Higher Doses of Pain Medication Linked to Psychiatric Problems

A study published in the *Journal of Pain* showed that patients taking higher doses of opioid agents had higher rates of psychiatric problems, co-prescriptions of sedatives, and health care services utilization. For the study, the research team sought to examine correlates of higher-dose opioid use among patients in primary care settings being treated for low back pain. The goals were to determine the prevalence of higher-dose opioid prescribing, identify the demographic and clinical characteristics of patients receiving higher doses, and examine health services use patterns among high-dose users.

Electronic pharmacy and medical records were examined for 26,000 adults 18 and older diagnosed with low back pain, of which 61% received an opioid prescription. Among patients receiving long-term opioid treatment, nearly 9% received a higher dose in their final prescription. Patients receiving higher doses of opioid therapy were prescribed a median dose of 180 mg per day, which was seven times greater than patients receiving lower doses.

The analysis showed that chronic pain patients with comorbid psychiatric diagnoses are more likely to be prescribed opioid agents compared with patients without psychiatric problems. The authors found that the prevalence of mental health diagnoses increases with longer duration of opioid use. Studies have indicated a relationship between depression and persistent pain and that each could have a causative influence on the other. Thus, depression may lead to more opioid use and opioid use may cause or exacerbate depression. The authors concluded their results should prompt physicians to screen opioid therapy candidates for mental health and substance use disorders.

Another finding reported in the study showed that patients in the higher-dose group were frequent consumers of medical services, including visits to emergency departments. Also, higher dose patients had the largest number of different prescribers, which could indicate continued uncontrolled pain, continuity of care problems, or “doctor shopping.”


Sitting-Rising Test Predictive of All-Cause Mortality

A simple screening test of musculo-skeletal fitness has proved remarkably predictive of all-cause mortality in a study of more than 2,000 middle-aged and older men and women, published in the *European Journal of Cardiovascular Prevention*.

The test was a simple assessment of the participants’ ability to sit and then rise unaided from the floor. The assessment was performed in 2,002 adults, with ages ranging from 51 to 80. The participants were followed up from the date of the baseline test until the date of death or October 31, 2011, a median follow-up of 6.3 years.

Before starting the test, they were told: “Without worrying about the speed of movement, try to sit and then to rise from the floor, using the minimum support that you believe is needed.” (A film of the test can be seen at http://www.youtube.com/watch?v=MCQ2WA2T2oA.) Each of the two basic movements were assessed and scored out of 5, with 1 point being subtracted from 5 for each support used (e.g., hand, knee). Participants were assessed by a composite score of 0 to 10, which was ranked as four categories (C1, 0 to 3; C2, 3.5 to 5.5; C3, 6 to 7.5; and C4, 8 to 10).

Over the study period, 159 participants died, a mortality rate of 7.9%. The majority of these deaths occurred in people with low test scores; only two of the deaths were in participants who gained a composite score of 10. Analysis found that survival in each of the four categories differed with high statistical significance. These differences persisted.
Picture Book Engages Memory-Challenged Adults

Although hundreds of books are written for caregivers of and those who work with older adults with Alzheimer’s disease, author Eliezer Sobel was disheartened that nothing was available for the patients themselves, especially after observing his 86-year-old mother—unable to comprehend traditional book storylines—flip through a magazine, comment on the photographs, and read aloud the words in large print. Impressed that his mother could still read, Sobel was inspired to develop a book that she and other adults with dementia could engage in.

Blue Sky, White Clouds: A Book for Memory-Challenged Adults (2012, Rainbow Ridge Books) is a simple picture book in which each page contains an exquisite photograph of people, nature, and everyday objects, along with a short caption in large, bold print—no need to remember anything when turning the page. For example, one page features a photograph of a pair of hands holding a small, yellow bird: “A tiny bird sits on her hand.” Another features a blue bicycle propped up on a boardwalk alongside the shoreline: “A blue bicycle by the beach.” The book is both entertaining for the patient but can also provide engaging and tender moments of connection and reminiscence for their loved ones as they turn the pages together.


Deep Brain Stimulation Being Tested in AD Patients

Researchers at Johns Hopkins Medicine have surgically implanted a pacemaker-like device into the brain of a patient in the early stages of Alzheimer’s disease (AD), one of the first such operations in the United States. The device, which provides deep brain stimulation and has been used in thousands of people with Parkinson’s disease, is seen as a possible means of boosting memory and reversing cognitive decline.

The surgery is part of a federally funded, multicenter clinical trial marking a new direction in clinical research designed to slow or halt AD. Instead of focusing on drug treatments, many of which have failed in recent clinical trials, the research focuses on the use of the low-voltage electrical charges delivered directly to the brain.

As part of a preliminary safety study in 2010, the devices were implanted in six AD patients in Canada. Researchers found that patients with mild forms of the disorder showed sustained increases in glucose metabolism, an indicator of neuronal activity, over a 13-month period. Most AD patients show decreases in glucose metabolism over the same period.

The first patient in the new trial underwent surgery at The Johns Hopkins Hospital, and a second patient has been scheduled for the same procedure. Approximately 40 patients are expected to receive the deep brain stimulation implant over the next year at Johns Hopkins and four other institutions in North America as part of the ADvance Study. Only patients whose cognitive impairment is mild enough that they can decide on their own to participate will be included in the trial. The surgery involves drilling holes into the skull to implant wires into the fornix on either side of the brain. The wires are attached to a pacemaker-like device, the “stimulator,” which generates tiny electrical impulses into the brain 130 times per second.

For the trial, all of the patients will be implanted with the devices. Half will have their stimulators turned on 2 weeks after surgery, while the other half will have their stimulators turned on after 1 year. Neither the patients nor the physicians treating them will know which group gets an early or later start.


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Study Pinpoints Ages Adults are More Receptive to Health Messages

For Baby Boomers, the peak interest in health issues comes at around age 51, with a second peak coming near age 65, according to research presented at the annual meeting of the National Communication Association. The results may help physicians and other professionals target this generation with health messages at a time when they are most receptive to hearing them.

The study, based on a survey of Americans ages 45 to 65, showed that people in their late 40s had the lowest levels of interest in health issues. Interest rose quickly, however, and peaked in the early 50s, then dropped slightly and plateaued during the rest of the 50s and early 60s. Another rise in interest occurred near age 65. The researchers suspect interest in health peaks in the early 50s because of what physicians and the media tell people reaching that age (i.e., being told to get a colonoscopy, mammogram).

The study involved 477 respondents from across the country who completed an online questionnaire. They were recruited by a commercial sampling and survey firm. Respondents rated how important they thought each of 18 health is issues. Interest rose quickly, however, and peaked in the early 50s, then dropped slightly and plateaued during the rest of the 50s and early 60s. Another rise in interest occurred near age 65. The researchers suspect interest in health peaks in the early 50s because of what physicians and the media tell people reaching that age (i.e., being told to get a colonoscopy, mammogram).

The study involved 477 respondents from across the country who completed an online questionnaire. They were recruited by a commercial sampling and survey firm. Respondents rated how important they thought each of 18 health issues were to them on a 7-point scale from not at all important to very important. Respondents were also asked where they got their health information, how often they used the media, and how they would rate their overall health.

The researchers examined how respondents of different ages ranked the importance of the 18 health issues to determine change points when health took on a higher priority among these Baby Boomers; change points were not affected by gender, media use, or how respondents rated their own health.

Of the 18 health issues included in the study, seven were rated relatively high in importance by the respondents: eyes, diabetes, cancer, heart disease, nutrition/weight management, arthritis, and high blood pressure. Respondents rated the other 11 health issues as relatively less important: Parkinson’s disease, blood poisoning, flu, dementia/Alzheimer’s disease, respiratory disease, hearing problems, mental health, brain disease, pneumonia, kidney disease, and liver disease.

Nursing Staff Detail Communication Challenges

Nurses and care assistants working in Alzheimer’s disease (AD) care facilities often face the dilemma of being dishonest with family members about their loved one’s condition versus being truthful but disheartening, finds a study published online in the Journal of Applied Communication Research.

To learn which types of social support nursing staff perceived most helpful to families, the research team interviewed 32 nursing care providers at eight AD residential care facilities across the United States. Study participants were asked open-ended questions about their communications with residents’ families, including dilemmas they had in communicating informational and emotional support, as well as their strategies for managing these challenges.

Of the 29 women and 3 men who participated in the study, 15 were RNs, 13 were care assistants or nurse aides, and 4 were licensed practical nurses. Nurses and care assistants realized that the words they used with families were important in communicating key information. Yet participants described times when they confronted the choice of either honestly depicting a discouraging situation or framing information in a way that reassured the family that their loved one had quality of life at the long-term care facility.

At least one participant reported sometimes lying to the family about a resident’s condition, believing that hearing positive news cheered up the family and gave them hope. Other participants described giving the family truthful but selectively positive information about the resident, such as saying he or she had enjoyed the sunshine that day. Some others communicated the truth in a reassuring way, such as, “No, they probably won’t remember you were here today. But the visit is for you. While you are here, it is helpful and healing.”

A second communication dilemma that nurses and care assistants reported experiencing was what to say to relatives who did not have power of attorney but believed they deserved information about a resident’s condition despite health information privacy laws. In addition, many participants suggested that family members wanted advice from them, while the professionals thought their appropriate role was to offer the family various care options.


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