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Health life with cranberry

BY SHERYL PRETTY AND DR KAY MCCAULEY

Monash University, in collaboration with Peninsula Health, is undertaking a pilot study to investigate the effect of cranberry on urinary health in people over 65 years.

Previous studies have indicated older people are susceptible to urinary tract infections (UTIs) and potentially at risk of severe septic events and haemodynamic compromise that results in hospitalisation, and antibiotic administration.

Cranberries have been used as traditional, complementary medicine by the native North American Indians for many generations as a general tonic, and in particular for urinary health. A Cochrane review (Jessop and Craig 2009) found evidence ingestion of cranberry product reduced the frequency of UTIs in certain sub populations. However there is a lack of evidence to confirm this relationship in older persons which suggests this sub population requires more rigorous examination, by way of dosage and method of product ingestion. The review found high dropout rate consistent with participants reporting the bitter taste of cranberry administered as a juice. Jessop and Craig (2009) recommended further studies explore cranberry product in a more scientific manner, using a control group and administering a placebo.

The current study, located in two separate clinical areas of Peninsula Health, is undertaking a trial of cranberry by tablet where a known dosage is administered daily. The identical appearing placebo contains no cranberry product. Neither nursing staff nor participants are aware of which tablet is administered.

The data collected over three months includes quantitative analysis of urine microscopy, participant mental state and haemodynamic status. Participants and nursing staff provide feedback on their perception of wellbeing over the course of the pilot study, specifically relating to urinary health.

Laboratory evidence has not yet been received. However nursing staff have provided positive anecdotal reports regarding heightened awareness and identification of subtle changes to participants’ health. Asymptomatic urinary tract infections dealt with swiftly by increased hydration and monitoring appeared to prevent progression to symptomatic infection.

Whilst the results appear promising at this stage of the pilot study, a study of a larger cohort and of longer duration is proposed.

The research team includes Sheryl Pretty, CNC Peninsula Health and research fellow Monash University; Dr Kay McCauley, senior lecturer at Monash University; Dr Robyn Cant, research fellow at Monash University; and Warren Peterson, nurse educator at Peninsula Health.

Totally Natural Products is supplying cranberry and placebo tablets, and Dorevitch Pathology is undertaking laboratory analysis.

SHERYL PRETTY IS A CNC AT PENINSULA HEALTH AND RESEARCH FELLOW AT MONASH UNIVERSITY

Managing terminal dementia

BY MELISSA BLOOMER, DR HEATHER TAN, MARGARET O’CONNOR AND ROBIN DIGBY

The number of people aged over 85 years has more than doubled over the last 20 years, with chronic illness now the leading cause of death. Likewise the prevalence of dementia is growing.

While it is commonly accepted dementia is a progressive and incurable illness characterised by cognitive and functional decline, the natural progression of dementia is not well understood. In its advanced stages it is often not recognised as a terminal condition.

For elderly patients with dementia, providing hospital care in a safe and appropriate environment is essential. Sub-acute care facilities provide medical management and functional rehabilitation prior to discharge in an environment safe for the patient with dementia. Despite the goal of functional rehabilitation, for some patients with dementia, their health will continue to decline, eventually leading to death. For clinicians this
Impact of a death on other residents in aged care

BY MARGARET O’CONNOR AND DR HEATHER TAN

In Australia more than 162,000 people are permanent residents of aged care facilities where it is expected they will die (AIHW 2010).

An investigation of the experience of residents with mild cognitive impairment and staff, of the death of a resident was funded by the Department of Health and Ageing.

This included the process by which this is addressed: who is told and by whom; the removal of the body; and how facilities celebrate the life of the resident.

Four facilities participated. Residents having a psychometric assessment scale score of 4-9 were invited to participate in a semi-structured interview followed by a modified mini mental state examination test to allow easier international comparisons. Staff members with a range of roles were invited to take part in a semi-structured interview.

Of particular significance was the difference in the views of residents and staff about how the death of a resident should be managed.

Four main themes emerged and are elaborated in Table 1.

Differing levels of death anxiety of staff and aged residents may explain these differing views (Halliday and Boughton 2008). An educational DVD has been produced to stimulate discussion and awareness among staff about the differences in staff and resident experience and expectations.

REFERENCES

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ROBIN DIGBY IS AT PENINSULA HEALTH

**TABLE 1: CONTRASTING VIEWS OF STAFF AND RESIDENTS**

<table>
<thead>
<tr>
<th>THEME</th>
<th>STAFF</th>
<th>RESIDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severity of the impact of death</td>
<td>Want to protect residents from death of other residents. Fear it confronts them with their mortality.</td>
<td>Much less concerned than staff think. Know they are getting old and are grateful when a friend isn’t in pain anymore.</td>
</tr>
<tr>
<td>Who should be told</td>
<td>Often don’t tell unless asked or if person is perceived to be close.</td>
<td>Usually know it is happening and want to be told when they know the person.</td>
</tr>
<tr>
<td>How the body is removed</td>
<td>Usually shut doors and take people to their rooms to make body removal discreet.</td>
<td>Don’t think secrecy is necessary—they often know what is going on anyway. Would like to be given a choice about seeing the person out.</td>
</tr>
<tr>
<td>How the life of the deceased is celebrated</td>
<td>Funeral, memorial services and memory books are important to staff</td>
<td>Mobility issues with funerals. Informal afternoon tea, special group remembering, plaques and special plants favoured.</td>
</tr>
</tbody>
</table>