Surgery complications linked to Parkinson’s disease

People with Parkinson’s disease who undergo surgery have increased rates of mortality. Missing dopamine medication during a period of perioperative starvation can result in life-threatening complications. Some people can tolerate a missed tablet without any major effects, while others become immobile or can experience neuroleptic malignant-like syndrome which is associated with fever, confusion and even death.

Oral medication should be continued until the time of anaesthetic induction. Consideration should be given to placing people with Parkinson’s at the start of the operating list to allow greater predictability of the time of fasting. Patients can be switched to subcutaneous apomorphine during surgery but side effects include vomiting, hallucinations and hypotension. Anti-emetics are routinely given during surgery but some reduce dopamine levels and can exacerbate Parkinson’s disease.


Communicating life views and end of life preferences

The promotion of advance directives has received increasing attention but just documenting treatment decisions does nothing to convey the patient’s underlying values or stimulate relevant discussion. Discussion is often delayed until a health crisis occurs, by which time people may be too sick to interpret their treatment options. Previous studies have shown that older people seldom have the chance to share views about death and dying because family members and healthcare professionals want to protect them from raising these sensitive issues.

This study trialled a programme with four themes: life stories, illness narratives, life views and end of life preferences. The themes were introduced in separate sessions. The aim of the first theme was to allow nursing home residents to share memorable life experiences so reaffirming the value in their lives. The next two themes allowed them to explore the experience of illness and share their views on life and death. The final theme was similar to other advance care planning programmes exploring views on life-sustaining treatment, end of life care expectations, preferred healthcare decision maker and funeral plans.

The researchers found that the Let Me Talk programme was well received and promoted a significant improvement in the communication of care preferences between participants and their families. Chan Y, Pang M (2010) Let me talk – an advance care planning programme for frail nursing home residents. Journal of Clinical Nursing. 19, 21-22, 3073-3084.

Improving the palatability of oral nutritional supplements

One in three adults admitted to hospital has malnutrition and this rate is even higher in the over-65 age group. Malnutrition in older people contributes to serious illness, functional loss and altered self-perception of health. Oral nutritional supplements are often prescribed but wastage is high because many people dislike the taste, finding them too sweet.

This study aimed to investigate if there was a difference between older and younger people in perceived sweetness intensity. The results showed that ability to detect sweetness did deteriorate with age but both groups found oral supplements unpleasantly sweet. Chocolate-flavour supplements were perceived as the least sweet and so the most acceptable of the flavours.


Treatment of chronic obstructive pulmonary disease

‘Obstruction’ in chronic obstructive pulmonary disease (COPD) involves the diameters of the peripheral airways becoming progressively smaller so that it becomes difficult, and eventually impossible, to breathe. As the patient’s lung function deteriorates he or she may experience exacerbations of the condition with increasing frequency, with sudden and frightening worsening of symptoms. There is no cure for COPD.

Treatment is aimed at reducing exacerbations and improving quality of life. Low-concentration oxygen, given for 15 hours a day or more, can reduce secondary polycythaemia, improve sleep quality and neuropsychological functioning and increase blood flow to the kidneys. Exacerbations should be treated immediately with bronchodilators, oral prednisolone and, if the sputum is purulent, antibiotics.

Patients can also benefit from pulmonary rehabilitation programmes involving physical training, disease education and nutritional, psychological and behavioural interventions. Lynes D (2010) Diagnosis and management of patients with COPD in primary care. Nursing Standard. 25, 8, 49-57.