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Literature Search Results

Search request date: January 2010
Search completed by: Janet Badcock

Enquiry Details

Continence in Palliative Care

Opening Internet Links

The links to internet sites in this document are ‘live’. If you are on a computer with internet access, you can open the documents by using your mouse to place the cursor over the web address. Then hold down the CTRL key on your keyboard and then click on the address. The document, or internet page, should open. For Athens resources, see below:
Evidence

The Essence of Care: Benchmarks for continence p. 51- 67
This document contains the toolkit for benchmarking the fundamentals of care. This includes the background to Essence of Care (page 1), a description of the benchmarking tool (page 3), how to use the benchmarks (page 4) and record forms for developing action and business plans (appendices one to seven). Nine sets of benchmarks are also included. It is intended that health and social care personnel use this document to address issues of concern within their areas of work and or to improve services already provided.

BACKGROUND
The NHS Plan (2000) reinforced the importance of 'getting the basics right' and of improving the patient experience. The Essence of Care, launched in February 2001, provides a tool to help practitioners take a patient-focused and structured approach to sharing and comparing practice. It has enabled health care personnel to work with patients to identify best practice and to develop action plans to improve care.

Patients, carers and professionals worked together to agree and describe good quality care and best practice. This resulted in benchmarks covering eight areas of care:
- Continence and bladder and bowel care
- Personal and oral hygiene
- Food and nutrition
- Pressure ulcers
- Privacy and dignity
- Record keeping
- Safety of clients with mental health needs in acute mental health and general hospital settings
- Principles of self-care

It should be recognised that all sets of benchmarks are interrelated. For example, there are elements of privacy and dignity that link with continence and bladder and bowel care.

In July 2002 work began to develop further benchmarks focusing on communication between patients and or carers and health care personnel. These were written in response to requests from those taking part in the initial compilation of the Essence of Care, as well as many patients, carers and practitioners who have since used the Essence of Care toolkit. The new set of benchmarks complement the existing eight sets and relate closely to, for example, the record keeping and privacy and dignity benchmarks.
The benchmarks have been presented in a revised format that takes account of the experience and comments of those who have been using the *Essence of Care*. Although the format of the original benchmarks has been simplified the *benchmarks of best practice and poor practice* remain the same. In addition, the intervening steps to best practice have been removed since these may vary according to local circumstances.

The benchmarks are relevant to all health and social care settings. Therefore, the *Essence of Care* is presented in a generic format in order that it can be used in, for example, primary, secondary and tertiary settings and with all patient and or carer groups, such as in paediatric care, mental health, cancer care, surgery and medicine. It is important that those benchmarking (including patients and carers) agree the indicators that demonstrate best practice within their area of care.

3Please see www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4127915.pdf

**Guidelines**

**Opioid-induced constipation in palliative care health care professionals toolkit**, This brings together practical tools to aid consultations with patients experiencing the common but distressing condition of opioid-induced constipation (OIC). The toolkit has been accredited by the Royal College of Nursing Accreditation Unit until 2011 and was developed by Wyeth in collaboration with a multidisciplinary expert working group. It aims to meet the educational need for knowledge of the causes, symptoms and treatment of OIC in palliative care patients and to encourage a proactive approach to management.

This is a downloadable element of a wider online resource that can be found on the Choices in Opioid-induced constipation website. Approximately 70 per cent of patients with advanced cancer and about 65 per cent of patients dying from non-malignant disease experience pain,(1) and opioids are an essential and well-established treatment for pain encountered in palliative care. However, one of their most common side effects is constipation. OIC can be a source of distress for patients with advanced illness and can be difficult to manage. The majority of patients who take opioids will develop OIC, with little or no tolerance to the condition.(2)

Better communication helps reduce distressing problem
"Opioid-induced constipation can be a distressing and persistent condition impacting significantly on patients’ and carers’ quality of life,” said Sue Thomas, RCN Nursing Policy Adviser and Chair of the expert group. "Patients with OIC often avoid discussing issues related to their bowels or may not think to ask their nurse about preventing or managing constipation before it's too late. This toolkit offers a solution to the problem of OIC by providing practical tools to open lines of communication between nurses and patients."

The toolkit contains a number of items for both patients and health care professionals. Health care professionals will benefit from a Guide to OIC in palliative care as well as a quick reference guide, which includes an assessment checklist. The patient booklet contains a bowel symptom diary which encourages the identification and documentation of symptoms that require attention.

http://www.choices-in-oic.co.uk/Portals/2/PDFs/ZMTX208%20Choices_HCP%20Guide.pdf
Research

Providing Urinary Continence Care to adults at End of Life
A. Harris Nursing Times 2009

Managing continence in palliative care (177kb)
John Switzer
Nursing & Residential Care 8(12): 562 - 564 (Dec 2006)

John Switzer looks at the complex issues surrounding continence and its effects upon older people living in care homes.

Constipation--modern laxative therapy.
Author(s): Klaschik E, Nauck F, Ostgathe C
Citation: Supportive Care in Cancer, November 2003, vol./is. 11/11(679-85), 0941-4355;0941-4355 (2003 Nov)
Publication Date: November 2003
Abstract: It is estimated that one third of the population in Western industrial countries suffers from constipation at least from time to time. Constipation may have somatopathic or functional causes. Furthermore, a great number of substances are known to cause medication-induced constipation, i.e. opioid-induced constipation is caused by linkage of the opioid to opioid receptors in the bowel and the central nerve system. Whenever possible, causal therapy should be undertaken. Patients in palliative care mostly suffer from chronic functional constipation. The treatment consists of basic measures and the application of laxatives. According to their mode of action, they are divided into bulk-forming laxatives, osmotic laxatives, stimulant laxatives, lubricating agents and others. Bulk-forming laxatives are not recommended for use in palliative care patients, for such patients are normally not able to take in the required amount of fluids. Osmotic laxatives are divided into (magnesium) salts, saccharine, alcohols and macrogols. Lactulose is the most popular saccharine laxative. Because of its side effects (flatulence, bloating and abdominal cramping), lactulose is not a laxative of our choice; instead, we prefer to give macrogol. Orally administered, macrogol is not metabolised and pH value and bowel flora remain unchanged. Macrogol hydrates hardened stools, increases stool volume, decreases the duration of colon passage and dilates the bowel wall that then triggers the defecation reflex. Even when given for some time, the effectiveness of macrogol will not decrease. Because of its high effectiveness and commonly good tolerance, macrogol has become the laxative of first choice in palliative care patients with all kinds of chronic constipation, if these patients are able to take in the necessary amount of fluids. From the general medical point of view, lubricating agents have become obsolete. In palliative care patients, however, they are still important laxatives for prophylactic treatment or therapy of constipation. Due to clinical experience, in palliative care a laxative ladder has proven successful.
Source: MEDLINE
The lived experience of constipation in cancer patients in palliative hospital-based home care.
Author(s): Friedrichsen M, Erichsen E
Citation: International Journal of Palliative Nursing, July 2004, vol./is. 10/7(321-5), 1357-6321;1357-6321 (2004 Jul)
Publication Date: July 2004
Abstract: Constipation is a common and well-studied symptom in palliative care. Most previous studies have focused on the frequency and management of constipation. The current study aimed to investigate the lived experience of constipation among cancer patients in palliative hospital-based home care. Eleven cancer patients admitted to a hospital-based home care unit in Sweden who had experienced constipation participated in this study. Semi-structured interviews were conducted and a qualitative, phenomenological approach was used. Three themes emerged: bodily suffering; mental preoccupation and a reminder of death; and avoidance and social isolation. The experience of constipation was described as an extensive complete person-experience that must be prevented. To prevent unnecessary suffering nurses need to be proactive in the assessment of constipation.

Constipation management in palliative care: a survey of practices in the United kingdom.
Author(s): Goodman M, Low J, Wilkinson S
Citation: Journal of Pain & Symptom Management, March 2005, vol./is. 29/3(238-44), 0885-3924;0885-3924 (2005 Mar)
Publication Date: March 2005
Abstract: Fifty percent of patients admitted to hospices cite constipation as a concern. This study evaluates how constipation was managed in 11 hospices. Patients and nurses completed questionnaires at two time points: baseline and 7-10 days later. Outcomes were evaluated using a Constipation Visual Analogue Scale and a satisfaction with management of constipation questionnaire. A total of 475 patients participated; 413 completed both assessments. Forty-six percent of patients reported no constipation and 15% of patients reported severe constipation. For 75% of patients, no change in the perception of constipation was observed over the study period. Patients expressed satisfaction with their constipation management. The severity of constipation was overestimated by nurses in many patients. The findings indicate that constipation was being prevented or reasonably well managed. However, severe constipation continues to be a problem. Assessment of patients' bowel function needs to be more rigorous and those identified as severely constipated need daily monitoring.
Source: MEDLINE

Laxatives for the management of constipation in palliative care patients.
Author(s): Miles CL, Fellowes D, Goodman ML, Wilkinson S
Citation: Cochrane Database of Systematic Reviews, 2006, vol./is. /4(CD003448), 1361-6137;1469-493X (2006)
Publication Date: 2006
Abstract: BACKGROUND: Constipation is a common problem for palliative care patients which can generate considerable suffering for patients due to both the unpleasant physical symptoms and psychological preoccupations that can arise. There is uncertainty about the 'best' management of constipation in palliative care patients and variation in practice between palliative care settings. OBJECTIVES: To determine the effectiveness of laxative administration for the management of constipation in palliative care patients.
care patients, and the differential efficacy of the laxatives used to manage constipation.

SEARCH STRATEGY: We searched The Central Register of Controlled Trials (CENTRAL) (The Cochrane Library Issue four, 2005), MEDLINE (1966 to January 2005), EMBASE (1980 to January 2005), CANCERLIT, PUBMED, Science Citation Index, CINAHL, The Cochrane Library, SIGLE, NTIS, DHSS-DATA, Dissertation Abstracts, Index to Scientific and Technical Proceedings and NHS-NRR and reference lists of articles. SELECTION CRITERIA: Randomised controlled trials (RCTs) comparing laxatives for constipation in palliative care patients. DATA COLLECTION AND ANALYSIS: Two review authors independently assessed trial quality and extracted patient-reported data measuring changes in stool frequency and ease of passing stools, using objective and validated scales. Tolerance or adverse effects of laxatives used were also sought. The appropriateness of synthesizing data from the controlled trials depended upon the clinical and statistical homogeneity of studies identified. If the controlled trials were homogeneous, a meta-analysis would be attempted. MAIN RESULTS: Four trials involving 280 people were included. Between these trials, the laxatives lactulose; senna; danthron combined with poloxamer (Co-danthramer); Misrakasnehmen; magnesium hydroxide combined with liquid paraffin (Milpar) were evaluated. All four trials included number and frequency of bowel movements and relative ease of defecation as part of the assessment of laxative efficacy. All of the laxatives demonstrated a limited level of efficacy, although a significant number of participants required rescue laxatives in each of the studies. The only significantly different treatments were in the trial where lactulose plus senna were more effective than danthron combined with poloxamer. Patient preference did not favour either treatment option. Other related systematic reviews have similarly identified that there is a lack of evidence to support the use of one laxative, or combination of laxatives, over another.

AUTHORS’ CONCLUSIONS: The treatment of constipation in palliative care is based on inadequate experimental evidence, such that there are insufficient RCT data. Recommendations for laxative use can be related to costs as much as to efficacy. There have been few comparative studies, equally there have been few direct comparisons between different classes of laxative and between different combinations of laxatives. There persists an uncertainty about the ‘best’ management of constipation in this group of patients.

Constipation and palliative care - where are we now?.

Author(s): Kyle G
Citation: International Journal of Palliative Nursing, January 2007, vol./is. 13/1(6-16), 1357-6321;1357-6321 (2007 Jan)
Publication Date: January 2007
Abstract: Constipation is an unpleasant and distressing symptom that many palliative care patients may experience, often having a profound effect on their quality of life. The many management options available reflect the multifactorial nature of constipation. The article explores the complexity of constipation in palliative care and highlights the challenge of managing opioid-induced constipation. Advances in the pharmacological and non-pharmacological management of constipation are reviewed and discussed in the light of relevant research. Further discussion includes definitions, incidence and causes of constipation in palliative care.

Source: MEDLINE
Management of constipation in palliative care patients.

Author(s): Clemens KE, Klaschik E
Citation: Current Opinion in Supportive & Palliative Care, March 2008, vol./is. 2/1(22-7), 1751-4266 (2008 Mar)
Publication Date: March 2008
Abstract: PURPOSE OF REVIEW: Constipation is a common symptom in palliative care patients that can generate considerable suffering due to both unpleasant physical symptoms and psychological preoccupations that may arise. There is uncertainty about the choice from varying recommendations for management of constipation and a varying clinical practice in palliative care settings. The purpose of the review is to evaluate the current recommendations of therapy guidelines and to determine the effectiveness of laxative administration for the management of constipation in palliative care patients.
RECENT FINDINGS: Recent findings in the literature include an updated version of the Rome criteria and related information on the functional gastrointestinal disorders, as well as information on opioid antagonists. Knowledge of the role of definitions, causes of constipation and the pathophysiology of opioid-induced constipation must be given a high priority in the treatment of patients receiving opioids. Diagnosis and therapy of constipation, therefore, should relate to findings in clinical investigation. SUMMARY: The treatment of constipation in palliative care is based on inadequate experimental evidence, such that there are insufficient randomized controlled trial data. Recommendations for laxative use can be related to efficacy. Particularly in patients with advanced-stage tumor disease this must be undertaken with careful consideration of their physical activity and dietary needs.
Source: MEDLINE

Intravenous morphine can avoid distressing constipation associated with oral morphine: a retrospective analysis of our experience in 11 patients in the palliative care in-patient unit.

Author(s): Mazumdar A, Mishra S, Bhatnagar S, Gupta D
Citation: American Journal of Hospice & Palliative Medicine, August 2008, vol./is. 25/4(282-4), 1049-9091;1049-9091 (2008 Aug-Sep)
Publication Date: August 2008
Abstract: Morphine is the preferred strong opioid analgesic. Most of the adverse effects, such as daytime drowsiness, dizziness, mental clouding, and effects on cognitive and psychomotor function or nausea and vomiting, usually resolve with time. The main continuing adverse effect of morphine is constipation, and prophylactic use of laxative is almost always required. We are presenting retrospective data of 11 patients admitted in our palliative care unit over the past 5 months for new (not yet received any opioid analgesic in any form) and severe cancer pain management. It was found that none of the patients was having constipation with intravenous morphine. This finding can be explained on the basis of differences in pharmacologic profiles, in affinity to opioid receptor, and a higher exposure of opioid-binding receptor in the GI tract after oral administration of morphine compared with intravenous morphine. This explanation was further affirmed as constipation and need for laxative was reported by 7 of the 11 patients when they were given the equi-analgesic oral doses of morphine. Thus, the route of administration seems to be responsible for the above finding; hence, further evaluation with prospective observation and data collection is being planned to look for external validity in a larger population catered by our palliative care unit.
Source: MEDLINE
Palliative care and pain: new strategies for managing opioid bowel dysfunction.

Author(s): Thomas JR, Cooney GA, Slatkin NE
Citation: Journal of Palliative Medicine, September 2008, vol./is. 11 Suppl 1/(S1-19; quiz S21-2), 1557-7740;1557-7740 (2008 Sep)
Publication Date: September 2008
Abstract: Opioid analgesics are a cornerstone of pain therapy in the hospice and palliative care population. However, opioid-induced bowel dysfunction (OBD) is a commonly associated condition that frequently compromises the usefulness of these agents. Although its most common and debilitating symptom is constipation, the impact of OBD extends beyond constipation to encompass a myriad of gastrointestinal (GI) signs and symptoms, ranging from decreased gastric emptying and reflux to abdominal pain, cramping, bloating, nausea, and vomiting. Even after aggressive therapies to improve bowel function have been implemented, many patients continue to experience symptoms of OBD. To avoid these unwanted effects, some even choose to decrease or discontinue therapy with opioid analgesics, and experience inadequate pain control. The net result of OBD is a seriously negative impact on quality of life (QOL). For these reasons, it is important that palliative care practitioners have an adequate understanding of normal GI function and the underlying mechanisms responsible for OBD, the burden of OBD in the context of appropriate and effective pain management, and the benefits provided by effective pharmacotherapy. Several real-world cases are discussed to illustrate the application of optimal symptom management and the use of strategies that minimize the effects of OBD and improve patient QOL.
Source: MEDLINE

The management of constipation in palliative care: clinical practice recommendations.

Author(s): Larkin PJ, Sykes NP, Centeno C, Ellershaw JE, Elsner F, Eugene B, Gootjes Citation: Palliative Medicine, October 2008, vol./is. 22/7(796-807), 0269-2163;1477-
Publication Date: October 2008
Abstract: Constipation is one of the most common problems in patients receiving palliative care and can cause extreme suffering and discomfort. The aims of this study are to raise awareness of constipation in palliative care, provide clear, practical guidance on management and encourage further research in the area. A pan-European working group of physicians and nurses with significant experience in the management of constipation in palliative care met to evaluate the published evidence and produce these clinical practice recommendations. Four potentially relevant publications were identified, highlighting a lack of clear, practical guidance on the assessment, diagnosis and management of constipation in palliative care patients. Given the limited data available, our recommendations are based on expert clinical opinion, relevant research findings from other settings and best practice from the countries represented. Palliative care patients are at a high risk of constipation, and while general principles of prevention should be followed, pharmacological treatment is often necessary. The combination of a softener and stimulant laxative is generally recommended, and the choice of laxatives should be made on an individual basis. The current evidence base is poor and further research is required on many aspects of the assessment, diagnosis and management of constipation in palliative care.
Exploring the causes, assessment and management of constipation in palliative care.
Author(s): Brown E, Henderson A, McDonagh A
Citation: International Journal of Palliative Nursing, February 2009, vol./is. 15/2(58-64), 1357-6321; 1357-6321 (2009 Feb)
Publication Date: February 2009
Abstract: Constipation is one of the most common problems in patients receiving palliative care, often having a profound effect on their quality of life. Its management has a significant impact on healthcare provision in terms of cost and nursing time. Nurses are well placed to assess and manage constipation and this article seeks to aid in the decision-making process. The causes, assessment and management of constipation, from prophylaxis to new pharmacological developments, will be explored in a pragmatic approach.
Source: MEDLINE

Pharmacologic pearls for end-of-life care.
Author(s): Clary PL, Lawson P
Citation: American Family Physician, June 2009, vol./is. 79/12(1059-65), 0002-
Abstract: As death approaches, a gradual shift in emphasis from curative and life prolonging therapies toward palliative therapies can relieve significant medical burdens and maintain a patient's dignity and comfort. Pain and dyspnea are treated based on severity, with stepped interventions, primarily opioids. Common adverse effects of opioids, such as constipation, must be treated proactively; other adverse effects, such as nausea and mental status changes, usually dissipate with time. Parenteral methylaltrexone can be considered for intractable cases of opioid bowel dysfunction. Tumor-related bowel obstruction can be managed with corticosteroids and octreotide. Therapy for nausea and vomiting should be targeted to the underlying cause; low-dose haloperidol is often effective. Delirium should be prevented with normalization of environment or managed medically. Excessive respiratory secretions can be treated with reassurance and, if necessary, drying of secretions to prevent the phenomenon called the "death rattle." There is always something more that can be done for comfort, no matter how dire a situation appears to be. Good management of physical symptoms allows patients and loved ones the space to work out unfinished emotional, psychological, and spiritual issues, and, thereby, the opportunity to find affirmation at life's end.

Additional Material
End of life continence care powerpoint: