

Centre for Policy on Ageing
Information Service

Selected Readings

**The Assessment and
Management of Pain in
Older People**

January 2018

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Centre for Policy on Ageing

Tavis House, 1-6 Tavistock Square, London WC1H 9NA
Telephone +44 (0)20 7553 6500 Facsimile +44 (0)20 7553 6501
Email cpa@cpa.org.uk Website www.cpa.org.uk

2017

How should nurses assess pain in people with advanced dementia?; by Sophie Milner.: Institute of Ageing and Health West Midlands, 2017, pp 20-24.

Ageing and Health: the Journal of the Institute of Ageing and Health (West Midlands), no 21, 2017, pp 20-24. Pain in people with advanced dementia is commonly undetected or misinterpreted by nursing staff, because these people are usually unable to communicate verbally. The author conducted this literature review to investigate how nurses should assess pain in people with advanced dementia within acute settings, and whether this should be through standardised pain assessment tools, clinical judgement or a combination of both. The databases CINAHL, ASSIA and Medline Ovid were searched. Relevant papers were selected and critically appraised to determine the strength of the evidence and the risk of bias, to ensure that the soundest evidence was focused on the most. Eight papers using three main methods were identified: observational method; clinical judgement of pain assessment; and standardised tools in pain assessment. Barriers to effective pain assessment were identified. There is limited evidence on assessing pain in people with advanced dementia within acute settings. Most of the research relies on people in nursing homes typically with a mild or moderate diagnosis of dementia. Currently there is no established consensus on how to assess pain in people with advanced dementia in acute settings. While there are inconsistencies in the literature, the main consensus seems to focus on pain assessment tools. This ambiguity suggests that further research is needed to ascertain how in people living with advanced dementia within acute settings can be assessed. (RH)

ISSN: 13649752

From : www.iah-wmids.org.uk

Notes from the hospital bedside: reflections on researcher roles and responsibilities at the end of life in dementia; by Caroline Margaret Swarbrick, Elizabeth Sampson, John Keady.: Emerald, 2017, pp 201-211.

Quality in Ageing and Older Adults, vol 18, no 3, 2017, pp 201-211.

The authors explore some of the ethical and practical dilemmas faced by an experienced researcher in undertaking research with a person with dementia (whom they have called Amy). Amy died shortly after a period of observation had ended and the family subsequently consented to the data being shared. This individual case study presentation was nested within a larger study conducted in England and Scotland between 2013 and 2014. The overall aim of the main study was to investigate how healthcare professionals and informal carers recognised, assessed and managed pain in patients living with dementia in a range of acute settings. The presented case study of Amy raises three critical reflection points: (i) Researcher providing care, i.e. the place and positioning of compassion in research observation; (ii) What do the stories mean? i.e. the reframing of Amy's words, gestures and behaviours as (end of) life review, potentially highlights unresolved personal conflicts and reflections on loss; and (iii) Communication is embodied, i.e. the need to move beyond the recording of words to represent lived experience and into more multi-sensory methods of data capture. Researcher guidance and training about end of life observations in dementia is presently absent in the literature, and this case study stimulates debate in a much overlooked area, including the role of ethics committees. (RH)

ISSN: 14717794

From : <http://www.emeraldinsight.com/loi/qaoo>

Understanding pain among older persons: Part 1 - the development of novel pain profiles and their association with disability and quality of life; by Kieran O'Sullivan, Norelee Kennedy, Helen Purtill, Ailish Hannigan.: Oxford University Press, January 2017, pp 46-51.

Age and Ageing, vol 46, no 1, January 2017, pp 46-51.

While a range of variables are related to the impact of pain, most population studies of older people have simply examined the presence or intensity of pain. The objective of this study was to develop novel pain profiles based on a range of pain variables, and compare demographic and health variables across profiles. Baseline data from The Irish Longitudinal study on Ageing (TILDA), a population-representative cohort study involving 8,171 community living people resident in Ireland aged 50 or over, was used. Two-step cluster analysis was performed on those who reported being often troubled by pain using all self-reported pain variables. Nine demographic and health variables were compared across pain profiles and the no-pain profile. Of the cohort, 65% reported not often being troubled by pain. Of those troubled by pain, four profiles emerged ranging from the profile whose pain did not have impact on daily activities (12% of cohort) to the profile with everyone taking medication to control the pain (9% of cohort). All demographic and health variables differed significantly across the profiles, with pain profiles reporting significantly greater disability and poorer quality of life than the no-pain profile. In all, four pain profiles, based on a range of pain variables, as well as a no-pain profile were identifiable in a large sample of older adults. Identifying those (i) with multi-site pain, (ii) who take pain medications and/or (iii) whose pain affects daily activities, clearly identifies those with the highest levels of disability and poorest quality of life. (JL)

ISSN: 00020729

From : <https://academic.oup.com/ageing>

Understanding pain among older persons: Part 2 - the association between pain profiles and healthcare utilisation; by Norelee Kennedy, Kieran O'Sullivan, Ailish Hannigan, Helen Purtill.: Oxford University Press, January 2017, pp 51-56.

Age and Ageing, vol 46, no 1, January 2017, pp 51-56.

While polypharmacy and multimorbidity predict healthcare utilisation among older people, the influence of differing pain profiles on healthcare utilisation is unclear. The objective of this study was to compare healthcare utilisation between people with different pain profiles. Baseline data from The Irish Longitudinal study on Ageing (TILDA), a population-representative cohort study involving over 8,171 community living people resident in Ireland aged 50 or over, was used. Following the creation of four novel pain profiles, variables relating to healthcare utilisation were compared across the different profiles using chi-square tests and logistic regression. Healthcare utilisation differed across the four pain profiles, with pain being an independent predictor of resource use. Pain profiles 3 and 4 had higher use of general practitioner (GP) care and outpatient visits than people with no pain and pain that had less impact. The odds of being a frequent GP attender increased across pain profiles, with those in profile 4 being almost three times as likely to be frequent attenders compared to those with no pain. People in profile 4 were almost twice as likely to have a hospital outpatient visit compared to people with no pain. Overall, healthcare utilisation differed between the four pain profiles, with people in profiles 3 and 4 having greater usage of primary and secondary healthcare resources. Pain profile membership was a significant independent predictor of the utilisation of GP care and hospital outpatient visits. (JL)

ISSN: 00020729

From : <https://academic.oup.com/ageing>

2016

Exploring the prevalence of and factors associated with pain: a cross-sectional study of community-dwelling people with dementia; by Heather E Barry, Carole Parsons, A Peter Passmore, Carmel M Hughes.: Wiley Blackwell, May 2016, pp 270-282.

Health and Social Care in the Community, vol 24, no 3, May 2016, pp 270-282.

Few pain studies have made community-dwelling people with dementia (PWD) their focus. This study aimed to determine the prevalence of pain among this patient population and to explore medication use. The study also sought to investigate patient and caregiver variables associated with the presence of pain. Community-dwelling PWD and their caregivers were recruited between May 2009 and July 2012 from outpatient memory clinics in Northern Ireland to take part in a face-to-face structured interview with a researcher. Patients' cognitive status and presence of depression were established. A full medication history was taken. Both patients and caregivers were asked to rate patients' pain, at the time of the interview and on an average day, using a 7-point verbal descriptor scale. From the 206 patients who were eligible to take part, 75 patient-caregiver dyads participated in the study (participation rate = 36.4%). The majority of patients (92.0%) had dementia classed as mild or moderate. Pain was commonly reported among the sample, with 57.3% of patients and 70.7% of caregivers reporting patient pain on an average day. Significant differences were found between patients' and caregivers' reports of pain. Two-fifths of patients (40.0%) were prescribed analgesia. Antipsychotic, hypnotic and anxiolytic drug use was low, whereas antidepressant drugs were prescribed more commonly. Presence of pain was unaffected by dementia severity; however, the use of prescribed analgesic medication was a significant predictor of the presence of pain in these patients, whether reported by the patient or their caregiver 'right now' or 'on an average day' ($P < 0.001$). Patient and caregiver recruitment was challenging, and remains a barrier to future research in this area. (RH)

ISSN: 09660410

From : wileyonlinelibrary.com/journals/hsc

The landscape of pain management in people with dementia living in care homes: a mixed methods study; by Anne Corbett, Kayleigh-Marie Nunez, Emily Smeaton (et al.): Wiley Blackwell, December 2016, pp 1354-1370.

International Journal of Geriatric Psychiatry, vol 31, no 12, December 2016, pp 1354-1370.

The aim of this study was to explore the current landscape of pain management in people with dementia living in care home settings. Pain is extremely common in this patient group, yet there is very limited guidance for healthcare professionals. Triangulation of stakeholder consultation and quality review of pain management guidance were performed. A review of existing pain management guidance was conducted using published quality criteria adapted for the field. Three focus group discussions were held with care home staff and two focus group discussions and an online survey with family carers. Data were subjected to thematic analysis to

identify themes and sub-themes. Outcomes were reviewed by an expert panel, which gave recommendations. 15 existing guidelines were identified, of which three were designed for use in dementia and none were tailored for care home settings. Thematic analysis revealed six major themes in current pain management in dementia: importance of person-centredness, current lack of pain awareness in staff, communication as a core element, disparities in staff responsibility and confidence, the need for consistency of care and current lack of staff training. In addition to the needs for practice, the expert panel identified promising pharmacological treatment candidates, which warrant clinical evaluation. The findings of this study clearly articulate a need for an evidence-based pain management programme for care homes, which is informed by stakeholder input and based within a conceptual framework for this setting. There are novel opportunities for clinical trials of alternative analgesics for use in this patient group. (JL)

ISSN: 08856230

From : www.orangejournal.org

2015

The 2015 quality of death index: ranking palliative care across the world: a report by the Economist Intelligence Unit; commissioned by LIEN Foundation; by Sarah Murray, Economist Intelligence Unit - EIU. London: Economist Intelligence Unit, 2015, pp.

The Lien Foundation, a philanthropic organisation in Singapore commissioned the Economist Intelligence Unit (EIU) to devise a "Quality of Death" Index to rank 80 countries according to their provision of end-of-life care. The countries are evaluated using 20 quantitative and qualitative indicators across five categories: the palliative and healthcare environment, human resources, the affordability of care, the quality of care, and the level of community engagement. This report presents one or two case studies for each of these categories. To build the Index, the EIU used official data and existing research for each country, and also interviewed palliative care experts from around the world. As in the 2010 edition, this report finds that the UK has the best quality of death, because of the comprehensive integration of palliative care into the National Health Service (NHS) and a strong hospice movement; it also earns the best quality of care. Among other findings are that: less wealthy countries can still improve standards of palliative care rapidly, and that national policies are vital for extending access to palliative care. Quality of care depends on access to opioid analgesics and psychological support; and community efforts are important for raising awareness and encouraging conversations about death. (RH)

From : Download:

<http://www.economistinsights.com/sites/default/files/2015%20Quality%20of%20Death%20Index%20Oct%207%20FINAL.pdf>

The Namaste Care programme can reduce behavioural symptoms in care home residents with advanced dementia; by Miranda Stacpoole, Jo Hockley, Amanda Thompsell ... (et al.): Wiley Blackwell, July 2015, pp 702-709.

International Journal of Geriatric Psychiatry, vol 30, no 7, July 2015, pp 702-709.

The objective of this study was to evaluate the effects of the Namaste Care programme on the behavioural symptoms of residents with advanced dementia in care homes and their pain management. Six dementia care homes collaborated in an action research study (one withdrew). Inclusion criteria were a dementia diagnosis and a Bedford Alzheimer's Nursing Severity Scale score of 16 or less. Primary research measures were the Neuropsychiatric Inventory-Nursing Homes (NPI-NH) and Doloplus-2 behavioural pain assessment scale for older people. Measures were recorded at baseline and at three 1-2 monthly intervals after Namaste Care started. Management disruption occurred across all care homes. The severity of behavioural symptoms, pain and occupational disruptiveness (NPI-NH) decreased in four care homes. Increased severity of behavioural symptoms in one care home was probably related to poor pain management, reflected in increased pain scores and disrupted leadership. Comparison of NPI-NH scores showed that severity of behavioural symptoms and occupational disruptiveness were significantly lower after initiation of Namaste Care and after the second interval. However comparison of these measures in the second and third intervals revealed that both were slightly increased in the third interval. These findings demonstrate that where there are strong leadership, adequate staffing and good nursing and medical care, the Namaste Care programme can improve quality of life for people with advanced dementia in care homes by decreasing behavioural symptoms. Namaste is not a substitute for good clinical care. (JL)

ISSN: 08856230

From : www.orangejournal.org

Pain in care home residents with dementia: an exploration of frequency, prescribing and relatives' perspectives; by Heather E Barry, Carole Parsons, A Peter Passmore, Carmel M Hughes.: Wiley Blackwell, January 2015, pp 55-63.

International Journal of Geriatric Psychiatry, vol 30, no 1, January 2015, pp 55-63.

This study aims to determine pain frequency amongst care home residents with dementia, to investigate variables associated with pain, to explore analgesic use among residents and to seek relatives' views on provision of care and management of pain by the care home. Structured face-to-face interviews were conducted with residents, nursing staff and relatives from nine dementia care homes in Northern Ireland between May 2010 and March 2012. Demographic information was collected from participants, neuropsychiatric tests were used to assess residents' cognitive functioning, medication use was determined from care home records and residents' pain was assessed using a verbal descriptor scale. Relatives' views were sought on care provision and management of pain. 42 residents, 16 nurses/care assistants and 35 relatives participated, although the participation rate of residents was low (27.6%). Most residents were suffering moderate-severe dementia, and some residents (26.2%) were unable to provide a self-report of pain. A significantly higher proportion of relatives (57.1%) deemed residents to be experiencing pain at the time of the interview, compared with residents (23.8%) and nurses/care assistants (42.9%). Most residents (88.1%) were prescribed with analgesia; non-opioid analgesics were most commonly prescribed. A high proportion of residents were prescribed with psychoactive medications. Antipsychotic drug use was associated with the presence of pain. This study reinforces the challenge of assessing and managing pain in this resident population and highlights issues to be addressed by long-term care providers and clinicians. Participation of people with dementia and their families in healthcare research needs to be improved. (JL)

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From : www.orangejournal.org

2014

Impact of community based, specialist palliative care teams on hospitalisations and emergency department visits late in life and hospital deaths: a pooled analysis; by Helen Seow, Kevin Brazil, Jonathan Sussman (et al).

BMJ 2014;348:g3496, 6 June 2014, 10 pp.

This pooled analysis of an Ontario, Canada retrospective cohort study found that 3109 patients treated by 11 community based specialist palliative care teams had a reduced risk of being in hospital or having an emergency department visit in the last 2 weeks of life compared to 3109 patients receiving usual care. The palliative care teams studied served different geographies and varied in team composition and size, but had the same core team members and role: a core group of palliative care physicians, nurses and family physicians who provided integrated palliative care to patients in their homes. The teams role was to manage symptoms, provide education and care, coordinate services, and be available without interruption regardless of time of day. In both care groups, about 80% had cancer and 78% received end of life homecare services for the same average duration. Across all palliative care teams (970 (31.2%) of the exposed group were in hospital and 896 (28.9%) had an emergency department visit in the last two weeks of life respectively, compared with 1219 (39.3%) and 1070 (34.5%) of the unexposed group. Despite variation in team composition and geographies, community based specialist palliative care teams were effective in reducing acute care use and hospital deaths at the end of life. (OFFPRINT) (RH)

From : <http://www.bmj.com/content/348/bmj.g3496>

'Keeping going': chronic joint pain in older people who describe their health as good; by Jane C Richardson, Janet C Grime, Bie Nio Ong.: Cambridge University Press, September 2014, pp 1380-1396.

Ageing and Society, vol 34, no 8, September 2014, pp 1380-1396.

It is common for people with chronic conditions to report their health as good, although models of healthy ageing do not account for this. The concept of successful ageing focuses on overcoming problems, in contrast to the concept of resilience which can acknowledge vulnerability. Osteoarthritis (OA) is the main cause of joint pain in older people, but research in this area has tended to focus on OA as an illness. Consequently, this research aimed to explore OA from the perspective of wellness. The authors undertook a longitudinal qualitative study to explore 'wellness and resilience' in a group of older people who reported chronic joint pain and considered themselves healthy. They interviewed 27 people and followed them up with monthly diary sheets. The participants could respond by answering the questions on the contact sheet, or could ask for further contact with the researcher. This article focuses on how resilience relates to how people consider themselves to be well. Participants' experience of the adversity of their pain varied, and was influenced by context and meaning. Participants described 'keeping going' in body, mind and everyday life. Flexibility and pragmatism were key aspects of keeping going. The findings support a broader version of resilience that incorporates vulnerabilities.

In the context of health care, the authors suggest that treating the frail body should not come at the expense of undermining an older person's sense of a resilient self. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

2013

Community pharmacists and people with dementia: a cross-sectional survey exploring experiences, attitudes, and knowledge of pain and its management; by Heather E Barry, Carole Parsons, A Peter Passmore, Carmel M Hughes.: Wiley Blackwell, October 2013, pp 1077-1085.

International Journal of Geriatric Psychiatry, vol 28, no 10, October 2013, pp 1077-1085.

The present study aimed to explore community pharmacists' experiences with and attitudes towards people with dementia, and to determine the knowledge they have about pain and its management in this patient population. A questionnaire comprising five sections, including the Approaches to Dementia Questionnaire, was mailed on two occasions during February and March 2011, to all community pharmacies in Northern Ireland. The response rate was 34.3%. A greater proportion of pharmacists provided pharmaceutical care to people with dementia living at home (91.2%) than those living in care homes (40.1%). Respondents most frequently encountered queries relating to starting and stopping medications, compliance with medication and availability of formulation types. The mean total score for the Approaches to Dementia Questionnaire measure was 72.8, indicating a positive attitude towards people with dementia, and respondents demonstrated a strong person-centred approach towards this patient population. The majority of respondents recognised the difficulty of assessing pain in people with dementia. However younger pharmacists and pharmacists who provided pharmaceutical care to people with dementia were more likely to be aware of the pain assessment tools for use in people with dementia. Pharmacists appeared uncertain about how to appropriately manage pain in people with dementia. This study shows that community pharmacists often encounter people with dementia, especially those living in their own homes, and they have positive attitudes towards the patient population. However training in the assessment and management of pain in people with dementia must be developed to further improve their knowledge in this area. (JL)

ISSN: 08856230

From : www.orangejournal.org

Evidence-based clinical practice guidelines on management of pain in older people; by Aza Abdulla, Margaret Bone, Nicola Adams ... (et al).: Oxford University Press, March 2013, pp 151-153.

Age and Ageing, vol 42, no 2, March 2013, pp 151-153.

Brief editorial looking at the management of pain in older people, a phenomenon often under-recognised and under-treated. The British Geriatric Society and British Pain Society have collaborated to produce the first UK guideline on this topic. The guideline has been categorised into sections dealing with pharmacology, interventional therapies, psychological interventions, physical activity and assistive devices and complementary therapies. The full document _ 'Guidance on the management of pain in older people' _ is available in supplement 1 which accompanies this journal issue. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

Guidance on the management of pain in older people; by British Geriatrics Society.: Oxford University Press, March 2013, pp i1-i57.

Age and Ageing, vol 42, supplement 1, March 2013, pp i1-i57.

This guidance document reviews the epidemiology and management of pain in older adults via a literature review of published research. Its aim is to inform health professionals who work with older people on best practice on the management of pain and to identify where there are gaps in the evidence that require further research. Main topics covered in the review include the prevalence of pain in older people, attitudes of stoicism and other beliefs of older people concerning pain, communication in pain assessment and management, pharmacology, other interventional therapies, psychological interventions and complementary therapies. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

Living within your limits: activity restriction in older people experiencing chronic pain; by Fiona Mackichan, Joy Adamson, Rachael Goberman-Hill.: Oxford University Press, November 2013, pp 702-708.

Age and Ageing, vol 42, no 6, November 2013, pp 702-708.

Although maintaining activity is key to successful pain management, and important to health and wellbeing, it is known that older people in pain frequently alter or reduce activity levels. A 'fear-avoidance' model is often used

to explain avoidance of activity in the face of pain. However, this model is not intended to take account of the wider context in which activity changes take place, nor older people's own explanations for their behaviour. The authors investigate the reasons why older people in the community adjust their activity levels when living with chronic pain. Thirty-one people aged between 67 and 92 were purposively sampled from respondents to a community-based cross-sectional survey in the South west of England. All participants had reported long-term pain and were interviewed about this. Data were collected and analysed using a qualitative constructivist grounded theory approach. Explanations for deliberative reduction or ceasing of activities reflected a desire to prevent pain exacerbation, thereby avoiding medical intervention. It also reflected a desire to safeguard autonomy in the face of pain in older age. Restrictions were often rationalised as normal in older age, although co-existing accounts of perseverance and frustration with limitation were also evident. A rational desire to avoid pain exacerbation and medical intervention motivated restrictions to activity. However, deliberative limitation of activity has the potential to compromise autonomy by increasing social isolation and de-conditioning. Supporting older people with pain to be active requires sensitivity to the function of activity restriction, especially as a means of preventing deterioration. (RH)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

Pain management in the elderly; by Rajiv Lingaraju, Michael A Ashburn.

Aging Health, vol 2, no 3, June 2013, pp 265-274.

As the overall population ages and patients continue to live longer, managing pain in older people in the USA will be encountered more frequently in clinical settings. While common in older patients, pain is not a normal part of ageing, and treatments should be offered as they would be in young patients. Low back pain, osteoarthritis, postherpetic neuralgia and cancer pain are frequently experienced by patients with advanced age. A number of interactive and observational pain assessment tools are available to assess pain in patients with and without barriers to communication. Numerous medications (eg acetaminophen, NSAIDs, opioids, gabapentin and pregabalin) are commonly used in the treatment of pain, and knowledge of these drugs is essential to their safe administration in an older population. However management of the psychosocial aspects of chronic pain, through cognitive-behavioural therapy or other modalities, is also essential. Treatments must take into account the physiologic changes and comorbid conditions that accompany ageing. Future care will likely resemble models for the patient-centred medical home. (JL)

ISSN: 1745509X

From : <http://www.futuremedicine.com/loi/ahe>

Where do I go from here?: a cultural perspective on challenges to the use of hospice services; by Rosemary Frey, Merryn Gott, Deborah Raphael (et al): Wiley Blackwell, September 2013, pp 519-529.

Health and Social Care in the Community, vol 21, no 5, September 2013, pp 519-529.

Do hospice services as shaped by a western perspective adequately fulfil the needs of persons from non-Western cultures? Based on a Western view of palliative care, the vision outlined in the New Zealand Palliative Care Strategy (2001) is to deliver palliative care services, including hospice services, to all patients and their families requiring them in the context of an increasingly pluralistic and multicultural society. It is predicted that over the next two decades the proportion of people in New Zealand identifying as Maori, Pacific and Asian will dramatically increase. Ministry of Health information provided through a GAP analysis identified hospices as facing access-to-care pressures for Maori, Pacific and Asian patients. It is therefore critical to identify the challenges to hospice service access for Maori, Asian and Pacific patients. This project involved qualitative interviews with 37 cancer patients (Maori, Pacific and Asian self-identified ethnicities), whanau/family and bereaved whanua/family, as well as 15 health professionals (e.g. referring GPs, oncologists, allied health professionals) within one District Health Board. Patients and their families included both those who utilised hospice services, as well as those non-users of hospice services identified by a health professional as having palliative care needs. Challenges to hospice service utilisation reported included a lack of awareness in the communities of available services, as well as continuing misconceptions concerning the nature of hospice services. Language barriers were particularly reported for Asian patients and their families. Issues concerning the ethnic representativeness of the hospice services staff were raised. The findings highlight the importance of patient and family knowledge of hospice care for utilisation of services. This information can be used for future planning to enable hospices to both provide high quality evidence-based palliative care services for patients and families, and to provide consultative services to primary healthcare providers in the community. (RH)

ISSN: 09660410

From : wileyonlinelibrary.com/journals/hsc

2012

A collaborative expert literature review of pain education, assessment and management; by Pat Schofield, Beatrice Sofaer-Bennett, Thomas Hadjistavropoulos ... (et al).

Aging Health, vol 8, no 1, February 2012, pp 43-54.

Pain assessment and management in older adults requires a special emphasis on the needs of this population, which is often not considered within general education. The purpose of this study was twofold: to determine the availability of education on pain in older adults around the world, and to present a review and synthesis of published guidelines and key papers on pain assessment and management in older adults. A key recommendation from this work was to develop collaboration and a review of key evidence on which future research may be developed so an educational focus may be highlighted. This article presents a summary of the research along with recommendations for improved and consistent education informed by the guidelines currently developed, and consistent evidence-based assessment and management of chronic pain in older adults. (JL)

ISSN: 1745509X

From : <http://www.futuremedicine.com/loi/ahe>

An exploration of nursing home managers' knowledge of and attitudes towards the management of pain in residents with dementia; by Heather E Barry, Carole Parsons, A Peter Passmore (et al).

International Journal of Geriatric Psychiatry, vol 27, no 12, December 2012, pp 1258-1266.

This study aimed to explore the knowledge, attitudes and beliefs that nursing home managers hold with regard to the assessment and management of pain in residents with dementia; and to determine how these may be affected by the demographic characteristics of the respondents. A questionnaire comprising six sections was mailed, on two occasions during March and April 2010, to 244 nursing home managers in Northern Ireland (representing 96% of the nursing homes in Northern Ireland). The response rate was 39%. Nearly all respondents (96%) provided care to residents with dementia, yet only 60% of managers claimed to use pain treatment guidelines within their nursing home. Respondents demonstrated good knowledge about pain in residents with dementia and acknowledged the difficulties surrounding accurate pain assessment. Nursing home managers were uncertain about how to manage pain in residents with dementia, demonstrating similar concerns about the use of opioid analgesics to those reported in previous studies about pain in older people. Managers who had received recent training ($p=0.044$) were less likely to have concerns about the use of opioid analgesia than those who had not received training. Respondents' beliefs about painkillers were largely ambivalent and were influenced by the country in which they had received their nursing education. The study has revealed that accurate pain assessment, training of nursing staff and a standardised approach to pain management (the use of pain management guidelines) within nursing homes all have a significant part to play in the successful management of pain in residents with dementia. (RH)

ISSN: 08856230

From : www.orangejournal.org

How would I know? What can I do?: how to help someone with dementia who is in pain or distress; by National Council for Palliative Care - NCPC. London: National Council for Palliative Care - NCPC, 2012, 15 pp.

'How would I know? What can I do?' provides practical guidance to help professionals and unpaid carers to understand whether someone with dementia is in pain or distress. (RH)

From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS.

www.ncpc.org.uk/dementia

Recognising and assessing pain in people with dementia; by Amanda Thompsell, Nicola Easton.: Hawker Publications, March/April 2012, pp 24-25.

Journal of Dementia Care, vol 20, no 2, March/April 2012, pp 24-25.

Evidence suggests that unless pain is routinely assessed, it will not be discovered by care staff. However, pain is more likely to be recognised when using an assessment scale. This article sets out the case for using pain assessment tools regularly when caring for people with dementia. It describes two instruments, the Abbey Pain Scale and the Doloplus-2 Scale, both of which are familiar to many care staff, and presents similarities and differences between them. The article outlines training conducted by the Modernisation Initiative End of Life Care Programme in Lambeth and Southwark, London, for care staff using the two scales to assess patients and interpret the results. Building pain assessment into existing care systems and using an instrument to assess pain regularly makes it more likely that pain will be detected and acted upon. (RH)

ISSN: 13518372

From : www.careinfo.org

2011

Chronic pain in later life: a review of current issues and challenges; by Pat Schofield, Amanda Clarke, Derek Jones ... (et al).

Aging Health, vol 7, no 4, August 2011, pp 551-556.

Chronic pain is a major health condition associated with ageing whose management is generally unsatisfactory. This article reviews the relevance of existing and potential research on the assessment and management of chronic pain in older adults. Main issues addressed include the prevalence and impact of pain in older adults, age-related changes in pain perception, the undertreatment of pain, the attitudes and beliefs of carers and health professionals concerning pain, and the management of pain including self-management. Implications for policy, practice and research are discussed. (JL)

ISSN: 1745509X

From : <http://www.futuremedicine.com/loi/ahe>

The utility of PAINAD in assessing pain in a UK population with severe dementia; by Alice Jordan, Julian Hughes, Mani Pakresi (et al).

International Journal of Geriatric Psychiatry, vol 26, no 2, February 2011, pp 118-126.

Study participants were nursing home residents with advanced dementia who were observed on three occasions using a pain assessment tool, the Pain Assessment in Advance Dementia (PAINAD) scale. Following further assessment, an appropriate management plan was formulated for those thought to be in pain. Participants who scored above the cut-off (two) on the PAINAD scale, but were felt not to be in pain, formed the false positive group. The pain and false positive groups were reassessed at one and three months. 79 participants completed the study, 39 of whom scored above two on the PAINAD. Of these, only 13 were assessed as being in pain. The other 26 participants who scored above the cut-off on PAINAD were not felt to be in pain. Instead, their behaviour had a psychosocial explanation, often to do with a lack of understanding as to what was happening to them. In those with pain, a significant decrease was demonstrated in the PAINAD scores on intervention following treatment for pain. In conclusion, PAINAD is a sensitive tool for detecting pain in people with advanced dementia, but has a high false positive rate, frequently detecting psychosocial distress rather than pain. (JL)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps>

2010

End of life care: a rapid response hospice at home service; by Carol Davis.

Nursing Older People, vol 22, no 4, May 2010, pp 22-24.

Many people would prefer to die at home. In line with recommendations on this in the Department of Health (DH) End of life care strategy (2008), the charity Sue Ryder Care piloted a rapid response care and palliative expertise at home initiative in Bedford. The project supported 17 patients to die in their own homes. Evaluation of the project will be shared with the local primary care trust (PCT) in the hope that it will continue to fund the service. Other community-based models of end of life care that the charity has developed are outlined. The author discusses the benefits of the scheme and feedback from the 17 families it helped. (RH)

ISSN: 14720795

From : <http://www.nursingolderpeople.co.uk>

National survey of patient activity data for specialist palliative care services: MDS full report for the year 2008-2009; by National Council for Palliative Care - NCPC. London: National Council for Palliative Care, May 2010, 75 pp.

The Minimum Data Set (MDS) was developed in 1995 by the National Council for Hospice and Specialist Palliative Care Services (now the NCPC) in association with the Hospice Service at St Christopher's Hospice, London. The aim of the MDS is to provide good quality, comprehensive data about hospice and specialist palliative care services, in order to inform service management, development, commissioning and planning. This report provides a national overview of services in England, Northern Ireland and Wales; data on inpatients and outpatients, including their ethnicity as well as diagnoses; and data on day care, community services, hospital support, and bereavement support. The data are variously presented as tables or charts, accompanied by annotations. The findings are based on an overall response rate of 66% (328 services) to a questionnaire sent to all services providing palliative care in England, Northern Ireland and Wales. (RH)

Price: £25.00 (free to NCPC subscribers)

From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. E-mail: enquiries@ncpc.org.uk Website: www.ncpc.org.uk

Older adults' health and late-life drinking patterns: a 20-year perspective; by Rudolf H Moos, Penny L Brennan, Kathleen K Schutte (et al.): Taylor & Francis, January 2010, pp 33-43.

Aging & Mental Health, vol 14, no 1, January 2010, pp 33-43.

This US study focused on the associations between older adults' health-related problems and their late-life alcohol consumption and drinking problems. A sample of 719 late-middle-aged community residents (55-65 years old at baseline) participated in a survey of health and alcohol consumption, and this survey was followed 10 years and 20 years later. Health-related problems increased and alcohol consumption and drinking problems declined over the 20-year interval. Medical conditions, depressive symptoms, medication use, and acute health events were associated with a higher likelihood of abstinence; acute health events were also associated with less alcohol consumption. In contrast, reliance on alcohol to reduce pain was linked to more alcohol consumption. Moreover, an individual's overall health burden and reliance on alcohol to reduce pain were associated with more drinking problems. Reliance on alcohol to reduce pain potentiated the association between health burden, alcohol consumption and drinking problems. Older adults who have more health problems and rely on alcohol to manage pain are at elevated risk for drinking problems. Health care providers should target high-risk older adults, such as those who drink to reduce pain, for screening and brief interventions to help them identify new ways to cope with pain and curtail their drinking. (KJ/RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

A protocol for determining differences in consistency and depth of palliative care service provision across community sites; by Nadine Schuurman, Valerie A Crooks, Ofer Amram.

Health and Social Care in the Community, vol 18, no 5, September 2010, pp 537-548.

Numerous accounts document the difficulty in obtaining accurate data regarding the extent and composition of palliative care services. Compounding the problem is the lack of standardisation regarding categorisation and reporting across jurisdictions. In this study, the authors gathered both quantitative and spatial (or geographical) data to develop a composite picture that captures the extent, composition and depth of palliative care in the Canadian province of British Columbia (BC). The province is intensely urban in the southwest, and is rural or remote in most of the remainder. They conducted a detailed telephone survey of all palliative care home care teams and facilities hosting designated beds in BC. They used geographic information systems to geocode locations of all hospice and hospital facilities. In-home care data was obtained individually from each of five BC regional health authorities. In addition, they purchased accurate road travel time data to determine service areas around palliative facilities and to determine populations outside a 1-hour travel time to a facility. With this data, they were able to calculate three critical metrics: (i) the population served within 1 hour of palliative care facilities - and more critically those not served; (ii) a matrix that determines access to in-home palliative care measured by both diversity of professionals as well as population served per palliative team member; and (iii) a ranking of palliative care services across the province based on physical accessibility as well as the extent of in-home care. In combination, these metrics provide the basis for identifying areas of vulnerability with respect to not meeting potential palliative care need. In addition, the ranking provides a basis for rural/urban comparisons. Finally, the protocol introduced can be used in other areas and provides a means of comparing palliative care service provision amongst multiple jurisdictions. (KJ/RH)

ISSN: 09660410

From : <http://www.ingentaconnect.com/content/bsc/hsc> DOI: 10.1111/j.1365-2524.2010.00933.x

The quality of death: ranking end-of-life care across the world: a report from the Economist Intelligence Unit; commissioned by LIEN Foundation; by Sarah Murray, Economist Intelligence Unit - EIU. London: Economist Intelligence Unit, 2010, 39 pp.

The Lien Foundation, a philanthropic organisation in Singapore commissioned the Economist Intelligence Unit (EIU) to devise a "Quality of Death" Index to rank 40 countries according to their provision of end-of-life care. This report outlines the index methodology, overall rankings, and what constitutes a high or low quality of death. The report examines the cultural issues (e.g. attitudes to death and dying) and the economics (i.e. funding models) of end-of-life care. It covers policy issues in end-of-life care: the extent to which governments recognise the importance of palliative care; integration of care into mainstream services; and building capacity for home-based care. While the report finds that the UK leads the world in quality of death, the UK performs less well on indicators such as the basic end-of-life healthcare environment, cost of care and availability of pain killers (morphine and morphine equivalents). The author also conducted interviews with more than 20 experts worldwide - including palliative care specialists, physicians, healthcare economists and sociologists - to review

existing research. A detailed examination of the Index findings and country scores is also available (see website www.qualityofdeath.org). (RH)

From : Download: http://www.gla.ac.uk/media/media_163283_en.pdf

2009

Association of bone and joint diseases with health-related quality of life among older people: a population-based cross-sectional study in rural Bangladesh; by Akm Masud Rana, Ake Wahlin, Peter Kim Streatfield (et al).

Ageing and Society, vol 29, part 5, July 2009, pp 727-743.

The cross-sectional association between bone and joint diseases with health-related quality of life (HRQoL) among 850 randomly sampled people aged 60+ in a rural area of Bangladesh was examined. Information about arthritis, back and joint pain was collected through self-reports and two physicians' assessment at a health centre. HRQoL was measured using a multidimensional generic instrument designed for older people that has questions on the construct's physical, psychological, social, economic, spiritual and environmental dimensions. Bivariate analyses showed that the most negative effects of bone and joint diseases were on the physical and psychological dimensions. Hierarchical linear regression analyses revealed that joint pain, whether doctor-diagnosed or self-reported, and self-reported back pain were all associated with lower HRQoL scores and accounted for almost 20% of the variation adjusted for age, sex, education, marital status, household size, income, expenditure and occupation. The analyses further revealed that women with self-reported back pain had significantly lower psychological, environmental and overall scores than equivalent men, while self-reported joint pain was associated with significantly lower scores only for the environmental dimension. The strong association of bone and joint diseases with HRQoL underscores the importance of regarding these illnesses as public health problems. (RH)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/aso>

Benchmarking analysis: needs resourcing, outputs and outcomes of palliative and end of life care; by Peter Tebbit, National Council for Palliative Care - NCPCC. London: National Council for Palliative Care, November 2009, 26 pp.

The 'End of life care strategy' published by the Department of Health (DH) in 2008 sets out the information that should be readily available on end of life care, on which the National Council for Palliative Care (NCPCC) contributes this document. The starting point for benchmarking is the Index of Differential Population Need for Strategic Health Authority (SHA) and PCT populations published in 'Population-based needs assessment for palliative and end of life care: a compendium of data for strategic health authorities and primary care trusts' (2008). 'Benchmarking analysis' aims to fill gaps in the 'End of life care strategy' by presenting headline data on institutional care and the financial resources available at SHA level. Source data is presented on: indices of comparative palliative and end of care need; specialist palliative care bed provision and its use; care home capacity; numbers of deaths and place of occurrence; and expenditure on specialist palliative care services by NHS and voluntary services. Each table is accompanied by explanatory notes, comments on interpretation of each index, and commentary on the variation in need between areas. (RH)

Price: £10.00 (free to NCPCC subscribers)

From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. E-mail: enquiries@ncpc.org.uk Website: www.ncpc.org.uk

Better care every step of the way: report on the quality of palliative and end of life care in care homes for adults and older people; by Scottish Commission for the Regulation of Care (Care Commission). Dundee: The Care Commission, April 2009, 28 pp (Ref: IHD/006/0109).

A national action plan, 'Living and dying well' (Scottish Government, 2008), sets out a plan for delivery of high quality palliative and end of life care for everyone who needs it across all care settings in Scotland. This report aims to raise awareness of the need for such care in all care homes. Inspections showed that 587 (57%) of the care homes in the sample understood the importance of this; and this report includes examples of good practice. However, a sizeable minority of care homes fell short on aspects of best practice in respect of recognising need and in providing training around sensitive issues surrounding death and dying. The report also includes what was learned from complaints about palliative and end of life care, and makes recommendations about such provision. (RH)

From : Download

(16/6/09):http://www.carecommission.com/images/stories/documents/publications/reviewsofqualitycare/better_care_every_step_of_the_way_-_april_2009.pdf

Dying in public: the nature of dying in an acute hospital setting; by Davina Porock, Kristian Pollock, Fiona Jurgens.: The Haworth Press, Inc., 2009, pp 10-28.

Journal of Housing for the Elderly, vol 23, nos 1-2, 2009, pp 10-28.

Despite the assumption that the home is the preferred place of death, most people will die in institutional care, specifically in acute hospital wards. Inevitably, this relatively public setting puts the privacy and dignity of the dying patient and grieving visitors at considerable risk. This study used observation of practice and staff interviews to describe the process of recognizing, communicating and managing dying on an acute medical gerontology ward in a large teaching hospital in the United Kingdom. The particularly public nature of hospitals in the United Kingdom is critically examined in the light of privacy as a fundamental component of maintaining dignity and the "good death". (KJ/RH)

ISSN: 02763893

From : <http://www.tandfonline.com>

Lay appraisal of cognitive impairment symptoms and related prevention beliefs in a community-dwelling sample of midlife and older adults; by Dean D VonDras.

Journal of Applied Gerontology, vol 28, no 3, June 2009, pp 342-368.

This study explores how age and health-related quality of life (HRQoL) may be related to the identification and appraisal of cognitive impairment symptoms as well as associated prevention beliefs. Participants were 140 community-dwelling adults ranging in age from 49 to 90 years who completed a survey containing a vignette about an adult with cognitive impairment symptoms and questions about the illness symptoms, prevention beliefs, and HRQoL. Identification of symptoms as Alzheimer's disease or dementia was reported by 83% of respondents. Correlational analyses suggested age and education to be associated with perceived significance of symptoms as well as the recommendation to seek medical care. Multiple regression modelling indicated interactive effects that suggest advancing age and poor HRQoL may be associated with greater delay in seeking care for cognitive impairment symptoms and unrealistic optimism regarding prevention outcomes. Educational interventions to bolster the individuals' and caregivers' knowledge of Alzheimer's disease are discussed. (KJ/RH)

ISSN: 07334648

From : <http://jag.sagepub.com>

Lifestyle interventions for knee pain in overweight and obese adults aged 45 or over: economic evaluation of randomised controlled trial; by Garry R Barton, Tracey H Sach, Claire Jenkinson (et al).

British Medical Journal, vol 339, no 7721, 12 September 2009, pp 610-612.

The cost-effectiveness of four different lifestyle interventions for knee pain were estimated, using cost utility analysis of randomised controlled trial. Participants were 389 adults aged 45+ with self-reported knee pain and body mass index (BMI) of 28 or more from 7 UK general practices. The four interventions used were: dietary intervention plus quadriceps strengthening exercises; dietary intervention; quadriceps strengthening exercises; and leaflet provision. Participants received home visits over a 2-year period. Advice leaflets were associated with a mean change in cost of -£31 and mean quality adjusted life year (QALY) gain of 0.085. Both strengthening exercises and dietary interventions were more effective (0.890 and 0.133 mean QALY gain, respectively) but were less cost effective. Dietary intervention plus strengthening exercises had a mean cost of £647 and a mean QALY gain of 0.147 and was estimated to have an incremental cost of £19,489 per QALY gain (relative to leaflet provision) and a 23.1% probability of being cost effective at a £20,000 QALY threshold. Dietary intervention plus strengthening exercises was estimated to be cost effective for individuals with knee pain, but with a large level of uncertainty. (RH)

ISSN: 09598138

From : www.bmj.com

Minimum data sets for palliative care: 2007/08 project update; by National Council for Palliative Care - NCPC. London: National Council for Palliative Care - NCPC, 2009, 7 pp.

In 1995, the NCPC in collaboration with the Department of Health (DH) developed a minimum data set (MDS) for palliative care. This bulletin updates the review work undertaken so far, which has led to a revision of the questionnaires used to produce the MDS (which can be found on the NCPC website). The bulletin includes the findings from the 2007-8 National Data Collection and gives comparisons with previous years. The findings relate to data received from inpatient units, day care units, home care services, hospital support services, and out-patient services in response to a questionnaire (78% overall response rate). A fuller report is available from the NCPC, and available for subscribers to download in the Online Library (at www.ncpc.org.uk). (RH)

Price: £7.00

From : NCPC, The Fitzpatrick Building, 188-194 York Way, London N7 9AS.<http://www.ncpc.org.uk>

Observing body position of older adults while gardening for health benefits and risks; by Sin-Ae Park, Candice A Shoemaker.

Activities, Adaptation & Aging, vol 33, no 1, 2009, pp 31-38.

Gardening is a moderate intensity physical activity for older adults. Health benefits are possible, however body positions whilst gardening, such as stooping, kneeling and squatting may be uncomfortable. The purpose of this study was to characterize both the type of gardening tasks done by older adults and their body positions while performing the tasks, so that safe and effective gardening programmes for older adults could be designed. In this study, 14 older gardeners in Manhattan, Kansas were observed on two separate occasions, and the types of gardening tasks and body positions used during gardening were recorded. Bodily pain during gardening by the older gardeners was self-reported. Seventeen different garden tasks were observed. While conducting these tasks, six body positions were used by 90% of the subjects: gripping, bending, walking, lifting, stretching and standing. Ten different bodily pains were reported with lower back pain reported the most of all. These results show that older gardeners use body positions during gardening that can provide both health benefits and risks. Biomechanical characterization of gardening through kinematics and kinetics is needed. (KJ/RH)

ISSN: 01924788

From : <http://www.tandfonline.com>

Out of the shadows: end of life care for people with dementia; by Lucy Sutton, Emily Sam, Karen Harrison Denning (et al), National Council for Palliative Care - NCPC; for dementia. London: National Council for Palliative Care - NCPC, 2009, 43 pp.

The National Council for Palliative Care (NCPC) was given funding by Lloyds TSB Foundation for the 2-year Palliative Care and Dementia project, and this publication is the culmination of that work. It brings together current understanding of the issues and challenges, and is informed by the needs of people with dementia and their carers, not only for advance care planning and the assessment and management of symptoms, but also with regard to distress, hydration, nutrition, spiritual needs, and caring for carers. The key findings are mapped against the nationally recommended pathway from the End of life care strategy in England (EoLCS). The importance of partnership working is highlighted by the inclusion of local practice examples and case studies, with contributions from general practitioners (GPs) and specialist researchers, as well as from the Dementia Working Group (DWG). There remains a lack of understanding of dementia and the end of life, and NCPC recommends that national policies must join up end of life care and dementia to ensure that local service development does not leave people with dementia caught between two strands of care. (The National Dementia Strategy was about to be published). (RH)

Price: £20.00 (free to subscribers)

From : NCPC, The Fitzpatrick Building, 188-194 York Way, London N7 9AS.<http://www.ncpc.org.uk>

Palliative and end of life care for older people: (Best Practice Guide 4.8 reviewed February 2009); by E Burns, BGS Policy Committee, British Geriatrics Society - BGS. London: British Geriatrics Society - BGS, February 2009, unnumbered.

The National End of Life Care Strategy for England was published in 2008, and similar initiatives are being produced by Scotland, Wales and Northern Ireland. This Best Practice Guide suggests improved education, improved communication with the palliative care team, and an integrated care pathway as most important in such a strategy. It defines palliative, terminal and specialist palliative care. It lists those issues in end of life care of older people on which research studies have identified inadequacies. It considers elements that are important to a good death, noting the appendix which lists the 12 principles of a good death as identified by Age Concern, as well as legal and ethical aspects of end of life care, also the role of the geriatrician. (RH)

From : Download document (6/5/09): http://www.bgs.org.uk/Publications/Compendium/compend_4-8.htm

Palliative and end-of-life care in correctional settings; by John F Linder, Frederick J Meyers. Binghamton, NY: Haworth Social Work Practice Press, 2009, pp 7-33.

Journal of Social Work in End-of-life & Palliative Care, vol 5, nos 1-2, 2009, pp 7-33.

The prison population in the United States has grown fivefold in the last 27 years. Like the general population, the inmate population is ageing. With age comes infirmity, disability, and chronic conditions that may, over the course of years or decades, lead to death. Inmates enter the prison system in poorer health than their age-matched free counterparts. A growing number of inmates will die in prison. A few will receive medical or compassionate release in order to die "outside the walls." Whether inside or outside, these dying men and women are entitled to receive high quality health care, including palliative care. Dying inmates face many of the same issues as the terminally ill in free society. However, death behind bars also poses some unique challenges to the dying, their prison family, their biological family, their caregivers and health care providers, custody staff, prison administration, and society as a whole. Social workers can play an important role in the care of these individuals and the people they are connected to both in prison and beyond its confines. This article provides

important background for understanding the unique and the ubiquitous aspects of dying inmates. It offers direction to social work professionals in serving these inmates, their loved ones, their custodians, and the larger society. (KJ/RH)

ISSN: 15524256

From : <http://www.tandfonline.com>

Palliative care training; by Catriona Curry, Heather Middleton, Bob Brown.

Nursing Older People, vol 21, no 9, November 2009, pp 18-23.

Practice development has proved effective in changing culture and practice in end-of-life care in two Northern Ireland nursing homes. The authors discuss a project that explored and resolved the palliative care education needs of staff. The practice development framework has enhanced the provision of palliative care to residents in both homes, and provided ongoing training and awareness sessions for staff. (RH)

ISSN: 14720795

From : <http://www.nursingolderpeople.co.uk>

Perceptions of physical activity by older adults: a qualitative study; by Jonine M Jancey, Ann Clarke, Peter Howat (et al).

Health Education Journal, vol 68, no 3, September 2009, pp 196-206.

This qualitative study set out to identify issues and perceptions concerning physical activity in older adults. Sixteen adults aged 65 to 74 years were interviewed in their own homes in Perth, Australia using a semi-structured interview schedule. Data were analysed using a descriptive qualitative methodology. Participants believed that physical activity provided health benefits and reflected positively on physical activity experiences when they were younger, with many expressing a desire to engage in less age-appropriate activities. The major barrier to physical activity was pain. Participants described both positive and negative examples related to society's support of physical activity. A number of issues were raised. These included: the need for more specific information on the benefits of physical activity; the role of pain management in physical activity; the concept that involvement in physical activity in younger years leads to involvement when older; and the expressed desire of older people to engage in less age-appropriate physical activities. (KJ/RH)

ISSN: 00178969

From : <http://www.sagepublications.com>

Places for palliative care; by Debra Parker Oliver, Benyamin Schwarz (et al): The Haworth Press, Inc., 2009, 129 pp (whole issue).

Journal of Housing for the Elderly, vol 23, nos 1-2, 2009, 129 pp (whole issue).

This special issue of Journal of Housing for the Elderly explores some places in which hospice and palliative care is provided in the US and the UK, also what constitutes a "good death". These "places" for palliative care range from the situations of older homeless people and the public nature of acute hospital settings, to assisted living, houses with modified interiors, "smart homes", and generally making provision in the home environment. (RH)

ISSN: 02763893

From : <http://www.tandfonline.com>

The power of partnership: palliative care in dementia; by Lynn Gibson, Julian Hughes, Alice Jordan (et al), National Council for Palliative Care - NCPC; for dementia; Alzheimer's Society. London: National Council for Palliative Care - NCPC, December 2009, 35 pp.

This discussion document strongly endorses a partnership between dementia care and palliative care services as a means of improving the care of people with dementia at the end of life. It considers: the progressive nature of dementia and its impact on cognition; the challenges of advanced dementia such as advance care planning and identifying the time of transition towards more palliation; and helping people with dementia and their families. It describes four examples of partnerships between palliative care and dementia. The aim is to stimulate further discussion amongst all health and social care staff involved with the person with dementia and carers, and to highlight gaps in knowledge and the need for education in both palliative and dementia care services, such that as many questions are asked as are answered. (RH)

Price: £15 (free to subscribers)

From : NCPC, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. <http://www.ncpc.org.uk>

Recognition and management of pain in patients with dementia; by Jolyne O'Hare, Clare White, Peter Passmore (et al).

GM (Geriatric Medicine), vol 39, no 4, April 2009, pp 227-232.

The risk of developing dementia rises exponentially with age and about a third of people will die with dementia. Palliative care is appropriate for many patients. Cognitive function may alter patients' perception of pain, and communication difficulties can lead to under-recognition and undertreatment. In such patients, use of observational scales for assessing pain is recommended. Appropriate pain control can help to improve the holistic management of patients with dementia. (KJ/RH)

ISSN: 0268201X

From : <http://www.gerimed.co.uk>

Resilience and vulnerability to chronic pain: conceptual and methodological issues; by Anthony D Ong, M Carrington Reid, Elaine Wethington (et al).

Signpost, vol 13, no 3, February 2009, pp 24-25.

How do older people in general and those with dementia in particular qualitatively experience, accurately report, and adapt to chronic pain? Researchers into resilience aim to identify vulnerability and protective factors that might modify negative effects. This article presents a short review of the evidence. (RH)

ISSN: 13684345

From : <http://www.signpostjournal.org.uk>

Transforming research into action: a European Parliament report on palliative care; by Jose M Martin-Moreno, Megan Harris, Lydia Gorgojo (et al).: European Observatory on Health Systems and Policies, 2009, pp 23-25.

Eurohealth, vol 15, no 2, 2009, pp 23-25.

The authors of a European Parliament report on palliative care summarise the process of the five-month investigation, as well as the real and potential results of the study. Engaging a large number of national and international stakeholders, including ministries of health, national palliative care associations and the European Association for Palliative Care (EAPC), the authors were able to draw on a well of previous research and diverse experiences before formulating operative policy options for the European Union (EU) and its Member States. While the report itself fomented some self-examination in the countries studied, its full exploitation by palliative care advocates is still pending. (KJ/RH)

ISSN: 13561030

From : <http://www2.lse.ac.uk/LSEHealthAndSocialCare/LSEHealth/Home.aspxeurohealth@lse.ac.uk>

2008

Advice to use topical or oral ibuprofen for chronic knee pain in older people: randomised controlled trial and patient preference study; by Martin Underwood, Deborah Ashby, Pamela Cross (et al).

British Medical Journal, vol 336 no 7636, 19 January 2008, pp 138-142.

Participants were people aged 50+ with knee pain: 282 in randomised trial and 303 in preference study, who were advised to use either topical or oral ibuprofen for chronic knee pain. Changes in WOMAC (Western Ontario McMaster Universities) osteoarthritis index scores at 12 months were equivalent; and there were no differences in major adverse effects in the trial or study. The only significant differences in secondary outcomes were in the randomised trial: the oral group had more respiratory adverse effects (17% vs 7%), and more participants changed treatments because of adverse effects. In the topical group, more participants had chronic pain grade III or IV at 3 months, and more participants changed treatment because of ineffectiveness. Advice to use oral or topical preparations had an equivalent effect on knee pain over one year, and there are more minor side effects with oral non-steroidal anti-inflammatory drugs (NSAIDs). Topical NSAIDs may be a useful alternative to oral NSAIDs. (RH)

ISSN: 09598138

From : <http://www.bmj.com>

Assessing pain: [use of national guideline, The Assessment of Pain in Older People]; by Pat Schofield, Robert Short.

Nursing Older People, vol 20, no 4, May 2008, pp 16-18.

The Royal College of Physicians (RCP), the British Geriatric Society (BGS) and the British Pain Society have published national guidelines, 'The assessment of pain in older people' (2007). Pat Schofield, a member of the Guideline Development Group, calls on nurses to use the guidelines when evaluating pain. The guidelines not only help in assessing pain in older people who are able to communicate with their carers, but are also suitable for use with those who have cognitive impairment, communication difficulties, or language and cultural barriers. Guidelines for the management of pain in older people are to be published by 2010. (RH)

ISSN: 14720795

From : <http://www.nursingolderpeople.co.uk>

Capacity to care: a data analysis and discussion of the capacity and function of care homes as providers of end of life care; by Peter Tebbit, National Council for Palliative Care - NCPC. London: National Council for Palliative Care, June 2008, 11 pp.

The contribution of care homes to end of life care continues to be the subject of review within the development by the Department of Health (DH) of a national end of life strategy. This short paper presents publicly available data illustrating whether current provision of care homes with nursing is sufficient to meet local needs, and the consequences of inadequate levels of provision. (RH)

Price: £25.00

From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. E-mail: enquiries@ncpc.org.uk Website: www.ncpc.org.uk

Caregiving in the presence of chronic pain; by Fiona M Blyth, Robert G Cumming, Alan J M Brnabic (et al). Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 63A, no 4, April 2008, pp 399-407.

Chronic pain sufferers and caregivers share the risk of higher levels of psychological distress and adverse effects on well-being. This study examined the joint impact of chronic pain and primary caregiving on older people. Data came from the New South Wales Older People's Health Survey (NSW OPHS) 1999, a state-wide general health survey of over 9000 NSW residents 65 years old or older. Using survey logistic regression modelling, it examined the relationship between chronic pain with different levels of disability, caregiving status, self-reported physical functioning, and two dependent variables: poor or fair self-rated health, and psychological distress. Caregivers with chronic pain reported more psychological distress and poorer self-rated health than caregivers without pain, when both were compared to non-caregivers without pain (age-adjusted and sex-adjusted odds ratios [ORs] for caregivers with pain were 3.4 and 2.8, respectively, both $p < .001$). Caregivers with pain and non-caregivers with pain had similar patterns of results. Physical function significantly declined for both caregivers and non-caregivers with pain when compared with non-caregivers without pain. (KJ/RH) Conclusions. Older people coping with caregiving and chronic pain are a potentially vulnerable group. Chronic pain status should be ascertained in older people who are caregivers, with particular attention to the issue of caregiver psychological distress and physical well-being.

ISSN: 10795006

From : <http://www.geron.org>

Creative partnerships: improving quality of life at the end of life for people with dementia: a compendium; by Alison Blight, Lucy Sutton, National Council for Palliative Care - NCPC. London: National Council for Palliative Care - NCPC, 2008, 59 pp.

The National Council for Palliative Care (NCPC) has been given funding by Lloyds TSB Foundation for a 2-year project. This is NCPC's third publication on dementia, and follows on from "Exploring palliative care for people with dementia" (2006) and "Progress with dementia: moving forward: addressing palliative care for people with dementia" (2007). It outlines the national context and highlights why the project is timely and relevant to developments in palliative and end of life care for people with dementia and their carers. It includes an evaluation tool developed by NCPC which incorporates key elements of palliative and end of life care. Also included are local practice examples and case studies; and perspectives from different partners, from general practitioners (GPs) to specialist researchers. (RH)

Price: £25.00

From : NCPC, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. <http://www.ncpc.org.uk>

End of life care for older people with dementia living in a care home; by Catherine Evans, Claire Goodman.

Journal of Integrated Care, vol 16, issue 6, 2008, pp 15-25.

The second in a new series about mental health in old age, this article reviews policies and research evidence on services for people with dementia at the end of their lives, and looks at future commissioning priorities. The article draws on background work for the EVIDEM programme (Evidence-based Interventions in Dementia; website, www.evidem.org.uk) funded by the Department of Health (DH). (KJ/RH)

ISSN: 14769018

From : <http://www.pavpub.com>

Exploring non-medical prescribing in palliative care; by Lucy Sutton, Ross Carroll, National Council for Palliative Care - NCPC; Help the Hospices. London: National Council for Palliative Care, March 2008, 17 pp.

Non-medical prescribing (NMP) relates to any prescribing that is undertaken by a health care professional who is not a doctor or dentist. A survey by the National Council for Palliative Care (NCPC) assessing issues around NMP in palliative care has prompted further investigation by NCPC. This publication outlines the survey results and the issues affecting NMP and specialist palliative care, for example: training and support; mentorship; access to records; and medical reluctance. The benefits of introducing NMP are summarised, and some local and national recommendations are made. (RH)

Price: £15.00

From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. E-mail: enquiries@ncpc.org.uk Website: www.ncpc.org.uk

Influences on older people's decision making regarding choice of topical or oral NSAIDs for knee pain: qualitative study; by Dawn Carnes, Yasir Anwer, Martin Underwood (et al).

British Medical Journal, vol 336 no 7636, 19 January 2008, pp 142-145.

As part of a randomised controlled trial and patient preference study comparing advice to use oral or topical oral non-steroidal anti-inflammatory drugs (NSAIDs) for knee pain, 30 people aged 50+ with knee pain at one general practice participated in this qualitative study. Participants' decision-making was influenced by their perceptions of the associated risk of adverse effects, presence of other illnesses, nature of their pain, advice received, and practicality. Although participants' understanding of how medication worked was sometimes poor, their decision making about the use of NSAIDs seemed logical and appropriate. Participants' models for treatment was to use topical NSAIDs for mild, local and transient pain, and oral NSAIDs for moderate to severe, generalised and constant pain (in the absence of other more serious illness or risk of adverse effects). Participants showed marked tolerance and normalisation of adverse effects. Participants had clear ideas about the appropriate use of oral and topical NSAIDs. Taking such views into account when prescribing may improve adherence, judgment of efficacy, and the doctor-patient relationship. Tolerance and normalisation of adverse effects in these patients indicate that closer monitoring of older people who use NSAIDs might be needed. (RH)

ISSN: 09598138

From : <http://www.bmj.com>

Listening: a psychosocial intervention in an end-of-life case of trauma and emotion in the "space" of a residential care facility; by Matra Robertson. Binghamton, NY: Haworth Social Work Practice Press, 2008, pp 214-228.

Journal of Social Work in End-of-life & Palliative Care, vol 4, no 3, 2008, pp 214-228.

Interviewing and listening are important social work skills with which to address psychosocial concerns in end-of-life health care. This article examines the context of social work practice in end-of-life care through a single case study, drawn from social work palliative health care practice, which integrates both clinical /psychological and social theory understandings/insights for the social worker. For individuals at the end of life who experience hopelessness, post-traumatic stress disorder and suicidal thoughts, psychosocial factors of their health care and even the arrangement of their living spaces in the hospice or residential care facility environment may contribute to their anxiety. The need for social workers in palliative health care to recognize the delicate nature of the relationship between hope, place, and trauma is emphasized in order to inform the provision of social work care for dying patients whom social workers seek to serve. (KJ/RH)

ISSN: 15524256

From : <http://www.tandfonline.com>

Pain in older people: reflections and experiences from an older person's perspective; by Arun Kumar, Nick Allcock, Help the Aged; University of Nottingham; British Pain Society. London: Help the Aged, 2008, 41 pp.

Help the Aged found in a previous literature review that pain was one of nine issues to be dealt with, if older people using health and social care services are to be treated with dignity. In Part I of this publication, articles by six older people describe their thoughts and experiences of suffering pain regularly in older age. Part II is a summary of key literature and policy, highlighting the fundamental messages from research, and the lessons learned for assessing and managing pain. The authors wish to see four main points established. First, pain is not a normal part of ageing. Second, ageist and discriminatory attitudes toward older people in pain must be challenged and ended. Third, attention should be focused on identifying the physical, psychological and social risk factors relating to persistent pain in old age. Lastly, the impact that pain has on older people's quality of life and dignity must be recognised. Accordingly, recommendations are made for government and policy-makers, regulatory and professional bodies, and the NHS and social care agencies. It suggests areas where further research is required. (RH)

From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. E-mail: info@helptheaged.org.uk
Website: www.helptheaged.org.uk

Palliative healthcare: cost reduction and quality enhancement using end-of-life survey methodology; by Christopher Edward Falls.: The Haworth Press, Inc., 2008, pp 53-76.

Journal of Gerontological Social Work, vol 51, issue 1/2, 2008, pp 53-76.

American medical institutions throughout the 20th century prescribed high customer satisfaction, but when it came to death, largely ignored it. An accelerated accumulation of esoteric medical information and the application of this knowledge to affect new cures and longer lives instilled an unquestioning reverence for the medical community among the patient population. Diminishing marginal gains in life expectancy, escalating costs related to life sustaining technologies, and a psychographic shift in the dominant consumer base have challenged this traditional reverence. Armed with unprecedented access to medical information, a more knowledgeable and assertive patient population has emerged in the 21st century to institute its own standards of what constitutes quality health care. In terms of end of life care, this has meant recognition that the emotional needs of the dying have been largely underserved by the current American medical model. Patients and their families are no longer willing to accept the traditional medical perspective of death as failure and have numerous international palliative care models that serve as benchmarks of success when it comes to quality of dying. When cure is a possibility, Americans will pursue it at all costs, but when it is not a possibility, they want honest communication and the opportunity to say good-bye to their loved ones. In the context of these emergent needs, life review is offered as a solution. The value proposition targets not only dying patients and their families, but also society as a whole. (KJ/RH)

ISSN: 01634372

From : <http://www.tandfonline.com>

The PINC programme: a report on the implementation of a programme to improve neurological palliative care at the end of life; by Judi Byrne, Pam McClinton. London

Journal of Care Services Management, vol 2, no 3, April-June 2008, pp 258-262.

This paper shows how the end of life care needs of people with neurological conditions have been identified and addressed by the Sue Ryder Care Palliative Initiatives in Neurological Care (PINC) programme. It also reports on implementation of end-of-life care tools: the Gold Standard Framework in Care Homes GSFCH); Preferred priorities of care (PPC); and the Care of the dying pathway (LCP). These enable specialists in palliative care and expert providers of neurological care to come together to offer comprehensive neurological palliative care at the end of life. (RH)

ISSN: 17501679

From : <http://www.henrystewart.com>

Population-based needs assessment for palliative and end of life care: a compendium of data for strategic health authorities and primary care trusts; by Peter Tebbit, National Council for Palliative Care - NCPC. [2nd ed] London: National Council for Palliative Care, May 2008, 50 pp.

This compendium comprises tables of comparative end of life care needs for primary care trusts (PCTs), cancer networks and strategic health authorities (SHAs). It presents data from four sources: mortality statistics from the Health and Social Care Information Centre's Compendium of clinical health indicators; mid-2005 population estimates for local authorities (Office for National Statistics - ONS); the Index of Multiple Deprivation (MD2004); and the Department of Health (DH) published description of the 152 PCTs and 10 SHAs. Each table is accompanied by explanatory notes, comments on interpretation of each index, and commentary on the variation in need between areas. (RH)

Price: £25.00

From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. E-mail: enquiries@ncpc.org.uk Website: www.ncpc.org.uk

Racial disparities in receipt of hip and knee joint replacements are not explained by need: the Health and Retirement Study 1998-2004; by Nicholas Steel, Allan Clark, Iain A Lang (et al).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 63A, no 6, June 2008, pp 629-634.

Data from the US Health and Retirement Study (HRS) were used to assess need for hip or knee joint replacement in a total of 14,807 adults aged 60+ in 1998, 2000, and 2002 and receipt of needed surgery 2 years later. "Need" classification was based on difficulty walking, joint pain, stiffness, or swelling and receipt of treatment for arthritis, without contraindications to surgery. Need in 2002 was greater in participants who were older than 74 years (vs 60-64: adjusted odds ratio 2.06; 95% confidence interval, 1.68-2.53), women (vs men: 1.81; 1.53-2.14), less educated (vs college educated: 1.27; 1.06-1.52), in the poorest third (vs richest: 2.20; 1.78-

2.72), or obese (vs non-obese: 2.39; 2.02-2.81). 168 participants in need received a joint replacement, with lower receipt in black or African American participants (vs white: 0.47; 0.26-0.83) or less educated (vs college educated: 0.65; 0.44-0.96). These differences were not explained by current employment, access to medical care, family responsibilities, disability, living alone, comorbidity, or exclusion of those younger than Medicare eligibility age. After taking variations in need into consideration, being black or African American or lacking a college education appears to be a barrier to receiving surgery, whereas age, sex, relative poverty, and obesity do not. These disparities maintain disproportionately high levels of pain and disability in disadvantaged groups. (KJ/RH)

ISSN: 10795006

From : <http://www.geron.org>

Suffering, loneliness, and the euthanasia choice: an explorative study; by Berna van Baarsen. Binghamton, NY: Haworth Social Work Practice Press, 2008, pp 189-213.

Journal of Social Work in End-of-life & Palliative Care, vol 4, no 3, 2008, pp 189-213.

The present study discusses the dilemma of how to interpret the hopeless and unbearable suffering of others, particularly regarding physician-assisted death (PAD) in the Netherlands. Respondents who were very likely to request euthanasia were included (N = 175). Research questions were: What can we say about the relationship between somatic suffering and emotional suffering? and How does loneliness and suffering relate to each other? Questions regarding (chronic) disease, loneliness, and somatic and emotional pain were included. Results showed that, first, judgments about pain seemed highly dependent on the type and level of pain that had been experienced. Second, emotional loneliness appeared to be a strong cause of emotional pain, also in terms of hopelessness and "unbearableness." The findings are discussed in the light of the present social debate on PAD and palliative and end-of-life care decisions. (KJ/RH)

ISSN: 15524256

From : <http://www.tandfonline.com>

Trauma and post-traumatic stress symptoms in former German child soldiers of World War II; by Philipp Kuwert, Carsten Spitzer, Jenny Rosenthal (et al).

International Psychogeriatrics, vol 20, no 5, October 2008, pp 1014-1018.

The amount of trauma impact and significant post-traumatic stress symptoms - which can indicate a possible post-traumatic stress disorder (PTSD) - was determined in a sample of former German child soldiers of World War II. 103 participants were recruited through the press, and were administered the Post-traumatic Diagnostic Scale (PDS). Subjects reported a high degree of trauma exposure, with 4.9% reporting significant post-traumatic stress symptoms after WWII, and 1.9% reporting that these symptoms persist in the present. In line with other studies on child soldiers in actual conflict settings, the data document a high degree of trauma exposure during war. Surprisingly, the prevalence of significant post-traumatic stress symptoms indicating a possible PTSD was low compared to other groups of ageing, long-term survivors of war trauma. Despite some limitations, the data highlight the needs for further studies to identify resilience and coping factors in traumatised child soldiers. (RH)

ISSN: 10416102

2007

Co-occurrence of chronic physical pain and psychiatric morbidity in a community sample of older people; by Sergio Luis Blay, Sergio Baxter Andreoli, Michael E Dewey (et al).

International Journal of Geriatric Psychiatry, vol 22, no 9, September 2007, pp 902-908.

The association of psychiatric morbidity and painful physical conditions was examined in a random sample of 7040 household residents aged 60+ in Rio Grande do Sul state, Brazil. The overall prevalence of pain conditions was 76%. Age-sex specific prevalence of chronic pain conditions such as back pain, joint, abdominal, chest, headaches reported by respondents ranged from 11.6% up to 51.1%. In logistic regress models, chest pain, head pain, back pain, joint pain and abdominal pain emerged as predictors of psychiatric morbidity. The odds of psychiatric morbidity were also affected by income, ethnicity, origin (rural or urban), and marital status. The association of chronic painful condition and psychiatric morbidity in late life was statistically strong in this surveyed population. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

Death denial: obstacle or instrument for palliative care?: an analysis of clinical literature; by Camilla Zimmermann.

Sociology of Health & Illness, vol 29, no 2, March 2007, pp 297-314.

As a society and as individuals, we have come to recognise ourselves as 'death-denying', a self-characterisation particularly prominent in palliative care discourse and practice. As part of a larger project examining death attitudes in the palliative care setting, a Medline search (1071 to 2001) was performed combining the text words 'deny' and 'denial' with the subject headings 'terminal care', 'palliative care' and 'hospice care'. The 30 articles were analysed using a constant comparison technique, and emerging themes regarding the meaning and usage of the words deny and denial were identified. This paper examines the theme of denial as an obstacle in palliative care. In the articles, denial was described as an impediment to open discussion of dying, dying at home, stopping 'futile' treatments, advance care planning, and control of symptoms. The author suggests that these components of care together constitute what has come to be perceived as a correct 'way to die'. Indeed, the very conceptualisation of denial is an obstacle to these components of care has been integral to building and sustaining the 'way to die' itself. The personal struggle with mortality has become an important instrument in the public problem of managing the dying process. (RH)

ISSN: 01419889

From : <http://www.blackwellpublishing.com>

Exploring the palliative and end-of-life care needs of those affected by progressive long-term neurological conditions; by Eleanor Wilson, Jane Seymour. London

Journal of Care Services Management, vol 2, no 1, October-December 2007, pp 92-102.

Currently, there is a new policy focus on the palliative and end-of-life care needs of people with progressive long-term neurological conditions (PLINC). Perhaps because of the comparative rarity of these diseases - which often have long and unpredictable trajectories - little dialogue has taken place to date about the associated care needs. This paper reviews some of the key challenges raised in providing care for people with PLINC, highlighting the complex problems faced by people affected by these conditions and the challenges these pose for care delivery in the community. In reviewing the literature and policy documents, it is clear that there is wide scope for further research. The authors conclude with an overview of a study currently being undertaken at the University of Nottingham to explore these issues further. The aim of the study is to work collaboratively with health and social care professionals working with service users with advanced neurological conditions (especially Huntington's disease) and their carers to develop recommendations for best practice and insights into the applicability of interventions to enhance palliative and end-of-life care within this client group. (RH)

ISSN: 17501679

From : <http://www.henrystewart.com>

Holistic common assessment of supportive and palliative care needs for adults with cancer: assessment guidance; by Alison Richardson, Peter Tebbit, Vivienne Brown (et al), Cancer Action Team, Department of Palliative Care, St Thomas' Hospital; King's College London. London: Cancer Action Team, January 2007, 21 pp.

This guidance has been prepared in response to Key Recommendation 2 in "Guidance on cancer services: improving supportive and palliative care for adults with Cancer: the manual" (National Institute for Clinical Excellence, NICE, 2004). The guidance is for practitioners and managers providing or co-ordinating care of adults with cancer, to enable a unified approach to the assessment and recording of patients' needs. It is designed for healthcare teams to employ as a benchmark against which current local processes of assessment can be appraised. This document sets out the main features of the holistic assessment and provides the core content of the assessment. (RH)

From : Cancer Action Team, Department of Palliative Care, St Thomas' Hospital, Lambeth Palace Road, London SE1 7EH. Also available at: www.dh.gov.uk/cancer

Holistic common assessment of supportive and palliative care needs for adults with cancer: report to the National Cancer Action Team; by Alison Richardson, Peter Tebbit, Vivienne Brown (et al), Cancer Action Team, Department of Palliative Care, St Thomas' Hospital; King's College London. London: King's College London, January 2007, 38 pp.

The National Institute for Clinical Excellence (NICE) publication "Guidance on cancer services: improving supportive and palliative care for adults with Cancer: the manual" identified barriers in service provision for patients and carers. This report describes the methods used to develop and test a national specification for the assessment process in supportive and palliative care, and presents the underlying philosophy and principles on which it is based. It also sets out the framework employed to develop the detailed guidance for healthcare teams. Annex 1 notes the interface with current and future policy initiatives: the Integrated Cancer Care Programme; Skills for Health; Connecting for Health (including the Do Once and Share programme, DOAS); the Common

Assessment Framework (CAF, building on the Single Assessment Process, SAP); and the End of Life Care Initiative. Annex 4 outlines the methods used to develop item content for domains of need, and lists tools identified in the original scoping exercise. (RH)

From : Cancer Action Team, Department of Palliative Care, St Thomas' Hospital, Lambeth Palace Road, London SE1 7EH. Also available at: www.dh.gov.uk/cancer

Minimum data sets for specialist palliative care: project update including 2006-07 data; by National Council for Palliative Care - NCPC. London: National Council for Palliative Care - NCPC, 2007, 7 pp.

In 1995, the NCPC in collaboration with the Department of Health (DH) developed a minimum data set (MDS) for palliative care. A standard data collection questionnaire was developed and used in England, Wales and Northern Ireland. After twelve years of using this questionnaire, in 2005/06 NCPC commissioned the Marie Curie Palliative Care Institute Liverpool to review the minimum data set questionnaires, to examine whether current data items are still relevant and appropriate, and what new data should be collected. This bulletin updates the review work undertaken so far, which has led to a revision of the questionnaires used to produce the MDS. The new updated MDS for 2008/9 are now available from the NCPC website and should be used from April 2008. This bulletin also includes the findings from the 2006-7 National Data Collection and gives comparison with previous years. These findings relate to data received from inpatient units, day care units, home care services, hospital support services, and out-patient services in response to a questionnaire (80% response rate). (KJ/RH)

Price: £10.00

From : NCPC, The Fitzpatrick Building, 188-194 York Way, London N7 9AS.<http://www.ncpc.org.uk>

Pain management in older people; by Dylan Harris.

Geriatric Medicine, vol 37, no 7, July 2007, pp 23-25.

Pain in older people is under-reported, under-recognised and untreated. This has significant potential consequences such as reduced quality of life, depression, social isolation and loss of function. Effective pain management for older people is complex and should include pharmacological and non-pharmacological strategies. This article discusses assessment and management. (RH)

ISSN: 0268201X

Palliative care for dementia sufferers; by Social Care Institute for Excellence - SCIE.

Community Care, issue 1695, 18 October 2007, pp 38-39.

The Social Care Institute for Excellence (SCIE) presents a few facts and figures on the effects of dementia, and points to sources such as the SCIE/NICE Guidelines on dementia, the NHS End of life programme (www.endoflifecare.nhs.uk) and the National Council for Palliative Care (www.ncpc.org.uk). Short abstracts on five recent items are included: 'An integrated approach to dementia care', by Kim Y Kye and Brian E Wood (Dementia: an international journal of social research and practice, vol 6, no 2, May 2007); 'End-of-life decision making for nursing home residents with dementia: a survey of nursing home social services staff', by Debra Lacey (Health and Social Work, vol 31, no 3, August 2006); 'Palliative care in severe dementia in association with nursing and residential care', by Julian Hughes (MA Healthcare, 2006); 'Exploring palliative care for people with dementia: a discussion document' (NCPC, 2006); and 'Ethical foundations of palliative care for Alzheimer's disease', by Ruth Purtilo and Henk Have (Baltimore, MD: Johns Hopkins University Press, 2004). (RH)

ISSN: 03075508

From : <http://www.communitycare.co.uk>

Palliative care of older people; by Joanna Black.

Working with Older People, vol 11, issue 3, September 2007, pp 21-24.

Two examples of good and bad palliative care for people with cancer are described. Such experiences highlight the importance of communication, co-ordination, holistic assessment and advance care planning in meeting older people's palliative care needs. (RH)

ISSN: 13663666

From : <http://www.pavpub.com>

Patterns of pain and well-being in older women: a 10-year longitudinal study; by Cynthia H Phelan, Susan M Heidrich.

Journal of Women & Aging, vol 19, nos 3/4, 2007, pp 21-36.

The relationships among pain, health and psychological well-being were examined in a secondary analysis of a ten-year study of community-dwelling older women (aged 60+). Over time, there was an increase in the percentage of women reporting pain and a significant increase in the mean level of pain, although 24% of the

women never reported pain. Subjective health declined as pain increased over time compared to women whose pain did not increase. Future research needs to examine how women maintain psychological well-being as they age in spite of increased pain. (KJ/RH)

ISSN: 08952841

From : <http://www.tandfonline.com>

Progress with dementia: moving forward: addressing palliative care for people with dementia; by National Council for Palliative Care. London: National Council for Palliative Care - NCPC, 2007, 23 pp.

In recognition of the need to expand the work that followed publication of "Exploring palliative care for people with dementia" in 2006, the National Council for Palliative Care (NCPC) has been given funding by Lloyds TSB Foundation to implement this new dementia project. "Progress with dementia" has been developed for all those involved in caring for people with dementia. It summarises the key issues in palliative care for people with dementia; describes the development of NCPC's new dementia project (for example, mapping current palliative care provision); and outlines NCPC's early findings. Among developments noted are that the Department of Health (DH) has adapted its guidance on end-of-life care using the "Exploring palliative care" document. (RH)

ISBN: 1898915555

Price: £12

From : NCPC, The Fitzpatrick Building, 188-194 York Way, London N7 9AS.<http://www.ncpc.org.uk>

Rethinking palliative care: a social role valorisation approach; by Paul Sinclair. Bristol: The Policy Press, 2007, 246 pp.

It is argued that palliative care does not deliver on its aims to value people who are dying and to make death and dying a natural part of life. The author argues for the de-institutionalisation of palliative care and the development of an alternative framework to the approaches found in hospices, palliative care units and community-based palliative care services. He draws on Wolf Wolfenberger's social role valorisation (SRV) theory, most recently defined as "the application of what science can tell us about the enablement, establishment, enhancement, maintenance and/or defence of valued social roles for people". The book is arranged in three parts, the first of which reviews the evolution of palliative care in the context of formal care. Part Two explores the social devaluation of people who are dying as the necessary effect of how palliative care is organised; and SRV is suggested as a tool for analysing the palliative care system and for remedying social devaluation. Part Three applies ideas for tackling social devaluation in palliative care that are used in the intellectual disability services sector, particularly the shift away from institutional models of care. (RH)

Price: £21.99 (pbk); £70.00 (hbk)

From : Marston Book Services, PO Box 269, Abingdon, Oxon OX14 4YN.Email: direct.orders@marston.co.ukWebsite: <http://www.policypress.org.uk>

2006

Age differences in the correlates of physical functioning in patients with chronic pain; by Robert R Edwards.

Journal of Aging and Health, vol 18, no 1, February 2006, pp 56-69.

Pain-related disability in older people is a major contributor to poor quality of life. In this US study, the author examined age-related differences in the factors associated with physical disability in the context of chronic pain. Study participants were 1,614 patients seeking treatment for chronic pain, categorised into four age groups. Several important age differences in the predictors of physical disability were noted. Affective distress was unrelated to physical disability in older people, whereas the association was quite strong in younger patients (age 18-35). In contrast, pain severity was a weak predictor of disability within the younger group, but it accounted for more than a quarter of the variance in physical disability in those aged 65+. These data suggest that the determinants of functioning may vary across the life span, implying a potential for pain management programmes tailored to the patient's age. (RH)

ISSN: 08982643

From : <http://www.sagepub.com>

The assessment and implementation of mouth care in palliative care: a review; by J L Gillam, David G Gillam.

Journal of the Royal Society for the Promotion of Health, vol 126, no 1, January 2006, pp 33-37.

From a review of the literature published between 1985 and 1999, it is evident that the importance and maintenance of oral health for patients with cancer is recognised as an integral part of basic nursing care. Yet from practical observation in the hospital environment together with reviewing the published literature, it is clear there appears to be limited evidence of regular assessment of the mouth or implementation of oral protocols on the ward. Articles selected highlight the lack of published research; and their results raise concern about the lack of training and education for nurses in the assessment of mouth care, as well as the need to

rationalise the assessment tools used in the ward or hospice. While it was recognised in palliative care that a multiprofessional approach was beneficial, in practice this did not appear to apply to mouth care with a few notable exceptions. This review highlights inconsistencies in both the knowledge of mouth care and its implementation by nursing staff. The importance of establishing protocols and setting standards of care was also indicated in this review. It is clear that without effective assessment of the mouth, the appropriate implementation of care will not be delivered. (RH)

ISSN: 14664240

From : <http://rsh.sagepub.com>

The effect of age on referral to and use of specialist palliative care services in adult cancer patients: a systematic review; by Jenn Burt, Rosalind Raine.

Age and Ageing, vol 35, no 5, September 2006, pp 469-476.

There is some evidence that older people are less likely to be referred to, or to use, specialist palliative care (SPC). In a systematic review, Medline, Embase, Web of Science, HMIC, SIGLE and AgeInfo were searched for studies published between 1966 and March 2005, and references in the articles identified were also examined. Inclusion criteria were all studies which provided data on age in relation to use of or referral to SPC. 14 studies were identified. All reported a statistically significant lower use of SPC among older cancer patients (age 65+) at a univariate level. However, there were important methodological weaknesses in all of the studies identified; most crucially, studies failed to consider variations in use in relation to need for SPC. (RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org>

Effectiveness of community physiotherapy and enhanced pharmacy review for knee pain in people aged over 55 presenting to primary care: pragmatic randomised trial; by Elaine M Hay, Nadine E Foster, Elaine Thomas (et al).

British Medical Journal, vol 333 no 7576, 11 November 2006, pp 995-998.

325 adults aged 55+ (mean age 68) consulting with knee pain at 15 general practices in North Staffordshire were recruited between May 2001 and March 2004. All received an information leaflet, modelled on the Arthritis Research Campaign leaflet on knee osteoarthritis, which gave advice about pain control and simple exercise. Those in one intervention group received advice from a community pharmacist on controlling pain, while another group had exercises with community physiotherapists for 3-6 sessions of about 20 mins duration over 10 weeks. The control group received the information leaflet only. Significantly fewer participants in the physiotherapy group reported consulting the GP for knee pain in the follow-up (postal questionnaires at 3, 6, and 12 months); and use of non-steroidal and anti-inflammatory drugs was lower in the physiotherapy and pharmacy groups than in the control group. Evidence based care for older people with knee pain, delivered by primary care physiotherapists and pharmacists, resulted in short term improvements to health outcomes, reduced use of non-steroidal and anti-inflammatory drugs, and high patient satisfaction. Physiotherapy seemed to produce a shift in consultation behaviour away from the national general practitioner led model of care. (RH)

ISSN: 09598138

From : <http://www.bmj.com>

The effectiveness of geropsychological treatment in improving pain, depression, behavioral disturbances, functional disability and health care utilizations; by Daisha J CIPHER, P Andrew Clifford, Kristi D Roper.

Clinical Gerontologist, vol 30, no 3, 2006, 23-40.

Geropsychological interventions have become a necessary component of quality long-term care (LTC) designed to address residents' co-morbidities involving emotional, functional and behavioural difficulties. This two-part empirical study was conducted to investigate the impact of multimodal cognitive-behavioural therapy (MCBT) for the treatment of pain, depression, behavioural dysfunction, functional disability and health care utilization in a sample of cognitively impaired LTC residents who were suffering from persistent pain. In Study one, 44 consecutive new patients received a comprehensive psychological evaluation, eight sessions of cognitive-behavioural therapy and follow-up psychological evaluation over a five week period. Analyses indicated that patients exhibited significant reductions in pain, activity interference and emotional distress due to pain, depression and significant increases in most activities of daily living. They also exhibited significant reductions in the intensity, frequency and duration of their behavioural disturbances but not the number of behavioural disturbances. In Study two, as a follow-up, a retrospective chart review was conducted to compare the treatment group with a matched-control group on post-treatment health care use. Comparisons between the two groups on Minimum Data Set (MDS) ratings indicated that the treatment group required significantly fewer physician visits and change orders than the control group. Implications of these collective findings are that geropsychological treatment is likely to improve certain aspects of residents' quality of LTC. (KJ/RH)

ISSN: 07317115

From : <http://www.tandfonline.com>

Exploring palliative care for people with dementia: a discussion document - August 2006; by National Council for Palliative Care; Alzheimer's Society. London: National Council for Palliative Care - NCPC, 2006, 23 pp.

Palliative care is defined as the active holistic care of patients with advanced, progressive illness. This document aims to raise awareness and encourage debate around issues concerning the palliative care needs of people with dementia. It outlines the policy and demographic contexts; considers the experiences of dying for people with dementia; and explores some of the specific palliative care needs of people with dementia. Of many key challenges in helping meet the palliative needs of people with dementia and their family carers, the document highlights three: assessment; education and training; and support for family carers. (RH)

ISBN: 1898915059

Price: £15

From : NCPC, The Fitzpatrick Building, 188-194 York Way, London N7 9AS.<http://www.ncpc.org.uk>

Hypnic headaches: what are they?; by Bhaskar Mukherjee, Francis Vaz.

Geriatric Medicine, vol 36, no 3, March 2006, pp 33/36.

Hypnic headache syndrome is a benign, recurrent, late-onset headache disorder that occurs exclusively during sleep. The mean age of presentation is 60 years, and affects men and women. Pathogenesis is poorly understood, and a secondary cause can often be found in this age group. The authors discuss the differential diagnosis and management of hypnic headache in older people. The diagnosis is one of exclusion, since secondary causes of nocturnal headaches include drug withdrawal and sleep apnoea. (RH)

ISSN: 0268201X

From : <http://www.gerimed.co.uk>

Onset and persistence of depression in older people: results from a 2-year community follow-up study; by Tess Harris, Derek G Cook, Christina Victor (et al).

Age and Ageing, vol 35, no 1, January 2006, pp 25-32.

Depression was defined by a score of >5/15 on the 15-item Geriatric Depression Scale (GDS-15) in this 2-year study of 1,164 patients initially aged 65+ registered with two South London general practices. Associations between risk factors and onset and persistence of depression were analysed using multiple logistic regression. The incidence of depression was 8.4%, and persisted amongst 61.2% of those depressed at baseline. Comparing onset and persistence suggested some common predictors: greater baseline depression score, and follow-up measures of poor general health and compromised social support. There was some evidence that pain and worsening disability were more important for depression onset. In contrast, low baseline belief in powerful others (health locus of control measures) predicted persistence only. Focusing on older people with increasing disability, pain, physical ill-health and compromised social support should help in both the prevention and recognition of onset of later life depression. In older people with depression, those with the highest symptom scores and low belief in powerful others at baseline were more likely to develop chronic symptoms and could be targeted for more intensive treatment and support. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Palliative care and end-of-life care world wide web resources for geriatrics; by Ginna E Deitrick, Alyson Timlin, Bryan Gardner (et al).

Journal of Pain & Palliative Care Pharmacotherapy, vol 20, no 3, 2006, pp 47-56.

This paper reports the results of a systematic evaluation and critique of 15 United States websites. It summarizes their contribution to clinical care guidelines, teaching materials and training opportunities, effective models of care and advice on dealing with the complex emotional, social and financial issues facing older adults at the end-of-life. (KJ/RH)

ISSN: 15360288

From : Haworth Document Delivery Service, The Haworth Press Inc., 10 Alice Street, Binghamton NY 13904-1580, USA. <http://www.HaworthPress.com>

Provision of palliative care education in nursing homes; by Kathryn Mathews, Jemma Finch.

Nursing Times, vol 102, no 5, 31 January 2006, pp 36-40.

The nature and extent of existing palliative care education activities is considered. Following a literature review, the authors gathered data by questionnaires, face-to-face and telephone interviews, visiting palliative care teams across the Mount Vernon Cancer Network in Middlesex, and attendance at conferences, meetings and exhibitions. A comprehensive needs assessment for palliative care education within nursing homes was

completed. The findings revealed inequalities across the network with regard to educational provision and uptake of palliative care services. Recruitment of overseas staff and a transient workforce were both cited as major difficulties in implementing educational programmes. Funding of these programmes and responsibility for providing the education remain unclear. A real and urgent need for palliative care training was found across the network area, with scope for a variety of approaches to be adopted in delivering training. (RH)

ISSN: 09547762

From : <http://www.nursingtimes.net>

Responding to the pain experiences of people with a learning difficulty and dementia; by Diana Kerr, Colm Cunningham, Heather Wilkinson, Joseph Rowntree Foundation - JRF; Centre for Research on Families and Relationships, University of Edinburgh; Dementia Services Development Centre - DSDC, University of Stirling. York: Joseph Rowntree Foundation, 2006, 81 pp.

It is known that amongst people in the general population that have dementia, there is inadequate pain recognition and treatment. This report has identified similar trends in pain management amongst people with a learning difficulty and dementia. To ensure a rigorous examination of their pain care needs, this study took place over a 16-month period (July 2004 to October 2005). The report explores knowledge and practice in relation to pain recognition and management amongst care support staff, general practitioners (GPs), and community learning disability teams (CLDTs). The understanding, experiences and views on pain of people with a learning difficulty and dementia are also examined. The report identifies the dilemmas and obstacles to effective pain management, and reports on examples of good practice. The authors make clear recommendations for practitioners and service providers. (RH)

ISBN: 1859354580

Price: £15.95

From : York Publishing Services, 64 Hallfield Road, Layerthorpe, York YO31 7ZQ. (ISBN-13: 9781859354582) PDF download available - <http://www.jrf.org.uk> Alternative formats such as large print, Braille, audio tape or disk available from Communications Department, Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.

The role of pain in the recovery of instrumental and social functioning after hip fracture; by Christianna S Williams, Mary E Tinetti, Stanislav V Kasl (et al).

Journal of Aging and Health, vol 18, no 5, October 2006, pp 743-762.

It is critical to identify modifiable factors associated with functional recovery from hip fracture. The authors examined the association between pain intensity and two functional endpoints - instrumental activities of daily living (IADLs) and social activity participation - after hip fracture. 270 cognitively intact, community-dwelling people aged 65+ who underwent surgical hip fracture repair in New Haven Connecticut, were followed for 12 months. Pain intensity was strongly negatively associated with both instrumental and social functioning. Increases in pain intensity between 6 and 12 months were also associated with concurrent decreases in function. These relationships were partly explained by depressive symptoms and a marker of physical ability - gait speed. Interventions to control pain may enhance functional status after hip fracture. However, pain relief must be maintained to sustain recovery. Attention to the complex relationships between pain, depressive symptoms and physical impairments should inform intervention development. (RH)

ISSN: 08982643

From : <http://www.sagepublications.com>

Treating pain in the older person; by Tim Hunt.

Journal of Pain & Palliative Care Pharmacotherapy, vol 20, no 4, 2006, pp 55-58.

Clinical guidance on the management of pain in elderly patients is presented. The way in which pain presents in older people and how it differs from other population groups are discussed. (KJ/RH)

ISSN: 15360288

From : Haworth Document Delivery Service, The Haworth Press Inc., 10 Alice Street, Binghamton NY 13904-1580, USA. <http://www.HaworthPress.com>

2005

Chronic pain as perceived by older people: a qualitative study; by B Sofaer, A P Moore, I Holloway (et al).

Age and Ageing, vol 34, no 5, September 2005, pp 462-466.

There seems to have been little or no information on how to improve the quality of life for older people who suffer chronic pain, or on the resources available to them. This study's aim was to ascertain from older people the practical, physical and psychosocial limitations they faced because of chronic pain, and the strategies they used to deal with them. A qualitative approach to generating data was chosen, using a Grounded Theory

approach and unstructured interviews with 63 people ranging on age from 60 to 87. Audio tapes were transcribed verbatim. The material was coded and collapsed into themes. Two main themes emerged: the desire for independence and control; and adaptation to a life with chronic pain. The valuing of independence is in line with previous findings. With only three exceptions, none of the participants were certain on where to get help with practical issues and so they lived in fear of loss of their independence. Sub-categories forming the theme on adaptation were: acceptance and non-acceptance; pacing oneself; helping other people; the use of prayer; and "looking good and feeling good". Where independence and control is effective, older people may adapt better to chronic pain. The interview data informed the development of a booklet designed to meet the needs of older people with chronic pain. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Making palliative care a priority topic on the European Health Agenda: and recommendations for the development of palliative care in Europe; by General Secretariat, European Federation of the Elderly (EURAG). Graz: EURAG General Secretariat, 2005, 31 pp.

In many countries, palliative care for older people is not provided in the most appropriate way that would be possible. EURAG draws on evidence regarding such shortcomings to put the case for making palliative care a priority topic on the European Health Agenda, and ultimately obtain a Council Decision of the European Union (EU). This document includes summaries of recommendations on palliative care by the World Health Organization (WHO) and the Council of Europe. (RH)

From : Download document (20/4/05): <http://www.eurag-europe.org> EURAG General Secretariat, Wielandgasse 9, A-8010 Graz, Austria.

Mobility disability in the middle-aged: cross sectional associations in the English Longitudinal Study of Ageing; by David Melzer, Elizabeth Gardener, Jack M Guralnik.

Age and Ageing, vol 34, no 6, November 2005, pp 594-602.

Mobility disability is an early sign of the disability process in older people. The authors used cross sectional interview data for 11,392 community-living respondents aged 50+ from the 2002 English Longitudinal Study of Ageing (ELSA): Mobility status, based on reported difficulty walking a quarter of a mile. In the middle aged, 8% of women and 9% of men reported having much difficulty or being unable to walk that distance, equating to 787,000 people in England. Factors which at least doubled the odds of mobility disability for those aged 50-64 were chronic obstructive lung disease, angina, stroke, recently treated cancer, comorbidity, and lower-limb or back pain. Factors associated with mobility disability in older groups were similar. 38% of mobility disability in the middle-aged population was related to high levels of lower limb pain and 15% in high levels of back pain. Given these factors, prevention of later disability progression may require more attention being paid to mobility difficulties and its causes in the middle-aged. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Pain disability among older adults with arthritis; by Nadine T James, Carl W Miller, Kathleen C Brown (et al). Journal of Aging and Health, vol 17, no 1, February 2005, pp 56-69.

Answers to two research questions were sought: does psychological distress reliably predict pain disability, and do certain theoretically important host, sociodemographic and health-related factors reliably predict pain disability? Descriptive, univariate and multivariate regression analyses were used to assess key psychosocial, disease and host factors in a sample of 141 Americans aged 50+ with arthritis. Psychological distress, overall health, disease activity and disease self-efficacy were found to predict pain disability. Sample members with greater pain disability experienced heightened psychological distress, poorer perception of their overall health, more surgeries, higher unemployment, more intense disease activity, longer disease duration, and lower disease self-efficacy. (RH)

ISSN: 08982643

From : <http://www.sagepub.com>

Reciprocal relationship between pain and depression in elderly Chinese primary care patients; by Kee-Lee Chou, Iris Chi.

International Journal of Geriatric Psychiatry, vol 20, no 10, October 2005, pp 945-952.

The relationship between pain and depressive symptoms in community-dwelling older people has been demonstrated in previous studies. The present study examines the reciprocal relationship between pain and depression, and aims to identify whether social support, functional disability of social functioning mediated the link between pain and depression in older Hong Kong Chinese primary care patients. Subjects were 318 patients assessed by a trained assessor with MD-HC at baseline; these patients were assessed one year later as well.

Multiple regression analyses revealed that pain at baseline significantly predicted depression at 12 month follow-up assessment when age, gender, marital status, education and depression at baseline were adjusted for, but depression at baseline was not associated with pain at 12-months after baseline measures while controlling for age, gender, marital status, education and pain at baseline. However, depression did predict the onset of pain. Moreover, social support, physical disability or social functioning did not mediate the impact of pain on depression. Since pain is an important predictor of depression, this risk factor needs to be borne in mind for preventive intervention and treatment for psychological well-being. (RH)

ISSN: 08856230

From : <http://www.interscience.wiley.com>

2004

Better palliative care for older people; by Elizabeth Davies, Irene J Higginson (eds), Regional Office for Europe, World Health Organization - WHO; Fondazione Floriani.: Electronic format, 2004, 40 pp.

Most deaths in European and other developed countries occur in people aged 65+, but relatively little policy concerns their needs in the last years of life. As life expectancy increases, the number of people living to older ages is also increasing in many countries. At the same time, the relative number of people of working age is declining and the age of potential carers is increasing. Palliative care is therefore of growing public health importance. Older people have traditionally received less palliative care than younger people, and services have focused on cancer. This document is part of the WHO Regional Office for Europe's work to present evidence for health policy-makers in a clear and understandable form. It presents the needs of older people, the different trajectories of illnesses they suffer, evidence of underassessment of pain and other symptoms, their need to be involved in decision-making, evidence for effective palliative care solutions, and issues for the future. A companion item, "Palliative care: the solid facts", considers how to improve services and educate professionals and the public. (RH)

ISBN: 9289010924

From : Download pdf (4/8/04): www.euro.who.int/document/E82931.pdf

Effects of dementia on perceived daily pain in home-dwelling elderly people: a population-based study; by Pekka Mantyselka, Sirpa Hartikainen, Kirti Louhivuori-Laako (et al).

Age and Ageing, vol 33, no 5, September 2004, pp 496-499.

Pain is a significant problem in older people, but the impact of dementia on perceived pain has not been studied in population-based settings. This study is part of the Kaopio 75+ study in Finland, and the prevalence of daily pain and analgesic use in 523 home-dwelling older people with and without dementia was studied. Prevalence rates for any pain, any daily pain, pain every day interfering with routine activities, and daily pain at rest were significantly lower in those subjects with dementia (43%, 23%, 19% and 4%, respectively) compared to those without dementia (69%, 40%, 36%, and 17%, respectively). Those with dementia were less likely to use analgesics (33%) than the non-demented (47%). Dementia was related to a lower prevalence of reported pain and analgesic use in older people living at home. (RH)

ISSN: 00020729

From : <http://www.ageing.oupjournals.org>

Evidence-based pain management and palliative care in The Cochrane Library; by Phillip J Wiffen.

Journal of Pain & Palliative Care Pharmacotherapy, vol 18, no 1, 2004, pp 79-86.

The Cochrane Library of systematic reviews is published quarterly. Issues 2 (May 2003) and 3 (July 2003) are under discussion here. Issue 2 contained 2,395 reviews of which 1,669 are in full text; 79 are new reviews, 7 of which are directly relevant to pain management and palliative care. Annotated bibliographies for those 7 reviews are provided. Issue 3 contained 3,058 reviews and protocols, of which 1,754 are fully published reviews; 85 are new reviews, 5 of which are relevant to practitioners in pain and palliative care. References are published in the same format as the citation for Cochrane reviews. The Cochrane trials database now stands at over 375,000 records with an additional 4,100 one-page summaries of non-Cochrane reviews in the NHS database of reviews of effectiveness (DARE). (KJ/RH)

ISSN: 15360288

From : Haworth Document Delivery Service, The Haworth Press Inc., 10 Alice Street, Binghamton NY 13904-1580, USA. <http://www.HaworthPress.com>

Pain in later life: practical ideas to help you cope; by Beatrice Sofaer (ed), Clinical Research Centre for Health Professions, University of Brighton. Eastbourne: Clinical Research Centre for Health Professions, University of Brighton, 2004, 32 pp.

In recognising the likely relevance of this booklet to older people suffering chronic pain, the Sir Halley Stewart Trust provided a grant to the researchers. Content has been influenced by results of a research study, 'Pain management by older people: a qualitative study', which was carried out by the Clinical Research Centre for Health Professions at the University of Brighton, in collaboration with two pain management centres in Sussex. 63 people aged over 60 took part and were interviewed in their own homes regarding how they cope with chronic pain in everyday life. The first part of this booklet, a brief overview of the issues and difficulties around managing chronic pain, was compiled by the research team. The second part contains hints and guidelines which were gathered from the study's participants and their partners or carers. (RH)

Price: £1.00

From : The Clinical Research Centre for Health Professions, University of Brighton, Aldro Building, 49 Darley Road, Eastbourne, East Sussex BN20 7UR.

Pain perceptions of the oldest old: a longitudinal study; by Steven H Zarit, Patricia C Griffiths, Stig Berg. *The Gerontologist*, vol 44, no 4, August 2004, pp 459-468.

A sample of 98 people aged 86-92 who were participants in the longitudinal OCTO study in Sweden were interviewed about their experiences of pain and other dimensions of health and functioning. Prevalence of pain at baseline was 34% and rose to 40% at follow-up 2 years later. Incidence of new pain cases during that period was 16%. Pain was significantly related to sleep difficulties, medication usage, global subjective health, depressive symptoms, and mobility, though the magnitude of the associations was relatively small. The results extend previous cross-sectional findings, by demonstrating there is both an increase in the proportion of people reporting pain over time at the age of 85 as well as the possibility of recovery. The modest strength of associations of pain with other areas of functioning suggests adaptation and selectivity among survivors in very late life. (RH)

ISSN: 00169013

From : <http://www.geron.org>

Palliative care: the solid facts; by Elizabeth Davies, Irene J Higginson (eds), Regional Office for Europe, World Health Organization - WHO; Fondazione Floriani.: Electronic format, 2004, 32 pp.

Palliative care is an important public health issue, and is concerned with the suffering, dignity, care needs and quality of life of people at the end of their lives. It is also concerned with the care and support of their families and friends. The purpose of this document is to provide a concise overview of the best available evidence on the concept of palliative care and related services. It draws on evidence from Europe and North America to discuss issues including: the importance of individual rights, preferences and options; the evidence for effective palliative care; the need to ensure access to palliative care for vulnerable groups; how to develop programmes to improve quality of palliative care; how to improve education and training for health professionals; the need to increase public awareness; and the kinds of research and development that will help policy-makers. A companion item, "Better palliative care for older people", considers the needs and rights of older people and their families, and presents evidence of underassessment and undertreatment of pain. (RH)

ISBN: 9289010916

From : Download pdf (4/8/04): www.euro.who.int/document/E82933.pdf

2003

Family members' perceptions of pain and distress related to analgesics and psychotropic drugs and quality of care of elderly nursing home residents; by Marie Louise Hall-Lord, Inger Johansson, Ingrid Schmidt (et al).

Health & Social Care in the Community, vol 11, no 3, May 2003, pp 262-274.

232 family members of older people in 10 Swedish nursing homes participated in this study regarding perceptions of their relatives' pain and distress in relation to analgesics and psychotropic drugs. Data on drug prescribing was obtained from medical records. The head nurse of each ward noted whether or not the resident had a documented or known diagnosis of dementia. Results showed that a large number of the residents were estimated as having physical pain and worry. While many were prescribed psychotropic drugs, some of the residents with moderate or severe physical pain were not prescribed analgesics. Residents were divided into three subgroups based on scores of physical discomfort, physical pain, and worry. Subgroup comparisons differed with regard to sex, help or support, drugs, and quality of care. Staff have a responsibility to assess residents' pain and distress, since this will form the basis for better pain and distress management. Other suggestions for improving quality of care are the provision of better information to the family members and the residents' meaningful occupation, less task-oriented care, and care that involves residents. (RH)

ISSN: 09660410

The need for effective assessment and management of pain among older people in care homes; by David T Cowan, Julia D Roberts, Joanne M Fitzpatrick (et al).

Reviews in Clinical Gerontology, vol 13, no 4, November 2003, pp 335-346.

Older people are more susceptible to pain than any other age group. In the UK, though, pain has been identified as a neglected phenomenon, and there is a dearth of large-scale epidemiological data. This review considers the literature available (mainly from North America) on pain assessment, pain management and attitudes to pain and ageing on older people in nursing and care homes. Although the UK government has pledged to provide high quality care and treatment, and to treat older people with dignity and respect, the authors note sources providing evidence of widespread ageist attitudes in health and social care. (RH)

ISSN: 09592598

From : <http://journals.cambridge.org>

Pain and palliative care in The Cochrane Library: issue number 3 for 2002; by Phillip J Wiffen.

Journal of Pain & Palliative Care Pharmacotherapy, vol 17, no 1,, 2003, pp 63-66.

The Cochrane Library of systematic reviews is published quarterly. Six of the 62 new reviews published in issue 4 for 2001 in February 2002 are relevant to pain and palliative care. This article provides annotations for these reviews. (KJ/RH)

ISSN: 15360288

From : Haworth Document Delivery Service, The Haworth Press Inc., 10 Alice Street, Binghamton NY 13904-1580, USA.

Pain management and the older person: older people feel pain too: conference report; by Mike Lavelle.

Quality in Ageing, vol 4, no 1, April 2003, pp 32-36.

The author reports on some of the papers given at a conference held at the headquarters of the Royal College of Nursing (RCN) in London. Subjects covered included: concerns about ageism and attitudes to older people; the physiology of pain and its impact; spirituality and emotional pain; pharmacokinetics in pain management; the pain experienced by older people in nursing homes; and pain in the person with dementia. (RH)

ISSN: 14717794

2002

The Acute versus Chronic Pain Questionnaire (ACPQ) and actual pain experience in older people; by E J A Scherder, R Smit, P J Vuijk, A Bouma (et al).

Ageing & Mental Health, vol 6, no 3, August 2002, pp 304-312.

In a sample of 68 older people, two groups emerged from an analysis using the Acute versus Chronic Pain Questionnaire (ACPQ). One group of 35 subjects comprised those who expected to suffer more from one or more acute pain items (high-ACPQ group). A second group of 33 emerged for whom none of the acute items was considered to be a burden (low-ACPQ group). It was hypothesised that, compared with the low-ACPQ group, those with high-ACPQ scores selected acute ACPQ items due to a decline in the experience of chronic affective pain. The hypothesis predicted lower scores on the chronic ACPQ-items and lower scores on scales evaluating the subjects' own chronic affective pain. The results showed that, irrespective of the group, the chronic ACPQ items were considered to produce the most burdens. However, compared with the low-ACPQ group, the high ACPQ group reported experiencing significantly more pain from the ACPQ items. Moreover, the latter group indicated suffering less pain from their own chronic pain conditions. These findings suggest that the selection of one or more acute items of the ACPQ (high-ACPQ group) may point to an alteration in subjects' acute pain experience. (RH)

ISSN: 13607863

From : <http://www.tandfonline.com>

Does receipt of hospice care in nursing homes improve the management of pain at the end of life?; by Susan C Miller, Vincent Mor, Ning Wu (et al).

Journal of the American Geriatrics Society, vol 50, no 3, March 2002, pp 507-515.

Detailed drug use data contained on the last Minimum Data Set (MDS) before death were used to measure analgesic management of daily pain of 2,644 hospice and 7,929 nursing home patients who had died before April 1997. 15% of hospice residents and 23% of non-hospice residents in daily pain received no analgesics. A lower proportion of hospice residents (21%) received analgesics not recommended by Guidelines from the American Medical Directors Association (AMDA). 51% of hospice and 33% of non-hospice residents received

regular treatment for daily pain. Improving the analgesic management of pain in nursing homes is essential if high quality end-of-life care in nursing homes is to be achieved. (RH)
ISSN: 00028614

The last 48 hours of life in long-term care: a focused chart audit; by Pippa Hall, Cori Schroder, Lynda Weaver. *Journal of the American Geriatrics Society*, vol 50, no 3, March 2002, pp 501-506.
As a component of palliative care education course development, the University of Ottawa Institute of Palliative Care wished to assess end-of-life care for patients in long-term care (LTC) settings to develop an educational strategy for physicians. A chart audit for 185 patients found that many were cognitively impaired. Cancer was the final diagnosis in 14% of cases. Respiratory symptoms were the most prevalent symptom, with dyspnoea being first and noisy breathing third. Pain was second, with a prevalence similar to that found in cancer patients. Management of symptoms was variable: whilst 99% were treated for pain, dyspnoea was not treated in 23% of the cancer patients. Nurses played a crucial role in the care of dying residents through their documentation and communication of end-of-life issues. Appropriate palliative care education can provide knowledge and skills to all health professionals, including doctors, and assist them in the control of symptoms and improvement of patients' end-of-life quality of life. (RH)
ISSN: 00028614

Management of pain in older people within the nursing home: a preliminary study; by Nick Allcock, Julie McGarry, Ruth Elkan. *Health & Social Care in the Community*, vol 10, no 6, November 2002, pp 464-471.
The prevalence of chronic pain in nursing home residents is between 45% and 80%; however, there are a number of barriers to the identification and management of chronic pain, including sensory impairments in older people themselves and educational deficits among professionals. A pre-piloted postal questionnaire to managers of 121 nursing homes within a geographically defined area had a 56% response rate. Overall, 37% of nursing home residents were identified as experiencing chronic non-malignant pain (lasting longer than 3 months not caused by cancer); and 2% were reported as experiencing chronic malignant pain (lasting more than 3 months caused by cancer). Paracetamol was identified as the most "often" used analgesia for both forms of pain. 69% of nursing homes did not have a written policy on pain management; 75% did not use a standardised pain assessment tool. 44% of nursing homes provided education or training session for qualified staff, and 34% provided this for care assistants. 40% of qualified and 85% of care assistants had no specialist knowledge of pain management in older people. The study confirms the need for appropriate training and education to meet the particular needs of older people. (RH)
ISSN: 09660410

The management of persistent pain in older persons; by AGS Panel on Persistent Pain in Older Persons, American Geriatrics Society. *Journal of the American Geriatrics Society*, vol 50, no 6, supplement, June 2002, S205-S224 (whole issue).
Persistent pain can be defined as a painful experience that continues for a prolonged period of time that may not be associated with a recognizable disease process. The American Geriatrics Society (AGS) published the predecessor of this clinical practice guideline, "The management of chronic pain in older persons" in 1998. Since then, there have been advances in pharmacology and the availability of new drugs and strategies for the management of pain in older people. The present recommendations are in four sections: assessment of persistent pain; pharmacological treatment; neuropharmacological strategies; and recommendations for health systems that care for older people. (RH)
ISSN: 00028614

Moral lessons from the jury box; by Ben A Rich. *Journal of Pain & Palliative Care Pharmacotherapy*, vol 16, no 1., 2002, pp 81-92.
In 1991, a North Carolina jury awarded millions of dollars in damages because of a healthcare institution's failure to provide appropriate pain relief to a dying patient. In 2001, a California jury found a physician guilty of elder abuse for his failure to properly manage the pain of a cancer patient. In both instances, state licensing boards had failed to take any disciplinary action against those involved. These cases dramatically illustrate a significant and persistent gulf between the lay public and the health professions with regard to the moral significance they attach to the duty to relieve suffering. Measures to ensure that all patients receive effective assessment and management of their pain must take into account this disparity, and endeavour to achieve congruence by reconnecting the health professions to their ancient and core value - the relief of suffering. (KJ/RH)
ISSN: 15360288

Older women's experiences with chronic pain: daily challenges and self-care practices; by Karen A Roberto, Sandra G Reynolds.

Journal of Women & Aging, vol 14, no 3/4, 2002, pp 1-24.

The subjective nature of chronic pain leads to challenges in describing, treating, and accommodating pain. 21 older American women who engaged in focus groups, 8 of whom also participated in individual interviews, discussed the influence of chronic pain on their perception of self as well as daily functioning. Managing pain forced many of the women to withdraw from social activities that they valued; it also interfered with sleep patterns, household tasks and recreational activities. Varied acceptance by social network members added to the challenge of adjusting to complications associated with pain. Self-care practices which supported independence contributed to women's perceived success in daily functioning. (KJ/RH)

ISSN: 08952841

From : <http://www.tandfonline.com>

Pain reports by older hospice cancer patients and family caregivers: the role of cognitive functioning; by Rebecca S Allen, William E Haley, Brent J Small (et al).

The Gerontologist, vol 42, no 4, August 2002, pp 507-514.

The assessment and treatment of pain is a primary goal of hospice care, and both disease processes and the use of opioid analgesics may lead to cognitive impairment in hospice patients. This US cross-sectional, correlational study explored the associations between pain, cognitive functioning and gender in cancer patients and their family caregivers (176 dyads) during in-home hospice care. Contrary to expectation, care recipients with cognitive impairment reported more intense pain than those with intact cognitive functioning. However, cognitive impairment among care recipients had no impact on the pain report of family caregivers. Care recipient cognitive impairment was related to greater discrepancy in the pain reports of caregivers and care recipients. No gender differences in pain intensity were found. Hospice staff must educate family caregivers regarding the potential impact of care recipient cognitive impairment on pain reports, in order to facilitate accurate pain assessment and management. (RH)

ISSN: 00169013

2001

Development of a pain attitudes questionnaire to assess stoicism and cautiousness for possible age differences; by Hua-Hie Yong, Stephen J Gibson, David J de L Horne (et al).

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 56B, no 5, September 2001, pp P279-P284.

The reliability and validity of a pain attitudes questionnaire (PAQ) for use in relation to stoicism and cautiousness relevant to pain perception was examined with 373 healthy Australian residents by four age groups: 154 aged 40 and under; 55 aged 41-60; 136 aged 61 to 80; and 24 over 80s. Age-related increase in degrees of reticence to pain, self-doubt, and reluctance to label a sensation as painful was found, emphasising the need for careful consideration of pain attitudes in older patients who may under-report their pain symptoms. (RH)

ISSN: 10795014

Does hospice have a role in nursing home care at the end of life?; by David J Casarett, Karen B Hirschman, Michelle R Henry.

Journal of the American Geriatrics Society, vol 49, no 11, November 2001, pp 1493-1498.

The possible benefits and challenges of hospice involvement in nursing home care were assessed by comparing the survival and needs for palliative care of 167 hospice patients in nursing homes with 975 living in the community in Pennsylvania. The nursing home residents were more likely to have a Do Not Resuscitate (DNR) order and an enduring power of attorney for health care. In general, the results obtained suggest that hospices identify needs for palliative care in a substantial proportion of nursing home residents who are referred to hospice, although nursing home residents may have fewer identifiable needs for care than do those living at home. However, the finding that nursing home residents' survival is shorter may be of concern to hospices that are considering partnerships with nursing homes. An increased emphasis on hospice care in nursing homes should be accompanied by targeted educational efforts to encourage early referral. (RH)

ISSN: 00028614

Hospitalization patterns and palliation in the last year of life among residents in long-term care; by Shirley S Travis, Gary Loving, Lue McClanahan (et al).

The Gerontologist, vol 41, no 2, April 2001, pp 153-160.

This study compared patterns of care, including hospitalisation during the last year of life for a group of American residents in institutional long-term care. These subjects were either implicitly or explicitly in palliative care modes versus those who remained in active treatment or blended care. The study used a retrospective chart review and both quantitative and qualitative methods of data collection and analysis, to examine in depth the end-of-life experiences of 41 nursing home residents who died in the nursing care unit of one large continuing care retirement community during an 18 month period. Most residents die in palliative care modes, but their movement into palliation with comfort care and symptom management is often slowed by indecision or inaction on the part of key decision makers, interrupted by aggressive acute care, or delayed until the last few days of life. Transitions from active curative care to palliative care are important for residents in permanent long-term care placements. Improved end-of-life care requires more attention to these transitions and to the decisions that residents, their families and care teams are called upon to make. (KJ/RH)

ISSN: 00169013

Pain management in older adults: role of fear and avoidance; by Kelly L Bishop, F Richard Ferraro, Dana M Borowiak.

Clinical Gerontologist, vol 23, nos 1/2, 2001, pp 33-42.

The present study examined the relationship between fear/anxiety associated with pain, coping self-statements, depression, health status and medication intake in a sample of 38 older adults. Correlational analyses revealed that pain anxiety was significantly related to catastrophic coping, depression and self-rated health status but not with medication usage. These results indicate that certain models associating fear and avoidance with chronic pain may be relevant to the development and maintenance of pain problems in older people, as well as in younger adults. It is suggested that targeting such variables in treatment may prove beneficial for managing pain in older people. (KJ/RH)

ISSN: 07317115

From : <http://www.tandfonline.com>

Palliative care and nutrition intervention; by Bonnie M Athas.

Journal of Nutrition for the Elderly, vol 20, no 4, 2001, pp 53-60.

This is an introduction to provide health care practitioners with basic information on palliative care and nutritional needs, to help them better understand the dying process and simple concepts that can make the patient more comfortable. It provides direction for nutrition professionals who interact with family members, caregivers, guardians and friends of dying patients. Nutrition is a component part of end-of-life care. It is crucial for the registered dietitian to consider what is happening within the body, and how best to nourish the patient without causing further nausea, pain and discomfort. (KJ/RH)

ISSN: 01639366

From : <http://www.tandfonline.com>

Palliative care in old age; by Raymond S K Lo, Jean Woo.

Reviews in Clinical Gerontology, vol 11, no 2, May 2001, pp 149-158.

In 1987, the Royal College of Physicians (RCP) recognised palliative medicine as a specialty, defining it as "the study and management of patients with far-advanced disease for whom the prognosis is limited and the focus of care is quality of life". The authors review research, indicating that palliative care in older people should not be neglected: older people should have the right to "live until they die". (RH)

ISSN: 09592598

Self-efficacy and the progression of functional limitations and self-reported disability in older adults with knee pain; by W Jack Rejeski, Michael E Miller, Capri Foy (et al).

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 56B, no 5, September 2001, pp S261-S265.

480 American over 65s who had knee pain on most days of the week and difficulty with daily activity were followed for 30 months. There was a significant interaction of baseline self-efficacy with baseline knee strength in predicting both self-reported disability and stair climbing performance. Participants who had low self-efficacy and low strength at baseline had the largest 30-month decline in these outcomes. These data underscore the important role that self-efficacy beliefs play in understanding functional decline with chronic disease and ageing. Self-efficacy beliefs appear to be most important to functional decline in older people when they are challenged by muscular weakness in the lower limbs. (RH)

ISSN: 10795014

Social work and palliative care - the early history: critical commentary; by Cicely Saunders.

British Journal of Social Work, vol 31, no 5, October 2001, pp 791-800.

The opening of the St Christopher's Hospice, founded by Dame Cicely Saunders in 1967, has often been given as the beginning of the modern hospice movement. A review of literature from the late 1950s and early 1960s reveals how the basic concepts and principles of the hospice movement came together long before the founding of St Christopher's. (RH)

ISSN: 00453102

UK geriatricians' attitudes to active voluntary euthanasia and physician-assisted death; by David Clark, George Dickinson, Carol J Lancaster (et al).

Age and Ageing, vol 30, no 5, September 2001, pp 395-398.

The opinions were surveyed of consultant members of the British Geriatrics Society (BGS) on care at the end of life. Most of those responding (81%) see no ethical justification for active voluntary euthanasia or physician-assisted death, but around one quarter support some form of legislation. Just over one in ten respondents would in some situations be willing to administer active voluntary euthanasia or to assist in death. Free text comments frequently cited good palliative care as an important response to such issues in clinical practice. (RH)

ISSN: 00020729

2000

Assessing structure, process and outcome in palliative day care: a pilot study for a multicentre trial; by Hannah-Rose Douglas, Irene J Higginson, Kathryn Myers (et al).

Health & Social Care in the Community, vol 8, no 5, September 2000, pp 336-344.

Palliative day care is the most recent development in the evolution of palliative and hospice services in the UK. Day care allows patients to continue living at home, while regularly attending a specialist care centre for therapy and counselling, for example. However, the costs and outcomes of services need to be evaluated. A developmental stage of exploratory research was undertaken at the start of a major multicentre trial of palliative day care, to identify ways in which service outcomes could be evaluated and measured. In-depth observations at five palliative day care centres were undertaken across the London health region. This provided better understanding of the models, outcomes and processes of palliative day care in five different environments. Centres represent the spectrum of medical and social care models. Findings were analysed using an organisational systems approach, which showed that, despite the lack of a national strategic approach to developing the service, the centres all provided a core set of services which were broadly similar. However, differences in philosophy, ownership and organisation may have an impact on the costs of the service. (RH)

ISSN: 09660410

Assessment and understanding of pain in patients with dementia; by Jeff C Huffman, Mark E Kunik.

The Gerontologist, vol 40, no 5, October 2000, pp 574-581.

The literature on pain in dementia patients is reviewed. A summary of methods on assessment of pain in demented older people and an examination of studies theorising a decrease in affective pain in this population is discussed. Research reveals three major findings: a moderate decrease in pain occurs in cognitively impaired older people; communicative dementia patients' reports of pain tend to be as valid as those of cognitively intact patients; and assessment scales developed thus far for non-communicative patients require improvements in accuracy and ease of use. Many questions about pain in dementia remain, and the continued development of valid pain assessment techniques is a necessity. (RH)

ISSN: 00169013

The challenges of end of life care; by Katherine Froggatt, Jill Hasnip, Pauline Smith.

Elderly Care, vol 12, no 2, April 2000, pp 1-13.

A two-year palliative care pilot education project for staff working in nursing homes registered with the Registered Nursing Homes Association (RNHA) in north-west England is described. The project was designed to offer courses to all levels of care staff: 54 nursing homes sent 151 registered nurses; and 16 homes sent all levels of staff. The starting point was to discover what staff were doing for residents who were dying, how they did it and why. This article examines the project's impact on learning, communication skills, the role of families in care giving, and pain management. The authors discuss how appropriate end of life care should be further developed, the central focus of care work being on the dying person and his or her choices and needs. (RH)

ISSN: 09568115

Chiropractic care for patients aged 55 years and older: report from a practice-based research program; by Cheryl Hawk, Cynthia R Long, Karen T Boulanger (et al).

Journal of the American Geriatrics Society, vol 48, no 5, May 2000, pp 534-545.

805 patients (60.1% women, 94.7% white) attending 96 chiropractors in 32 US states and two Canadian provinces participated in a 12-week study which used the Medical Outcomes Study 12-Item Short-Form Health Survey (SF-12) and the Pain Disability Index (PDI). Overweight patients comprised 38.6% and obese 20.6% of the total; 50.2% reported regular exercise. Chief complaints were predominantly pain-related (72.3%), most commonly back pain (32.9%). 40.6% of study patients reported using at least one pain medication more than 3 times per week. More than half of complaints (54.9%) had onsets more than 6 weeks before the baseline visit. For 66.6% of subjects, a chiropractor was the only provider for their current complaint. In addition to manipulation, most common features of care were recommendations on exercise (41%), heat or cold applications (40.8%) and food supplements (24.5%). At 4 weeks, 19.8% were discharged, 58.8% continued treatment, and 20.1 had discontinued care. Those with higher PDI mean baseline scores showed more change at 4 weeks. For those discharged by a doctor, the proportion of reported pain medication use decreased 7.3% at 4 weeks, increased for those who discontinued care, and remained about the same for those continuing care. Further investigation of the PDI and decrease in pain medication use as outcome measures seems warranted. (RH)

ISSN: 00028614

Chronic pain management: a qualitative study of elderly people's preferred coping strategies and barriers to management; by Gwenda Lansbury.

Disability and Rehabilitation, vol 22, no 1/2, 2000, pp 2-14.

An Australian study of 72 over 65s with chronic pain living in the community found that preferred coping strategies were those that could be self-administered and included both cognitive and physical elements. Older people wished to be active in their treatment, make informed choices, and were willing to try new methods. Least-preferred strategies were the conventional treatments of medications, exercise and physiotherapy. Many barriers have to be overcome to achieve relief from pain, such as cost, access to health care, related disorders, attitudes of health professionals, lack of communication, and fear of losing independence. Health professionals need to be aware of all these factors and the reasons for older people's health care choices. (OFFPRINT.) (RH)

ISSN: 09638288

Facilitator's book for pain management in people with dementia in institutional care; by W McClean, Dementia Services Development Centre (DSDC), University of Stirling. Stirling: Dementia Services Development Centre, 2000, 40 pp.

This facilitator's book, produced in association with Macmillan Cancer Relief, has comments and suggestions, additional to those in the practice guide. Its purpose is to enable a manager to lead a group of staff in addressing the issues of pain management of people with dementia in institutional care. (RH)

ISBN: 1857690931

Price: £9.00

From : DSDC, Department of Applied Social Science, Faculty of Human Sciences, University of Stirling, Stirling, FK9 4LA.

Factors related to sleep disturbance in older adults experiencing knee pain or knee pain with radiographic evidence of knee osteoarthritis; by Sara Wilcox, Gretchen A Brenes, Doug Levine (et al).

Journal of the American Geriatrics Society, vol 48, no 10, October 2000, pp 1241-1251.

Participants were 429 men and women aged 65+ and experiencing knee pain, recruited from the US Observational Arthritis Study in Seniors (OASIS). At least once a week, problems were experienced with sleep onset by 31% of participants, sleep maintenance by 81%, and early morning awakenings by 51%. Sleep disturbance is common in older people experiencing knee pain or knee pain with radiographic evidence of osteoarthritis (OA), and is best understood by considering demographic, physical health, physical functioning, pain, and psychosocial variables. Interventions that take into account the multidetermined nature of sleep disturbance in knee pain or knee OA are most likely to be successful. (RH)

ISSN: 00028614

Fulfilling lives: rehabilitation in palliative care; by National Council for Palliative Care - NCPC. London: National Council for Palliative Care - NCPC, 2000, 19 pp (with Briefing update, August 2006).

A rehabilitative approach can help people with advancing, life-threatening disease lead fulfilling lives within the constraints of their illness; and such approach should be an integral part of all palliative care. This document was first published by the National Council for Hospice and Specialist Palliative Care Services. It explains why rehabilitation is central to the concept and scope of palliative care. It challenges some common misconceptions,

such as the belief that the only acceptable goal of rehabilitation is measurable improvement or restoration of function, or that rehabilitation is a waste of resources for people with life-threatening illnesses. It provides advice on how rehabilitation can be incorporated into palliative and supportive care. A 2 pp briefing update (August 2006) has been published to cover policy changes, particularly the National Council for Clinical Excellence (NICE) "Guidance on supportive and palliative care" (2004). (RH)

ISBN: 1898915245

Price: £15.95

From : NCPC, The Fitzpatrick Building, 188-194 York Way, London N7 9AS.<http://www.ncpc.org.uk>

A guide to useful resources in palliative care including fact sheets: produced by the Hospice Information Service; by Avril Jackson, Ann Eve, Hospice Information Service. London: Hospice Information Service, February 2000, 11 pp.

This guide lists every Fact Sheet produced by the Hospice Information Service, as well as providing guidance on other useful resources for professionals working in palliative care. (KJ/RH)

From : The Hospice Information Service, St Christopher's Hospice, 51-59 Lawrie Park Road, London SE26 6DZ.

The level of need for palliative care: a systematic review of the literature; by Peter J Franks, Chris Salisbury, Nick Bosanquet (et al).

Palliative Medicine, vol 14, 2000, pp 93-104.

Palliative care services have developed rapidly over the last 30 years, with little evaluation as to how needs have been met by these new services. This literature view has found 64 articles providing evidence on the need for palliative care services over the period 1978 to 1997, with a further 9 more recent articles. Need can be assessed in one of two ways: either by adopting an epidemiological approach, or by examining health service usage. In the former, evidence is provided on disease-specific mortality, and related to the duration of symptoms prior to the patient's death. For the latter, estimates might be made of numbers of cases and of the specialised manpower required. Studies indicate that at present usage, palliative care is being provided by 40-50 hospice beds per million population. Despite this provision, there remains evidence that in certain areas of care such as pain control, there still remains a high degree of unmet need. (RH)

ISSN: 02692163

Measuring the outcomes of care in older people: a non-critical review of patient-based measures: III: Pain, physical disability and handicap, and social health instruments; by P Kliempt, D Ruta, M McMurdo.

Reviews in Clinical Gerontology, vol 10, no 3, August 2000, pp 235-244.

This is the last in a series of three papers reviewing 69 patient-based outcome measures that have been developed specifically for older people. First, 6 pain measures are described: Visual Analogue Pain Rating Scale; McGill Pain Questionnaire (MPQ); Brief Pain Inventory (BPI); Pain and Distress Scale (PAD); and Illness Behaviour Questionnaire (IBQ). Next, 12 measures of physical disability are described: PULSES Profile; Barthel Index; Index of Activities of Daily Living (ADLs); Kenny Self Care Evaluation; Physical Self Maintenance Scale (PSMS); Medical Outcomes Study Physical Functioning Measure; Rapid Disability Rating Scale (RDRS); Functional Activities Questionnaire; Functional Independence Measure (FIM); Townsend's Disability Scale; Crichton Royal Behaviour Rating Scale (CRBRS); and Functional Status Index (FSI). Lastly, 8 measures of social health are described: Social Support Questionnaire (SSQ); Social Support Scale; Rand Social Health Battery; Interview Schedule for Social Interaction (ISSI); Social Dysfunction Rating Scale (SDRS); Inventory of Socially Supportive Behaviours (ISSB); UCLA Loneliness Scale; and Medical Outcomes Study Social Support Survey. (RH)

ISSN: 09592598

Pain and its association with disability in institutional long-term care in four Nordic countries; by U Harriet Finne-Soveri, Gunnar Ljunggren, Marianne Schroll (et al).

Canadian Journal on Aging, vol 19, supplement 2, Fall 2000, pp 38-49.

Cross sectional data (n=6,487) from four Nordic countries, Denmark, Finland, Iceland and Sweden were utilized to determine the prevalence of daily pain and its association with disability in institutional long term care. Every resident in each of the participating institutions was assessed with Minimum Data Set version 1.0 (MDS). The sample was representative of institutional long term care in Copenhagen and Reykjavik. In addition, the data collected from Stockholm and Helsinki provided substantial information on the residents in these capitals. The results showed that 22%-24% of the residents experienced daily observable pain and this was most evident in the most disabled subjects. In addition to disability and female gender, diseases or conditions independently associated with pain are given. The association between pain and severe cognitive impairment was negative. The results strongly indicate that daily pain in long term care has a complex association with disability, the latter

acting together with underlying diseases as a source and/or result of pain. Thus, a vicious circle between pain and disability can be anticipated. (KJ/RH)

ISSN: 07149808

Physician attitudes toward palliative care at a community teaching hospital; by Jamshid Alaeddini, Kell Julliard, Ashish Shah (et al).

The Hospice Journal, vol 15, no 2, 2000, pp 67-86.

In this US study, physicians' attitudes and opinions about palliative care and its implementation were explored by four focus groups comprising attending physicians conducted by a professional facilitator at a community teaching hospital. Audiotapes of the groups were carefully transcribed and analysed according to rigorous qualitative methodology. Physicians perceived palliative care and pain control as important. Problems they perceived were a lack of education for physicians, residents, other health care professionals and the general public; a lack of hospital support systems to implement palliative care appropriately; and a lack of knowledge and support regarding legal considerations. They believed that a palliative care unit was a reasonable tool to overcome many obstacles to good end-of-life care. (KJ/RH)

ISSN: 0742969X

From : Haworth Document Delivery Service, Haworth Press, 10 Alice Street, Binghamton, NY 13904-1580, USA.

Practice guide for pain management for people with dementia in institutional care; by W McClean, Dementia Services Development Centre (DSDC), University of Stirling. Stirling: Dementia Services Development Centre, 2000, 36 pp.

This practice guide, produced in association with Macmillan Cancer Relief, comprises training material and is arranged in four sections. The first looks at the issue of pain as a personal experience. The second, on older people in pain, considers their pain experiences whether living in the community, in hospital, or in long-term care. The third, on knowing when someone with dementia is in pain, looks at how pain is diagnosed as dementia progresses, and the importance of listening and reacting to verbal responses from the person with dementia in the same way as a person with normal cognition. The last section considers some ethical issues. (RH)

ISBN: 1857690923

Price: £8.00

From : DSDC, Department of Applied Social Science, Faculty of Human Sciences, University of Stirling, Stirling, FK9 4LA.

Prevalence of analgesic and psychotropic medication use by older people with chronic pain; by Francis Kung, Stephen J Gibson, Robert D Helme.

Australasian Journal on Ageing, vol 19, no 1, February 2000, pp 33-37.

Some Australian studies have found that analgesic and psychotropic drugs are among the commonly used medications in older people. This study investigated the profile of analgesic and psychotropic medication use in two groups of community-dwelling older people with chronic pain of non-malignant origin. The overall use prevalence of the medications was similar in the two groups. However, significant differences in use prevalence of subcategories of medications were found between the two groups. Those with neurological and non-musculoskeletal conditions as the main cause of pain were more likely to use narcotics and antidepressants, while those with musculoskeletal pain were more likely to use non-steroidal anti-inflammatory drugs. (AKM)

ISSN: 07264240

Visual analogue scales for pain assessment in Alzheimer's disease; by E J A Scherder, A Bouma.

Gerontology, vol 46, no 1, January 2000, pp 47-53.

In earlier studies, pain assessment in patients with Alzheimer's disease (AD) was conducted by interview, for which reliability is questionable considering the decline in expressive and receptive language abilities in AD. By using visual analogue scales, this study investigated whether nondemented older persons and AD patients comprehended the purpose of the scales, and whether AD patients reported less pain intensity and pain affect. The results showed that visual analogue scales may improve pain assessment in those AD patients who fully comprehend the meaning of the scales. However, as only a minority of mid-stage AD patients understood the purpose of the scales, the search for pain assessment tools in this population must continue. (AKM)

ISSN: 0304324X

1999

Age is not the crucial factor in determining how the palliative care needs of people who die from cancer differ from those of people who die from other causes; by Julia M Addington-Hall, Saffron Karlsen.

Journal of Palliative Care, vol 15, no 4, 1999, pp 13-19.

A belief that the hospice philosophy is particularly applicable to younger people may account in part for the continued focus of palliative care on cancer patients, as it has been argued that age is the crucial factor in determining how cancer and non-cancer patients differ. The authors conducted a secondary analysis of data from a UK population-based retrospective survey, the Regional Study of Care for the Dying, to critically examine this proposition. The sample comprised 2025 cancer and 1471 non-cancer deaths. On average, cancer patients were younger. However, at all ages, cancer and non-cancer patients differed significantly with, for example, different patterns of dependency and symptomatology. Cause of death - rather than age - is therefore the principal difference. The debate within palliative care on whether and how to provide services for non-cancer patients must move beyond a focus on group differences such as age; instead, the focus should be on understanding the varying problems non-cancer patients experience, and how best to organise palliative care services to meet the individual needs of these patients. (RH)

Assessing the pain of people with cognitive impairment; by Ailsa K R Cook, Catherine A Niven, Murna G Downs.

International Journal of Geriatric Psychiatry, vol 14, no 6, June 1999, pp 421-425.

This review presents evidence of the undertreatment of pain for people with cognitive impairment, and explores reasons for this which emphasise inadequate detection due to lack of suitable pain assessment protocols. Implications for practice and suggestions for future research are made. (RH)

ISSN: 08856230

Balancing the focus: art and music therapy for pain control and symptom management in hospice care; by Barbara Trauger-Querry, Katherine Ryan Haghghi.

The Hospice Journal, vol 14, no 1, 1999, pp 25-38.

Pain and symptom management are a major part of hospice care. Literature and direct experience suggest that pain can be resistant if psychological, emotional, or spiritual issues are not addressed. This article explains how art and music therapies can work in conjunction with traditional medical treatment of pain control in the hospice setting. The process of pain modulation through the use of art and music interventions is described. Brief clinical examples demonstrate the use of art and music therapies for pain reduction with a variety of hospice patients. Information regarding appropriate education and training necessary for art and music therapists is presented. (RH)

ISSN: 0742969X

From : Haworth Document Delivery Center, The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Care at the end of life: restoring a balance; by Diane E Meier, R Sean Morrison (eds): American Society on Aging, Spring 1999, 104 pp (whole issue).

Generations, vol XXIII, no 1, Spring 1999, 104 pp (whole issue).

The dying process for the oldest old is characterised by a high prevalence of untreated pain and other symptoms, due to chronic conditions and the attendant progressive functional dependency and unpredictability of the disease course. The editors of this issue of Generations suggest that it is time to restore the balance, so that relief and suffering and cure of disease are seen as obligations of the medical profession that is dedicated to patient care. Articles on palliative care consider the needs of older patients and their families, the particular challenge of working with patients with severe dementia, and the training of nurses, doctors and nursing home staff. End-of-life decisions and issues are examined from cultural, ethical and spiritual perspectives, also of relevance in requests from patients to doctors for "assisted suicide": the arguments for and against are given. The needs of caregivers and how family members cope with grief and bereavement are examined, as well as nursing home patients' need for intimacy: many spend the end of their lives in emotional and physical isolation. (RH)

ISSN: 07387806

Chronic pain in older people; by Michaela Gehring, Roger Watson.

Elderly Care, vol 11, no 7, October 1999, pp 16-20.

A review of some recent textbooks and other literature on old age revealed that chronic pain in older people is a relatively neglected area which is bound to have consequences for nursing practice. In the first of a two part series, the authors review the literature relating to chronic pain and its demography, age-related changes in sensitivity to pain, and its effects on older people's lives. (RH)

ISSN: 09568115

Effectiveness of home exercise on pain and disability from osteoarthritis of the knee: a randomised controlled trial; by Sheila C O'Reilly, Ken R Muir, Michael Doherty.

Annals of Rheumatic Diseases, vol 58, 1999, pp 15-19.

191 men and women with knee pain aged 40-80 were recruited from the community in Nottingham and randomised to exercise (n=113) or no intervention (n=78). The exercise group performed strengthening exercises daily for 6 months. The primary outcome measure was change in knee pain (Western Ontario McMaster Osteoarthritis index - WOMAC). Secondary measures included visual analogue scales (VAS) for pain on stairs and walking, and WOMAC physical function scores. WOMAC pain score reduced by 22.5% in the exercise group and by 6.2% in the control group. VAS scores for pain also reduced in the exercise group compared with the control group. Physical function scores reduced by 17.4% in the exercise group and were unchanged in controls. Thus, a simple programme of home quadriceps exercises can significantly improve self-reported knee pain and function. (RH)

ISSN: 00034967

The factors associated with excess disability in arthritic elderly patients; by Ai-Fu Chiou, MaryBeth T Buschmann.

Journal of Mental Health and Aging, vol 5, no 2, Summer 1999, pp 151-164.

This US cross-sectional study investigated the occurrence of excess disability, the relationships between pain, disability, and psychological status, and the dimensions of total disability in arthritic older people age 55 and over. 100 older people who had rheumatoid arthritis or osteoarthritis were interviewed in two rheumatoid clinics. Results showed that total disability was correlated to pain and psychological status such as depression, self-esteem, and life satisfaction. Factor analysis also provides evidence that a multidimensional model is useful in explaining the impact of arthritis in total disability. A total of 57.28% of variance of total disability was explained by four factors: psychological, clinical, demographic, and other factors. No significant differences were found among those with excess disability with respect to means of depression, self-esteem, life satisfaction and locus of control. However, this study confirms that exact disability and depression actually exist in some arthritic older people. It is suggested that nurses should be aware of these problems, and nursing interventions should be multidimensional to manage or prevent patient disability. (RH)

ISSN: 10784470

Long term patterns of morphine dosage and pain intensity among cancer patients; by Paul Sloan, Ronald Melzack.

The Hospice Journal, vol 14, no 2, 1999, pp 35-48.

It is believed that people who receive daily doses of morphine to relieve chronic cancer-related pain develop relatively little tolerance to the drug's analgesic effects. This study documents morphine intake of 17 patients (mean age 59) with chronic cancer pain in the palliative care unit at the Royal Victoria Hospital, Montreal over a 64-week period. Those receiving morphine for 30 days or longer and able to complete the pain scale were included. Those with a confused or clouded sensorium were excluded. Daily pain intensity was measured by the PPI (0-5 scale) of the McGill pain questionnaire, followed up for a mean of 82 days. Mean daily dosage at study entry was 135 mg, and at study completion 244 mg. There was no evidence that any patient rapidly developed tolerance to morphine. Pain was well controlled for most patients. 10 of the patients reported 93% of their PPI scores as 0 or 1; 4 of these reported occasional breakthrough pain. 4 other patients reported 18% of scores as either 2 (discomforting) or 3 (disturbing). The other 3 patients spent more than 4 months in the unit and had less than good pain control. More than 82% of patients' chronic cancer-related pain was well controlled with oral morphine as a main therapy. (RH)

ISSN: 0742969X

From : Haworth Document Delivery Center, The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Low back pain and disability in older women: independent association with difficulty but not inability to perform daily activities; by Suzanne G Leveille, Jack M Guralnik, March Hochberg (et al).

The Journals of Gerontology Series A: Biological sciences and Medical Sciences, vol 54A, no 10, October 1999, pp M487-493.

Low back pain is a highly prevalent chronic condition, yet little is known about its disabling effects for older people. This study examines the relationship between the presence and severity of low back pain and disability in some 1000 disabled older women from the US Women's Health and Aging Study (WHAS) over a 5-year period. 42% of participants reported having low back pain for at least one month in the year before baseline. Prevalence of severe back pain decreased markedly with age (10% of those 85 and over versus 23% in two

younger 10 year age groups). After multivariate adjustments, women with severe back pain were 3 to 4 times more likely than older women to have a lot of difficulty with light housework or shopping. There was also an increased likelihood of difficulty with mobility tasks and basic activities of daily living (ADLs) among those with severe back pain. No associations were found between back pain and being unable to perform any of the daily activities studied, including possible differences in disablement processes leading to functional difficulties versus functional incapacity. (RH)

ISSN: 10795006

Narratives of pain in later life and conventions of storytelling; by Bettina Becker.

Journal of Aging Studies, vol 13, no 1, 1999, pp 73-88.

Conventions of storytelling are discussed, with reference to two accounts of the experience of chronic pain that challenged the author's comprehension. To engage with these accounts and to reflect on hearing/reading practices, the author uses narrative analysis. Narrative analysis acknowledges the way people tell their story as integral to the meaning they convey. But definitions of narrative are often linear and causal, and are closely linked to the conventions of storytelling that are dominant in our culture. Recognising that link enables the listener/reader to go beyond; to follow disjointed, chaotic accounts that are not easy to hear, and to situate speakers within or outside of dominant discourses. She argues that such a hearing contributes to an understanding of the self which provides an alternative to the modernist idea of an autonomous, self-controlled and independent individual, an alternative which values older people's lives and narratives. (RH)

ISSN: 08904065

The New Opportunities Fund [NOF] palliative care - assessor's checklist: prepared by the Department of Health for the New Opportunities Fund (in association with the National Council for Hospice and Specialist Palliative Care Services and the Hospice Information Service); by Department of Health - DH; National Council for Hospice and Specialist Palliative Care Services; Hospice Information Service.: unpublished, December 1999, 17 pp.

This checklist has been drawn up to provide context to New Opportunities Fund (NOF) assessors when considering applications for palliative care projects. It provides data about palliative care in each health authority in England, and includes local information about cancer deaths and levels of social deprivation. The checklist is likely to be of use to commissioners and local providers in developing palliative care strategy for inclusion in the Health Improvement Programme. The tables provide data on two aspects of palliative care - population needs and services currently provided. (KJ/RH)

Origins: international perspectives, then and now; by Cicely Saunders.

The Hospice Journal, vol 14, numbers 3/4, 1999, pp 1-8.

It was because a number of people took time to listen to patients and families facing terminal illness that the Hospice Movement has grown worldwide since it began in the 1960s. The addition of new skills in pain and symptom control, the understanding of the problems faced by families and the need for research and teaching has brought the old traditions in care and caring into the present day. It has shown that it can be relevant in many settings and cultures, and in countries with widely different resources. (RH)

ISSN: 0742969X

From : Haworth Document Delivery Service, The Haworth Press, 10 Alice Street, Binghamton, NY 13904-1580, United States.

Pain management in geriatric fellowship training; by Wendy M Stein, Bruce A Ferrell.

Gerontology & Geriatrics Education, vol 20, no 2, 1999, pp 69-78.

Pain is common among older people, yet recent studies have suggested that physicians often receive inadequate training in pain management. This article reports the results of a survey of 78 accredited geriatric fellowship training programmes to explore pain management curricula. Results showed that most programmes provided settings where pain was a major focus of care while only half required experience or rotations in these settings. Forty-three percent of programmes had no faculty identified as having training or expertise in pain management and few had curriculum focused on pain management. Pain was cited as a curriculum area in need of improvement while major barriers were lack of faculty expertise and competing curriculum content. (AKM)

ISSN: 02701960

From : <http://www.tandfonline.com>

Physician-assisted suicide: does gender matter?; by Lori A Roscoe.

Journal of Ethics, Law, and Aging, vol 5, no 2, Fall/Winter 1999, pp 111-120.

There is evidence that older women are disadvantaged in their treatment by the medical profession. This article examines the research literature which suggests that differences in women's social and health status may

increase the likelihood of their seeking physician-assisted suicide. The relative lack of medical research on both ageing and female biology significantly limits the quality of medical care available to older women, whose longer life expectancy places many of them at risk for experiencing prolonged frailty and chronic health problems. Women experience depression about twice as frequently as men, and are at greater risk for inadequate pain management, both of which are associated with a desire to die. While there are ample reasons to suspect that gender plays an important role in increasing older women's vulnerability to physician-assisted suicide, data from the first year of legal physician-assisted suicide in Oregon do not show gendered patterns or gender bias. The reasons for this, and the importance of continuing to examine the impact of gender in the light of emerging data on physician-assisted suicide are examined. (RH)
ISSN: 10761616

Reflections on palliative care: sociological and policy perspectives; by David Clark, Jane Seymour. Buckingham: Open University Press, 1999, 213 pp (Facing death).

The book, organised into four parts, is aimed primarily at students of palliative care, but is also likely to be of interest to practitioners, policy-makers and researchers. Part I considers death and dying as social phenomena; it explores questions of ageing, informal care, bereavement and end-of-life care ethics (including euthanasia). Part II examines the philosophy and practice of palliative care; it defines the "good death", the limits of palliation, and routinization and medicalization. Analysis in Part III shifts to broader questions of policy affecting palliative care and its delivery not only in hospices, but also in hospitals, at home and in institutional settings. The future of palliative care in the context of recent policy decisions - such as the 1997 White Paper, "The new NHS: modern, dependable" (Cm 3708) - is considered in Part IV. (RH)

ISBN: 0335194540

Price: £15.95

From : Open University Press, Celtic Court, 22 Ballmoor, Buckingham MK18 1XW.

Residential care for adults: [the case for palliative care]; by Sheila Peace. Sutton: Community Care, October 1998-April 1999, pp 16-18.

Research Matters: a digest of research in social services, issue 6, October 1998-April 1999, pp 16-18.

Every year thousands of older people die in residential homes, yet palliative care is often not available to this particularly vulnerable group. This article reviews the findings of a new study for the Department of Health (DoH) by Moyra Sidell, Jeanne Katz and Carol Komaromy, 'Death and dying in residential and nursing homes for older people: examining the case for palliative care' (Open University, 1998). The study was based on the assumption that this form of terminal care should be available to all dying people. Although staff of homes are willing to take on terminal care, the quality of that care is currently very variable. To enable staff to develop their role, the study suggests: a need for change in the internal management of homes to ensure adequate staffing; education and training to improve knowledge of palliative care; and greater liaison between homes and primary care teams. Use of the six Trent Palliative Care Core Standards is recommended: collaboration with other agencies; symptom control; resident/carer information; emotional support; bereavement care and support; and specialist education for all staff. (RH)

ISSN: 13630105

From : Research Matters Subscriptions, FREEPOST CN2908, Reed Business Information, Quadrant House, Sutton, Surrey SM2 5BR.

UK population norms for EQ-5D; by Paul Kind, Geoffrey Hardman, Susan Macran, Centre for Health Economics, University of York. York: University of York, 1999, unnumbered (Centre for Health Economics Discussion paper 172).

Data is presented from the Department of Health (DoH) funded Measurement and Valuation of Health survey, a nationally representative interview survey of some 4,000 men and women, conducted by the Centre for Health Economics (CHE) in 1993. Among other things, the survey collected information on health status using the EuroQoL (EQ-5D) descriptive system. EQ-5D defines health in terms of five dimensions: mobility, self-care, usual activities, pain or discomfort, and anxiety or depression. Each dimension is subdivided into three levels corresponding to whether a respondent has no problems, moderate problems, or extreme problems. Data is presented as a series of tables of age/sex population norms for the EQ-5D, for both self-rated health care and weighted health state index. (RH)

Price: £12.50

From : Publications Centre, Centre for Health Economics, University of York YO1 5DD.

1998

Chronic pain in the elderly: is silence really golden?; by Lisa Klinger, Sandi J Spaulding.

Physical & Occupational Therapy in Geriatrics, vol 15, no 3, 1998, pp 1-18.

Pain in older people has only recently begun to receive special attention. Surveys carried out in Canada and other countries indicate that most older people experience chronic pain, although the relationship of age to the prevalence of pain is not entirely clear. Pain perception is a complex phenomenon; and age affects individuals' response to the perception of pain relieving measures. The literature also indicates that older people may cope differently with pain, and they also tend to under-report it. Assessment for pain should form part of all assessments of older clients. Strategies for treatment and assessment are suggested. (RH)

ISSN: 02703181

From : Haworth Document Delivery Center, Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Cognitive-behavioral pain management for elderly nursing home residents; by Andrew J Cook.

The Journals of Gerontology Series B: Psychological sciences and social sciences, vol 53B, no 1, January 1998, pp P51-P59.

Research has demonstrated that pain is a major problem among older people in long-term care facilities. This Canadian study compared a cognitive-behavioural pain management programme for older nursing home residents with chronic pain with an attention/support control treatment in a randomised pre/post comparison group design with follow-up. Thirteen female and nine male nursing home residents aged between 61 and 98 years participated in the treatment programmes through 10 weekly group sessions. Results revealed that the subjects who received the cognitive-behavioural training reported less pain and pain-related disability, although the two programmes were perceived as equally credible both before and after treatment. No significant treatment effects were found for depression and physician medication ratings. Treatment effects were maintained at 4-month follow-up, despite an overall increase in reported pain. Findings indicate that older nursing home residents with chronic pain and without serious cognitive impairment can benefit substantially from training in cognitive and behavioural pain management strategies.

ISSN: 10795014

Disaggregating pain and its effect on physical functional limitations; by Michael J Lichtenstein, Rahul Dhanda, John E Cornell (et al).

The Journals of Gerontology Series A: Biological Sciences and Medical Sciences, vol 53A, no 5, September 1998, pp M361-M371.

The authors sought to improve the ability to measure pain location by modifying the pain map (MPM) of the McGill Pain Questionnaire (MPQ). Data were obtained from 833 Mexican American and European American aged 65-79 in the San Antonio Longitudinal Study of Aging (SALSA) between 1992 and 1996. A total of 373 (46%) of subjects reported having pain in the previous week. Pain was reported in all 36 areas of the MPM, which were grouped into 7 regions of pain: head; arms; hands and wrists; trunk; back; upper leg; and lower leg. Among those with pain, its frequency, intensity and location were weakly linked with each other. Pain regions were primarily independent of each other, yet weak associations existed between 6 of the 21-pair-wise correlations between regions. Pain regions were differentially associated with individual physical functional limitations. Pain in the upper leg was associated with 8 of the 9 physical tasks. Use of the MPM clearly demonstrated that pain location is an important determinant of self-reported physical functional limitations. (RH)

ISSN: 10795006

Measurement and management of pain in older people; by Robert D Helme, Stephen J Gibson.

Australasian Journal on Ageing, vol 17, no 1, February 1998, pp 5-9.

There is evidence that older people's experience of pain differs from that of younger people, and close attention should be given to the impact of underlying diseases on the pain experience. Pharmacological strategies form the mainstay of management approaches for chronic pain. However, it is important to offer an integrated and tailored management programme to deal with all factors contributing to a patient's pain problem. This may include physical therapies, attention to posture, and the use TENS (transcutaneous electric nerve stimulation), as well as psychological strategies suggested by cognitive-behavioural treatment approaches. In cases where conventional treatment fails, multidisciplinary pain management clinics for older people have been shown to be effective, although negative referral bias and ageist attitudes may limit access to these services. Age should not be regarded as a barrier to effective pain management. Continuing education of both therapists and older people themselves is needed to reinforce this view. (RH)

ISSN: 07264240

Pain by numbers; by Eveline Johnson.

Nursing Times, vol 94, no 35, 2-8 September 1998, pp 34-35.

Pain is difficult to assess since every person's perception of it is unique, and it is influenced by factors such as family and social conditioning, religion, culture, age and gender, and personality. The author of this article, winner in the acute category of the Nursing Times Care of Older People Awards, describes the use of a pain assessment tool in a long-term care unit in Aberdeen. The McCaffery and Beebe's vertical visual analogue scale was used to assess pain in a male patient aged 85 years. It was found that the assessment scale helped to interpret the patient's level of pain intensity and assisted in regulating analgesia for pain control. (AKM)

ISSN: 09547762

Pain management issues: the cost of medications in rural settings: the cost of medications in rural settings; by Jo Ann Dalton, John Carlson, J Douglas Mann (et al).

The Hospice Journal, vol 13, no 4, 1998, pp 19-32.

Cost of analgesic and adjuvant medications used by rural patients with cancer cared for by 29 nurses participating in an in-depth education programme were evaluated before and after the programme. Across all time periods, the median daily cost was US\$5.16 across all medications; further costings are given. Average pain intensity did not change over time, and was not related to prescribing patterns or daily costs. Whilst professional education was demonstrated to produce change in prescribing practices, further research is needed to evaluate patterns of medication administration and effectiveness patterns using reliable outcome measures other than self report of pain intensity. (KJ/RH)

ISSN: 0742969X

From : Haworth Document Delivery Center, The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

Palliative medicine: a case-based manual; by Neil MacDonald (ed). Oxford: Oxford University Press, 1998, 318 pp.

Aimed at medical students and others involved in palliative care, this textbook contains a series of cases which illustrate the various principles of palliative medicine. A total of 27 symptom problems and psychosocial issues are discussed, and the basic attitudes, skills and knowledge base which a physician should demonstrate in the care of patients with the problems are outlined. The following topics are covered: anorexia-cachexia syndrome; anxiety and depression; asthenia; bowel obstruction; cognitive impairment; constipation; pressure sores; dehydration; dyspnoea; genito-urinary symptoms; lymphoedema; mouth care; multifocal myoclonus; nausea and vomiting; management of cancer pain; bone pain; neuropathic pain; visceral pain; sleep disorders; communication in terminal illness; impact of cultural differences in care of the terminally ill; ethical issues; grief and bereavement; home care of dying patients; the social impact of illness; and meeting the spiritual needs of terminally ill patients. (AKM)

ISBN: 0192626574

Price: £16.95

From : Oxford University Press, Saxon Way West, Corby NN18 9ES.

Population-based study of pain in elderly people: a descriptive survey; by B Brochet, P Michel, P Barberger-Gateau (et al).

Age and Ageing, vol 27, no 3, May 1998, pp 279-284.

Pain is common in older people, yet it has so far not been widely addressed in the literature. An epidemiological study of pain complaints in a population-based sample of older people in South-Western France was conducted in order to establish the prevalence of pain and persistent pain. Of the total 741 subjects, 71.5% reported pain somewhere, 32.9% persistent pain (defined as daily pain for more than six months) and 32.5% reported episodic pain. The commonest locations were limb joints and back. The prevalence of pain was 44.5% for limb joints, 29.6% for back, 11.6% for neck and 11.3% for limbs (joints excepted). The prevalence of persistent pain was 19.4% for limb joints, 12% for back and 10.4% for limbs (joints excepted). The frequency of persistent pain increased slightly with age in both sexes but was higher in women. By contrast, the prevalence of episodic pain was statistically higher in men over 75. (AKM)

ISSN: 00020729

Predictors of pain self-report in nursing home residents; by D K Weiner, B L Peterson, P Logue (et al).

Ageing: Clinical and Experimental Research, vol 10, no 5, October 1998, pp 411-420.

The validity and reliability of standard pain self-report tools in frail nursing home residents, many with impaired communication skills, is largely unknown. This study examined the influence of cognitive function and other

biopsychosocial factors (age, race, gender, educational status, marital status, comorbidity, depression, social support, physical function and self-rated health) on test-retest reliability, four-week variance and intensity of self-reported pain measured with one of the most commonly used clinical assessment tools, the verbal 0 to 10 scale, and a pain thermometer. Pain was assessed twice on 3 days in week 1, and once each during weeks 2, 3 and 4. There was a quadratic association between cognitive function and test-retest agreement with the 0-10 scale. Residents with Folstein MMSE scores of 22-26 were more likely to show disagreement (50% of 44) than residents with scores <22 or >26 (7% of 71). Higher Folstein scores were associated with greater pain intensity for both pain scales. Baseline pain intensity was significantly related to pain variability (0-10 scale only). Clinicians should recognise these relationships when interpreting long-term care residents' expressions of pain. (RH)

ISSN: 03949532

Reaching out: specialist palliative care for adults with non-malignant diseases; by Julia Addington-Hall, National Council for Hospice and Specialist Palliative Care Services; Scottish Partnership Agency for Palliative and Cancer Care. London: NCHSPC, 1998, 32 pp (Occasional paper 14).

This paper examines the palliative care needs of patients dying from progressive non-malignant diseases and those of patients living with chronic non-malignant diseases. It aims primarily to promote discussion and action amongst and between: providers of specialist palliative care; health service commissioners; providers of education to health, social and pastoral care professionals; and health professionals caring for people with a wide range of life-threatening diseases. (RH)

Price: £5

From : National Council for Hospice and Specialist Palliative Care Services, 7th floor, 1 Great Cumberland Place, London W1H 7AL.

The relationship between depressed affect, pain and cognitive function: a cross-sectional analysis of two elderly populations; by J Cohen-Mansfield, L Taylor.

Aging & Mental Health, vol 2, no 4, November 1998, pp 313-318.

The relationship of cognitive function and pain to depression was studied among 195 participants in day care centres and 408 residents of a nursing home in the United States (US). The residents' cognitive capacity was segregated into three levels (intact, moderate impairment and severe impairment) as determined by the Brief Cognitive Rating Scale (BCRS). Ratings of both the residents' levels of depressed affect, as well as whether they experienced any pain were obtained from the staff at each institution. In both populations, individuals in pain with moderate cognitive impairment had the highest levels of depressed affect. The findings indicate that moderate cognitive impairment might exacerbate the impact of pain on depressed affect. (AKM)

ISSN: 13607863

From : <http://www.tandfonline.com>

The role of the Macmillan carer in a new community care service; by Claire Ferguson, Catherine Nelson, Penny Rhodes (et al).

International Journal of Palliative Nursing, vol 4, no 1, 1998, pp 6-13.

Care in the community has become a central feature of government policy for health and social care in the 1990s. There is now widespread interest in the provision of palliative care services in the community and domiciliary settings. In 1995, Macmillan Cancer Relief embarked on a programme of development projects concerned to provide support in the home to patients with palliative care needs, together with their informal carers. The key workers in this scheme are specially trained health care assistants, known as Macmillan Carers. An evaluation of the English schemes has been conducted, and this paper draws on one distinct element of the study. Based on interviews with 37 Macmillan Carers, the paper highlights the following key issues: the role of the qualified and unqualified nurse; the implications of the health and social care divide for this type of service; and wider concepts of formal and informal care. (RH)

Shingles pain; by Help the Aged. London: Help the Aged, April 1998, 7 pp (Help the Aged Information Sheet).

This information sheet considers the most common complication of shingles, which is post-herpetic neuralgia or PHN. It gives advice on pain management and other ways of coping with the condition. (AKM)

Price: FOC

From : Information Department, Help the Aged, St James's Walk, London EC1R 0BE.

Treatment of pain in cognitively impaired compared with cognitively intact older patients with hip-fracture; by Karen S Feldt, Muriel B Ryden, Steven Miles.

Journal of the American Geriatrics Society, vol 46, no 9, September 1998, pp 1079-1085.

Little is known about post-operative pain treatment of cognitively impaired older patients. This study compared the experience of pain and treatment of pain in 53 cognitively impaired and 35 cognitively intact older adults after surgical repair of a hip fracture. Results showed that pain report and pain intensity did not differ significantly between the two groups. One-third of subjects in both groups rated pain as severe or worse. Cognitively impaired subjects scored significantly higher on the Checklist of Nonverbal Pain Indicators observed with movement (CNPI-m) than did cognitively intact subjects. Cognitively impaired subjects received significantly less opioid analgesics than cognitively intact subjects in the first and second 48 hours post-operatively. Both groups received less than 25% of the mean prescribed amount of opioid analgesics. The authors concluded that pain is treated poorly in older post-operative patients, and in particular in older patients with cognitive impairment. (AKM)

ISSN: 00028614

1997

ABC of palliative care: principles of palliative care and pain control; by Bill O'Neill, Marie Fallon.

British Medical Journal, vol 315, no 7111, 27 September 1997, pp 801-804.

In palliative care, the control of pain, of other symptoms, and of psychological, social and spiritual problems, is paramount. Its goal is achievement of the best quality of life for patients and their families. This article outlines the development and components of palliative care, and the drug treatments for managing cancer pain.

ISSN: 09598138

Chronic pain in older adults with mental health problems: a survey; by Tara Kipling, Georgina Charlesworth.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, October 1997, pp 27-32.

PSIGE Newsletter, no 62, October 1997, pp 27-32.

Pain is among the most common clinical complaints presented by older patients. However, there is sparse literature on pain in older people with mental health problems. This survey aims to establish the extent to which attendees at a mental health day hospital report symptoms of chronic pain. Results are reported in terms of prevalence, location of pain, medication use and non-medication interventions. A comparison is made between cognitively impaired older people and older people with no overt cognitive impairments. As a result of this survey, pain assessment is to be included in the day hospital's initial assessment procedure. (RH)

ISSN: 13603671

Effect of dementia on pain: a case report; by E Ashpole, B Katz.

Australian Journal on Ageing, vol 16, no 2., 1997, pp 71-72.

Pain and dementia are common in the elderly population, and may co-exist, yet relatively little is known about their interaction. This report is of an 81 year old woman with a life long history of pain, who first attended the North West Hospital Pain Management Centre in Melbourne in 1992, and whose pain reporting altered as she developed dementia.

ISSN: 07264240

Effect of the national Resident Assessment Instrument on selected health conditions and problems; by Brant E Fries, Catherine Hawes, John N Morris (et al).

Journal of the American Geriatrics Society, vol 45, no 8, August 1997, pp 994-1001.

The effect of implementing the US Resident Assessment Instrument (RAI) was evaluated, using assessments of 2 large samples of nursing home residents pre- and post-implementation with 6-month follow-ups. Of eight health conditions representing poorer health status, dehydration and stasis ulcer had significantly lower prevalence after the implementation of RAI (1993) compared with 1990. At the same time, there was an increase in the prevalence of daily pain. Fewer residents declined over 6 months in nutrition and vision after implementation. Although for these two conditions there were also significantly reduced rates of improvement, there was an overall reduction in the 6-month rate of decline for all residents. Pain also demonstrated a decline in the post-implementation rate of improvement. The combined eight conditions (other items: dental status, dehydration, falls, and decubitus) showed reductions in the rates of both decline and improvement. Although changes might be ascribed otherwise, they support the premise that the RAI has directly contributed to improved outcomes for nursing home residents. (RH)

ISSN: 00028614

The experience and expression of pain in Alzheimer patients; by Mary Fisher-Morris, Angus Gellatly. *Age and Ageing*, vol 26, no 6, November 1997, pp 497-500.

The aim of this study was to establish whether there is a sub-group of patients suffering from senile dementia, Alzheimer-type (SDAT), who have ceased to undergo normal experience of pain. Two single case studies are presented, describing two patients diagnosed as having SDAT who had experienced various types of physical trauma, but did not show normal pain behaviour. A small scale national survey of abnormal pain behaviour in SDAT patients as reported by 54 carers is also presented. Results revealed 49 cases of SDAT patients who failed to exhibit normal experience of pain (including the 2 case studies). None of the cases appeared to have any particular problem of emotional expression or verbal communication, however, pain reactions to accidents, surgery procedures, infections and pre-existing conditions seemed to have been extinguished. Recognition of the existence of this sub-group has important legal and ethical implications for those treating or caring for such patients.

ISSN: 00020729

Feeling better: psychosocial care in specialist palliative care: a discussion paper; researched by Olivia Dix and edited by Myer Glickman on behalf of the Working Party on the Provision of Psychosocial Care in Specialist Palliative Care, [chairman Carolyn Brodrib; by Olivia Dix, Myer Glickman, Carolyn Brodrib, Working Party on the Provision of Psychosocial Care in Specialist Palliative Care, National Council for Hospice and Specialist Palliative Care Services. London: National Council for Hospice and Specialist Palliative Care Services, 1997, 24 pp (Occasional paper, 13).

Psychosocial care is concerned with the psychological and emotional well-being of patients, their families and carers, including issues of self-esteem, and insight into and adaptation to an illness and its consequences. As such, it is an integral part of palliative care. This report is based on the deliberations of a multiprofessional Working Party, and aims to contribute to the debate amongst providers of specialist palliative care about what constitutes high quality psychosocial care, and its delivery. There is an increasing body of evidence pointing to the effectiveness of interventions which do not rely on pharmaceutical methods for improving quality of life. In Part I, psychosocial care is defined and placed in the context of palliative care as a whole; and the psychosocial needs of patients, families and carers are outlined. In Part II, principles of psychosocial assessment are discussed; the key skills and professional roles described; and importance of adequate support and supervision for both staff and volunteers is emphasised. The final section discusses evaluation and quality improvement in psychosocial care. (RH)

ISBN: 1898915148

Price: £5.00

From : National Council for Hospice and Specialist Palliative Care Services, 7th Floor, 1 Great Cumberland Place, London W1H 7AL.

Interdisciplinary continuing education in a rural and remote area: the approach of the Northern Educational Centre for Aging and Health; by Mary Lou Kelley, Michael J MacLean.

Educational Gerontology, vol 23, no 7, October-November 1997, pp 631-649.

This article discusses issues of rural health care practice and the implications for practitioners' educational needs. The key components involved in delivering interdisciplinary educational and teamwork training are reviewed. The relevance of an interdisciplinary participatory approach for rural practitioners - given their practice context and work style - is discussed. Using NECAH's (the Northern Educational Centre for Aging and Health) experience in planning and delivering a 5-day interdisciplinary programme in palliative care as a case example, it is argued that simultaneous attention to the design and delivery of continuing professional education for rural professionals contributes to a relevant educational experience in the short term, and increased interdisciplinary collaboration in the long term. The article suggests that NECAH's interdisciplinary participatory approach is a significant model for the continuing education of health professionals in rural areas.

ISSN: 03601277

Moving forward: the challenge for hospice and palliative care: a consultation document: report of the Working Party on Council's Future Strategy; by Norman Blacker (chairman), National Council for Hospice and Specialist Palliative Care Services. London: National Council for Hospice and Specialist Palliative Care ..., 1997, 8 pp.

This paper outlines in detail the Council's current activities. Six key issues are identified for its future strategy: encouraging the provision of a full range of high quality palliative care services for all; promoting the recognition of individual patient, carer and family needs; promoting good practice in palliative care; building on Council's influence and knowledge to enhance co-operation and co-ordination; encouraging education and training opportunities; and increasing public understanding. Each is outlined in terms of a broad aim, and the priorities for achieving each aim.

Price: FOC

From : National Council for Hospice and Specialist Palliative Care Services, Heron House, 322 High Holborn, London WC1V 7PW.

Spousal support of older women with osteoporotic pain: congruity of perceptions; by Karen A Roberto, Deborah T Gold.

Journal of Women & Aging, vol 9, nos 1/2, 1997, pp 17-31.

In this study, 34 couples in Colorado and North Carolina were interviewed to assess the congruity of husbands' and wives' perceptions of the wives' osteoporotic pain and the exchange of instrumental support within the marital relationship. Moderate correlations were found between the husbands' and wives' ratings of two specific dimensions of the wives' pain experience: interference with daily life and pain severity. Wives who perceived their pain as more severe but as having a lesser impact on their personal lives provided the most frequent help to their husbands. The wives' pain perceptions were not predictive of the amount of assistance they perceived receiving from their spouses. Husbands' perceptions of their wives' pain experience were not predictive of the frequency of instrumental support they either received from or gave to their wives.

ISSN: 08952841

From : <http://www.tandfonline.com>

Transitions in chronic low back pain in Japanese older adults: a sociomedical perspective; by Naoko Muramatsu, Jersey Liang, Hidehiro Sugisawa.

The Journals of Gerontology Series B: Psychological sciences and social sciences, vol 52B, no 4, July 1997, pp S222-S234.

This study examines the patterns and determinants of chronic low back pain over a three year period among older adults in Japan. The authors tested a model based on a socio-medical perspective, using a two-wave national probability sample survey of 2,000 people aged 60 and over conducted in 1987 and 1990 in Japan. At baseline, the prevalence of chronic low back pain was 18%. Among those who were free of back pain at baseline, the probabilities of onset, death and non-response were 13%, 7% and 10%. Among those who had back pain at baseline, the probabilities of recovery, death and non-response were 43%, 8%, and 9%, respectively. A multinomial (i.e. multinomial) logistic regression analysis supports the authors' thesis that societal factors (age, gender, education, and social relationships) affect transitions in chronic back pain not only directly, but also indirectly through mediating health and health behaviour factors. The results suggest that social relationships have both favourable and unfavourable effects on chronic low back pain. (RH)

ISSN: 10795014

1996

Chronic fatigue syndrome: report of a joint working group of the Royal Colleges of Physicians, Psychiatrists and General Practitioners; by Royal College of Physicians; Royal College of Psychiatrists; Royal College of General Practitioners. London: Royal College of Physicians, 1996, 58 pp.

Chronic fatigue syndrome (CFS) is characterised by a minimum of six months of severe physical and mental fatigue and fatigability, made worse by minor exertion. Other symptoms such as muscle pain, sleep disorder and mood disturbance are common. This report has been prepared at the request of the Chief Medical Officer. It aims to provide a basis of informed, multidisciplinary medical opinion and information for knowledge-based care, and indicates facilities and service provision required for the management of CFS in primary health care. The report also covers epidemiology, virology, muscle dysfunction and immunology, and psychiatry and neuropsychiatry. The relationship between CFS, viral infections and psychological disorders is still not completely understood, but there are recognised criteria for definition - unlike the term ME which is not precisely defined, and its use is not recommended by this Working Group.

ISBN: 1860160468

Price: £10.00

From : Royal College of Physicians, 11 St Andrews Place, Regents Park, London NW1 4LE.

Exercise therapy for osteoporosis: results of a randomised controlled trial; by Elisabeth Preisinger, Yesim Alacamlioglu, Katharina Pils (et al).

British Journal of Sports Medicine, vol 30, 1996, pp 209-212.

After menopause, bone fractures increase significantly in parallel with the amount of bone loss. Similarly, the prevalence of back pain and disability increases as a function of the severity of osteoporosis and subsequent vertebral deformities. This study conducted in an outpatient clinic at the University of Vienna Medical School aimed to evaluate the effectiveness of regular long-term therapeutic exercise on bone density and back complaints. 92 sedentary post-menopausal women with back problems were randomly allocated to either

exercise (group 1, compliant, n=27; and group 2, not fully compliant, n=34)) or control (group 3, no exercise, n=31). Regular, initially supervised therapeutic exercise aimed at restoring biomechanical function was performed for 4 years. Bone density in the forearm was measured by single photon absorptiometry at entry and after 4 years; subjective back complaints were documented. A significant decrease in bone density was observed in groups 2 and 3; no change was found in group 1. Back complaints decreased in group 1 only. Findings confirm previous reports implying that regular exercise can modify post-menopausal bone loss and ameliorate back problems. The influence on fracture rate needs more study. (RH)
ISSN: 03063674

Introducing palliative care; by Robert Twycross. 2nd ed Oxford: Radcliffe Medical Press, 1996 reprint, 147 pp. Emphasising the needs of the whole person, this book examines the systems of care in hospices and at home, the ethics of palliative care, communicating with dying patients and their relatives, meeting their psychological and spiritual needs, and pain and symptom management including drug profiles.

ISBN: 1857752600

Price: £16.50

From : Radcliffe Medical Press Ltd., 18 Marcham Road, Abingdon, Oxon OX14 1AA.

On spiritual pain in the dying; by L H Heyse-Moore.

Mortality, vol 1, no 3, 1996, pp 297-315.

Spiritual pain in the dying is part of their total pain: physical, mental, social and spiritual. Spirit is beyond definition, but is a phenomenon that can be studied like any other. Spirit refers to inspiration, and soul to depth, though both terms are often used synonymously. Spiritual characteristics include: life force; the essence of a person (an unchanging centre, meaning, depth, the numinous, relationship and intimacy); immortality (memories, spiritual experiences and near-death experiences); and levels of consciousness. Spirituality is common to all people of any or no belief. Religious distress is about problems relating to a pre-existing set of beliefs. Spiritual pain is recognised in physical and psychological symptoms, disorders of relationships, and specifically spiritual symptoms (meaninglessness, anguish, duality and darkness). Intuition and 'bifocal vision' (using symptoms both literally and symbolically) are needed in discerning spiritual distress. Effective help involves being present (attending, relating). Facilitating this process includes listening, reminiscing, imagery, finding meaning, letting go, touch, symbolism, rituals, prayer and contemplation. (RH)

ISSN: 13576275

Pain and elderly patients: a survey of nurses' knowledge and experiences; by S J Closs.

Journal of Advanced Nursing, vol 23, 1996, pp 237-242.

Presents findings from a questionnaire survey of nurses' awareness and knowledge of pain and its management in older patients.

ISSN: 03092402

Self-efficacy and pain in disability with osteoarthritis of the knee; by W Jack Rejeski, Tim Craven, Walter H Ettinger, Mary McFarlane (et al).

The Journals of Gerontology Series B: Psychological Sciences and Social Sciences, vol 51B, no 1, January 1996, pp P24-P29.

Presents findings from a study which examined the relationship between self-efficacy beliefs and pain during performance of physical activities in a group of patients with osteoarthritis.

ISSN: 10795014

Therapeutic uses of music with older adults; by Alicia Ann Clair. Baltimore: Health Professions Press, 1996, 314 pp.

This book shows formal and informal caregivers how to use music to enhance the quality of life of older adults - including those with physical impairments and dementia. It offers strategies for using music to: provide diversion for inactivity, discomfort, and daily routine; decrease symptoms of depression, anxiety, insomnia and agitation; handle problem behaviours; provide physical and mental stimulation; help in physical rehabilitation; help in the management of pain and in palliative care; and relieve stress and tension associated with caring for older adults. The use of music to enhance spirituality is also covered.

ISBN: 1878812327

From : Health Professions Press, Inc., Post Office Box 10624, Baltimore, Maryland 21285-0624, USA.

1995

Break up the pain chain; by Cathy Chatten.

Journal of Dementia Care, vol 3, no 5, September - October 1995, pp 26-27.

Explains how to recognise pain in older people with dementia.

ISSN: 13518372

Guidelines on research in palliative care: getting what is known to be good practice into practice is as important as moving forward the leading edge; by Tony Crowther (chairman), Working Party on Guidelines on Research in Palliative Care, National Council for Hospice and Specialist Palliative Care Services. London: National Council for Hospice and Specialist Palliative Care ..., 1995, unnumbered.

These 16 guidelines follow recommendations made in the Council's Occasional paper number 5, "Research in palliative care". The ethical challenge in all health care, and in all research, is to achieve a balance between four principles of medical ethics: respect for autonomy; beneficence - helping the patients; non-maleficence - not harming the patients; and justice.

Price: FOC

From : National Council for Hospice and Specialist Palliative Care Services, Heron House, 322 High Holborn, London WC1V 7PW.

Pain: the views of elderly people living in long-term residential care settings; by Patsy Yates, Anne Dewar, Belinda Fentiman.

Journal of Advanced Nursing, vol 21, 1995, pp 667-674.

Describes some of the beliefs, attitudes and perceptions that may influence how older people respond to pain.

ISSN: 03092402

Pain and arthritis: a booklet for patients; by Arthritis and Rheumatism Council. Chesterfield: Arthritis and Rheumatism Council, 1995, 20 pp.

Looks at short-lived, recurrent and chronic pain and gives advice on pain control, drugs, physiotherapy, acupuncture and pain management clinics.

Price: FOC (SAE)

From : Arthritis and Rheumatism Council, Copeman House, St Mary's Court, St Mary's Gate, Chesterfield, Derbyshire S41 7TD.

1994

Assessment of older women with chronic pain; by D Turk, A Okifuji, L Scharff.

Journal of Women & Aging, vol 6, no 4, 1994, pp 25-42.

Examines physical, psychosocial, functional and behavioural assessments, and looks at the association between pain and depression.

ISSN: 08952841

From : <http://www.tandfonline.com>

Caring for elderly people with persistent pain in the community: a qualitative perspective on the attitudes of patients and nurses; by J Walker.

Health & Social Care in the Community, vol 2, no 4, July 1994, pp 221-228.

Explores the attitudes and beliefs of patients and nurses about the community provision of health services for sufferers of chronic pain. Highlights the importance of psycho-social care, assessment and management.

ISSN: 09660410

Chronic musculoskeletal pain: older women and their coping strategies; by D Gold.

Journal of Women & Aging, vol 6, no 4, 1994, pp 43-58.

Explores pain caused by osteoporosis and osteoarthritis in older women, and looks at pharmacological, physical and psychological management strategies.

ISSN: 08952841

From : <http://www.tandfonline.com>

Chronic pain and older women: an agenda for research and practice; by K Roberto.

Journal of Women & Aging, vol 6, no 4, 1994, pp 111-116.

Highlights the research and practice issues that need to be addressed, such as education and management strategies.

ISSN: 08952841

From : <http://www.tandfonline.com>

Current concepts and management of cancer pain in older women; by Anita A All.

Journal of Women & Aging, vol 6, no 4, 1994, pp 59-72.

Describes the problems associated with cancer pain, including breast cancer, and pain management in later life.

ISSN: 08952841

From : <http://www.tandfonline.com>

An epidemiologic analysis of pain in the elderly: the Iowa 65+ rural health study; by Paula R Mobily, Keela A Herr, M Kathleen Clark, Robert B Wallace.

Journal of Aging and Health, vol 6, no 2, May 1994, pp 139-154.

Reports on a study of the prevalence and nature of pain in a population of older people in a rural area.

ISSN: 08982643

Guidelines for managing cancer pain in adults; by Working Party on Clinical Guidelines in Palliative Care, National Council for Hospice and Specialist Palliative Care Services. London: National Council for Hospice and Specialist Palliative Care Services, 1994, 22 pp.

Designed for use by health professionals, these guidelines discusses pharmacological and non-pharmacological pain management.

ISBN: 1898915024

Price: £1.00

From : National Council for Hospice & Specialist Palliative Care Services, 59 Bryanston Street, London W1A 2AZ

Influence of chronic pain on the family relations of older women; by R Roy.

Journal of Women & Aging, vol 6, no 4, 1994, pp 73-89.

Explores the impact of chronic pain as it affects older women in their roles as patients and caregivers.

ISSN: 08952841

From : <http://www.tandfonline.com>

Older women with chronic pain; by Karen Roberto (ed).

Journal of Women & Aging, vol 6, no 4 (special issue), 1994, 116 pp.

Explores the issues confronting older women suffering from chronic pain due to diseases such as osteoporosis and arthritis. Topics include the physiology and biomedical aspects of chronic pain, assessment of older women with pain, coping strategies, management of cancer pain and the influence of chronic pain on family relations.

ISSN: 08952841

From : <http://www.tandfonline.com>

Pain and the use of health services among the elderly; by Andrew J Cook, Michael R Thomas.

Journal of Aging and Health, vol 6, no 2, May 1994, pp 155-172.

This study examined pain management strategies and the relationship of pain to the use of health services.

ISSN: 08982643

Palliative care : needs, definitions, standards: a consultative document ... report prepared by a Working Party chaired by Dr John Wiles; by John Wiles, National Council for Hospice and Specialist Palliative Care Services. London: National Council for Hospice and Specialist Palliative Care Services, 1994, 18 pp.

This document is intended to provide information and guidance for those who purchase terminal and palliative care services as well as those who might need them. It is also designed to help those who provide health and social care to dying people to understand the nature and value of a still relatively new range of services. The report draws particular attention to the need to recognise the important contribution of specialists and of specialist palliative care services. (RH)

From : National Council for Hospice and Specialist Palliative Care Services, First floor, 34-44 Britannia Street, London WC1X 9JG.

A policy for palliative care: report of the SETRHA Palliative Care Policy Development Steering Group; by Palliative Care Policy Development Steering Group, South East Thames Regional Health Authority (SETRHA).: SETRHA, 1994, 22 pp + appendices.

The STRHA Palliative Care Policy Development Steering Group was established with the aims of defining palliative care, assessing need and potential demand for such services, and comparing existing supply patterns in

the South East Thames Region. Other aims of the Steering Group were: the development of quality standards, audit and contracting skills. This report outlines the development of these policy areas. (RH)

The relationship of social support to functional limitations, pain, and well being among men and women; by B Roberts, M Anthony, Mary-Blair Matejczyk, D Moore.

Journal of Women & Aging, vol 6, nos 1/2, 1994, pp 3-20.

Functional limitations, pain and well-being were tested for their relationship to emotional, tangible, integrative and informational social support, and gender differences were noted.

ISSN: 08952841

From : <http://www.tandfonline.com>

The study of chronic pain in later life: where are the women?; by K Roberto.

Journal of Women & Aging, vol 6, no 4, 1994, pp 1-8.

Looks at the prevalence of chronic pain among older people and argues that little attention has been given to the consequences associated with living with chronic pain in later life, especially for older women.

ISSN: 08952841

From : <http://www.tandfonline.com>

1993

Psychologic interventions for the elderly chronic pain patient; by Sabina Widner, Amos Zeichner.

Clinical Gerontologist, vol 13, no 4, 1993, pp 3-18.

Examination of age as a predictor of outcome shows that older people can participate in and benefit from psychogeriatric interventions in pain management.

ISSN: 07317115

From : <http://www.tandfonline.com>

Surviving shingles; by Avis Hutt.

Elderly Care, vol 5, no 6, Nov/Dec 1993, p 33.

Help the Aged's campaign to raise the level of knowledge about shingles.

ISSN: 09568115

1992

Pain activity restriction and symptoms of depression among community-residing elderly adults; by Gail M Williamson, Richard Schulz.

The Journals of Gerontology, vol 47, no 6, November 1992, pp P367-372.

Findings indicate that physical illness, functional disability and pain were correlated with depressive symptoms, and that maximum effects in the treatment of depression would be achieved if all were targeted simultaneously.

ISSN: 00221422

1991

Living with pain; by Jan Walker.

Nursing Times, vol 87, no 43, 23 October 1991, pp 28-32.

Describes the results and implications of a study which was designed to investigate coping and pain control among elderly people in the community.

ISSN: 09547762

1983

Chronic pain: its social dimensions; by Joseph A Kotarba. London: SAGE Publications, 1983, 223 pp (Sociological observations, 13).

This book explores the ways in which individuals cope with chronic pain across various types of social situations. It reviews the medical perspectives on chronic pain, and describes the psychosocial process of becoming a pain-afflicted person.

ISBN: 080391881X

1961

Terminal illness in the aged; by A N Exton-Smith.

The Lancet, 5 August 1961, pp 305-308.

A study, based on 220 inpatients (80 men and 140 women, ranging in age from 60 to 101) in a geriatric unit, aimed to assess the pain and distress experienced during their terminal illness. Attention was also paid to the circumstances of death and the patient's mental state, especially awareness of his or her condition and surroundings. Information was obtained from personal observation and by close enquiry from senior nursing staff. Any remarks made by the patient at the time approaching death were recorded. These remarks were usually made to nurses, who often had a close relationship with the patients. (RH)

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