Patient Education
April 2003

1: Adv Nurse Pract 2003 Feb;11(2):81-5
Acupuncture. Essential information for nurse practitioners.
Capili B, Weinberg AR.
SUNY Downstate Medical Center, Brooklyn, USA.
Publication Types:
Review
Review, Tutorial

PMID: 12640825 [PubMed - indexed for MEDLINE]

2: Altern Ther Health Med 2003 Mar-Apr;9(2):36
Preliminary report on the use of Reiki HIV-related pain and anxiety.
Miles P.
Publication Types:
Evaluation Studies

PMID: 12652881 [PubMed - indexed for MEDLINE]

3: Crit Care Nurse 2003 Feb;23(1):25-30
Reducing coronary artery disease by decreasing homocysteine levels.
Coffey M, Crowder GK, Cheek DJ.
Duke University, Durham, NC, USA.
Publication Types:
Review
Review, Tutorial

PMID: 12640957 [PubMed - indexed for MEDLINE]

4: Curr Diab Rep 2002 Apr;2(2):145-52
Patient-centered diabetes self-management education.
Williams GC, Zeldman A.
University of Rochester School of Medicine and Dentistry, Department of Internal Medicine, 2400 S. Clinton Avenue, Building G-2nd Floor, Rochester, NY 14618, USA. Geoffrey_Williams@URMC.rochester.edu

Diabetes self-management education (DSME) has been shown to improve health outcomes. Yet, relatively little is known about how DSME has its effects. Literature reviewed from the past 3 years indicates that if DSME is to become more effective interventions need to be theory-based, to increase patient

involvement in their care, and to encompass a broader array of evidenced-based outcomes. Outcomes reviewed go beyond knowledge and glycemic control to include prevention of diabetes, quality of life, and reduction of cardiovascular risk.
The ability of practitioners and health care systems to implement, adopt, and maintain patient-centered interventions over time is discussed. By linking theory to behavior, and broadening the outcomes examined, advances can continue to be made in closing the gap between the scientific base for the treatment of diabetes, and the care and outcomes patients experience. Further research on patient-centered approaches that promote self-management is seen as critical in closing this gap.
Publication Types:
Review
Review Literature

PMID: 12647700 [PubMed - indexed for MEDLINE]

5: Curr Diab Rep 2002 Apr;2(2):166-76
Reaching underserved populations and cultural competence in diabetes education.
Brown SA, Garcia AA, Winchell M.
University of Texas at Austin, School of Nursing, 1700 Red River, Austin, TX 78701, USA. sabrown@mail.utexas.edu

Diabetes self-management education has gained in importance over the past decade as research has documented the benefits of such interventions in improving glucose control and reducing diabetes-related complications. Although minority populations bear a disproportionate burden of diabetes, past strategies have not addressed cultural characteristics of groups typically underrepresented in diabetes research. Recent research literature on the development of culturally competent diabetes self-management is summarized and an example of a culturally competent intervention designed for Spanish-speaking Mexican Americans is presented. Recent research is laying the foundation for future intervention development to meet the cultural needs of racial/ethnic groups.
Publication Types:
Review
Review Literature

PMID: 12643136 [PubMed - indexed for MEDLINE]

6: EDTNA ERCA J 2002 Oct-Dec;28(4):160-3, 169
Patient flow analysis and referrals--how 1,137 ESRD patients started dialysis during 1998-1999.
Paris V, Ballerini L; Gruppo Italiano Multidisciplinare Educazione Pre-dialisi.
Baxter SPA, Milano, Italy. parisv@Baxter.com

The study consisted in collecting and analysing data from 15 dialysis centres on referral modalities of 1,137 patients with end-stage renal failure starting renal replacement therapy. All the centres in question had implemented PFA Patient Flow Analysis, a management programme for pre-dialysis care from Baxter designed to help improve the collection of data on dialysis patients, from the first visit to a centre through to the start of renal replacement therapy. The aims of the study were threefold: a) describe patient referral modalities and the eligibility of patients for renal replacement treatment; b) determine how many early referrals (ERs) and late referrals (LRs)* have a permanent PD (Peritoneal Dialysis) or HD (Haemodialysis) access at the first treatment; c) for the main outcomes (permanent access at the first treatment and permanent

dialysis treatment), compare the performance of centres that offer enhanced education with those that do not. The main characteristics (sex and age) of ERs (54%) are comparable to those of LRs. However, ERs generally have greater access to PD or the opportunity to choose the dialysis treatment. The vast majority (86%) have permanent access at the first dialysis treatment and a large number (44%) have PD as permanent dialysis treatment. Centres with structured pre-dialysis educational programmes experience a larger number of ERs, therefore ensuring better outcomes. For example, 66.3% of patients at centres with structured pre-dialysis educational programmes (compared to 48.2% at centres without enhanced education) start the dialysis treatment with permanent access; and more patients (40% vs. 22%) receive permanent PD.
Publication Types:
Evaluation Studies

PMID: 12638927 [PubMed - indexed for MEDLINE]

7: EDTNA ERCA J 2002 Oct-Dec;28(4):176-9
Patient education in renal transplantation.
Akyolcu N.
College of Nursing, Istanbul University, Istanbul, Turkey. nakyolcu@yahoo.com
Renal transplantation is the surgical implantation of a human kidney from a compatible donor into a recipient. Renal transplantation is a means of restoring renal function to normal in most patients, thus allowing a return to a healthy lifestyle. Patients and their families often ask nurses for health information. Professional nurses must ensure that patients and families understand the transplantation and therapeutic regimen and provide health education. It should be remembered that certain physiological, psychosocial and pathological conditions might inhibit the education process. Before renal transplantation the patient's understanding of the procedure and follow-up regimen and also the patient's ability to cope with a complex medication regimen are assessed. The nurse and the patient and family should work together to set realistic, achievable goals, the aims of which are mutually agreed. The agreed goals of health education should be documented in a care plan, which will also provide reinforcement for both the nurse and patient.
Publication Types:
Review
Review, Tutorial

PMID: 12638932 [PubMed - indexed for MEDLINE]

8: J Gerontol Nurs 2003 Feb;29(2):37-44
Group diabetes patient education. A model for use in a continuing care retirement community.
Wendel I, Durso SC, Zable B, Loman K, Remsburg RE.
Division of Geriatric Medicine and Gerontology, Johns Hopkins University, School of Medicine, Johns Hopkins University, School of Nursing, Baltimore, Maryland, USA.

PMID: 12640863 [PubMed - indexed for MEDLINE]

9: JAMA 2003 Mar 26;289(12):1508-9; author reply 1509
Comment on:
JAMA. 2002 Nov 20;288(19):2469-75.
JAMA. 2002 Oct 16;288(15):1909-14.
Self-management of chronic disease.

Rukeyser J, Steinbock C, Agins BD.
Publication Types:
Comment
Letter

PMID: 12672759 [PubMed - indexed for MEDLINE]

10: JAMA 2003 Mar 26;289(12):1508; author reply 1509
Comment on:
JAMA. 2002 Nov 20;288(19):2469-75.
Self-management of chronic disease.
Etzwiler DD.
Publication Types:
Comment
Letter

PMID: 12672760 [PubMed - indexed for MEDLINE]

11: Nephrol News Issues 2003 Jan;17(2):51-2
Medicare medical nutrition therapy--one year later.
Pavlinac J.
Oregon Health & Science University, Portland, Oreg., USA.

PMID: 12629827 [PubMed - indexed for MEDLINE]

12: Occup Health Saf 2002 Dec;71(12):20, 22
Linked by pain. Injured and ill workers can find many kinds of help online.
Wade EL.

PMID: 12638590 [PubMed - indexed for MEDLINE]

13: Orthop Nurs 2003 Jan-Feb;22(1):42-7
Patient empowerment after total hip and knee replacement.
Loft M, McWilliam C, Ward-Griffin C.
St. Joseph's Health Care, London, Ontario, Canada.

PURPOSE: This research was designed to gain an enhanced understanding of empowerment within in-home care relationships after hospital discharge of elderly patients who had undergone total hip or total knee replacement. METHOD: An interpretive phenomenology method was used. SAMPLE: Nine participants were interviewed on audiotape, guided by a semistructured interview guide. Five themes emerged centering on a strong desire to maintain independence. Overall, participants experienced disempowered relationships with professional in-home care providers and a more equitable empowered relationship with nonprofessional care providers. CONCLUSION: Disempowered relationships with professional personnel were not identified as a dissatisfier to most participants. Rather, patients expressed deference to the traditional expert model of healthcare. Further investigation is needed to understand the effect of empowerment on client satisfaction and clinical outcomes.

PMID: 12640951 [PubMed - indexed for MEDLINE]

14: RN 2003 Feb;66(2):36-40; quiz 41
Are you assessing for melanoma?
Hayes JL.

Mercy Hospital, Scranton, Pa., USA.
Publication Types:
Review
Review, Tutorial

PMID: 12640767 [PubMed - indexed for MEDLINE]

15: S C Nurse 2003 Jan-Mar;10(1):16-9
Comment in:
S C Nurse. 2003 Jan-Mar;10(1):4-5.
REACH 2010: Charleston and Georgetown Diabetes Coalition approaches to reducing disparities for African Americans with diabetes.
Jenkins C.
Publication Types:
Review
Review, Tutorial

PMID: 12629837 [PubMed - indexed for MEDLINE]

16: Semin Oncol Nurs 2003 Feb;19(1):43-51
Risk assessment and early detection of skin cancers.
Maguire-Eisen M.
South Shore Skin Center, 45 Resnik Road, Suite 102, Plymouth, MA 02360-4843, USA.

OBJECTIVES: To describe a systematic method for skin cancer assessment, applying current standard practices for integration into nursing practice. To provide the fundamentals of performing a skin cancer assessment for the nonmelanoma skin cancers, basal cell carcinoma, and squamous cell carcinomas, and melanoma. Included in this discussion are risk profile calculations, mechanics of skin cancer assessment, descriptions of suspicious lesions, patient management, and follow-up. DATA SOURCES: Textbooks, research, review of the literature, and clinical experience. CONCLUSIONS: Skin cancer assessment is a skill that nurses can learn and implement into practice. IMPLICATIONS FOR NURSING PRACTICE: Knowledge and practice of good skin cancer assessment skills enhances nursing competence and positively influences patient outcomes.
Publication Types:
Review
Review, Tutorial

PMID: 12638380 [PubMed - indexed for MEDLINE]

17: Semin Oncol Nurs 2003 Feb;19(1):32-42
Diagnosis and management of high-risk and metastatic melanoma.
Hollis G, Recio A, Schuchter L.
University of Pennsylvania School of Nursing, 420 Guardian Dr, Philadelphia, PA 19104, USA.

OBJECTIVES: To identify treatment modalities and corresponding nursing implications for the high-risk and metastatic melanoma patient. DATA SOURCES: Texbooks, research articles, and professional experience. CONCLUSIONS: Recent advances in the field of melanoma include identification of prognostic factors, refinement of surgical techniques, and identification of effective adjuvant therapy. Novel therapies are currently under investigation. IMPLICATIONS FOR NURSING PRACTICE: Nurses play a vital role in the treatment of melanoma patients

through education regarding their disease and treatment options, patient identification for clinical trials, and intensive monitoring and management for treatment-related side effects.
Publication Types:
Review
Review, Tutorial

PMID: 12638379 [PubMed - indexed for MEDLINE]

18: Semin Oncol Nurs 2003 Feb;19(1):70-7
Psychological adjustment to the melanoma experience.
Boyle DA.
Good Samaritan Regional Medical Center, 1111 E. McDowell Rd, Phoenix, AZ 85006, USA.
OBJECTIVES: To provide a review of the literature on the psychological adjustment to malignant melanoma. DATA SOURCES: Research reports and review articles. CONCLUSIONS: Three prominent themes evolved from the literature: (1) delineation of issues concerning long-term survivorship and quality of life following a diagnosis of melanoma; (2) coping with metastatic and end-stage melanoma; and (3) identification of the possible link between immunomodulation and the evolution of melanoma. IMPLICATIONS FOR NURSING PRACTICE: Oncology nurses must individualize their support and counsel according to the potential trajectory of the patient's melanoma experience. Nurses need to identify an individual's risk for psychological distress and help them enhance coping skills.

Publication Types:
Review
Review, Tutorial

PMID: 12638383 [PubMed - indexed for MEDLINE]

19: Thorax 2003 Feb;58 Suppl 1:i1-94
British guideline on the management of asthma.
British Thoracic Society.; Scottish Intercollegiate Guidelines Network.
Publication Types:
Guideline
Practice Guideline

PMID: 12653493 [PubMed - indexed for MEDLINE]