

Geriatrics

- Anonymous. (2006). Older people and the interprofessional agenda. *Journal of Interprofessional Care*, 20(4), 333-333-334.
An introduction to a set of 4 papers that address international and interprofessional gerontology from the perspectives of policy and practice.
- Becker, G., & Newsom, E. (2005). Resilience in the face of serious illness among chronically ill african americans in later life. *Journals of Gerontology*, 60(4), S214-S214-223.
The purpose of this study was to examine older African Americans' philosophies about their chronic illnesses and how those philosophies have affected chronic illness management. In dept interviews were conducted over the course of several years with 38 respondents. This research attests to the importance of examining racism in the analysis of how older ethnic minorities live with chronic illness.
- Boyd, C. M., Darer, J., Boulton, C., Fried, L. P., Boulton, L., & Wu, A. W. (2005). Clinical practice guidelines and quality of care for older patients with multiple comorbid diseases: Implications for pay for performance. (see comment). *Journal of the American Medical Association*, 294(6), 741-741-743.
This article discusses a study conducted to evaluate the applicability of Clinical Practice Guidelines (CPGs) to the care of older individuals with several comorbid diseases. This review suggests that adhering to current CPGs in caring for an older person with several comorbidities may have undesirable effects.
- Challis, D., Stewart, K., Donnelly, M., Weiner, K., & Hughes, J. (2006). Care management for older people: Does integration make a difference? *Journal of Interprofessional Care*, 20(4), 335-335-348.
This paper examines whether integrated structures appear to impact upon the operation of care management, a key approach to providing coordinated care for vulnerable older people. It is concluded that further investigation is required as to the extent to which integrated structures have impacted upon patterns of professional working and underlying beliefs about roles.
- Cole, M. G., McCusker, J., Elie, M., Dendukuri, N., Latimer, E., & Belzile, E. (2006). Systematic detection and multidisciplinary care of depression in older medical inpatients: A randomized trial. *Canadian Medical Association Journal*, 174(1), 38-38-44.
This article discusses a study that was conducted to evaluate the effectiveness of a strategy of systemic detection and multidisciplinary treatment of depression in older medical inpatients.
- Daaleman, T. P. (2006). Reorganizing medicare for older adults with chronic illness. *Journal of the American Board of Family Medicine : JABFM*, 19(3), 303-309.
A major challenge for the US health care system during coming years will be the financial viability and reorganization of Medicare--a program in which over 90% of family physicians participate. Although chronic illness constitutes a trajectory characterized by long-term patterns of health and functional states, fee-for-service Medicare is largely directed to the treatment of acute, episodic illness. Beyond the prescription drug benefit, there were several provisions in the Medicare Prescription Drug Improvement and Modernization Act of 2003 that were designed to improve the quality of care and reduce costs for chronically ill beneficiaries, an important first step in the reorientation of Medicare to chronic illness care. Quality is the foundation of Medicare's movement to a chronic care program and paying physicians for quality care is on the horizon. Family physicians will need to be actively engaged in Medicare's reorientation by articulating and promoting a quality of care that effectively integrates evidence-based medicine with a person-centered focus.
- Freudenstein, U., Jagger, C., Arthur, A., & Donner-Banzhoff, N. (2001). Treatments for late life depression in primary care--a systematic review. *Family Practice*, 18(3), 321-327.
BACKGROUND: Depression is common among older people. It is associated with increased mortality and use of health services. We could identify no prior systematic review of treatment for

depression in either primary care attenders or population samples of older people. OBJECTIVES: The aim of this study was to carry out a systematic review of trials of treatments for depression of patients over 60 years of age in primary care or population samples. CONCLUSION: There is little evidence of effectiveness for a variety of treatment approaches for depression in older people in primary care, particularly in those with less severe depression. As older people take more medication, making contra-indications to the use of antidepressant drugs more likely, there is a pressing need for studies of the efficacy of non-pharmacological interventions in primary care settings.

- Gitlin, L. N., Lyons, K. J., & Kolodner, E. (1994). A model to build collaborative research or educational teams of health professionals in gerontology. *Educational Gerontology, 20*(1), 15-15-33.
A five-stage model of collaboration is presented which utilizes key constructs from the social exchange theory and literature relating to team building. The model presented ensures that projects are based on gerontological knowledge, integration of theory, and reflect real-life health care needs of the elderly.
- Gitlin, L. N., Winter, L., Dennis, M. P., Corcoran, M., Schinfeld, S., & Hauck, W. W. (2006). A randomized trial of a multicomponent home intervention to reduce functional difficulties in older adults. *Journal of the American Geriatrics Society, 54*(5), 809-816. doi:10.1111/j.1532-5415.2006.00703.x
The objective of this study was to test the efficacy of a multicomponent intervention to reduce functional difficulties, fear of falling, and home hazards and enhance self-efficacy and adaptive coping in older adults with chronic conditions. The study was a prospective, 2-group randomized trial, where patients were assigned to a treatment or non-treatment group. The intervention consisted of occupational and physical therapy sessions involving home modifications and training, problem solving, energy conservation, safe performance and recovery techniques, and balance and muscle strengthening. After 6 months, intervention participants has less difficulty with ADLs than controls. The study conclusion is that a multicomponent intervention targeting modifiable environmental and behavioral factors can result in improvement in quality of life for older adults with functional difficulties.
- Gurwitz, J. H. (2004). Polypharmacy: A new paradigm for quality drug therapy in the elderly? (comment). (review). *Archives of Internal Medicine, 164*(18), 2031-2031-2037.
This article looks at issues surrounding avoiding excessive use of medications in the elderly vs. providing access to therapies that may be more beneficial. Factors examined include lack of high quality evidence to guide prescribing, adoption of new systems of care, and costs as a barrier.
- Hager, M. H., & Michael, P. (2005). Clinical practice guidelines for older patients with comorbid diseases (comment). *Journal of the American Medical Association, 295*(1), 716-716-724.
The authors provide comments on Boyd's article "Clinical practice guidelines and quality of care for older patients with multiple comorbid diseases: implications for pay for performance." They clarify the benefits of nutritional therapy by a registered nutritionist and that as of 2001 Medicare benefits include nutrition therapy for beneficiaries with diabetes and renal disease.
- Hall, P., Weaver, L., Fothergill-Bourbonnais, F., Amos, S., Whiting, N., Barnes, P., et al. (2006). Interprofessional education in palliative care: A pilot project using popular literature. *Journal of Interprofessional Care, 20*(1), 51-51-59.
A seminar course was developed at the University of Ottawa in order to address the need for collaboration within the area of palliative care. This course utilized popular literature as a basis for learning. Evaluation findings suggest that meaningful interprofessional education can be introduced effectively to students prior to or while they are maturing in their professional roles.
- Hui, E., Lum, C. M., Woo, J., Or, K. H., & Kay, R. L. (1995). Outcomes of elderly stroke patients. day hospital versus conventional medical management. *Stroke; a Journal of Cerebral Circulation, 26*(9), 1616-1619.
BACKGROUND AND PURPOSE: Much controversy exists over the value of geriatric day hospitals

in the rehabilitation of elderly patients, and cerebrovascular accident is a particularly common diagnosis among patients referred to these day hospitals. We carried out a prospective, randomized study to compare the outcomes of elderly stroke patients managed by a geriatric team using a day hospital facility versus conventional medical management. RESULTS: Functional improvement (Barthel Index score) was greater in the group managed by the geriatricians with a day hospital facility compared with the conventional group at 3 months ($P = .03$). There were also fewer outpatient visits among the day hospital patients at 6 months ($P = .03$). No significant difference was found in costs between the two treatment groups. CONCLUSIONS: Compared with conventional medical management, care in the geriatric day hospital hastened functional recovery and reduced outpatient visits in elderly stroke patients without additional cost.

Inventor, B. R., Henricks, J., Rodman, L., Imel, J., Holemon, L., & Hernandez, F. (2005). The impact of medical issues in inpatient geriatric psychiatry. *Issues in Mental Health Nursing, 26*(1), 23-46. At an advanced age, serious medical and psychiatric illnesses frequently coalesce. Often, the need for admission to inpatient geriatric psychiatric care arises from coexisting medical problems. While cognitive and behavioral interventions are important, the complexity of physical comorbidities usually becomes the focus of hospitalization and requires intensive medical treatments. This paper describes adaptations made in one metropolitan geriatric psychiatry unit in order to better treat complex patients who experience both medical and psychiatric illness. The need for all members of the interdisciplinary team to expand their practice and the importance of complementary approaches of psychiatry and medicine are emphasized.

Juntunen, A., & Heikkinen, E. (2004). Lessons from interprofessional e-learning: Piloting a care of the elderly module. *Journal of Interprofessional Care, 18*(3), 269-269-278. Four Finnish polytechnics providing education for nurses, social workers and physiotherapists wished to develop the content and methods of teaching the care of the elderly by collaboratively creating and implementing an interprofessional module of 15 European Credit Transfer units, using e-learning. This paper examines the planning and assessment of the impact of the pilot module.

Leveille, S. G., Wagner, E. H., Davis, C., Grothaus, L., Wallace, J., LoGerfo, M., et al. (1998). Preventing disability and managing chronic illness in frail older adults: A randomized trial of a community-based partnership with primary care. *Journal of the American Geriatrics Society, 46*(10), 1191-1198. This study was conducted to evaluate the impact of a 1-year, senior center-based chronic illness self-management and disability prevention program on health, functioning, and healthcare utilization in frail older adults. The trial was conducted at a large senior center in a Seattle suburb in collaboration with primary care providers of two large managed care organizations. A total of 201 chronically ill older adults, aged 70+, were recruited through medical practices. The intervention group received a targeted, multi-component disability prevention and disease self-management program led by a geriatric nurse practitioner (GNP). Results show that intervention participants showed less decline in function and lower scores on the Health Assessment Questionnaire. Other measures of function, such as the SF-36 and other physical performance tests, did not change with the intervention. In the intervention group, the number of hospitalizations decreased by 38%, while it rose by 69% among the controls. The intervention also led to significantly higher levels of physical activity and senior center participation and significant reductions in the use of psychoactive medications. The study concludes that "a community-based collaboration with primary care providers can improve function and reduce inpatient utilization in chronically ill older adults. Linking organized medical care with complementary community-based interventions may be a promising direction for research and practice."

Martinen, M., & Freundl, M. (2004). Managing congestive heart failure in long-term care: Development of an interdisciplinary protocol. *Journal of Gerontological Nursing, 30*(12), 5-12. Congestive heart failure is common among assisted living and nursing home residents. Nationally recognized guidelines for diagnosis and management have been promulgated but are poorly used in clinical practice. This article describes the efforts of one facility to implement an interdisciplinary protocol to improve heart failure care. The protocol addressed identification of residents with heart

failure, appropriate use of ACE inhibitors, weight monitoring, resident and family education, and preventive immunization. Following implementation of the guideline, quality indicators were monitored and process improvements addressed. Diagnostic information, use of ACE inhibitors, nursing assessment, and symptom management improved. While episodes of clinical deterioration occurred, most cases were able to be managed in the long-term care setting.

Melin, A. L., Wieland, D., Harker, J. O., & Bygren, L. O. (1995). Health outcomes of post-hospital in-home team care: Secondary analysis of a Swedish trial. *Journal of the American Geriatrics Society*, 43(3), 301-307.

This study was conducted to determine patient and treatment-related factors predictive of health outcomes. Hospital inpatients stable for discharge from acute care, having at least one chronic condition, and dependent in 1 to 5 Katz activities of daily life (ADLs) were randomized to "team" (n = 150) or "usual care" (n = 99). Team patients were eligible for in-home primary care by an interdisciplinary team that included a physician, physical therapist, and 24-hour nursing services and geriatric consultation where necessary. "Usual-care" patients received standard district nurse-administered services at home upon hospital discharge.

Mendes, D. L., & Carlos, F. (2007). Aging and the elapse of time: A comment on the analysis of change. *Journals of Gerontology*, 62(3), S198-S198-202.

Naglie, G., Tansey, C., Kirkland, J. L., Ogilvie-Harris, D. J., Detsky, A. S., Etchells, E., et al. (2002). Interdisciplinary inpatient care for elderly people with hip fracture: A randomized controlled trial. *CMAJ: Canadian Medical Association Journal = Journal De l'Association Medicale Canadienne*, 167(1), 25-32.

This study was conducted to determine the efficacy of postoperative interdisciplinary care, compared to usual care, in elderly patients with hip fracture. The study found that interdisciplinary care did not result in better 3 or 6 month outcomes in patients with hip fracture.

National Association of Chronic Disease Directors. (2006). *Educating professionals for public health impact: Competencies for chronic disease practice professionals* Concept Systems, Inc.

Norris, S. L., & Olson, D. E. (2004). Implementing evidence-based diabetes care in geriatric populations. the chronic care model. *Geriatrics*, 59(6), 35-35-39.

This article discusses the chronic care model as a means to provide a framework for change in the practice and organization of care for chronic illnesses, specifically diabetes.

Packard, E. (2007). Team building: A better approach to elderly care. *Monitor on Psychology*, 38(9), 1-1-2. Retrieved from <http://www.apa.org/monitor/oct07/teambuilding.html>

This brief paper explains key elements to improving health-care treatment for older adults. Key concepts include: being sensitive to ageism, knowing other team members' roles, knowing that conflict among team members is inevitable, preparing to work in virtual teams, being culturally aware, and assessing and re-assessing treatment progress and goals.

Phelan, E. A., Williams, B., LaCroix, A. Z., Grothaus, L., LoGerfo, J. P., & Wagner, E. H. (2004). Effects of provider practice on functional independence in older adults. *Journal of the American Geriatrics Society*, 52(8), 1233-1239. doi:10.1111/j.1532-5415.2004.52350.x

This observational study was designed to examine provider determinants of new-onset disability in ADLs in community-dwelling elderly. A random sample of HMO enrollees age 65 and older participating in a longitudinal study of dementia and aging and their primary care providers formed the study population. New onset of ADL disability were examined in relation to provider characteristics and practice style. Results showed that neither provider experience in caring for elderly patients or having a certificate of qualifications in geriatrics was associated with patient disability at 2 or 4 years. A practice style embodying traditional geriatric principles of care was not associated with a reduced likelihood of ADL disability over 4 years of follow-up. The authors

conclude that taking care of a large number of elderly patients, obtaining a certificate of added qualifications in geriatrics, and practicing with a traditional geriatric orientation do not appear to influence the development of ADL disability in elder, community dwelling HMO enrollees.

Pierre, J. S. (2005). Delirium: A process improvement approach to changing prescribing practices in a community teaching hospital. *Journal of Nursing Care Quality, 20*(3), 244-50; quiz 251-2.
An interdisciplinary continuous process improvement team developed an educational intervention for physicians, nurses, and other healthcare professionals that focused on the role of medications in the etiology of delirium among hospitalized patients aged 65 years and older. An analysis of prescribing practices after the educational intervention revealed a reduction in the use for 57% of the drugs targeted. Other outcomes from this process improvement methodology are also examined.

Rodin, M., Saliba, D., Brummel-Smith, K., American Geriatrics Society Clinical Practice Committee, & Department of Veterans Affairs/Department of Defense. (2006). Guidelines abstracted from the department of veterans Affairs/Department of defense clinical practice guideline for the management of stroke rehabilitation. *Journal of the American Geriatrics Society, 54*(1), 158-162.
doi:10.1111/j.1532-5415.2005.00570.x

OBJECTIVES: To assist facilities in identifying those evidence-based processes of poststroke care that enhance measurable patient outcomes. The guideline(s) should be used by facilities (hospitals, subacute-care units and providers of long-term care) to implement a structured approach to improve rehabilitative practices and by clinicians to determine best interventions to achieve improved patient outcomes. OPTIONS: The guideline considers five elements of poststroke rehabilitation care: interdisciplinary teams; use of standardized assessments; intensity, timing, and duration of therapy; involvement of patients' families and caregivers in decision-making; and educational interventions for patients, families, and caregivers. Evidence, benefits, harms, and recommendations for each of the five designated elements and specific annotated recommendations for poststroke managements are presented separately. OUTCOMES: The overall guideline considers improvement in functional status measures as the primary outcome. Achieving community-dwelling status and preventing complications, death, and rehospitalization are also important outcomes. Costs are not specifically addressed. PARTICIPANTS: The Department of Veterans Affairs/Department of Defense (VA/DoD) Stroke Rehabilitation Working Group consisted of 28, largely VA and military hospital, representatives of medical and allied professions concerned with stroke diagnosis, management, and rehabilitation. Nine additional members with similar credentials served as the editorial committee. Technical consultation was contracted from ACS Federal Health Care, Inc., and the Center for Evidence-Based Practice, State University of New York-Upstate Medical University, Department of Family Medicine conducted evidence appraisal. Consensus was achieved over several years of facilitated group discussion and iterative evaluation of draft documents and supporting evidence. SPONSOR: The guideline was prepared under the auspices of the VA/DoD. No other source of support was identified in the document, or supporting documents.

Roland, M. (2005). Clinical practice guidelines for older patients with comorbid diseases (comment). *Journal of the American Medical Association, 295*(1), 716-716-724.
In response to Boyd's "Clinical practice guidelines and quality of care for older patients with multiple comorbid diseases: implications for pay for performance," the author expresses concern over pay-for-performance schemes and the effects that they may have on appropriate clinical practice.

Salzman, B. (2006). Myths and realities of aging. *Care Management Journals : Journal of Case Management ; the Journal of Long Term Home Health Care, 7*(3), 141-150.
As the aging population expands, it will become increasingly important for health care providers to become aware of and sensitive to the needs and concerns of older adults. Ageism is a term that describes negative stereotyping of older adults and discrimination because of older age. Health concerns and symptoms in the elderly may be overlooked or dismissed as part of the normal aging process. Consequently, several conditions in older adults are significantly underdiagnosed and undertreated. Misconceptions about aging frequently encountered in medicine and in society at large include issues involving sexuality, sleep disturbance, depression, cognitive impairment, and

substance abuse. We can learn to recognize ageist notions that influence medical practice. Perhaps by becoming more aware of myths and realities of aging, we can improve the health and quality of life of our elderly patients.

Shield, F., Enderby, P., & Nancarrow, S. (2006). Stakeholder views of the training needs of an interprofessional practitioner who works with older people. *Nurse Education Today*, 26(5), 367-367-376.

This paper reports on research done in the United Kingdom to examine the education and training requirement of an interprofessional practitioner for the elderly. Views of clients, carers, and service providers were elicited using multiple methods. The majority of service providers identified the need for an interprofessional practitioner. It was felt that education for this need should be established at a national level.

Siegler, E. L., & Capello, C. F. (2005). Creating a teaching geriatric service: Ten important lessons. *Journal of the American Geriatrics Society*, 53(2), 327-330. doi:10.1111/j.1532-5415.2005.53122.x

The restructuring of The Medical Service at the Weill/Cornell campus of the New York Presbyterian Hospital, coupled with funding from the Donald W. Reynolds Foundation to strengthen physicians' training in geriatrics, enabled the creation of a geriatrics inpatient team and a 17-bed Acute Care for Elders unit. It has also allowed a program to be designed that exposes residents to the fundamental principles of geriatric care, offers them opportunities to follow older patients in multiple venues, and provides a chance to enhance their skills and gain experience in interdisciplinary care. In creating the service, a number of mistakes were made, but a few lessons were also learned in the process. After a brief description of the program, 10 lessons that highlight the pitfalls and potential of an inpatient geriatrics teaching service are shared.

Whitney, J., Vernon, S., Hughes, J., & Kinirons, M. (2006). Introducing exercise classes for older care home residents. *Journal of Interprofessional Care*, 20(3), 317-317-319.

This report outlines the approach taken by the SLIPs physiotherapist to introduce an evidence based fall prevention exercise program with selected residential care homes. The article also presents some findings of qualitative evaluation of this work, focusing on implementation of the exercise program and participants' experiences.

Yancik, R., Ershler, W., Satariano, W., Hazzard, W., Cohen, H. J., & Ferrucci, L. (2007). Report of the national institute on aging task force on comorbidity. *Journals of Gerontology*, 62(3), 275-275-280.