

Agelit

A selective review of current research and resources in geriatrics



From the journals

Amin II. Family communication in long-term care: the long term care specialist perspective. **Annals of Long Term Care** 2004 Dec;12(12):35-38.

Discusses the importance of communication between physicians, families and staff at long-term care facilities. Illustrates various situations where miscommunications can occur. Provides a list of common issues that physicians and other staff should review and communicate to family members of long-term care residents.

Aud MA. Dangerous wandering: elopements of older adults with dementia from long-term care facilities. **American Journal of Alzheimer's Disease and Other Dementias** 2004 Dec;19(6):361-368.

This qualitative study examined the circumstances, injuries, and environmental risks of 62 incidents of elopement in Missouri facilities between January 1999 and June 2001. Three patterns emerged from the study: a lack of precautions to prevent wandering; lack of awareness of elopement by staff; ineffective use of alarm devices. Suggestions include consideration to building design and subsequent environment modification, development of operational systems including alarm policies and search procedures, and increased staff training on dementia, communication, and behaviour management.

Boettcher IF, Kemeny B, Boerman R. Training for and sustaining person-centered dementia care. **Annals of Long Term Care** 2004 Dec;12(12):26-28.

Describes a pilot project in which a person-centred staff development system was used to train nursing home staff to care for dementia residents. Key variables and how they influence one another were defined in making a model of dementia care that consisted of the individual, the care system, and the family. Four staff goals were determined based on the model. The pilot was conducted in a long-term care facility with 50 dementia residents. Results showed that staff enjoyed the training and gained valuable skills. Residents showed a reduction in agitated and depressed behaviours and an increase in overall quality of life.

Braun KL, Cheang M, Shigeta D. Increasing knowledge, skills and empathy among direct care workers in elder care: a preliminary study of an active-learning model. **The Gerontologist** 2005;45(1):118-124.

Describes the development of a curriculum for nonclinical direct workers in elder care to improve knowledge, skills and empathy using active learning strategies. Participants significantly improved scores on knowledge and attitude, and both employers and trainers gave the training high marks. Lack of time and funds were major barriers to participation.

Gupta A, Sinha U, Pansari K. Rehabilitation measures in geriatric medicine. **Geriatric Medicine** 2004 Dec;34(12):9-12.

This second of a two-part article describes the cyclical rehabilitation process: assessment, goal setting, intervention, reassessment and outcome measures. Emphasis is placed on comprehensive rehabilitation where the psychological, social, functional, religious, and vocational impacts are considered, as well as the medical and physical impacts of treatment.

Hammer Castellanos V. Food and nutrition in nursing homes. **Generations** 2004 Fall; 27(3):65-71.

Nutrition care in nursing homes is unique in both the challenges and opportunities it provides. These challenges include the facility as a home to residents, the changing needs of aging and/or ill residents, and the regulatory environment of the nursing home. Discussion is given regarding a systems approach where feeding assistance and nutrient-dense foods and beverage are offered. Suggestions are also given for families who wish to monitor and reduce unintended weight loss and dehydration in a nursing home resident.

Jonas-Simpson C, Mitchell GJ. Giving voice to expressions of quality of life for persons living with dementia through story, music, and art. **Alzheimer's Care Quarterly** 2005 Jan/March;6(1):52-61.

Music, story and art were offered as a way for 17 participants to describe their experience of living in a locked dementia care unit in a health facility in Toronto. Through interviews with music and art therapists, residents described their quality of life. Themes emerging from residents were: feeling content, relationships, attitude, feeling worthy, freedom, loss, communication, life patterns. The implication of this qualitative descriptive study is that unnecessary suffering can be diminished through enhanced understanding of what life is like for a person with dementia.

Kiemele LJ. Practical wound management in long-term care. **Annals of Long Term Care** 2004 Oct;12(10):25-32.

Definitions are given for ischemic ulcers, pressure ulcers, venous ulcers, and neuropathic ulcers. Suggestions and guidelines for assessment and management of each type of ulcer are provided. Various physical support surfaces and wound care products are also discussed.

Kennedy D et al. Beyond the rhythm and routine: adjusting to life in assisted living. **Journal of Gerontological Nursing** 2005 Jan;31(1):17-23.

This qualitative study explored the everyday decision-making experiences of four cognitively intact older adults in assisted living. From these case studies, it was determined that four main factors influenced decision-making: trigger event prompting the move to assisted living, level of physical functioning, extent of support, and previous patterns of decision-making. Knowledge of these four themes can ensure that staff frame an intentional, personalized model of care thereby promoting a sense of well-being and satisfaction in elderly adults requiring assisted living.

Kim EJ, Buschman MT. Touch-stress model and Alzheimer's disease: using touch intervention to alleviate patients' stress. **Journal of Gerontological Nursing** 2004 Dec;30(12):33-9.

Discusses the Touch-Stress model, a theoretical model designed for use by nurses caring for Alzheimer's disease patients. The Touch-Stress model was formulated through theory synthesis on the basis of previous research done on the Progressively Lowered Stress Threshold (PLST) model and the Touch model. The Touch-Stress model can contribute to the quality of life for patients and caregivers by improving the care of cognitively impaired patients suffering from emotional and behavioural disturbances.

Kovach CR et al. Effect of the BACE Intervention on agitation of people with dementia. **The Gerontologist** 2004 Dec;44(6):797-806.

BACE (Balancing Arousal Controls Excesses) intervention controls daily schedules in order to maintain a balance between the high-arousal and low-arousal states of a person with dementia. This study tested the effectiveness of BACE (Balancing Arousal Controls Excesses) intervention in decreasing agitation in long-term care dementia residents. Pretests and posttests were performed to detect observable agitation in seventy-eight participants with moderate to severe dementia. The study found that balancing arousal states using an individualized approach can be effective in decreasing agitation in people with dementia.

Leung PM. Benefits of strength training in LTC. **Canadian Nursing Home** 2004 Dec;15(4):9-15.

Describes the implementation of a year-long strength training program in two long-term care facilities in Vancouver. The goals of the program were to increase or maintain residents' functional ability, weight bearing, and well-being, while decreasing the risk of falling. Each participant was assessed and assigned an appropriate training program using a variety of exercises for one to three sessions per week. When assessed after six to eight months, the majority of participants received the same or better ratings. The results demonstrate that the program proved beneficial to strength, weight bearing ability, and mobility.

Lindman Port C. Identifying changeable barriers to family involvement in the nursing home for cognitively impaired residents. **The Gerontologist** 2004 Dec;44(6):770-778.

This study examined changeable barriers to family involvement with cognitively impaired residents. Telephone interviews were conducted with 93 family members of cognitively impaired residents in order to assess the frequency of visits and the barriers to visiting. Residents were measured using a Mini-Mental Status Exam and the MDS-based Depression Rating Scale. Lower visit frequency was found for caregivers with transportation difficulties, negative family to staff relations, and a smaller network of family and friends.

McCarthy JF, Blow FC, Kales HC. Disruptive behaviors in veteran's affairs nursing home residents: how different are residents with serious mental illness? **Journal of the American Geriatrics Society** 2004 Dec;52(12):2031-2038.

VA (Veteran's Affairs, US) nursing home residents were assessed for verbally disruptive, physically aggressive and socially inappropriate behaviours to determine the prevalence and correlates of behaviour problems, and to compare residents with serious mental illness with other residents. Authors concluded that behaviour problems in residents with serious mental illness were comparable with those with dementia, and that practice and training must include geriatric mental health and behaviour management to meet the needs of residents with mental illness.

McGregor MJ et al. Staffing levels in not-for-profit and for-profit long-term care facilities: does type of ownership matter? **CMAJ** 2005 Mar;172(5):645-649.

This study compared the mean number of hours per resident-day provided by direct care staff (RNs, LPNs, health care aides and support staff including housekeeping, dietary, and laundry). Previous studies have shown that having direct care personnel is associated with better care in nursing homes, fewer violations of care standard and improved functional ability of residents. Not for profit was associated with an estimated .34 more hours per resident-day. Public money used to provide care to frail elderly purchases less direct-care and support staff hours per resident in for-profit long-term care facilities than in not-for-profit.

Parker C et al. Quality of life and building design in residential and nursing homes for older people. **Ageing & Society** 2004 Nov;24(6):941-962.

The relationship between environment and quality of life for residents was investigated. The Sheffield Care Environment Assessment Matrix was designed to assess the physical environment. This tool consisted of 300 features fitting into the domains of universal, physical, and cognitive requirements. Quality of life was determined by observation and questionnaires filled out by caregivers. Staff morale was investigated using questionnaires measuring job satisfaction, stress level, and satisfaction with physical facility. Findings show that building design and environment have a positive effect on residents' quality of life. Health and safety regulations may have a negative effect on the quality of life for some residents. Staff morale was associated with non-institutional environments of residents as opposed to staffing facilities.

Schilling M et al. Emergence and transmission of amantadine-resistant Influenza A in a nursing home. **Journal of the American Geriatrics Society** 2004 Dec;52(12):2069-2073.

The goal of the study was to detect amantadine-resistant influenza when using amantadine for controlling influenza A outbreak. Residents of a 721-bed veterans hospital, as well as their spouses, were studied during an influenza A outbreak. Nasopharyngeal and throat viral cultures were done. Residents with positive results who developed new symptoms and who resided on a unit receiving amantadine prophylaxis received antiviral-resistance testing and polymerase chain reaction restriction analyses. Results suggest that strategies using different classes of antivirals for prophylaxis and treatment may limit emergence and transmission of resistant virus.

Scott J et al. Assessing nursing homes' capacity to create and sustain improvement. **Journal of Nursing Care Quality** 2005 Jan-Mar;20(1):36-42.

Shortell's Organization and Management Survey is a tool often used in health systems research. The aim of the study was to investigate whether this is a reliable tool for assessing nursing homes. Staff from 32 Colorado nursing homes were surveyed using a modified version of Shortell's Organization and Management Survey designed to assess various organizational attributes including communication, relationships, teamwork, and leadership. Research found that a modified version of Shortell's Survey and associated subscales could provide appropriate feedback and assist nurse leaders, administration, and regulators in implementing and promoting organizational change and quality improvement.

Strumpf NE et al. Implementing palliative care in the nursing home. **Annals of Long-Term Care** 2004 Nov;12(11):35-41.

This study introduced palliative care programs at six Maryland nursing homes. The program focused on advanced care planning at time of admission, pain and symptom management using various screening tools and assessment protocols, and psychosocial support including spiritual support, bereavement counselling, and community referrals. Steps for integration of the program consisted of training staff in palliative care, assigning palliative care coordinators, providing in-service training to staff, and assigning palliative care nurses for staff support. Results show that positive changes in end-of-life care are possible, but that implementation and long-term sustainability requires dedication, leadership and the proper training tools, procedures and policies.

Thomson P et al. An in-service evaluation of hip protector use in residential homes. **Age and Ageing** 2005 Jan;34(1):52-6.

The purpose of the study was to assess the eligibility, acceptance and compliance of hip protector use by residents of all residential homes located in Poole, Dorset. The effect of dementia, confusion, incontinence and the risk of falling were also examined. Carers were contacted at 3, 6, and 12 months and questioned on the frequency with which residents used the hip protectors and, if appropriate, residents reasoning for refraining from wearing the protectors. Compliance at 3, 6, and 12 months was 78% with most residents wearing protectors daily. Higher compliance was found in residents with dementia, confusion and incontinence, confirming that hip protectors are worn by those at greatest risk of falls and fractures.

Vohra JU et al. Family perceptions of end-of-life care in long-term care facilities. **Journal of Palliative Care** 2004 Winter;20(4):297-302.

This study examines the use of the Family Perception of Care Scale, developed for the purposes of the study. Family members considered pain control an important priority, followed by comfort care, and valued being informed when the death of their family member was near. Family members were more satisfied with end-of-life care in LTC facilities than in hospitals.

Wang JJ. The effects of reminiscence on depressive symptoms and mood status of older institutionalized adults in Taiwan. **International Journal of Geriatric Psychiatry** 2005 Jan;20(1):57-62.

Using a longitudinal quasi-experimental design, the effects of reminiscence on depression and mood of older Taiwanese adults in long-term care was studied. Subjects underwent weekly individual reminiscence therapy consisting of verbal reminiscing of past events involving other people, accompanied by visual aids such as pictures. The experimental group demonstrated fewer depressive symptoms and better mood status as measured by the Geriatric Depression Scale short form (GDS-SF) and the Apparent Emotion Rating Scale (AER).



Clinical Practice Guidelines/Best Practices/Systematic Reviews

Jorstad ED. Measuring the psychological outcomes of falling: a systematic review. *Journal of the American Geriatrics Society* Mar 2005;53(3):501-510.

Banerjee S. DEMQOL: *Measurement of health-related quality of life in people with dementia: the development of a new instrument responsive to change and an evaluation of current methodology*. 2000-2003. NHS R&D Health Technology Assessment Programme. .

Lee PE. et. al. *Atypical antipsychotic drugs in the treatment of behavioural and psychological symptoms of dementia: systematic review*. BMJ 2004;329:75-78.

Mentes JC. **Hydration management**. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core; 2004 Feb.

Mobily K, Mobily P. *Progressive resistance training*. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core; 2004 Feb.

Mottram P. *Institutional versus at-home long term care for functionally dependent older people*. The Cochrane Library 2005 n.1.

National Institutes of Health (NIH) *Consensus Development Panel on Total Knee Replacement. National Institutes of Health consensus statement on total knee replacement*. December 8-10, 2003. Final statement. Rockville (MD): U.S. Department of Health and Human Services (DHHS); 2004 Feb 17. http://consensus.nih.gov/cons/117/117cdc_intro.htm

Schafer RG et. al. Diabetes nutrition recommendations for health care institutions. *Diabetes Care* 2004 Jan;27(Suppl 1):S55-7. http://care.diabetesjournals.org/cgi/content/full/27/suppl_1/s55

Registered Nurses Association of Ontario (RNAO). *Assessment and management of venous leg ulcers*. Toronto (ON): Registered Nurses Association of Ontario (RNAO), 2004 Mar. http://www.rnao.org/bestpractices/PDF/BPG_venous_leg_ulcer.pdf

Veterans Health Administration, Department of Defense. *VA/DoD clinical practice guideline for the management of post-traumatic stress*. Version 1.0. Washington (DC): Veterans Health Administration, Department of Defense; 2004 Jan. http://www.guideline.gov/summary/summary.aspx?doc_id=5187&nbr=3569#s25



Web Picks

e-Health and the elderly: how seniors use the internet for health information. Kaiser Family Foundation, January 2005. Available in PDF at: <http://www.kff.org/entmedia/7223.cfm>

How to help an older driver: a guide for planning safe transportation. AAA Foundation for Traffic Safety. Washington: DC, 2000. Available in PDF at: www.aaafoundation.org

P.I.E.C.E.S.

www.pieces.cabhru.com

P.I.E.C.E.S is an acronym that attempts to convey the individuality and importance of the various factors in the well-being, self-determination, and quality of life of seniors. A component of the Ontario Government's comprehensive multi-year provincial Alzheimer Strategy, the provincial "P.I.E.C.E.S." Education Program continues to be updated with current practices related to the complex cognitive/mental health issues of older people. Ongoing improvements are also based on the evaluations of previous programs and feedback from participants, educators, long-term care administrators, and others.

Environment & Gerontology Network

<http://arch.knu.ac.kr/~gero/education.html>

The environment and gerontology network is concerned with issues related to the diverse effects of physical environments on older individuals. Participants' interests are in professional, theoretical, research related and design-practice work.

Saskatchewan. Provincial Advisory Committee of Older Persons. **A strategy for Alzheimer disease and related dementias in Saskatchewan.** December 6, 2004.

<http://www.gov.sk.ca/newsrel/releases/2005/01/27-046-attachment.pdf>

The Crane Library also provides an e-mail alerting service called "Web Pick of the Week". If you wish to be placed on the mailing list for this service, please send a message to lblanchard@deerlodge.mb.ca



New Books

British Psychological Society, The Centre for Outcomes, Research and Effectiveness (CORE).

Measuring psychosocial treatment outcomes with older people. Leicester, England: The British Psychological Society, 2004. WM 100 M484 2004

Department of Health (Great Britain). ***Supporting people with long term conditions: an NHS and social care model to support local innovation and integration.*** Leeds, England:

Department of Health, 2005. WT 500 s959 2005. Also available PDF at

<http://www.dh.gov.uk/assetRoot/04/09/98/68/04099868.pdf>

Department of Health (Great Britain). ***A toolkit for older people's champions: a resource for non-executive directors, councillors and older people acting as older people's champions.***

London, England: Department of Health, 2004. HQ 1064 G7 T671 2004. Also available PDF at

<http://www.dh.gov.uk/assetRoot/04/08/59/24/04085924.pdf>

Emory University Center for Health in Aging. *Prevention and management of infections in residents of long-term care facilities: an agenda for research*. Atlanta, GA: The Center, 2001. WX 167 P 2001 Also available PDF at <http://www.americangeriatrics.org/news/mono.pdf>

Leveson Centre for the Study of Ageing, Spirituality and Social Policy (ed.). *Dementia: improving quality of life*. Solihull, UK: The Centre, 2003. WM 220 R283 2003.

Rosenbloom, Sandra. *The mobility needs of older Americans: implications for transportation reauthorization*. [Washington, DC]: Center on Urban and Metropolitan Policy, 2003. HE 5614 M687 2003

Stalker K. *Reconceptualising work with carers: new directions for policy and practice*. London: Jessica Kingsley, 2003. WT 29.7 R311 2003



Multimedia

Hand, foot and nail care. Naples, Fla.: NEVCO, 2002. WY 100 H236 2002 [video]
20 min. Includes program guide for health care assistants.

Pain: the resident's perspective. Baltimore: Video Press, 2003. 17 min. WL 704 P144 2003 [video]

Wound management: staging pressure areas. WR 598 W938 2000 [video]. Naples, Fla.: NEVCO, 47 min. Includes program guide for health care assistants.

Parkinson's Disease Foundation. **Motivating moves for people with Parkinson's.** New York : The Foundation, 2004. 80 min. QT 255 M918 2004 [video]



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define:breast cancer

The following one-word search string will retrieve various definitions on cancer in general:

define:cancer



Focus on... Recent resources on pain and dementia

Journal Articles:

Abbey J, et al. The Abbey pain scale: a 1-minute numerical indicator for people with end-stage dementia. **International Journal of Palliative Nursing** Jan 2004;10(1):6, 8-13.

Closs SJ, et al. A comparison of five pain assessment scales for nursing home residents with varying degrees of cognitive impairment. **Journal of Pain and Symptom Management** Mar 2004;27(3):196-205.

Closs SJ, Barr B, Briggs M. Cognitive status and analgesic provision in nursing home residents. **British Journal of General Practice** Dec 2004;54(509):919-21.

Closs SJ, et al. Cues for the identification of pain in nursing home residents. **International Journal of Nursing Studies** Jan 2005;42(1):3-12.

Davies E, et al. Pain assessment and cognitive impairment: part 1. **Nursing Standard** 1-7 Dec 2004;19(12):39-42.

Davies E, et al. Pain assessment and cognitive impairment: part 2. **Nursing Standard** 8-14 Dec 2004;19(13):33-40.

Epperson MD, Bonnel W. Pain assessment in dementia: tools and strategies. **Clinical Excellence for Nurse Practitioners** Winter 2004;8(4):166-71.

Ferrell BA. The management of pain in long-term care. **Clinical Journal of Pain** Jul-Aug 2004;20(4):240-3.

Fox P, et al. Barriers and facilitators in pain management in long-term care institutions: a qualitative study. **Canadian Journal on Aging** Fall 2004;23(3):269-80.

- Fuchs-Lacelle S, Hadjistavropoulos T. Development and preliminary validation of the Pain Assessment Checklist for Seniors With Limited Ability to Communicate (PACSLAC). **Pain Management Nursing** Mar 2004;5(1):37-49.
- Horgas AL, Elliott AF. Pain assessment and management in persons with dementia. **Nursing Clinics of North America** Sep 2004;39(3):593-606.
- Kaasalainen S, Crook J. A comparison of pain assessment tools for use with elderly long-term-care residents. **Canadian Journal of Nursing Research** Dec 2003;35(4):59-71.
- Kaasalainen S, Crook J. An exploration of seniors' ability to report pain. **Clinical Nursing Research** Aug 2004;13(3):199-215.
- Mentes JC, Teer J, Cadogan MP. The pain experience of cognitively impaired nursing home residents: perceptions of family members and certified nursing assistants. **Pain Management Nursing** Sep 2004;5(3):118-25.
- Mezinskis PM, Keller AW, Luggen AS. Assessment of pain in the cognitively impaired older adult in long-term care. **Geriatric Nursing** Mar-Apr 2004;25(2):107-112.
- Molony SL, et al. Assessing pain as a fifth vital sign in long-term care facilities: recommendations from the field. **Journal of Gerontological Nursing** Mar 2005;31(3):16-24.
- Resnick S, Morrison RS. Physicians' perceptions of procedural pain and discomfort. **Journal of Palliative Medicine** Oct 2004;7(5):646-51.
- Rubey RN. Treatment of chronic pain in persons with dementia: an overview. **American Journal of Alzheimer's Disease and Other Dementias**. Jan-Feb 2005;20(1):12-20.
- Scherder E, et al. Recent developments in pain in dementia. **British Medical Journal** 26 Feb 2005;330(7489):461-4.
- Snow AL, et al. A Conceptual model of pain assessment for noncommunicative persons with dementia. **The Gerontologist** Dec 2004;44(6):807-17.
- Tsai PF, Chang JY. Assessment of pain in elders with dementia. **Medsurg Nursing** Dec 2004;13(6):364-9, 390.
- Villanueva MR, et al. Pain assessment for the dementing elderly (PADE): reliability and validity of a new measure. **Journal of the American Medical Directors Association** Jan-Feb 2003;4(1):1-8.
- Zieber CG, et al. Pain and agitation in long-term care residents with dementia: use of the Pittsburgh Agitation Scale. **International Journal of Palliative Nursing** Feb 2005;11(2):71-8.

Clinical Practice Guidelines:

American Geriatrics Society (AGS). **The AGS guideline on the management of persistent pain in older persons**. New York, N.Y.: AGS, 2002.
http://www.americangeriatrics.org/products/positionpapers/persistent_pain_guide.shtml

American Medical Directors Association. **Pain management in the long-term care setting: clinical practice guideline.** Columbia, MD: AMDA, 2003. WL 704 A512 2003

Australian Pain Society. **Residential aged care pain management guidelines (draft).** 2004.

<http://www.apsoc.org.au/pdfs/Draft1APSRACPMG.pdf>

Gloth, F. Michael (ed.). **Handbook of pain relief in older adults: an evidence-based approach.** Totowa, N.J.: Humana Press, 2004. WL 704 H243 2004

Books and Videos:

Barker, Carol; Foerg, Mary. **Pain management.** Detroit, Michigan: Wayne State University. Institute of Gerontology, [200?]. BF 789 D4 B255 [200?] pt. 6

Grady, Kate M.; Severn, Andrew M.; Eldridge, Paul R. **Key topics in chronic pain.** Oxford, England: BIOS Scientific Publishers, 2002. WL 704 G732 2002

Pain in cognitively impaired seniors: assessment and management. Cincinnati, Ohio: Eldercare Communications, 2003. WL 704 P144 2003 [video] (1/2" VHS (40 min.) + 1 guide)

Pain management made incredibly easy! New York: Lippincott, Williams & Wilkins, 2003. WL 704 P46595 2003

Turk, Dennis C.; Melzack, Ronald (eds.). **Handbook of pain assessment.** New York: The Guilford Press, 2001. WL 704 H236 2001

Weiner, Debra K.; Herr, Keela; Rudy, Thomas E. (eds.). **Persistent pain in older adults: an interdisciplinary guide for treatment.** New York: Springer, 2002. WL 704 P466 2002

Websites and Web Resources:

Baxter Inc. **Basics of pain management in adults: an online continuing education home study course for nursing and pharmacy professionals.**

www.baxter.com/doctors/iv_therapies/education/iv_therapy_ce/basic_pain/painadult.html

Chronic Pain Association of Canada. <http://www.chronicpaincanada.com/>

Horgas, Ann L. Assessing pain in persons with dementia. **Try This: Best Practices in Nursing Care to Older Adults.** Fall 2003;1(2):1-2.

<http://www.hartfordign.org/publications/trythis/assessingPain.pdf>

Geriatric Resources Inc. **Assessments for Alzheimer's disease: pain assessment tools for dementia.** <http://www.geriatric-resources.com/html/assessments.html>

Menefee, Lynette; Katz, Nat. **The PainEDU manual: a clinical companion.** 2003

<http://www.painedu.org/manual.asp>

Narcessian, Elizabeth J. **Patient comfort assessment guide.**

<http://www.partnersagainstpain.com/index-mp.aspx?sid=3&aid=7691>

National Foundation for the Treatment of Pain. <http://www.paincare.org>

The Partners Against Pain. **The Partners Against Pain** pain management kit.
<http://www.partnersagainstpain.com/index-mp.aspx?sid=3&aid=7822>

Promoting Excellence in End of Life Care. **Promoting Excellence: Palliative Care Tools: Pain Management.** <http://www.promotingexcellence.org/tools/index.html>

University of Pennsylvania School of Nursing. **Promoting Excellence: Pain Assessment Tool.**
<http://www.promotingexcellence.org/pennsylvania/downloads/up07.pdf>



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Web-Ed - Web Based Educational Opportunities

Implementing diabetes mellitus guidelines in a heterogeneous older population. American Geriatrics Society

<http://www.cuph.org/cme/diabetes>

Improving mental health care in nursing homes. American Geriatrics Society

<http://cuph.org/cme/mental>

Nursing Home Alzheimer's Disease and Related Disorders Training. Florida's Teaching Nursing Home Program. (Requires shockwave)

<http://www.geriu.com>

Screening for medication-related problems in older adults

<http://www.asaging.org/webseminars/websem.cfm?EventID=12133>

Worth Quoting.....

"It is my feeling that as we grow older we should become not less radical but more so. I do not, of course, mean this in any political-party sense, but in a willingness to struggle for those things in which we passionately believe."

- Margaret Laurence

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