

EVIDENCE SUMMARIES FOR HEALTH CARE IN OLDER PEOPLE

The Centre for the Development of Best Practices in Health (established in June 2008 with the support of a Global Health Leadership Award from the Canadian Global Health Research Initiative through IDRC) is a research Centre based at the Central Hospital Yaoundé (Cameroon) that aims to promote evidence informed health decision making in Africa. The Centre is geared towards sustainable production and dissemination of relevant and user-friendly evidence to medical students, media, civil society organizations, clinicians and decision makers in order to bring about change in health related decisions. This booklet produced by the CDBPH, provides plain language summaries of Cochrane systematic reviews focused on health care for older people.



Continuation and maintenance treatments for depression in older people

Depression is a common problem amongst older people. It gives rise to considerable suffering and disability and, even after successful treatment, it frequently recurs. The range of causes of depression in older people is more diverse than in younger adults which means that treatments that are effective in younger people may not be effective in older adults. Therefore, it is important to study the effects of treatments specifically in older adults.

This systematic review evaluated the efficacy and acceptability of antidepressant drugs, psychological therapies (talking treatments) and combinations of these treatments in preventing the recurrence of depression in people aged 60 and over who had recovered from depression while taking antidepressant medication.

Remaining on antidepressant drugs for one year appears to reduce the risk of depression returning from 61% to 42% but the benefits at other time intervals could not be determined. Antidepressant treatment appeared to be as well tolerated as placebo treatment. The benefits of psychological therapies were not clear, due to the small number of research studies.

This review cannot be used to make firm recommendations on the optimal long-term treatment of depression in older people due to the limited number and small size of research studies involved. Further research trials are required to clarify any benefits

Citation: Wilkinson P, Izmeth Z. **Continuation and maintenance treatments for depression in older people.** *Cochrane Database of Systematic Reviews* 2012, Issue 11. Art. No.: CD006727. DOI: 10.1002/14651858.CD006727.pub2.

Effectiveness and cost-effectiveness of home palliative care services for adults with advanced illness and their caregivers

When faced with the prospect of dying with an advanced illness, the majority of people prefer to die at home, yet in many countries around the world they are most likely to die in hospital. We reviewed all known studies that evaluated home palliative care services, i.e. experienced home care teams of health professionals specialised in the control of a wide range of problems associated with advanced illness - physical, psychological, social, spiritual. We wanted to see how much of a difference these services make to people's chances of dying at home, but also to other important aspects for patients towards the end of life, such as symptoms (e.g. pain) and family distress. We also compared the impact on the costs with care. On the basis of 23 studies including 37,561 patients and 4042 family caregivers, we found that when someone with an advanced illness gets home palliative care, their chances of dying at home more than double.

Home palliative care services also help reduce the symptom burden people may experience as a result of advanced illness, without increasing grief for family caregivers after the patient dies. In these circumstances, patients who wish to die at home should be offered home palliative care.

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There is still scope to improve home palliative care services and increase the benefits for patients and families without raising costs.

Citation: Gomes B, Calanzani N, Curiale V, McCrone P, Higginson IJ. **Effectiveness and cost-effectiveness of home palliative care services for adults with advanced illness and their caregivers.** *Cochrane Database of Systematic Reviews* 2013, Issue 6. Art. No.: CD007760. DOI: 10.1002/14651858.CD007760.pub2.

End-of-life care pathways for improving outcomes in caring for the dying (Review)

Background

End-of-life pathways are used for people who are in the last days of their life to guide care, aid decision making and provide efficient care. This review examined whether using end-of-life care pathways in caring for the dying was effective.

Study characteristics

We searched scientific databases for clinical trials in which the effect of the end-of-life care pathway was compared with a control group that received usual care or with trials comparing one end-of-life care pathway with another end-of-life care pathway. Participants were to be patients, carers and families who received care guided by an end-of-life care pathway. There were no restrictions on age of the patient, diagnosis or setting (hospital, home, nursing home).

Key results

We found no studies fitting our criteria.

Quality of evidence

We could not locate any high-quality controlled studies that could answer this important question; despite concerns about the Liverpool Care Pathway (the most commonly used end-of-life care pathway). It is important for health services to base their care on high-quality evidence. Until such evidence is available, the use of end-of-life care pathways should be avoided. Large randomised controlled trials (where patients are allocated to treatments or groups using a random method) or other well-designed controlled studies are required for evaluating the use of end-of-life care pathways in caring for dying people in various clinical settings. Future studies should measure positive as well as negative outcomes for patients, families, carers and health professionals.

Citation: Chan RJ, Webster J. **End-of-life care pathways for improving outcomes in caring for the dying.** *Cochrane Database of Systematic Reviews* 2013, Issue 11. Art. No.: CD008006. DOI: 10.1002/14651858.CD008006.pub3.

Interventions to optimise prescribing for older people in care homes

Older people living in care homes (also called nursing homes, residential homes, skilled-nursing facilities, assisted-living facilities or aged-care facilities) have many complex physical and mental health problems. Care home residents are prescribed many medicines compared to people who live in their own homes, with an average of eight medicines being common. International research has shown that these medicines are often not well managed, with some residents prescribed medicines inappropriately. This has the potential to lead to harmful side effects and a loss of benefit. For these reasons, it is important to make sure that care home residents are prescribed the right medicines at the right doses.

This review found eight studies involving 7653 residents in 262 care homes in six countries that evaluated interventions to optimise prescribing for care home residents. Most of the interventions had several components, often involving a review of medicines with a pharmacist and doctor. Some interventions included a teaching component and one study used Information Technology.

There was no evidence of benefit of the interventions with respect to reducing adverse drug events (harmful effects caused by medicines), hospital admissions or death. None of the studies looked at quality of life. Problems relating to medicines were found and addressed through the interventions used in the studies. Prescribing was improved based on criteria used to assess the appropriateness of prescribing in two studies.

More high-quality studies need to be done to gather more evidence for these and other types of interventions. Further studies are needed to evaluate new technologies, including computer systems that support prescribing decisions. More work needs to be done to make sure that researchers are consistently measuring outcomes that are important to care home residents.

Citation: Alldred DP, Raynor DK, Hughes C, Barber N, Chen TF, Spoor P. **Interventions to optimise prescribing for older people in care homes.** *Cochrane Database of Systematic Reviews* 2013, Issue 2. Art. No.: CD009095. DOI: 10.1002/14651858.CD009095.pub2.

Physical rehabilitation for older people in long-term care

Rehabilitation treatments may be effective in improving the physical health of older people in long-term care. In 2010, 7.6% of the world's population were over 65 years old, and this is predicted to increase to 13% by 2035. It is expected that this will lead to a rise in demand for long-term residential care. This has increased interest in ways to prevent deterioration in health and activities of daily living, for example, walking and dressing, among care home residents. Physical rehabilitation (interventions based on exercising the body) may have a role, and this review examines the evidence available. This review included 67 trials, 36 of which were conducted in North America, 20 in Europe, and seven in Asia. In total, 6300 participants with an average age of 83 years were involved. Most interventions in some way addressed difficulties in activities of daily living. This review investigates

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the effects of physical rehabilitation on activities of daily living, strength, flexibility, balance, mood, cognition (memory and thinking), exercise tolerance, fear of falling, death, illness, and unwanted effects associated with the intervention, such as injuries. While variations between trials meant that we could not make specific recommendations, individual studies were often successful in demonstrating benefits to physical health from participating in different types of physical rehabilitation.

Citation: Crocker T, Forster A, Young J, Brown L, Ozer S, Smith J, Green J, Hardy J, Burns E, Glidewell E, Greenwood DC. **Physical rehabilitation for older people in long-term care.** *Cochrane Database of Systematic Reviews* 2013, Issue 2. Art. No.: CD004294. DOI: 10.1002/14651858.CD004294.pub3.

Vision screening of older drivers for preventing road traffic injuries and fatalities

Good vision is critical for safe driving performance. Because vision declines with age, and the percentage of older adults in the population is increasing, it has become more important to consider the vision screening requirements for older adults when designing evidence based traffic safety policy. Mandatory vision screening for the issue or renewal of a driver's licence helps to ensure that older drivers are fit to safely operate vehicles. To date, there has been no trial to demonstrate the impact of vision screening on the prevention of older driver-related crashes. However, given the importance of good vision for safe driving, vision testing remains a relevant issue for all licensed drivers.

Citation: Desapriya E, Harjee R, Brubacher J, Chan H, Hewapathirane DS, Subzwari S, Pike I. **Vision screening of older drivers for preventing road traffic injuries and fatalities.** *Cochrane Database of Systematic Reviews* 2014, Issue 2. Art. No.: CD006252. DOI: 10.1002/14651858.CD006252.pub4.

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