

elderly vascular geriatrics
Alzheimer's environment
cognition early onset
fronto-temporal research
memory old age
dementia
lewy bodies support



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Study

[Investigating the interaction between neuropsychiatry features and daily activities on social function in patients with Parkinson's disease with mild cognitive impairment](#)

Social functioning is crucial for daily living and is an essential indicator of dementia in patients with Parkinson's disease. We determined a Parkinson's Disease Social Functioning Scale (PDSFS) cut-off score for detecting mild cognitive impairment (PD-MCI) and found that patients with PD-MCI have social dysfunction. Future research should focus on the effects of neuropsychiatry symptoms and activities of daily living on social functioning, and tailor the intervention programme for patients with Parkinson's disease.

Cochrane Review

[Interventions for preventing and ameliorating cognitive deficits in adults treated with cranial irradiation](#)

Limited evidence was found for the treatment or amelioration of cognitive deficits in adults treated with cranial irradiation. There is supportive evidence that memantine may help prevent cognitive deficits for adults with brain metastases receiving cranial irradiation. There is supportive evidence that donepezil, methylphenidate and modafinil may have a role in treating cognitive deficits in adults with brain tumours who have been treated with cranial irradiation; patient withdrawal affected the statistical power of these studies.

Cochrane Clinical Answers

[Does anticholinergic burden predict cognitive decline or neuropsychiatric symptoms in older adults with mild cognitive impairment or dementia?](#)

The cumulative anticholinergic effect of all the medications a person takes is referred to as the 'anticholinergic burden' because of its potential to cause adverse effects. For older adults with mild cognitive impairment or dementia, low-certainty evidence suggests that a significant anticholinergic burden, assessed by different scales, may increase risk of death. Evidence regarding cognitive decline, physical functioning decline, and institutionalization is very uncertain. No information was available on neuropsychiatric disturbances or quality of life.

[What are the benefits and harms of psychological treatments for adults with dementia and mild cognitive impairment?](#)

Psychological treatments may have some benefit for adults with mild to moderate dementia; however, the available evidence is mixed. Moderate-certainty evidence shows that in adults with dementia and mild cognitive impairment (MCI), cognitive behavioral therapy (CBT), with a focus on changing thoughts and behaviors, is probably slightly better than usual treatment for reducing depressive symptoms at the end of treatment; however, low-certainty evidence suggests little to no effect on depressive symptoms in the long term. Low-certainty evidence suggests that CBT may also increase rates of depression remission at the end of treatment compared to usual treatment.

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Advice

[Advice for carers and people with dementia on the cost of living crisis](#)

The charity, Dementia UK, has compiled some advice to assist families at this time.

[Keeping warm with dementia](#)

As temperatures drop towards winter, it's really important that a person with dementia - stays warm. The Alzheimer's Society has got top tips.

News

[Dementia Research Charity Chatathon 2022](#)

A 12-hour non-stop livestream will raise money for dementia charities and provide insight into the latest research. Adam Smith is hosting the discussion featuring more than 60 researchers and special guests. It is aimed at anyone with an interest in dementia, including healthcare professionals, clinicians, researchers, people living with dementia and their families. The [event](#), which takes place from 9am on Friday, 2 December, will be streamed free of charge on YouTube.

[Alzheimer's drug lecanemab hailed as momentous breakthrough](#)

Lecanemab is an antibody - like those the body makes to attack viruses or bacteria - that has been engineered to tell the immune system to clear amyloid from the brain. The results, presented at the Clinical Trials on Alzheimer's Disease conference in San Francisco and [published in the New England Journal of Medicine](#), are not a miracle cure. The disease continued to rob people of their brain power, but that decline was slowed by around a quarter over the course of the 18 months of treatment.