

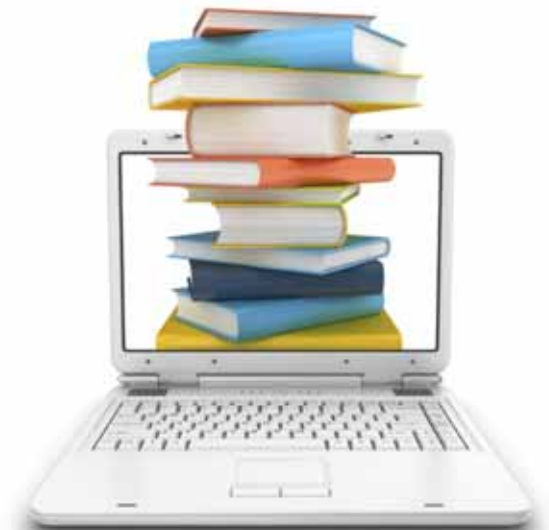
Finding and generating evidence in palliative care: CareSearch's role

Jennifer Tieman, CareSearch Director



Knowledge needs in palliative care

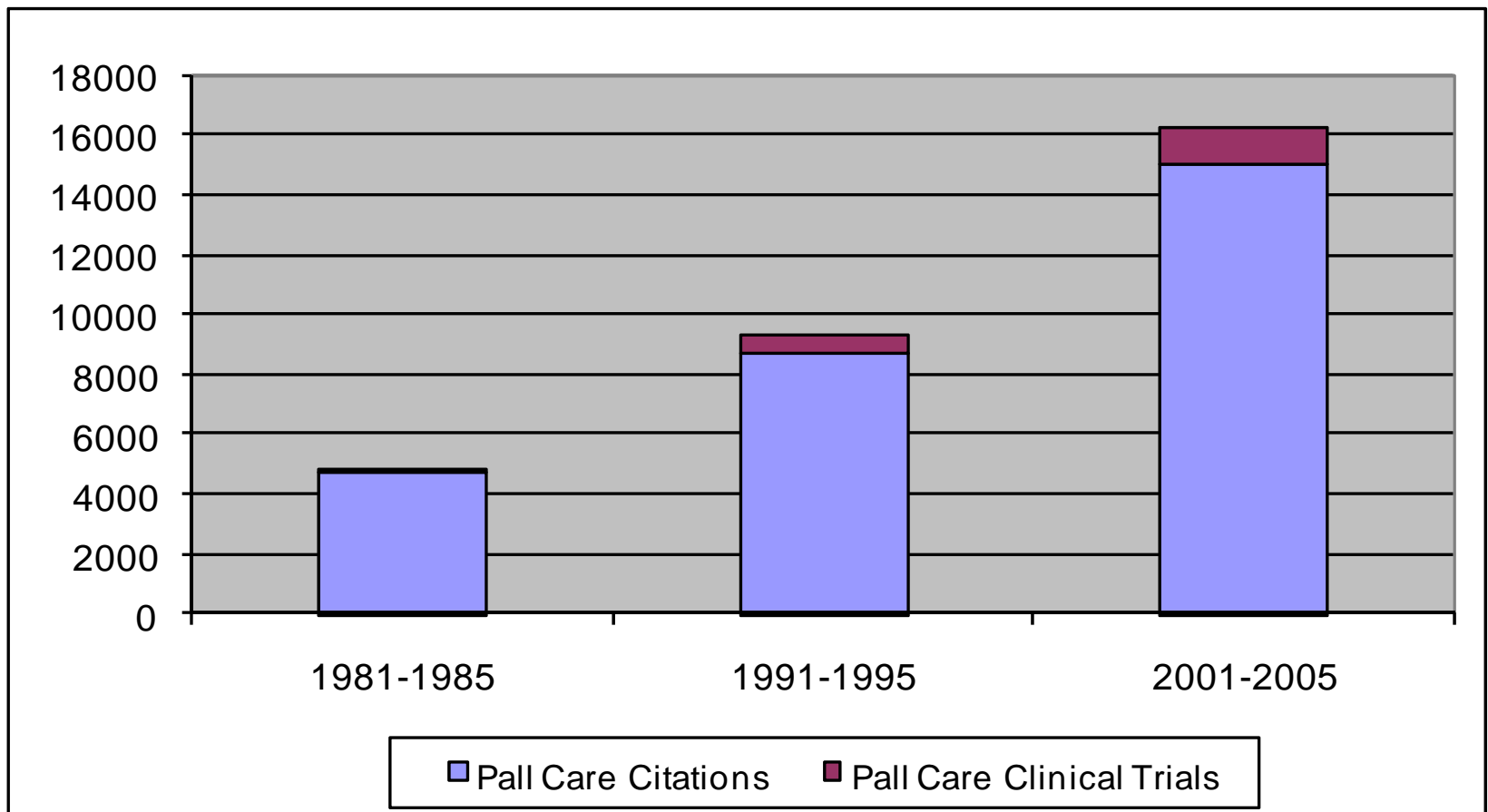
- Population health considerations
- Symptom and care issues
- Service models and care settings
- Professional/Methods of working
- Family as unit of care
- Care gaps, needed evidence
- Technical and process skills
- Progressing palliative care



Is there an evidence base?

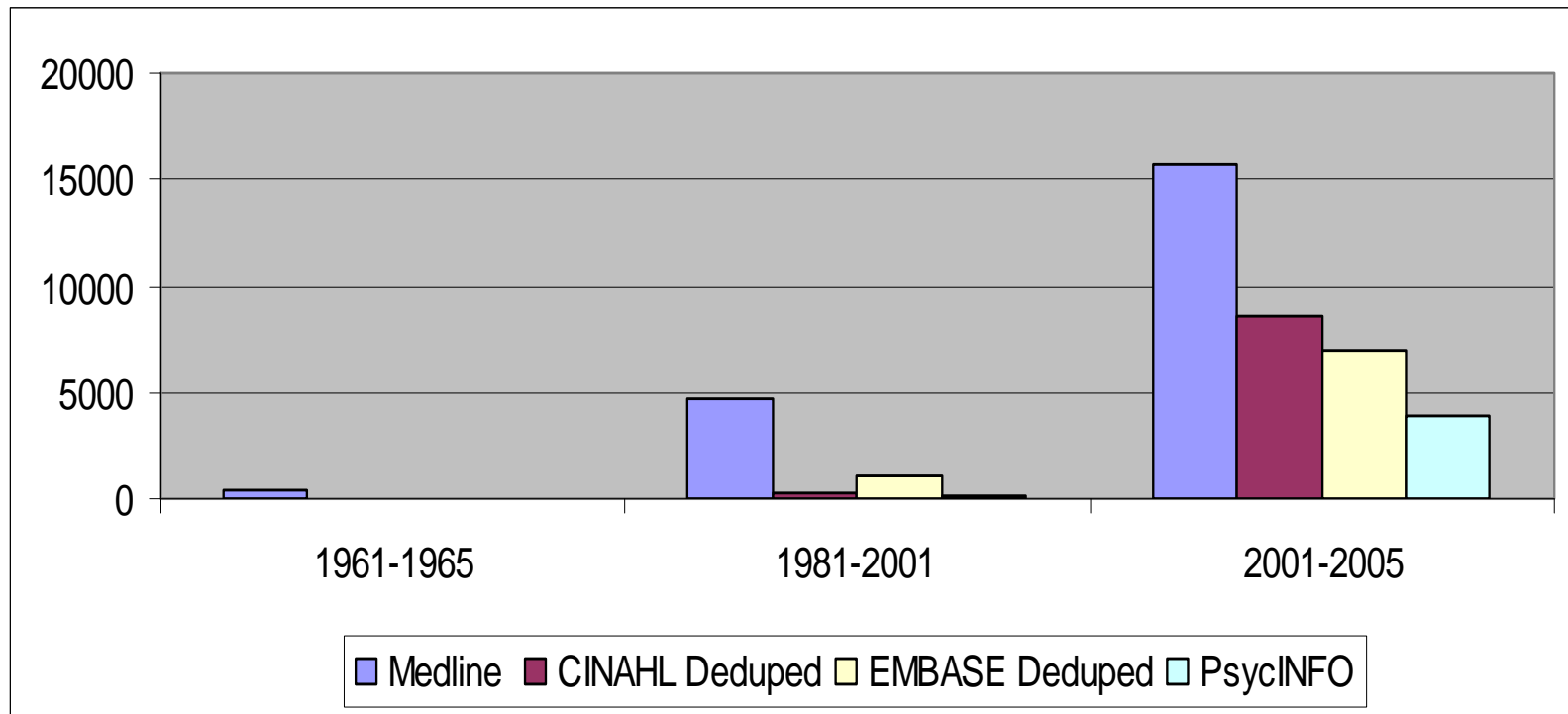


Growth in palliative care literature



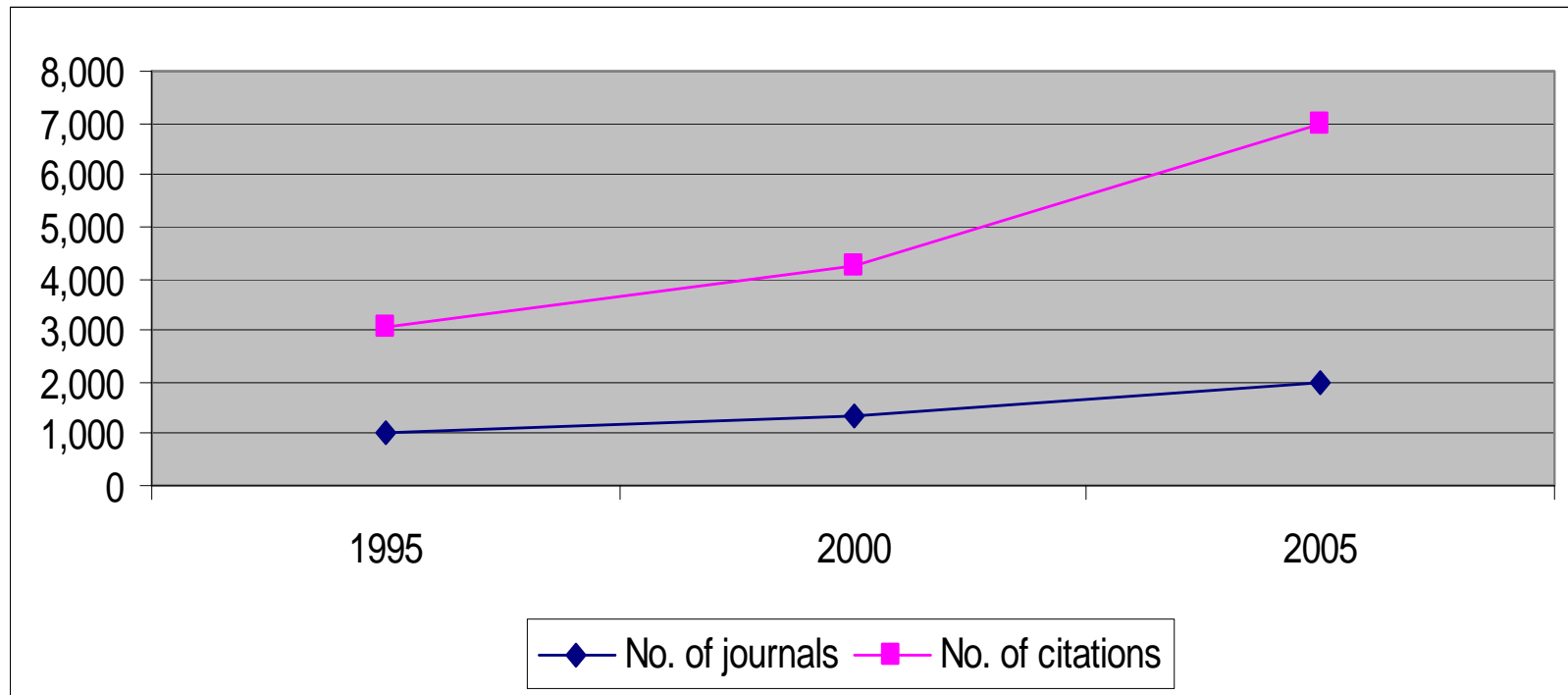


Material not on Medline

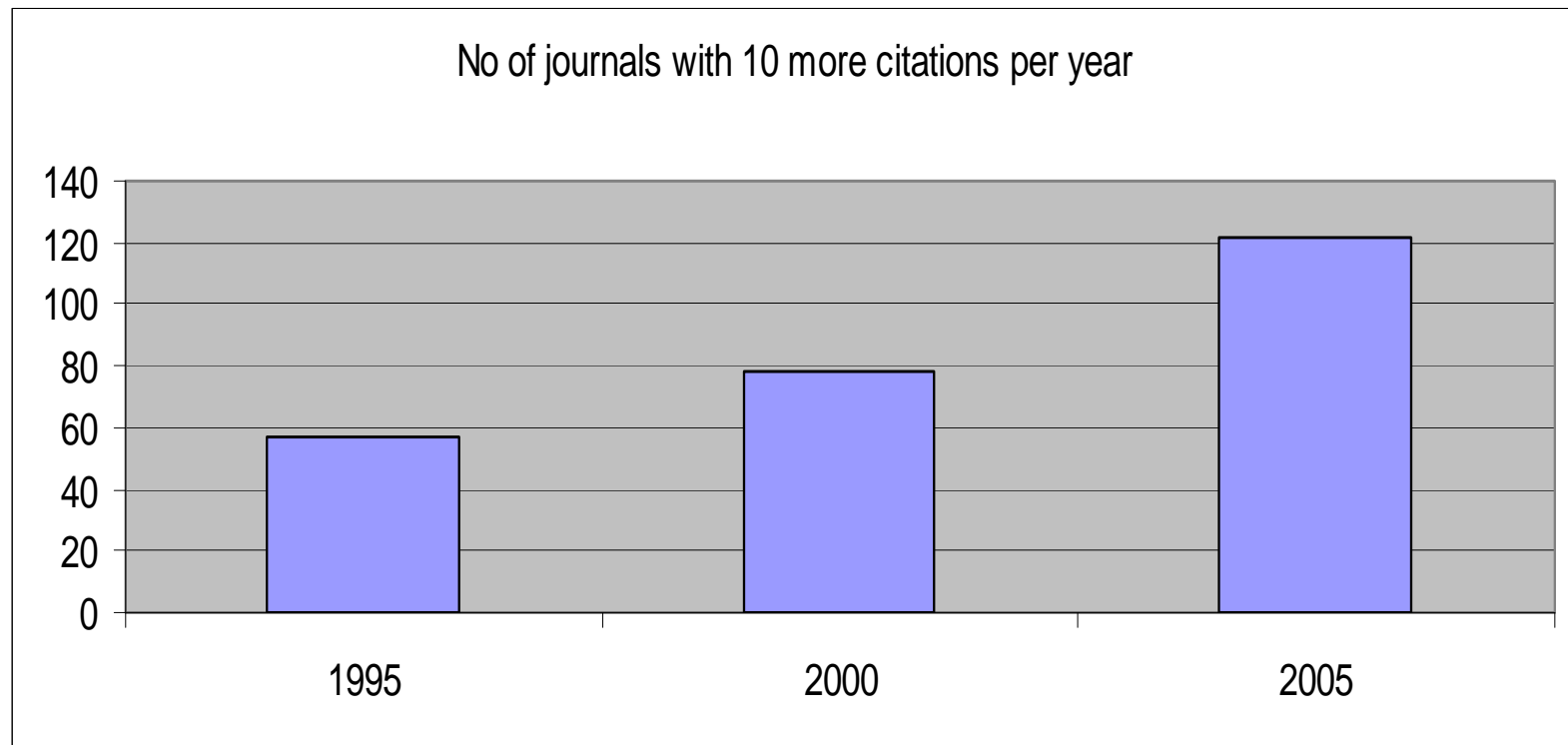




Increase in journals and citations

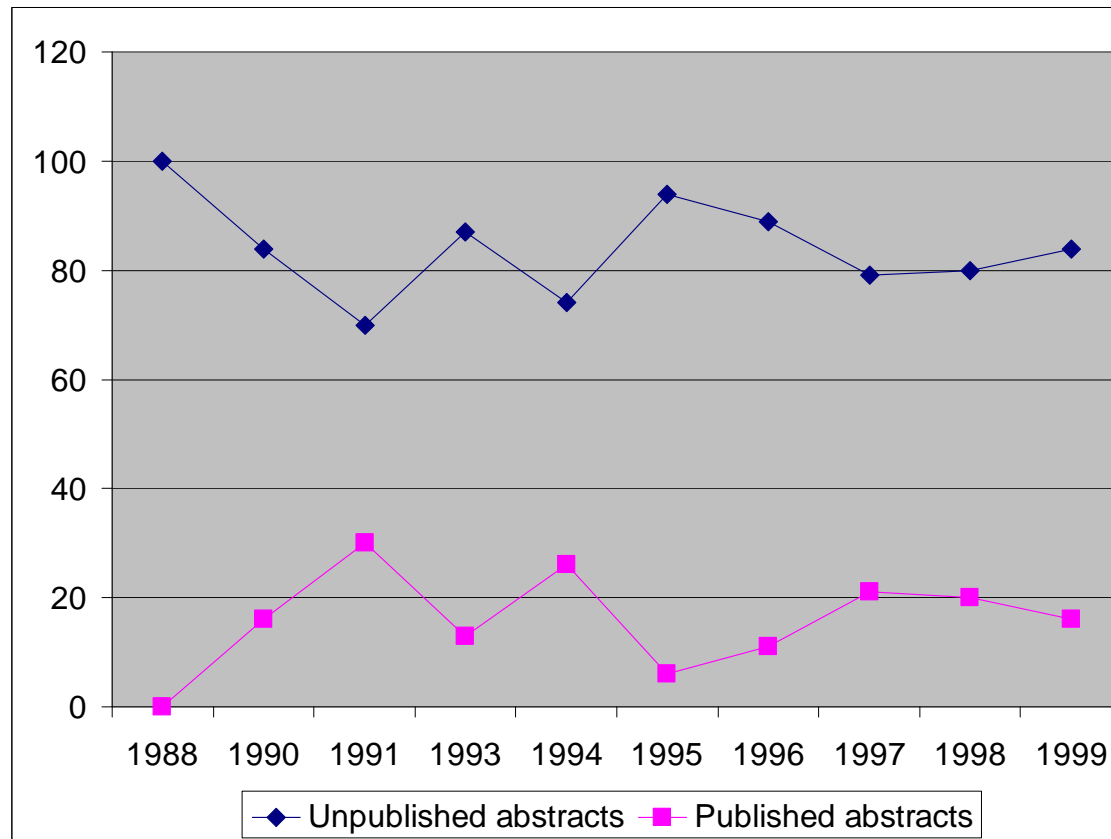


Increase in journal with regular content





Conversion rates: conference to journal





Palliative care: Evidence considerations

- Nature of evidence base needed
 - Complex, referral based, comorbidity, multidisciplinary
- Best available evidence
 - Strength of the evidence
 - Generalisability, applicability
- Expanding, not comprehensive
 - Identifying gaps



Palliative care: Evidence retrieval

- Growing, evolving, evidence base
- Multiple disciplines doing research
- Complex search basis
 - Many constructs
- Not all in one place

Palliative care: Evidence generation

- Sample size concerns
 - Multisite studies
- Clinical researchers, skill development
- Project/trial management infrastructure
- Priority topics for research
- Research funding needs

Palliative care: Evidence use

- Use by:
 - Health professionals, Services and organisations, Consumers, Discipline or profession, System
- Barriers
 - Awareness
 - Efficiency, relevance, quality
 - Interest in, commitment to



What is CareSearch's role in the palliative care evidence cycle?

- **Generating,**
- **Finding,**
- **Encouraging use**



What is CareSearch?

- Funded by the Australian Government as part of National Palliative Care Program

...provide a one stop shop of information and practical resources that serves the needs of all providing palliative care or affected by palliative care...supporting the development of evidence, disseminating information that will support the translation of this evidence into practice and prevent duplication of effort around Australia.



Welcome to CareSearch. CareSearch is an online resource of palliative care information and evidence. All materials included in this website are reviewed for quality and relevance.

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What is Palliative Care



For Patients and Families



Finding Services



Clinical Practice



Finding Evidence



Education



Research Resources



Professional Groups



About CareSearch

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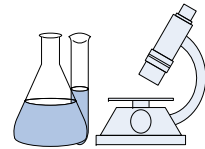
This site complies with the [HONcode standard for trustworthy health information: \[verify here.\]\(#\)](#)

CareSearch is funded by the Australian Government Department of Health and Ageing as part of the National Palliative Care Program.

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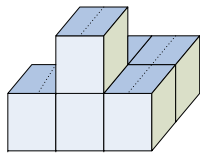
More than just a website



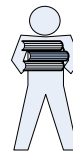
Research Data
Management System



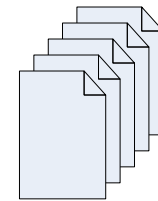
Evaluated resources and links



Databases and
information repositories



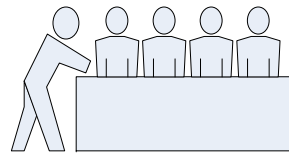
Finding evidence:
Brokered resources
& How to guides



Content pages:
Topics for specific users



News and updates



Virtual team resources



Education Options:
Links and online

CareSearch: Generating evidence

- CareSearch research
- Research Resources
 - Conducting research pages
 - Finding grants
- RDMS
 - Online data management
- Professional Connect



CareSearch Research Areas

- Filter development
 - Palliative Care Filter
 - Heart Failure Filter
- Knowledge translation in online environment
 - eHealth literacy
 - Barriers to web use



Filter development: From this...

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http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=search&db=pubmed&term=(advance+care+planning[mh]+OR+attitude+to+death[mh]+OR+bereavement[mh]+OR+terminal+care[mh]+OR+hospices[mh]+OR+life+support+care[mh]+OR+palliative+care[mh]+OR+terminally+ill[mh]+OR+death[mh:noexp]+OR+palliat*[Text+Word]+OR+hospice*[Text+Word]+OR+terminal+care[Text+Word]+OR+1049-9091[journal]+OR+1472-684X[journal]+OR+1357-6321[journal]+OR+1536-0539[journal]+OR+0825-8597[journal]+OR+1557-7740[journal]+OR+1552-4264[journal]+OR+1478-9523[journal]+OR+1477-030X[journal]+OR+0749-1565[journal]+OR+0742-969X[journal]+OR+1544-6794[journal]+OR+0941-4355[journal]+OR+1873-6513[journal]+OR+0145-7624[journal]+OR+1091-7683[journal]+OR+0030-2228[journal])+AND+english[lang]
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To this.....

Run the palliative care filter now

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1. [Depressive symptoms during the first chemotherapy cycle predict mortality in patients with advanced non-small cell lung cancer.](#)
Chen ML, Chen MC, Yu CT.
Support Care Cancer. 2010 Sep 14. [Epub ahead of print]
PMID: 20839011 [PubMed - as supplied by publisher]
[Related citations](#)

2. [Pharmacologic and Pharmacokinetic Rationale for Combination Therapy in Pulmonary Arterial Hypertension.](#)
Gokhman R, Smithburger PL, Kane-Gill SL, Seybert AL.
J Cardiovasc Pharmacol. 2010 Aug 31. [Epub ahead of print]
PMID: 20838230 [PubMed - as supplied by publisher]
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3. [Place of Death, Correlations With Quality of Life of Patients With Cancer and Predictors of Bereaved Caregivers' Mental Health.](#)
Wright AA, Keating NL, Balboni TA, Matulonis UA, Block SD, Prigerson HG.
J Clin Oncol. 2010 Sep 13. [Epub ahead of print]
PMID: 20837950 [PubMed - as supplied by publisher]
[Related citations](#)

4. [Single Question in Delirium \(SQiD\): testing its efficacy against psychiatrist interview, the Confusion Assessment Method and the Memorial Delirium Assessment Scale.](#)
Sands M, Dantoc B, Hartshorn A, Ryan C, Lujic S.
Palliat Med. 2010 Sep;24(6):561-565.
PMID: 20837733 [PubMed - as supplied by publisher]
[Related citations](#)

5. [New authors' guidelines for Palliative Medicine: More work for authors, reviewers and editors or an essential tool?](#)
Walshe C.
Palliat Med. 2010 Sep;24(6):559-560. No abstract available.
PMID: 20837732 [PubMed - as supplied by publisher]
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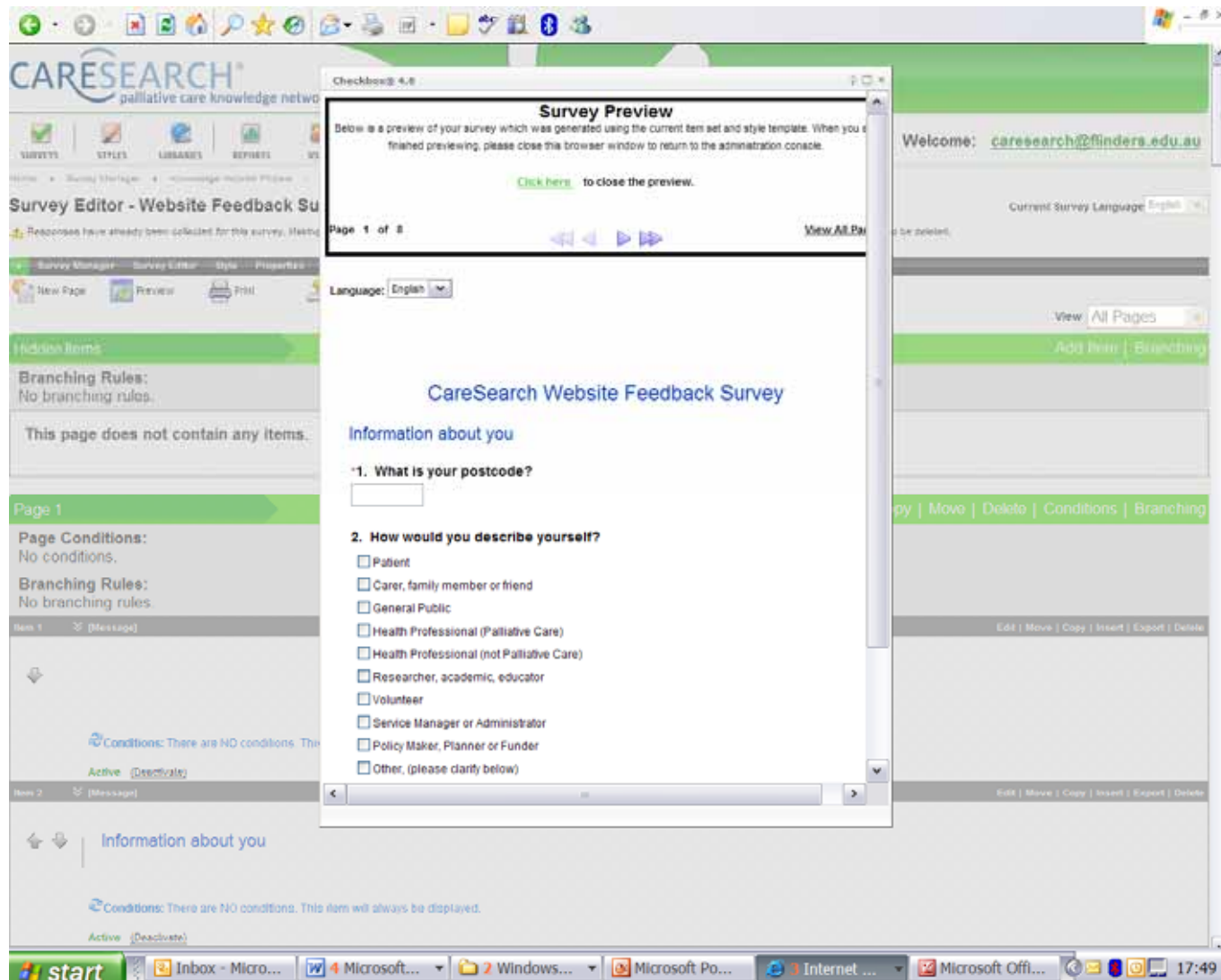
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Research Data Management System

- Online survey system allowing data entry from multiple sites anywhere in the world
- Web and print version compatible
- Variable rights and security roles
- In built data analysis tool with filters, graph, percentages, tables, etc
- Capacity to export data to programs such as Excel, SPSS
- Audit trails and email alerts



Contributes to evidence generation: Current examples

1. Multisite clinical trials (e.g. PaCCSC)
2. Service and organisation audits and surveys (e.g. PCQ consumer survey)
3. National Standards Assessment Program self assessment

Professional Connect

- Forums for communication and exchange
 - Private, registered, open
 - Registered pages for project/research shared resources
 - Shared project tools
 - Calendar, polls, alerts
- Examples of current user groups
 - PaCCSC
 - Victorian Nurse Practitioner Project

CareSearch: Finding evidence

- Evidence Summaries
- PubMed Topic Searches
- Repository of hard-to-find evidence
- CareSearch Review Collection



Clinical Practice: Evidence Summaries

- Clinical Practice pages
 - Based on review of systematic reviews
 - 17 clinical pages
 - Related PubMed Topic Search
 - Quality and currency processes
- Specific Populations pages



Main Menu

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Clinical Practice

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You are here: Clinical Practice > Physical > Delirium

Delirium

Background

Delirium is defined as a condition of disturbed consciousness, with reduced ability to focus, sustain or shift attention. The DSM IV diagnostic criteria [1] for delirium require

- > altered cognition or a perceptual disturbance (which is not due to dementia),
- > symptoms develop over hours to days and tend to fluctuate during the course of the day, and
- > evidence of an aetiological cause for the delirium.

Delirium may be

- > hyperactive (presenting with agitation, hyperarousal, and restlessness), or
- > hypoactive (presenting with drowsiness, lethargy and reduced levels of arousal), or
- > a mixed pattern in which the symptoms fluctuate between hyperactive and hypoactive. [2]

Delirium is often reversible, although there is evidence that in some patients it may be associated with longer term cognitive problems. [3]

Delirium is extremely common in palliative care patients.[4] It becomes more frequent towards the end of life, and is associated with a worsening prognosis. [5] The diagnosis is often missed, or may be confused with depression or dementia. Hypoactive delirium is particular is under-diagnosed. [6] Nonetheless the importance of making the diagnosis is that delirium is a potentially treatable problem, and one which causes serious distress to patients and their families.

Much of the evidence about prognosis and treatment of delirium comes from the aged care and critical care literature. However the focus of care in these populations is different from that in palliative care, particularly in very advanced disease. [7] In palliative care patients delirium is frequently multifactorial. The underlying precipitant, though reversible in many instances, may be irreversible in advanced disease, or due to other factors the decision may be made not to pursue active investigation or intervention.

Published Searches

Delirium
Free Full-text Only
Language: English
Publication: 2008-2014
Filter by:
Review Collection

Review Collection

PubMed

Search: Delirium

Results: 1 to 20 of 31

1. [Delirium associated with prolonged delirium, a common finding.](#)
Lagopoulos M, Hwang L, Lee J, et al. *Journal of Palliative Care*. 2014;30(4):275-80. Epub 2014 Jun 11. Review.
PMID: 25020123 | PubMed | Medline

2. [Delirium: a review of the clinical presentation, risk factors, and management.](#)
Lagopoulos M, Hwang L, Lee J, et al. *Journal of Palliative Care*. 2014;30(4):275-80. Epub 2014 Jun 11. Review.
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3. [Delirium: a review of the clinical presentation, risk factors, and management.](#)
Lagopoulos M, Hwang L, Lee J, et al. *Journal of Palliative Care*. 2014;30(4):275-80. Epub 2014 Jun 11. Review.
PMID: 25020123 | PubMed | Medline

4. [Delirium: a review of the clinical presentation, risk factors, and management.](#)
Lagopoulos M, Hwang L, Lee J, et al. *Journal of Palliative Care*. 2014;30(4):275-80. Epub 2014 Jun 11. Review.
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5. [Delirium: a review of the clinical presentation, risk factors, and management.](#)
Lagopoulos M, Hwang L, Lee J, et al. *Journal of Palliative Care*. 2014;30(4):275-80. Epub 2014 Jun 11. Review.
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Lagopoulos M, Hwang L, Lee J, et al. *Journal of Palliative Care*. 2014;30(4):275-80. Epub 2014 Jun 11. Review.
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7. [Delirium: a review of the clinical presentation, risk factors, and management.](#)
Lagopoulos M, Hwang L, Lee J, et al. *Journal of Palliative Care*. 2014;30(4):275-80. Epub 2014 Jun 11. Review.
PMID: 25020123 | PubMed | Medline

8. [Delirium: a review of the clinical presentation, risk factors, and management.](#)
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9. [Delirium: a review of the clinical presentation, risk factors, and management.](#)
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PMID: 25020123 | PubMed | Medline

10. [Delirium: a review of the clinical presentation, risk factors, and management.](#)
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PMID: 25020123 | PubMed | Medline

11. [Delirium: a review of the clinical presentation, risk factors, and management.](#)
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12. [Delirium: a review of the clinical presentation, risk factors, and management.](#)
Lagopoulos M, Hwang L, Lee J, et al. *Journal of Palliative Care*. 2014;30(4):275-80. Epub 2014 Jun 11. Review.
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13. [Delirium: a review of the clinical presentation, risk factors, and management.](#)
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14. [Delirium: a review of the clinical presentation, risk factors, and management.](#)
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PMID: 25020123 | PubMed | Medline

CARESEARCH palliative care knowledge network

Review Collection: Delirium

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You are here: Finding Evidence > Clinical Practice > Physical > Delirium

Delirium
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Language: English
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Review Collection

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Physical

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- Insomnia
- Pain
- Sleeping Problems
- End-of-Life Care

Psychological, Social, Spiritual

Patient Considerations

Professional Considerations

Service Issues

Specific Populations

Delirium

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Finding Evidence section

- How-to guide on finding evidence
 - Sources and databases
 - How to create searches
 - Downloadable guide
- Evidence resources
 - PubMed Topic Searches
 - CareSearch Review Collection
 - CareSearch Grey Literature



PubMed Topic Searches

- Hyperlinks to topic based searches run in PubMed based on Palliative care filter
 - 60 topic searches
 - Immediate, real time
 - 5 options based on
 - Strength of evidence
 - Free full text only
 - Most recent

PubMed Searches

Delirium

Free full text only

[Strongest evidence](#)

[Everything](#)

All citations

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[Last 3 months](#)

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CareSearch Databases

- CareSearch Grey Literature
 - Conference Abstracts
 - Non-indexed Articles
 - Theses
 - Research Studies Register
 - National Palliative Care Program
 - Other Grey
- CareSearch Review Collection





CareSearch: Encouraging evidence use

- Audience specific content formats
- Continuing Professional Development
- Partnerships and integration
- Alerts and reminders



Audience Specific Content

- Audience specific content pages
 - Clinical Practice = evidence syntheses
 - Nurses hub/GP hub = practice interpreted
 - Patients/carers = consumer oriented
- Extensions to further resources
 - Quality appraised

Partnerships with Projects/Organisations

- Quality Improvement
 - NSAP/PCOC
- ANZSPM
 - Clinical Indicators
- AGPN
 - Rural Palliative Care Program
- PCNA
 - Nurses Hub

News and Updates

- What's new on CareSearch
- What's new in the community
- What's new in literature
- @CARESEARCH
- Alerts





Summary: Evidence and CareSearch

- Identifies systematically palliative care evidence
- Facilitates access to this evidence
- Uses evidence in designing and developing resources
- Contributes to the evidence base by researching specific project areas
- Supports those generating and using evidence by providing tools, resources, information



www.caresearch.com.au

CareSearch would like to thank the many people who contribute their time and expertise to the project including members of the National Advisory Group and the Knowledge Network Management Group.

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