



# NICE NEWS

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I am happy to report that we have developed three new easy to use tools to assist practitioners and informal care givers in their work with the elderly. These tools were developed by NICE network members from a variety of disciplines and geographic locations working together. Their efforts in combining multidisciplinary perspectives and overcoming geographic barriers are evident in the great quality of the tools that they have produced. I offer my personal thanks to those individuals who worked on the tools for their commitment to this project and the outstanding results that they have achieved.

One of the tools developed is a Consent and Capacity pocket card. This conveniently sized card contains important information on consent and capacity issues as they relate to the older adults. It is based on fact sheets that were developed by the Advocacy Centre for the Elderly (ACE). Judith Wahl, our Deputy Chair, is a founder and

Executive Director of ACE. This tool will be distributed to practitioners across Ontario. It is also being adapted for use in other parts of Canada.

A second tool is a poster based on best practices for dealing with challenging behaviours in older adults. The poster provides quick tips that will serve as a reminder for staff during times of high stress. The posters are targeted to front-line staff in long-term care facilities. It is being piloted in six facilities across Canada. Following this pilot and revision process we will make it available for widespread distribution to long-term care facilities and hospitals across the country.

The final tool is a caring calendar. The calendar is targeted to care givers, also providing them with tips on how to deal with challenging behaviours. Our partners at the Alzheimer Society of Canada will be distributing the calendar to care givers through their network

Each of these tools is available to NICE members and their organiza-

tions. If you, or your organization, have channels for distributing these tools we would be happy to discuss this with you. We also welcome all feedback on the tools and hope that you will share your thoughts with us

Once again, I want to remind you of our upcoming Annual Knowledge Exchange which will be held in Toronto on April 26<sup>th</sup>-27<sup>th</sup>. This meeting is open to all members of the NICE Network. Included on the agenda for this meeting is an update from each of our Knowledge Transfer theme teams, caregiving, dementia, end-of-life and mental health. We will also have expert speakers sharing their findings on best practices for knowledge transfer. More information is now on our website.

## IMPORTANT DATES

**April 26– 27 2007**

**NICE Annual Knowledge Exchange Toronto, at the University of Toronto.**

**[www.nicenet.ca](http://www.nicenet.ca) for details**

**May 2 –5 2007**

**Canadian Gerontological Nursing Associations 14th National Conference, Manitoba.**

**[Www.cgna.net](http://www.cgna.net) for details**



## ANTIDEPRESSANTS FOR DEPRESSED ELDERLY: A SYSTEMATIC REVIEW

Clinical depression rates among seniors are no higher than among the general population, but seniors tend to have more depressive symptoms and are more vulnerable to the negative effects of depression\*. Drug reactions among seniors, however, are different and require studies designed using this population in order to determine their efficacy.

A systematic review was undertaken by Mottram and colleagues (2006) for the Cochrane Database in order to examine the efficacy of antidepressant classes, to compare withdrawal rates associated with each and to compare the relative side effects of each when treating depression in patients aged 55 or over.

Only randomized controlled trials

that compared at least two active antidepressant drugs for the treatment of depression in the population of interest were included in the review. Using these criteria, a total of 32 trials were examined for efficacy, withdrawal and side effect analysis.

From the review it was determined that there were no differences in efficacy when comparing classes of antidepressants. In terms of the numbers of patients who withdrew from treatment (regardless of reason), Tricyclic antidepressants (TCAs) compared less favourably with selective serotonin reuptake inhibitors (SSRIs). Qualitative analysis demonstrated a small increased profile of gastro-intestinal and neuropsy-

chiatric side effects associated with TCAs.

The results of this review, therefore, may suggest that increased withdrawal rates among users of TCAs might be due to their related side effects. Given the lower withdrawal rate and relatively fewer side effects encountered by those taking SSRIs this would seem to be the antidepressant class of choice for treating depression in the elderly, according to the findings of this review.

\*for more information on prevalence rates and the significance of depression among seniors in Canada please visit: [http://www.naca-ccnta.ca/writings\\_gerontology/writ18/writ18\\_2\\_e.htm](http://www.naca-ccnta.ca/writings_gerontology/writ18/writ18_2_e.htm)

Mottram, P., Wilson, K., & Strobl, J. Antidepressants for depressed elderly. *Cochrane Database of Systematic Reviews* 2006, Issue 1. Art. No.: CD003491. DOI: 10.1002/14651858.CD003491.pub2.



### COMMUNITY CORNER:

#### BROCK UNIVERSITY DEPARTMENT OF NURSING

Brock University Department of Nursing and the Brock/Loyalist Collaborative Program curriculum are responding to the needs of an aging population. Demographically, the Niagara region mirrors the future of aging in Canada. According to 2001 Census data, St. Catharines-Niagara is the oldest metropolitan area in Ontario and the third oldest in Canada. Three of the four municipalities in Ontario with the oldest populations are in the Niagara region.

Traditionally, clinical experiences in long-term care settings are used in early years to introduce students to basic physical care skills. The Brock/Loyalist curriculum, however, emphasizes the skills and knowledge needed to care for older adults with complex health challenges, including dementia, delirium, mental illness, and chronic health conditions. Students do not have placements in long-term care until their third year. This curriculum choice re-

flects the program belief that care for older persons is complex and requires advanced knowledge and skills for problem solving and reasoning. There are two upper level theory and clinical courses with a focus on aging in the context of learning about mental health and mental illness and in the context of learning about the experience of chronic health challenges.

The Department of Nursing partners with providers of care for older persons in the Niagara Region to ensure rich learning experiences in the clinical setting and in the classroom. For example, students have clinical placements in the Regional Municipality of Niagara Long-Term Care facilities, including the T. Roy Adams Regional Centre for Dementia Care. Specialized psychogeriatric clinical placements are provided by

partners including the Niagara Region Community Mental Health Program. Local Psychogeriatric Resource Consultants and Public Educators provide clinical placements in the community nursing course. Educators and volunteers from the Alzheimer Society of Niagara Region provide students with a "Virtual Dementia Tour" experiential learning activity.

The Department of Nursing at Brock, is one of five departments within the Faculty of Applied Health Sciences. The Faculty offers undergraduate degrees in Community Health, Health Sciences, Kinesiology, Nursing, Physical Education, Recreation and Leisure Studies, Child Studies, and Sport Management and graduate degrees in Applied Health Sciences. Researchers are engaged in basic science and applied research in the field of aging, including research about falls, physician

practices, international policies for medicine for seniors, lifelong learning and volunteerism among older adults, neuro-pathology, physical activity and exercise, family caregiving, and implementing nursing best practice guidelines.



## EARLY DETECTION & EARLY SUPPORT: A WINNING COMBINATION

Time-Limited Support Groups for Individuals with Early Stage Dementia and Their Care Partners: Preliminary Outcomes from a Controlled Clinical Trial.

With an increased understanding of dementia and the development of better diagnostic procedures our ability to detect dementia in earlier stages has improved. Although the medical benefits of this are evident, there have been unintended negative social-emotional consequences for patients and their care givers. Specifically, an early diagnosis can cause depression and anxiety as the patient and care givers begin to anticipate functional limitations that may not occur until well into the future. Furthermore, it has been shown that following the diagnosis of dementia families and care givers may withdraw or may begin stereotyping the person with dementia in such a way that may cause harm to his/her overall well being.

Immediate psycho-social-educational intervention is, therefore, important following the early diagnosis of dementia. Although early-stage support groups have been developed there have been relatively few empirical studies conducted demonstrating their effectiveness. In response to this gap in knowledge, Logsdon and colleagues (2006) designed a randomized control clinical trial that compared early stage support groups with a wait list control group. Initial results of this work suggest favourable outcomes for patients and families participating in the early support groups.

The sample for this study was comprised of 150 patient-care giver dyads from 20 different early support groups based on the same model (the Early-Stage Memory Loss Seminar Program). The groups met weekly for nine weeks and followed a structured manual. The patients with dementia and their care givers

were together for part of the session and then separated into two groups for the remainder. The wait list control group received only written materials about dementia and were given a telephone number that they could call should they have questions or concerns but were not offered any other formal support.

Measures of both groups were taken at baseline, posttreatment (two months) and follow-up (six months). Primary outcome measures included quality of life – both of the patient and care giver. Secondary measures were based on factors suggested by the qualitative research to be associated with quality of life for individuals receiving an early diagnosis of dementia and their care givers. Among these are mood and family relationships. Also based on findings from qualitative studies, measures that examined the ability to cope with memory problems and maintain a sense of self-efficacy were included. Measures were completed by the patient about themselves and by the care givers about the patients and themselves.

Although only preliminary findings are available at this time (baseline

vs. two-month posttest) they do demonstrate initial support for early support group interventions. Specifically, there were statistically significant differences between the support group and wait list in all areas tested that favoured the support group intervention. For example, quality of life scores in the support group for patients showed much less decline than for those patients in the wait list control group. And care givers in the support group showed significantly improved quality of life measures compared to decreases on the same measure for those in the wait list control group.

Just as much as the early diagnosis of dementia is critical with respect to treating the disease's physiological progression, it would appear that early psycho-social-educational interventions can have a significant impact on patients' and care givers' ability to cope with the new reality and burdens they face in light of a diagnosis of dementia.

Logsdon, R.G., McCurry, S.M., & Terri, L. (2006). Time-Limited Support Groups for Individuals with Early Stage Dementia and Their Care Partners: Preliminary Outcomes from a Controlled Clinical Trial. *Clinical Gerontologist*, 30(2): 5-19



**NICE IN THE NEWS:****One Of Our Own Appointed a Member of the Order of Canada**

On February 20<sup>th</sup> Governor-General Michaël Jean appointed the newest members of the Order Of Canada. Among these recent inductees was Nice Network's Dorothy Pringle. The following is an excerpt written by Alisa Ferguson taken from the University of Toronto's Website:

"Pringle is cited as a dynamic force who has been at the vanguard of the introduction of nurse scientists into the healthcare sector. Senior researcher at the Baycrest Centre for Geriatric Care and director of the nursing and health outcomes project of the Ontario Ministry of Health and Long-Term Care, she is sought after throughout Canada and the United States for her expertise on aging. As a teacher she has sensitized her students to the importance of providing quality care, particularly to the elderly, while validating nursing as a rewarding and noble career choice."

**NICE IN THE NEWS:****Risk Factors Identified to Predict Harm in Older Cognitive Patients**

TORONTO, ONTARIO, MEDIA RELEASE--(CCNMatthews - Feb. 1, 2007) - February 1, 2007 - "Researchers at Sunnybrook have identified areas of neuropsychological function that can help family doctors to accurately predict harm due to self-neglect in cognitively impaired seniors who live alone."

Under the direction of Dr. Mary Tierney, principal investigator, researchers were able to find three neuropsychological areas that were independent risk factors or predictors of harm due to self-neglect. The authors suggest that this information can be translated into strategies for harm reduction in high-risk patients.

The full study is published in the February 2007 issue of The American Journal of Geriatric Psychiatry.

We offer our congratulations to Dorothy on this well deserved honour.



**Join us for the Annual NICE Knowledge**

**Exchange, April 26–27 2007**

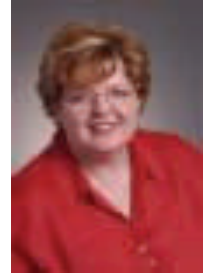


**Enrollment is limited so join up today !**



**W E C A R E T O G E T H E R**

**MEMBER PROFILE:  
DR. LYNN MCCLEARY**



Dr. Lynn McCleary began her career as a nurse after receiving her Bachelor of Science in Nursing from McMaster University. After ten years of nursing and research experience, Dr. McCleary completed a Master of Science degree in Clinical Epidemiology and Biostatistics also from McMaster University. Following this, Dr. McCleary received a Ph.D. from the Faculty of Social Work at the University of Toronto.

Dr. McCleary held numerous sessional teaching positions at University of Toronto and Ryerson University. These appointments were in addition to her full time position as Scientist at the Kunin-Lunenfeld Applied Research Unit of Baycrest Centre for Geriatric Care in Toronto. In 2005 Dr. McCleary accepted an Assistant Professorship in the Department of Nursing at Brock University.

At Brock, Dr. McCleary teaches a unique mental health course with a focus on psychogeriatrics to third year undergraduate nursing students, where she encourages students to learn about and use evidence-based practices with older adults. She accomplishes this by using research summaries such as the Hartford Foundation for Geriatric Nursing's "Try This" tools, the RNAO Best Practice Guidelines, and the Canadian Coalition for Seniors Mental Health National Guidelines for Seniors Mental Health.

Dr. McCleary is also working towards integrating a literary pedagogy into teaching about the lived experience of mental illness, using reflective assignments based on reading autobiographical literature, such as Canadian poet Hugh MacDonal's collection of poems (Looking for Mother) about his experience of his mother's dementia.

Additionally, Dr. McCleary also has funding from the Alzheimer Knowledge Exchange to provide training for Brock's clinical instructors and to improve their ability to integrate learning from P.I.E.C.E.S. in clinical courses (<http://www.piecescanada.com/about.html>).

Dr. McCleary's research focuses on family caregiving, families' experiences of formal care for dementia, and nurses' research utilization. Her current research includes: development and evaluation of a tool for assessing dementia caregiving resources and homecare needs; understanding cross-cultural experiences of the time prior to diagnosis of dementia; and evaluation of the effectiveness of implementing nursing best practice guidelines. She is conducting a study evaluating the effects of implementing the Registered Nurses' Association of Ontario's Nursing Best Practice Guideline on Client Centered Care. The study, funded by the RNAO and the Chatham-Kent Health Alliance in partnership with the Hotel Dieu-Grace Hospital in Windsor, will evaluate the effectiveness of implementing nursing best practice guidelines.

In addition to Dr. McCleary's work on the board of directors of NICE, she is also a member of Dementia-NET, a team of researchers, clinicians, and decision-makers conducting research into the best ways to provide care for people with dementia at moments of transition, particularly in the community and in long-term residential care.

**NICE NEWS**

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**The Last Word is yours...**

We hope that you have enjoyed this issue of NICE News. And we want to remind you that our main goal is to provide you with useful, applicable information for your practice. Being a multidisciplinary network it's hard for us behind the scenes to keep on top of the latest developments and happenings in everyone's specialties. We hope that you will help us out by sending us your feedback, suggestions, articles, important dates, exciting news etc... so that we can better meet our goal. You can contact us at:

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