

Cordt Kassner

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May 18th, 2024

Saturday newsletters focus on headlines and research - enjoy!

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Research News

End-of-life care of persons with Alzheimer's Disease and other dementias

American Journal of Hospice and Palliative Medicine; by Darlon Jan, Kye Y. Kim; 5/24

End-of-life (EOL) care has been a common option for patients with terminal medical conditions such as cancers. However, the utilization of EOL care in Alzheimer disease and other dementing conditions have become available relatively recently. As the end-stage dementia approaches, the clinicians and caregivers become faced with numerous clinical challenges—delirium, neurobehavioral symptoms, the patient's inability to communicate pain and associated discomfort, food refusal, and so on. In addition to providing quality clinical care to the EOL patients, clinicians should pay special attention to their families, assuring that their loved ones will receive supportive measures to improve quality of life (QOL).

Top ten tips palliative care clinicians should know about the psychiatric manifestations of nonpsychiatric serious illness and treatments

Journal of Palliative Medicine; Gregg A. Robbins-Welty, Paul A. Riordan, Daniel Shalev, Danielle Chammas, Paul Noufi, Keri O. Brenner, Joshua Briscoe, William E. Rosa, Jason A. Webb; 5/24

Mental health issues are widespread and significant among individuals with serious illness. Among patients receiving palliative care, psychiatric comorbidities are common and impact patient quality of life. Despite their prevalence, PC clinicians face challenges in effectively addressing the intricate relationship between medical and psychiatric disorders due to their complex, intertwined and bidirectionally influential nature.

Bereaved respondent perceptions of quality of care by inpatient palliative care utilization in the last month of life

Journal of General Internal Medicine; by Enya Zhu, Ellen McCreedy, Joan M. Teno; 5/24
Examining the episode of care as the last month of life, hospice at home is associated with higher rating of the quality of care while inpatient palliative care services in hospital, hospice residence, or hospice IPU settings are rated lower.



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Developing, implementing, and evaluating the visiting Neighbors' program in rural Appalachia: A quality improvement protocol

PLoS One; by Ubolrat Piamjariyakul, Susan R. McKenrick, Angel Smothers, Angelo Giolzetti, Helen Melnick, Molly Beaver, Saima Shafique, Kesheng Wang, Kerri J. Carte, Brad Grimes, Marc W. Haut, R. Osvaldo Navia, Julie Hicks Patrick, Kirk Wilhelmsen; 1/24

Older adults living alone in rural areas frequently experience health declines, social isolation, and limited access to services. To address these challenges, our medical academic university supported a quality improvement project for developing and evaluating the Visiting Neighbors program in two rural Appalachian counties. Our Visiting Neighbors program trained local volunteers to visit and guide rural older adults in healthy activities. These age-appropriate activities (Mingle, Manage, and Move- 3M's) were designed to improve the functional health of older adults. The program includes four in-home visits and four follow-up telephone calls across three months.

Service provider perspectives on advance care planning use in rural dementia patients and caregivers: A qualitative study

Journal of Gerontological Social Work; by Peiyuan Zhang, Ebow Nketsiah, Hyunjin Noh; 5/24

Advanced care planning (ACP) utilization remains very limited in rural communities compared to urban areas. ACP earlier in the disease trajectory is particularly important for people with dementia (PWD) due to its progressive nature affecting their decision-making ability. Considering the well-documented benefits of ACP in improving the quality of end-of-life (EOL) care, the rural vs.

urban disparity may indicate poorer EOL quality for rural PWD. This study aimed to explore barriers and current resources for ACP of PWD from the perspectives of health or social service providers serving rural communities.

Association between physician age and patterns of end-of-life care among older Americans

Journal of the American Geriatrics Society; by Hiroshi Gotanda, Ryo Ikesu, Anne M. Walling, Jessica J. Zhang, Haiyong Xu, David B. Reuben, Neil S. Wenger, Cheryl L. Damberg, David S. Zingmond, Anupam B. Jena, Nate Gross, Yusuke Tsugawa; 4/15

We found that differences in patterns of EOL care between beneficiaries cared for by younger and older physicians were small, and thus, not clinically meaningful. Future research is warranted to understand the factors that can influence patterns of EOL care provided by physicians, including initial and continuing medical education.



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Depression and suicide among American surgeons - A grave threat to the surgeon workforce

JAMA Surgery; by Tasha M. Hughes, Reagan A. Collins, Carrie E. Cunningham; 1/24

The house of surgery is faced with an epidemic amid our ranks. Despite priding ourselves on mental and physical toughness that ignores basic physical and psychological needs, mental illness among surgeons is rampant. On the current trajectory, our workforce will continue to suffer in silence, valuable members will leave the field, and our colleagues will continue to die by suicide.

A survey of Jewish attitudes and experiences relating to end-of-life care and the "right to die"

American Journal of Hospice and Palliative Medicine; by Christopher M. Moreman, Ayona Chatterjee; 3/24

We conducted a survey of Jewish attitudes towards, and experiences with, end-of-life care. Questions fell into three areas: (1) Expectations for Jewish end-of-life

care; (2) Experiences with such care; and (3) Attitudes toward the “right to die.” Examining denominational differences in belief in, and adherence to, Halakha (Jewish law), we confirm many expectations described in the literature. We find notable nuances in specific areas of need across Jewish denomination, and in terms of acceptance of the withdrawal of life support vs assisted suicide. Care for the nuances of Jewish belief is indicated for effective and satisfying Jewish end-of-life care.

Pharmacist interventions in a Palliative PLUS Program at a Veterans Affairs Medical Center

Journal of Palliative Medicine; by Christy Johny Varghese, Amanda Mueller, Lara Schafer, Reika Ebisu, Vinh Dao, Esther Njau; 3/24

Pharmacists made an impact on the PP team through direct patient interventions involving medication counseling and aided the interdisciplinary team by facilitating patient medication adherence.



Today's Encouragement

Gratitude turns what we have into enough. ~Melody Beattie



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