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This edition of the Dementia Current Awareness Bulletin focus on the latest peer reviewed evidence relating to those providing care and support.

Cognitive Impairment

Title: Early detection of dementia in multilingual populations: Visual Cognitive Assessment Test (VCAT).

Citation: Journal of neurology, neurosurgery, and psychiatry, Feb 2016, vol. 87, no. 2, p. 156-160

Author(s): Kandiah, Nagaendran, Zhang, Angeline, Bautista, Dianne Carol,

Abstract: Early diagnosis of cognitive impairment allows timely intervention with pharmacological and non-pharmacological measures. However, current cognitive evaluation tools do not cater for multilingual populations. To develop and validate a visual-based cognitive evaluation tool, the Visual Cognitive Assessment Test (VCAT), which can be administered to multilingual populations without the need for translation or adaptation. We designed a battery of tests to evaluate the domains of memory, executive function, visuospatial function, language and attention. Pilot testing of individual test items, followed by test refinement and development of a field version was performed. We subsequently validated VCAT for the diagnosis of mild cognitive impairment (MCI) and mild Alzheimer’s disease (AD). (Abstract edited)

Title: Factors associated with eating performance for long-term care residents with moderate-to-severe cognitive impairment.

Citation: Journal of advanced nursing, Feb 2016, vol. 72, no. 2, p. 348-360

Author(s): Liu, Wen, Galik, Elizabeth, Boltz, Marie, Nahm, Eun-Shim, Lerner, Nancy,

Abstract: The aim of this study was to examine the association of specific personal and environmental factors with eating performance among long-term care residents with moderate-to-severe cognitive impairment. Eating is the one of the most basic and easiest
activities of daily living to perform. While multilevel factors can be associated with eating performance, the evidence among those with dementia was insufficient. (Abstract edited)

**Title:** Frontotemporal dementia.

**Citation:** Neurologic Clinics, Feb 2016, vol. 34, no. 1, p. 171-181, 0733-8619 (Feb 2016)

**Author(s):** Kelley, Roger E., El-Khoury, Ramy

**Abstract:** Frontotemporal dementia (FTD) is a not-uncommon explanation for progressive cognitive deficit in patients who often have a genetic susceptibility for such a neurodegenerative process. However, FTD does not seem to identify one particular pathogenetic mechanism but rather a spectrum of pathologies with particular predilection for the frontal and temporal lobes of the brain. There have been various subcategorizations of this form of dementia that have a tendency to be of earlier onset than typical Alzheimer disease and heralded by behavioral or communication manifestations. There is a behavioral variant and a language variant, referred to as primary progressive aphasia. (PsycINFO Database Record (c) 2016 APA, all rights reserved)(journal abstract)

**Title:** Examining the potential clinical value of curcumin in the prevention and diagnosis of Alzheimer's disease.

**Citation:** The British journal of nutrition, Feb 2016, vol. 115, no. 3, p. 449-465

**Author(s):** Goozée, K G, Shah, T M, Sohrabi, H R, Rainey-Smith, S R, Brown, B,

**Abstract:** Curcumin derived from turmeric is well documented for its anti-carcinogenic, antioxidant and anti-inflammatory properties. Recent studies show that curcumin also possesses neuroprotective and cognitive-enhancing properties that may help delay or prevent neurodegenerative diseases, including Alzheimer's disease (AD). (Abstract edited)

**Title:** Test Accuracy of Informant-Based Cognitive Screening Tests for Diagnosis of Dementia and Multidomain Cognitive Impairment in Stroke.

**Citation:** Stroke; a journal of cerebral circulation, Feb 2016, vol. 47, no. 2, p. 329-335

**Author(s):** McGovern, Aine, Pendlebury, Sarah T, Mishra, Nishant K, Fan, Yuhua,

**Abstract:** Poststroke cognitive assessment can be performed using standardized questionnaires designed for family or care givers. We sought to describe the test accuracy of such informant-based assessments for diagnosis of dementia/multidomain cognitive impairment in stroke. We performed a systematic review using a sensitive search strategy across multidisciplinary electronic databases. (Abstract edited)

**Title:** Hypertension, Dietary Sodium, and Cognitive Decline: Results From the Women's Health Initiative Memory Study.

**Citation:** American journal of hypertension, Feb 2016, vol. 29, no. 2, p. 202-216
**Author(s):** Haring, Bernhard, Wu, Chunyuan, Coker, Laura H, Seth, Arjun, Snetselaar, Linda,

**Abstract:** To investigate the relationships of hypertension, antihypertensive treatment, and sodium intake on cognitive decline in older women. Prospective follow-up of 6,426 cognitively intact women aged 65-79 years enrolled in the Women's Health Initiative Memory Study (WHIMS) with a median follow-up of 9.1 years. Dietary sodium intake was determined by food frequency questionnaires. Hypertension was defined as self-report of current drug therapy for hypertension. Blood pressure (BP) control was assessed by treatment for hypertension and clinic measurement of systolic BP ≥ 140mm Hg or diastolic BP ≥ 90mm Hg at baseline. Cognitive functioning was assessed annually by global cognitive screening, neurocognitive, and neuropsychiatric evaluations. Cognitive decline was identified by the incidence of mild cognitive impairment (MCI) or probable dementia (PD). Cox proportional hazards analyses were used to calculate hazard ratios (HRs). (Abstract edited)

**Title:** Bi-directional interaction between hypoglycaemia and cognitive impairment in elderly patients treated with glucose-lowering agents: a systematic review and meta-analysis.

**Citation:** Diabetes, obesity & metabolism, Feb 2016, vol. 18, no. 2, p. 135-141

**Author(s):** Mattishent, K, Loke, Y K

**Abstract:** To examine the bi-directional relationship, whereby hypoglycaemia is a risk factor for dementia, and where dementia increases risk of hypoglycaemia in older patients with diabetes mellitus treated with glucose-lowering agents. We searched MEDLINE and EMBASE over a 10-year span from 2005 to 2015 (with automated PubMed updates to August 2015) for observational studies of the association between hypoglycaemia and cognitive impairment or dementia in participants aged >55 years. (Abstract edited)

**Title:** Serum uric acid level and association with cognitive impairment and dementia: systematic review and meta-analysis.

**Citation:** Age (Dordrecht, Netherlands), Feb 2016, vol. 38, no. 1, p. 16. (February 2016)

**Author(s):** Khan, Aamir A, Quinn, Terence J, Hewitt, Jonathan, Fan, Yuhua, Dawson, Jesse

**Abstract:** Serum uric acid (sUA) level may be associated with cognitive impairment/dementia. It is possible this relationship varies with dementia subtype, particularly between vascular dementias (VaD) and Alzheimer's (AD) or Parkinson's disease (PDD)-related dementia. We aimed to present a synthesis of all published data on sUA and relationship with dementia/cognition through systematic review and meta-analysis. We included studies that assessed the association between sUA and any measure of cognitive function or a clinical diagnosis of dementia. (Abstract edited)

**Title:** Frailty: a costly phenomenon in caring for elders with cognitive impairment.

**Citation:** International journal of geriatric psychiatry, Feb 2016, vol. 31, no. 2, p. 161-168
Author(s): Butler, Aine, Gallagher, Damien, Gillespie, Paddy, Crosby, Lisa, Ryan, Deirdre,

Abstract: Dementia draws on a variety of public and private resources. There is increasing pressure to define the cost components in this area to improve resource allocation and accountability. The aim of this study was to characterize frailty in a group of cognitively impaired community-dwelling elders and evaluate its relationship with cost and resource utilization. We assessed a cross-sectional, convenient sample of 115 cognitively impaired patients of age >55 years who attended the National Memory Clinic in St James' University Hospital, a Trinity College-affiliated hospital in Dublin, Ireland. Participants had a clinical diagnosis of possible Alzheimer's disease or mild cognitive impairment. Frailty was measured using the biological syndrome model. (Abstract edited)

Title: Three screening methods for cognitive dysfunction using the Mini-Mental State Examination and Korean Dementia Screening Questionnaire.

Citation: Geriatrics & gerontology international, Feb 2016, vol. 16, no. 2, p. 252-258

Author(s): Choi, Seong Hye, Park, Moon Ho

Abstract: To screen for and determine cognitive dysfunction, cognitive tests and/or informant reports are commonly used. However, these cognitive tests and informant reports are not always available. The present study investigated three screening methods using the Mini-Mental State Examination (MMSE) as the cognitive test, and the Korean dementia screening questionnaire (KDSQ) as the informant report. Participants were recruited from the Korea Clinical Research Center for Dementia of South Korea, and included 2861 patients with Alzheimer's disease (dementia), 3519 patients with mild cognitive impairment and 1375 controls with no cognitive dysfunction. Three screening methods were tested: (i) MMSE alone (MMSE(cut-off) ); (ii) a conventional combination of MMSE and KDSQ (MMSE+KDSQ(cut-off) ); and (iii) a decision tree with MMSE and KDSQ (MMSE+KDSQ(decision tree) ). (Abstract edited)

Title: Cerebral perfusion in the predementia stages of Alzheimer's disease.

Citation: European radiology, Feb 2016, vol. 26, no. 2, p. 506-514

Author(s): Binnewijzend, Maja A A, Benedictus, Marije R, Kuijer, Joost P A,

Abstract: To investigate arterial spin-labelling (ASL) cerebral blood flow (CBF) changes in predementia stages of Alzheimer's disease (AD). Data were obtained from 177 patients with subjective complaints, mild cognitive impairment and AD from the Amsterdam Dementia Cohort. (Abstract edited)

Title: Frontal white matter hyperintensity predicts lower urinary tract dysfunction in older adults with amnestic mild cognitive impairment and Alzheimer's disease.

Citation: Geriatrics & gerontology international, Feb 2016, vol. 16, no. 2, p. 167-174
**Author(s):** Ogama, Noriko, Yoshida, Masaki, Nakai, Toshiharu, Niida, Shumpei, Toba, Kenji,

**Abstract:** Lower urinary tract symptoms often limit activities of daily life and impair quality of life in the elderly. The purpose of the present study was to determine whether regional white matter hyperintensity (WMH) can predict lower urinary tract symptoms in elderly with amnestic mild cognitive impairment or Alzheimer's disease. The participants were 461 patients aged 65-85 years diagnosed with amnestic mild cognitive impairment or Alzheimer’s disease. (Abstract edited)

**Title:** Amyloid Imaging With 11C-PIB in Patients With Cognitive Impairment in a Clinical Setting: A Visual and Semiquantitative Analysis.

**Citation:** Clinical nuclear medicine, Jan 2016, vol. 41, no. 1, p. e18.

**Author(s):** Jiménez-Bonilla, Julio F, Banzo, Ignacio, De Arcocha-Torres,

**Abstract:** The aim of this study was to evaluate amyloid imaging with C-PIB PET/CT in the study of cognitive impairment in a clinical setting. The study included 64 patients, with a mean age of 65 years, classified as subjective memory complaints (Abstract edited)

**Title:** Frontal white matter hyperintensities, clasmatodendrosis and gliovascular abnormalities in ageing and post-stroke dementia.

**Citation:** Brain : a journal of neurology, Jan 2016, vol. 139, p. 242-258

**Author(s):** Chen, Aiqing, Akinyemi, Rufus O, Hase, Yoshiki, Firbank, Michael J,

**Abstract:** White matter hyperintensities as seen on brain T2-weighted magnetic resonance imaging are associated with varying degrees of cognitive dysfunction in stroke, cerebral small vessel disease and dementia. The pathophysiological mechanisms within the white matter accounting for cognitive dysfunction remain unclear. With the hypothesis that gliovascular interactions are impaired in subjects with high burdens of white matter hyperintensities, we performed clinicopathological studies in post-stroke survivors, who had exhibited greater frontal white matter hyperintensities volumes that predicted shorter time to dementia onset. (Abstract edited)

**Title:** Sleep duration, cognitive decline, and dementia risk in older women.

**Citation:** Alzheimer's & dementia : the journal of the Alzheimer's Association, Jan 2016, vol. 12, no. 1, p. 21-33

**Author(s):** Chen, Jiu-Chiuan, Espeland, Mark A, Brunner, Robert L, Lovato, Laura C,

**Abstract:** Consistent evidence linking habitual sleep duration with risks of mild cognitive impairment (MCI) and dementia is lacking. We conducted a prospective study on 7444 community-dwelling women (aged 65-80 y) with self-reported sleep duration, within the Women’s Health Initiative Memory Study in 1995-2008. (Abstract edited)
**Title:** Advances in PET Imaging of Degenerative, Cerebrovascular, and Traumatic Causes of Dementia.

**Citation:** Seminars in nuclear medicine, Jan 2016, vol. 46, no. 1, p. 57-87 (January 2016)

**Author(s):** Eisenmenger, Laura B, Huo, Eugene J, Hoffman, John M, Minoshima, Satoshi,

**Abstract:** In this review we present the most recent advances in nuclear medicine imaging as a diagnostic and management tool for dementia. The clinical diagnosis of dementia syndromes can be challenging for physicians, particularly in the early stages of disease. Given the growing number of individuals affected by dementia, early and accurate diagnosis can lead to improved clinical management of patients. Although tests are available for exclusion of certain causes of cognitive impairment, the results rarely allow the clinician to make a definitive diagnosis. (Abstract edited)

**Title:** Dementia: From concept to clinical practice.

**Citation:** Cognitive communication disorders (2nd ed.), Jan 2016, (2016), p. 187-487 (2016)

**Author(s):** Mahendra, Nidhi

**Abstract:** The noteworthy impact of an aging population is that speech-language pathologists (SLP’s) will increasingly encounter more individuals on their caseloads with age-associated health conditions and neurodegenerative diseases and disorders. Among the neurodegenerative conditions, the syndrome of dementia deserves the greatest attention because of its rising worldwide incidence and prevalence, its societal impact, the fact that it has no cure, and because persons with dementia have been identified as the fastest growing clinical population on SLPs' caseloads. The development of mild cognitive impairment as a preclinical entity provides support for the idea that an individual might present with very subtle but measurable changes in brain functioning and cognitive-communicative performance years prior to a clinical diagnosis of dementia

**Title:** Parkinson’s and Alzheimer’s diseases: Focus on mild cognitive impairment.

**Citation:** Parkinsonism & related disorders, Jan 2016, vol. 22 Suppl 1, p. S159.

**Author(s):** Korczyn, Amos D

**Abstract:** The mild cognitive impairment (MCI) concept was developed to identify the earliest stages of cognitive impairment. MCI and, more specifically, amnestic MCI were initially proposed as transitional states that ultimately progress to full blown Alzheimer’s disease (AD). However, MCI subjects do not uniformly progress to dementia (either AD or another) and may revert back to normal cognitive state. The MCI as concept has been borrowed from AD to other neurodegenerative diseases, particularly Parkinson’s disease (PD). However the operational definition of MCI may not adequately convey the intended concept. Additional modifications to the concept and its operationalization are needed in order to better identify patients with incipient cognitive impairment and to guide clinical and research practices. Patients with PD have a very high likelihood of developing dementia,
insidiously over many years. Cognitive impairment may start even before other symptoms.

(Abstract edited)

**Title:** Homocysteine and Mild Cognitive Impairment: Are These the Tools for Early Intervention in the Dementia Spectrum?

**Citation:** The journal of nutrition, health & aging, Jan 2016, vol. 20, no. 2, p. 155-160 (2016)

**Author(s):** Ansari, Z

**Abstract:** Dementia, being a neurodegenerative disease, has devastating consequences not just for the ailing but also for the carers as it has a tremendous negative impact on the quality of life. The pathophysiology of dementia commences far earlier than its diagnosis. Mild cognitive impairment (MCI) is a stage prior to definite dementia. The progression from MCI to dementia is insidious with no definite demarcation, thus making diagnosis clinically difficult at an early stage. This paper attempts to throw light on the epidemiology, risk factors and the aetiopathogenesis of MCI. It further attempts to elaborate on the rate of conversion of MCI to definite dementia and the factors influencing the same. Many established as well as probable, modifiable as well as non-modifiable risk factors influence the progress of MCI to definite dementia. (Abstract edited)

**Title:** Cognitive impairment in Parkinson's disease and dementia with Lewy bodies.

**Citation:** Parkinsonism & related disorders, Jan 2016, vol. 22 Suppl 1, p. S144.

**Author(s):** Aarsland, Dag

**Abstract:** Parkinson's disease (PD) and dementia with Lewy bodies (DLB) share clinical and pathological similarities. The defining features are motor parkinsonism and cognitive impairment, often accompanied by visual hallucinations, fluctuating consciousness, autonomic and sleep disturbances, and a number of other non-motor symptoms. Mild cognitive impairment (MCI) can be identified in 15% of PD patients at time of diagnosis, and may even precede motor symptoms. MCI usually progresses further, and dementia is a common endpoint. Cognitive impairment is usually the initial symptom of DLB, and the disease course is severe. (Abstract edited)

**Title:** Metabolite ratios in the posterior cingulate cortex do not track cognitive decline in Parkinson's disease in a clinical setting.

**Citation:** Parkinsonism & related disorders, Jan 2016, vol. 22, p. 54-61 (January 2016)

**Author(s):** Almuqbel, Mustafa, Melzer, Tracy R, Myall, Daniel J, MacAskill

**Abstract:** Parkinson’s Disease (PD) is classified as a motor disorder, but most patients develop cognitive impairment, and eventual dementia (PDD). Predictive neurobiomarkers may be useful in the identification of those patients at imminent risk of PDD. Given the compromised cerebral integrity in PDD, we investigated whether brain metabolites track disease progression over time. Proton Magnetic Resonance Spectroscopy (MRS) was used to
identify brain metabolic changes associated with cognitive impairment and dementia in PD. Forty-nine healthy participants and 130 PD patients underwent serial single voxel proton MRS and neuropsychological testing. (Abstract edited)

**Title:** Incident Subjective Cognitive Decline Does Not Predict Mortality in the Elderly - Results from the Longitudinal German Study on Ageing, Cognition, and Dementia (AgeCoDe).

**Citation:** PloS one, Jan 2016, vol. 11, no. 1, p. e0147050. (2016)

**Author(s):** Roehr, Susanne, Luck, Tobias, Heser, Kathrin, Fuchs, Angela, Ernst,

**Abstract:** Subjective cognitive decline (SCD) might represent the first symptomatic representation of Alzheimer's disease (AD), which is associated with increased mortality. Only few studies, however, have analyzed the association of SCD and mortality, and if so, based on prevalent cases. Thus, we investigated incident SCD in memory and mortality. Data were derived from the German AgeCoDe study, a prospective longitudinal study on the epidemiology of mild cognitive impairment (MCI) and dementia in primary care patients over 75 years covering an observation period of 7.5 years. (Abstract edited)

**Title:** Three Large-Scale Functional Brain Networks from Resting-State Functional MRI in Subjects with Different Levels of Cognitive Impairment.

**Citation:** Psychiatry investigation, Jan 2016, vol. 13, no. 1, p. 1-7, 1738-3684 (January 2016)

**Author(s):** Joo, Soo Hyun, Lim, Hyun Kook, Lee, Chang Uk

**Abstract:** Normal aging and to a greater degree degenerative brain diseases such as Alzheimer's disease (AD), cause changes in the brain's structure and function. Degenerative changes in brain structure and decline in its function are associated with declines in cognitive ability. (Abstract edited)

**Title:** Rapid Cognitive Assessment of Nursing Home Residents: A Comparison of the Brief Interview for Mental Status (BIMS) and Brief Cognitive Assessment Tool-Short Form (BCAT-SF).

**Citation:** Research in gerontological nursing, Jan 2016, vol. 9, no. 1, p. 35-44

**Author(s):** Mace, Ryan A, Mansbach, William E, Clark, Kristen M

**Abstract:** In nursing homes, the ability to identify residents with cognitive impairment is critical; however, many providers fail to address symptoms of dementia due to insufficient time to assess cognition. In the current study, the authors compared two rapidly administered instruments, the Brief Interview for Mental Status (BIMS) and Brief Cognitive Assessment Tool-Short Form (BCAT-SF), in predicting specific cognitive stages. Two hundred twenty-five nursing home residents who were referred for neurocognitive evaluation and met inclusion criteria participated in the study. Both cognitive instruments were found to
predict cognitive diagnoses generally, but only the BCAT-SF demonstrated sensitivity in differentiating among all cognitive levels. (Abstract edited)

Title: Impact of Bilingualism on Cognitive Outcome After Stroke.

Citation: Stroke; a journal of cerebral circulation, Jan 2016, vol. 47, no. 1, p. 258-261

Author(s): Alladi, Suvarna, Bak, Thomas H, Mekala, Shailaja, Rajan, Amulya, Chaudhuri, Jaydip Ray, Mioshi, Eneida, Krovvidi, Rajesh, Surampudi, Bapiraju, Duggirala, Vasanta, Kaul, Subhash

Abstract: Bilingualism has been associated with slower cognitive aging and a later onset of dementia. In this study, we aimed to determine whether bilingualism also influences cognitive outcome after stroke. We examined 608 patients with ischemic stroke from a large stroke registry and studied the role of bilingualism in predicting poststroke cognitive impairment in the absence of dementia. (Abstract edited)

Title: Development of Biomarkers Based on DNA Methylation in the NCAPH2/LMF2 Promoter Region for Diagnosis of Alzheimer’s Disease and Amnesic Mild Cognitive Impairment.

Citation: PloS one, Jan 2016, vol. 11, no. 1, p. e0146449. (2016)

Author(s): Kobayashi, Nobuyuki, Shinagawa, Shunichiro, Nagata, Tomoyuki, Shimada, Kazuya, Shibata, Nobuto, Ohnuma, Tohru, Kasanuki, Koji, Arai, Hei, Yamada, Hisashi, Nakayama, Kazuhiko, Kondo, Kazuhiro

Abstract: From the standpoint of early interventions for dementia, a convenient method of diagnosis using biomarkers is required for Alzheimer’s disease (AD) in the early stage as well as amnesic mild cognitive impairment (aMCI). Focusing on differences in DNA methylation due to AD and aMCI, in the present study, we first conducted genome-wide screening, measuring blood DNA methylation levels by the Illumina Infinium HD Methylation Assay in 3 small age-and gender-matched groups consisting of 4 subjects each: normal controls (NC), aMCI and AD. (Abstract edited)

Title: Neuropsychological assessment of medico-legal capacity in the New Zealand context.


Author(s): Cunningham, Kay L.

Abstract: Capacity can be fluctuating in nature or at different levels of ability at different points of time. Even a person with a significant and global cognitive impairment may still have the capacity to make simple decisions. Clinical capacity is usually limited to a particular decision, so that persons who have temporary incapacity are not deemed incapable beyond the period of their incapacity. However, when a condition exists that is either permanent and stable or deteriorating (such as dementia), then lack of capacity may be deemed to go
beyond specific decisions. It is generally accepted that the person being assessed has a disability that can potentially result in poor decision-making, as a necessary "threshold requirement

**Title:** How does the EQ-5D perform when measuring quality of life in dementia against two other dementia-specific outcome measures?

**Citation:** Quality of life research : an international journal of quality of life aspects of treatment, care and rehabilitation, Jan 2016, vol. 25, no. 1, p. 45-49 (January 2016)

**Author(s):** Aguirre, Elisa, Kang, Sujin, Hoare, Zoe, Edwards, Rhiannon Tudor, Orrell, Martin

**Abstract:** This study aimed to assess and compare the psychometric performance of the EQ-5D in relation to other dementia-specific measures, the QoL-AD and DEMQoL, within a psychosocial intervention study. Two hundred and seventy-two people with dementia completed the EQ-5D, DEMQoL and QoL-AD. Convergent and discriminant validity of the measures were assessed, and inter-rater reliability was tested by comparing the self-reported and proxy scores of the measures. Internal consistency was tested using Cronbach’s alpha. (Abstract edited)

**Title:** Transition rates between amyloid and neurodegeneration biomarker states and to dementia: A population-based, longitudinal cohort study.

**Citation:** The Lancet Neurology, Jan 2016, vol. 15, no. 1, p. 56-64, 1474-4422 (Jan 2016)

**Author(s):** Jack, Clifford R., Jr., Therneau, Terry M., Wiste, Heather J., Weigand,

**Abstract:** Background: In a 2014 cross-sectional analysis, we showed that amyloid and neurodegeneration biomarker states in participants with no clinical impairment varied greatly with age, suggesting dynamic within-person processes. In this longitudinal study, we aimed to estimate rates of transition from a less to a more abnormal biomarker state by age in individuals without dementia, as well as to assess rates of transition to dementia from an abnormal state. (Abstract edited)

**Title:** Acute hospital care: how much activity is attributable to caring for patients with dementia?

**Citation:** QJM : monthly journal of the Association of Physicians, Jan 2016, vol. 109, no. 1, p. 41-44

**Author(s):** Briggs, R, Coary, R, Collins, R, Coughlan, T, O'Neill, D, Kennelly, S P

**Abstract:** People with dementia are among the most frequent service users in the acute hospital. Despite this, the acute hospital is not organized in a manner that best addresses their needs. We examined acute dementia care over a 3-year period from 2010 to 2012 in a 600-bed university hospital, to clarify the service activity and costs attributable to acute dementia care. (Abstract edited)
Title: Cognitive Changes during Prolonged Stay at High Altitude and Its Correlation with C-Reactive Protein.

Citation: PLoS one, Jan 2016, vol. 11, no. 1, p. e0146290. (2016)

Author(s): Hu, Sheng Li, Xiong, Wei, Dai, Zhi Qiang, Zhao, Heng Li, Feng, Hua

Abstract: Hypersensitive C-reaction protein (hsCRP) may be a risk factor for cognitive impairment resulting from Alzheimer’s disease (AD), stroke, and vascular dementia. This study explored the correlation of peripheral blood hsCRP level with cognitive decline due to high altitude exposure. The study was conducted on 100 male military participants who had never been to high altitude. (Abstract edited)

Title: Fish Oil Supplementation Increases Event-Related Posterior Cingulate Activation in Older Adults with Subjective Memory Impairment.

Citation: The journal of nutrition, health & aging, Jan 2016, vol. 20, no. 2, p. 161-169 (2016)

Author(s): Boespflug, E L, McNamara, R K, Eliassen, J C, Schidler, M D, Krikorian, R

Abstract: To determine the effects of long-chain omega-3 (LCn-3) fatty acids found in fish oil, including eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA), on cortical blood oxygen level-dependent (BOLD) activity during a working memory task in older adults with subjective memory impairment. Randomized, double-blind, placebo-controlled study. Academic medical center. Healthy older adults (62-80 years) with subjective memory impairment, but not meeting criteria for mild cognitive impairment or dementia. Fish oil (EPA+DHA: 2.4 g/d, n=11) or placebo (corn oil, n=10) for 24 weeks. Cortical BOLD response patterns during performance of a sequential letter n-back working memory task were determined at baseline and week 24 by functional magnetic resonance imaging (fMRI). At 24 weeks erythrocyte membrane EPA+DHA composition increased significantly from baseline in participants receiving fish oil (+31%, p≤0.0001) but not placebo (-17%, p=0.06). Multivariate modeling of fMRI data identified a significant interaction among treatment, visit, and memory loading in the right cingulate (BA 23/24), and in the right sensorimotor area (BA 3/4). In the fish oil group, BOLD increases at 24 weeks were observed in the right posterior cingulate and left superior frontal regions during memory loading. (Abstract edited)

Title: Orthostatic hypotension, cerebral hypoperfusion, and visuospatial deficits in Lewy body disorders.

Citation: Parkinsonism & related disorders, Jan 2016, vol. 22, p. 80-86

Author(s): Robertson, Andrew D, Messner, Michelle A, Shirzadi, Zahra,

Abstract: Orthostatic hypotension and cognitive impairment are two non-motor attributes of Lewy body spectrum disorders that impact independence. This proof-of-concept study examined cerebral blood flow (perfusion) as a mediator of orthostatic hypotension and cognition. In fifteen patients with Lewy body disorders, we estimated regional perfusion
using pseudo-continuous arterial spin labeling MRI, and quantified orthostatic hypotension from the change in systolic blood pressure between supine and standing positions. Executive, visuospatial, attention, memory, and language domains were characterized by neuropsychological tests. (Abstract edited)

**Title:** Development of a self-administered web-based test for longitudinal cognitive assessment.

**Citation:** Scientific reports, Jan 2016, vol. 6, p. 19114. (2016)

**Author(s):** Ruano, Luis, Sousa, Andreia, Severo, Milton, Alves, Ivânia, Colunas, Márcio, Barreto, Rui, Mateus, Cátia, Moreira, Sandra, Conde, Eduardo, Bento, Virgílio, Lunet, Nuno, Pais, Joana, Tedim Cruz, Vítor

**Abstract:** Sequential testing with brief cognitive tools has been recommended to improve cognitive screening and monitoring, however the few available tools still depend on an external evaluator and periodic visits. We developed a self-administered computerized test intended for longitudinal cognitive testing (Brain on Track). The test can be performed from a home computer and is composed of several subtests, expected to evaluate different cognitive domains, all including random elements to minimize learning effects. An initial (A) and a refined version of the test (B) were applied to patients with mild cognitive impairment or early dementia (n = 88) and age and education-matched controls. (Abstract edited).

**Title:** Problem-solving therapy reduces suicidal ideation in depressed older adults with executive dysfunction.

**Citation:** The American Journal of Geriatric Psychiatry, Jan 2016, vol. 24, no. 1, p. 11-17, 1064-7481 (Jan 2016)

**Author(s):** Gustavson, Kristen A., Alexopoulos, George S., Niu, Grace C., McCulloch,

**Abstract:** Objective: To test the hypothesis that Problem Solving Therapy (PST) is more effective than Supportive Therapy (ST) in reducing suicidal ideation in older adults with major depression and executive dysfunction. We further explored whether patient characteristics, such as age, sex, and additional cognitive impairment load (e.g., memory impairments) were related to changes in suicidal ideation over time. Design: Secondary data analysis using data from a randomized clinical trial allocating participants to PST or ST at 1:1 ratio. Raters were blind to patients' assignments. (Abstract edited)

**Title:** Impaired Sleep Predicts Cognitive Decline in Old People: Findings from the Prospective KORA Age Study.

**Citation:** Sleep, Jan 2016, vol. 39, no. 1, p. 217-226 (2016)

**Author(s):** Johar, Hamimatunnisa, Kawan, Rasmila, Emeny, Rebecca Thwing, Ladwig,

**Abstract:** To investigate the association between sleep-related characteristics and cognitive change over 3 years of follow up in an aged population. Sleep characteristics and covariates
were assessed at baseline in a standardized interview and clinical examination of the population-based KORA Age Study (n = 740, mean age = 75 years). Cognitive score (determined by telephone interview for cognitive status, TICS-m) was recorded at baseline and 3 years later. (Abstract edited)

Title: Are depressive symptoms in mild cognitive impairment predictive of conversion to dementia?

Citation: International Psychogeriatrics, Jan 2016, (Jan 18, 2016), 1041-6102 (Jan 18, 2016)

Author(s): De Roeck, Ellen, Ponjaert-Kristoffersen, Ingrid, Bosmans, Marc,

Abstract: Background: Depressive symptoms are common in amnestic mild cognitive impairment (aMCI). The association between depressive symptoms and conversion to dementia is not yet clear. This longitudinal study was conducted to ascertain whether depressive symptoms in aMCI patients are predictive of conversion to dementia. Methods: 35 aMCI patients participated in this study. All participants underwent cognitive testing and were administered the geriatric depression scale (GDS) to determine the presence of depressive symptoms. (Abstract edited)

Title: Pro-inflammatory S100A9 Protein as a Robust Biomarker Differentiating Early Stages of Cognitive Impairment in Alzheimer’s Disease.

Citation: ACS chemical neuroscience, Jan 2016, vol. 7, no. 1, p. 34-39 (January 20, 2016)

Author(s): Horvath, Istvan, Jia, Xueen, Johansson, Per, Wang, Chao, Moskalenko, Roman,

Abstract: Pro-inflammatory protein S100A9 was established as a biomarker of dementia progression and compared with others such as Aβ1-42 and tau-proteins. CSF samples from 104 stringently diagnosed individuals divided into five subgroups were analyzed, including nondemented controls, stable mild cognitive impairment (SMCI), mild cognitive impairment due to Alzheimer's disease (MCI-AD), Alzheimer's disease (AD), and vascular dementia (VaD) patients. ELISA, dot-blotting, and electrochemical impedance spectroscopy were used as research methods. (Abstract edited)

Title: Integrating longitudinal information in hippocampal volume measurements for the early detection of Alzheimer's disease.

Citation: NeuroImage, Jan 2016, vol. 125, p. 834-847

Author(s): Chincarini, Andrea, Sensi, Francesco, Rei, Luca, Gemme, Gianluca,

Abstract: Structural MRI measures for monitoring Alzheimer's Disease (AD) progression are becoming instrumental in the clinical practice, and more so in the context of longitudinal studies. This investigation addresses the impact of four image analysis approaches on the longitudinal performance of the hippocampal volume. We present a hippocampal segmentation algorithm and validate it on a gold-standard manual tracing database. We segmented 460 subjects from ADNI, each subject having been scanned twice at baseline, 12-
We used the bilateral hippocampal volume $v$ and its variation, measured as the annualized volume change $\Lambda = \delta v / \text{year}(\text{mm}^3)/\text{y})$. Four processing approaches with different complexity are compared to maximize the longitudinal information, and they are tested for cohort discrimination ability. Reference cohorts are Controls vs. Alzheimer’s Disease (CTRL/AD) and CTRL vs. Mild Cognitive Impairment who subsequently progressed to AD dementia (CTRL/MCI-co). We discuss the conditions on $v$ and the added value of $\Lambda$ in discriminating subjects. The age-corrected bilateral annualized atrophy rate ($%/\text{year}$) were: -1.6 (0.6) for CTRL, -2.2 (1.0) for MCI-nc, -3.2 (1.2) for MCI-co and -4.0 (1.5) for AD. Combined ($v$, $\Lambda$) discrimination ability gave an Area under the ROC curve (auc) = 0.93 for CTRL vs AD and auc = 0.88 for CTRL vs MCI-co. Longitudinal volume measurements can provide meaningful clinical insight and added value with respect to the baseline provided the analysis procedure embeds the longitudinal information.

Title: Extranodal nk/t-cell lymphoma, nasal type, manifesting as rapidly progressive dementia without any mass or enhancing brain lesion.

Citation: Neuropathology, Jan 2016, (Jan 15, 2016), 0919-6544 (Jan 15, 2016)

Author(s): Shimatani, Yoshimitsu, Nakano, Yuta, Tsuyama, Naoko, Murayama, Shigeo, Oki,

Abstract: Among the many potential etiologies for rapidly progressive dementia (RPD), primary central nervous system extranodal NK/T-cell lymphoma, nasal-type (ENKL) is a rare entity. We present the first reported case of autopsy-proven RPD due to ENKL without any mass or enhancing lesion of the brain. A 54-year-old immunocompetent man presented with RPD, myoclonus and ataxia. The mini-mental state examination (MMSE) score was 22/30. His brain MRI revealed progressive brain atrophy without gadolinium enhancement or mass lesion. Five months after the initial evaluation, cognitive impairment further worsened with an MMSE score of 3/30. At the advanced stage, lumbar MRI showed swollen cauda equina with gadolinium enhancement. The number of Epstein-Barr virus (EBV) DNA in cerebrospinal fluid had gradually increased. Twelve months after onset, the patient died of respiratory failure. Pathological findings revealed that lymphoma cells had diffusely invaded the meninges, parenchyma of the brain, spinal cord and cauda equina. Cells were positive for CD3, CD56 and EBV-encoded small RNAs and negative for CD20. No evidence of malignancy was identified in the visceral organs. This report indicates that ENKL should be recognized as one of the rare causes of RPD. Early testing for EBV-DNA in cerebrospinal fluid and imaging of cauda equina would be useful diagnostic tools.

Title: Prevalence of mild cognitive impairment and dementia in older non-western immigrants in the Netherlands: A cross-sectional study.

Citation: International Journal of Geriatric Psychiatry, Jan 2016, (Jan 21, 2016),

Author(s): Parlevliet, J. L., Uysal-Bozkir, Ö., Goudsmit, M., Campen, J. P., Kok, R. M., Riet, G.,

Abstract: Objective In the Netherlands, persons of Turkish, Moroccan and Surinamese descent form the largest groups of non-western immigrants. A high prevalence of mild cognitive impairment (MCI) and dementia has been described in immigrant populations in
the United States of America and the United Kingdom. We determined the prevalence of MCI and dementia in older community-dwelling adults from the largest non-western immigrant groups in the Netherlands. Methods Participants, aged 55 years and older, of Turkish, Moroccan (Arabic or Berber), Surinamese (Creole or Hindustani) or Dutch descent were recruited via their general practitioners. Cognitive deficits were assessed using the Cross-Cultural Dementia screening instrument, which was validated in poorly educated people from different cultures. Differences in prevalence rates of MCI and dementia between the immigrant groups and a native Dutch group were analysed using chi-square tests. Results We included 2254 participants. Their mean age was 65.0 years (standard deviation, 7.5), and 44.4% were male. The prevalence of MCI was 13.0% in Turkish, 10.1% in Moroccan–Arabic, 9.4% in Moroccan–Berber and 11.9% in Surinamese–Hindustani participants, compared to 5.9% in Surinamese–Creoles and 3.3% in native Dutch. The prevalence of dementia was 14.8% in Turkish, 12.2% in Moroccan Arabic, 11.3% in Moroccan Berber and 12.6% in Surinamese–Hindustani participants, compared to 4.0% in Surinamese–Creoles and 3.5% in native Dutch. Conclusions MCI and dementia were three to four times more prevalent in the majority of non-western immigrant groups when compared to the native Dutch population. These differences are important for planning and improving healthcare facilities.

Title: Time to diagnosis in young-onset dementia and its determinants: The inspired study.

Citation: International Journal of Geriatric Psychiatry, Jan 2016, (Jan 25, 2016)

Author(s): Draper, Brian, Cations, Monica, White, Fiona, Trollor, Julian, Loy, Clement

Abstract: Objective The objective of this study is to identify factors determining the time to diagnosis for young-onset dementia (YOD), defined as dementia with symptom onset before age 65 years, by mapping the diagnostic pathways. Methods Participants were recruited via healthcare professionals, community support organisations or were self-referred. Information was obtained by interviews with the person with YOD and their carer, and medical record reviews. Clinical dementia diagnoses were independently ratified by consensus review. Results Participants included 88 people with YOD (mean age of onset = 55.4 years), due to Alzheimer’s disease (AD) (53.4%, n = 47), frontotemporal dementia (FTD) (15.9%, n = 14) and other causes (30.7%, n = 27). Median time from symptom onset to first consultation was 2.3 years, to dementia diagnosis 3.2 years, to family awareness of dementia diagnosis 3.5 years and to final diagnosis of the type of dementia 4.7 years. Non-dementia diagnoses occurred in 48.9%, including depression (30.7%) and mild cognitive impairment (MCI) (17.0%). Participants with younger age of onset had significantly longer time to first consultation and family awareness of the dementia diagnosis. The time to dementia diagnosis was significantly longer when the participant presented with MCI or depression and when the dementia was other than AD or FTD. MCI was associated with significantly longer time to family awareness of dementia diagnosis. Conclusions Factors impacting on time to diagnosis vary with the stage of diagnosis in YOD. Longer time to dementia diagnosis occurred in people who were younger at symptom onset, when MCI or depression was present, and in dementias other than AD and FTD.

Title: Serum ethanolamine plasmalogens improve detection of cognitive impairment among elderly with high excretion levels of urinary myo-inositol: A cross-sectional study.
**Citation:** Clinica chimica acta; international journal of clinical chemistry, Jan 2016, vol. 453, p. 134-140

**Author(s):** Maeba, Ryouta, Araki, Atsushi, Ishii, Kenji, Ogawa, Kishiko, Tamura, Yoshiaki,

**Abstract:** Several reports have implicated myo-inositol (MI) in myelin formation. We hypothesized that MI is involved in this process through facilitating the biosynthesis of ethanolamine plasmalogens (P1sEtns), which are the major component of myelin membranes, and essential for myelin formation and function. Excessive MI urinary excretion possibly causes P1sEtn deficiency, leading to demyelinating diseases including dementia. We examined the association between cognitive impairment, serum levels of P1sEtn, and baseline levels of urinary MI excretion, in the enrollment of 55 memory clinic outpatients and 107 cognitively normal elderly. Serum P1sEtns were independently associated with cognitive impairment, and significantly reduced in memory clinic outpatients, especially in those with high urinary MI, as compared to normal elderly. On the other hand, there was no direct association between urinary MI and cognitive impairment, but urinary MI was significantly associated with serum hemoglobin A1c and amyloid β 1-40. The interaction between P1sEtn and urinary MI for cognitive impairment was statistically confirmed, and their combined usage improved diagnosis of cognitive impairment. We proposed the involvement of MI and P1sEtn in cognitive impairment pathology. In conclusion, serum P1sEtn may be useful in detecting cognitive decline among elderly with hyperglycemia.

**Title:** Effect of animal-assisted interventions on depression, agitation and quality of life in nursing home residents suffering from cognitive impairment or dementia: A cluster randomized controlled trial.

**Citation:** International Journal of Geriatric Psychiatry, Jan 2016, (Jan 25, 2016)

**Author(s):** Olsen, Christine, Pedersen, Ingeborg, Bergland, Astrid,

**Abstract:** Objectives The prevalence of neuropsychiatric symptoms in cognitively impaired nursing home residents is known to be very high, with depression and agitation being the most common symptoms. The possible effects of a 12-week intervention with animal-assisted activities (AAA) in nursing homes were studied. The primary outcomes related to depression, agitation and quality of life (QoL). Method A prospective, cluster randomized multicentre trial with a follow-up measurement 3 months after end of intervention was used. Inclusion criteria were men and women aged 65 years or older, with a diagnosis of dementia or having a cognitive deficit. Ten nursing homes were randomized to either AAA with a dog or a control group with treatment as usual. In total, 58 participants were recruited: 28 in the intervention group and 30 in the control group. The intervention consisted of a 30-min session with AAA twice weekly for 12 weeks in groups of three to six participants, led by a qualified dog handler. Norwegian versions of the Cornell Scale for Depression, the Brief Agitation Rating Scale and the Quality of Life in Late-stage Dementia scale were used. Results A significant effect on depression and QoL was found for participants with severe dementia at follow-up. For QoL, a significant effect of AAA was also found immediately after the intervention. No effects on agitation were found. Conclusions
Animal-assisted activities may have a positive effect on symptoms of depression and QoL in older people with dementia, especially those in a late stage.

**Title:** Comparison of feature selection techniques in machine learning for anatomical brain MRI in dementia.

**Citation:** Neuroinformatics, Jan 2016, (Jan 23, 2016),

**Author(s):** Tohka, Jussi, Moradi, Elaheh, Hutunen, Heikki

**Abstract:** We present a comparative split-half resampling analysis of various data driven feature selection and classification methods for the whole brain voxel-based classification analysis of anatomical magnetic resonance images. We compared support vector machines (SVMs), with or without filter based feature selection, several embedded feature selection methods and stability selection. While comparisons of the accuracy of various classification methods have been reported previously, the variability of the out-of-training sample classification accuracy and the set of selected features due to independent training and test sets have not been previously addressed in a brain imaging context. We studied two classification problems: 1) Alzheimer’s disease (AD) vs. normal control (NC) and 2) mild cognitive impairment (MCI) vs. NC classification. In AD vs. NC classification, the variability in the test accuracy due to the subject sample did not vary between different methods and exceeded the variability due to different classifiers. In MCI vs. NC classification, particularly with a large training set, embedded feature selection methods outperformed SVM-based ones with the difference in the test accuracy exceeding the test accuracy variability due to the subject sample. The filter and embedded methods produced divergent feature patterns for MCI vs. NC classification that suggests the utility of the embedded feature selection for this problem when linked with the good generalization performance. The stability of the feature sets was strongly correlated with the number of features selected, weakly correlated with the stability of classification accuracy, and uncorrelated with the average classification accuracy.

**Title:** The efficacy of a volunteer-administered cognitive stimulation program in long-term care homes.

**Citation:** International Psychogeriatrics, Jan 2016, (Jan 25, 2016)

**Author(s):** van Zon, Lorraine, Kirby, John R., Anderson, Nicole

**Abstract:** Background: Cognitive impairment (CI) that arises in some older adults limits independence and decreases quality of life. Cognitive stimulation programs delivered by professional therapists have been shown to help maintain cognitive abilities, but the costs of such programming are prohibitive. The present study explored the feasibility and efficacy of using long-term care homes’ volunteers to administer a cognitive stimulation program to residents. Methods: Thirty-six resident participants and 16 volunteers were alternately assigned to one of two parallel groups: a control group (CG) or stimulation group (SG). For eight weeks, three times each week, CG participants met for standard “friendly visits” (casual conversation between a resident and volunteer) and SG participants met to work through a variety of exercises to stimulate residents’ reasoning, attention, and memory.
abilities. Resident participants were pre- and post-tested using the Weschler Abbreviated Scale of Intelligence—Second Edition, Test of Memory, and Learning-Senior Edition, a modified Letter Sorting test (LS), Clock Drawing Test (CDT), and the Action Word Verbal Fluency Test. Results: Two-way analyses of covariance (ANCOVA) controlling for dementia diagnosis indicated statistically greater improvements in the stimulation participants than in the control participants in Immediate Verbal Memory, \( p = 0.011 \); Non-Verbal Memory, \( p = 0.012 \); Learning, \( p = 0.016 \); and Verbal Fluency, \( p = 0.024 \). Conclusions: The feasibility and efficiency of a volunteer-administered cognitive stimulation program was demonstrated. Longitudinal studies with larger sample sizes are recommended in order to continue investigating the breadth and depth volunteer roles in the maintenance of the cognitive abilities of older adults.

**Title:** Association of Cerebrospinal Fluid Neurofilament Light Concentration With Alzheimer Disease Progression.

**Citation:** JAMA neurology, Jan 2016, vol. 73, no. 1, p. 60-67

**Author(s):** Zetterberg, Henrik, Skillbäck, Tobias, Mattsson, Niklas, Trojanowski,

**Abstract:** The extent to which large-caliber axonal degeneration contributes to Alzheimer disease (AD) progression is unknown. Cerebrospinal fluid (CSF) neurofilament light (NFL) concentration is a general marker of damage to large-caliber myelinated axons. To test whether CSF NFL concentration is associated with cognitive decline and imaging evidence of neurodegeneration and white matter change in AD. A commercially available immunoassay was used to analyze CSF NFL concentration in a cohort of patients with AD (n = 95) or mild cognitive impairment (MCI) (n = 192) and in cognitively normal individuals (n = 110) from the Alzheimer's Disease Neuroimaging Initiative. The study dates were January 2005 to December 2007. The NFL analysis was performed in November 2014. Correlation was investigated among baseline CSF NFL concentration and longitudinal cognitive impairment, white matter change, and regional brain atrophy within each diagnostic group. Cerebrospinal fluid NFL concentration (median [interquartile range]) was higher in the AD dementia group (1479 [1134-1842] pg/mL), stable MCI group (no progression to AD during follow-up; 1182 [923-1687] pg/mL), and progressive MCI group (MCI with progression to AD dementia during follow-up; 1336 [1061-1693] pg/mL) compared with control participants (1047 [809-1265] pg/mL) (P < .001 for all) and in the AD dementia group compared with the stable MCI group (P = .01). In the MCI group, a higher CSF NFL concentration was associated with faster brain atrophy over time as measured by changes in whole-brain volume (\( \beta = -4177, P = .003 \)), ventricular volume (\( \beta = 1835, P < .001 \)), and hippocampus volume (\( \beta = -54.22, P < .001 \)); faster disease progression as reflected by decreased Mini-Mental State Examination scores (\( \beta = -1.077, P < .001 \)) and increased Alzheimer Disease Assessment Scale cognitive subscale scores (\( \beta = 2.30, P < .001 \)); and faster white matter intensity change (\( \beta = 598.7, P < .001 \)). Cerebrospinal fluid NFL concentration is increased by the early clinical stage of AD and is associated with cognitive deterioration and structural brain changes over time. This finding corroborates the contention that degeneration of large-caliber axons is an important feature of AD neurodegeneration.
**Title:** Cognitive dysfunction in patients with very mild Alzheimer's disease and amnestic mild cognitive impairment showing hemispheric asymmetries of hypometabolism on (18) F-FDG PET.

**Citation:** International journal of geriatric psychiatry, Jan 2016, vol. 31, no. 1, p. 41-48

**Author(s):** Murayama, Norio, Ota, Kazumi, Kasanuki, Koji, Kondo, Daizo, Fujishiro, Hiroshige,

**Abstract:** We investigated cognitive dysfunction in patients with Alzheimer's disease (AD) and amnestic mild cognitive impairment (aMCI) who present hemispheric asymmetries of cerebral metabolic rate of glucose (CMRglc) decrease on (18) F-fluorodeoxyglucose positron emission tomography. Based on the hemispheric asymmetries of CMRglc decrease in the posterior cingulate cortex, precuneus, and parietotemporal cortex, the patients were divided into three groups (a left-dominant hypometabolism group, a right-dominant hypometabolism group, and a non-dominant hypometabolism group). CMRglc decrease in the whole brain was controlled among the three groups. All the patients underwent mini-mental state examination (MMSE), Wechsler Memory Scale-Revised (WMS-R), and Wechsler Adult Intelligent Scale-Third (WAIS-III). There were no significant differences in MMSE and WAIS-III scores among the three groups. In WMS-R, the results indicated that the left-dominant group demonstrated significantly lower scores in verbal memory than the other two groups. Furthermore, the left-dominant group had a greater tendency to be diagnosed with AD rather than aMCI. Patients with AD and aMCI showing left-dominant hypometabolism tend to show severer impairment in verbal memory function and to be diagnosed with AD dementia.

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**Title:** A before and after study of a nurse led comprehensive delirium management programme (DemDel) for older acute care inpatients with cognitive impairment.

**Citation:** International journal of nursing studies, Jan 2016, vol. 53, p. 27-38

**Author(s):** Hasemann, W, Tolson, D, Godwin, J, Spirig, R, Frei, I A, Kressig, R W

**Abstract:** Studies estimate that approximately one-third of episodes of delirium are preventable and that delirium prevention and management are often suboptimal in practice. While there is no doubt that prevention is desirable, the evidence of the benefits of early intervention and treatment for older hospitalised patients with dementia is unclear. To determine the effects of DemDel, a comprehensive delirium management programme, in inpatient acute care elders with cognitive impairment. This paper reports the quantitative part of a mixed methods study, comparing an intervention with treatment as usual using validated outcome measures. After training, ward nurses and physicians administered the intervention based on the DemDel algorithm that focused on delirium prevention, including an intensive systematic screening schedule for cognitive impairment and delirium, as well as comprehensive delirium management. The delirium management regimen included timely administration of pro re nata medication. The study was conducted within four medical wards of an acute care university hospital in urban Switzerland. (Abstract edited)

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**Title:** Physical Fitness in Older People with Mild Cognitive Impairment and Dementia.
**Abstract:** Maintenance of physical activity and good physical fitness is important for functional independence. This study had two aims: examine the physical fitness level in older persons with mild cognitive impairment (MCI) or dementia, and examine the relationship between the components of physical fitness and cognitive domains in this group. (Abstract edited)

**Title:** Association Between Olfactory Dysfunction and Amnestic Mild Cognitive Impairment and Alzheimer Disease Dementia.

**Abstract:** To increase the opportunity to delay or prevent mild cognitive impairment (MCI) or Alzheimer disease (AD) dementia, markers of early detection are essential. Olfactory impairment may be an important clinical marker and predictor of these conditions and may help identify persons at increased risk. To examine associations of impaired olfaction with incident MCI subtypes and progression from MCI subtypes to AD dementia. Participants enrolled in the population-based, prospective Mayo Clinic Study of Aging between 2004 and 2010 were clinically evaluated at baseline and every 15 months through 2014. Participants (N = 1630) were classified as having normal cognition, MCI (amnestic MCI [aMCI] and nonamnestic MCI [naMCI]), and dementia. (Abstract edited)

**Title:** Alzheimer’s disease: Targeting the Cholinergic System.

**Abstract:** Acetylcholine (ACh) has a crucial role in the peripheral and central nervous systems. The enzyme choline acetyltransferase (ChAT) is responsible for synthesizing ACh from acetyl-CoA and choline in the cytoplasm and the vesicular acetylcholine transporter (VACht) uptakes the neurotransmitter into synaptic vesicles. Following depolarization, ACh undergoes exocytosis reaching the synaptic cleft, where it can bind its receptors, including muscarinic and nicotinic receptors. ACh present at the synaptic cleft is promptly hydrolyzed by the enzyme acetylcholinesterase (AChE), forming acetate and choline, which is recycled into the presynaptic nerve terminal by the high-affinity choline transporter (CHT1). (Abstract edited)

**Title:** Autoantibodies Profile in Matching CSF and Serum from AD and aMCI patients: Potential Pathogenic Role and Link to Oxidative Damage.

**Abstract:** Journal of aging and physical activity, Jan 2016, vol. 24, no. 1, p. 92-100

**Author(s):** Hesseberg, Karin, Bentzen, Hege, Ranhoff, Anette Hylen, Engedal, Knut,

**Citation:** JAMA neurology, Jan 2016, vol. 73, no. 1, p. 93-101

**Author(s):** Roberts, Rosebud O, Christianson, Teresa J H, Kremers, Walter K,

**Citation:** Current neuropharmacology, Jan 2016, vol. 14, no. 1, p. 101-115 (2016)

**Author(s):** Ferreira-Vieira, Talita H, Guimaraes, Isabella M, Silva, Flavia R, Ribeiro, Fabiola M,

**Citation:** Current Alzheimer research, Jan 2016, vol. 13, no. 2, p. 112-122 (2016)
**Author(s):** Di Domenico, Fabio, Pupo, Gilda, Giraldo, Esther, Lloret, Ana, Badia,

**Abstract:** Alzheimer disease (AD) is the most common form of dementia among the elderly and is characterized by progressive loss of memory and cognition. Amyloid-ß-peptide (Aß) forms senile plaques, which, together with hyperphosphorylated tau-based neurofibrillary tangles, are the hallmarks of AD neuropathology. Evidence support the involvement of immune system in AD progression and current concepts regarding its pathogenesis include the participation of inflammatory and autoimmune components in the neurodegenerative process. (Abstract edited)

**Title:** Using temporal orientation, category fluency, and word recall for detecting cognitive impairment: the 10-point cognitive screener (10-CS).

**Citation:** International journal of geriatric psychiatry, Jan 2016, vol. 31, no. 1, p. 4-12

**Author(s):** Apolinario, Daniel, Lichtenthaler, Daniel Gomes, Magaldi, Regina Miksian,

**Abstract:** A screening strategy composed of three-item temporal orientation and threeword recall has been increasingly used for detecting cognitive impairment. However, the intervening task administered between presentation and recall has varied. We evaluated six brief tasks that could be useful as intervening distractors and possibly provide incremental accuracy: serial subtraction, clock drawing, category fluency, letter fluency, timed visual detection, and digits backwards. (Abstract edited)

**Title:** Potentially Inappropriate Medications and Anticholinergic Burden in Older People Attending Memory Clinics in Australia.

**Citation:** Drugs & aging, Jan 2016, vol. 33, no. 1, p. 37-44

**Author(s):** Cross, Amanda J, George, Johnson, Woodward, Michael C, Ames, David,

**Abstract:** There has been limited research into potentially inappropriate medication (PIM) use and anticholinergic burden in patients attending memory clinics. The aim of this study was to explore the use of PIMs related to cognitive impairment (PIMcog), anticholinergic cognitive burden (ACB) and concomitant use of anticholinergic medications with cholinesterase inhibitors (ChEIs) in patients attending memory clinics. Cross-sectional analysis of baseline data from the Prospective Research In MEmory clinics (PRIME) study was performed. (Abstract edited)

**Title:** Identifying instruments to quantify financial management skills in adults with acquired cognitive impairments.

**Citation:** Journal of Clinical and Experimental Neuropsychology, Jan 2016, vol. 38, no. 1, p. 76-95,

**Author(s):** Engel, Lisa, Bar, Yael, Beaton, Dorcas E., Green, Robin E., Dawson, Deirdre R.
Abstract: Introduction: Financial management skills—that is, the skills needed to handle personal finances such as banking and paying bills—are essential to a person’s autonomy, independence, and community living. To date, no comprehensive review of financial management skills instruments exists, making it difficult for clinicians and researchers to choose relevant instruments. The objectives of this review are to: (a) identify all available instruments containing financial management skill items that have been used with adults with acquired cognitive impairments; (b) categorize the instruments by source (i.e., observation based, self-report, proxy report); and (c) describe observation-based performance instruments by populations, overarching concepts measured, and comprehensiveness of financial management items. Objective (c) focuses on observation-based performance instruments as these measures can aid in situations where the person with cognitive impairment has poor self-awareness or where the proxy has poor knowledge of the person’s current abilities. (Abstract edited)

Title: Braak staging, plaque pathology, and APOE status in elderly persons without cognitive impairment.

Citation: Neurobiology of aging, Jan 2016, vol. 37, p. 147-153 (January 2016)

Author(s): Mufson, Elliott J, Malek-Ahmadi, Michael, Perez, Sylvia E, Chen, Kewei

Abstract: Clinico-pathological studies reveal that some elderly people with no cognitive impairment have high burdens of neurofibrillary tangles (NFTs), a pathology associated with Alzheimer’s disease. We examined a total of 123 elderly participants without dementia and free of other neurological disorders or pathologies who at autopsy were classified as Braak NFT stages of I-V. We found that women were significantly more likely to have a high Braak score. (Abstract edited)

Title: GBA Variants are associated with a distinct pattern of cognitive deficits in Parkinson’s disease.

Citation: Movement disorders : official journal of the Movement Disorder Society, Jan 2016, vol. 31, no. 1, p. 95-102

Author(s): Mata, Ignacio F, Leverenz, James B, Weintraub, Daniel, Trojanowskia, Kewei

Abstract: Loss-of-function mutations in the GBA gene are associated with more severe cognitive impairment in PD, but the nature of these deficits is not well understood and whether common GBA polymorphisms influence cognitive performance in PD is not yet known. We screened the GBA coding region for mutations and the E326K polymorphism in 1,369 PD patients enrolled at eight sites from the PD Cognitive Genetics Consortium. Participants underwent assessments of learning and memory (Hopkins Verbal Learning Test-Revised), working memory/executive function (Letter-Number Sequencing Test and Trail Making Test A and B), language processing (semantic and phonemic verbal fluency), visuospatial abilities (Benton Judgment of Line Orientation), and global cognitive function (MoCA). (Abstract edited)
**Title:** Mild cognitive decline. A position statement of the Cognitive Decline Group of the European Innovation Partnership for Active and Healthy Ageing (EIPAHA).

**Citation:** Maturitas, Jan 2016, vol. 83, p. 83-93 (January 2016)

**Author(s):** Apostolo, Joao, Holland, Carol, O'Connell, Matthew D L, Feeney, Joanne,

**Abstract:** Mild cognitive impairment (MCI) is a term used to describe a level of decline in cognition which is seen as an intermediate stage between normal ageing and dementia, and which many consider to be a prodromal stage of neurodegeneration that may become dementia. That is, it is perceived as a high risk level of cognitive change. The increasing burden of dementia in our society, but also our increasing understanding of its risk factors and potential interventions, require diligent management of MCI in order to find strategies that produce effective prevention of dementia. To update knowledge regarding mild cognitive impairment, and to bring together and appraise evidence about the main features of clinical interest: definitions, prevalence and stability, risk factors, screening, and management and intervention. (Abstract edited)

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**Title:** Patterns of effective connectivity during memory encoding and retrieval differ between patients with mild cognitive impairment and healthy older adults.

**Citation:** NeuroImage, Jan 2016, vol. 124, p. 997-1008 (January 1, 2016)

**Author(s):** Hampstead, B M, Khoshnoodi, M, Yan, W, Deshpande, G, Sathian, K

**Abstract:** Previous research has shown that there is considerable overlap in the neural networks mediating successful memory encoding and retrieval. However, little is known about how the relevant human brain regions interact during these distinct phases of memory or how such interactions are affected by memory deficits that characterize mild cognitive impairment (MCI), a condition that often precedes dementia due to Alzheimer’s disease. (Abstract edited)

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**Title:** PET Radioligands Reveal the Basis of Dementia in Parkinson's Disease and Dementia with Lewy Bodies.

**Citation:** Neuro-degenerative diseases, Jan 2016, vol. 16, no. 1-2, p. 118-124 (2016)

**Author(s):** Gomperts, Stephen N, Marquie, Marta, Locascio, Joseph J, Bayer,

**Abstract:** Effective therapies for dementia with Lewy bodies (DLB) and Parkinson’s disease (PD) dementia will require accurate diagnosis and an understanding of the contribution of distinct molecular pathologies to these diseases. We seek to use imaging biomarkers to improve diagnostic accuracy and to clarify the contribution of molecular species to cognitive impairment in DLB and PD. We have performed cross-sectional and prospective cohort studies in subjects with DLB, PD with normal cognition, PD with mild cognitive impairment and PD with dementia, contrasted with Alzheimer’s disease (AD) and healthy control subjects (HCS). (Abstract edited)
Title: Cerebrospinal Fluid Biomarkers Predict Clinical Evolution in Patients with Subjective Cognitive Decline and Mild Cognitive Impairment.

Citation: Neuro-degenerative diseases, Jan 2016, vol. 16, no. 1-2, p. 69-76 (2016)

Author(s): Sierra-Rio, Alba, Balasa, Mircea, Olives, Jaume, Antonell, Anna, Iranzo, Alex,

Abstract: Determination of Alzheimer's disease (AD) by cerebrospinal fluid (CSF) biomarkers - 42-amino-acid amyloid-β (Aβ42), total tau and phosphorylated tau (p-tau) - has demonstrated high validity for detecting AD neuropathological changes. However, their prognostic utility to predict the onset of dementia in predementia subjects is still questioned. We aimed to study the prospective clinical evolution of a group of subjects with subjective cognitive decline (SCD) or mild cognitive impairment (MCI) and to determine the prognostic capacity of AD CSF biomarkers. 149 subjects with MCI or SCD, not meeting dementia criteria, underwent a prospective clinical, neuropsychological and CSF biomarker study. (Abstract edited)

Title: Myeloid dendritic cells are decreased in peripheral blood of Alzheimer's disease patients in association with disease progression and severity of depressive symptoms.

Citation: Journal of neuroinflammation, Jan 2016, vol. 13, no. 1, p. 18. (2016)

Author(s): Ciaramella, Antonio, Salani, Francesca, Bizzoni, Federica, Orfei, Maria Donata,

Abstract: Dendritic cells (DCs) are major orchestrators of immune responses and inflammation. They are migratory cells, which may play a role in Alzheimer's disease (AD), as suggested by prior in vitro studies. With the intent to investigate the clinical relevance of DC modifications in vivo, the present study was aimed to evaluate the levels of blood DCs in AD patients, in relation to the progression of the disease, the severity of its symptoms, and the treatment with acetylcholinesterase inhibitors (AChEIs), a class of drugs used to improve cognitive functioning in people with dementia. (Abstract edited)

Title: A Method to Differentiate Mild Cognitive Impairment and Alzheimer in MR Images using Eigen Value Descriptors.

Citation: Journal of medical systems, Jan 2016, vol. 40, no. 1, p. 25. (January 2016)

Author(s): Anandh, K R, Sujatha, C M, Ramakrishnan, S

Abstract: Automated analysis and differentiation of mild cognitive impairment and Alzheimer's condition using MR images is clinically significant in dementia disorder. Alzheimer's Disease (AD) is a fatal and common form of dementia that progressively affects the patients. Shape descriptors could better differentiate the morphological alterations of brain structures and aid in the development of prospective disease modifying therapies. Ventricle enlargement is considered as a significant biomarker in the AD diagnosis. (Abstract edited)
**Title:** Differences in Case Conferences in Dementia Specific vs Traditional Care Units in German Nursing Homes: Results from a Cross-Sectional Study.

**Citation:** Journal of the American Medical Directors Association, Jan 2016, vol. 17, no. 1, p. 91.e9

**Author(s):** Palm, Rebecca, Trutschel, Diana, Simon, Michael, Bartholomeyczik, Sabine, Holle, Bernhard

**Abstract:** To investigate differences in the provision and performance of case conferences for people with dementia between dementia special care units (DSCUs) and traditional care units (TCUs) in nursing homes. (Abstract edited)

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**Title:** How Exercise Influences Cognitive Performance When Mild Cognitive Impairment Exists: A Literature Review.

**Citation:** Journal of psychosocial nursing and mental health services, Jan 2016, vol. 54, no. 1, p. 25-35, 0279-3695 (January 1, 2016)

**Author(s):** Cai, Yun, Abrahamson, Kathleen

**Abstract:** Older adults who present with mild cognitive impairment (MCI) have an increased risk of developing more advanced dementia. However, no pharmacological treatment currently exists to slow the progression of or reverse MCI. The purpose of the current systematic review is to summarize evidence surrounding the impact of exercise interventions on the cognitive performance levels of community-dwelling older adults with MCI. (Abstract edited)

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**Title:** Imaging of neuroinflammation in dementia: a review.

**Citation:** Journal of neurology, neurosurgery, and psychiatry, Jan 2016, vol. 87, no. 1, p. 21-28

**Author(s):** Stefaniak, James, O'Brien, John

**Abstract:** We are still very limited in management strategies for dementia, and establishing effective disease modifying therapies based on amyloid or tau remains elusive. Neuroinflammation has been increasingly implicated as a pathological mechanism in dementia and demonstration that it is a key event accelerating cognitive or functional decline would inform novel therapeutic approaches, and may aid diagnosis. Much research has therefore been done to develop technology capable of imaging neuroinflammation in vivo. (Abstract edited)

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**Title:** Alteration patterns of brain glucose metabolism: comparisons of healthy controls, subjective memory impairment and mild cognitive impairment.

**Citation:** Acta radiologica (Stockholm, Sweden : 1987), Jan 2016, vol. 57, no. 1, p. 90-97
**Author(s):** Song, In-Uk, Choi, Eun Kyong, Oh, Jin Kyong, Chung, Yong-An, Chung,

**Abstract:** Some groups have focused on the detection and management of subjective memory impairment (SMI) as the stage that precedes mild cognitive impairment (MCI). However, there have been few clinical studies that have examined biomarkers of SMI to date. To investigate the differences in glucose metabolism as a prodromal marker of dementia in patients with SMI, MCI, and healthy controls using brain F-18 fluoro-2-deoxyglucose positron emission tomography (FDG-PET). (Abstract edited)

**Title:** Interleukin-6, interleukin-6 receptor gene variant, small-vessel disease and incident dementia.

**Citation:** European Journal of Neurology, Jan 2016, (Jan 3, 2016), 1351-5101 (Jan 3, 2016)

**Author(s):** Miwa, K., Okazaki, S., Sakaguchi, M., Mochizuki, H., Kitagawa, K.

**Abstract:** Background and purpose Mixed neurogenerative and vascular dementia has emerged as the leading cause of dementia in the elderly. Inflammation is implicated in atherosclerosis, cerebral small-vessel disease (SVD) as well as cognitive impairment. However, longitudinal data on the predictive value of circulating inflammatory markers including gene variants and magnetic resonance imaging (MRI) findings in incident dementia are scarce. It was investigated whether circulating interleukin-6 (IL-6), C-reactive protein (CRP) and gene variants increase dementia risk. (Abstract edited)

**Title:** Use of amyloid-PET to determine cutpoints for CSF markers: A multicenter study.

**Citation:** Neurology, Jan 2016, vol. 86, no. 1, p. 50-58 (January 5, 2016)


**Abstract:** To define CSF β-amyloid 1-42 (Aβ42) cutpoints to detect cortical amyloid deposition as assessed by (11)C-Pittsburgh compound B ([11C]PiB)-PET and to compare these calculated cutpoints with cutpoints currently used in clinical practice. (Abstract edited)

**Title:** Analgesic prescribing patterns in Norwegian nursing homes from 2000 to 2011: trend analyses of four data samples.

**Citation:** Age and ageing, Jan 2016, vol. 45, no. 1, p. 54-60 (January 2016)

**Author(s):** Sandvik, Reidun, Selbaek, Geir, Kirkevold, Oyvind, Husebo, Bettina Sandgathe,

**Abstract:** the analgesic drug use has been reported to increase in general in nursing home patients. However, there is insufficient evidence in terms of what agents are used, variations of use over time and to whom these drugs are prescribed. we investigated the
prescribing patterns of scheduled analgesic drugs in Norwegian nursing home patients from 2000 to 2011, with the association to age, gender, cognitive function and type of nursing home unit. secondary analyses of four study samples (three observational studies and one randomised controlled trial). nursing home patients included in study samples from 2000 (n = 1,926), 2004 (n = 1,163), 2009 (n = 850) and 2011 (n = 1,858) located in 14 Norwegian counties. trend analyses of analgesic drug prescriptions. 

Title: The risk of overweight/obesity in mid-life and late life for the development of dementia: a systematic review and meta-analysis of longitudinal studies.

Citation: Age and ageing, Jan 2016, vol. 45, no. 1, p. 14-21 (January 2016)

Author(s): Pedditizi, Emilio, Peters, Ruth, Beckett, Nigel

Abstract: it has been suggested that overweight/obesity as a risk factor for incident dementia differs between mid-life and later life. We performed a systematic review and meta-analysis of the up-to-date current literature to assess this. inclusion criteria included epidemiological longitudinal studies published up to September 2014, in participants without cognitive impairment based on evidence of cognitive assessment and aged 30 or over at baseline assessment with at least 2 years of follow-up. (Abstract edited)

Title: Effects of Cosmetic Therapy on Cognitive Function in Elderly Women Evaluated by Time-Resolved Spectroscopy Study.

Citation: Advances in experimental medicine and biology, Jan 2016, vol. 876, p. 289-295

Author(s): Machida, A, Shirato, M, Tanida, M, Kanemaru, C, Nagai, S, Sakatani, K

Abstract: With the rapid increase in dementia in developed countries, it is important to establish methods for maintaining or improving cognitive function in elderly people. To resolve such problems, we have been developing a cosmetic therapy (CT) program for elderly women. (Abstract edited)

Title: Necker cube copying may not be appropriate as an examination of dementia: Reanalysis from the tajiri project.

Citation: Psychogeriatrics, Jan 2016, (Jan 12, 2016), 1346-3500 (Jan 12, 2016)

Author(s): Oonuma, Jiro, Kasai, Mari, Meguro, Mitsue, Akanuma, Kyoko,

Abstract: Background The Necker cube is usually used for evaluating the visuoconstrucational ability of patients with mild cognitive impairment (MCI) and dementia. However, the Necker cube is often considered a drawing with a visual illusionary perspective. The purpose of this study was to investigate whether Necker cube copying could detect participants with MCI due to dementia. (Abstract edited)

Title: Disturbed social recognition and impaired risk judgement in older residents with mild cognitive impairment after the great east japan earthquake of 2011: The tome project.
**Citation:** Psychogeriatrics, Jan 2016, (Jan 12, 2016), 1346-3500 (Jan 12, 2016)

**Author(s):** Akanuma, Kyoko, Nakamura, Kei, Meguro, Kenichi, Chiba, Masanori,

**Abstract:** Aim After the Great East Japan Earthquake of 2011, we investigated the safety of residents in the affected communities. Most of the people requiring help were elderly and had previously been assessed as Clinical Dementia Rating (CDR) 0.5 (i.e. as having mild cognitive impairment (MCI)). We examined how well they understood the television news and whether they could make appropriate decisions. (Abstract edited)

**Title:** 18F-FDG-PET correlates of cognitive impairment in ALS.

**Citation:** Neurology, Jan 2016, vol. 86, no. 1, p. 44-49 (January 5, 2016)

**Author(s):** Canosa, Antonio, Pagani, Marco, Cistaro, Angelina, Montuschi, Anna,

**Abstract:** To identify the metabolic signature of the various levels of cognitive deficits in amyotrophic lateral sclerosis (ALS) using (18)F-2-fluoro-2-deoxy-d-glucose-PET ((18)F-FDG-PET). A total of 170 ALS cases consecutively enrolled at the ALS Center of Turin underwent brain (18)F-FDG-PET and were classified as displaying normal cognition (ALS-Cn; n = 94), full-blown frontotemporal dementia (ALS-FTD; n = 20), executive or nonexecutive cognitive impairment not fulfilling FTD criteria (ALS-Ci; n = 37), prevalent behavioral changes (n = 9), or nonclassifiable impairment (n = 10) according to neuropsychological testing. Group comparisons of (18)F-FDG-PET pattern were carried out among the cognitive subgroups. We found a significantly reduced frontal and prefrontal metabolism in ALS-FTD as compared to ALS-Cn, while ALS-Ci showed an intermediate metabolic behavior in frontal cortex, being hypometabolic as compared to ALS-Cn, and relatively hypermetabolic as compared to ALS-FTD. (Abstract edited)

**Title:** CSF N-glycoproteomics for early diagnosis in Alzheimer's disease.

**Citation:** Journal of proteomics, Jan 2016, vol. 131, p. 29-37 (January 10, 2016)

**Author(s):** Palmigiano, Angelo, Barone, Rita, Sturiale, Luisa, Sanfilippo, Cristina, Bua, Rosaria

**Abstract:** This work aims at exploring the human CSF (Cerebrospinal fluid) N-glycome by MALDI MS techniques, in order to assess specific glycosylation pattern(s) in patients with Alzheimer’s disease (n:24) and in subjects with mild cognitive impairment (MCI) (n:11), these last as potential AD patients at a pre-dementia stage. For comparison, 21 healthy controls were studied. (Abstract edited)

**Title:** Is the Mediterranean diet a feasible approach to preserving cognitive function and reducing risk of dementia for older adults in Western countries? New insights and future directions.

**Citation:** Ageing research reviews, Jan 2016, vol. 25, p. 85-101 (January 2016)
Author(s): Knight, Alissa, Bryan, Janet, Murphy, Karen

Abstract: The rise in the ageing population has resulted in increased incident rates of cognitive impairment and dementia. The subsequent financial and societal burden placed on an already strained public health care system is of increasing concern. Evidence from recent studies has revealed modification of lifestyle and dietary behaviours is, at present, the best means of prevention. Some of the most important findings, in relation to the Mediterranean diet (MedDiet) and the contemporary Western diet, and potential molecular mechanisms underlying the effects of these two diets on age-related cognitive function, are discussed in this review. A major aim of this review was to discuss whether or not a MedDiet intervention would be a feasible preventative approach against cognitive decline for older adults living in Western countries. (Abstract edited)

Title: Psychological interventions to improve psychological well-being in people with dementia or mild cognitive impairment: systematic review and meta-analysis protocol.

Citation: BMJ open, Jan 2016, vol. 6, no. 1, p. e009713. (2016)

Author(s): Farrand, Paul, Matthews, Justin, Dickens, Chris, Anderson, Martin,

Abstract: Dementia and mild cognitive impairment are associated with an increased risk of depression, anxiety, psychological distress and poor mental health-related quality of life. However, there is a lack of research examining the evidence base for psychological interventions targeting general psychological well-being within this population. Furthermore, there is little research relating to the design of randomised controlled trials examining psychological interventions for dementia and mild cognitive impairment, such as effective recruitment techniques, trial eligibility and appropriate comparators. Systematic review of electronic databases (CINAHL; EMBASE; PsychInfo; MEDLINE; ASSIA and CENTRAL), supplemented by expert contact, reference and citation checking, and grey literature searches. Published and unpublished studies will be eligible for inclusion with no limitations placed on year of publication. Primary outcomes of interest will be standardised measurements of depression, anxiety, psychological distress or mental health-related quality of life. Eligibility and randomisation proportions will be calculated as secondary outcomes. (Abstract edited)

Title: Predicting dementia risk in primary care: development and validation of the Dementia Risk Score using routinely collected data.

Citation: BMC medicine, Jan 2016, vol. 14, no. 1, p. 6. (2016)

Author(s): Walters, K, Hardoon, S, Petersen, I, Iliffe, S, Omar, R Z, Nazareth, I, Rait, G

Abstract: Existing dementia risk scores require collection of additional data from patients, limiting their use in practice. Routinely collected healthcare data have the potential to assess dementia risk without the need to collect further information. Our objective was to develop and validate a 5-year dementia risk score derived from primary healthcare data. We used data from general practices in The Health Improvement Network (THIN) database from across the UK, randomly selecting 377 practices for a development cohort and identifying
930,395 patients aged 60-95 years without a recording of dementia, cognitive impairment or memory symptoms at baseline. (Abstract edited)

**Falls**

**Title:** Quetiapine safety in older adults: a systematic literature review.

**Citation:** Journal of clinical pharmacy and therapeutics, Feb 2016, vol. 41, no. 1, p. 7-18

**Author(s):** El-Saifi, N, Moyle, W, Jones, C, Tuffaha, H

**Abstract:** Quetiapine is a second-generation antipsychotic that is commonly prescribed for a range of approved and off-label indications in older adults. However, little is known about its safety in this population. The available evidence on quetiapine safety is based on studies on second-generation antipsychotics as a group, often in the general population and for approved indications. There are no systematic reviews on the safety of quetiapine in older adults, and therefore, there is a need for systematically assessing quetiapine safety in this group of patients to establish an appropriate safety profile for this vulnerable population. The aim of this paper was to review and describe adverse drug events associated with quetiapine use in older adults. (Abstract edited)

**Title:** Preinjury physical frailty and cognitive impairment among geriatric trauma patients determine postinjury functional recovery and survival.

**Citation:** The journal of trauma and acute care surgery, Feb 2016, vol. 80, no. 2, p. 195-203

**Author(s):** Maxwell, Cathy A, Mion, Lorraine C, Mukherjee, Kaushik, Dietrich, Mary S

**Abstract:** Injury is an external stressor that often initiates a cycle of decline in many older adults. The influence of physical frailty and cognitive decline on 6-month and 1-year outcomes after injury is unreported. We hypothesized that physical frailty and cognitive impairment would be predictive of 6-month and 1-year postinjury function and overall mortality. (Abstract edited)

**Title:** Association Between Vestibular and Cognitive Function in U.S. Adults: Data From the National Health and Nutrition Examination Survey.

**Citation:** The journals of gerontology. Series A, Biological sciences and medical sciences, Feb 2016, vol. 71, no. 2, p. 243-250

**Author(s):** Semenov, Yevgeniy R, Bigelow, Robin T, Xue, Qian-Li, Lac, Sascha du

**Abstract:** Vestibular function declines with age, and emerging evidence suggests that vestibular loss is associated with cognitive impairment. Whether vestibular dysfunction is associated with age-related cognitive decline is unknown. We used data from the 1999-2002 National Health and Nutrition Examination Surveys to evaluate the influence of vestibular...
function on cognitive performance in a nationally representative sample of U.S. adults aged ≥60 years (n = 1,303). Vestibular function was measured with the modified Romberg test, and cognitive function was measured by the digit symbol substitution (DSS) score test. We also developed structural equation models (SEMs) to explore whether vestibular dysfunction and associated cognitive impairment mediate the effect of age on falls and activities of daily living (ADL) difficulty. Vestibular dysfunction was present in 58% of the study population. (Abstract edited)

**Title:** Recovery of an Injured Cingulum via the Lateral Cholinergic Pathway in a Patient with Traumatic Brain Injury.

**Citation:** American journal of physical medicine & rehabilitation / Association of Academic Physiatrists, Feb 2016, vol. 95, no. 2, p. e18.

**Author(s):** Jang, Sung Ho, Kim, Seong Ho, Kwon, Hyeok Gyu

**Abstract:** We report on a patient with traumatic brain injury who showed recovery of an injured cingulum via the lateral cholinergic pathway, using diffusion tensor tractography (DTT). A 63-year-old man underwent craniotomy for subarachnoid hemorrhage and subdural hemorrhage in both frontotemporal lobes, which occurred by hitting his head against a floor after falling from approximately 2 m. (Abstract edited)

**Title:** Anticholinergic drugs and negative outcomes in the older population: from biological plausibility to clinical evidence.

**Citation:** Aging clinical and experimental research, Feb 2016, vol. 28, no. 1, p. 25-35

**Author(s):** Collamati, Agnese, Martone, Anna Maria, Poscia, Andrea, Brandi, Vincenzo,

**Abstract:** The use of medication with anticholinergic properties is widespread among older subjects. Many drugs of common use such as antispasmodics, bronchodilators, antiarrhythmics, antihistamines, anti-hypertensive drugs, antiparkinson agents, skeletal muscle relaxants, and psychotropic drugs have been demonstrated to have an anticholinergic activity. The most frequent adverse effects are dry mouth, nausea, vomiting, constipation, abdominal pain, urinary retention, blurred vision, tachycardia and neurologic impairment such as confusion, agitation and coma. (Abstract edited)

**Title:** Post-hoc validation of the Conley Scale in predicting the risk of falling with older in-hospital medical patients: findings from a multicentre longitudinal study.

**Citation:** Aging clinical and experimental research, Feb 2016, vol. 28, no. 1, p. 139-146

**Author(s):** Palese, Alvisa, Gonella, Silvia, Lant, Anna, Guarnier, Annamaria, Barelli, Paolo,

**Abstract:** The Conley Scale is one of the most widespread fall-risk screening tools in medical unit settings, despite the lack of data regarding its validity in patients currently admitted to these units. Establishing the validity of the Conley Scale in identifying patients at risk of falling in an acute medical setting. A 6-months longitudinal study in 12 acute medical units
from September 2012 to March 2013, a total of 1464 patients with ≥65 years of age were consecutively enrolled and evaluated with the Conley Scale within 24 h of admission. A construct validity, internal consistency, and a priori and a posteriori predictive validity study was performed. (Abstract edited)

Title: A Bayesian model of psychosis symptom trajectory in Alzheimer's disease.

Citation: International journal of geriatric psychiatry, Feb 2016, vol. 31, no. 2, p. 204-210

Author(s): Seltman, Howard J, Mitchell, Shaina, Sweet, Robert A

Abstract: Psychosis, like other neuropsychiatric symptoms of dementia, has many features that make predictive modeling of its onset difficult. For example, psychosis onset is associated with both the absolute degree of cognitive impairment and the rate of cognitive decline. Moreover, psychotic symptoms, while more likely than not to persist over time within individuals, may remit and recur. To facilitate predictive modeling of psychosis for personalized clinical decision making, including evaluating the role of risk genes in its onset, we have developed a novel Bayesian model of the dual trajectories of cognition and psychosis symptoms. Cognition was modeled as a four-parameter logistic curve with random effects for all four parameters and possible covariates for the rate and time of fall. Psychosis was modeled as a continuous-time hidden Markov model with a latent never-psychotic class and states for pre-psychotic, actively psychotic and remitted psychosis. Covariates can affect the probability of being in the never-psychotic class. Covariates and the level of cognition can affect the transition rates for the hidden Markov model. The model characteristics were confirmed using simulated data. Results from 434 AD patients show that a decline in cognition is associated with an increased rate of transition to the psychotic state. The model allows declining cognition as an input for psychosis prediction, while incorporating the full uncertainty of the interpolated cognition values. The techniques used can be used in future genetic studies of AD and are generalizable to the study of other neuropsychiatric symptoms in dementia.
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Alzheimer’s and Dementia
February 2016 Volume 12, Issue 2,
http://www.alzheimersanddementia.com/current

Dementia: The International Journal of Social Research and Practice
January 2016 Volume 15, Issue 41
http://dem.sagepub.com/content/15/1.toc

Age and Ageing
January 2016 Volume 45 Issue 1
http://ageing.oxfordjournals.org/content/current

Journal of the American Geriatrics Society
January 2016 Volume 64, Issue 1
John’s Campaign

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