Association Between Geriatric Syndromes and Survival
Kane RL, Shamiyan T, Talley K, Pacala J

Objectives: To ascertain the effect on survival of eight common geriatric syndromes (multiple comorbidities, cognitive impairment, frailty, disability, sarcopenia, malnutrition, homeostasis, and chronic inflammation), identified by an expert panel of geriatricians. Design: A systematic literature review sought studies from a variety of sources to compare survival and life expectancy of individuals with geriatric syndromes with those of the general population. Participants: Community-dwelling persons aged 65 and older. Results: Two thousand three hundred seventy-four publications were retrieved, and 509 publications of 123 studies were included. Seven geriatric syndromes (multiple comorbidities, cognitive impairment, frailty, disability, malnutrition, impaired homeostasis, and chronic inflammation) were associated with poor survival. In each case, the prevalence of a syndrome was negatively associated with mortality. Malnutrition and impaired homeostasis exerted twice the influence of factors such as multiple comorbidities and frailty. From age 65 to 74, only those who are very ill or frail (e.g., impaired homeostasis, low body mass index, or advanced dementia) have a higher risk of mortality than average older adults. In the old-old, particularly aged 90 and older, the added value of predicting survival beyond 1 year is minimal. Conclusion: Geriatric syndrome information is helpful to understanding survival for younger old persons but provides little information about survival for the very old. Complex survival models add comparatively little benefit to more simply measured and calculated models. J Am Geriatr Soc 2012;60(5):896-904

Balfour S

The purpose of this two-article series is to assist hospices in understanding the new compliance climate and its impact on all Medicare and Medicaid providers. Part 1 explored the Office of the Inspector General’s (OIG) focus on voluntary compliance and introduced the Path of the Prudent Hospice, a model for an internal framework that incorporates the OIG’s seven compliance plan elements and provides a valuable tool to assist in determining the root cause(s) of compliance or performance problems. This article examines the perennial hospice risk areas: eligibility, general inpatient and continuous care (CC) claims, improper revocations, coverage requirements, and care planning and hospice care in the nursing home. The five areas were selected based on the frequency of their inclusion in annual OIG work plans, content of periodic OIG reports on hospice projects, and Medicare Administrative Contractor (MAC) hospice claim edits. Hospices that fall short in these areas are at risk for consequences ranging from denial of payment for claims all the way to the imposition of civil and/or criminal penalties and exclusion from the Medicare program. Home Healthcare Nurse 2012;30(5):307-315

Full-text of this article is freely available at http://journals.lww.com/homehealthcareonline/
Place of Death Among Patients With Terminal Heart Failure in a Continuous Inotropic Infusion Program
Taitel M, Meaux N, Pegus C, Valerian C, Kirkham H

Although most patients with terminal heart failure (HF) prefer to die at home, the majority die in hospitals. To determine the impact of home inotropic support in the place of death among patients with terminal HF, this retrospective study compared the place of death in patients with terminal HF enrolled in an inotropic infusion program to place of death in a national sample of patients with HF. The rate of home death among program participants (64.5%; n = 217) was significantly higher (P < .001) than an age- and sex-adjusted rate of home death in a national sample (35.9%; n = 56 596). Patients with HF participating in home inotropic support can remain at home during the final stage of life and are less likely to die in hospitals. Am J Hosp Palliat Med 2012;29(4):249-253

Role of Haloperidol in Palliative Medicine: An Update
Prommer E

Haloperidol is a butyrophenone neuroleptic agent characterized as a high-affinity dopamine antagonist, originally used for the treatment of schizophrenia. Awareness of the role dopamine plays in many symptoms in palliative care, such as nausea, vomiting, and delirium, has led to the use of dopamine antagonists such as haloperidol for the treatment of these symptoms in the palliative care setting. Listed as 1 of the 25 important drugs in palliative care, haloperidol can be administered by multiple routes and can be given without dose alteration in the setting of both renal and hepatic insufficiency. Haloperidol is extensively metabolized in the liver, with CYP3A4 the chief cytochrome oxidase responsible for metabolism. This article will review the pharmacology, pharmacokinetics, and current uses of haloperidol in palliative medicine. There will be an examination of the evidence base for the use of haloperidol in palliative medicine. Am J Hosp Palliat Med 2012;29(4):295-301

Are Hospice and Palliative Nurses Adequately Prepared for End-of-Life Care?
White KR, Coyne PJ, White SG

At the frontlines, members of Hospice and Palliative Nurses Association (HPNA) are advocating for better outcomes for patients and their families, improving education for caregivers, and developing new knowledge in caring for their patients with life-limiting conditions. The purpose of this research was to assess core competencies deemed most important by HPNA members by assessing the quantity and quality of continuing education, personal effectiveness, and the level of commitment to end-of-life or palliative care by the nurse’s employer. A validated and replicated survey was mailed to 4022 HPNA members, with a nationally representative return rate of 31.2%. The main research variable was ranking of end-of-life care competencies and perceived gaps in palliative care continuing education. Nearly all of the respondents indicated that palliative care continuing education was important and nearly 80% of the respondents had 7 or more hours of specific continuing education in the preceding 2 years. Ninety-six percent of the respondents believe they are adequately prepared to effectively care for an individual with a life-limiting condition. Symptom management was the top-rated core competency, although pain management and how to talk to patients and families about dying were also frequently selected. HPNA nurse respondents are comfortable with the quantity and quality of orientation and continuing education within their scopes of practice in palliative care. J Hosp Palliat Nurs 2012;14(2):133-140
Multi-institutional Study Analyzing Effect of Prophylactic Medication for Prevention of Opioid-induced Gastrointestinal Dysfunction
Ishihara M, Ikesue H, Matsunaga H, et al

Objectives: The aim of this study was to evaluate the effectiveness of prophylactic treatment with laxatives and antiemetics on the incidence of gastrointestinal adverse reactions such as constipation, nausea and vomiting in cancer patients who received oral opioid analgesics for the first time. Methods: A multi-institutional retrospective study was carried out, in which 619 eligible hospitalized patients receiving oral opioid analgesics for cancer pain were enrolled from 35 medical institutions. The primary endpoint was the incidence of opioid-induced side effects in patients receiving prophylactic medication. Odds ratios of the incidence of adverse reactions in the absence or presence of premedication obtained from several institutions were subjected to a meta-analysis. Results: Among 619 patients, the incidence of constipation was significantly lower in patients receiving laxatives, including magnesium oxide, as premedication than in those without them (34% vs. 55%, odds ratio=0.432, 95% confidence interval=0.300-0.622, P<0.001). However, the incidence of nausea or vomiting was similar regardless of prophylactic medication with dopamine D₂ blockers. The results of the meta-analysis revealed that prophylactic laxatives significantly reduced the incidence of constipation (overall odds ratio=0.469, 95% confidence interval=0.231-0.955, P=0.037), whereas dopamine D₂ blockers were not effective in preventing opioid-induced nausea or vomiting. Discussion: We showed evidence for the effectiveness of premedication with laxatives for prevention of opioid-induced constipation. However, premedication with dopamine D₂ blockers was not sufficient to prevent nausea or vomiting. Clin J Pain 2012;28(5):373-381

Interdisciplinary Hospice Team Processes and Multidimensional Pain
Dugan Day M

Hospice teams may address multidimensional pain through the synergistic interaction of team members from various professional disciplines during regularly scheduled team meetings. However, the occurrence of that critical exchange has not been adequately described or documented. The purpose of this qualitative study was to explore two processes in team pain palliation: communication and collaboration. Data were gathered through individual interviews and a 1-year observation of team members from two hospices (physicians, nurses, aides, chaplains, social workers). Utilizing constant comparison, 14 final thematic categories were discovered. Use of biopsychosocial/spiritual terms by all team members meant that the team had the common language needed to communicate about multidimensional pain. Interviews and observation revealed a gap in translating multidisciplinary communication in team meetings into collaborative acts for pain treatment. In addition, structural influences inhibited creativity in pain palliation. There was no mutual understanding of the purpose for team meetings, no recognition of the need to reflect on team process, or common definition of leadership. Social work roles in hospice should include leadership that moves teams toward interdisciplinary care for multidimensional pain. J Soc Work End Life Palliat Care 2012;8(1):53-76
“Meds are a Real Tricky Area” Examining Medication Management and Regulation in Assisted Living
Kemp CL, Shazhen L, Ball MM

Medication management is among the most commonly cited reasons for moving to assisted living and is closely associated with resident quality of care and life. Yet the issue has received little research attention. Using data from the statewide study, “Job Satisfaction and Retention of Direct Care Staff in Assisted Living,” this article examines medication management policies and practices across 45 facilities in Georgia. Guided by principles of Grounded Theory Method, we analyzed qualitative data from surveys with 370 direct care workers (DCWs) and in-depth interviews with 41 DCWs and 44 administrators. Our analysis showed that medication managers vary widely in their backgrounds, positions, and training, largely based on home size and resources. Despite identifying common dimensions of the medication management process, we found variation in procedures and regulatory compliance based on facility, staff, and resident factors. Our findings relate to and extend existing work and have practice and research implications. J Appl Gerontol 2012;31(1):126-149

Doing the Right Thing: A Geriatrician’s Perspective on Medical Care for the Person with Advanced Dementia
Gillick MR

Developing a reasonable approach to the medical care of older people with dementia will be essential in the coming decades. Physicians are the locus of decision making for persons with dementia. It is the responsibility of the physician to assure that the surrogate understands the nature and trajectory of the disease and then to elicit the desired goal of care. Physicians need to ascertain whether any advance directives are available, and if so, whether they apply to the situation of advanced dementia. Finally, physicians should help surrogates understand how the goals of care are best translated into practice. When the goal is comfort, this is achieved by assuring dignity, minimizing suffering, and promoting caring. In general, comfort should be the default goal of care, best implemented through palliative care or hospice. J Law Med Ethics 2012; 40(1):51-56

Oral Care for Hospice Patients with Severe Trismus
Wrigley H, Taylor EJ

Oral care is a hallmark of attentive, high-quality nursing care. Oral care improves a patient's sense of well-being, communication, and nutritional status, and lowers the risk for pneumonia. However, for patients with severe trismus, oral care may seem impossible. Trismus is the inability to open the mouth more than 35 mm and often results from medical therapies for head and neck cancers. This article details a simple approach to oral care that was implemented successfully with five hospice patients with severe trismus. Clin J Oncol Nurs 2012;16(2):113-114
Antipsychotic Use and Myocardial Infarction in Older Patients With Treated Dementia
Pariente A, Fourrier-Reglat A, Ducruet T, et al

Antipsychotic agents (APs) are commonly prescribed to older patients with dementia. Antipsychotic use is associated with an increased risk of ischemic stroke in this population. Our study aimed to investigate the association of AP use with the risk of acute myocardial infarction (MI). Methods: A retrospective cohort of community-dwelling older patients who initiated cholinesterase inhibitor treatment was identified between January 1, 2000, and December 31, 2009, using the Quebec, Canada, prescription claims database. From this source cohort, all new AP users during the study period were matched with a random sample of AP nonusers. The risk of MI was evaluated using Cox proportional hazards models, adjusting for age, sex, cardiovascular risk factors, psychotropic drug use, and propensity scores. In addition, a self-controlled case series study using conditional Poisson regression modeling was conducted. Results: Among the source cohort of 37,138 cholinesterase inhibitor users, 10,969 (29.5%) initiated AP treatment. Within 1 year of initiating AP treatment, 1.3% of them had an incident MI. Hazard ratios for the risk of MI after initiation of AP treatment were 2.19 (95% CI, 1.11-4.32) for the first 30 days, 1.62 (95% CI, 0.99-2.65) for the first 60 days, 1.36 (95% CI, 0.89-2.08) for the first 90 days, and 1.15 (95% CI, 0.89-1.47) for the first 365 days. The self-controlled case series study conducted among 804 incident cases of MI among new AP users yielded incidence rate ratios of 1.78 (95% CI, 1.26-2.52) for the 1- to 30-day period, 1.67 (95% CI, 1.09-2.56) for the 31- to 60-day period, and 1.37 (95% CI, 0.82-2.28) for the 61- to 90-day period. Conclusion: Antipsychotic use is associated with a modest and time-limited increase in the risk of MI among community-dwelling older patients treated with cholinesterase inhibitors. Arch Intern Med 2012;172(8):648-653

Full-text of this article is freely available at: http://archinte.jamanetwork.com/

Preemptive Use of Palliative Sedation and Amyotrophic Lateral Sclerosis
Berger JT

Patients in the advanced stages of amyotrophic lateral sclerosis often are faced with the dilemma of whether to use or continue to use mechanical ventilation. Patients who elect to terminate ventilatory support may be subject to significant and even extreme respiratory symptoms. Severe dyspnea and other symptoms are sometimes treated with palliative sedation, which is generally recommended as a last resort approach to refractory symptoms. However, the preemptive use of palliative sedation is sometimes appropriate. The preemptive use of palliative sedation is examined through a case-based analysis of a patient with advanced amyotrophic lateral sclerosis. J Pain Sympt Manage 2012;43(4):802-5
Management of Pain in Metastatic Bone Disease
Buga S, Sarria JE

Metastatic bone disease is a common cause of pain in cancer patients. A multidisciplinary approach to treatment is often necessary because simplified analgesic regimens may fail in the face of complex pain generators, especially those involved in the genesis of neuropathic pain. METHODS: The authors review the existing literature on the pathophysiology and treatment options for pain generated by metastatic bone disease and summarize classic and new approaches. RESULTS: Relatively recent animal models of malignant bone disease have allowed a better understanding of the intimate mechanisms involved in the genesis of pain, resulting in a mechanistic approach to its treatment. Analgesic strategies can be developed with specific targets in mind to complement the classic, opioid-centered WHO analgesic ladder obtaining improved outcomes and quality of life. Unfortunately, high-quality evidence is difficult to produce in pain medicine, and these concepts are evolving slowly. CONCLUSIONS: Treatment options are expanding for the challenging clinical problem of painful metastatic bone disease. Efforts are concentrated on developing alternative nonopioid approaches that appear to increase the success rate and improve patients' quality of life. Cancer Control 2012;19(2):154-166

Full-text of this article is freely available at: http://www.moffitt.org/CCIRoot/v19n2/pdf/154.pdf

End-of-Life Quality-of-Care Measures for Nursing Homes: Place of Death and Hospice
Mukamel D, Caprio T, Ahn R, et al

The Centers for Medicare and Medicaid Services (CMS) publishes a web-based quality report card for nursing homes. The quality measures (QMs) do not assess quality of end-of-life (EOL) care, which affects a large proportion of residents. This study developed prototype EOL QMs that can be calculated from data sources available for all nursing homes nationally. Methods: The study included approximately 1.5 million decedents residing in 16,000 nursing homes during 2003–2007, nationally. Minimum Data Set (MDS) data were linked to Medicare enrollment files, hospital claims, and hospice claims. Random effect logistic models were estimated to develop risk-adjustment models predicting two outcome measures [place of death (POD) and hospice enrollment], which were then used to construct two EOL QMs. The distributional properties of the QMs were investigated. Results: The QMs exhibited moderate stability over time. They were more stable in identifying quality outliers among the larger nursing homes and in identifying poor-quality outliers than high-quality outliers. Conclusions: This study offers two QMs specialized to EOL care in nursing homes that can be calculated from data that are readily available and could be incorporated in the Nursing Home Compare (NHC) report card. Further work to validate the QMs is required. J Palliat Med 2012;15(4):438-446

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