



Target Area: Sensory/ Perceptual/ Visiospatial > Pain, Agitation, Cognition/ Mental, Activities of daily living

<p>Husebo, B. S., Ballard, C., Sandvik, R., Nilsen, O. B., Aarsland, D. (2011). <i>British Medical Journal</i>, 343.</p>	<p>PEdro score - 7/10</p>
<p>Method/Results</p>	<p>Rehabilitation Program</p>
<p><b>Design</b></p> <ul style="list-style-type: none"> <li>➤ <b>Study Design:</b> Cluster randomised controlled trial</li> <li>➤ <b>Population:</b> N = 352 care home residents with moderate to severe dementia and clinically significant behavioural disturbances.</li> <li>➤ <b>Groups:</b> <ol style="list-style-type: none"> <li>1. Treatment group (33 clusters, n =175)</li> <li>2. Control group, usual treatment (27 clusters, n = 177)</li> </ol> </li> <li>➤ <b>Setting:</b> 60 independent nursing home units.</li> </ul> <p><b>Primary outcome measure:</b> <i>Agitation:</i></p> <ul style="list-style-type: none"> <li>➤ Cohen-Mansfield Agitation Inventory (Cohen-Mansfield &amp; Libin, 2004)</li> </ul> <p><b>Secondary outcome measure:</b> <i>Aggression:</i></p> <ul style="list-style-type: none"> <li>➤ Neuropsychiatric inventory, nursing home version (Cummings &amp; Aarsland, 1994)</li> </ul> <p><i>Pain:</i></p> <ul style="list-style-type: none"> <li>➤ Mobilization-Observation-Behaviour-Intensity-Dementia-2 (MOBID-2; Husebo, Strand, Moe-Nilssen, &amp; Ljunggren, 2010)</li> </ul> <p><i>Cognition:</i></p> <ul style="list-style-type: none"> <li>• Mini-mental state examination</li> </ul> <p><i>Other:</i></p> <ul style="list-style-type: none"> <li>➤ Activities of daily living</li> <li>➤ Functional assessment staging</li> </ul> <p><b>Results:</b> Treatment with analgesics following a standardised stepwise protocol significantly improved agitation, overall neuropsychiatric symptoms and pain in residents of nursing homes with moderate to severe dementia and agitation, compared to those receiving usual treatment.</p>	<p><b>Aim:</b> To determine whether a systematic approach to the treatment of pain can reduce agitation in people with moderate to severe dementia in nursing homes.</p> <p><b>Materials:</b> Stepwise standardised protocol for pain treatment (American Geriatrics Society, 1998)</p> <p><b>Treatment Plan:</b></p> <ul style="list-style-type: none"> <li>➤ <b>Duration:</b> 8 weeks</li> <li>➤ <b>Procedure:</b> Participants allocated to treatment condition received analgesics three times daily (breakfast, lunch, dinner) using a fixed dose regimen throughout the treatment period.</li> <li>➤ <b>Content:</b> Depending on their ongoing medical treatment participants began at: <ul style="list-style-type: none"> <li>- Step 1: Oral paracetamol: to a maximum 3g/day</li> <li>OR</li> <li>- Step 2: Oral morphine: maximum 20mg/day</li> <li>OR</li> <li>- Step 3: Buprenorphine transdermal patch, maximum 10ug/hour (for those with swallowing difficulties)</li> <li>OR</li> <li>- Step 4: Oral pregbaline, maximum 300mg/day</li> <li>- Outcome measurement: Agitation, aggression and pain measures were completed at baseline and two, four and eight weeks following. Other measures were recorded at baseline and at eight weeks after treatment.</li> </ul> </li> </ul>