

Filters and Hubs: Shortening the distance to evidence for health professionals

Jennifer Tieman, CareSearch Director

Primary care and palliative care
What is CareSearch?
Why filters and hubs?
Are they useful?

Palliative care

- Cure is not the goal of care
- Referral based, co-morbidity, multidisciplinary
- Patient and family as unit of care
- Care provided in many settings
 - Community settings
- Many health professionals
 - Role of GP
- Often a family carer



What is CareSearch?

- Funded by Australian Government under National Palliative Care Program
 - Those providing palliative care
 - Those needing palliative care and their families, carers and friends
- Website and online resources
- Knowledge Translation framework
 - Facilitate access to, and use of, evidence in practice





CareSearch, *palliative care knowledge network*

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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.

What's New...

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[in the community?](#)
[in the literature?](#)

Not sure where to start?

[Commonly sought information](#)
[Learn more about CareSearch](#)
[Nurses\[HUB\]](#)
[GP pages](#)

Just released!

[Quality Use of CareSearch](#)
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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

Proudly linked to:



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.

This page was created on 26 May 2008. This website was last updated on 01 July 2011

Creating utility

- Issues
 - Volume and sources of information
 - Currency, trustworthiness
 - Fit for needs
- Using KT framework
 - Customised solutions
 - Knowledge use
 - Evidence tools



Filters and Hubs

Why a search filter?

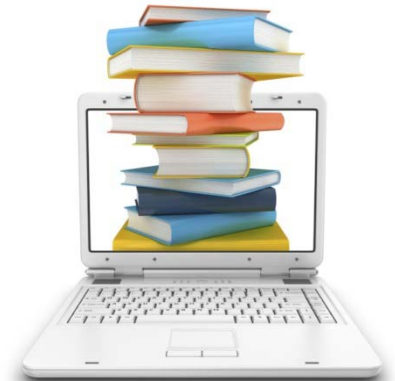
- Expanding knowledge base, dynamic clinical evidence
- Complexity of information infrastructure
- Inefficiencies, deficiencies in searching
- Indexing, descriptors



What is a filter?

A tool to retrieve relevant literature

- More than an expert search
- Developed experimentally following a strict research methodology
- A search strategy that has been tested to determine how well it finds a specific type of literature (e.g. RCTs) or literature about a specific topic (e.g. renal)

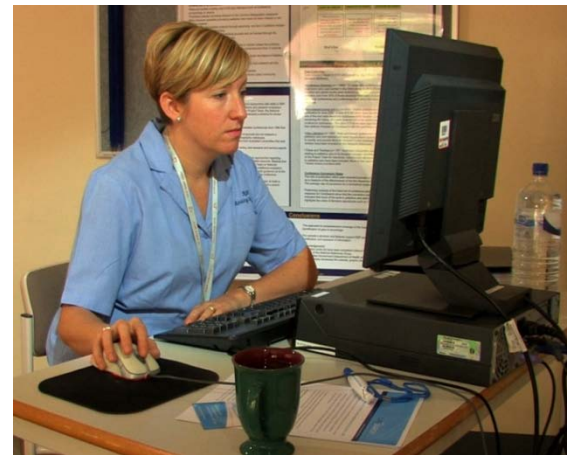


Developing search filters

1. Gold Standard article set;
2. Term identification;
3. Filter development (Ovid Medline);
4. Filter testing (Ovid Medline);
5. External validation; and
6. Post-hoc precision estimate

Making the search filters useful

- Two filters developed
 - Palliative care filter
 - Heart failure filter
- Reality check:
 - Immediacy
 - Not everyone has access to Ovid Medline
 - Not everyone knows how to save a search



Free to use, online easy use

- PubMed is
 - Largest biomedical repository (>20 million items)
 - Open access to citations
 - Free full text limit
- Filters translated for use in PubMed
 - Syntax validation
 - Created it as a hyperlink
 - Combined with topics of clinical importance



One click searching

Main Menu

What is Palliative Care?

For Patients and Families

Finding Services

Clinical Practice

Finding Evidence

Education

Research Resources

Professional Groups

About CareSearch

Contact CareSearch

Home

Finding Evidence

About Evidence

Finding Evidence

Appraising Evidence

Applying Evidence

Generating Evidence

Communicating Evidence

Reducing Evidence-Practice Gaps

CareSearch Grey Literature

CareSearch Review Collection

Palliative Care PubMed Searches

> Create Your Own Palliative Care PubMed Search

> Palliative Care Filter Effectiveness Study

> Information About CareSearch PubMed Searches

> Technical Notes

> Mental Illness PubMed Search

Login | Contact CareSearch | Email Page: Search

You are here: Finding Evidence » Palliative Care PubMed Searches

Font size: Print page:

Palliative Care PubMed Searches

The links on this page provide an easy and reliable way to find the relevant palliative care literature in English. Each link runs an immediate search of PubMed and all searches are automatically updated as new articles are added to the database.

Patient problems

- [Airway Obstruction](#)
- [Anorexia](#)
- [Anxiety](#)
- [Appetite](#)
- [Artificial Nutrition](#)
- [Bereavement & Grief](#)
- [Bowel Obstruction](#)
- [Cachexia \(Weight Loss\)](#)
- [Constipation](#)
- [Cough](#)
- [Delirium](#)
- [Depression](#)
- [Dysphagia](#)
- [Dyspnoea](#)
- [Existential Distress](#)
- [Fatigue](#)
- [Haemoptysis](#)
- [Nausea](#)
- [Pain](#)
- [Prognosis](#)
- [Prolonged Grief](#)
- [Respiratory Secretions](#)
- [Sexuality](#)
- [Sleeping Problems](#)
- [Suffering](#)
- [Vomiting](#)

Specific needs

- [Aged](#)
- [Aged Care Facilities](#)
- [Dementia](#)
- [Disabled](#)
- [Gay, Lesbian, Bisexual & Transgender](#)
- [Homeless](#)
- [Indigenous Health](#)
- [Living Alone](#)
- [Mental Illness](#)
- [Multicultural](#)
- [Paediatrics](#)
- [Prisoners](#)
- [Rural & Remote Health](#)

Carers

- [Carers \(All\)](#)
- [Carers \(Young\)](#)
- [Supporting Carers](#)
- [Carer Interventions](#)

Diseases and conditions

- [Heart Failure](#)

Issues relating to care & treatment

- [Advance Care Planning](#)
- [Advance Directives](#)
- [Audit](#)
- [Complementary Therapies](#)
- [Dignity](#)
- [Euthanasia](#)
- [Family Distress](#)
- [Models of Service Delivery](#)
- [Multi-disciplinary Teams](#)
- [Palliative Sedation](#)
- [Patient Education](#)
- [Professional Burnout](#)
- [Quality of Life](#)
- [Resuscitation Orders](#)
- [Social Support](#)
- [Spirituality](#)
- [Terminal Care](#)
- [Volunteering](#)

Health professionals

- [General Practitioners](#)
- [Nurses](#)

CareSearch search filters

[Palliative care](#)

This search uses a palliative care filter developed by CareSearch. It retrieves all English language articles of relevance to palliative care within PubMed.

Main Menu

What is Palliative Care?

For Patients and Families

Finding Services

Clinical Practice

Finding Evidence

Education

Research Resources

Professional Groups

About CareSearch

Contact CareSearch

Home

Finding Evidence

About Evidence

Finding Evidence

Appraising Evidence

Applying Evidence

Generating Evidence

Communicating Evidence

Reducing Evidence-Practice Gaps

CareSearch Grey Literature

CareSearch Review Collection

Palliative Care PubMed Searches

> Create Your Own Palliative Care PubMed Search

> Palliative Care Filter Effectiveness Study

> Information About CareSearch PubMed Searches

> Technical Notes

> Mental Illness PubMed Search

Login | Contact CareSearch | Email Page:  Search

You are here: Finding Evidence » Palliative Care PubMed Searches » Pain PubMed Search

Font size:  A A  Print page:

Pain PubMed Search

Select one search option for your chosen search topic.



Free full text only (likely to reduce the number of results)
[Strongest evidence](#) (systematic reviews or randomised controlled trials)
[Everything](#)

All citations

[Strongest evidence](#) (systematic reviews or randomised controlled trials)
[Everything](#)
[Last 3 months only](#)

Pain: An unpleasant sensation induced by noxious stimuli and generally received by specialized nerve endings (Source: MeSH Thesaurus).

To choose another topic, go back to [Palliative Care PubMed Searches](#)

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Last reviewed 4 May 2010

[Back to top](#)  Print page:

Search: PubMed

[Display Settings:](#) Summary, 20 per page, Sorted by Recently Added

[Send to:](#)

Results: 1 to 20 of 91

<< First < Prev Page 1 of 5 Next > Last >>

Filter your results:

All (91)

[Systematic Reviews \(27\)](#)

[Manage Filters](#)

[Reporting characteristics of cancer pain: a systematic review and quantitative analysis of research publications in palliative care journals.](#)

1. Kumar SP.
 Indian J Palliat Care. 2011 Jan;17(1):57-66.
 PMID: 21633623 [PubMed - in process] [Free PMC Article](#)
[Free full text](#) [Related citations](#)

[Impact of pain and palliative care services on patients.](#)

2. Santha S.
 Indian J Palliat Care. 2011 Jan;17(1):24-32.
 PMID: 21633618 [PubMed - in process] [Free PMC Article](#)
[Free full text](#) [Related citations](#)

[Over-, under- and misuse of pain treatment in Germany.](#)

3. Dietl M, Korczak D.
 GMS Health Technol Assess. 2011 Apr 19;7:Doc03.
 PMID: 21522485 [PubMed - in process] [Free PMC Article](#)
[Free full text](#) [Related citations](#)

[Advances in diagnosis, treatment and palliation of pancreatic carcinoma: 1990-2010.](#)

4. Sharma C, Eitawil KM, Renfrew PD, Walsh MJ, Molinari M.
 World J Gastroenterol. 2011 Feb 21;17(7):867-97.
 PMID: 21412497 [PubMed - in process] [Free PMC Article](#)
[Free full text](#) [Related citations](#)

[Palliative Care Awareness among Indian Undergraduate Health Care Students: A Needs-Assessment Study to Determine Incorporation of](#)

5. [Palliative Care Education in Undergraduate Medical, Nursing and Allied Health Education.](#)
 Sadhu S, Salins NS, Kamath A.
 Indian J Palliat Care. 2010 Sep;16(3):154-9.
 PMID: 21218005 [PubMed - in process] [Free PMC Article](#)
[Free full text](#) [Related citations](#)

[Malignant gastric outlet obstructions: treatment with self-expandable metallic stents.](#)

6. Kim JH, Song HY, Shin JH.
 Gut Liver. 2010 Sep;4 Suppl 1:S32-8. Epub 2010 Sep 10.
 PMID: 21103292 [PubMed - in process] [Free PMC Article](#)
[Free full text](#) [Related citations](#)

[The use of opioids at the end of life: the knowledge level of Dutch physicians as a potential barrier to effective pain management.](#)

7. Rurup ML, Rhodius CA, Borgsteede SD, Boddaert MS, Keijsers AG, Pasma HR, Onwuteaka-Philipsen BD.
 BMC Palliat Care. 2010 Nov 12;9:23.
 PMID: 21073709 [PubMed - in process] [Free PMC Article](#)
[Free full text](#) [Related citations](#)

[Content development for EUROPEAN GUIDELINES on the use of opioids for cancer pain: a systematic review and Expert Consensus Study.](#)

8. Pigni A, Brunelli C, Gibbins J, Hanks G, Deconno F, Kaasa S, Klepstad P, Radbruch L, Caraceni A.

Save Results in Collections Tutorial



[See larger video at YouTube](#)
[See all NCBI YouTube video channel videos](#)

61 free full-text articles in PubMed Central

Reporting characteristics of cancer pain: a systematic review [Indian J Palliat Care. 2011]
 Impact of pain and palliative care services on patients. [Indian J Palliat Care. 2011]
 Over-, under- and misuse of pain treatment in Germany. [GMS Health Technol Assess. 2011]

[See all \(61\)...](#)

Find related data

Database:

Search details

```
((("pain"[MeSH Major Topic:noexp] OR "hyceralgesia"[MeSH Major
```

Why Hubs?

Initial work

- Consolidating palliative care evidence base

Diverse set of health professionals

- Core responsibility, part of role, occasional role

Diversity of settings

- Community, rural, aged care, hospital, specialist



Different knowledge configurations

What is a Hub?

- Discrete set of content and resources for needs of a particular group
- Priority to resources developed for the specific context or environment
- Information that reflects the interests and requirements of a professional group
- Information and resources organised for easy and rapid use



Developing Hubs

- Review of literature on information and practice needs
- Development Group
- Literature searches
- Web searches for resources
- User testing
- Content review processes
- Ongoing monitoring and updating

Main Menu

- What is Palliative Care?
- For Patients and Families
- Finding Services
- Clinical Practice
- Finding Evidence
- Education
- Research Resources
- Professional Groups**
- About CareSearch
- Contact CareSearch
- Home

Professional Groups

- Aboriginal Health Workers
- Bereavement Counsellors
- Dietitians
- Doctors
- GP Home
 - > Patients Needing Palliative Care
 - > Managing Symptoms
 - > Making it Work in Your Practice
 - > The Dying Patient
 - > Following Up the Bereaved
 - > Professional Development
 - > GP Resources
- Music Therapists
- Nurses Hub Home
- Occupational Therapists
- Pastoral Care Workers
- Pharmacists
- Physiotherapists
- Psychologists
- Service Managers
- Social Workers

Login | Contact CareSearch | Email Page:  Search

You are here: Professional Groups » GP Home

Font size:  Print page: 

GP Home

Patients Needing Palliative Care

- [Discussing Palliative Care](#)
- [Monitoring Prognosis](#)
- [Advance Care Planning](#)
- [When to Refer](#)

Managing Symptoms

- [Opioids and Pain](#)
- [Important Skills](#)
- [Support for Carers](#)
- [Managing Emergencies](#)
- [Specific Populations](#)
- [If Patients and Families Aren't Coping](#)
- [Complex Problems](#)



PubMed Search:
General Practitioners
 Free full text only
[Strongest Evidence](#)
[Everything](#)
 All citations
[Strongest Evidence](#)
[Everything](#)
[Last 3 months](#)

Review Collection
[General Practitioners](#)

Making It Work In Your Practice

- [Medicare Information](#)
- [Prescribing Issues](#)
- [Home Visits](#)
- [In Residential Aged Care](#)
- [For Rural GPs](#)
- [Continuity of Care](#)

The Dying Patient

- [Helping You Support Families](#)
- [State by State Requirements](#)

Following up the Bereaved

- [When to Refer \(Bereaved\)](#)

Professional Development

- [Self Care](#)

Resources

- [GP Resources \(All by topic\)](#)
- [Printable Patient and Carer Resources](#)

What's New!
[The Patient's Choice: Quality at the End of Life](#)
 RHEF DVD and resources
[Life, Hope & Reality](#)
 Resources for patients with advanced cancer
[eviQ Opioid Calculator](#)
 Conversion calculator helps to manage patients on opioids.

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Main Menu

What is Palliative Care?

For Patients and Families

Finding Services

Clinical Practice

Finding Evidence

Education

Research Resources

Professional Groups

About CareSearch

Contact CareSearch

Home

Professional Groups

Aboriginal Health Workers

Bereavement Counsellors

Dietitians

Doctors

GP Home

> Patients Needing Palliative Care

> Managing Symptoms

- Opioids and Pain

- Important Skills

- Support for Carers

- Managing Emergencies

- If Patients and Families Aren't Coping

- Specific Populations

- Complex Problems

> Making it Work in Your Practice

> The Dying Patient

> Following Up the Bereaved

> Professional Development

> GP Resources

Music Therapists

Nurses Hub Home


Login

Contact CareSearch

Email Page: 

Search

You are here: Professional Groups » GP Home » Managing Symptoms » Opioids and Pain

Font size: 

Print page: 

Opioids and Pain

When to start an opioid

Opioid analgesics are frequently needed by palliative care patients whose pain does not respond to simple analgesics, weak opioids, adequate doses of adjuvants, and other measures. Adjuvants should be continued.

Persistent pain should be treated promptly. A high index of suspicion about the presence of pain is needed in agitated patients who are unable to verbalise their experiences, due to dementia, communication problems or reduced level of consciousness.



TJP - There is now [evidence](#) supporting the use of opioids for dyspnoea as safe and effective, both for patients with lung malignancies and those with other primary lung diseases, including COPD.

About specific opioids

Morphine, oxycodone or hydromorphone are appropriate strong opioids to start. Fentanyl transdermal patches are an option for stable pain, but they are long-acting and take 12 – 24 hours to full effect, and are therefore often not suitable for initiating analgesia.

Some analgesics are less suitable for use in palliative care, either because of their inappropriate pharmacokinetics, potential for drug interactions, or other problems. These include:

- > Pethidine
- > Dextropropoxyphene (Capadex, Digesic, Paradex, Doloxene)
- > Dextromoramide
- > Pentazocine.

Tramadol and buprenorphine are commonly used in primary care, however their place in long-term palliative care prescribing is still being defined.

Initiation and titration

Basic principles for opioid prescribing have been developed by World Health Organization ([WHO Pain Ladder](#)) and these continue to be fundamental:

Main Menu

[What is Palliative Care?](#)

[For Patients and Families](#)

[Finding Services](#)

[Clinical Practice](#)

[Finding Evidence](#)

[Education](#)

[Research Resources](#)

[Professional Groups](#)

[About CareSearch](#)

[Contact CareSearch](#)

[Home](#)

Professional Groups

[Aboriginal Health Workers](#)

[Bereavement Counsellors](#)

[Dietitians](#)

[Doctors](#)

[GP Home](#)

[> Patients Needing Palliative Care](#)

[> Managing Symptoms](#)

[- Opioids and Pain](#)

[- Important Skills](#)

[- Support for Carers](#)

[- Managing Emergencies](#)

[- If Patients and Families Aren't Coping](#)

[- Specific Populations](#)

[- Complex Problems](#)

[> Making it Work in Your Practice](#)

[> The Dying Patient](#)

[> Following Up the Bereaved](#)

[> Professional Development](#)

[> GP Resources](#)

[Music Therapists](#)

[Nurses Hub Home](#)

[Login](#) | [Contact CareSearch](#) Email Page:  [Search](#)

You are here: [Professional Groups](#) » [GP Home](#) » [Managing Symptoms](#) » [Opioids and Pain](#) » [Opioids and Pain - More Information](#)

Font size: [A](#) [A](#) [A](#) Print page: 

Opioids and Pain - More Information

Download these for your patients

[Overcoming Cancer Pain - A guide for people with cancer, their families and friends](#)

Booklet from the Cancer Council of NSW

[Facts about morphine and other opioid medicines in palliative care](#)

Brochure from Palliative Care Australia

[Pain and pain management](#)

A brochure from Palliative Care Victoria

[Sample pain diary](#)

From Palliative Care Australia

Prescribing information

[A step-by-step guide to pain control](#)

From *Palliative Medicine Handbook*

[Analgesic choices](#)

NPS Prescribing practice review

[Short-Acting oral opioid dosing intervals](#)

From EPERC Fast Facts

[Opioid dose escalation](#)

From EPERC Fast Facts

[PRN range analgesic orders](#)

From EPERC Fast Facts

[Converting to/from transdermal fentanyl](#)

From EPERC Fast Facts

[Opioid use in renal failure](#)

From EPERC Fast Facts

[Morphine resistant pain](#)

From *Palliative Medicine Handbook*

[Neuropathic pain](#)

From *Palliative Medicine Handbook*

[Epidural and intrathecal analgesia](#)

From *Palliative Medicine Handbook*

[Online opioid dose calculator](#)

Main Menu

- What is Palliative Care?
- For Patients and Families
- Finding Services
- Clinical Practice
- Finding Evidence
- Education
- Research Resources
- Professional Groups
- About CareSearch
- Contact CareSearch
- Home

Professional Groups

- Aboriginal Health Workers
- Bereavement Counsellors
- Dietitians
- Doctors
- GP Home
- Music Therapists
- Nurses Hub Home
 - > Clinical
 - > Areas of Practice
 - > Research
 - > Education
 - > Policy Quality Standards
 - > Nurses Providing Palliative Care
 - > Resources
 - > Nurses News
 - > About the Nurses Hub
- Occupational Therapists
- Pastoral Care Workers
- Pharmacists
- Physiotherapists
- Psychologists

Login | Contact CareSearch | Email Page:  Search

You are here: Professional Groups » Nurses Hub Home

Font size:  Print page: 

Nurses Hub Home

Clinical	Areas of Practice	Research
Education	Policy Quality Standards	Nurses Providing Palliative Care
Resources		
Nurses News		
About the Nurses Hub		

Back to top | Print page: 

Main Menu

What is Palliative Care?

For Patients and Families

Finding Services

Clinical Practice

Finding Evidence

Education

Research Resources

Professional Groups

About CareSearch

Contact CareSearch

Home

Professional Groups

Aboriginal Health Workers

Bereavement Counsellors

Dietitians

Doctors

GP Home

Music Therapists

Nurses Hub Home

> Clinical

> Areas of Practice

- Rural and Remote

- Paediatrics

- Non-malignant / chronic disease

- Multicultural areas of practice

- Primary care / community

- Oncology

- Aged Care

- HIV / AIDS

- Indigenous

> Research

> Education

> Policy Quality Standards

Login | Contact CareSearch | Email Page:  Search

You are here: Professional Groups » Nurses Hub Home » Areas of Practice » Primary care / community

Font size:  Print page: 

Primary care / community

Palliative care patients at the end of life will often spend the majority of their time at home. Many people if asked would say they would like to stay at home for as long as possible. Many would also like to die at home. When at home they will be cared for by a GP, community nurses and sometimes practice nurses. Family and friends will also often be involved. Specialist palliative care services may or may not be involved in their care during this time.



Professional Groups
[GP Hub](#)

Review Collection
[General Practitioners](#)
[Site of care](#)

PubMed Search Topics
[General Practitioners](#)
[Models of Service Delivery](#)
[Living Alone](#)
[Rural and Remote Health](#)

Resources

- > Palliative Care Australia resources:
 - Position statement: [Primary healthcare and end of life](#)
 - Power point presentation: [Palliative Care & Primary Care: An overview of selected resources to support Primary Care Providers in Palliative Care](#)
- > The Australian General Practice Network has extensive information, resources and training packages for [Practice Nurses](#)
- > AGPN also has a [Rural Palliative Care Program Resource toolkit](#)
- > The Australian Government Cancer Learning website has [Primary Care](#) resources
- > Advocates for improved recognition of the role of primary care in the delivery of palliative care: [The International Primary Palliative Care Research Group](#)
- > From the Caring Communities Program: Project Summaries [Rural and Remote](#)
- > From the WA Government: [Aboriginal Primary Care Resource Kit](#)
- > [The Gold Standards Framework](#) (GSF) in the UK is a systematic approach to optimising the care for patients nearing the end of life delivered by generalist providers. It has an information sheet for [Community Nurses](#)
- > The National Health Service in the UK has produced an [End of life care strategy](#). July 2008.
- > The Australian Nurses Federation has [Competency Standards for Nurses in general Practice](#) (2005)
- > The Department of Health & Ageing [Home and Community Care Program Overview](#)

So, are they used?

- Web usage
 - GP pages: 82,332 page views in 10/11 or 226 pages viewed daily
 - Nurses Hub: 101,388 page views in 10/11 or 278 page views a day
 - Filters: Over 80,000 PubMed searches activated in 2010/2011
- Nurses Hub Evaluation
 - Online user survey (n=233) and stakeholder interviews (n=11)
 - 98% of survey respondents would recommend Hub
 - 30% believed Nurses[HUB] had helped them to make changes to palliative care practice in their service
 - All interviewees thought that the Nurses[HUB] was a useful direction for CareSearch.
- Palliative Care Filter Effectiveness Study
 - Studies currently collecting data

Conclusions

- Hubs provide instant access to profession appropriate palliative care evidence and resources
 - Hubs exist for GPs and for nurses
- Filters facilitate ongoing access to emerging evidence
 - PubMed versions provide open access
 - Enables one click searching with optional limits



Finding out more

Available at www.caresearch.com.au

Associated Publications

Damarell RA, Tieman J, Sladek RM, Davidson PM. Development of a heart failure filter for Medline: an objective approach using evidence-based clinical practice guidelines as an alternative to hand searching. *BMC Med Res Methodol* 2011 Jan 28;11:12.

Sanderson C, Tieman JJ. CareSearch Online palliative care information for GPs. *Aust Fam Physician* 2010 May;39(5):341-3.

Sladek RS, Tieman J. Applying evidence in the real world: a case study in library and information practice, *Health Info Libr J* 2008;25(4):295-301.

Sladek R, Tieman J, Fazekas B, Abernethy A, Currow D. Development of a subject search filter to find information relevant to palliative care in the general medical literature. *J Med Libr Assoc* 2006;94(4):394-401.

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