Medication Side Effects in Home Care: How Much Do Patients Really Want to Know?
Mager D

This descriptive study surveyed home care (HC) patients about self-perceived needs concerning medication side effect (SE) knowledge, desire to learn about SEs, how they address SEs with HC professionals, and preferred learning format. A researcher-created survey examined by experts and administered to a focus group of older adults to establish content validity was mailed to all patients older than 65 years, without a dementia diagnosis at a northeastern HC agency (n = 240). Data were analyzed to determine patient preferences on medication SE education. Of the 39 respondents, 44% were not interested in SE education, whereas the majority of others preferred to ask physicians or pharmacists about SEs. Qualitative data revealed fears about SEs or conversely, desire to remain uninformed unless a SE occurred. Home Health Care Manage Pract 2015;27(3):154-161

Consistency and Accuracy of Multiple Pain Scales Measured in Cancer Patients from Multiple Ethnic Groups
Ham O, Kang Y, Teng H, Im E

Standardized pain-intensity measurement across different tools would enable practitioners to have confidence in clinical decision making for pain management. OBJECTIVES: The purpose was to examine the degree of agreement among unidimensional pain scales and to determine the accuracy of the multidimensional pain scales in the diagnosis of severe pain. METHODS: A secondary analysis was performed. The sample included a convenience sample of 480 cancer patients recruited from both the Internet and community settings. Cancer pain was measured using the Verbal Descriptor Scale (VDS), the visual analog scale (VAS), the Faces Pain Scale (FPS), the McGill Pain Questionnaire-Short Form (MPQ-SF), and the Brief Pain Inventory-Short Form (BPI-SF). Data were analyzed using a multivariate analysis of variance and a receiver operating characteristic curve. RESULTS: The agreement between the VDS and VAS was 77.25%, whereas the agreement was 71.88% and 71.60% between the VDS and FPS, and VAS and FPS, respectively. The MPQ-SF and BPI-SF yielded high accuracy in the diagnosis of severe pain. Cutoff points for severe pain were more than 8 for the MPQ-SF and more than 14 for the BPI-SF, which exhibited high sensitivity and relatively low specificity. CONCLUSION: The study found substantial agreement between the unidimensional pain scales and high accuracy of the MPQ-SF and the BPI-SF in the diagnosis of severe pain. IMPLICATIONS FOR PRACTICE: Use of 1 or more pain screening tools that have validated diagnostic accuracy and consistency will help classify pain effectively and subsequently promote optimal pain control in multiethnic groups of cancer patients. Cancer Nurs 2015;38(4):305-311

Promoting Collaboration between Hospice and Palliative Care Providers and Adult Day Services for Individuals with Intellectual and Developmental Disabilities
Ronnemberg C, Peters-Beumer L, Marks B, Factor A

While end-of-life issues are increasingly gaining more attention, people with intellectual and developmental disabilities (IDD) continue to receive significantly less consideration in research, education, and clinical practice compared with the general population. This is a growing concern especially since the sheer number of persons aging with IDD is expected to double in the next 17 years. Furthermore, policies are shifting to reflect a preference for home and community-based services as an alternative to institutionalization, and it becomes evident that adult day services (ADS) may be ideal settings for receipt of end-of-life care, especially among individuals with IDD. However, end-of-life care and advance planning most commonly occur in long-term care settings for the general population and have historically been less of a priority in ADS and residential services for people with IDD. This article discusses the attitudes of, and collaboration between, ADS and end-of-life providers for aging adults including persons with IDD and explores how ADS may be a great pathway for delivering end-of-life care to the IDD population. Implications and recommendations will also be examined. Omega (Westport) 2015;70(4):380-403
Nursing Home and End of Life Care in Parkinson Disease
Safarpour D, Thibault D, DeSanto C, et al

OBJECTIVE: To examine long-term care facility (LTCF or nursing home) use and end-of-life care for individuals with Parkinson disease (PD).

METHODS: In this nationwide retrospective cohort study, we compared LTCF and hospice utilization among Medicare beneficiaries diagnosed with PD by demographic, clinical, and physician characteristics. We also examined the impact of outpatient neurologist care for institutionalized patients with PD on end-of-life care.

RESULTS: We identified 469,055 individuals with PD who received Medicare benefits in 2002. Nearly 25% (more than 100,000 in total) resided in an LTCF. Women with PD had greater odds of nursing facility residence (adjusted odds ratio [AOR] 1.34, 95% confidence interval [CI] 1.30-1.38) compared with men. Black individuals with PD were 34% more likely than white individuals to reside in an LTCF (AOR 1.34, 95% CI 1.30-1.38), contrary to the race patterns typically observed for LTCF use. Hip fracture (AOR 2.10, 95% CI 2.04-2.15) and dementia (AOR 4.06, 95% CI 4.00-4.12) were the strongest clinical predictors of LTCF placement. Only 33% (n = 38,334) of nursing home residents with PD had outpatient neurologist care. Eighty-four percent (n = 80,877) of LTCF residents with PD died by December 31, 2005. Hospice utilization varied little by race and sex. LTCF residents who had outpatient neurologist care were twice as likely to utilize hospice services before death (AOR 2.35, 95% CI 2.24-2.47).

CONCLUSIONS AND RELEVANCE: A large proportion of the Medicare PD population resides in an LTCF. There is substantial unmet need for palliative care in the PD population. Increased efforts to provide specialist care to dependent individuals with PD may improve end-of-life care.

The Use of Cholinesterase Inhibitors across All Stages of Alzheimer's Disease
Deardorff W, Feen E, Grossberg G

Current pharmacological therapy for Alzheimer's disease (AD) includes the cholinesterase inhibitors (ChEIs) donepezil, rivastigmine, and galantamine and the N-methyl D-aspartate receptor antagonist memantine. Based on the results of randomized controlled trials and several meta-analyses, ChEIs appear to show modest but statistically significant improvements on several measures, including cognition and global functioning. Given their modest effects, there is a lack of consensus among clinicians regarding issues related to initiation, optimal duration, and discontinuation of ChEI therapy across the spectrum of AD. There is evidence from long-term observational controlled studies that early initiation and persistent exposure to AD therapy lead to delays in nursing home admission and significantly slower rates of cognitive and functional impairment. In the moderate to severe stages of AD, therapeutic trials of higher dose ChEIs and the addition of memantine are recommended for patients who are no longer responding to lower doses. While side effects are generally mild and gastrointestinal in nature, these events can lead to significant morbidity in more susceptible patients with advanced disease. Patients should thus be regularly monitored for any potential serious side effects of ChEI therapy, which also may include syncope and bradycardia. At the terminal stages of AD, such as when patients become hospice eligible, attempts to cautiously discontinue all medications not necessary for quality of life, including AD drugs, should be made.
Time to Death and Reenrollment after Live Discharge From Hospice: A Retrospective Look
LeSage K, Borgert A, Rhee L

Background: The purpose of our study was to identify time to death and/or reenrolled patients alive at the time of hospice discharge. Methods: Medical records of all adults alive at hospice discharge during a 5-year period were retrospectively reviewed. Results: In all, 83 patients were alive at discharge, with 3 lost to follow-up. Average time from discharge to death was 199.9 days for all patients and 50 days for the 17 patients who reenrolled. Average time from discharge to reenrollment was 245 days. Conclusion: Our research supports past findings that over a third of patients disenrolled from hospice die within 6 months, indicating ongoing hospice eligibility up to the time of death. Interestingly, if enrollment was revoked by patient or family, as often was done to allow the patient to pursue more aggressive treatments, the mortality risk was higher in the 6 months after discharge. This should prompt careful reevaluation of disenrolled hospice patients in the months after disenrollment, and hospice reenrollment should be continually available and offered during this time. Am J Hosp Palliat Med 2015;32(5):563-567

Managing Medications during Home Hospice Cancer Care: The Needs of Family Caregivers

CONTEXT: Family caregivers (FCGs) are often at the frontline of symptom management for patients with advanced illness in home hospice. FCGs’ cognitive, social, and technical skills in complex medication management have been well studied in the literature; however, few studies have tested existing frameworks in clinical cases in home hospice. OBJECTIVES: This study sought to assess the applicability of caregiver medication management skills framework by Lau et al. in the context of family caregiving in home hospice to further the understanding of FCGs’ essential medication management skills. METHODS: This was a secondary data analysis of 18 audio recorded home hospice visits transcribed verbatim; deductive content analysis of caregiver-nurse interactions was conducted. The target sample included FCGs of hospice patients who had cancer diagnoses in hospices located in the greater urban area of the Rocky Mountain West. Caregiver medication management skills were identified and categorized into the five domains of caregiver expertise. Exemplars of each domain were identified. RESULTS: An average of four medications (SD = 3.5) was discussed at each home hospice visit. Medication knowledge skills were observed in most home hospice visits (15 of 18). Teamwork skills were observed in 11 of 18 cases, followed by organizational and personhood skills (10 of 18). Symptom management skills occurred in 12 of 18 cases. An additional two subconstructs of the personhood domain-1) advocacy for the caregiver and 2) skills in discontinuing medications-were proposed. CONCLUSION: These findings support framework by Lau et al. for caregiver medication management skills and expands on the existing domains proposed. Future interventions to assess FCGs’ skills are recommended. J Pain Symptom Manage 2015;50(5):630-641
Meta-Analysis of Massage Therapy on Cancer Pain
Lee S, Kim J, Yeo S, Kim S, Lim S

Cancer pain is the most common complaint among patients with cancer. Conventional treatment does not always relieve cancer pain satisfactorily. Therefore, many patients with cancer have turned to complementary therapies to help them with their physical, emotional, and spiritual well-being. Massage therapy is increasingly used for symptom relief in patients with cancer. The current study aimed to investigate by meta-analysis the effects of massage therapy for cancer patients experiencing pain. Nine electronic databases were systematically searched for studies published through August 2013 in English, Chinese, and Korean. Methodological quality was assessed using the Physiotherapy Evidence Database (PEDro) and Cochrane risk-of-bias scales. Twelve studies, including 559 participants, were used in the meta-analysis. In 9 high-quality studies based on the PEDro scale (standardized mean difference, -1.24; 95% confidence interval, -1.72 to -0.75), we observed reduction in cancer pain after massage. Massage therapy significantly reduced cancer pain compared with no massage treatment or conventional care (standardized mean difference, -1.25; 95% confidence interval, -1.63 to -0.87). Our results indicate that massage is effective for the relief of cancer pain, especially for surgery-related pain. Among the various types of massage, foot reflexology appeared to be more effective than body or aroma massage. Our meta-analysis indicated a beneficial effect of massage for relief of cancer pain. Further well-designed, large studies with longer follow-up periods are needed to be able to draw firmer conclusions regarding the effectiveness. Integr Cancer Ther 2015; 14(4):297-304

A Systematic Review of Prospective Studies Reporting Adverse Events of Commonly Used Opioids for Cancer-Related Pain: A Call for the Use of Standardized Outcome Measures
Oosten A, Oldenmenger W, Mathijssen R, van der Rijt C

Data on the tolerability of opioids in patients with cancer-related pain are limited. Here, we report a systematic review that includes all published prospective studies reporting adverse events (AEs) of morphine, oxycodone, fentanyl, methadone, or hydromorphone for cancer-related pain in patients naive for these opioids. We included 25 studies describing 31 treatment cohorts, made an overview of study characteristics, and reported rates of AEs per type of opioid. The frequency of the most commonly reported AEs varied widely: nausea from 3 to 85%, vomiting from 4 to 50%, constipation from 5 to 97%, drowsiness from 3 to 88%, and dry mouth from 1 to 94%. There was a large heterogeneity among included studies, especially regarding the assessment and reporting of AEs. We describe how differences in assessment and reporting influence outcome rates. Although AEs are an important issue in daily clinical practice, realistic incidence rates of AEs per type of opioid are unknown because of the immense heterogeneity among studies. PERSPECTIVE: Although opioid-related adverse events are an important issue when treating cancer-related pain, realistic rates of adverse events per type of opioid are unknown because of immense heterogeneity among studies and lack of systematic assessment and reporting. There is an urgent need for studies with standardized outcome measures and reporting. J Pain 2015;16(10):935-946