President’s Message

Celebrate 30 Years of Service, Expertise, and Growth

Happy New Year! This year marks the 30th anniversary of our organization. Looking back, it was a special 3 decades for GAPNA and for advanced practice nursing (APN). The many contributions APNs provide to improve the quality of health care are more and more often recognized by those both inside and outside of health care. Provider-neutral language is not only more prevalent in law and policy, but in advertisements, commercials, and even in comic strips! To say we have arrived may be overestimating our successes, but we certainly are moving rapidly down the road.

With so many things to celebrate in 2011, it is important to keep in mind the rhetorical question in Robert Burns’ famous poem, “Should Auld acquaintance be forgot and never brought to mind?” While we are looking ahead, we should remember to honor those who came before us, who helped to forge our pathway, the founding members who created the National Conference of Gerontological Nurse Practitioners to provide continuing educational opportunities for NPs caring for older adults. The last decade brought a new name, Gerontological Advanced Practice Nurses Association (GAPNA), to reflect the growing diversity of our membership, but it didn’t mean we were abandoning our heritage. GAPNA’s 30th Annual Conference, September 14-17, 2011, in Washington, DC, is an opportunity to celebrate the work of those founding NPs as we also address the current state of practice and policy and look ahead to the challenges of the future.

The conference planning committee is working diligently and has set a goal of 500 APNs for attendance! This is ambitious, but with increasing emphasis on the importance of specialized gerontologic knowledge for nurse practitioners in all health care settings, we have a valued commodity and it is one we need to proudly sell to our APN colleagues. If each nurse who attended the energizing conference last year brought one friend, we would easily surpass that goal. Do you know a nurse who cares for older adults? Invite her/him to come with you to celebrate the 30th anniversary of GAPNA, enjoy the nation’s capital, and learn cutting-edge clinical, practice, and policy information that can improve the care gerontological nurses provide each day.

The conference is only one of many opportunities GAPNA provides to learn and grow in your professional career. There are so many ways to get involved right now. We have 17 local chapters (see page 6) and they are more active than ever. Go to the GAPNA web site and check out the dates and times of their local educational meetings. It’s never too late to join one of our committees (Appraiser Unit, Education, Health Affairs, Historical, Member Services, Practice, and Research) or a Special Interest Group (Assisted Living, Hospice/Palliative Care, House Calls, LTC/Nursing Home, and Transitional Care). The contact information for these chapters is also available on the GAPNA web site. We have a new web editor, George Smith (see page 2), and he is planning to use GAPNA’s Facebook page to communicate more often with

Call for Awards Nominations

It’s that time again to recognize the outstanding contributions of GAPNA members with the GAPNA Awards nominations. Six awards will be presented at the GAPNA Awards Dinner during the 30th Annual Conference, September 14-17, 2011, in Washington, DC.

❖ Chapter Excellence
❖ Excellence in Clinical Practice
❖ Excellence in Community Service
❖ Excellence in Education
❖ Excellence in Leadership
❖ Excellence in Research

Nominations are due by June 1, 2011. For a more detailed description of each award and a nomination form, visit www.gapna.org

Call for Nominations: 2011 Election

GAPNA is seeking qualified and dedicated candidates for the following positions in the 2011 election: president-elect, treasurer, director-at-large, and nominating committee member (two positions).

A candidate must have been an active member of GAPNA for a minimum of 1 year preceding nomination. Nomination does not guarantee that a person’s name will appear on the final slate.

Position descriptions and a Nomination and Consent Statement can be downloaded from GAPNA’s web site (www.gapna.org). Completed candidate packets must be returned by April 1, 2011.

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Grant Opportunities from the GAPNA Foundation

Working on your DNP or PhD or doing a clinically relevant research or innovative program in your site? Take advantage of your GAPNA membership and apply for one of the GAPNA Foundation research or project awards. Funding will cover study-related activities in the 12 months following the award.

The Foundation Board is dedicated to supporting GAPNA members in the development of new knowledge related to care of older adults, as well as in the dissemination and use of evidence-based interventions and treatment in real-world settings. Applications are available online at: www.gapna.org/gapnaf/foundation-awards.html

2011 Call For GAPNA Foundation Grant Awards

The Gerontological Advanced Practice Nurses Association Foundation is pleased to announce the call for the two 2011 Foundation Grants.

Grants/Awards Available:
Original Research and Clinical Project

Applications are due May 16, 2011.

General Eligibility Requirements
• Applicants must be a current GAPNA member. If you are not a current member, please include a GAPNA membership application and fee with the grant application.
• Members may apply for more than one grant.
• Awards are limited to one per year per person.

The proposal must be relevant to the care of adult adults.
• Evidence based: Examines and/or provides support for decision making in clinical practice.
• Outcomes based: Designed to measure and improve health outcomes for older adults.
• Grants must be used during the 12 months following award.
• Grant funds will be used strictly for expenses related to the proposed research.

The reviewers will evaluate the application using the following criteria:
• Overall impact
• Innovation
• Significance
• Approach
• Investigator
• Environment

Call for Poster Abstracts: 2011 Conference

GAPNA is currently accepting clinical and research poster abstracts for the 2011 Conference, to be held in Washington, DC, from September 14-17, 2011. The due date for poster abstracts is July 15, 2011.

Please visit the GAPNA web site at www.gapna.org for abstract submission guidelines or contact the National Headquarters via GAPNA@ajj.com for more information.

Find GAPNA on Facebook

Take advantage of the benefits (and fun!) of social networking on the GAPNA page on Facebook (www.facebook.com/GAPNA). Facebook connects friends, co-workers, and others who share similar interests. On GAPNA’s page, you can start a conversation, share photos, discuss gerontological nursing, and much more. The page gives you one more way to interact with nurses and others interested in GAPNA and our specialty. To become a fan, visit GAPNA’s page (www.facebook.com/GAPNA) and click the “Like” button.

President’s Message
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the membership. If you are on Facebook, please connect with GAPNA by visiting www.facebook.com/GAPNA and clicking the “Like” button. Ask your family, friends, and colleagues to do the same. The more connections, the more the conversation can grow and extend GAPNA’s reach!

Make it one of your New Year’s resolutions to get more involved in the organization of choice for advanced practice nurses working with older adults. Thank you.

Evelyn Duffy, DNP, GNP/ANP-BC, FAANP
President

George Smith Appointed Web Editor

George Byron Smith, MSN, APRN, GNP-BC, an assistant professor, college of nursing, South University, Tampa, Fl, and an internal medicine practitioner in long-term care, has been appointed editor of the GAPNA web site. George has been a nurse for over 25 years and a gerontological nurse practitioner for more than 12 years. Prior to becoming a GNP, his nursing practice included geriatrics, medical-surgical, and psychiatric-mental health nursing. He obtained his BSN and MSN in nursing management from The University of Texas. He has a post-graduate certificate as a GNP from the University of South Florida and is currently a DNP student at Case Western Reserve University.

He is enthusiastic and has a strong belief in the professional responsibility to be involved at the local and national levels to advocate for older adults and the nursing profession. Contact George at gbsmith@southuniversity.edu with questions, comments, and ideas for the GAPNA web site and Facebook page. Become a fan of GAPNA on Facebook and connect with your colleagues.
GAPNA, a blueprint for improving health care and remodeling the current health care system to ensure high-quality, patient-centered care through nursing leadership. Look for it on the GAPNA web site.

Another important project that is a direct result of the Affordable Care Act of 2010 is the Graduate Nursing Education (GNE) demonstration project. Grants will be awarded, starting in 2012, to organizations that meet the criteria to develop GNE programs. APN organizations are working hard to make recommendations so the demonstration projects are designed in a way to ensure success. We do not want to replicate the medical model that emphasizes hospital care and Medicare multipliers to define the GNE program.

On an exciting note, the GAPNA Health Affairs Committee has awarded its 2nd Annual Health Affairs Scholarship for 2011. This year’s recipient is Margo Packheiser from North Carolina. Thanks to the scholarship, she will attend the American College of Nurse Practitioner Summit in Washington, DC, on February 25-28, 2011. We look forward to hearing about her experience and ideas in the next GAPNA Newsletter.

As we begin the 112th Congress, make sure you have contact information for your new Congressional and state legislators. Email them and let them know you are an advanced practice nurse, tell them what you do, and offer to assist them when they need information about health care. A listing of legislators is located at www.capwiz.com

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Health Affairs Committee

Member Services Committee Supports Chapters

As a way to encourage membership growth in GAPNA, chapter presidents automatically become members of the Member Services Committee. The committee serves the chapter presidents by holding monthly teleconferences, where they can address concerns regarding how to run their chapters effectively. Over the past year, we worked hard to make the transition to dual dues go as smoothly as possible for our chapters. We also welcomed a new chapter, the Florida Gulf Coast, to our membership.

This year, we hope to:
- Help chapters find new ways to engage members who live in outlying areas, using tools like virtual meetings and conference calls.
- Develop a toolkit to help chapter presidents with their duties.
- Continue to encourage leadership development in GAPNA.
- Continue to encourage membership growth, as well as develop effective member-retention strategies.

If you are interested in assisting the Member Services Committee, contact the GAPNA National Office.

Want to form a new local chapter? The Member Services Committee would love to help you do just that. Feel free to contact me with any questions about how to start a local chapter! I would be happy to provide you with guidance on how to get the process started.

Jennifer Serafin, MSN, RN, GNP
Chair, Member Services Committee
JSerafin@jhsf.org

Historical Committee Plans for 30th Anniversary

The 30th anniversary GAPNA Conference is September 14-17, 2011, in Washington, DC. All of the clichés “You’ve come a long way baby,” “Just one step at a time,” “It only takes a few to make a difference,” and finally “There is power in numbers,” apply to the rich history of this organization. The Historical Committee is hard at work organizing the boxes and boxes of documents collected over the years. Before the documents are archived at one of the available nursing history libraries, they will be shared with members and attendees at the 2011 conference. We will travel down memory lane telling the story of this great organization. How did this conference and organization get started? What were the challenges the founders endured? Who can we thank for continuing to move us forward to be a stellar advanced practice nursing organization? Plan on attending a dinner to celebrate those who came before us and those who continue to lead us. If you have some historical documents to contribute, please contact Kathy Fletcher (krl8d@virginia.edu) or Trudy Keltz (takgnp@aol.com).

Colleen Wojciechowski
Historical Committee
Colleen.Wojciechowski@va.gov
NCSBN Holds a Summit: GAPNA Is There

The National Council of State Boards of Nursing (NCSBN) held a summit to share insights on the current status of the campaign for APRN consensus. The campaign is focused on implementation of standardizing regulatory requirements across all states and the District of Columbia. The summit was designed to unite APRNs, promote uniformity, and foster collaboration. The presentations and discussions focused on providing information for advancing the Consensus Model for APRN Regulation within each state. The summit is one of many activities that NCSBN will be conducting to promote the model and show commitment to APRN uniformity. The APRN Consensus Model was designed to provide the following benefits:

- Facilitate APRN mobility.
- Ensure public safety.
- Increase access to health care.
- Advocate appropriate scope of practice.

GAPNA has supported the model and its endorsement by the NP Roundtable of which GAPNA is an active member. The model is the product of substantial work of 144 representatives who formed the APRN Joint Dialogue Group.

Pat Kappas-Larson, MPH, APN-C, FAAN
Immediate Past President

Barbara Resnick Elected AGS President

GAPNA member Barbara Resnick, PhD, CRNP, has been elected the first nurse president of the American Geriatrics Society (AGS). She will assume the presidency during the AGS Annual Scientific Meeting, May 11-14, 2011, near Washington, DC. You can meet Barbara and other gerontologic nurse leaders during a nurses breakfast, panel discussion, and networking session on May 12. For more information, visit www.americangeriatrics.org.

MJ Henderson
mj@mjhsb.com

Nominating Committee Seeks Input

The Nominating Committee would like your input regarding possible candidates for this year’s GAPNA election. Please take a moment to review the available positions and consider your capacity to serve GAPNA. Ask not what GAPNA can do for you, ask what you can do for GAPNA. Then complete the nomination form, which can be downloaded from GAPNA’s website, and return by April 1, 2011. Many thanks for your concern for the leadership and the future of GAPNA.

MJ Henderson
Chair, Nominating Committee
mj@mjhsb.com

Clinical Research Corner

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For more info, see Wang, P.S. et al. (2010). Impact of drug cost sharing on services use and adverse clinical outcomes in elderly receiving antidepressants. Journal of Mental Health Policy and Economics, 13, 37-44.

Rural Elderly with Dementia Are Hospitalized More Often for Conditions That Primary Care Visits Might Have Caught

Seniors who suffer from dementia and live in rural areas are more likely than city dwellers to end up hospitalized for conditions that could have been prevented if better outpatient care were available near their pastoral surroundings, a new study finds. Researchers linked survey data from the 1998 National Longitudinal Caregiver Survey with Medicare and Veterans Affairs claims data from 1,186 U.S. veterans who suffer from dementia. They found that 13% of veterans had at least one “ambulatory-care-sensitive hospitalization.” This term refers to a condition in which timely primary care in an outpatient setting would have reduced the need for a hospitalization.

Veterans with dementia who lived in rural areas were at higher risk for an ambulatory-care-sensitive hospitalization than veterans in metropolitan areas (22.6% vs. 12.8%). When ample community health clinics and primary care providers were available, rural residents’ chance of having ambulatory-care-sensitive hospitalizations decreased.


Pat Kappas-Larson, MPH, APN-C, FAAN
Immediate Past President
Florida Golf Coast and FL-GAPNA

On October 30, 2010, during the Florida Medical Directors Association (FMDA) Best Care Practices Conference, there was a joint meeting of FL-GAPNA and the Florida Gulf Coast Chapters. Attendees enjoyed an excellent conference and meeting space was arranged, at no cost to the chapters, by Ian Cordes, executive director of FMDA. GAPNA was given free booth space during the meeting and members from both chapters volunteered to “man the booth.” It was gratifying to see how much interest there was from more than just nurse practitioners and physician assistants in attendance. It is an ongoing challenge to increase and maintain the interest of all members, not to mention establishing and reaching goals, but we are committed!

Topics discussed were prescribing authority for advanced practice nurses in Florida, goals of both chapters, and discussion on how the state was separated into two chapters. The dues structure was also explained and all agreed that it was very beneficial to the state chapters. The meeting was led by Bea Matthews (Gulf Coast) and Jo Ann Fisher (FL-GAPNA). There was interest from a practitioner in attendance about starting a chapter in the panhandle and followup support was offered to her. All in attendance were interested in having a joint CNE event in 2011, or 2012 if unable to organize an event as early as 2011. There was a concern about the multiple educational events held in Florida and it was agreed that we would have to research annual meetings to avoid competition. There was a strong interest in reaching out to the NP students in the colleges and universities throughout the state. We all agreed to continue meeting quarterly. The Gulf Coast Chapter will continue to meet in Tampa primarily, but will attempt to have some satellite meetings as well to try to reach out more to their members. FL-GAPNA will continue to meet in the northeast, central, and southeastern sections of the state.

Jo Ann reminded everyone the next GAPNA Annual Conference will be September 14-17, 2001 in Washington, DC. See you all there!

Jo Ann Fisher
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Great Lakes

What a busy summer, ending with a fabulous time in Albuquerque, NM. Approximately 13 chapter members attended GAPNA’s 2010 Annual Conference and enjoyed every minute. We were very proud to be present, especially at the awards reception, where the winner of our chapter’s “Award for Excellence in Clinical Practice,” Phyllis J. Collier, NP, was recognized.

The year was very busy with the conference planning committee working toward our chapter’s 3rd Annual Geriatric Conference, “Advancing Excellence in Geriatric Care,” held at the historic Marriott Dearborn Inn (right across from Greenfield Village) on November 6, 2010. Our state’s NP organization, MICNP, was again of great assistance by handling registration through their on-line site (www.micnp.org). The chapter committed to sponsoring an annual conference in 2008 and since has gained much success and notoriety throughout the state, drawing participants from Upper Lower Michigan to the Ohio border and from Lake Huron to Lake Michigan. Because of the success and growth of the conference, the chapter has been able to undertake many special educational and professional initiatives. 2009 marked the first year of the chapter’s NP Student Scholarship Award given in the amount of $500. This year, the award was increased to two $1,000 awards.

The NP Student Mentorship Night/Program is another growth initiative being planned annually. The program premiered October 21, 2010, providing an opportunity for soon-to-be-NPs to network and discuss just what it takes to enter practice. The program is designed to link NP students to experienced NP mentors so that there is a support network for the newly practicing NP.

Additionally, the chapter has committed $1,000 in partnership with the MICNP “APRN Coalition” as our state pursues “Right to Write” legislation and provide clarity to APRN Scope of Practice in the Public Health Code.

Lastly, like other chapters, the Great Lakes Chapter is finalizing the design and links for our web site. We are planning to obtain a domain name and make sure there are links to the GAPNA web site as well as our state’s NP organization (MICNP).

Mary Jane Favot, MSN, GNP-C
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Great Lakes

The chapter’s finish of 2010 proved to be very exciting. The 3rd Annual Geriatric Conference, “Advancing Excellence in Geriatric Care,” on November 6 was very successful, attended by over 90 participants and supported by exhibitors and vendors from academic, pharmaceutical, and publishing fields. The day was filled with informative speakers, great exhibits, three posters by chapter members, networking, membership invitations, good food, and raffles supporting our APRN Student Scholarship Award Program.

Gina Ferrara (l) and Deborah Turner each received $1,000 through the Great Lakes Chapter APRN Student Scholarship Award Program.
The 3rd Annual Great Lakes Chapter Geriatric Conference was attended by over 90 participants.

This year, two NP students each received scholarship monies in the amount of $1,000. The students, Deborah Turner from Madonna University and Gina Ferrara from Oakland University were present to receive their awards and support by members.

The chapter held its first NP Student Mentorship Night on October 21, 2010, at Madonna University. The program is designed as an interactive roundtable to assist NP students launch their careers through informative sessions with seasoned NPs. The evening was attended by 18 NP students from four nearby universities who were not only treated to a small repast and refreshments but were then exposed to important information provided by volunteer chapter members in four roundtable, concurrent, and repeating 20-minute sessions covering the areas of certification/credentialing/licensure, collaborative practice agreements/contracts/salary negotiation, billing and coding, and scope of practice. Evaluations from the night were outstanding with requests to see this type of activity again.

We were fortunate to have a speaker on “Prevention of Stroke in A. Fib” sponsored by Boehringer-Ingelheim at our Holiday Education and Business Meeting on December 16. A chapter survey was distributed during the business segment. Information from the survey will be compiled and results shared via newsletter with members. Results will provide feedback for the chapter and its board in the conduct of business and future direction of the chapter.

Mary Jane Favot, MSN, GNP-C 
Chapter President 
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Georgia

The Georgia Chapter has been diligently planning for its 2nd Annual Continuing Education Day to be held at the Emory Nell Hodgson Woodruff School of Nursing on Saturday, February 26, 2011. The keynote speaker will be Lisa Gwyther, director of the Duke Alzheimer’s Family Support Program and author of The Alzheimer’s Action Plan. Six credits of CNE will be offered. Register at www.georgia-gapna.org

The last quarterly business meeting was held November 9, 2010, featuring Lance LoRosso of the Lorosso Law Firm. Lance spoke on medical malpractice, including how to avoid a lawsuit and steps to take if a lawsuit is filed. This presentation was a well-received, informative event for our membership.

Annual elections will be held for president-elect, secretary, and treasurer at our next quarterly meeting in February. Candidates for office are currently being accepted. Meetings for 2011 will continue on a quarterly basis.

Katherine Abraham, MSN, FNP-C, GNP-BC 
Chapter President 
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Brief Tips on Research and Clinical Projects for the Gerontological Advanced Practice Nurse

A bout 30 members compose the GAPNA Research Committee whose expertise and interests provide expert consultation for planning the educational sessions at GAPNA’s Annual Conference and other goals. Following the success of last year’s pre-conference, the committee plans another pre-conference on project development and implementation at GAPNA’s 2011 Conference. There may also be a concurrent session during the conference on advanced topics like funding, institution review boards, qualitative analysis, quantitative analysis, survey development, or finding appropriate instruments.

Other current activities of the Research Committee include web site development, supporting Special Interest Groups, and overseeing the process of reviewing and evaluating abstracts. If you are interested in helping the Research Committee, contact the GAPNA National Office for more information. Below are some common questions and useful tips related to research and clinical project development.

What Is the Definition of Nursing Research?
According to the National Institute of Nursing Research, “Nursing research develops knowledge to
• build a scientific foundation for clinical practice
• prevent disease and disability
• manage and eliminate symptoms caused by illness
• enhance end-of-life and palliative care.”

Nursing research is used in the development of evidence-based practices that can be implemented at the bedside (http://www.ninr.nih.gov).

What Is the Definition of Evidence-Based Practice (EBP)?
According to Polit and Beck (2008), evidence-based practice is “broadly defined as the use of the best clinical evidence in making patient care decisions” (p. 3).

What Is a PICO Statement?
A PICO statement is a way of developing the framework for a clinical question in a clinical project EBP (Melnyk, Fineout-Overholt, Stillwell, & Williamson; Newhouse, Dearholt, Poe, Pugh, & White, 2007).

P - Patient/Population
I - Intervention/Issue of interest
C - Comparison intervention/Comparison group
O - Outcome

Some nurses use the mnemonic PICOT and add a “T” for Time.

Are There Different Kinds of Research?
In general quantitative research studies a phenomenon. Qualitative identifies a phenomenon. The method will depend upon the gaps in the literature, the research question, and how the nurse scientist can best contribute to nursing knowledge. Nurses use basic research to add to nursing knowledge and applied research for clinical problem solving (Polit & Beck, 2008).

How Is a Clinical Project Different from a Research Study?
Research studies test theories or interventions to provide evidence for clinical practice. The CONSORT web site at http://www.consort-statement.org provides nurse researchers with guidelines for reporting clinical trials. Clinical projects implement interventions for decision making in evidence-based practices at the bedside. There are many resources for clinical projects including http://www.nursejournal.org from the Agency for National Healthcare and Research Quality.

I Am a Gerontological Advanced Practice Nurse in a Clinical Setting. Do I Have a Responsibility for Nursing Research?
Research is not just an academic exercise! Whether it is the production of nursing research to provide evidence for protocols, or as a consumer of research who searches for the evidence for making clinical decisions, all advanced practice nurses have a responsibility to use best practice to provide excellence and quality care for older persons.

Often, older persons are not represented in research studies. Gerontological advanced practice nurses are the advocates and leaders who will pioneer excellence in nursing research and quality care for older adults.

What Are Some Resources for Gerontological Advanced Practice Nurses?
There are many available resources for gerontological advanced practice nurses. Future nurse researchers can apply for competitive pre doctoral and post doctoral scholarships from the John A. Hartford Foundation at http://www.geriatricnursing.org.

The Nurses Improving Care for Healthsystem Elders (NICHE) Programs use the Geriatric Resource Nurse Model to improve care for older persons in hospital settings. Nurses who are motivated to change nursing protocols can access the NICHE web site at www.NICHProgram.org.

The Center for Evidence Based Medicine (CEBM) from Oxford University can be found at http://www.cebm.net. The CEBM web site includes a glossary of terms, PowerPoint presentations on statistics and other topics, recommendations for developing a PICO statement, and many other helpful recommendations. The Monitoring and Diagnosis Oxford web site for chronic disease may be useful in finding evidence-based practices for older persons and can be found at http://www.cebm.net/index.aspx?o=1146.

The Patient Oriented Evidence that Matters or Daily POEMS is a web site with 4,022 summaries on research studies such as acupuncture, Alzheimer’s disease, and many research interventions that may be useful in clinical practice. Daily POEMS can be found at http://essential evidenceplus.com/content/poems.

Some resources for funding opportunities for gerontological research can be found at the following web sites:

• The National Institute of Nursing Research http://www.ninr.nih.gov
• The Agency for Healthcare Research and Quality http://www.ahrq.gov
• The Centers for Disease Control http://www.cdc.gov/od/pogo/funding/grantmain.htm
• Sigma Theta Tau International http://www.nursingsociety.org/research/main.html
• The Robert Woods Johnson Foundation http://www.rwjf.org/applications/index.jsp

References


Francisco Diaz, Patrick Luib, Melodee Harris and Maureen Smith
Common side effects of cancer treatment in the older adult include nausea, vomiting, and pain. These effects do not cease once treatment has stopped, but often last long into survivorship, and can become important end-of-life issues. In fact, in a recent study of long-term survivors of breast, prostate, and colorectal cancer, 40% reported at least one symptom related to cancer or treatment (Deimling, Bowman, Sterns, & Wagner, 2004) and concluded adults reported pain most commonly with 21% of those reporting pain relating it to cancer.

The body has four major triggers for nausea and vomiting: (1) chemoreceptor zone (CTZ), detecting blood toxins outside of the blood brain barrier; (2) the cortex, responding to changes in intracranial pressure, anxiety, or other sensory triggers; (3) peripheral pathways, including the gastrointestinal tract receptors and nerves; and (4) the vestibular system reacting to motion (Wood, Shega, & Lynch, 2007). The most common causes of nausea and vomiting in the geriatric oncology patient include chemotherapy-induced nausea and vomiting (CINV), opioid-induced, poor gastrointestinal tract motility, and malignant bowel obstruction. The mechanism behind CINV is multifactorial; however, it is generally thought that chemotherapy itself activates the CTZ (Wood et al., 2007). Opioid-induced nausea and vomiting is linked to dopamine receptor stimulation. These dopamine receptors are most often found in the gastrointestinal tract and in the periphery. Poor gastrointestinal motility also activates peripheral pathways. Bowel obstruction not only activates peripheral pathways but also stimulates the CTZ with inflammatory mediators. Individuals who have undergone surgery to the GI tract may have delayed gastric emptying as well.

Once the mechanism behind the nausea and vomiting is understood, medications can be chosen. Typically medications targeting the D2 receptor (metoclopramide, prochlorperazine, haloperidol) are good starting points as they work within the CTZ and in the gastrointestinal tract (Wood et al., 2007). If nausea is not relieved, it is more beneficial to add a second medication rather than switching to another medication (Wood et al., 2007). In someone who is suffering from delayed gastric emptying, adding metoclopramide or erythromycin/azithromycin has shown to be helpful. It is important to communicate to the pharmacy the reasoning behind placing a patient on erythromycin/azithromycin otherwise the patient may not receive it. Adverse drug effects and individual comorbidities should be evaluated when choosing additional medication.

Ondansetron and palonosetron are beneficial with CTZ activation, but can cause constipation and prolonged QT interval. Promethazine can successfully treat nausea and vomiting associated with the CTZ; however, urinary retention and extrapyramidal side effects (tremor, slurred speech, sedation, and anxiety) make this a suboptimal choice in the older adult (Fick, Cooper, & Wade, 2003; Wood et al., 2007). Patient compliance with medication is paramount. Older adults are more prone to medication side effects and may be taking multiple medications, so care should be taken when prescribing nausea medications. These medications should be scheduled and not ordered as needed. Targeted therapy has resulted in successful treatment of nausea and vomiting in up to 80%-90% of patients (Wood et al., 2007).
Clinical Research Corner

Nursing Home Users of Information Technology Start to See its Benefits

Compared with other health care institutions, nursing homes lag behind in their adoption of sophisticated health information technology (health IT) systems. However, those who do embrace these high-level systems are starting to recognize just how beneficial they are to improving patient care, according to a new study. They are also finding that such systems can have a positive impact on clinical support and even administrative activities.


Elderly Lung Cancer Patients Experience More Adverse Events During Chemotherapy than Younger Patients

Non-small-cell lung cancer (NSCLC) is primarily a disease of older persons, with 47% of patients being at least 70 years or older at the time of diagnosis. NSCLC causes 80% of lung cancer deaths and in one-half of such cases, the cancer has spread to other organs by the time of diagnosis. Chemotherapy can improve survival for NSCLC patients and it may have acceptable adverse event (AE) rates. However, a new study shows that elderly patients suffer more AEs than younger patients.

In the study of 1,371 patients with advanced NSCLC, 72% of those younger than 55 received chemotherapy, while only 47% of those aged 75 and older received chemotherapy. Older patients were more likely to experience AEs during treatment than younger patients. The highest AE incidence was among 65 to 74-year-olds, who suffered nearly twice as many AEs as patients 55 and younger. The researchers conclude that the tradeoff between the increased AEs associated with chemotherapy and reduced disease-related symptoms is a prime example of the need to include patient preferences in medical decision making.


Inappropriate Medications Raise the Risk of Adverse Drug Events among Older Adults

Reducing the use of inappropriate medications by older adults, along with decreasing the number of medications taken by this population, can reduce adverse drug events (ADEs), conclude Elizabeth A. Chrischilles, PhD, of the University of Iowa, and her colleagues. Because they take multiple drugs, older adults are especially susceptible to ADEs, which cause more deaths annually than motor vehicle accidents, breast cancer, or AIDS. In a prospective study of 626 Iowa Medicare recipients, the researchers found 22% of the group reported experiencing an ADE within the past year. Slightly more than half (51.4%) received at least one potentially inappropriate medication.

The most frequent inappropriate medications were drugs contraindicated for use in older adults and drugs that can produce a drug-disease interaction.


Benefits of Chemotherapy for Elderly Patients with Lung Cancer Must Be Weighed Against Risk of Long-Term Toxicities

A new, population-based study of the toxic impact of chemotherapy on elderly patients with nonsmall cell lung cancer (NSCLC) identifies a number of common short-term and long-term toxicities associated with treatment with different chemotherapy regimens. The researchers studied 14 different chemotherapy regimens and 50 toxicity-related problems. Overall, patients who received chemotherapy had 4.4 times the incidence of long-term toxicity than patients not given chemotherapy. Female patients, those with localized disease, and those with fewer medical conditions were more likely to have long-term toxicity.


Measure of Inappropriate Prescribing Predicts Risk of Adverse Drug Events in Older Adults

Older patients who receive inappropriately prescribed drugs are at greater risk of suffering adverse drug events (ADEs) than patients who only receive appropriate drugs. ADE risk can be predicted with a measure of inappropriate drug prescribing, according to a new study. The researchers used a 6-criteria, modified version of the 10-criteria Medication Appropriateness Index (MAI) to create numerical scores for each medication a patient takes.

Among the 236 elderly veterans completing the study, 14.4% experienced an ADE. Only the modified MAI score significantly predicted ADE risk, but the score on the original MAI or another widely used measure of drug appropriateness (the Beers criteria) did not.


For Elderly Patients with Depression, Cost-Sharing Insurance Policies Reduce Drug Use Without Increasing Use of Care

Many are concerned that patient cost-sharing policies incorporated in the Medicare Modernization Act may have unintended health consequences, if they reduce essential drug use among the elderly. After two cost-sharing insurance policies were introduced in British Columbia in 2002 and 2003, there was a decline in antidepressant initiation among the elderly, but this decline did not lead to adverse consequences indicated by greater use of other health care services, according to a new study. Neither the co-payment policy nor the co-insurance/income-based deductible policy had any significant effect on long-term care admissions, hospitalization rates, psychiatrist visits, or physician visits for elderly patients with depression.

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