**Our Mission:** Helping to prepare Iowa’s health practitioners to care for our growing population of elders. *E-NEWS* is one of our methods of teaching through technology.

Each month, *E-NEWS* delivers abstracts from current multidisciplinary healthcare journal articles related to a specific geriatric topic. This month’s *E-NEWS* focuses on **INDEPENDENCE AND DEPENDENCE IN DEMENTIA AND COMMUNITY RESOURCES**.

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**INDEPENDENCE AND DEPENDENCE IN DEMENTIA AND COMMUNITY RESOURCES**

In this issue of the *E-NEWS*, you will find abstracts for:

- An article that provides an overview of driving safety and dementia for providers.
- An article that addresses how to use web-based information to support people with dementia and their supporters.
- An article that describes factors that influence family caregivers' use of support services.
- An article that examines new trends to support independence in persons with mild dementia.
- A study that investigates the use of formal services for dementia by carers from culturally and linguistically diverse communities.
- A study that explores adult day health care for participants with Alzheimer’s disease.
- An article that presents a capacity assessment and intervention model for determining if an older adult can make and execute decisions to live safely at home.
- A study that analyzes the management of dementia home care resources.
- An article that reviews the use of medical and community care services by community-dwelling patients with dementia.
- An article that discusses financial capacity in older adults with cognitive impairment.

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Driving is considered an instrumental activity of daily living and, for many older adults, is also associated with the ability to maintain independence. The diagnosis of dementia, distressing on its own, paired with the threat to driving independence, makes this a difficult issue for patients, families, and clinicians. The purpose of this article is to provide a brief overview of the current research regarding driving safety and dementia, guidelines that can be used to assess driving risk, and counseling tips for patients and families regarding driving safety.


The growing number of people living with dementia has created a need for all healthcare professionals to enhance their understanding of the condition and of the services that people with dementia and their supporters can be directed to for help. Being able to signpost people to other community-based resources and specialist services is a supportive activity that all nurses can fulfill when providing care that is not necessarily related to dementia. This article provides advice on how to advise patients and their supporters who want to access websites for information relating to dementia.

Mast ME. To use or not to use. A literature review of factors that influence family caregivers' use of support services. *J Gerontol Nurs.* 2013 Jan;39(1):20-8; quiz 29.

Many family caregivers of frail older adults postpone or decline accessible and affordable services such as respite, despite their acknowledgement of unmet needs for support and time away from the burdens and stress of caregiving. How caregivers perceive their need for services, and the factors that influence their decisions to use or not to use services, remain poorly understood. This article reviews the literature on family caregiving and the complex interrelated factors that influence caregivers' choices regarding support services. It organizes these factors into four areas: (a) service characteristics, (b) personal predisposing factors that affect perceived need, (c) experiential coping and decision-making patterns, and (d) relational factors. It also examines the implications of this evidence for nursing assessments and interventions with frail older adults and their family caregivers.


Our research was motivated by the growing aging population worldwide and the need to concentrate research efforts on a specific target group; it focuses on elderly persons with physical and cognitive deficiencies. The primary goal is to enable persons with mild dementia to maximize their physical and mental functions through assistive technologies in order to be able to continue to participate in social networks and lead independent and purposeful lives. Persons with mild dementia usually have problems in performing activities of daily living due to episodic memory decline. These can include simple activities, such as bathing, changing clothes and preparing meals. Through extended field test trials involving end users, we have demonstrated that assistive technology that provides timely prompts, alarms and reminders can enable them to preserve their abilities and improve their quality of life. Understanding the user context, especially when targeting demented individuals, and providing the required personalized assistive services is the objective of our research work. Finding the appropriate user interface to interact with the provided services is often a barrier. Thus, we have adopted the approach of a multimodal interactive system with the living environment including a TV set, iPad-like tablets, sensors/actuators, and wireless speakers connected to a reasoning engine that is able to consider the complexity of the users' profile defined by his/her cognitive abilities. In this paper we will mainly focus on the interaction level with the system as well as on the validation stages performed to meet the users' requirements. This is the result of several years' work since 2006 in the frame of two projects (IST FP6 COGKNOW European completed project and AMUPADH ongoing project in Singapore). Copyright © 2012 S. Karger AG, Basel.

BACKGROUND: People with dementia and their family carers need to be able to access formal services in the community to help maintain their wellbeing and independence. While knowing about and navigating one's way through service systems is difficult for most people, it is particularly difficult for people from culturally and linguistically diverse (CALD) communities. This study addresses a lack of literature on the use of formal services for dementia by people from CALD backgrounds by examining the experiences and perceptions of dementia caregiving within four CALD communities - Italian, Chinese, Spanish and Arabic-speaking - in south western Sydney, Australia. METHODS: The study used a qualitative design and the methods included focus groups with family carers and one-to-one interviews with bilingual/bicultural community workers, bilingual general practitioners and geriatricians. A total of 121 family carers participated in 15 focus groups and interviews were held with 60 health professionals. All fieldwork was audiotaped, transcribed and subjected to thematic analysis. RESULTS: People from CALD communities are often unfamiliar with the concept of formal services and there may be strong cultural norms about maintaining care within the family, rather than relying on external services. CALD communities often have limited knowledge of services. There is a preference for services that will allow families to keep their relative at home, for safety as well as cultural reasons, and they are particularly reluctant to use residential care. While there is a preference for ethno-specific or multicultural services, mainstream services also need to ensure they are more flexible in providing culturally appropriate care. Positive outcomes occur when ethno-specific services work in partnership with mainstream programs. Dementia service providers need to develop a trusting relationship with their local CALD communities and promote their services in a way that is understandable and culturally acceptable to members of these communities. CONCLUSIONS: While members of CALD communities may have difficulties accessing formal services, they will use them if they are culturally and linguistically appropriate and can meet their needs. There are a number of ways to improve service provision to CALD communities and the responsibility for this needs to be shared by a range of stakeholders.


The purpose of this study was to explore existing practices and services provided by adult day health care (ADHC) in Massachusetts and to document how providers are addressing the specific needs of participants with Alzheimer's disease and related disorders. Specific focus related to the early, late, and end stages of the disease process, and to early-onset dementia. Both quantitative and qualitative methods were used. A total of 93 (60%) providers responded to an electronic survey in 2008. In-person interviews were conducted with eight sites purposively chosen for their delivery of Alzheimer's specific services. Results demonstrate that ADHC providers are adapting to the cognitive and physical abilities of their participants; however, there is need for enhancing stage-specific services, especially for participants at later stages and for early-onset dementia. This analysis provides preliminary insights into understanding the criteria that define "dementia-capable" programs and services.


Determining an older adult's capacity to live safely and independently in the community presents a serious and complicated challenge to the health care system. Evaluating one's ability to make and execute decisions regarding safe and independent living incorporates clinical assessments, bioethical considerations, and often legal declarations of capacity. Capacity assessments usually result in life changes for patients and their families, including a caregiver managing some everyday tasks, placement outside of the home, and even legal guardianship. The process of determining capacity and recommending intervention is often inefficient and highly variable in most cases. Physicians are rarely trained to conduct capacity assessments and assessment methods are heterogeneous. An interdisciplinary team (IDT) of clinicians developed the capacity assessment and intervention (CAI) model at a community outpatient geriatrics clinic to address these critical gaps. This report follows one patient through the entire CAI model, describing processes for a typical case. It then examines two additional case reports that highlight common challenges in capacity assessment. The CAI
model uses assessment methods common to geriatrics clinical practice and conducts assessments and interventions in a standardized fashion. Reliance on common, validated measures increases generalizability of the model across geriatrics practice settings and patient populations.


With the number of people living with dementia expected to more than double within the next 25 years, the demand for dementia home care services will increase. In this critical ethnographic study, we drew upon interview and participant data with persons with dementia, family caregivers, in-home providers, and case managers in nine dementia care networks to examine the management of dementia home care resources. Three interrelated, dialectical themes were identified: (1) finite formal care-inexhaustible familial care, (2) accessible resources rhetoric-inaccessible resources reality, and (3) diminishing care resources-increasing care needs. The development of policies and practices that provide available, accessible, and appropriate resources, ensuring equitable, not necessarily equal, distribution of dementia care resources is required if we are to meet the goal of aging in place now and in the future.


Dementia is a complicated disease requiring medical, psychological, and social services. Services to address these needs include medical care (outpatient physician/specialist, inpatient, emergency) and community care (home health, day care, meal preparation, transportation, counseling, support groups, respite care, physical therapy). This systematic review of articles published in English from 1991 to the present examines studies of ambulatory, community-dwelling dementia patients with established dementia diagnoses. Searches of the Medline database using 13 combinations of search terms, plus searches of Embase and PsycINFO databases using 3 combinations of terms and examination of reference lists of related articles, resulted in identification of 15 studies dealing with healthcare utilization among community-dwelling dementia patients in both medical and community care settings. Patients with dementia frequently use the full spectrum of medical services. Community resources are used less frequently. Community healthcare services may be a valuable resource in alleviating some burden of dementia care for physicians.

- Widera E, Steenpass V, Marson D, Sudore R. Finances in the older patient with cognitive impairment: "He didn't want me to take over". JAMA. 2011 Feb 16;305(7):698-706.

Financial capacity can be defined as the ability to independently manage one's financial affairs in a manner consistent with personal self-interest. Financial capacity is essential for an individual to function independently in society; however, Alzheimer disease and other progressive dementias eventually lead to a complete loss of financial capacity. Many patients with cognitive impairment and their families seek guidance from their primary care clinician for help with financial impairment, yet most clinicians do not understand their role or know how to help. We review the prevalence and impact of diminished financial capacity in older adults with cognitive impairment. We also articulate the role of the primary care clinician, which includes (1) educating older adult patients and their families about the need for advance financial planning; (2) recognizing signs of possible impaired financial capacity; (3) assessing financial impairments in cognitively impaired adults; (4) recommending interventions to help patients maintain financial independence; and (5) knowing when and to whom to make medical and legal referrals. Clearly delineating the clinician's role regarding identification of financial impairment could establish for patients and families effective financial protections and limit the economic, psychological, and legal hardships of financial incapacity on patients with dementia and their families.
Next Month’s Issue:

Evaluation and Non-Drug Management of Neuropsychiatric Symptoms in Dementia

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