Highlights from the Hospice & Palliative Care Literature

Refractory Cachexia and Truth-Telling about Terminal Prognosis: A Qualitative Study
Millar C, Porter S

The purpose of this paper is to examine the consequences that medical practitioners' decisions about whether or not to be candid about terminal prognosis have for those suffering from refractory cachexia and their families. It presents the findings of a qualitative study that used focus groups and semi-structured interviews of a volunteer sample of doctors, nurses and dieticians in a cancer centre of a large teaching hospital in Northern Ireland. Respondents reported that some physicians tended to avoid discussing terminal prognosis in a direct manner with their patients. Nurses and dieticians tended to be reluctant to engage in conversations about weight loss with patients with cachexia. One of the reasons they reported for their lack of acknowledgement of weight loss concerned the close association between refractory cachexia and terminal prognosis. Because they viewed the telling of bad news as an exclusive prerogative of medical practitioners, they did not feel in a position to discuss cachexia because they were concerned that this had the potential to raise end-of-life issues that lay outside the boundaries of their professional role. This meant patients and their families were provided with little information about how to cope with the distressing consequences of cachexia. *Euro J Cancer Care* 2013;22(3):326-333

Hospice Use among Nursing Home Patients
Unroe K, Sachs G, Hickman S, Stump T, Tu W, Callahan C

Among hospice patients who lived in nursing homes, we sought to: (1) report trends in hospice use over time, (2) describe factors associated with very long hospice stays (>6 months), and (3) describe hospice utilization patterns. Design: We conducted a retrospective study from an urban, Midwest cohort of hospice patients, aged ≥65 years, who lived in nursing homes between 1999 and 2008. Measurements: Demographic data, clinical characteristics, and health care utilization were collected from Medicare claims, Medicaid claims, and Minimum Data Set assessments. Patients with overlapping nursing home and hospice stays were identified. $\chi^2$ and t tests were used to compare patients with less than or longer than a 6-month hospice stay. Logistic regression was used to model the likelihood of being on hospice longer than 6 months. Results: A total of 1452 patients received hospice services while living in nursing homes. The proportion of patients with noncancer primary hospice diagnoses increased over time; the mean length of hospice stay (114 days) remained high throughout the 10-year period. More than 90% of all patients had 3 or more comorbid diagnoses. Nearly 20% of patients had hospice stays longer than 6 months. The hospice patients with stays longer than 6 months were observed to have a smaller percentage of cancer (25% vs 30%) as a primary hospice diagnosis. The two groups did not differ by mean cognitive status scores, number of comorbidities, or activities of daily living impairments. The greater than 6 months group was much more likely to disenroll before death: 33.9% compared with 13.8% ( $P < .0001$). A variety of patterns of utilization of hospice across settings were observed; 21% of patients spent some of their hospice stay in the community. Conclusions: Any policy proposals that impact the hospice benefit in nursing homes should take into account the difficulty in predicting the clinical course of these patients, varying utilization patterns and transitions across settings, and the importance of supporting multiple approaches for delivery of palliative care in this setting. *J Am Med Dir Assoc* 2013;14(4):254-259
The Practical Nurse: A Case for COMFORT Communication Training
Wittenberg-Lyles E, Goldsmith J, Richardson B, Hallett J, Clark R

Licensed practical nurses provide the majority of bedside care in long-term care facilities and home care settings, and their communication with patients and families is pivotal to interventions aimed at reducing burdensome transitions to acute care settings. Although good communication skills are required for practical nurses, they receive limited instruction in their training. The goal of this study was to assess the effects of communication training for the practical nurse. A pre–post survey design was used to assess the COMFORT communication training curriculum provided to licensed practical nursing students. A comparison of mean scores on communication skills attitudes and perceived nursing competency revealed statistically significant improvement in attitudes and self-efficacy. This study shows promise for the feasibility and utilization of the COMFORT curriculum for nurse communication training. Further research should address the nurse’s ability to perform COMFORT communication skills in the clinical setting. *Am J Hosp Palliat Med* 2013;30(2):162-166

Perceptions and Attitudes about Hospice and Palliative Care among Community-Dwelling Older Adults
Manu E, Mack-Biggs T, Vitale C, Galecki A, Moore T, Montagnini M

It is expected that the American geriatric population will have an increased need for hospice and palliative care services over the next few decades. We surveyed 187 community dwelling older adults about several aspects related to end-of-life (EOL) care. Participants were much more familiar with the term hospice than palliative care. In general, they had positive attitudes towards hospice and palliative care. Although experience caring for a dying relative was common, it wasn’t associated with better attitudes towards hospice and palliative care or better familiarity with these terms. Familiarity with the term palliative care was associated with better attitudes towards EOL care. Our findings highlight the need for enhanced end-of-life care education among older adults, and reinforce the need for further research in this area. *Am J Hosp Palliat Med* 2013;30(2):153-161

Can You Find Reliable Information about EOL on the Internet?
Buck H

The Internet has changed everything, including how nurses and patients think about the end of life (EOL). Our patients are using the Internet to gather information as well. The Internet has become an important teaching tool. But it can be a dangerous place for the uninitiated because it brings the world into the home—and the world includes quacks and shysters as well as trustworthy authorities. The Internet is changing EOL education as more patients and families seek out information. As their nurses, we need to help them navigate it safely. *Nursing* 2013;43(3):16-17
Chronic and Acute Pain and Pain Management for Patients in Methadone Maintenance Programs
Eyler E

Many individuals receiving methadone maintenance treatment (MMT) for opioid addiction also require treatment for acute or chronic pain, and the presence of pain is known to have a negative impact on patient health and function. However, effective pain management in this population is complicated by many factors, including heightened pain sensitivity, high opioid tolerance, illicit substance use, and variable cross-tolerance to opioid pain medications. This article reviews the recent literature on acute and chronic pain among, and pain treatment of, patients receiving MMT for opioid addiction and discusses the implications for effective pain management. Acute pain management among women maintained on methadone during and after labor and delivery is also discussed, as well as common concerns held by patients and providers about appropriate pain management strategies in the context of methadone maintenance and addiction treatment. Methods: One hundred nine articles were identified in a PubMed/MEDLINE electronic database search using the following search terms: methadone, methadone maintenance, methadone addiction, pain, pain management, chronic pain, and acute pain. Abstracts were reviewed for relevance, and additional studies were extracted from the reference lists of articles identified in the original search. Results: The pain sensitivity and pain responses of MMT patients differ significantly from those of patients not maintained on opioids, and few data are available to guide patient care. Conclusions: Rigorous studies are needed to identify and evaluate effective pain management approaches for this unique patient population and to improve patient treatment outcomes. *Am J Addict* 2013;22(1):75-83

Innovative Models of Home-Based Palliative Care
Labson M, Sacco M, Weissman D, Gornet B, Stuart B

The focus of palliative care is to alleviate pain and suffering for patients, potentially while they concurrently pursue life-prolonging or curative therapy. The potential breadth of palliative care is recognized by the Medicare program, but the Medicare hospice benefit is narrowly defined and limited to care that is focused on comfort and not on cure. Any organization or setting that has been accredited or certified to provide health care may provide palliative care. Home health agencies are highly attuned to patients' need for palliative care, and often provide palliative care for patients who are ineligible for hospice or have chosen not to enroll in it. Two home health-based programs have reported improved patient satisfaction, better utilization of services, and significant cost savings with palliative care. Moving the focus of care from the hospital to the home and community can be achieved with integrated care and can be facilitated by changes in government policy. *Cleve Clin Med J* 2013;80(1):eS30-5

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New Oral Anticoagulants: Comparative Pharmacology with Vitamin K Antagonists
Scaglione F

New oral anticoagulants (OACs) that directly inhibit Factor Xa (FXa) or thrombin have been developed for the long-term prevention of thromboembolic disorders. These novel agents provide numerous benefits over older vitamin K antagonists (VKAs) due to major pharmacological differences. VKAs are economical and very well characterized, but have important limitations that can outweigh these advantages, such as slow onset of action, narrow therapeutic window and unpredictable anticoagulant effect. VKA-associated dietary precautions, monitoring and dosing adjustments to maintain international normalized ratio (INR) within therapeutic range, and bridging therapy, are inconvenient for patients, expensive, and may result in inappropriate use of VKA therapy. This may lead to increased bleeding risk or reduced anticoagulation and increased risk of thrombotic events. The new OACs have rapid onset of action, low potential for food and drug interactions, and predictable anticoagulant effect that removes the need for routine monitoring. FXa inhibitors, e.g. rivaroxaban and apixaban, are potent, oral direct inhibitors of prothrombinase-bound, clot-associated or free FXa. Both agents have a rapid onset of action, a wide therapeutic window, little or no interaction with food and other drugs, minimal inter-patient variability, and display similar pharmacokinetics in different patient populations. Since both are substrates, co-administration of rivaroxaban and apixaban with strong cytochrome P450 (CYP) 3A4 and permeability glycoprotein (P-gp) inhibitors and inducers can result in substantial changes in plasma concentrations due to altered clearance rates; consequently, their concomitant use is contraindicated and caution is required when used concomitantly with strong CYP3A4 and P-gp inducers. Although parenteral oral direct thrombin inhibitors (DTIs), such as argatroban and bivalirudin, have been on the market for years, DTIs such as dabigatran are novel synthetic thrombin antagonists. Dabigatran etexilate is a low-molecular-weight non-active pro-drug that is administered orally and converted rapidly to its active form, dabigatran—a potent, competitive and reversible DTI. Dabigatran has an advantage over the indirect thrombin inhibitors, unfractionated heparin and low-molecular-weight heparin, in that it inhibits free and fibrin-bound thrombin. The reversible binding of dabigatran may provide safer and more predictable anticoagulant treatment than seen with irreversible, non-covalent thrombin inhibitors, e.g. hirudin. Dabigatran shows a very low potential for drug-drug interactions. However, co-administration of dabigatran etexilate with other anticoagulants and antiplatelet agents can increase the bleeding risk. Although the new agents are pharmacoologically better than VKAs—particularly in terms of fixed dosing, rapid onset of action, no INR monitoring and lower risk of drug interactions—there are some differences between them: the bioavailability of dabigatran is lower than rivaroxaban and apixaban, and so the dabigatran dosage required is higher; lower protein binding of dabigatran reduces the variability related to albuminaemia. The risk of metabolic drug-drug interactions also appears to differ between OACs: VKAs > rivaroxaban > apixaban > dabigatran. The convenience of the new OACs has translated into improvements in efficacy and safety as shown in phase III randomized trials. The new anticoagulants so far offer the greatest promise and opportunity for the replacement of VKAs. Clin Pharmacokinet 2013;52(2):69-82
Professional and Educational Needs of Hospice and Palliative Care Social Workers
Weisnfluh S, Csikai E

In the past decade much growth has occurred in the numbers of patients and families served by hospices and palliative care services. Thus, not surprisingly, these services have also been subject to increasing regulation by governmental and accrediting entities. In order to stay up-to-date in this ever-changing environment and to continue to provide effective interventions, social workers must stay engaged in the professional community and continuing education. In this quantitative study, 1,169 practicing hospice and palliative care social workers provided information about their practice activities and agency characteristics, professional affiliations and certification, and ongoing educational needs. About one-half of respondents carried a caseload of 21-50 and were most engaged in communicating the psychosocial needs of the patient and family to other members of the team and assessing for grief and bereavement issues. The most important educational needs pertained to the psychological and social needs of patients and families and psychosocial interventions. Most were members of professional organizations and three-quarters were members of NASW. Although many were aware of the joint NASW-NHPCO social work hospice specialty certification, few held this certification yet. The results of this survey can be utilized in the design of continuing education programs and advocacy for programmatic and policy change within agencies and the industry. J Soc Work End Life Palliat Care 2013;9(1):58-73

Americans’ Use of Dietary Supplements That Are Potentially Harmful in CKD

The prevalence in the United States of dietary supplement use that may be harmful to those with chronic kidney disease (CKD) is unknown. We sought to characterize potentially harmful supplement use by individual CKD status. Study Design: Cross-sectional national survey (National Health and Nutrition Examination Survey, 1999-2008). Setting: Community-based survey of 21,169 nonpregnant, noninstitutionalized US civilian adults (aged ≥20 years). Predictor: CKD status [no CKD, at risk of CKD [presence of diabetes, hypertension, and/or cardiovascular disease], stages 1/2 [albuminuria only (albumin-creatinine ratio ≥30 mg/g)], or stages 3/4 [estimated glomerular filtration rate of 15-59 mL/min/1.73 m²]]. Outcome: Self-reported use of dietary supplements containing any of 37 herbs the National Kidney Foundation identified as potentially harmful in the setting of CKD. Measurements: Albuminuria and estimated glomerular filtration rate assessed from urine and blood samples; demographics and comorbid conditions assessed by standardized questionnaire. Results: An estimated 8.0% of US adults reported potentially harmful supplement use within the last 30 days. A lower crude estimated prevalence of potentially harmful supplement use was associated with higher CKD severity (no CKD, 8.5%; at risk, 8.0%; stages 1/2, 6.1%; and stages 3/4, 6.2%; P < 0.001). However, after adjustment for confounders, those with or at risk of CKD were as likely to use a potentially harmful supplement as those without CKD: at-risk OR, 0.93 (95% CI, 0.79-1.09); stages 1/2 OR, 0.83 (95% CI, 0.64-1.08); and stages 3/4 OR, 0.87 (95% CI, 0.63-1.18); all versus no CKD. Conclusion: The use of dietary supplements potentially harmful to people with CKD is common regardless of CKD status. Health care providers should discuss the use and potential risks of supplements with patients with and at risk of CKD. Am J Kidney Dis 2013;61(5):739-47

Please Note: This newsletter includes news briefs and abstracts of the current literature related to hospice and palliative care. Because abstracts are not always accurate reflections of the content of the article, please refer to the complete journal article before making changes to practice or patient care based on the information contained in this update.

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