

Long-Term Care Survey Alert

Survey & Clinical News To Use

Looking for a way to get attending physicians on board with providing more non-pharmacological remedies for behavioral symptoms? Education may be the key. Physicians who possessed knowledge of a greater number of non-pharmacological approaches were more likely to actually use them in clinical practice, according to findings from a web survey of nursing home physicians reported in the September 2008 Journal of the American Medical Directors Association. In rating the cause of behavioral symptoms, the physician respondents viewed medical and mental health issues and "system/environment/staff/care problems" as being the culprit as often as they did dementia. And the physicians had more positive attitudes toward use of nonpharmacological treatment for behaviors than they did toward psychotropic medication, according to an abstract of the study. As for barriers to using nonpharmacological methods: the respondents identified staff requests for medication and insufficient resources.

Elderly patients who use antipsychotic medications may be at higher risk for pneumonia. Those who took the drugs had a 60 percent higher risk of developing pneumonia than those who didn't use the meds, according to a study published in a recent issue of the Journal of the American Geriatrics Society. The highest risk for developing pneumonia occurred in the first week of use, and declined gradually after that point.

Time to change blood pressure meds? Researchers at **Boston University School of Medicine** have found that angiotensin receptor blockers or ARBs may have a protective effect that reduces the chance that people taking the medications will develop Alzheimer's disease or other dementias. The findings were presented during the 2008 **International Conference on Alzheimer's Disease** in Chicago.

Not only that: Alzheimer's or dementia patients taking ARBs were significantly less likely to be stricken with delirium, according to the study.