

A very practical approach to translating the evidence

Tieman JJ

Outline

- Evidence and Practice
- CareSearch/Palliative Care
- More than webpages: What Lies Beneath
- Exemplar Resources
 - Clinical Evidence
 - CareSearch Hubs
 - Search Filters
 - Research Data Management System
- Use and Evaluation

Evidence and Practice

Expectations of clinicians

- Changing health environment
- Population health
- Best practice/ EBM/Research evidence
- Multidisciplinary approaches
- Care coordination/continuity of care
- Currency of practice

Issues

- Finding the evidence
- Managing the evidence
- Building the evidence
- Applying the evidence



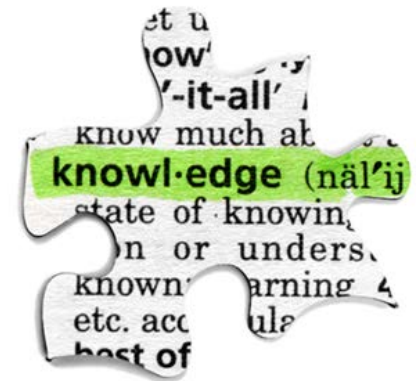
CareSearch/Palliative Care

About Palliative Care

- Cure is not the goal of care
- Referral based, multidisciplinary, comorbidity
- Care provided in many settings
 - Many health professionals
 - Family carer
- Patient and family as unit of care
- Expanding, diffuse knowledge base

Nature of the evidence base

- Multiple databases
 - Unique contribution from Medline, CINAHL, PsycINFO and Embase
- Size of literature base/Number of journals
 - 56,000 palliative articles in Ovid Medline alone
 - In 2005 - 6,983 citations in 1,985 journals (or 19 per day).
- Searching for palliative is complex
 - Indexing is not precise (9 MeSH terms and 3 textwords retrieved only 45.4% of the palliative care literature)
 - Not only in specialist journals (4% of general biomedical journal articles relevant to palliative care)
- “Missing” literature
 - Conference conversion rate low
Approximately 16% compared to average of 45%

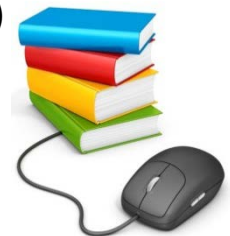


Palliative Care Context

- Population health considerations
 - Ageing population
 - Specific needs groups
 - Malignant, non-malignant
- Policy Drivers
 - Health reform agenda
 - National Palliative Care Strategies (1 &2)
 - National Palliative Care Program (2000-2010)
 - Senate report into palliative care in Australia
 - Living Longer, Living Better
- Models of care delivery

Background to CareSearch

- Funded by Department of Health and Ageing since 2006
- Purpose
 - *provide a one stop shop of information and practical resources that serves the needs of all providing palliative care or affected by palliative caresupporting the development of evidence, disseminating information that will support the translation of this evidence into practice and prevent duplication of effort around Australia.*
- Governance
 - Managed by Flinders University (Palliative and Supportive Services)
 - Knowledge Network Management Group
 - National Advisory Group
- Framing factors
 - For those providing palliative care (eg specialist services, GPs) and for those affected by palliative care (eg patients, carers,)
 - Relationship to the evidence and use of knowledge
 - Online





RESEARCH CAN IMPROVE
OUTCOMES FOR MY
PATIENTS. [FIND OUT MORE >>](#)



In the Community

- > For Patients, Carers, Families and Friends
- > Finding Services
- > What is Palliative Care?



Health Professionals

- > Clinical Evidence
- > Finding and Using Evidence
- > Professional Groups



Research/Education

- > Education
- > Research Resources
- > About CareSearch



QuickLinks

- > Order Resources
- > What's New
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CareSearch is funded by the Australian Government Department of Health and Ageing.



This site complies with the HONcode standard for trustworthy health information: [verify here.](#)



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For Patients and Families

- About Palliative Care
- Living With Illness
 - > Planning For The Future
 - > Financial Matters
 - > Continuing To Work
 - > Changes Over Time
 - > Emotional Challenges
 - > Why Is Communication Important
 - > Symptoms
 - > Complementary Therapies
 - > Support Groups
- How To Care
- At The End
- Bereavement, Grief and Loss
- Specific Groups
- Finding Out More
- Print Resources
- DO YOU NEED HELP NOW?
- Carer Needs Tool

Living With Illness

When you have a serious illness there are things to consider. This could be for you or for those around you.

You may want to think about your quality of life. What is important now? Whether you continue to work, how things are likely to change and how you can prepare for them is important. There is information here that can help in making informed choices.



[Living with Illness DVD](#)
[Ελληνικά](#) / [Italiano](#) / [广东](#)

Topics in this section look at:

- > [Planning for the future](#)
- > [Financial matters](#)
- > [Continuing to work](#)
- > [Changes over time](#)
- > [Emotional challenges](#)
- > [Communication](#)
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- > [Complementary therapies](#)
- > [Support Groups](#)

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More than webpages: What lies beneath

Knowledge Translation

- Knowledge to Action (KTA)¹: Project framework
 - Systematic approach to evidence identification/assembly
 - Contextualisation
 - Barrier analysis
 - Evaluation
- Research processes



1. Graham ID, Logan J, Harrison MB, Straus SE, Tetroe J, Caswell W, Robinson N. Lost in knowledge translation: time for a map? J Contin Educ Health Prof. 2006 Winter;26(1):13-24.

	Knowledge Creation			Action Cycle						
	Knowledge Inquiry	Knowledge Synthesis	Knowledge Tools	Problem Available	Adapt Knowledge	Assess Barriers	Intervention	Monitor Use	Evaluate Outcomes	Sustain
Project Activity: Macro	Evidence Overview	Review of Strategies (Haynes 6S)	Quality Manual	Scoping Study	Review of Web Design & Process	Review Aust Web Access/Use	CareSearch Website and Functions	Web Metrics	Evaluation Framework	Palliative Care Partnerships
Project Activity: Projects	RDMS - Research	Review Collection	PubMed Search Topics	PCOC NSAP	Audience identification	Consultation Workshop	User Testing	Livestats	Online surveys	Presentation Publication
	Grey Literature Database	Page Structure	Patient Information Picker	Consultation Tour	Page and Content Formats	Consultation Tour	NAG Working Groups	Google Analytics	Page view analyses	Community Engagement
	Automated Retrieval			Consultation Workshop	Web Design	Subgroup Feedback			Stakeholder Interviews	Project Partnerships
	PC filters AutoAlerts			NAG KNMG	Navigation				User Feedback	
Project Activity: Research	Bibliometric Analyses		Palliative Care Filter			eHealth Literacy Digital Divide	Translational Tools	Web Metric Analysis	ICT Evaluation	
			Heart Failure Filter			Online Learning	Carer Toolkit			
						Evidence Readiness				
						Consumer /Professional Search				
						Readability				
CareSearch: Project and Research Studies by KTA element										

Developing functionalities

- Develop functions and resources:
 - User needs
 - Evidence for formats, processes
- Facilitate knowledge translation
 - Relationship to the evidence
 - Relationship to the context

Exemplar Resources: Clinical Evidence

Clinical Evidence

- Topics with user community:
 - Symptoms, ACP, Diseases
- Syntheses of systematic or structured literature reviews
- Page structure
 - Key Messages
 - Implications for practice
 - Areas of contention
 - Facilitated access to the underlying evidence base:
References, PubMed Searches

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Obstruction

Respiratory Secretions

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> Delirium

> Depression

> End-of-Life Care

> Fatigue

> Nausea

> Pain

> Sleeping Problems

> Social Support

> Suffering

Family and Carer Evidence

Service Delivery Evidence

Specific Populations

Specific Diseases

Dyspnoea

Dyspnoea (shortness of breath) is described as 'an uncomfortable awareness of breathing'. [1] It is a subjective symptom which may not correlate with measurable physical abnormalities such as hypoxia. Treating the dominant cause of breathlessness, including the contributing co-morbidities, is likely to be most effective, but is not always possible.

Shortness of breath becomes more frequent in patients as their disease progresses, [2] is associated with a poorer prognosis, [3] and is usually multifactorial in patients with advanced disease.

What is known

Evidence supports the use of either oral or parenteral opioids for relieving the symptom of dyspnoea. There is no evidence to support the use of nebulised opioids, however. [4]

A recent meta-analysis has shown that oxygen does not improve symptoms of dyspnoea in cancer patients who are mildly or non-hypoxaemic, although there may be a sub-population who do experience benefit. [5-6] A systematic review found no strong evidence for the benefit of oxygen in patients with dyspnoea and advanced disease from any cause, although the numbers studied were very small. [7]

The use of nebulised frusemide for dyspnoea has been investigated. A recent systematic review suggests it is a promising approach, although the included studies were small and diverse. [8]

If drainage of a malignant pleural effusion is required and is clinically appropriate, evidence supports the effectiveness of thoracoscopic talc pleurodesis. [9]

Research from small trials supports non-pharmacological interventions including general support, breathing re-training, activity planning and adaptation strategies, counselling and relaxation. [1, 10] These are complex interventions and it is not clear which components in the package may be most effective. A recent Cochrane review has not identified strong evidence to support these interventions, however, most studies were not done in a palliative care population and were small. [11] Nurse or physiotherapist-led interventions including breathlessness clinics may improve management of dyspnoea in palliative care patients with lung cancer. [12] For Chronic Obstructive Pulmonary Disease (COPD) patients who are able to participate in pulmonary rehabilitation, there is evidence of a clinically significant benefit in terms of dyspnoea, fatigue and wellbeing. [13]

Benzodiazepines are frequently prescribed for management of distress associated with dyspnoea, but have not been well studied. They were not of benefit in four out of five randomized controlled trials when used in COPD, [14] but numbers were small.

PubMed Searches

Dyspnoea

Free full text only

[Strongest evidence](#)

[Everything](#)

All citations

[Strongest evidence](#)

[Everything](#)

[Last 3 months](#)

[About these searches](#)

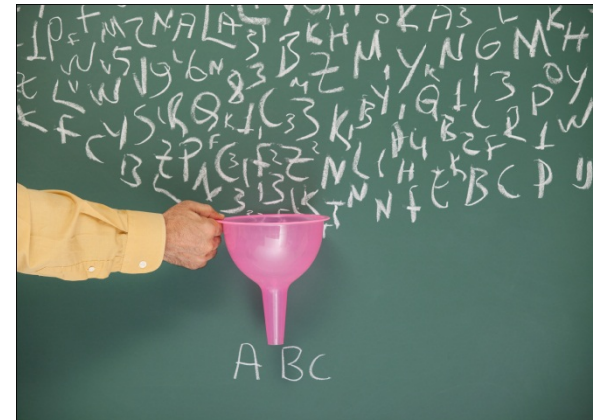
Review Collection

[Dyspnoea](#)

Exemplar Resources: Search Filters

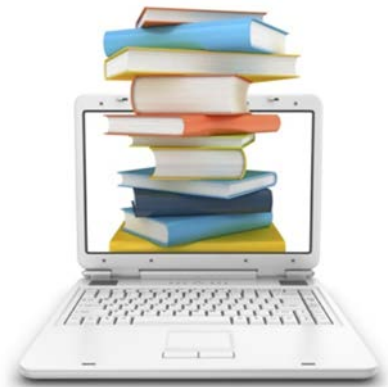
Why a search filter?

- “Evidence based” search
= known effectiveness
- Benefits
 - Saves time
 - Increases likelihood of quality retrievals
 - Removes individual search burden
 - Embeds technical expertise
 - Facilitates knowledge translation



Developing search filters

- Not an expert search, research based
- Informed by Expert Advisory Group
 - Functional utility
- Filter Development Process
 - Gold standard, Term identification, Strategy testing, Post hoc relevance
- PubMed applications
 - Harnessing the ease of the web, Open access, free to use, allows hyperlinking



PubMed: Palliative care filter

advance care planning[mh] OR attitude to death[mh] OR bereavement[mh] OR terminal care[mh] OR hospices[mh] OR life support care[mh] OR palliative care[mh] OR terminally ill[mh] OR death[mh:noexp] OR palliat*[tw] OR hospice*[tw] OR terminal care[tw] OR 1049-9091[is] OR 1472-684X[is] OR 1357-6321[is] OR 1536-0539[is] OR 0825-8597[is] OR 1557-7740[is] OR 1552-4264[is] OR 1478-9523[is] OR 1477-030X[is] OR 0749-1565[is] OR 0742-969X[is] OR 1544-6794[is] OR 0941-4355[is] OR 1873-6513[is] OR 0145-7624[is] OR 1091-7683[is] OR 0030-2228[is] OR ((advance care plan*[tw] OR attitude to death[tw] OR bereavement[tw] OR terminal care[tw] OR life supportive care[tw] OR terminally ill[tw] OR palliat*[tw] OR hospice*[tw] OR 1049-9091[is] OR 1472-684X[is] OR 1357-6321[is] OR 1536-0539[is] OR 0825-8597[is] OR 1557-7740[is] OR 1552-4264[is] OR 1478-9523[is] OR 1477-030X[is] OR 0749-1565[is] OR 0742-969X[is] OR 1544-6794[is] OR 0941-4355[is] OR 1873-6513[is] OR 0145-7624[is] OR 1091-7683[is] OR 0030-2228[is]) NOT Medline[sb]) AND English[la]

CARESEARCH
Palliative Care Knowledge Network

Palliative Care PubMed Searches

Home | Contact CareSearch | Email Page | Search

You are here: Finding Evidence > Palliative Care PubMed Searches

Font size: A A A Print page

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

- Altering Orientation
- Anorexia
- Agitation
- Artificial Nutrition
- Bowel Obstruction
- Cachexia (Wasting) Links
- Constipation
- Delirium
- Depression
- Dyspnoea
- Exhaustion
- Fatigue
- Hypertrophy
- Insomnia
- Ischaemia
- Proprioception
- Supporting Carers
- Respiratory Secretions
- Seizures
- Symptom Problems
- Swallowing
- Urinary

Specific needs

- Ageed
- Ageed Care Facilities
- Demerol
- Diabetes
- Gay, Lesbian, Bisexual & Transgender
- Hemiparesis
- Independent Health
- Living Alone
- Mental Health
- Multicultural
- Non-Battering
- Parent Education
- Professional Burial
- Quality of Life
- Respite Services
- Social Support
- Spasticity
- Terminal Care
- Volunteering

Issues relating to care & treatment

- Advance Care Planning
- Advance Directives
- Audit
- Complementary Therapies
- Death
- End-of-Life Care
- Euthanasia
- Family Distress
- General Practice
- Models of Service Delivery
- Multidisciplinary Teams
- Palliative Sedation
- Patient Education
- Professional Burial
- Quality of Life
- Respite Services
- Social Support
- Spasticity
- Terminal Care
- Volunteering

Health professionals

- Doctors
- General Practitioners
- Nurses
- Occupational Therapists
- Physiotherapists
- Psychologists
- Social Workers
- Speech Pathologists

Diseases and conditions

- Heart Failure

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.

Heart failure
This search uses a heart failure filter developed by CareSearch. It retrieves all English language articles of relevance to heart failure within PubMed. Searches based on [specific heart failure issues](#) are also available.

CARESEARCH
Palliative Care Knowledge Network

Depression PubMed Search

Home | Contact CareSearch | Email Page | Search

You are here: Finding Evidence > Palliative Care PubMed Searches > Depression PubMed Search

Font size: A A A Print page

Select one search option for your chosen search topic.

Free full text only (Only if you reduce the number of results)
Systematic reviews or randomised controlled trials

All citations
Systematic evidence (systematic reviews or randomised controlled trials)
Everything
Last 3 months only

Depression: A dysphoric mood or loss of interest or pleasure in usual activities (Source: Derived from MeSH Thesaurus terms for Depression; Depressive Disorder).

A related PubMed Search is [Mental Health](#)
To detect another topic, go back to [Palliative Care PubMed Searches](#)

Last updated: 7 May 2012

PubMed Search Results

Results: 1 to 20 of 53

1. **Pharmacological approaches to the treatment of unipolar major depression and a brief review of the literature.**
Bull E, Nishi-Vicens M, M Sirron N
Drug Saf Commun 2012; 8:162-168.
PMID: 22542427 (PubMed - free article) | Full Text | Abstract

2. **The use of massage therapy for reducing pain, anxiety, and depression in oncological palliative care patients: a narrative review of the literature.**
Farragher M, Mowbray J, Baker J, Thom C
J Palliat Care 2011; 27(4):241-247.
PMID: 22072739 (PubMed - free article) | Full Text | Abstract

3. **Outcomes, recognition of supportive care needs and symptoms of their partners in a breast cancer support group.**
Onyiah T, Aboin T, Yamamoto H, Toyama T, Nakaguchi T, Ikinaka M, Furutawa TA
J Palliat Care 2011; 27(4):241-247.
PMID: 22072739 (PubMed - free article) | Full Text | Abstract

4. **Study protocol: optimization of complex palliative care at home via telemedicine: A cluster randomised controlled trial.**
Dunne P, Schem H, Vanders N, Huisman J
BMJ Palliat Care 2011; Aug 1-10;10.
PMID: 21921819 (PubMed - free article) | Full Text | Abstract

5. **Demographic Factors of Geriatric Depression.**
Baron A, Cohen UK, Kar P, Saksela M
J Palliat Care 2011; Aug 1-10;10.
PMID: 21921819 (PubMed - free article) | Full Text | Abstract

6. **Intervention for depression among palliative care patients and their families: A study protocol for evaluation of a training program for professional care staff.**
Hartono D, McCabe NP, Alford D, Dawson TE, Goehammer DL, George K, Steyer S
BMJ Palliat Care 2011; Jan 15;15:11.
PMID: 21921819 (PubMed - free article) | Full Text | Abstract

7. **Expert opinion on detecting and treating depression in palliative care: A Dutch study.**

As easy as 1-2-3

Search Filters

- Current Filters
 - Palliative care
 - Heart failure
 - Lung cancer, NSCLC and SCLC
 - Primary health care
 - Residential aged care facilities
 - Dementia
 - Aboriginal and Torres Strait Islander health
- In Development
 - Bereavement
 - Sarcoma
 - Glaucoma

Exemplar Resources: Research Data Management System

Building the Evidence Base

Need to support palliative care research, particularly high quality evidence:

- Lack of research infrastructure
- Need for participation from multiple sites
- Experience and capacity
- Technical support

Part of Research Resources

- Conducting research in palliative care
- Grant and funding sources
- Research Studies Register
- Research Data Management System (RDMS)
- Professional Connect

About the RDMS

- System functions
 - Enables the online design of data collection forms and questionnaires; various styles, question formats
 - Allows for web-based and email-based form completion
 - Enables data entry from multiple sites with a single coordinating site
 - Provides for basic reporting of results with features such as percentages, graphs, and tables
 - Allows export of data to other programs such as Excel, Access or SPSS.
- Availability
 - Designed to support the palliative care community
 - Access requires formal agreement

Survey Editor - Website Feedback Su

Responses have already been collected for this survey. Making

Hidden Items

Branching Rules:
No branching rules.

This page does not contain any items.

Page 1

Page Conditions:
No conditions.

Branching Rules:
No branching rules.

Item 1 [Message]

Conditions: There are NO conditions. This

Active (Deactivate)

Item 2 [Message]

Information about you

Conditions: There are NO conditions. This item will always be displayed.

Active (Deactivate)

Survey Preview

Below is a preview of your survey which was generated using the current item set and style template. When you finished previewing, please close this browser window to return to the administration console.

[Click here](#) to close the preview.

Language: English

CareSearch Website Feedback Survey

Information about you

*1. What is your postcode?

2. How would you describe yourself?

- Patient
- Carer, family member or friend
- General Public
- Health Professional (Palliative Care)
- Health Professional (not Palliative Care)
- Researcher, academic, educator
- Volunteer
- Service Manager or Administrator
- Policy Maker, Planner or Funder
- Other, (please clarify below)

Current Survey Language English

View All Pages

Add Item | Branching

Copy | Move | Delete | Conditions | Branching

Edit | Move | Copy | Insert | Export | Delete

Edit | Move | Copy | Insert | Export | Delete

Exemplar Resources: CareSearch Hubs

Why a Hub?

- Organises evidence for use
- Consolidates relevant materials for a particular group
- Reduces burden for the individual clinician associated with identifying, retrieving, sorting and appraising
- Provides home/entry point
- Recognises engagement of particular group in palliative care/EOL



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Professional Groups

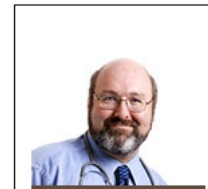
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GP Hub Home

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[Printable Patient and Carer Resources](#)

*This page was last updated 24 January 2013**

CareSearch Hubs

- GP Hub
- Nurses Hub
- Residential Aged Care Hub
- Allied Health Hub
- Patients, Carers, Families



Evaluation and Use

Usage

- > 60,000 visits per month
- > Over 400,000 page views per month
- > Registered for newsletters > 4,500
- > Engagement of the clinical community
- > Project integration with other national activities in palliative care (e.g. PaCCSC, NSAP)
- > Relationships with research/project teams around online applications of findings and research work
- > 21 evaluation projects completed (formative, summative and process)

Assessing Value: RDMS

- National and international users
 - 20 organisational agreements, 200 surveys and 500 registered users
 - Enables data collection for national standards assessment
- RDMS used for PaCCSC
 - First of RCT results published (Ketamine for pain)
- 2010 Evaluation Survey (Users and Stakeholders)

Assessing value: PubMed searches

- Usage
 - Each PCF PubMed search is used between 3 and 20 times per day
- PCF Effectiveness Study
 - Clinician searches are basic
 - PCF outperforms clinicians searches
 - PubMed searches identified literature the health professionals hadn't found

Possibilities for Ophthalmology

Considerations

- Structuring your knowledge base
 - Who are your knowledge users
 - What already exists
 - Role of evidence in practice
- What would add value?
 - Best practice summaries
 - Education and training resources
 - RDMS
 - Search solutions
 - Information for patient and families
- How will users learn about it?

CareSearch in conclusion

- Not just a website, an online knowledge resource
- Activity is driven by knowledge translation framework
- Evidence is the central construct
- Research sits alongside the project

CareSearch would like to thank the many people who contribute their time and expertise to the project including members of the National Advisory Group and the Knowledge Network Management Group.

CareSearch is funded by the Australian Government Department of Health.

www.caresearch.com.au