Welcome to mosAIC’s Regular Reads*

This list contains links to free journal articles on: Gerontology / Geriatrics / Psycho-Geriatrics / Geriatric Nursing

Updated: April 2014

Do also check out our other Regular Read lists on:
Infection Control, Integrated Care, Management Skills, Palliative Care, Quality Improvement, Rehabilitation / Geriatric Rehabilitation and Technology Applications / Innovations

at aic-learn.sg/resources/regular-reads

*Regular Reads is a supplement of mosAIC, the Agency for Integrated Care’s quarterly publication for the community care sector. Filled with information such as programmes, good practices, book and journal summaries as well as stories from the sector, mosAIC is available free for ILTC staff. For more information, visit aic.sg/mosaic or contact Belinda Lim at 66036991 or mosaic@aic.sg
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mosAIC’s Regular Reads aims to bring to intermediate and long-term care (ILTC) providers’ attention health and social care-related knowledge that may be relevant and useful to their operations. This section features journal articles that highlight latest research findings as well as good, evidence-based and innovative practices. While the articles aim to keep ILTC providers informed of current developments in the community health and social care sector, the views and opinions expressed or implied do not necessarily reflect those of the Agency for Integrated Care (AIC), its directors or editorial staff.

Updated in April 2014

Falls in the community: State of the science

In the United States, fall-related injuries among older community-dwelling adults continue to be a major health concern and is a leading cause of disability and trauma-related death. This article examines the current approaches in community fall management. They include risk assessment, planning of care, and event reporting and benchmarking. It discusses the challenges with these approaches and provides insights for community providers regarding this issue. It suggests future research to identify and predict those persons specifically at risk to injurious falls, to enable health care providers to target and intensify their interventions.

Search for the full-text article at [http://www.dovepress.com/](http://www.dovepress.com/)

**Predictors of fracture from falls reported in hospital and residential care facilities: A cross-sectional study**

The economic and human cost of fractures resulting from a fall is substantial. This study seeks to explore and identify the predictors of fall-related fractures and their relationships with fractures outcomes in institutional settings through logistic regression analysis of routinely reported clinical incident data. Some types of falls are more likely to result in fractures than others. It was found that hospital patients who were reported to have been screened for their risk of falling at admission were less likely to suffer a fracture after a fall. Fracture rates from falls from standing and falls while walking are higher than falls from other activities. The authors conclude that screening hospital patients for their risk of falling may contribute towards the prevention of fall-related injury and that falls from upright postures would more likely result in fractures than other falls in institutional settings.


Search for the full-text article at [http://bmjopen.bmj.com/](http://bmjopen.bmj.com/)

**The value of patient narratives in the assessment of older patients presenting with falls**

Falls are common and can cause serious health problems among the elderly. This pilot study explores whether there is added value in obtaining a patient narrative as part of the assessment of an older person who has fallen. Five older patients referred to the Calgary Fall Prevention Clinic (CFPC) were interviewed and a focus group of four health professionals discussed similarities and difference between the narratives and CFPC assessments conducted without access to the narratives. It was concluded that including patient narratives within standard fall-risk assessment could help understand the emotional impact of falls on older patients and how they might respond to interventions. It would however, be a challenge to incorporate this within the time constraints of routine clinical practice.


Effects of 3 months of short sessions of controlled whole body vibrations on the risk of falls among nursing home residents

This study assesses the impact of three-month training by whole body vibration on the risk of falls among nursing home residents. Patients were randomly assigned to two groups: a whole body vibration group which received three training sessions every week comprising five series of only 15 seconds of vibrations at 30 Hz frequency; and a control group with normal daily life. The impact of the training on the risk of falls was assessed using the Tinetti Test, the Time Up and Go test, and the quantitative evaluation of a 10-second walk performed with a tri-axial accelerometer. The study found that whole body vibration training did not have an impact on the risk of falls among nursing home residents.


Search for the full-text article at http://www.biomedcentral.com/

More age-care staff report helping care recipients following a brief depression awareness raising intervention

Those working with elderly care recipients require a good working knowledge of depression and appropriate help-giving responses. While it is important for age-care staff to recognise depression in care recipients, it is also critical that they know the appropriate course of action to assist a care recipient who may be depressed. This study seeks to determine the age-care staff’s knowledge of appropriate help-giving responses; their confidence in knowing what kind of assistance to provide; their actual likelihood of providing help to potentially depressed care recipients; and to examine if these measures improve following an intervention training programme.


Search for the full-text article at http://www.biomedcentral.com/content/

Pressure ulcers: What we don’t know can hurt us

Pressure ulcers have long been the bane of long-term care. This article addresses what are pressure ulcers and how nursing home staff should address them. In addition to the definitions of Stage I-IV pressure ulcers, two new terms have been added by the National Pressure Ulcer Advisory Panel: unstageable or unclassified which is loss of full thickness tissue; and suspected deep tissue injury-depth unknown. The article highlights the risks
related to the development of pressure ulcers and how the care team can prevent them by educating and investing in nurses, nurse aides, doctors, therapists, dieticians, dietary workers, housekeeping, maintenance and families.


Search for the full-text article at [http://www.ltlmagazine.com/](http://www.ltlmagazine.com/)

**Updated in September 2013**

**Neuroleptic malignant syndrome in an older woman with schizophrenia**

Neuroleptics or antipsychotics are frequently prescribed to treat a variety of psychiatric and non-psychiatric conditions in older adults residing in long-term care settings. Neuroleptic malignant syndrome (NMS) is a rare complication of antipsychotic medication that has debilitating symptoms, notably muscular rigidity and fever, with its prevalence expected to increase with the projected surge of aging baby boomers migrating into LTC settings in the United States. This case report describes the uncommon prevalence of NMS in an older woman with schizophrenia; the risk factors in older adults; and approaches to treatment.


Search for the full-text article at [http://www.annalsoflongtermcare.com/](http://www.annalsoflongtermcare.com/)

**Swallowing disorders in nursing home residents: How can the problem be explained?**

Presbyphagia, refers to aging-related changes in the swallowing mechanism, may be linked to many health conditions among the aging population. Swallowing disorders are also a major problem amongst the elderly population living in nursing homes. This research studied 272 elderly people living in eight nursing homes in Portugal to determine the prevalence of swallowing disorders in nursing home residents, identify the relationship between self-perceived swallowing disorders, cognitive functions, autonomy and depression. It found high prevalence of dysphagia signs amongst the nursing home population. It recommends that a self-perception test should be included in the assessment of swallowing disorders as the study showed a significant statistical relation between objective and subjective measure.


Search for the full-text article at [http://www.dovepress.com/](http://www.dovepress.com/)
Vitamin B6 deficiency and diseases in elder people – A study in nursing homes

This study examines the associations between vitamin B6 and diseases (primarily functional gastrointestinal disorders) in elderly people in nursing homes; the prevalence of B6 deficiency; and factors associated with B6 deficiency. It studied 61 residents with an age of 85.3 years. It found that B6 deficiency was associated with old age, low s-alanine aminotransferase and s-albumin, elevated s-homocysteine and inactivity. Half of the residents had vitamin B6 deficiency. It recommends that all elderly people in nursing homes should be given vitamin supplements as it is an effective prophylaxis for the vitamin B6 deficiency.


Search for the full-text article at http://www.biomedcentral.com/

Updated in June 2013

Long-term care for older adults: A review of home and community-based services versus institutional care

This study seeks to compare long-term care (LTC) for older adults delivered through Home and Community-Based Services (HCBS) with care provided in nursing homes (NHs). It found that on average, NH residents had more limitations in physical and cognitive function than both HCBS recipients and assisted living (AL) residents, but mental health and clinical status were mixed. The studies that compared the outcome trajectories of HCBS recipients or AL residents with NH residents over time had a high risk of bias, resulting in low or insufficient evidence for all outcomes examined.


Search for the full-text article at http://effectivehealthcare.ahrq.gov/

Management of Parkinson’s disease

This report states that Parkinson’s disease has a wide variety of motor and non-motor symptoms. Treatment aims to control the patient’s symptoms by replenishing the dopaminergic system with levodopa or dopamine agonists. Keeping symptoms under continual control early in the course of the disease may have beneficial effects as Parkinson’s disease progresses. Therapy is tailored to each patient’s response to the drugs and their ability to tolerate them. Limited responses of motor and many non-motor symptoms may require the addition of other treatments. The study notes that the adverse effects of drugs used in the treatment of Parkinson’s disease are usually reversible and that symptom fluctuations in response to regular medication are an indication for specialist referral.

Search for the full-text article at [http://www.australianprescriber.com/](http://www.australianprescriber.com/)

A prospective study of risk factors for cardiovascular events among the elderly
This study sought to analyse the impact of cardiovascular (CV) risk factors on the occurrence of fatal and non CV events in elderly individuals. It conducted a prospective study of 800 elderly Brazilian outpatients (60-85 years old) with a 12-year follow-up period. A total of 233 fatal and non-fatal CV events were associated with CV risk. The study concludes that hypertension, diabetes, metabolic syndrome, abdominal obesity and hypertriglyceridemia were predictors of CV risk in elderly individuals. These results confirm the relevance of controlling these CV risk factors in this age group.


Search for the full-text article at [http://www.dovepress.com/](http://www.dovepress.com/)

Evidence-based practice interventions for managing behavioural and psychological symptoms of dementia in nursing home residents
Behavioural and psychological symptoms of dementia (BPSD) is an umbrella term defined as the “symptoms of disturbed perception, thought content, mood or behaviour that frequently occur in patients with dementia.” This review aims to identify evidence-based interventions, both pharmacological and nonpharmacological, for managing and mitigating BPSD in nursing home residents. It identifies that there are many different nonpharmacological interventions that have been investigated for the treatment of BPSD in nursing homes, but the studies reviewed did not show enough clinical significance to merit changes in practice.


Search for the full-text article at [http://www.annalsoflongtermcare.com/](http://www.annalsoflongtermcare.com/)

Updated in March 2013

Lifestyle, social factors and survival after age 75: Population based study
This study seeks to identify modifiable factors associated with longevity among adults aged 75 and older. The study took place in Stockholm, Sweden and consisted of 1810 participants. Half of the participants lived longer than 90 years. Half of the current smokers died one year earlier than non-smokers. Of the leisure activities, physical activity was most strongly associated with survival. The median age at death of participants who regularly swam, walked or did gymnastics was two years greater than those who did not. The study concludes that
even after age 75, lifestyle behaviours such as not smoking and physical activity are associated with longer survival. Also, a low risk profile can add five years to women’s lives and six years to men’s.


Search for the full-text article at http://www.bmj.com/

Reactions to caregiving during an intervention targeting frailty in community living older people

This study aims to explore family carers’ reactions to caregiving during an intervention targeting frailty in community living older people. Reactions to caregiving were measured in the domains of health, finance, self-esteem, family support and daily schedule. The results show that carers of frail older people in the intervention group showed a sustained improvement in health scores during the intervention targeting frailty, while health scores for carers of the frail older people in the control group, decreased and therefore their health worsened. The study concludes that the inclusion of carers in trials targeting frail older people may assist in the identification of at-risk carers and facilitate the provision of information and support that will assist them to continue providing care.


Search for the full-text article at http://www.biomedcentral.com/

Wound care: Not open and shut

This report notes that providers are sharpening their focus on effective wound management and prevention due to the high incidence of wounds in the long-term care setting and their associated risks. It offers useful wound treatment strategies and wound care advice including keeping wounds clean and wrapped at all times; following wound care specialists' instructions precisely; and following- up with the specialist at regular, preferably weekly, intervals. Another advice is to avoid throwing too many wound treatments and products at the problem at once. It recommends that caregivers use a cheat sheet to ensure proper risk factor identification and intervention and also understand that even the most seemingly healthy and ambulatory residents are still at risk for pressure ulcers and other wounds.


Search for the full-text article at http://www.mcknights.com/
Updated in December 2012

Does improved functional performance help to reduce urinary incontinence in institutionalized older women? A multicenter randomized clinical trial

This multicenter randomised controlled trial compares group based behavioural exercise programme to prevent urinary incontinence (UI) among older women to usual care. It studies 20 participants in Dutch nursing homes who were divided into two groups. One group underwent weekly group training sessions and exercises for six months to improve functional performance of pelvic floor muscles, bladder and physical performance. The other group received care as usual. The findings showed that while group-based exercise programmes were feasible to improve physical performance in older women in homes, it did not lead to a reduction in UI. However, attention and monitoring of UI led to decreased occurrence of UI.


Search for the full-text article at http://www.biomedcentral.com/

In search of support

This feature explores solutions to address pressure ulcers by long-term care professionals in order to increase the quality of life of its residents. The best treatment for pressure ulcers lies in prevention. Various alternatives to the traditional innerspring mattresses or egg crate foam pads exist. Centers for Medicare & Medicaid Services categorise mattresses in various groups. Those with low risk of developing pressure ulcers are provided with Group 1 support surfaces made of high-density foam, air or gel. Once the resident develops a pressure ulcer they are moved to Group 2 support surfaces that include powered or non-powered alternating pressure mattresses and powered air floatation bed. Patients with multiple advanced stage pressure ulcers or muscle flaps are placed on Group 3 support surfaces which are ‘integrated bed systems’ known as air-fluidized beds.


Search for the full-text article at http://www.mcknights.com/

Sleep in residential aged care: A review of the literature

This literature review identifies evidence-based strategies to improve sleep in residential care. It covers various strategies including pharmacological therapies, cognitive behavioural therapy, light therapy, exercise and activity, melatonin, ramelteon, valerian, other alternative therapies such as music therapy, aromatherapy and acupuncture, and multi-factorial interventions. The report concludes that further research is required to identify optimal treatments that will enable guidelines to be developed for residential care where sleep disorders are prevalent in high numbers.


Read a summary of this article in mosAIC, ([http://www.aic.sg/newsletter/mosaic/dec2012/#/14](http://www.aic.sg/newsletter/mosaic/dec2012/#/14))

**Updated in October 2012**

**Examining bed width as a contributor to risk of falls from bed in long-term care**

Ergonomic designs enable healthcare facilities to create safer environments for patients. This article studies the issue of falls from beds, a major contributor to the overall falls problem. It looks at the magnitude and factors that lead to this problem. It highlights various solutions to bed design such as bed surface height, ambulatory assist handles, bed exit alarms, bed surface options and explores the bed surface width criteria in detail. It cites the pilot laboratory study conducted to investigate the relation between bed surface width and fall risks and discusses changes in bed design to reduce risk of falls among the elderly in long-term care.


Search for the full-text article at [http://www.annalsoflongtermcare.com/](http://www.annalsoflongtermcare.com/)

Free registration required.

**Vestibular disorders in an aging population: Practical applications for long-term care facilities**

This article highlights that vestibular dysfunction contributes to a high number and frequency of falls in the elderly population leading to fatal and non-fatal injuries. It provides an understanding of dizziness and vertigo and reviews common vestibular disorders such as Benign Paroxysmal Positional Vertigo (BPPV), Vestibular Neuritis (VN), Meniere’s Disease, Migraine-Associated Vertigo (MAV), Superior Canal Dehiscence Syndrome and Visual Vertigo. It discusses specific and general diagnostic considerations in the elderly as well as general treatment considerations that depend on the underlying pathology, patient’s physical constitution and capacity for vestibular compensation.

Search for the full-text article at http://www.annalsoflongtermcare.com/

Free registration required.

**Wii-fit for improving gait and balance in an assisted living facility: A pilot study**

This study seeks to determine the effects on balance and gait of a Wii-Fit programme (a Nintendo gaming console that provides self-directed activity through a television) compared to a walking programme in subjects with mild Alzheimer’s dementia (AD). A prospective randomised pilot study with two intervention arms (the Wii-Fit intervention group and the walking group) was conducted in an assisted living facility with 22 mild AD subjects. The study demonstrated the safety and efficacy of Wii-Fit in an assisted living facility in subjects with mild AD. Use of Wii-Fit resulted in significant improvements in balance and gait comparable to those in the robust monitored walking programme. The study concludes that the results need to be confirmed in a larger, methodologically sound study.


Search for the full-text article at http://www.hindawi.com/

Read a complete summary of this article in mosAIC. (http://www.aic.sg/newsletter/mosaic/oct2012/#/14)

**Updated in August 2012**

**Care of older people with epilepsy**

This article highlights epilepsy among the older population in the United Kingdom. It provides an overview of epileptic seizure, explaining the two types of partial seizures – simple partial and complex partial – and the symptoms experienced by the patient during a seizure. It explores the diagnosis and the treatment options citing antiepileptic drugs as the main form of treatment. Low dosage of medication is recommended for older patients to maintain a normal lifestyle. The effects of epilepsy are listed and the role of the nurse specialists in providing clinical and psychological support is highlighted.


Search for the full text article via National Library Board’s digital library - http://eresources.nlb.gov.sg/
Evidence-based practices for the prevention of weight loss in nursing home residents

This article discusses the geriatric syndrome of weight loss and malnourishment in elderly nursing home residents. It defines the common problems resulting in weight loss such as starvation or wasting, cachexia and sarcopenia. Various clinical recommendations to decrease and prevent weight loss are outlined such as anthropometric assessment, nutritional assessment and nutritional interventions such as intake of supplements and food fortification, feeding assistance and Heron’s six-category intervention for wandering residents. The multifaceted approach to managing weight loss among nursing home residents is provided in this article.


Search for the full text article via National Library Board’s digital library - http://eresources.nlb.gov.sg/

The Effects of electroconvulsive therapy on neurocognitive function in elderly adults

This article studies electroconvulsive therapy provided to elderly adults suffering from severe major depressive disorder. Anti-depressant strategies for the elderly include pharmacotherapy, psychotherapy or a combination of both. Those who do not benefit from these may be recommended electroconvulsive therapy. This systematic literature review describes the improvements of the administration of the therapy and looks at its adverse cognitive effects in the elderly adults. The article recommends careful monitoring of the treatment using measurement-based care to improve the benefits and reduce associated side effects.


Search for the full text article at http://www.annalsoflongtermcare.com/

Free registration required.