WHAT’S NEW IN THE NON THERAPEUTIC OR COLLABORATIVE APPROACH IN NURSING HOMES

PHARMACIST AND POLYPHARMACY

A recent study explored the clinical impact evaluation phase of ConSIGUE. The ConSIGUE Program assessed the impact and implementation of MRF (Medication review with follow up) for aged polypharmacy patients in Spanish Community Pharmacies. The main objective of the study was to measure the effect of MRF on the primary outcome of the number of uncontrolled health problems. An open-label multi-centered cluster randomized study with comparison group (CG) was carried out in community pharmacies from 4 provinces in Spain over a 6 month period. The main inclusion criteria were patients over 64 years old, using 5 or more medicines. 178 pharmacies recruited 1403 patients (IG=688 patients; CG=715 patients) The adjusted multi-level random effects models showed a significant reduction in the number of uncontrolled health problems over the periods in the Intervention Group (-0.72, 95% CI: -0.80, -0.65), and no change in the CG (-0.03, 95% CI: -0.10, 0.04). This study provided evidence of the impact of community pharmacist on clinical outcomes for aged patients. It suggests that the provision of an MRF in collaboration with general medical practitioners and patients contributes to the improvement of aged polypharmacy patients’ health status and reduces their related problems with the use of medicines.


Another study explored the association between medication adherence and Polypharmacy (PP), and potentially inappropriate medications (PIMs). This study evaluated the association of self-reported medication adherence with PP and PIMs in elderly patients. A cross-sectional pilot study was conducted using data collected from electronic medical records of 142 self-administering patients aged ≥65 years, excluding emergency hospitalization cases. Self-reported medication adherence was assessed using the visual analogue scale (VAS). Of the 142 patients, 91 (64.1%) had PP and 80 (56.3%) used at least one PIM. In univariate analysis, patients with a VAS score of 100% had a significantly higher number of female patients and ≥1 PIM use compared to other patients. In multivariable analysis, the use of PIMs was significantly associated with a VAS score of 100% (odds ratio = 2.32; 95% confidence interval = 1.16-4.72; p = 0.017). Use of PIMs by elderly patients is significantly associated with self-reported medication adherence. Pharmacists should pay more attention to prescribed medications of self-administering elderly patients in order to improve their prescribing quality.

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URINARY INCONTINENCE AND NON PHARMACOLOGICAL APPROACH

A study was undertaken to define optimal evidence-based non-pharmacological, non-surgical therapies for urinary incontinence in older persons. A Delphi process determined critical outcome measures of interest. Studies of any non-pharmacological intervention reporting critical outcomes were identified through database searches for relevant systematic reviews in Medline, Embase, CINAHL, PsycInfo and Cochrane up to June 2018. Primary trials with a population mean age ≥65 years were identified, from which data were extracted and risk of bias was assessed. Finally, bullet-point recommendations were formulated for the indications and contra-indications for non-pharmacological interventions for urinary incontinence in older persons. Frequency of incontinence was identified as a critically important outcome. In total, 33 systematic reviews were identified with 27 primary trials meeting inclusion criteria. Evaluated therapies included exercise therapy, habit retraining, behavioral therapy, electrical stimulation, transcutaneous tibia nerve stimulation, magnetic stimulation, caffeine reduction and acupuncture. From meta-analysis, group exercise therapy and behavioral therapy in women were beneficial in reducing episodes of incontinence (mean reduction of 1.07 (95 %CI 0.69-1.45) and 0.74 (95 %CI 0.42-1.06) episodes per day respectively, evidence grade 'moderate'). Evidence for other interventions was limited and of insufficient quality. There is sufficient evidence to warrant recommendation of group exercise therapy for stress incontinence and behavioral therapy for urgency, stress or mixed urinary incontinence in older women. Evidence was insufficient to recommend any other non-drug therapy.


THE SNOEZELLEN APPROACH TO ALZHEIMER DISEASE

A recent study explored the effectiveness of the Snoezelen approach on hospitalized patients. The multisensory stimulation methods mainly represented by the Snoezelen concept are increasingly used as non-drug therapies in behavioral disorders associated with Alzheimer's disease and related pathologies. To date, studies on their effectiveness remain contradictory. In this work, we evaluated, in a test session, the impact of a Snoezelen trolley on hospitalized patients in rehabilitation and long-term care units with severe dementia and behavioral disorders such as agitation or anxiety. Over a 3 month period, 97 patients (55 in long-term units and 42 in rehabilitation units) were able to undergo at least one session. The impact of the sessions was measured before, during and after, using an emotional facial expression scale ranging from 1 (joy) to 7 (distress). The mean score fell from 4.7 before the session to 3.1 after (P < 0.0001) in long-term units and from 4.5 to 3.1 (P < 0.0001) in rehabilitation units. Among the comments from observers at each session, the words that came up most often were "relaxed" and "asleep". Our results confirm an immediate effect of the Snoezelen trolley on behavioral disorders of the agitation or anxiety type in severe dementia. This short-term, "here and now" effect mainly derives from the relaxation induced by the sessions.


TOVERAFEL AND QUALITY OF LIFE

A recent study explored the 'Active Cues Magic Table' (light animations projected on a dining table) and quality of life. The aim of this exploratory, quasi-experimental study was to examine the quality of life of nursing home residents with moderately severe or severe dementia before, during and after playing with this magic table. Quality of life was assessed with the Qualidem and the DS-DAT. Of the 34 nursing home residents included, 62% were female and mean age was 86.5 years (standard deviation 6.2). The Qualidem showed a small to moderate improvement in ‘negative affect’, ‘restless tense behavior’ and ‘positive self-image’ up to the week after playing (p ≤ 0.04). The DS-DAT showed a moderate improvement up to one hour after playing compared to a quarter of an hour before playing (p < 0.001). In conclusion, the quality of life of nursing home residents with moderately severe or severe dementia seems to improve up to the week after playing with the magic table. However, future research is needed to confirm the results of this exploratory study and to examine whether the improvements can truly be ascribed to the magic table.

ART THERAPY AND A MULTISENSORIAL APPROACH TO PSYCHOLOGICAL SYMPTOMS

A study explored and described the existing knowledge on art making and expressive art therapy in adult health and nursing care between 2010 and 2020. Relevant studies and grey literature were searched and identified between March 17 and April 10, 2020 from EBSCO, CINAHL, Medline and ERIC databases and from a general search on the Internet. Following data charting and extraction, the data (n = 42 papers) were summarized and reported in accordance with PRISMA-ScR guidelines. In the included papers, both art making and expressive art therapy were seen in different health care and nursing contexts: but not the home care context. The emphasis of art activities were group activities for chronically or terminally ill residents, adults aged 65 years or older. A focus on personal narrative was often seen, which may explain why art activities appear to be linked to acknowledging and building new strengths and skills, making meaning of experiences, personal growth, symptom alleviation, and communication, all used to foster collaboration between patients, patients’ near-ones and health care professionals. Art activities appear to be suitable for every context and can promote person centeredness and the measurement of nursing outcomes, and they should be considered an essential part of health and nursing care, nursing education and care for health care personnel.


Another study tested the effectiveness of art therapy activities on reducing depression and improving the self-esteem of the elderly living in long-term care institutes. This was a quasi-experimental study. A purposeful sampling strategy was used to select 55 subjects who were aged 65 and above with intact mental functions and depression tendencies and currently residing in nursing homes in Kaohsiung, Taiwan. 29 subjects who participated in a selection of 12 artistic activities were assigned to the experimental group and 26 subjects who adhered to their ordinary activities were allocated to the control group. Structured questionnaires of the artistic group were used for data collection. The art therapy programs showed promising effects in improving the depression and self-esteem of older adults living in nursing homes. Art therapy activities benefit the mental health of older adults. Incorporating artistic activities into social work care may help develop long-term care into a more diverse, unique, and innovative direction.


A further study wanted to determine the effect of multisensory stimulation (MSS) on the depression and anxiety status among nursing home-dwelling elderly people. This clinical trial study conducted on 28 old people living in nursing homes in Ahvaz, who were divided into two groups of intervention and control. The interventions included sensory stimulations of touch, sound, and sight for 4 weeks and 3 weekly sessions of 25 minutes per session. The mean depression and anxiety scores of the intervention group before and after the intervention were 14.5 ± 5.5 and 10.1 ± 5.3, and 9.6 ± 8.1 and 6.1 ± 6.2, respectively. MSS could improve the condition of depression and anxiety in the elderly nursing home residents.


ORGANIZATIONAL APPROACH IN NURSING HOMES

Another study wanted to determine whether the number of attending general practitioners (GPs) in nursing homes and other facility characteristics are associated with inappropriate neuroleptic prescribing. This was a Cross-sectional study. One hundred and seventy-five nursing homes in France participated in the IQUARE (Impact d’une démarche QUALité sur l’évolution des pratiques et le déclin fonctionnel des Résidents en EHPAD) study. A total of 6275 residents were studied between May and July 2011. The outcome measure showed potentially inappropriate prescribing of neuroleptic drugs according to the approved indications and French guidelines. Resident characteristics and nursing home characteristics were electronically recorded by the nursing home’s coordinating physician. Because of the hierarchical structure of data (resident level and nursing home level), multivariate analysis using a multilevel binary logistic model was carried out to investigate factors associated with inappropriate neuroleptic prescribing. Of 6275 residents enrolled, 1532 (24.4%) had at least 1 prescription for a neuroleptic drug. This corresponded to 513 residents (33.5%) with appropriate prescribing (with regard to indication, substance and dose) and 1019 (66.5%) with potentially inappropriate prescribing. The multilevel binary logistic model showed that residents who lived in a nursing home with 30 GPs or more/100 beds had a higher likelihood of a potentially inappropriate prescription than those who lived in nursing
homes with fewer than 10 GPs/100 beds [adjusted odds ratio (aOR) 1.80; 95% confidence interval (CI) 1.04–3.12]. Residents who were ≥85 years old and those with dementia were more likely to have an inappropriate prescription (aOR 1.75; 95% CI 1.32–2.32 and aOR, 2.06; 95% CI 1.56–2.74, respectively) such as the statement "no psychotropic drug prescription," whereas the resident did in fact have a prescription (aOR 1.96; 95% CI 1.03–3.74). Organizational difficulties due to the large number of physicians probably explains the association of inappropriate prescribing of neuroleptics.


Finally, a study showed how staff beliefs and work routines influenced hospice utilization in two nursing homes. In one, 76% of residents died on hospice and in the other 24% did. Staff identified barriers to hospice including families who saw hospice as giving up and gaps in the reimbursement system. At the high-hospice nursing home, staff said hospice care extended beyond what they provided on their own. At the low-hospice nursing home, an influential group said hospice was essentially the same as their own end-of-life care and therefore needlessly duplicative. Staff at the high-hospice nursing home proactively approached families about hospice, whereas staff at the low-hospice nursing home took a reactive approach, getting hospice when families asked for it. Findings demonstrate how staff beliefs and practices regarding hospice shape end-of-life care in nursing homes.