

Using Social Media To Promote Our Passions - Facts and Fiction -

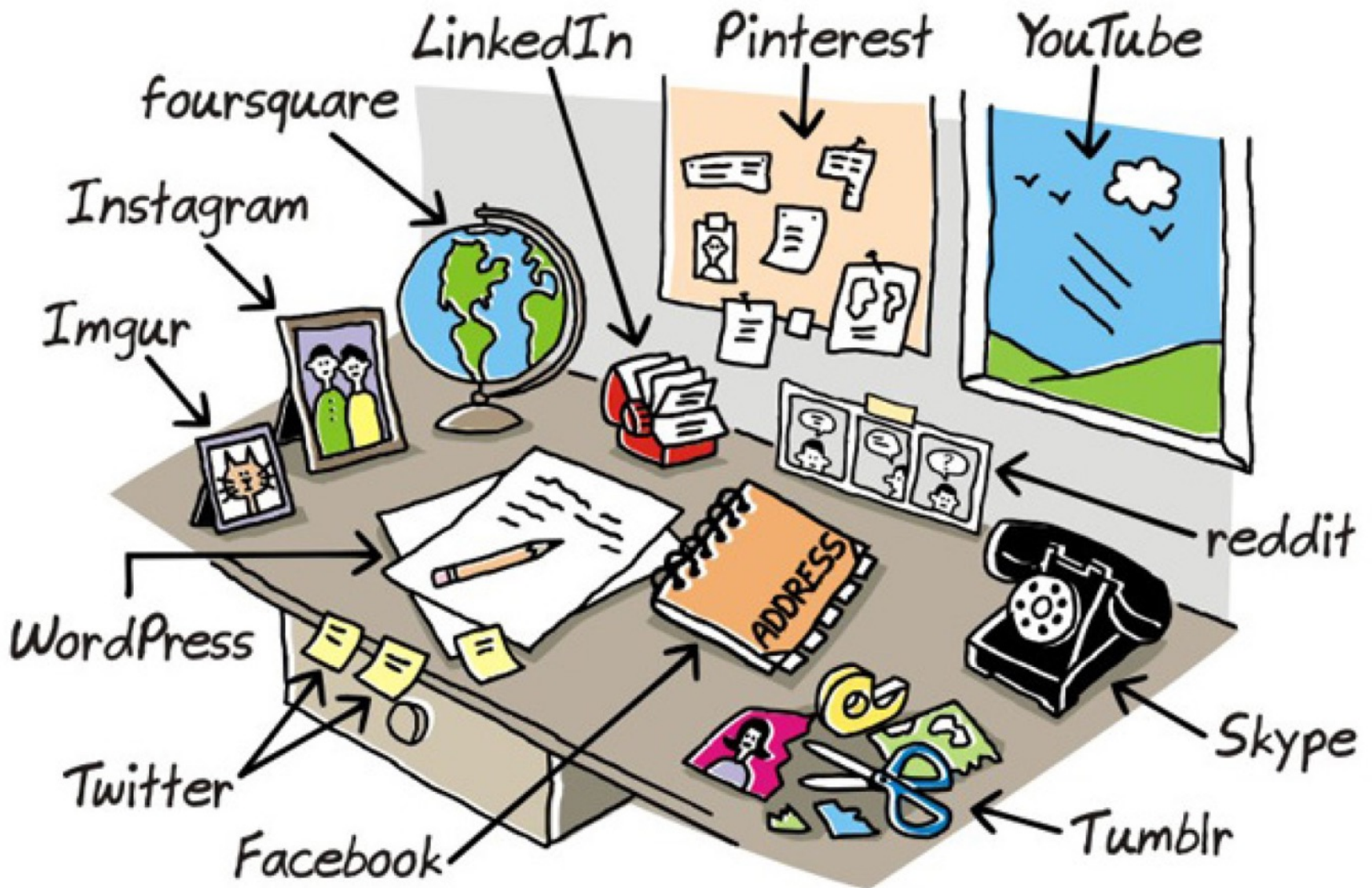
By @ewidera

(some guy on twitter)





vintage social networking



Objectives

- Discuss the facts and fiction behind the reasons you are not on social media professionally
- Discuss the facts and fiction behind the reasons you should be on social media professionally
- Practice ways to promote your projects via social media



**FACT OR
FICTION**



1. Social networking
activities are banal and
egotistical.

**FACT OR
FICTION**



Self Promotion Using the Self to Promote



GerIPal - A Geriatrics and Palliative Care Blog

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Friday, September 11, 2009

Overuse of Pain Medications in Hospice and Palliative Medicine



This week's Lancet includes an article titled "The Death of Ivan Ilyich and pain relief at the end of life" authored by Guy Micco and GeriPal's very own Alex Smith and Patrice Villars (it can be viewed for free if you register). This is a thought provoking article focused on the question of whether there is overuse of pharmaceuticals to treat various forms of suffering in hospice and palliative medicine. It also serves as a nice follow-up to Patrice's post on the geriatric care of the hospice patient. The authors argue that a good death, as seen through their interpretation of The Death of Ivan Ilyich, may include physical and existential suffering. Tolstoy's character finds redemption in his suffering;

he remains conscious through the...

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Posted by Eric Widera [5 Comments](#)



Labels: [adverse drug reactions](#), [End-Of-Life Care](#), [Hospice](#), [Palliative Care](#)

Sometimes You're Paranoid, but Sometimes They Really Are Out To Get You



With the endless news cycle surrounding health care reform lately, it's easy to have missed some other breaking and troubling news. In the past two weeks, we have Pfizer paying \$2.3 Billion in reparations for faulty marketing; we have a smoking gun with CME being used as blatant drug advertising by Forest labs (the makers of "Lexapro", the wonder drug)- you can actually read the words themselves in a lovely pdf, I love Part IV. Promotional Objectives: Maintain SRI category leadership in total number of medical education events(including CME symposia, speaker programs, teleconferences, and peer selling programs)and now we have

the invisible hand that pulls all the triggers: Ghost writing in Medical Journals . Unfortunately this last piece of...

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Posted by Chrissy Kistler [4 Comments](#)



Saturday, September 5, 2009

The Rise of Social Media in Medical Education: Part 1 in a series

% of Learners Alone While Taking

In the course of a typical year I generally take about 10-15

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[GeriPal \(Geriatrics and Palliative care\)](#) is a forum for discourse, recent news and research, and freethinking commentary. Our objective is to stimulate cross-fertilization of ideas and to change the world. We aim to be inclusive. We welcome the perspectives of generalists, specialists, gerontologists, palliative care clinicians, and anyone else interested in care of the elderly or palliative care. Anyone who wants to comment on a post is welcome -- just click the comment tab. Please email [Eric Widera](#) or [Alex Smith](#) if you are interested in being a regular contributor (you need to contact us to submit your own post).

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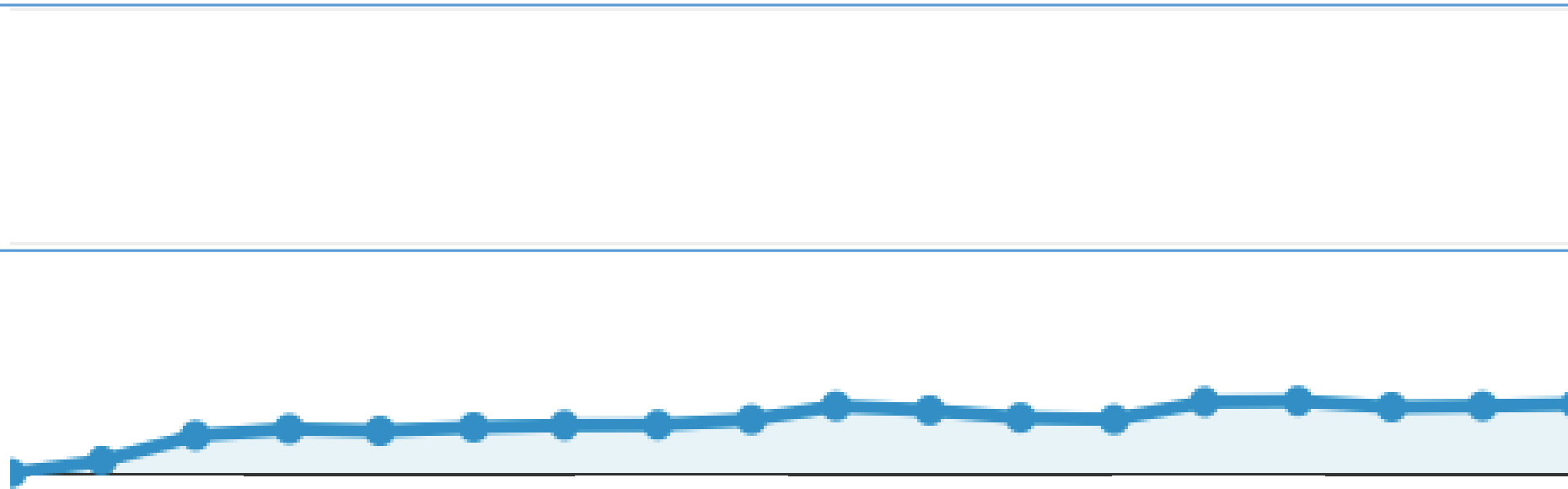
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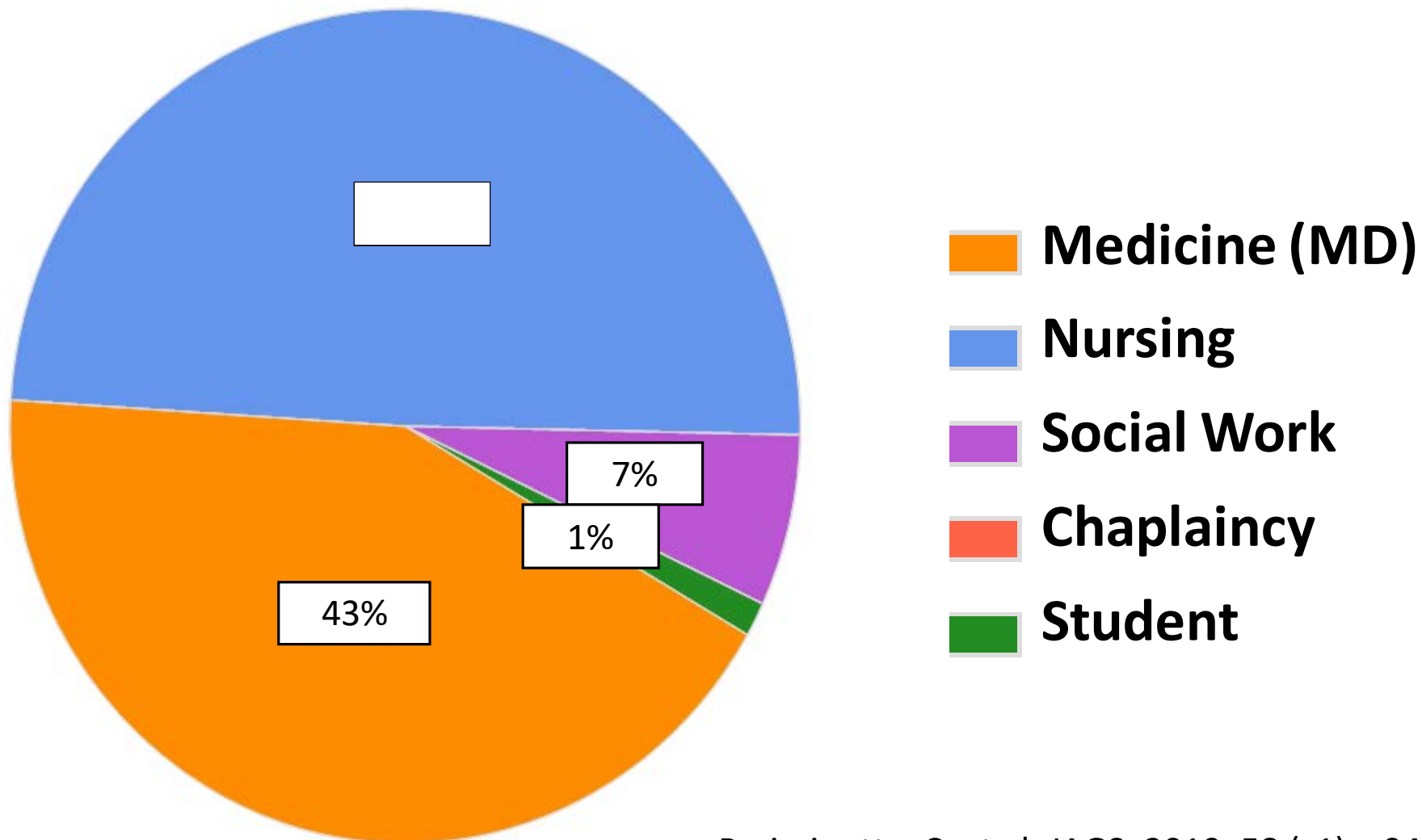
This week's Lancet includes an article titled "The Death of Ivan Ilyich"

We grew... very, very slowly

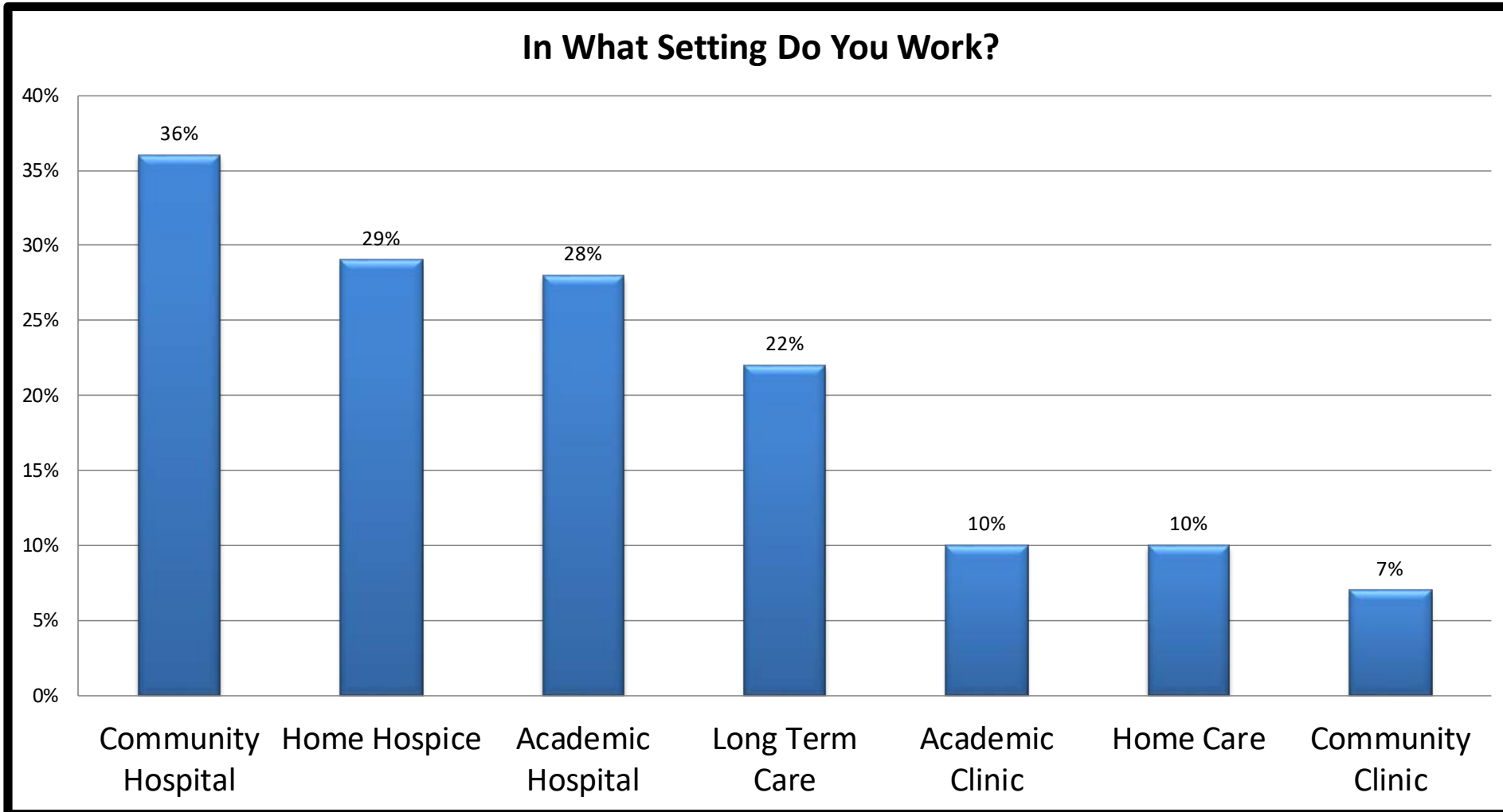
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But we had a following after the first year



And they weren't the usual suspects...



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This week's Lancet includes an article titled "The Death of Ivan Ilyich"

TUESDAY, MAY 1, 2012

An Appeal to Bring Medical Education into Nursing Homes



What happens when the head of one of the most prominent medical education journals publishes a call for every medical school and teaching hospital to develop educational experiences in nursing homes? Will a system that bows down at the alter of the hospital experience change to raise the importance of caring for the 1.4 million nursing home residents in the US, or will the status quo rule the...

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Posted by [Eric Widera](#) 1 Comments

Blogs to Boards: Question 11



This is the eleventh in a series of 41 posts from both GeriPal and Pallimed to get our physician readers ready for the hospice and palliative medicine boards. Every week GeriPal and Pallimed alternates publishing a new question, as well as a discussion of possible answers to the question (click here for the full list of questions). Question 11 Mr. Z is a 87 year...

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Posted by [Eric Widera](#) 0 Comments

SATURDAY, APRIL 21, 2012

Blogs to Boards: Question 9

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Self Promotion Using the Self to Promote



10 Serious Illnesses & the Number of Times "Palliative Care" Was Mentioned In Wikipedia #HPM



Every time I listen or talk to Diane Meier I get inspired. Today was no different. She inspired me to do a quick search looking for how closely wikipedia articles on serious illnesses align with the current CAPC definition of palliative care. I thought this may be tough, as I was trying to figure out how to judge different definitions of palliative care. I was wrong. Dead wrong. It was shockingly easy as most articles on the ten life threatening illness that I looked up NEVER even mentioned palliative care. The ones that did were mostly talking about palliative chemotherapy or radiation therapy.

10 Serious Illnesses and the Number of Times "Palliative" or "Palliative Care" Was Mentioned in Wikipedia

1. **Breast Cancer:** No mention of the word palliative (really, zero. Check for yourself)
2. **Prostate Cancer:** the word palliative used twice, both times talking about how treatments would be "palliative and not curative". No other mention of palliative care
3. **Pancreatic cancer:** palliative mentioned twice, both times referring to palliative chemotherapy
4. **Colon Cancer:** Palliative care seems to be either a surgical intervention or radiation, although it did have a section in the article devoted to it. This is what is said in the section:

In people with incurable colorectal cancer, palliative care can be considered for improving quality of

Times Palliative Care Was Mentioned

- Breast Cancer: 0
- Prostate Cancer: 2
 - Both times talking about how treatments would be "palliative and not curative"
- Pancreatic cancer: 2
 - Both times referring to palliative chemotherapy
- Colon Cancer: 1 section!
 - Reads as if PC is either a surgical intervention or radiation
- Liver Cancer: 1
 - Radiotherapy may be used in the adjuvant setting or for palliative treatment of cholangiocarcinoma
- Multiple Myeloma: 0
- Ovarian Cancer: 0
- Dementia: 0

Current Wikipedia Page on Ovarian Cancer

Palliative care [\[edit \]](#)

Palliative care focuses on relieving symptoms and increasing or maintaining quality of life. It has been recommended as part of the treatment plan for any person with advanced ovarian cancer or patients with significant symptoms.^[57] In platinum-refractory and platinum-resistant cases, palliative non-platin chemotherapy is the main treatment.^[16]

Palliative care can entail treatment of symptoms and complications of the cancer, including pain, nausea, constipation, ascites, **bowel obstruction**, **edema**, **pleural effusion**, and **mucositis**. Especially if the cancer advances and becomes incurable, treatment of symptoms becomes one of the main goals of therapy. Palliative care can also entail helping with decision-making such as if or when **hospice care** is appropriate, and the preferred place for the patient at end of life care.^{[14][58]}

Bowel obstruction can be treated with **palliative surgery** (**colostomy**, **ileostomy**, or internal bypass) or medicine, but surgery has been shown to increase survival time.^{[11][14]} Palliative surgery may result in **short bowel syndrome**, **enterocutaneous fistula**, or re-obstruction; or may not be possible due to the extent of obstruction.^[16] Other treatments of complications can include **total parenteral nutrition**, a **low-residue diet**, palliative **gastrostomy**, and adequate pain control.^[11] Bowel obstruction can also be treated with **octreotide** when palliative surgery is not an option. Cancer can also block the **ureters**, which can be relieved by a **nephrostomy** or a **ureteric stent**. Ascites can be relieved by repeated **paracentesis** or placement of a **drain** to increase comfort.^[4] Pleural effusions can be treated in a similar manner, with repeated **thoracentesis**, **pleurodesis**, or placement of a **drain**.^[16]

Radiation therapy can be used as part of the palliative care of advanced ovarian cancer, since it can help to shrink tumors that are causing symptoms. Palliative radiotherapy typically lasts for only a few treatments, a much shorter course of therapy than non-palliative radiotherapy.^[51] It is also used for palliation of chemotherapy-resistant germ cell tumors.^[18]

` Current Wikipedia Page on Dementia

Palliative care [\[edit\]](#)

Given the progressive and terminal nature of dementia, [palliative care](#) can be helpful to patients and their caregivers by helping both people with the disease and their caregivers understand what to expect, deal with loss of physical and mental abilities, plan out a patient's wishes and goals including surrogate decision making, and discuss wishes for or against [CPR](#) and [life support](#).^{[98][99]} Because the decline can be rapid, and because most people prefer to allow the person with dementia to make his or her own decisions, palliative care involvement before the late stages of dementia is recommended.^{[100][101]}

FACT & FICTION

1. Social networking activities are banal and egotistical... and it can promote #palliative care



2. Social Media is a time sink

**FACT OR
FICTION**



ARE YOU COMING TO BED?

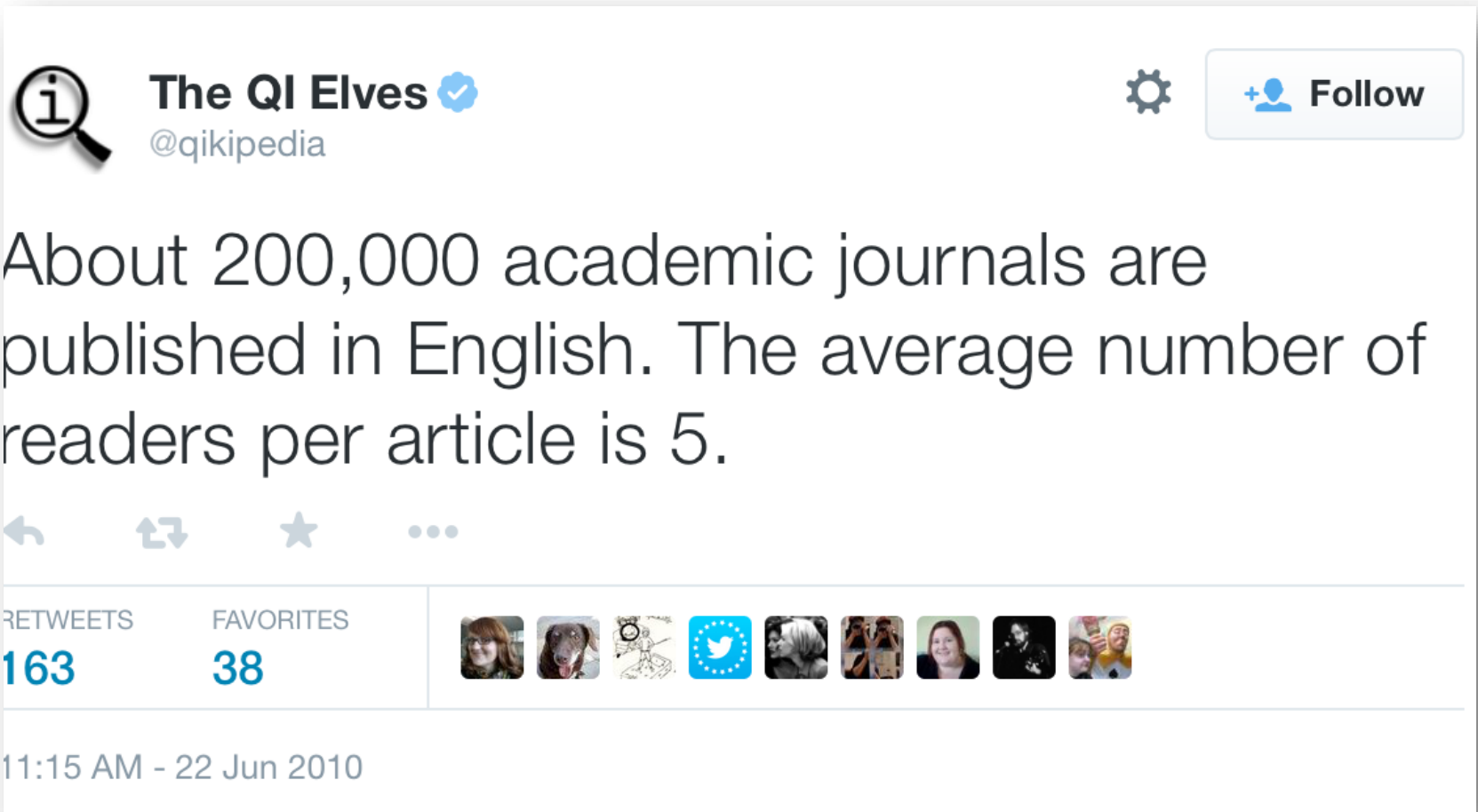
I CAN'T. THIS
IS IMPORTANT.



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ON THE INTERNET.



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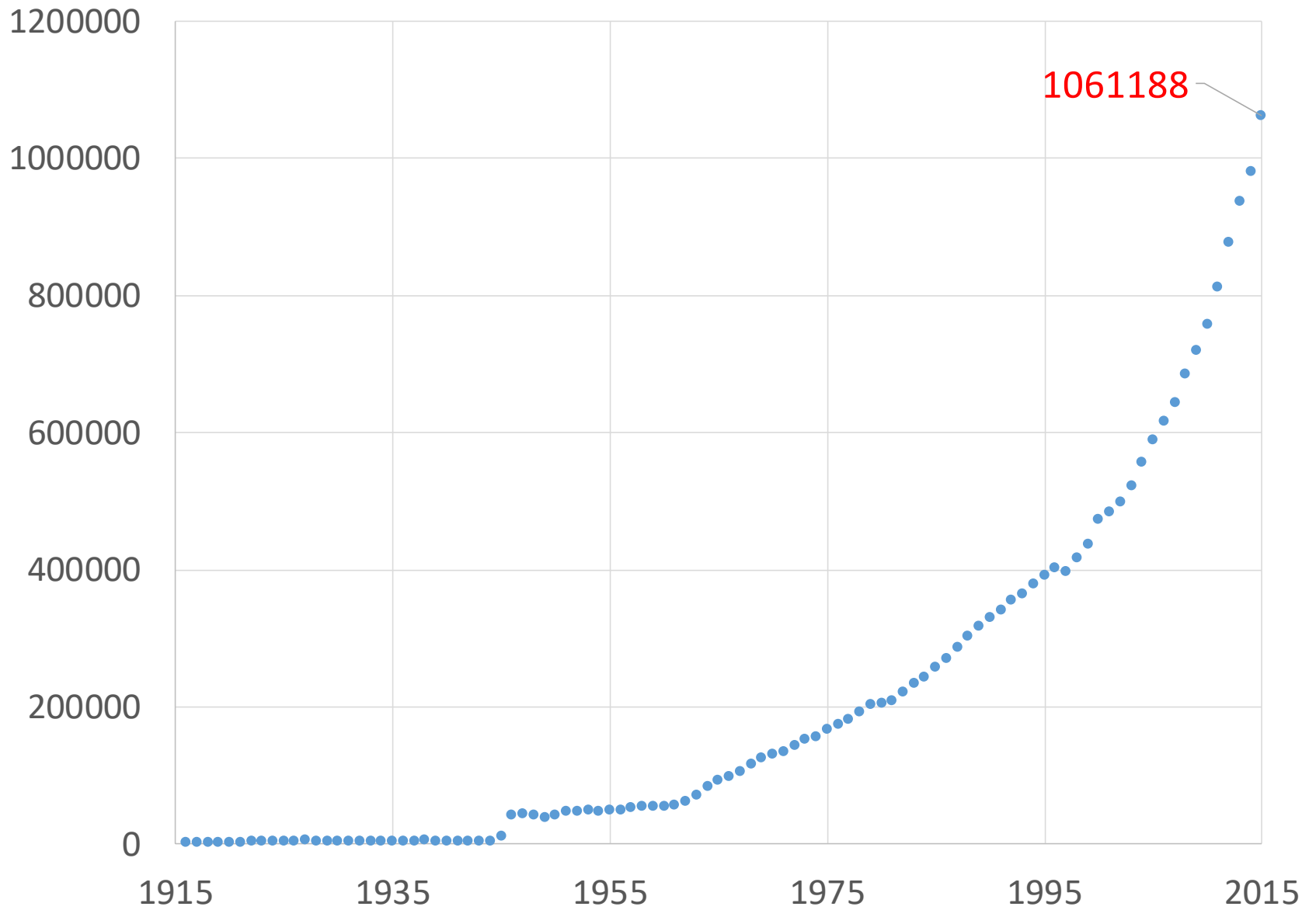
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11:15 AM - 22 Jun 2010

PubMed Citations by Year; Restricted to English[language]



#geriatrics

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Dr. Chris Dainton @QuickchartMD · 2h

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@tomleblancMD



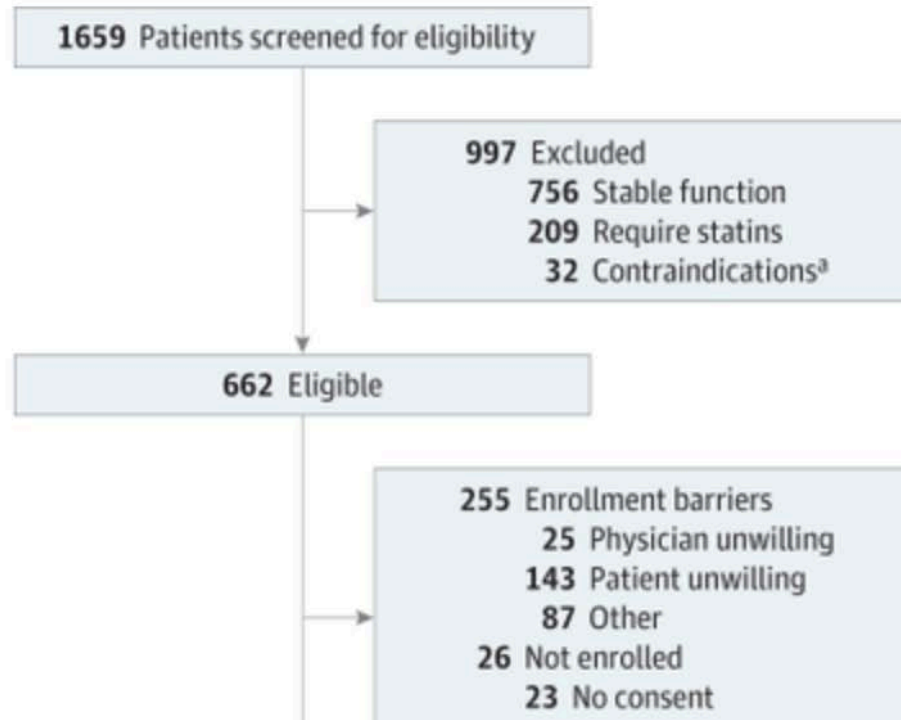
Following

Statin cessation in serious illness is safe and assoc/w QoL benefits, cost reductions!

ow.ly/KHDDh New RCT from @PCRCgroup #hpm



JAMAInternalMed



FACT & FICTION

2. Social Media is a time sink



3. Social media posts will
never affect policy decisions

**FACT OR
FICTION**



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Sarah Palin: Statement on the Current Health Care Debate

Sarah Palin's Notes

Statement on the Current Health Care Debate

Fri at 1:26pm

As more Americans delve into the disturbing details of the nationalized health care plan that the current administration is rushing through Congress, our collective jaw is dropping, and we're saying not just no, but hell no!

The Democrats promise that a government health care system will reduce the cost of health care, but as the economist Thomas Sowell has pointed out, government health care will not reduce the cost; it will simply refuse to pay the cost. And who will suffer the most when they ration care? The sick, the elderly, and the disabled, of course. The America I know and love is not one in which my parents or my baby with Down Syndrome will have to stand in front of Obama's "death panel" so his bureaucrats can decide, based on a subjective judgment of their "level of productivity in society," whether they are worthy of health care. Such a system is downright evil.

Health care by definition involves life and death decisions. Human rights and human dignity must be at the center of any health care discussion.

Rep. Michele Bachmann highlighted the Orwellian thinking of the president's health care advisor, Dr. Ezekiel Emanuel, the brother of the White House chief of staff, in a floor speech to the House of Representatives. I commend her for being a voice for the most precious members of our society, our children and our seniors.

We must step up and engage in this most crucial debate. Nationalizing our health care system is a point of no return for government interference in the lives of its citizens. If we go down this



FRIDAY, AUGUST 21, 2015

Lawmakers rush to reintroduce End of Life Options Act, but haste makes bad policy



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Bernie 2016

MEDICARE FOR ALL EXPANDED SOCIAL SECURITY (not the billionaires)

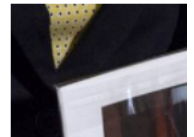
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HEALTHY CHOICES DECEMBER 21, 2015 4:01 PM

No easy t doctors,

- HIGHLIGHTS**
- Most patients want them, but
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Key Assembly panel approves Aid-in-Dying bill for California



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FICTION

3. Social media posts will
never affect policy decisions



4. You can amplify your
message

**FACT OR
FICTION**



WEDNESDAY, MARCH 21, 2012

Being Accused of Murder



"You would have been hung in World War II for doing what you are doing now," I was told by a prominent member of a surgical service at my hospital when I suggested we stop the intravenous hydration.

The patient had suffered a devastating stroke. Her advance directive (notarized no less) stated that she did not want any artificial means of life support specifically mentioning artificial nutrition or hydration. Further, she also clearly stated that she would never want to be in a nursing home. The palliative care service on which I

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Dan

The New Old Age

Caring and Coping

March 29, 2012, 11:55 AM

Among Doctors, Fierce Reluctance to Let Go

By PAULA SPAN



Valerie Winckler/Getty Images

The conversation took place two years ago, but Dr. Daniel Matlock still recalls it quite vividly. You tend to remember when a physician colleague essentially brands you a Nazi.



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It was one of the darkest days of Daniel Matlock's medical career. Dr. Matlock specializes in older patients and end-of-life care. He'd been summoned to the case of a woman who experienced a massive stroke. The woman had spelled out

FACT

4. You can amplify your
message



5. You can promote your projects

**FACT OR
FICTION**



Prognostic Indices for Older Adults A Systematic Review

Linsbury C. Youerman, MD
Sui J. Lee, MD, MAS
Mara A. Schonberg, MD, MPH
Eric W. Widera, MD
Alexander K. Smith, MD, MS, MPH

FAILURE TO CONSIDER PROGNOSIS in the context of clinical decision making can lead to poor care. Hospice is underutilized for patients with nonmalignant yet life-threatening diseases.¹ Healthy older patients with good prognosis have low rates of cancer screening.² Older adults with advanced dementia or metastatic cancer are screened for slow-growing cancers that are unlikely to ever cause them symptoms but may lead to distress from false-positive results, invasive workups, and treatments.^{3,4} In recognition of these phenomena, guidelines increasingly incorporate life expectancy as a central factor in weighing the benefits and the burdens of tests and treatments (TABLE 1). Prognostic indices offer a potential role for moving beyond arbitrary age-based cutoffs in clinical decision making for older adults.⁵ However, little is known about the quality of prognostic indices for older adults, limiting their clinical use.

We performed a systematic review to describe the quality and limitations of validated non-disease-specific prognostic indices that predict absolute risk

For editorial comment see p 199.

CME available online at
www.jamaarchivescme.com
and questions on p 205.

182 JAMA, January 11, 2012—Vol 307, No 2

Context To better target services to those who may benefit, many guidelines recommend incorporating life expectancy into clinical decisions.

Objective To assess the quality and limitations of prognostic indices for mortality in older adults through systematic review.

Data Sources We searched MEDLINE, EMBASE, Cochrane, and Google Scholar from their inception through November 2011.

Study Selection We included indices if they were validated and predicted absolute risk of mortality in patients whose average age was 60 years or older. We excluded indices that estimated intensive care unit, disease-specific, or in-hospital mortality.

Data Extraction For each prognostic index, we extracted data on clinical setting, potential for bias, generalizability, and accuracy.

Results We reviewed 21 593 titles to identify 16 indices that predict risk of mortality from 6 months to 5 years for older adults in a variety of clinical settings: the community (6 indices), nursing home (2 indices), and hospital (8 indices). At least 1 measure of transportability (the index is accurate in more than 1 population) was tested for all but 3 indices. By our measures, no study was free from potential bias. Although 13 indices had C statistics of 0.70 or greater, none of the indices had C statistics of 0.90 or greater. Only 2 indices were independently validated by investigators who were not involved in the index's development.

Conclusion We identified several indices for predicting overall mortality in different patient groups; future studies need to independently test their accuracy in heterogeneous populations and their ability to improve clinical outcomes before their widespread use can be recommended.

JAMA. 2012;307(2):182-192

of all-cause mortality in older adults. Recognizing that older adults are more likely to have more than 1 chronic illness than younger adults, we focused on non-disease-specific indices.

METHODS

We used broad Medical Subject Heading terms (eg, mortality, prognosis, aged) to search MEDLINE, EMBASE, Cochrane, and Google Scholar from their inception through November 2011 for English-language-validated prognostic indices that predicted absolute risk of all-cause mortality in patients whose average age was 60

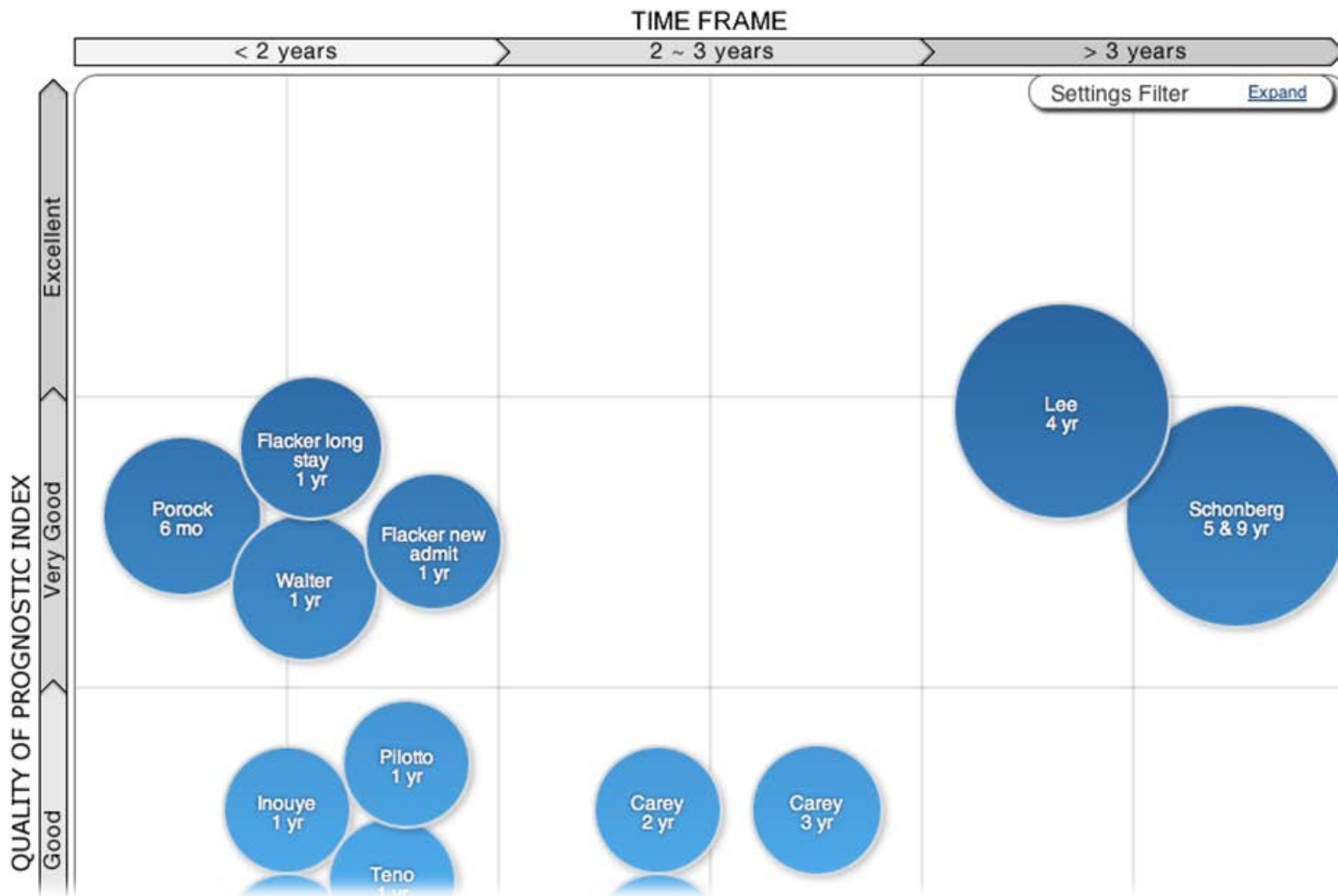
years or older. Authors of included studies and experts in the field were contacted and asked for additional

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Corresponding Author: Alexander K. Smith, MD, MPH, Division of Geriatrics, University of California, San Francisco, 4150 Clement St (1187C), San Francisco, CA 94121 (alsmith@ucsf.edu).
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Each bubble represents a prognosis calculator. Click on a bubble to view the calculator.



Figuring the Odds

By PAULA SPAN MAY 2, 2011 9:52 AM 90 Comments



Getty Images

What if your doctor, making use of a Web site that collected a number of tested geriatric scales, could enter information about your history and your health, and then predict with reasonable accuracy your odds of living another year, or four, or nine?

What if you, with a slight fib, could log onto that same site and find that information yourself?

In a few months, this will no longer be a hypothetical question. Three San Francisco physicians and researchers, palliative care specialists teaching at the University of California, San Francisco, are developing a Web site that offers individual prognoses based on 18 to 20 different geriatric prognostic indexes. These serve different purposes: Some are meant for nursing home residents, for example, while others are aimed at patients being discharged from hospitals.

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THURSDAY, JANUARY 19, 2012

Eprognosis gets Half a Million Hits in the First Week



Interactive Tools to Assess the Likelihood of Death



Joe Raedle/Getty Images

New online tools to help determine life expectancy may influence how doctors treat and prescribe drugs for the elderly.


By PAULA SPAN


Published: January 10, 2012

To help prevent overtesting and overtreatment of older patients — or undertreatment for those who remain robust at advanced ages — medical guidelines increasingly call for doctors to consider life expectancy as a factor in their decision-making. But clinicians, research has shown, are notoriously poor at predicting how many years their patients have left.


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Now, researchers at the University of California San Francisco have

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Josh Dzieza

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Online Mortality Calculator Could Change Health Care—and Our Views on Death

Jan 15, 2012 4:45 AM EST

A “mortality calculator” created by medical researchers for doctors is now available to anyone online. Josh Dzieza on how it could change health care—and the way we think about death.

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When a team of researchers at University of California, San Francisco, started collecting tools for predicting the likelihood of death, they thought their work would be used primarily by physicians. But the project ended up as an interactive tool that would be of interest to medical professionals, elderly patients—and the morbidly curious alike.

Do seniors really want to know life expectancy?

By Kim Painter, Special for USA TODAY

Updated 2/19/2012 9:15 PM

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"How long do I have, doc?"



BananaStock

If elderly adults can estimate how many years they have left, they may be able to better determine which tests they need and which ones aren't worth it.

That may not be a question many elderly adults come right out and ask their doctors. But a lot of them would like to know the answer, says Alexander Smith, an assistant professor of geriatrics at the University of California-San Francisco.

That's what most elderly adults told Smith and his colleagues in a recent study. And he has another piece of evidence: More than half a million people — many clearly not doctors — have visited a website he and other researchers launched just five weeks ago called ePrognosis (eprognosis.org).

On the site: 16 questionnaires that can roughly predict

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Doctors should not rely on computers for end-of-life decisions

By [Dr. Manny Alvarez](#) / [Dr Manny's Notes](#) / Published January 11, 2012 / [FoxNews.com](#)



I read in the news Wednesday researchers at UC San Francisco are touting a new software that may help determine the likelihood of death in older and terminally ill populations. The researchers said the software may help prevent over-testing and over-treatment of some patients – or under-treatment for more robust patients.

The software uses 16 assessment scales to determine the chances of death within six months to five years. Essentially, the researchers said, doctors can plug independent patient variables into an index, and then receive a percentage indicated the likelihood of death within a particular time frame.

FACT

5. You can promote your projects



6. You can promote other
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Journal of the American Geriatrics Society



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AGS Research with Support from SCAN Foundation Advances Definition of Person- Centered Care

Are you at the center of your health care? New research from the American Geriatrics Society, the University of Southern California, and The SCAN Foundation is helping make that a reality with a new definition of person-centered care. These articles highlight that "well-being" is about more than the absence of disease; it's also about letting personal values and preferences drive health and care. Find out more by following the links below...

**Time to Renew Your
AGS MEMBERSHIP?**



**Geriatrics Health
Professionals**

Clinical Investigations

How U.S. Doctors Die: A Cohort Study of Healthcare Use at the End of Life



Daniel D. Matlock MD, MPH^{1,*}, Traci E. Yamashita², Sung-Joon Min PhD³, Alexander K. Smith MD, MPH⁴, Amy S. Kelley MD, MSHS^{5,6} and Stacy M. Fischer MD⁷

Issue



Journal of the American Geriatrics Society
Volume 64, Issue 5, pages 1061–1067, May 2016

Version of Record online: 16 MAY 2016

DOI: 10.1111/jgs.14112

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Keywords:

end of life; hospice; physicians; Medicare

Objectives

To compare healthcare use in the last months of life between physicians and nonphysicians in the United States.

Design

A retrospective observational cohort study.

Setting

United States.

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MONDAY, MAY 16, 2016

How We Die: It's Less about Who You Are and More About Where You Live



by: Eric Widera (@ewidera)

Doctors want to believe that they will die differently than the rest of the US. Just look at the 2011 essay written by Dr. Ken Murray, "How Doctors Die," that went viral when he described that doctors are more likely to die at home with less aggressive care. To back this belief up, studies have surveyed physicians, who state that they would want a nonaggressive, comfort-based approach to care in the face of life-limiting illness. That's all well and nice,

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Journal of the American Geriatrics Society - JAGS

Published by Eric Widera [?] · May 16 at 12:53pm ·

Do doctors die differently? A new study from researchers at the University of Colorado Anschutz Medical Campus appears to challenge the increasingly popular notion that doctors die differently than everyone else.

<http://onlinelibrary.wiley.com/d.../10.1111/jgs.14112/abstract>



How U.S. Doctors Die: A Cohort Study of Health Care Use at the End of Life - Matlock - 2016 - ...

Brookdale Department of Geriatrics and Palliative Medicine, Icahn School of Medicine at Mount Sinai, New York City, New York

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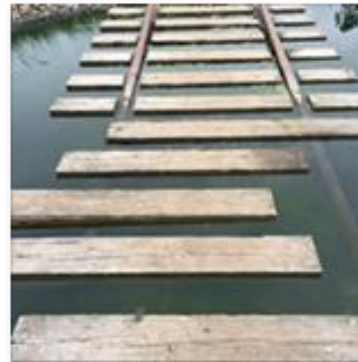


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Published by Eric Widera [?] · May 16 at 8:59am ·

While doctor's preferences may be more focused on comfort, these preferences are often less influential than the practice patterns where the care is actually delivered.

<http://www.geripal.org/.../05/Do-Doctors-Die-Differently-No.h...>



How We Die: It's Less about Who You Are and More About Where You Live

There is a lot of talk about whether doctors die differently. Is it true?

WWW.GERIPAL.ORG

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How U.S. Doctors Die: A Cohort Study of Healthcare Use at the End of Life

Overview of attention for article published in Journal of the American Geriatrics Society, May 2016



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How doctors really die

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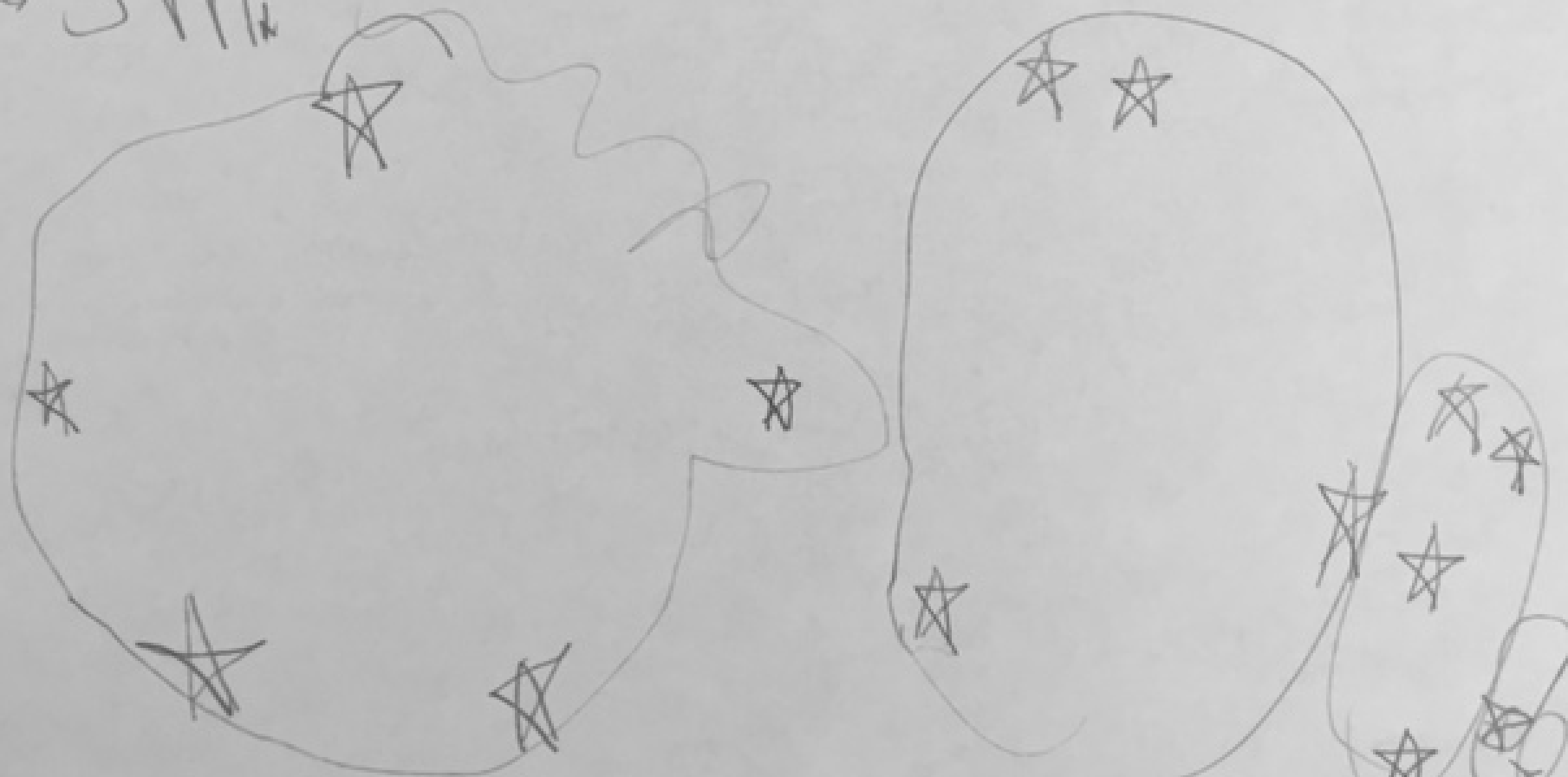


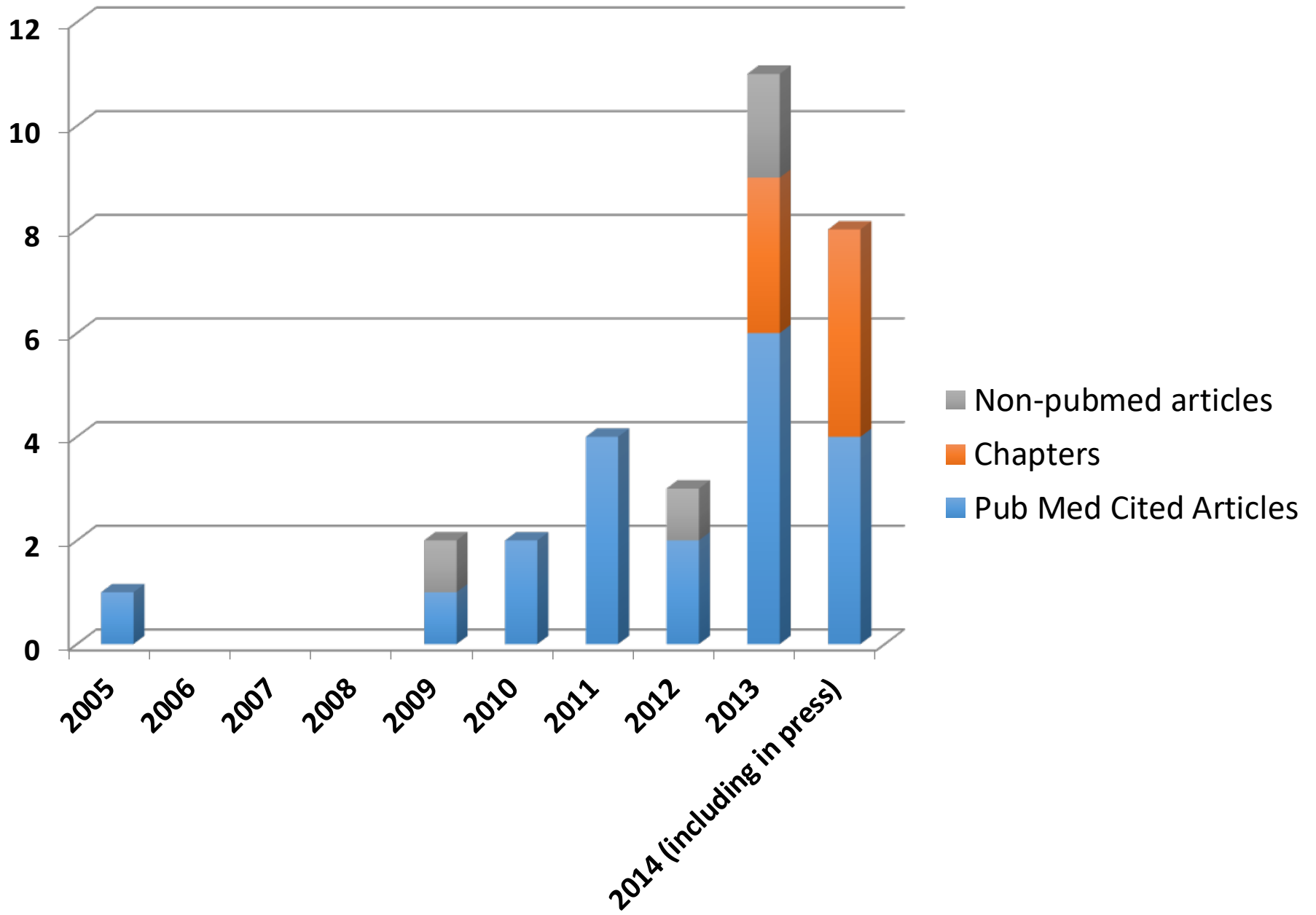
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THURSDAY, FEBRUARY 23, 2012

The Dangers of Fleet Enemas

The dangers of oral sodium phosphate preparations are fairly well known in the medical community. In 2006 the FDA issued its first warning that patients taking oral sodium phosphate preparations are at risk for potential for acute kidney injury. Two years later, over-the-counter preparations of these drugs were voluntarily withdrawn by the manufacturers. Those agents still available by prescription were given black box warnings mainly due to acute phosphate nephropathy that can result in renal failure, especially in older adults. Despite all this talk of oral preparations, little was mentioned about a sodium phosphate preparation that is still available over-the-counter – *the Fleet enema*.

Why Oral Sodium Phosphate Preparations Are Dangerous

Before we go into the risks of Fleet enemas, let's spend just a couple sentences on why oral sodium phosphate preparations carry significant risks. First, oral sodium phosphate preparations can cause significant fluid shifts within the colon resulting in intravascular volume depletion. Second, these preparations can cause electrolyte disturbances including significant hyperphosphatemia, hypocalcemia, and hypokalemia. A significant clinically important rise in serum phosphate can even be seen in elderly patients with normal renal function. (J [Gastroenterol Hepatol](#). 2004;19(1):68). Lastly, phosphate nephropathy may occur due to the transient and potentially severe increase in serum phosphate combined with volume depletion from the fluid shifts.



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Fleet enema: Indications, Side Effects, Warnings - Drugs.com

www.drugs.com/cdi/fleet-enema.html ▾

Easy to read patient leaflet for Fleet enema. Includes indications, proper use, special instructions, precautions, and possible side effects.

[Side Effects - Mineral oil liquid](#) - [Mineral oil enema](#) - [Mineral oil emulsion](#)

Enemas - Fleet Labs - Fleet Products

www.fleetlabs.com/type/enemas/ ▾

Enemas. Fleet introduced the first disposable, small-volume enema in 1953. Today, Fleet is recognized world wide as a preferred laxative brand, for good ...

Fleet Enema rectal : Uses, Side Effects, Interactions ...

www.webmd.com/drugs/2/drug-14831/fleet-enema.../details ▾ WebMD ▾

Find patient medical information for Fleet Enema rectal on WebMD including its uses, side effects and safety, interactions, pictures, warnings and user ratings.

The Dangers of Fleet Enemas | GeriPal - Geriatrics and ...

www.geripal.org/2012/02/dangers-of-fleet-enemas.html ▾

Feb 23, 2012 - Before we go into the risks of Fleet enemas, lets spend just a couple sentences on why oral sodium phosphate preparations carry significant ...

Fleet Enema : National Multiple Sclerosis Society

www.nationalmssociety.org/.../Fleet-E... ▾ National Multiple Sclerosis Society ▾

Sodium phosphate enemas, available over-the-counter, are used to provide short-term relief for treating constipation and bowel function.



WEDNESDAY, JANUARY 21, 2015

Do thickened liquids benefit people with swallowing problems? #ThickenedLiquidChallenge



There are a lot of people with swallowing difficulty who are currently getting thickened liquids. For instance, in one study published in 2004 in the [Journal of the American Dietetic Association](#), one out of twelve nursing home residents in the U.S. were getting thickened liquids. Of these individuals getting thickened liquids, 30% were getting honey consistency thickened liquids and 60% were getting nectar thick (which is less viscous than honey thick).

If this many individuals are on thickened liquids, there has to be some evidence to back it up, right?

Evidence for Thickened Liquids

Thickened liquids are most commonly used in individuals with dysphagia to improve the ability to safely swallow

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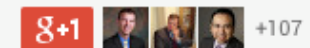


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LESS IS MORE

The Horrible Taste of Nectar and Honey— Inappropriate Use of Thickened Liquids in Dementia

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Story From the Front Lines

A woman in her 90s with advanced dementia was admitted for stage IV pressure ulcers. She lived at home with her son, who was her primary caregiver and surrogate decision maker. After a hip fracture 1 year prior, she became completely dependent on her son. Because of her dementia, she was started on honey-thickened liquids for aspiration prevention.

During the first week of hospitalization, she refused nearly all food and thickened liquids, turning her head when nurses attempted one-on-one feeding. By the end of the week, only her son was able to feed her small amounts of familiar foods. In consultation with the palliative care service, the primary team and son transitioned the patient to inpatient hospice. Her diet was liberalized to regular liquids and her favorite foods. Her intake improved. Two months later, she had gained 8 kg without enduring a clinically significant aspiration event.

Teachable Moment

Use of thickened liquids reduces videofluoroscopic evidence of aspiration in older adults with dementia¹ but does not reduce the 3-month risk of pneumonia in the

increased aspiration pneumonia in older adults with dementia; rather, this increased risk may be caused by the association of dementia with poor oral care and medications that depress cognition, salivation, or gastric acidity.³ Third, the negative effects of thickened liquids—including dehydration, reduced appetite, and reduced medication bioavailability⁴—may increase the risk of pneumonia. Finally, aspiration of thickened liquids has been associated with longer hospital stay and increased antibiotic use.²

Despite the lack of evidence to support first-line use of thickened liquids, many clinicians continue to believe they are an effective intervention. In a 2005 survey of speech-language pathologists, respondents prescribed thickened liquids to 25% to 75% of patients with dysphagia.⁵ Thickened liquids were initially studied in patients who had had a stroke as a temporizing measure during speech rehabilitation. However, their use expanded to long-term therapy for patients with dementia and with suspected dysphagia. Thickened liquids have become a part of routine care—some might even argue the standard of care. This has created the perception that thickened liquids are beneficial and

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#thickenedliquidchallenge during #NPCW15 with Dr Anil Tandon, Palliative Care Specialist

Palli Verse

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Published on May 27, 2015

Dr Anil Tandon, Palliative Care Specialist from Western Australia, takes on the thickened liquid challenge

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Features | October 2015



Stepping Up to the Plate

Is it possible for people with dementia to eat familiar and favorite foods safely? A growing number of clinicians say yes, offering suggestions for SLPs who want to avoid recommending the often-rejected modified diet.

Carol Polovoy

The ASHA Leader, October 2015, Vol. 20, 44-53.
doi:10.1044/leader.FTR1.20102015.44

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TOOLS

Tea and toast.

That's what 77-year-old Mrs. L. had eaten for breakfast every day for the past 45 years. But ever since she had been deemed at risk for aspiration in the long-term



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