Better care for patients with dementia in the recovery room

Patients with cognitive impairment can experience poorer outcomes after surgery if they do not receive care tailored to their needs when waking up in a recovery room. Hospitals tend to be noisy, busy and brightly lit environments where patients meet many different members of staff, and so are poorly suited to people with dementia.

Patients in the recovery room are emerging from sedation or general anaesthetic and may also have nerve blocks reducing the use of limbs. If patients do not receive effective care on waking from their anaesthetic they risk developing complications, such as hypoxia from not tolerating the oxygen mask. To avoid these risks, patients are sometimes chemically restrained using intravenous drugs, such as midazolam.

In this trial at Nottingham University Hospitals NHS Trust, a dementia care resource trolley was developed. The trolley, used at the patient’s bedside, houses a CD player with disposable headphones and a selection of CDs, a knitted muff with sewn-on accessories and stress-relieving toys.

The researchers also provided education for all staff including porters who escorted patients to theatre. Another aim of the project is to provide carers of people who have dementia with passports that allow them unrestricted access to patients in anaesthetic and recovery rooms.

A long-term approach is needed to ensure the well-being of older adults with cancer

The number of older people living with cancer is growing and soon three quarters of those living after the initial acute stage of their treatment will be aged 65 years or older. Quality of life studies tend to focus on one cancer at a time and on specific cancer drugs or treatments. However, as people live longer after cancer diagnosis, it is important to understand the contribution of other factors affecting quality of life.

To investigate this issue the researchers surveyed 1,457 adults of 65 years or more. Most of the respondents were not actively receiving cancer treatment at the time of the survey and were one year or more past their diagnosis.

The survey explored factors in physical, psychological, social and spiritual domains that could affect quality of life. The most important contributors to poor physical and mental quality of life included severe symptoms of pain, fatigue and disturbed sleep as well as respondents’ other medical conditions. Being physically active appeared to be an important contributor to better quality of life. Other likely contributors to poor mental health were lack of emotional support and financial hardship.

The study highlights the importance of addressing persistent symptoms, managing co-morbidities, promoting leisure-time physical activity and addressing financial challenges. The approach should be one of comprehensive health promotion that includes appropriate management of symptoms of cancer and other co-morbid conditions, and the promotion of healthy lifestyles. Care should also recognise the importance of social and financial support that the older survivor may need.

Use of vitamin B therapy in stroke prevention

Stroke is a leading cause of death and disability, but it is a preventable condition. Lowering plasma homocysteine concentrations should help to prevent stroke and vitamin B therapy offers one way of doing this. Although early studies showed no overall benefit this may have been because they included people with kidney failure, who can be harmed by the adverse effects of cyanocobalamin, which is a form of vitamin B12. Some of these studies show that, while the number of strokes was reduced, myocardial infarctions increased. High levels of homocysteine, an amino acid related to meat eating, are associated with atherosclerosis, atrial fibrillation and blood clots. Folate therapy, a combination of nutrients including vitamins B6 and B12, lowers homocysteine levels but causes cyanide production from the break down of cyanocobalamin. This is usually cleared from the body quickly, but can build up in people with poor renal function. The burden of stroke is expected to increase because of the decline in renal function associated with ageing and the high prevalence of vitamin B12 deficiency in older people.

This article suggests that we should look again at vitamin B therapy to reduce homocysteine, but should conduct trials with methylcobalamin or hydroxocobalamin rather than the potentially toxic cyanocobalamin.