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Literature Search Results

Search request date: 26/01/10
Search completion date: 4/02/10
Search completed by: Janet Badcock

Enquiry Details

Cognition in palliative care

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Research

Title: Validation of the confusion assessment method in the palliative care setting.
Citation: Palliative Medicine, January 2009, vol./is. 23/1(40-5), 0269-2163 (2009 Jan)
Author(s): Ryan, K, Leonard, M, Guerin, S
Abstract: Research in Ireland assessing the sensitivity and specificity of the confusion assessment method in diagnosing delirium in the palliative care setting. The problem of delirium in patients with advanced cancer, and the role of the confusion assessment method as a valid screening tool are highlighted. 22 refs.

Title: Validation of a Consciousness Level Scale for Palliative Care.
Citation: Palliative Medicine, September 2008, vol./is. 22/6(724-9), 0269-2163 (2008 Sep)
Author(s): Goncalves, F, Bento, M, Alvarenga, M
Abstract: Research in Portugal to develop and validate the Consciousness Level Scale for Palliative Care. The design of the scale and the role of doctor and nurse investigators in using it while making patient observations are outlined. 33 refs.

Title: Mini-Mental State Questionnaire: problems with its use in palliative care.
Citation: Int J Palliative Nursing, June 2000, vol./is. 6/6(298-302), 1357-6321 (2000 Jun)
Author(s): Grealish, L

Title: Mental capacity assessment of terminally ill patients.
Citation: European J Palliative Care, 2001, vol./is. 8/6(250-2), 1352-2779 (2001 Nov/Dec)
Author(s): Abbas, S, Dien, S
Abstract: Assessing terminally ill patients’ ability to make legally binding decisions. 13 refs.

Title: Determining the decision-making capacity of a patient who refused food and water.
Citation: Palliative Medicine, January 2001, vol./is. 15/1(55-60), 0269-2163 (2001 Jan)
Author(s): Terman, S
Abstract: Case study in the USA involving a hospice inpatient. 15 refs.

Visual hallucinations: a prevalence study among hospice inpatients.
Author(s): Fountain A
Citation: Palliative Medicine, January 2001, vol./is. 15/1(19-25), 0269-2163;0269-2163
Publication Date: January 2001
Abstract: The aim of the study was to determine the prevalence of visual hallucinations among hospice inpatients, and the prevalence of a number of possible associated risk factors. One hundred consecutive admissions to St. John's Hospice in Wirral were screened for visual hallucinations in a semi-structured interview. The prevalence of
opioid administration, other drugs known to cause hallucinations, brain tumours, liver metastases, bone metastases, lung metastases, known renal failure, eye disease, Alzheimer's disease, Parkinson's disease, other neurodegenerative disorder, psychiatric disorder and epilepsy were also recorded. Subjects were screened for cognitive function using the Folstein mini-mental state examination (MMSE). Survival times from assessment to death were calculated. The results were analysed using arithmetical means with 95% confidence intervals (CI) and odds ratios with 95% confidence intervals. Almost half (47%) the patients had experienced visual hallucinations within the previous month. Hypnagogic or hypnopompic hallucinations of a person standing by the bedside were the commonest type. Median survival time for hallucinators was 15 days (range 0-50 days) and for non-hallucinators was 11 days (range 0-89 days). There was no significant difference in cognitive scores between hallucinators and non-hallucinators. Hallucinations were associated with multiple possible risk factors in every case. Hallucinators were more likely to be taking opioids, although the association was not strong (odds ratio 4.48, 95% CI = 1.6-12.19), and were taking larger numbers of potentially hallucinogenic drugs. It is not clear why some patients on opioids hallucinate and others do not. Data on the prevalence of various possible risk factors yielded ample material for the planning of future studies.

Delirium and dying.
Author(s): Rockwood, Kenneth, Lindesay, James
Citation: International Psychogeriatrics, September 2002, vol./is. 14/3(235-238), 1041-6102;1741-203X (Sep 2002)
Publication Date: September 2002
Abstract: This editorial questions how palliative care and delirium researchers should view delirium in dying patients. For instance, a question arises: If delirium is largely an inevitable and untreatable aspect of the last several hours of the lives of terminally ill patients, should it be conceptualized differently from the onset of these symptoms over a few hours in a person who otherwise has been well? Where does delirium in a terminally ill patient count in the statistics reckoning the prevalence and incidence of delirium? What are the consequences of understanding delirium as a metaphor for the "terminal drop" among those who are dying? Practicing clinicians sometimes have failed to disentangle this aspect of delirium--as heralding death--from the delirium that is the villain to be vanquished. The author concludes that delirium is truly a clinical research phenomenon, and as such requires systematic clinical observation of large numbers of patients. Such study will unravel many threads in the tapestry of altered cognition in the face of illness, and experts must allow these to be properly described, and not precluded by premature specification of disease models. Such a study also will highlight areas in which the interests of delirium and palliative care researchers coincide. (PsycINFO

Self-reports are not related to objective assessments of cognitive function and sedation in patients with cancer pain admitted to a palliative care unit.
Author(s): Klepstad P, Hilton P, Moen J, Fougner B, Borchgrevink PC, Kaasa S
Citation: Palliative Medicine, November 2002, vol./is. 16/6(513-9), 0269-2163;0269-2163 (2002 Nov)
Publication Date: November 2002
Abstract: Cancer patients often report complaints of cognitive impairment and sedation. It is not well known if subjective complaints reflect objective assessments of cognitive function (CF) and sedation. We obtained self-reports of sedation and CF from 29 patients admitted to a palliative care unit and receiving morphine treatment. Sedation was reported on a verbal rating scale (VRS) and CF was reported using the EORTC
QLQ-C30 health-related quality-of-life questionnaire CF scale. The self-reports were compared with objective assessments of sedation and CF by applying the Observer's Assessment of Alertness/Sedation (OAA/S) scale and Mini Mental State Examination (MMS), respectively. The assessments were repeated for seven patients who were readmitted to the palliative care unit. The patient self-reports of memory, concentration and sedation were dichotomized into noncomplainers and complainers. The percentages of complainers were 54%, 46% and 37% for memory, concentration and sedation, respectively. Patients who complained from difficulties with concentration or memory did not score differently from noncomplainers on objective assessments of CF (MMS score), but had a significantly higher level of fatigue. Patients complaining from sedation did not score differently from noncomplainers on objective assessments of sedation (OAA/S score). We observed no significant correlations between EORTC QLQ-C30 CF scale scores and MMS scores, or between VRS sedation scores and OAA/S scores. The study demonstrates a lack of relationship between patient self-reports and objective methods for assessing sedation and cognitive failure. This finding illustrates the importance of differentiating between observations and patient self-reports. The results also question the validity of patient self-reports for measurements of cognitive failure and sedation.

The Cultural Differences in Perceived Value of Disclosure and Cognition: Spain and Canada.

Author(s): Fainsinger, Robin L, Nunez-Olarte, Juan M, Demoissac, Donna M
Citation: Journal of Palliative Care, March 2003, vol./is. 19/1(43-48), 0825-8597 (Spr, 2003)
Publication Date: March 2003
Abstract: A previous multicentre international study on sedation at the end of life has detected major differences between Canadian and Spanish patients. This was particularly evident in the need to sedate Spanish patients for psychological/existential distress. This study was designed to explore the hypothesis that marked differences in the value patients and families attach to disclosure and cognition were a factor. The study population included patients referred to two palliative care consulting services based in acute care hospitals in Madrid, Spain (M), and in Edmonton, Canada (E). Questions addressed the issue of clear thinking, pain/nausea-medication-induced somnolence/confusion, anxiety/antidepressant-medication-induced somnolence/confusion, details of diagnosis. One hundred patients were evaluated on each site. Patients and families in E placed a higher value on clear thinking, change in medication causing somnolence/confusion, and wanting full disclosure. Patients and families in E agreed almost 100% of the time, while agreement in M varied from 42% to 67%. These results suggest major differences in the perceived value of clear cognition and disclosure of information between patients and families in E and M. (PsycINFO Database Record (c) 2009 APA, all rights reserved)
The effects of immediate-release morphine on cognitive functioning in patients receiving chronic opioid therapy in palliative care.
Author(s): Kamboj SK, Tookman A, Jones L, Curran HV
Citation: Pain, October 2005, vol./is. 117/3(388-95), 0304-3959;0304-3959 (2005 Oct)
Publication Date: October 2005
Abstract: Morphine and other potent opioids are frequently used in palliative care and pain management. When sustained-release (SR) opioids do not provide adequate background analgesia, additional immediate-release (IR) opioid (e.g. short-acting morphine) may be required to alleviate breakthrough or episodic pain. Despite the frequent use of IR morphine on top of SR opioids, little is known about the effects of such treatment on patients' everyday cognitive functioning. This study therefore used a double-blind, placebo-controlled, cross-over design to assess cognitive functioning in 14 patients receiving palliative care. All patients were taking SR opioid preparations and required

Associations between caregiver-perceived delirium in patients with cancer and generalized anxiety in their caregivers.
Author(s): Buss MK, Vanderwerker LC, Inouye SK, Zhang B, Block SD, Prigerson HG
Citation: Journal of Palliative Medicine, October 2007, vol./is. 10/5(1083-92), 1096-6218;1557-7740 (2007 Oct)
Abstract: BACKGROUND: Delirium, a common complication of advanced cancer, may put caregivers at risk for poor mental health outcomes. We looked for a relationship between caregiver-perceived delirium in a patient with advanced cancer and rates of caregiver psychiatric disorders. METHODS: Using cross-sectional data from 200 caregivers of patients with cancer with a life expectancy of less than 6 months, we determined the frequency of caregiver-perceived delirium, which was defined as caregivers who reported witnessing the patient "confused, delirious" on the Stressful Caregiving Response to Experiences of Dying (SCARED) weekly or more often. We tested for associations between caregiver-reported delirium and presence of caregiver mental disorders, using the Structured Clinical Interview for the DSM-IV to diagnose mental disorders and caregiver burden, as measured by the caregiver burden scale (CBS). RESULTS: Of the 200 caregivers who completed the SCARED, 38 (19.0%) reported seeing the patient "confused, delirious" at least once per week in the month prior to study enrollment and 7 (3.5%) met criteria for generalized anxiety (GA). Caregivers of patients with caregiver-perceived delirium were 12 times more likely to have GA (odds ratio [OR] 12.12; p < 0.01). The relationship between caregiver-perceived delirium and caregiver GA persisted after adjusting for caregiver burden and exposure to other stressful patient experiences (OR = 9.99; p = 0.04). CONCLUSIONS: This is the first report of an association between caregiver-perceived delirium and a caregiver mental health outcome. Further studies, using improved measures of delirium, are needed.
Cognitive effects of opioids.
Author(s): Strassels SA
Citation: Current Pain & Headache Reports, January 2008, vol./is. 12/1(32-6), 1534-3081;1534-3081 (2008 Jan)
Publication Date: January 2008
Abstract: Although opioid analgesics are safe and effective tools for the treatment of moderate to severe pain, there remain large gaps in understanding of the effects of these drugs on the many dimensions of functioning. This article summarizes the biomedical evidence addressing cognitive effects of the opioid analgesics. Current evidence indicates that cognitive function can be influenced by use of opioid analgesics, although the effects vary between drugs, are thought to be most significant with mixed-activity drugs, codeine, propoxyphene, and meperidine, and are generally most concerning during the first few days after starting opioid therapy, before tolerance develops. Blanket policies regarding the activities of driving and working are inappropriate; this issue is best addressed on a patient-specific basis.

Delirium in palliative care.
Author(s): Alici, Yesne, Breitbart, William
Citation: Primary Psychiatry, May 2009, vol./is. 16/5(42-48), 1082-6319 (May 2009)
Publication Date: May 2009
Abstract: Delirium is a common and often serious neuropsychiatry complication in palliative care, settings, characterized by an abrupt onset of disturbances of consciousness, attention, cognition, and perception that fluctuate over the course of the day. Delirium, frequently the harbinger of impending death, is a sign of significant physiologic disturbance, usually involving multiple medical etiologies, including infection, major organ failure, electrolyte disturbances, and medication adverse effects. Delirium is associated with increased morbidity, causing distress in patients and caregivers, and is often the final challenge of palliative care management. Unfortunately, delirium is often under-recognized and untreated in the palliative care setting. Psychiatrists, primary care physicians, oncologist's, and pain specialists must be able to diagnose delirium accurately, undertake appropriate assessment of etiologies, clarify the controversies regarding the goals of management, and understand the risks and benefits of the pharmacologic and non pharmacologic interventions currently available for managing delirium. (PsycINFO Database Record (c) 2009 APA, all rights reserved) (journal abstract)
**Introduction of a pain scale for palliative care patients with cognitive impairment.**

Author(s): van Iersel T, Timmerman D, Mullie A  
Citation: International Journal of Palliative Nursing, February 2006, vol./is. 12/2(54-9), 1357-6321;1357-6321 (2006 Feb)  
Publication Date: February 2006  
Abstract: AIM: To describe the development and introduction of a pain scale for patients with cognitive impairment who are admitted to homes for older people and nursing homes in the region of northwest Flanders in Belgium. DESIGN: A questionnaire comparing the Abbey and Pain Assessment in Advanced Dementia (PAINAD) scales was distributed in 17 homes; 185 care providers participated, evaluating 157 patients. FINDINGS: Approximately half of the care providers evaluated both scales as being good measures of pain and easy to use. Of the different items scored in both scales, care providers agreed upon three indicators as being most valuable to use for measuring pain: facial expression; vocalization; and body language. CONCLUSION: The findings were not conclusive for the introduction of either Abbey or PAINAD. Based on the results, a simplified pain observation scale consisting of three items was developed. It has been introduced in the homes of the region and is being tested currently.