

13th Annual HMO Research Network Conference

Abstracts from the HMO Research Network

With this issue, we include abstracts from the 2007 13th Annual HMO Research Network Conference held in Portland, Oregon, which focused on: "Building a National Research Model: The Future of HMO-Based Research."

From: *The Center for Health Research, Kaiser Permanente Northwest, City of Hope National Medical Center, Arizona State University College of Nursing & Healthcare Innovation, Southwest Borderlands, Kaiser Permanente Northern California, Portland State University, Southern Arizona Veterans Affairs Health Care System, and The University of Arizona*

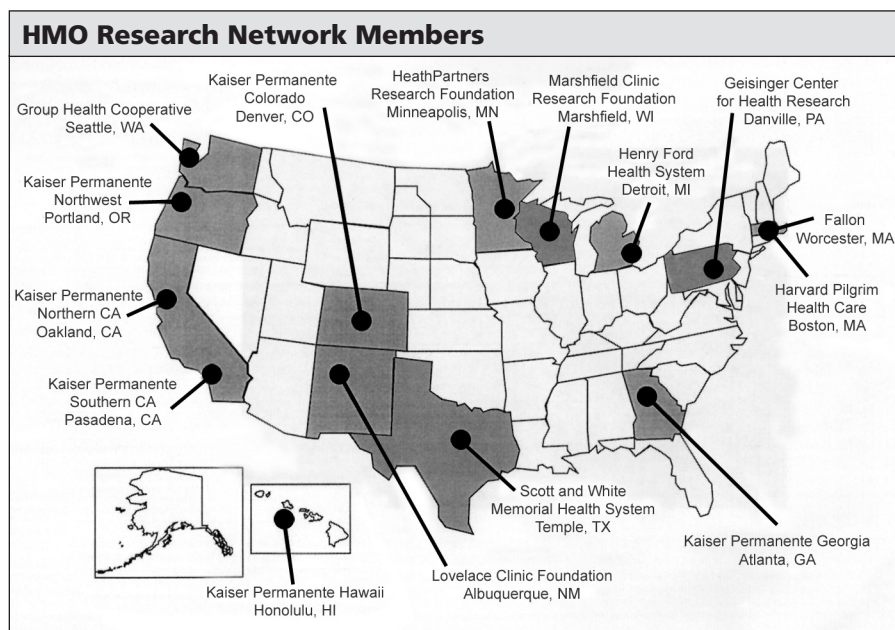
The greatest challenges reported by long-term colorectal cancer survivors with stomas.

Hornbrook MC, McMullen C, Grant M, Baldwin CM, Herrinton L, Ramirez M, Altschuler A, Mobler MJ, Krouse R.

AIMS: To assess the greatest challenges faced by colorectal cancer (CRC) survivors in managing their stomas and living with their cancers over the past five to 20 years or more.

BACKGROUND: The Institute of Medicine's report on cancer survivorship called for more research on the long-term medical and behavioral implications of living as a cancer survivor, including the late effects of chemotherapy, radiotherapy, and surgical therapies. In this study, we examine the qualitative stories of CRC survivors who have received permanent ostomies for treatment of CRC. Many of them have also received radiotherapy and chemotherapy.

METHODS: We surveyed all CRC survivors (at least five years postdiagnosis) with permanent stomas enrolled in Kaiser Permanente Northwest (KPNW) over the years 2000-2006 regarding their health-related quality of life. Patients were identified from tumor registries in Kaiser Permanente (KP) Hawaii, KP Northern California, and KPNW. Participants completed the City of Hope Colorectal Cancer



Quality of Life Survey and also completed open-ended questions about their greatest challenges in coping with their stomas, problems with the location of their stomas, and problems with managing their pouches. We used qualitative research techniques to identify key themes in each area. The investigator team coded each test entry independently. We reviewed discrepant codes and revised the coding form. A second round of review of the coded text responses was conducted until consensus was reached on all themes mentioned by respondents.

RESULTS: Essay responses included no problems and high levels of adaptation and functional abilities for patients with permanent stomas, problems with interference between pouch location and clothing, repeated infections of the stoma, problems with diarrhea and/or constipation, problems with diet selection and control, social phobia, sexual functioning, occupational functioning, and total disability.

CONCLUSIONS: Many high-functioning CRC survivors demonstrate cognitive and behavioral coping strategies that appear to be teachable skills to other CRC survivors. These can be employed with patients who recently have had stoma surgery or those who have more difficulties coping and adjusting to their change in body image, self-management requirements, and sexual needs.

From: *Kaiser Permanente Southern California; Boston College, School of Social Work*

Social network and risk of cognitive decline and dementia.

Crooks VC, Lubben J, Little D, Chiu V.

BACKGROUND AND AIMS: Emerging evidence suggests that social support and social networks may have a positive impact on cognition and a protective effect against the development of dementia. This study examined the relation of social network and social support to the incidence of dementia.

METHODS: This prospective cohort study from 2001 through 2005 included 2249 women over 75 years of age from KP Southern California who were dementia-free in 2001 and had at least one additional follow-up interview. Cognitive status was assessed annually using a multistage classification approach that included the Telephone Interview for Cognitive Status—modified (TICS_m), the Telephone Dementia Questionnaire (TDQ), and medical record review. Social support was assessed using the Lubben Social Network Scale (LSNS). We used the Cox proportional hazards model to estimate the hazard ratios (HR) for incident dementia, adjusting for age at entry, education, depression, and medical conditions.

RESULTS: Social network scores, frequency of contact and satisfaction with contact were associated with dementia risk. There were 260 incidence cases of dementia during follow-up. Compared to women with low social networks, hazard ratios for incident dementia for women with higher social networks were 0.62 (95% CI 0.39, 0.97) for three to six times weekly, and 0.58 (95% CI 0.38, 0.89) for daily contact. Satisfaction with amount of contact also reduced the risk of dementia with an adjusted HR of 0.61 (95% CI 0.43, 0.88).

CONCLUSION: This study provides additional

evidence that strong social networks may have a protective effect on the cognitive function of older women.

From: Psychiatry, University of Massachusetts Medical School/ UMMHC, Worcester, MA, UMMHC/Clinton Hospital, Clinton, MA

Community screenings for depression and cognitive decline.

Shteinlukbt TP, Murray P.

BACKGROUND: Community screening for depression and cognitive decline are used to identify those who may benefit from further interventions and direct them to appropriate sources of care. We studied effectiveness of community screenings in achieving the above-mentioned goals.

METHODS: Eighteen older adults were evaluated during Depression and Memory Screening Day offered by UMMHC/Clinton Hospital geriatric psychiatry program. Mini Mental Status Exam (MMSE) and Geriatric Depression Scale (GDS) were administered, clinical assessment performed by geriatric psychiatrist and appropriate referrals given. Telephone follow-up was done in an attempt to identify compliance with recommendations.

RESULTS: GDS scores and clinical evaluation indicated that 64% of subjects had no depres-

sion, 29% mild depression and 7% severe depression. Referrals to psychiatry outpatient clinic were made. Follow-up called revealed 60% of the referred subjects were not able to recall what was advised through only 20% had problems with recall on MMSE. Twenty percent vaguely remembered advice but didn't follow-up. Those displayed attention problems on MMSE. Only 20% scheduled appointment. Twenty-nine percent scored 30/30 on MMSE and clinical evaluation warranted no further intervention. Twenty-one percent got 30/30 but appropriate referrals were made because assessment findings required further exploration. Thirty-eight percent scored 28-29/30, 7%—23/30, 7%—14/30 and all were referred to memory clinic/outpatient psychiatry. On the follow-up, 50% didn't recall what was advised though only 30% has problems with recall on MMSE. Thirty percent recalled that they were advised to see a doctor but 20% didn't make an appointment, 10% intended to make to follow-up. Only 10% did actually make an appointment.

CONCLUSIONS: Community screenings effectively identify target population. Ways to improve compliance with recommended interventions need to be further explored. ❖

The Time is Now

In the course of history, there comes a time
when humanity is called to shift to a new level of consciousness,
to reach a higher moral ground.

A time when we have to shed our fear
and give hope to each other. That time is now.

— Wangari Muta Maathai, PhD, b 1940, environmental and political activist, 2004 Nobel Peace Prize recipient