

2<sup>nd</sup> Global Congress on

# Hospice & Palliative Care

September 29-30, 2016 Toronto, Canada

## EFFECTS OF GIVING AND RECEIVING A DEMENTIA DIAGNOSES: AN INTEGRATIVE REVIEW

**Milinda Curtin<sup>a</sup> and Gerard A Tobin<sup>a</sup>**<sup>a</sup>MCPHS University, USA

One in 20 people over 65 and one in 5 people over the age of 80 are diagnosed with dementia. Presently, an estimated 24.3 million patients are diagnosed with dementia around the world. The CDC predicts that the population of adults, age 65 years and older will increase to 71 million by 2030. The purpose of this integrative review is to review the impacts on the giver and the receiver of a diagnosis of dementia. There is little data exploring this phenomena from the perspective of giver and receiver. The integrative review synthesized and analyzed 10 research studies that met the inclusion criteria. Three key themes emerged from the data: Barriers to Diagnosis; Tactics used in Disclosure & Effects of Diagnosis.

gerard.tobin@mcphs.edu

## PSYCHOGENIC DISORDERS CAUSED BY DEATH OF PATIENTS IN SHARED ROOMS IN TERTIARY CARE HOSPITAL

**Ahmed Salah Ali<sup>a</sup>**<sup>a</sup>King Fahad Specialist Hospital Dammam, Saudi Arabia

During the year 2015 and the first quarter of 2016, more than 20 mortality events has been reported in the palliative medicine department in King Fahad Specialist Hospital Dammam in shared rooms, with the attendance of the other patients and in some occasions their relatives or companions, most of the patients who had this bad experience are palliative or oncology patients with poor prognosis as well, unfortunately this hard situation affected them negatively in a way that there was clear deterioration in their mental health and also physical health.

In most of the cases the need of psychological reassessment by the psychologist and psychiatric management was mandatory, also the need for escalation of pain medications, anxiolytics and hypnotics are indicated.

Other patients left the hospital against medical advice in spite of their bad general condition and need for hospitalization.

Due to hospital bed crises, the palliative patients could not be accommodated in single bed rooms in most of the times, we, as palliative physicians with the assistance of the case manager, can only select the actively dying cases with the signs of approaching death to be in our limited single rooms, but it does not work in most of the times and the unexpected rapid deterioration and death is always there.

The exaggerated or abnormal grief reactions of some family members added to the bad experiences the patients and consequently got to their psychological sufferings.

sando1\_99@yahoo.com