

Nurses are Comfortable Communicating With Patients About End-of-Life Care

A survey of 227 nurses working at six Avera Health facilities in eastern South Dakota indicated nurses were relatively comfortable communicating with patients about palliative and end-of-life (EOL) care.

The study authors used an assessment tool they developed called Comfort with Communication in Palliative and EOL Care (C-COPE). Overall, participants reported “a fair amount of comfort.” Individual scores ranged from 26 to 106, with lower scores associated with higher comfort levels, and an average score of 47.9. However, nurses said they learned these communication skills on the job, rather than as a part of nursing education.

Researchers then interviewed 10 nurses who had an average of 8 years of experience in home health and hospice care to identify the communication strategies they use in guiding patients and their families in EOL decision making. Researchers found that the strategies used were constantly evolving; there was not a single, straightforward method.

Nurses built a trusting relationship by asking patients about their illness and listening attentively to the response before educating clients about the decisions they needed to make. Nurses’ skill navigating these situations correlates with their level of ease.

Source. “Experienced Nurses Comfortable Guiding Patients Through End-of-Life

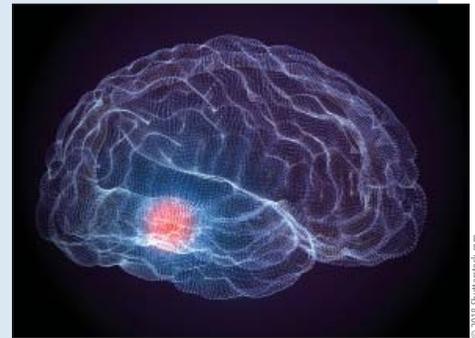
Cognitive Training Exercise May Reduce Risk of Dementia Among Older Adults

Ageing research specialists have identified, for the first time, a form of mental exercise that can reduce the risk of dementia. The 10-year study was conducted by researchers from Indian University, the University of South Florida, Pennsylvania State University, and Moderna Therapeutics, and was published in *Alzheimer & Dementia Translational Research and Clinical Interventions*.

Healthy adults ages 65 and older from multiple sites were randomly assigned to one of four treatment groups: participants received instructions and practice in strategies to (a) improve memory of life events, (b) help with problem solving, (c) help increase the speed and amount of information they could process, and (d) a control group.

After attrition due to death and other factors, 1,220 participants completed the 10-year follow-up assessment. The risk of developing dementia was 29% lower for participants in speed of processing training than for those who were in the control group, a statistically significant difference. The memory and reasoning training also showed benefits for reducing dementia risk, although the results were not statistically significant.

Source. “Researchers Identify First Brain Training Exercise Positively Linked to Dementia Prevention” (2017, November 16). Retrieved December 29, 2017, from <http://bit.ly/2ljBVpl>.



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Planning” (2017, December 1). Retrieved December 29, 2017, from <http://bit.ly/2pWoIaD>.

Number of Americans With Alzheimer’s Disease Expected to Increase by 9 million by 2060

The population of Americans with Alzheimer’s disease (AD) will more than double from

2017 to 2060, increasing from approximately 6.08 to 15 million, according to a new study by researchers at the UCLA Fielding School of Public Health. The study was published in *Alzheimer’s and Dementia: The Journal of the Alzheimer’s Association*, and is the first of its kind to estimate the numbers of Americans with preclinical AD or mild cognitive impairment.

Researchers examined the largest studies available on rates of progression of AD and used that information in a computer model they built that took into account the aging of the U.S. population. The model projected the numbers of individuals in preclinical and clinical disease states, and found that by 2060 approximately 5.7 million Americans will have mild cognitive impairment, and another 9.3 million will have dementia due to AD.

The findings highlight the need to develop measures that could slow the progression of the disease in individuals who have indications of neuropathological changes that could eventually lead to AD.

Source. "Population of Americans with Alzheimer's Will More Than Double by 2060, UCLA Study Shows" (2017, December 5). Retrieved December 29, 2017, from <http://bit.ly/2CmTRqy>.

New Clinical Trials Consortium Expected to Expand Research on Alzheimer's Disease and Related Dementias

A new clinical trials consortium funded by the National Institutes of Health is expected to accelerate and expand research into therapies that treat or prevent Alzheimer's disease (AD) and related dementias. The consortium will be led jointly by research teams from the Mayo Clinic; University of Southern California, San Diego; and Harvard University-affiliated Brigham and Women's Hospital and Massachusetts General Hospital. The National Institute on Aging will provide scientific input. The initial network will include 35 clinical trial sites nationwide, and will have the capacity to handle five to seven trials across the full spectrum of AD and related dementias.

Called the Alzheimer's Clinical Trial Consortium, the cooperative agreement will allow researchers to

recruit a diverse sample of clinical trial participants without logistical roadblocks. In addition, the consortium will offer shared support services, enabling researchers to manage and analyze large amounts of data.

Source. "New NIH Consortium to Streamline Clinical Trials for Alzheimer's Disease, Related Dementias" (2017, December 11). Retrieved December 29, 2017, from <http://bit.ly/2BTPzpk>.

Expanded Access to Health Care Provided by Advanced Practice Registered Nurses

The 30th Annual Legislative Update reported that in 2017, more than 20 states enacted laws and regulations expanding access to health care provided by advanced practice registered nurses (APRNs), including nurse practitioners,

clinical nurse specialists, nurse anesthetists, and nurse midwives. The report, published in *Nurse Practitioner*, describes national efforts to move individual states toward providing full practice authority to APRNs.

With changes in legislation, APRNs now have full, autonomous practice and prescribing authority in 25 states and the District of Columbia, in some cases after a period of supervision or collaboration with a physician. In the remaining states, APRNs continue to practice under the supervision of or in collaboration with physicians.

In addition, reflecting intensified efforts to respond to the ongoing opioid crisis, several states enacted new laws or regulations on prescribing of controlled substances. Other new legislation affecting APRN practices are changes in

Racial Disparities in End-of-Life Care

According to a new study by researchers at the Icahn School of Medicine at Mount Sinai published by the *Journal of the American Geriatrics Society*, African American individuals at the end of life have significantly higher rates of hospital admission, emergency department (ED) visits, and discontinuing hospice care than White individuals.

Researchers used data from a longitudinal cohort study of Medicare beneficiaries enrolled in a national random sample of 577 hospices around the country from the National Hospice Survey of patients in active treatment to death (2009-2010). The sample of 145,000 individuals comprised 92% White and 8% Black individuals. Hospice patients who were Black were significantly more likely than those who were White to be admitted to the hospital (14.9% compared to 8.7%), present to the ED (19.8% compared to 13.5%), and disenroll from hospice prior to death (18.1% compared to 13%). These patterns remained after accounting for factors such as patient illness, demographics, and type of hospice used.

Source. "Researchers Find Racial Disparities in Intensity of Care at the End of Life" (2017, December 15). Retrieved February 1, 2018, from <http://bit.ly/2Eu9mxJ>.



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practice authority, including several states in which APRNs are now authorized to recommend (though not prescribe) medical marijuana for patients with a qualifying condition; and progress in adoption of the APRN consensus model, a set of recommendations to achieve uniformity in regulating APRN practice.

Source. "New Laws Increase Access to Healthcare Delivery for Advanced Practice Registered Nurses" (26, December 2017). Retrieved February 1, 2018, from <http://bit.ly/2nsi9sZ>.

Transitional Care Nurses May Reduce Hospital Admissions of Older Adults

According to a study conducted at the Icahn School of Medicine at Mount Sinai and published in the *Journal of the American Geriatrics Society*, geriatric patients seen by transitional care nurses in the emergency department (ED) are less likely to be admitted to the hospital. In the study, researchers evaluated effects of transitional care nurses on more than 57,000 patients ages 65 and older who arrived between 2013 and 2015 at three medical centers. All three centers used an ED-based transitional care nurse program to identify patients with geriatric-specific health needs and coordinate their transition from the ED to home.

Ten percent of patients in the study were seen by a transitional care nurse, who assessed for cogni-

tive function, delirium, agitation, functional status, falls risk, and caregiver strain. At all three medical centers, individuals who saw a transitional care nurse had approximately a 10% lower chance of being admitted. At two of the three centers, inpatient admission rates remained lower over the subsequent 30 days for patients treated by a transitional care nurse and discharged from the ED. Overall, for any given presentation of symp-

toms, triage severity, and illness severity, the ED was more likely to discharge and not admit patients seen by a transitional care nurse when compared to the same type of patient not seen by a transitional care nurse.

Source. "Transitional Care Nurses in the Geriatric Emergency Department Reduce Risk of Inpatient Admissions" (2018, January 10). Retrieved February 1, 2018, from <http://bit.ly/2GCmLEN>.

doi:10.3928/00989134-20180213-03

Flu Vaccines Should Be Mandatory in Nursing Homes and Long-Term Care Facilities

New results from the National Poll on Healthy Aging suggest that staff in nursing homes and other long-term care facilities should be required to get the flu vaccine. The poll was conducted in a nationally representative sample of 2,007 American individuals between ages 50 and 80 by the University of Michigan Institute for Healthcare Policy and Innovation, sponsored by AARP and Michigan Medicine.

Approximately three quarters of respondents said that staff in these facilities should be required to get the flu vaccine, and more than 60% indicated that all patients in nursing homes and assisted living should be required to be vaccinated. In addition, 70% of respondents said that if they found out that one third of a nursing home's staff was not vaccinated—the approximate average of unvaccinated staff, according to statistics reported by the Centers for Disease Control and Prevention—respondents would be less likely to choose the nursing home for themselves or their loved ones.

Source. "Nursing Homes Should Require Flu Shots for All Staff and Patients, Most Older Adults Say" (2017, December 21). Retrieved February 1, 2018, from <http://bit.ly/2nxSyy5>.



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