



NINR Focus: Aging and Long-Term Care

*one in a series of focus papers on research directions
and NINR-funded research advances*

The population of the United States is aging, increasing the challenge to know more in order to provide quality care for the older adults at a manageable cost. Nursing research is developing and testing knowledge to improve home health care, management of chronic symptoms, caregiver function and satisfaction, nursing home care, Alzheimer's disease management, exploration of ethical concerns, and independent functioning.

Managing Home Care

Helping Older Adults Adjust to Home Care. Observations of advanced practice nurses (APNs) working with older medical and surgical patients after hospital discharge showed they tend to concentrate on assessment, surveillance, and patient education. Teaching focused on signs and symptoms of physical problems, medications, and side effects. These APN interventions helped ease the transition to home care (Naylor, 2000)

Home Care after Surgery. APNs caring for older post-operative patients at home assessed functional status, monitored signs of depression, provided education, and made referrals to community services, helping to improve two-year survival rates. (McCorkle, 2000)

Improving Home Care Referrals. Transitional care nurses reviewed the records of older adults discharged from the hospital without a home care referral, and recommended home care in almost all cases. Among those noted as high priority for multiple home care needs, half were re-hospitalized within 6 months. (Naylor, 2002)

Continuity of Care. Greater continuity of contact between patient and health care provider after hospital discharge helped older adults receive more consistent information and have greater comfort in asking questions, although many still lacked understanding about their medications. (Bull, 2000)

Chronic Disease Management

Cancer-related Symptoms. While many newly diagnosed older cancer patients reported pain and fatigue that impacted their quality of life, these complaints diminished after one year. However, these symptoms persisted in those with more comorbidities, late stage disease, or recent treatment. (Given, 2001)

Cancer and Physical Functioning: Most older cancer patients experienced relatively good function before diagnosis, whereas after diagnosis roughly one-half showed a moderate to steep functional decline, especially among surgery patients. (Given, 2001)

Depression and Lung Cancer: Within a year after diagnosis, over one-third of older lung cancer patients showed signs of depression, with those reporting more cancer-related symptoms and reduced social function having the highest risk. (Given, 2002)

An Arthritis Self-Efficacy Course: After completing a 6-week course on arthritis management and pain control, African Americans

older adults showed improved self-efficacy and a decrease in arthritis-related pain. (Newman, 2001)

Older Adults with UI: Almost one-half of homebound older adults with urinary incontinence (UI) showed depressive symptoms. However, few had received a diagnosis of depression or adequate treatment. (Enberg, 2001)

Caregiving and Nursing Home Care

Racial Differences among Caregivers. Survey results showed that most caregivers of frail older adults are middle-aged females. African American caregivers, usually younger and with lower income than Whites, had a strong preference for family care and low role conflict, whereas White caregivers tended to derive more personal benefit from their caregiving. (Mutran, 2002)

Defining Quality of Care. Some nursing home residents define care by the level of service, others by their relationship with the staff, and a third

group by physical comfort. Focusing on clinical aspects of care may miss these subtle consumer distinctions. (Bowers, 2001)

Assessing Hydration. Comparison of morning urine samples from nursing home residents against a color chart showed that urine color related to specific gravity and osmolality, providing a useful and low-cost method to monitor hydration status. (Culp, 2002)

Alzheimer's Care

Aggressive Behaviors. For Alzheimer's patients, impaired communication contributed to both verbal and physical aggression. Physically aggressive patients showed signs of depression, but few were receiving antidepressant medication. (Talerico, 2002)

Functional Rehabilitation. A functional rehabilitation program using nursing aides allowed Alzheimer's disease patients to show an

increase in independent behaviors, although it required more staff time. (Burgio, 2000)

Slowing the Decline. Alzheimer's disease patients who received 30 minute exercise sessions of walking along with 30 minutes of a conversation intervention showed a slower rate of functional decline compared to those who received either intervention alone. (Tappen, 2000)

Related Research on Aging

Ethical Concerns and Aging. A survey of older adults revealed ethical concerns that included maintaining personal integrity and independence, enhancing family relationships, and facing death with spirituality. Most elders desired to avoid pain, to avoid becoming a burden, and to achieve a natural, peaceful death. Family members described the importance of listening and acceptance to resolve conflicts. (Cameron, 2002)

The ACTIVE Trial. Subjects in the Advanced Cognitive Training for Independent and Vital Elderly (ACTIVE) trial received training in memory, reasoning, or speed-of-processing skills. After two years, they retained proficiency in their targeted cognitive ability, but showed little carry-over effect in day-to-day functioning. (Morris and Smith, 2002)

The National Institute of Nursing Research (NINR) supports clinical and basic research to establish a scientific basis for the care of individuals across the life span. NINR-supported research seeks to improve the management of patients during illness and recovery, reduce the risks for disease and provided, including problems encountered by families and caregivers. To accomplish its conducts intramural research and research training at laboratories and clinical centers on the collaborations to ensure a comprehensive approach to research on illness and disabling and implementing knowledge to reduce health disparities is an ongoing goal.

