



Caring For The Bariatric Patient

Patients who suffer from extreme obesity can present a number of challenges for providers, including the need for specialized equipment and training.

CARING FOR BARIATRIC PATIENTS, many of whom weigh well over 400 pounds, can present some complex challenges for skilled nursing facilities (SNFs), says Rick Gurka, RN, vice president of clinical services for Milwaukee-based Extendicare Health Services, which has a thriving bariatric wing in one of its Indiana facilities (*see sidebar, right*).

“The trend in the last two years is that we are seeing more patients whose weight exceeds 450 pounds,” Gurka says, noting that patients weighing 350 to 400 pounds used to be more typical of Extendicare’s bariatric population.

“In the past year, we have admitted patients who weigh more than 600 pounds and one individual whose weight exceeded 1,000 pounds.”

Equipment Needs

One key issue in caring for bariatric patients is finding the proper equipment to accommodate their size. “From shower gurneys, wheelchairs, lifts, and blood pressure cuffs, to

syringes, beds, and gowns, practically everything must be custom-purchased,” Gurka says. “For instance, our standard shower gurneys can hold up to 600

pounds, but they are too narrow for most of these patients to lie on comfortably.”

To keep bariatric patients properly clothed, one Extendicare facility had

been forced to sew together smaller-sized gowns, before it eventually found a supplier that carried extra-large sizes, Gurka says. And the standard one-and-a-half-inch syringes were not long enough to reach the muscles of many bariatric patients. The same was true for standard blood pressure cuffs, which have been replaced by thigh cuffs.

In addition, Gurka says, Extendicare no longer orders lifts that hold less than 600 pounds or beds that don’t hold more than 650 pounds.

“Equipment companies are starting to come around,” says Gurka. “But initially we were driving them to come up with solutions to this growing need.”

Bariatric patients

Bariatric Niche Market Brings Success

After a turbulent history, Westpark Rehabilitation Center in Evansville, Ind., has developed a successful niche market by catering to bariatric patients. The facility has cared for up to 17 such patients at once and always keeps at least one bariatric bed available, according to Administrator Laura Beck.

But the situation was much different when Beck arrived at Westpark in January 2003. The facility’s census had bottomed out at 53, and it had been delicensed from 151 beds to 90. A whole wing was standing empty. The community was convinced the facility would be closed, and there hadn’t been any referrals from hospitals or physicians in over two years.

Today, the census is up to 102, and the facility hasn’t had a complaint survey in more than two years. In fact, this past summer its annual survey was deficiency-free. Beck and Director of Nursing Tena Render attribute much of this success to the bariatrics program, which not only helped to fill empty beds, but restored Westpark’s reputation for providing high-quality, compassionate care.

When a nearby hospital started performing gastric bypass surgery on individuals suffering from extreme obesity, Beck and Render worked closely with

the local ambulance company to obtain a vehicle suitable for transporting bariatric patients. Beck and Render then met with the community fire department and the ambulance company to develop a plan for safely transporting patients from the hospital to Westpark.

Beck and Render also trained the Westpark staff on care issues related to bariatric patients and began discussions with the hospital about referring these patients to their facility. At the time, no other facilities in the area were prepared to handle bariatric cases.

“There were many things to take into consideration when we started the program,” says Beck. “For example, we had to purchase beds that could fold down because the original beds we purchased were put together in the rooms and wouldn’t fit through the doorways if someone had to be evacuated.”

The average profile of Westpark’s bariatric patient is a female, age 45 to 55, weighing 450 pounds. “These individuals come to us after an acute episode, and most do choose to lose weight during their stay,” Beck says. “Their medical issues range from disc problems, skin breakdown and wounds, to urinary tract infections and serious respiratory issues.”

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face social issues as well, since American culture tends to ostracize people who are severely obese. Caregivers must be trained to overcome their tendencies to prejudge these individuals by labeling them as lazy, sloppy, or lacking in intelligence.

“Staff have to understand the reasons why these patients are the way they are; typically, it is a control issue, not one of laziness or a lack of motivation that leads to this type of weight issue,” says Gurka.

“Much like we had to sensitize our employees to patients with HIV/AIDS, we have to educate staff about the behaviors that lead to obesity,” he says. “There is a wide range, from patients who don’t want to lose weight to those who are highly motivated to do so.

We must adjust to all of this and address the issues as they evolve.” Gurka adds that this includes finding the right balance between patients’ rights and maintaining a regimented, physician-prescribed diet.

Extendicare has contracted with a psychologist specializing in bariatrics to develop training programs for its staff. The more staff understand about the psychosocial issues related to obesity, the better prepared they are to provide appropriate and compassionate care, Gurka says.

In addition, bariatric patients tend to be younger individuals—sometimes in their 20s and 30s—who are suffering from chronic illnesses. Caring for them in a geriatric environment can raise problems of social interaction, and finding appropriate ways for them to socialize with other patients is important.

“We place all of our bariatric patients on the first floor of our facilities for evacuation and safety reasons, but also

because we want them to interact with each other,” says Gurka. “We don’t like to have them in private rooms, because society already ostracizes them. From an equipment and staffing standpoint, it is easier to care for these patients when they are in close proximity. All of these factors are important to consider.”

Special Care Needs

Skin breakdown is a serious issue, as it requires two people to bathe a bariatric patient, and making sure the skin between the skin folds is adequately

maintained is critical. “Extendicare recently tested a body vacuum product that’s designed to be used while the patient is in bed. It allows our staff to cleanse patients more thoroughly and

comfortably, while also reducing the amount of time it takes. Finding ways to improve skin care is a priority,” says Gurka. “Bariatric patients are also at increased risk for urinary tract infections because it is so difficult to keep the urinary area cleansed.”

In addition, the individuals’ weight often causes them to become immobilized. At some point, the person’s legs simply cannot support their excessive weight, Gurka says. Physical therapy has been successful in helping bariatric patients regain some of their independence, and there are patients who leave the facility 100 to 150 pounds lighter.

“When bariatric patients are interested in losing weight and regaining independence, staff tend to rally around them,” says Gurka. “We had one patient come to us weighing 950 pounds, and, over the course of a year and half, this person lost 350 pounds and returned to his home.”

Meeting the needs of the bariatric patient requires careful coordination and planning. “Everything from dietary requirements, equipment, and transportation, to staff training, socialization, and safety concerns must be addressed,” Gurka says. n

American culture tends to ostracize people who are obese.

Asthma Medication Less Effective For African-Americans

African-Americans with asthma have a reduced response to asthma medication, according to a new study published in the peer-reviewed journal *CHEST*. The study found that African-Americans required higher doses of glucocorticoids to suppress the airway inflammation that characterizes asthma.

“Regardless of asthma status or severity, African-Americans in our study required higher doses of a glucocorticoid than Caucasians to inhibit proliferation” of inflammatory cells called lymphocytes, said the study’s lead author Ronina Covar, MD, of the National Jewish Medical and Research Center (NJMRC) in Denver. “This observation suggests that African-Americans may have an inherent predisposition that affects their ability to respond to certain medications at recommended doses.”

NJMRC conducted the study in conjunction with Denver’s University of Colorado Health Sciences Center.

While the degree of airflow limitation and kind of medications required to control it were similar between African-Americans and Caucasians with asthma, reduced response to glucocorticoid medication was even found among African-Americans without asthma, the study found.

“African-Americans’ suboptimal response to asthma medications may contribute to poor asthma control and, therefore, an increased prevalence of asthma-related morbidity and mortality among this population,” said Covar.

Although glucocorticoids are taken for other conditions, such as rheumatologic conditions, researchers emphasize that these findings don’t necessarily imply that African-Americans would need higher doses of the drug when treating these other conditions.

—Kathleen Vickery

For More Information

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Antipsychotic Seroquel May Speed Dementia

An antipsychotic medication, quetiapine (brand name Seroquel), that's commonly used to treat agitation and psychosis in people with dementia, has been found to accelerate the dementia, causing marked deterioration of cognitive function, according to a recent study published in the online version of the *British Medical Journal*.

Researchers tracked 93 dementia patients over six months and found that those taking quetiapine experi-

enced a doubling in cognitive decline—in both memory and other higher brain functions—than those taking a placebo. Patients taking rivastigmine (brand name Exelon) experienced little or no worsening of cognitive function, according to the study.

The finding is important, said the

study's authors, because quetiapine has been considered one of the safer antipsychotics. Two other antipsychotics, risperidone (brand name Risperdal) and olanzapine (brand name Zyprexa), have been linked with increased stroke risk, noted the researchers.

—Kathleen Vickery

Report Helps Readers Recognize Signs Of Thyroid Disease

Women over age 60 are at increased risk of having thyroid problems, according to a special report from Harvard Medical School called "Thyroid Disease: Understanding Hypothyroidism and Hyperthyroidism."

The report aims to familiarize readers with the symptoms and risk factors for thyroid disease, along with information on the latest treatments, misconceptions, and alternative therapies.

Additional risk factors for developing thyroid disease include having a family history of autoimmune conditions, smoking, and taking medications with high levels of iodine.

Symptoms of hypothyroidism include dry, peeling skin; fatigue; cold intolerance; loss of appetite; slow pulse; depression; and constipation.

Symptoms of hyperthyroidism include enlarged thyroid gland, heat intolerance, exhaustion, emotional changes, constant hunger, racing heart, hand tremors, diarrhea, and eye problems.

The Harvard publication is available at www.health.harvard.edu.

—Kathleen Vickery

CPR Often Inadequate, Study Says

The quality of cardiopulmonary resuscitation (CPR) tends to decline significantly within a few months of CPR training—even when performed by nurses and doctors, according to two studies published recently in the *Journal of the American Medical Association*.

Survival from cardiac arrest remains low despite the introduction of CPR more than 50 years ago, noted researchers from the University of Chicago Hospital. CPR, when performed in concordance with guidelines, has been shown to significantly improve survival.

Interruptions in CPR, or inadequate rate or depth of compressions, have been shown to negatively impact survival.

The two studies' findings are significant because they indicate that the quality of CPR performance influences the patient's outcome.

"There is a great opportunity to improve CPR quality and, hopefully, patient survival by focusing on delivery of chest compressions of correct depth and rate, with minimal 'hands-off' periods," wrote the researchers of one study conducted in Oslo, Norway.

CPR guidelines recommend target values for chest compressions, ventilations, and CPR-free intervals allowed for rhythm analysis and defibrillation, but the study's authors found that the

CPR conducted by lay rescuers and health care professionals often fell short of these guidelines.

The research was conducted using mannequins for CPR performance and did not study the quality of CPR in actual emergency situations.

"Whether some of these deficiencies can be improved by specific focus during training needs attention," the Oslo authors wrote.

"Through better understanding of the mistakes made in a real-life cardiac arrest situation, training courses might be designed to focus on these aspects. Another approach would be to develop online tools that prompt the rescuer to improve performance. Audiotapes giving instructions on chest compression rate have been reported to improve the compression rate during cardiac arrest in patients," the authors said.

The Chicago study compared the performance of well-trained hospital staff to CPR guidelines when in actual emergency situations involving humans. It found that 28 percent of compressions were too infrequent and 37 percent were too shallow.

These authors recommended such solutions as mechanical devices to provide chest compressions reliably at a set rate and depth and to provide auditory feedback of human error by using a variety of patient monitors.

—Kathleen Vickery