopting person-centred care approach for people with Alzheimer's disease on professional caregivers' burden. The participants were subjected to a 4-week structured training programme about person-centred care. The programme's effectiveness was proven by using the Global Behavior Scale. Then a qualitative descriptive phenomenological approach was used to explore the impact of applying this programme on professional caregivers' burden. Data were collected from a sample of 10 professional caregivers using semi-structured interviews. A total of three themes were identified: acceptance of disease-related behaviours of people with Alzheimer's, therapeutic understanding of people with Alzheimer's feelings (empathy) and enhanced caregivers' adaptation to people with Alzheimer's demands (resiliency). Findings suggested that adopting person-centred care approach for people with Alzheimer's disease reduces professional caregivers' burden. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

Abstract: Background Agitation is common, persistent and distressing in dementia and is linked with care breakdown. Psychotropic medication is often ineffective or harmful, but the evidence regarding non-pharmacological interventions is unclear. Objectives We systematically reviewed and synthesised the evidence for clinical effectiveness and cost-
effectiveness of non-pharmacological interventions for reducing agitation in dementia, considering dementia severity, the setting, the person with whom the intervention is implemented, whether the effects are immediate or longer term, and cost-effectiveness. Data sources We searched twice using relevant search terms (9 August 2011 and 12 June 2012) in Web of Knowledge (incorporating MEDLINE); EMBASE; British Nursing Index; the Health Technology Assessment programme database; PsycINFO; NHS Evidence; System for Information on Grey Literature; The Stationery Office Official Documents website; The Stationery National Technical Information Service; Cumulative Index to Nursing and Allied Health Literature; and The Cochrane Library. We also searched Cochrane reviews of interventions for behaviour in dementia, included papers’ references, and contacted authors about ‘missed’ studies. We included quantitative studies, evaluating non-pharmacological interventions for agitation in dementia, in all settings. Review method We rated quality, prioritising higher-quality studies. We separated results by intervention type and agitation level. As we were unable to meta-analyse results except for light therapy, we present a qualitative evidence synthesis. In addition, we calculated standardised effect sizes (SESs) with available data, to compare heterogeneous interventions. In the health economic analysis, we reviewed economic studies, calculated the cost of effective interventions from the effectiveness review, calculated the incremental cost per unit improvement in agitation, used data from a cohort study to evaluate the relationship between health and social care costs and health-related quality of life (DEMQOL-Proxy-U scores) and developed a new cost-effectiveness model. Results We included 160 out of 1916 papers screened. Supervised person-centred care, communication skills (SES = -1.8 to -0.3) or modified dementia care mapping (DCM) with implementing plans (SES = -1.4 to -0.6) were all efficacious at reducing clinically significant agitation in care home residents, both immediately and up to 6 months afterwards. In care home residents, during interventions but not at follow-up, activities (SES = -0.8 to -0.6) and music therapy (SES = -0.8 to -0.5) by protocol reduced mean levels of agitation; sensory intervention (SES = -1.3 to -0.6) reduced mean and clinically significant symptoms. Advantages were not demonstrated with ‘therapeutic touch’ or individualised activity. Aromatherapy and light therapy did not show clinical effectiveness. Training family carers in behavioural or cognitive interventions did not decrease severe agitation. The few studies reporting activities of daily living or quality-of-life outcomes found no improvement, even when agitation had improved. We identified two health economic studies. Costs of interventions which significantly impacted on agitation were activities, 80-696; music therapy, 13-27; sensory interventions, 3-527; and training paid caregivers in person-centred care or communication skills with or without behavioural management training and DCM, 31-339. Among the 11 interventions that were evaluated using the Cohen-Mansfield Agitation Inventory (CMAI), the incremental cost per unit reduction in CMAI score ranged from 162 to 3480 for activities, 4 for music therapy, 24 to 143 for sensory interventions, and 6 to 62 for training paid caregivers in person-centred care or communication skills with or without behavioural management training and DCM. Health and social care costs ranged from around 7000 over 3 months in people without clinically significant agitation symptoms to around 15,000 at the most severe agitation levels. There is some evidence that DEMQOL-Proxy-U scores decline with Neuropsychiatric Inventory agitation scores. A multicomponent intervention in participants with mild to moderate dementia had a positive monetary net benefit and a 82.2% probability of being cost-effective at a maximum willingness to pay for a quality-adjusted life-year of 20,000 and a 83.18% probability at a value of 30,000. Limitations Although there were some high-quality studies, there were only 33 reasonably sized (≥ 45 participants) randomised controlled trials, and lack of evidence means that we cannot comment on many interventions’ effectiveness. There were no hospital studies and few studies in people’s homes. More health economic data are needed. Conclusions Person-centred care, communication skills and DCM (all with supervision), sensory therapy activities, and structured music therapies reduce agitation in care-home dementia residents. Future interventions should change care home culture through staff training and permanently implement evidence-based treatments and evaluate health economics. There is a need for further work on interventions for agitation in people with dementia living in their own homes. Protocol registration The study was registered as PROSPERO no. CRD42011001370.

Funding The National Institute for Health Research Health Technology Assessment programme. ; Queen's Printer and Controller of HMSO 2014
BPSD, preferring the term 'behaviors that challenge', illustrating that inappropriate medication remains common. This article takes a biopsychosocial view of and an inadequate evidence have been suggested as first antipsychotics, such treatment is lethal. Owing to such issues, nonpharmacological therapies are chiefly involved the use of psychotropic medication. Empirical evidence suggests that such treatments are largely ineffective and highly problematic. Indeed, for 1% of people receiving antipsychotics, such treatment is lethal. Line treatments are largely ineffective and highly problematic. Indeed, for 1% of people receiving antipsychotics, such treatment is lethal. Owing to such issues, nonpharmacological therapies have been suggested as first-line treatments. However, owing to poor training and resources, and an inadequate evidence-base for many psychosocial approaches, the use of inappropriate medication remains common. This article takes a biopsychosocial view of BPSD, preferring the term 'behaviors that challenge', illustrating that these behaviors are

Abstract: Behavior and psychological symptoms of dementia (BPSD) is a term that is used to describe problematic behaviors perpetrated by people with progressive cognitive decline. Until recently, a rather medicalized perspective was used for BPSD and, thus, the treatments chiefly involved the use of psychotropic medication. Empirical evidence suggests that such treatments are largely ineffective and highly problematic. Indeed, for 1% of people receiving antipsychotics, such treatment is lethal. Line treatments are largely ineffective and highly problematic. Indeed, for 1% of people receiving antipsychotics, such treatment is lethal. Owing to such issues, nonpharmacological therapies have been suggested as first-line treatments. However, owing to poor training and resources, and an inadequate evidence-base for many psychosocial approaches, the use of inappropriate medication remains common. This article takes a biopsychosocial view of BPSD, preferring the term 'behaviors that challenge', illustrating that these behaviors are

(34) Maseda A, Sanchez A, Marante M, et al. Effects of multisensory stimulation on a sample of institutionalized elderly people with dementia diagnosis: A controlled longitudinal trial. American Journal of Alzheimer's Disease and Other Dementias 2014; 29(5):463-473. Abstract: Long-term effects of multisensory stimulation were assessed using a "Snoezelen" room on older residents with dementia. Thirty patients were randomly assigned to 3 groups: multisensory stimulation environment (MSSE) group, individualized activities (activity) group, and control group. The MSSE and activity groups participated in two 30-minute weekly individualized intervention sessions over 16 weeks. Pre-, mid-, postrial, and 8-week follow-up behavior, mood, cognitive, and functional impairment in basic activities of daily living were registered. Items included in the physically nonaggressive behavior factor improved significantly in post- versus pretrial in the MSSE group compared to the activity group, with no significant differences between MSSE and control groups. The MSSE and activity groups demonstrated behavior improvements and higher scores on the Cohen-Mansfield agitation inventory, verbal agitated behavior factor, and Neuropsychiatric Inventory - Nursing Home, with no significant differences between groups. The MSSE could have long-term positive effects on such neuropsychiatric symptoms in older people with dementia. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

(35) Duxbury J, Pulsford D, Hadi M, Sykes S. Staff and relatives’ perspectives on the aggressive behaviour of older people with dementia in residential care: A qualitative study. Journal of Psychiatric and Mental Health Nursing 2013; 20(9):792-800. Abstract: Staff and relative perspectives on patient aggression in dementia care units are seriously under researched in the UK. Any work that has been conducted has relied upon quantitative studies. Qualitative research on aggression management in older peoples services are rare. In-depth views that can offer insights into causation and management strategies are therefore under represented in the literature. In order to investigate this issue further we interviewed a number of nursing staff and relatives in four UK care homes in the North West of England. Using a combined approach of one-to-one interviews (for staff) and focus groups (for relatives) we explored their views as to the reasons for and ways of responding to aggressive behaviour. This was part of a larger study reported upon elsewhere. Using thematic analysis we found similar results from both staff and relatives and as such their views were categorized into two broad areas: causation and management. In regards to causation we noted three sub-themes; internal, external and interpersonal factors which are further subdivided in the paper and for management two broad categories: the compassionate approach and "don't go in strong". The results indicated that staff in the participating units embraced a person-centred approach to aggression management. They predominantly respond to aggressive incidents with interpersonal strategies, such as distraction as opposed to medication or restraint. Overall they adopt a person centre approach to patient care. Relatives were clear in their perceptions of aggression as an interpersonal challenge, which is compounded or mediated by the illness of dementia. Consequently they were positive in their views of staff using non-coercive interventions. While the results of this and our earlier study are promising suggesting a less invasive approach to this aspect of dementia care, given the limitations of a small sample, more research of a similar nature is warranted. Findings from multidimensional studies can then provide a sounder basis for health and social care education, and person centred informed practice to reduce the incidence of aggression through preventative strategies. (PsycINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

(36) James I. Relevance of emotions and beliefs in the treatment of behaviors that challenge in dementia patients. Neurodegenerative Disease Management 2013; 3(6):575-588. Abstract: Behavior and psychological symptoms of dementia (BPSD) is a term that is used to describe problematic behaviors perpetrated by people with progressive cognitive decline. Until recently, a rather medicalized perspective was used for BPSD and, thus, the treatments chiefly involved the use of psychotropic medication. Empirical evidence suggests that such treatments are largely ineffective and highly problematic. Indeed, for 1% of people receiving antipsychotics, such treatment is lethal. Owing to such issues, nonpharmacological therapies have been suggested as first-line treatments. However, owing to poor training and resources, and an inadequate evidence-base for many psychosocial approaches, the use of inappropriate medication remains common. This article takes a biopsychosocial view of BPSD, preferring the term 'behaviors that challenge', illustrating that these behaviors are
products of a number of factors, both individualistic and systemic. In this article, the roles of emotions and beliefs systems are highlighted, with specific examples given for interventions for anger in those with dementia. It demonstrates the vital role of working with healthcare systems, in particular carers, to bring about resolution. A new stepped-care model of treatment for behaviors that challenge is also presented. This model, recently presented to UK Parliament by James, is intended to encourage the use of evidence-based nonpharmacological strategies as alternatives to antipsychotics. This article is the first to illustrate the utility of the model with core study material.

(37) McVicar S. \textit{Staff attributions towards distressed behaviour in dementia before and after training in psychological assessment and formulation} University of Glasgow; 2013. Abstract: Aims: The current research explores the impact psychological training has on attributions held by health and social care staff regarding the causes of distressed behaviour exhibited by individuals with dementia. Method: Participants attended a two-day formal training workshop aimed at developing knowledge and skills regarding assessment, formulation, and interventions for distressed behaviours within a psychological model (James, 2011). Attritions made by participants were measured before and after training using the Challenging Behaviour Attribution Scale – Dementia (CHABA-D), adapted from the CHABA (Hastings, 1997) and findings examined in the context of attributional shift post-training. Additionally the internal reliability of the CHABA-D was measured using Cronbach's alpha. Results: The scale was found to have good internal reliability and analysis indicated that participants made more psychological attributions regarding the cause of distressed behaviour both before training and on course completion, although there was no increase in the number of psychological attributions made following training. Additionally, participants demonstrated increased awareness of learned behaviour, physical environment, and activity and stimulation as causal factors in the development of distressed behaviour in individuals with dementia following training. Future directions: Further research is on-going to evaluate the effects of training on clinical practice, focusing on evaluating the impact on prescribing of anti-psychotic medication for distressed behaviour exhibited by individuals with dementia. Notes: [Thesis]

(38) Velasses B, Machado S, Paes Fv, Cunha M, Sanfim A, Budde H et al. Sensorimotor integration and psychopathology: Motor control abnormalities related to psychiatric disorders. \textit{The World Journal of Biological Psychiatry} 2011; 12(7-8):560-573. Abstract: Objectives: Recent evidence is reviewed to examine relationships among sensorimotor and cognitive aspects in some important psychiatry disorders. This study reviews the theoretical models in the context of sensorimotor integration and the abnormalities reported in the most common psychiatric disorders, such as Alzheimer's disease, autism spectrum disorder and schizophrenia. Methods: The bibliographical search used Pubmed/Medline, ISI Web of Knowledge, Cochrane data base and Scielo databases. The terms chosen for the search were: Alzheimer's disease, AD, autism spectrum disorder, and schizophrenia in combination with sensorimotor integration. Fifty articles published in English and were selected conducted from 1989 up to 2010. Results: We found that the sensorimotor integration process plays a relevant role in elementary mechanisms involved in occurrence of abnormalities in most common psychiatric disorders, such as Alzheimer's disease, autism spectrum disorder and schizophrenia. Methods: The bibliographical search used Pubmed/Medline, ISI Web of Knowledge, Cochrane data base and Scielo databases. The terms chosen for the search were: Alzheimer's disease, AD, autism spectrum disorder, and schizophrenia in combination with sensorimotor integration. Fifty articles published in English and were selected conducted from 1989 up to 2010. Results: We found that the sensorimotor integration process plays a relevant role in elementary mechanisms involved in occurrence of abnormalities in most common psychiatric disorders, such as Alzheimer's disease, autism spectrum disorder and schizophrenia. Conclusion: Sensorimotor integration seems to play a significant role in the disturbances of motor control, like deficits in the feedforward mechanism, typically seen in AD, autistic and schizophrenia patients. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

(39) Qazi A, Spector A, Orrell M. User, carer and staff perspectives on anxiety in dementia: a qualitative study. \textit{Journal of Affective Disorders} 2010; 125(1-3):295-300. Abstract: BACKGROUND Anxiety is extremely common in dementia and can lead to social exclusion, excess disability and associated problems including high physical dependency, problems in the patient/carer relationship, and increased cognitive and behavioural difficulties. Despite this, there is little research on the detection or management of anxiety in dementia,
and nothing from the perspective of people with dementia or their carers. METHODSThis study aimed to conceptualize users', carers' and staff views on the causes and management of anxiety in dementia. Eighty-one participants (users, carers and staff) participated in nine focus groups. Results were analysed using a mind-map technique and the 'long table approach'. RESULTSThemes related to the causes of anxiety included coming to terms with the diagnosis, loss of skills, physical and environmental factors and relationships with others. Themes related to the management of anxiety included coming to terms with the diagnosis, person-centred care, memory aids, enjoyable and distracting activities, management of physical and environmental problems and medication as a last resort. CONCLUSIONS Support around diagnosis, person-centred care, fostering good relationships and engagement in meaningful activity are of great importance to people with dementia and those who care for them. Yet in clinical practice, people with dementia suffering from anxiety may receive no help or else be given medication due to a lack of understanding of what else might help. Developing evidence-based psychological treatments for anxiety in dementia, to improve care and quality of life, should be a priority.


Abstract: Background: Despite the high consistency of evidence in favor of person-centered care, little information is available on how person-centered and family-centered interventions are actually provided. The aim of this study is to gain insight into the provision of the effective New York University Caregiver Intervention (NYUCI) in order to enhance its implementation. Methods: This is a qualitative study using a grounded theory approach. Group interviews were carried out with three purposefully sampled counselors who had provided the NYUCI. Results: Six themes were identified: (1) family problems, (2) ways to deal with these family problems, (3) barriers encountered by counselors, (4) ways to deal with these barriers, (5) facilitators or rewards of being a counselor, and (6) perceived effectiveness. The problem categories were (a) conflicts within families; (b) past experiences and personality; and (c) daily living with dementia. Ways of helping caregivers deal with these problems included problem clarification from the perspectives of the key players. An important barrier was reluctance to be helped. This was dealt with by acknowledging caregivers' need for control over situations. Additional effects of participation in the NYUCI observed by the counselors were reduction of anger and awareness of more and new options for dealing with dementia. Conclusions: Person- or family-centered care offers new perspectives on problems that are seemingly unmanageable. We hypothesize that seeing new and more options is a direct effect of this person-centered counseling. This might be an important outcome to be measured in future studies. (PsyclINFO Database Record (c) 2016 APA, all rights reserved) (Source: journal abstract)

(41) Byrne GJ. Training nursing home staff to improve psychosocial care reduces neuroleptic use in people with dementia without an increase in agitation. Evidence Based Mental Health 2006; 9(4):103.

Abstract: Does training and support for nursing home staff reduce neuroleptic use in people with dementia? METHOD: Design: Cluster randomised controlled trial. Allocation: Unconcealed. Blinding: Single blind (assessors blinded). Follow up period: Twelve months. Setting: Twelve nursing homes for people with dementia, London, Newcastle, and Oxford, UK; July 2003 to July 2004. Patients: Residents of 12 nursing homes for mentally impaired elderly people; 349 people were resident at randomisation. Homes were eligible if more than 25% of the residents had dementia and were taking neuroleptic medication. Intervention: Six homes received the skills training and support intervention and six provided usual care. Randomisation was stratified by location and the proportion of residents taking neuroleptic medication. The training and support intervention was delivered over 10 months by a psychologist, occupational therapist, or nurse and involved staff skills training and Cohen-Mansfield behavioural management techniques. Outcomes: Proportion of people receiving neuroleptics at 12 months' follow up; level of agitation (Cohen-Mansfield agitation inventory; score range 29 to 203, a higher score indicates greater agitation). Patient follow up: Follow up of homes was 100%. 349 people were resident at the start of the study (intervention nursing homes: 181 people; control nursing homes: 168 people). During the study, 69 people left and 64 people joined the intervention homes (176 people resident at
study end); 54 people left, and 56 people joined the control homes (170 people resident at study end).

**MAIN RESULTS**

At 12 months, the training and support intervention significantly reduced neuroleptic use compared with routine care in elderly people with dementia (40/174 (23%) with intervention v 69/164 (42%) with routine care; weighted mean difference 19.1%, 95% CI 0.5% to 38%). There were no significant differences in the level of agitation between the intervention and routine care group at 12 months (mean of median Cohen-Mansfield agitation inventory scores: 41.6 with intervention v 42.0 with routine care; weighted mean difference: +0.3, 95% CI -8.3 to +8.9).

**CONCLUSIONS**

Providing support and training for nursing home staff to improve individualised care and behavioural symptom management reduces neuroleptic use in elderly people with dementia, without leading to an increase in behavioural symptoms.

Notes: [Full text available via NHS OpenAthens]

**Databases searched:** CINAHL, PsycINFO, Google Scholar (Ebsco Psychology & Behavioural Sciences, Medline, Social Care Online and NICE Evidence were also searched, but no further papers found.)

**Search terms:**

1. PsycINFO "SENSORY INTEGRATION"/ 3662
2. PsycINFO ("sensory integration" OR "Newcastle model" OR "person cent*").ti,ab 6785
3. PsycINFO (1 OR 2) 9951
4. PsycINFO "HEALTH PERSONNEL"/ OR CAREGIVERS/ OR "CAREGIVER BURDEN"/ OR "ELDER CARE"/ 56403
5. PsycINFO exp DEMENTIA/ 74813
6. PsycINFO (3 AND 4 AND 5) 191
7. PsycINFO (educat* OR train* OR teach* OR help*).ti,ab 1082556
8. PsycINFO (6 AND 7) 92
9. CINAHL exp DEMENTIA/ 65176
10. CINAHL CAREGIVERS/ 31733
11. CINAHL ("sensory integration" OR "Newcastle model" OR "person cent*").ti,ab 5712
12. CINAHL (educat* OR train* OR teach* OR help*).ti,ab 721339
CINAHL (9 AND 10 AND 11 AND 12) 44

CINAHL (distress* OR agitat* OR anxi* OR afraid OR frighten* OR fear*).ti,ab 144411

CINAHL (13 AND 14) 7

EMCARE exp DEMENTIA/ 95831

EMCARE CAREGIVER/ OR "CAREGIVER BURDEN"/ OR "CAREGIVER SUPPORT"/ 48221

EMCARE ("sensory integration" OR "Newcastle model" OR "person cent*").ti,ab 4346

EMCARE (educat* OR train* OR teach* OR help*).ti,ab 773070

EMCARE (distress* OR agitat* OR anxi* OR afraid OR frighten* OR fear*).ti,ab 170857

EMCARE (16 AND 17 AND 18 AND 19 AND 20) 11

EMCARE ("behavio* psychological symptoms").ti,ab 31

EMCARE (16 AND 18 AND 22) 0

Medline exp DEMENTIA/ 159638

Medline CAREGIVERS/ 34516

Medline (carer*).ti,ab 13740

Medline (25 OR 26) 43710

Medline ("sensory integration" OR "Newcastle model" OR "person cent*").ti,ab 5938

Medline (educat* OR train* OR teach* OR help*).ti,ab 1766779

Medline (distress* OR agitat* OR anxi* OR afraid OR frighten* OR fear*).ti,ab 366658

Medline ("behavio* psychological symptoms") 43
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