

# VETERANS' *healthy living*



Treating  
Chronic Pain

Providing Culturally  
Comfortable Care

Patient-Centered  
Nursing Care



**VA**  
HEALTH  
CARE | Defining  
**EXCELLENCE**  
in the 21st Century



# Dear Veterans

## A Message from the Network Director

Michael F. Mayo-Smith, M.D., M.P.H.  
Network Director

I trust you had a happy, healthy holiday season and that you are looking forward to the year as we much as we are.

At VA, we want to help our Veterans live full, productive lives. In this issue, we'll look at some of the ways in which your participation in surveys, studies, research, and new programs helps us help you, and it helps your fellow Veterans and millions of other Americans, too.

We start this issue of *Veterans' Healthy Living* on **page 3** with an article about an innovative five-day program for Veterans suffering with chronic pain syndrome.

A great nursing staff can make a hospital stay much nicer, and we think VA has the finest nurses anywhere! On **pages 4 and 5**, you'll read how one of our own has worked for years—and continues working—to determine how nursing care can affect your outcome after a hospital visit.

On **page 6** you'll find a story about a VA geriatrician who garnered a lot of attention for discovering a potential link between chemotherapy and Alzheimer's disease.

On **page 7** there is information about a current study to determine how we can best serve our lesbian, gay, bisexual, and transgender (LGBT) Veterans as they leave the military. Also on that page you'll learn about an ongoing study to help those diagnosed with colorectal cancer. It is the second most common cause of cancer death in the United States but very treatable with early detection.

These are just some of the many examples of how VA surveys, studies, research, and new programs—and Veterans who participate in them—can change the face of health care for patients everywhere.

Thank you for your service. Now let us serve you!

Michael F. Mayo-Smith, M.D., M.P.H.  
Network Director



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#### On the Cover:

A VISN 1 employee conducts research.



**VA Mission:**  
Honor America's Veterans  
by providing exceptional  
health care that improves  
their health and well-being.

# Treating Chronic Pain

Nearly everyone experiences a few aches and pains as they age, and pain is common after an illness or injury. But when there is no known cause for pain, or when pain doesn't get better with treatment, it can be an indication of **chronic pain syndrome**.

Dr. Amanda Adcock, ACT (Acceptance and Commitment Therapy) for Pain Psychologist, VA Maine Healthcare System, says chronic pain lasts longer than a normal recovery period—usually three to six months or more. “Most often, we can’t find a reason for the pain because nothing shows up on tests or exams to indicate what’s causing it.”

To diagnose chronic pain, Dr. Adcock says medical providers must rule out everything they possibly can. If they don’t find a cause, however, this doesn’t mean the pain is “all in your head.” Instead, she says it is more like your nerves were turned on due to an illness or injury but were never turned off, so the pain persists.

Adcock says successfully treating chronic pain means addressing the mental and the physical components, both of which can be debilitating. She developed a five-day program to help Veterans understand the mind/body connection to help overcome the fear of pain associated with physical activity.

“We start exercising very slowly rather than rushing in. We teach them to listen to their body—not do more than their body tells them—but also to ignore their mind if it tells them to be afraid of movement.”

During the week, Veterans can stay at an on-campus hotel without being admitted.

» **For more information, call  
207-623-8411, extension 4185.**



# PATIENT-CENTERED NURSING CARE

“Patient centered care” is more than a frequently used term among VA employees. It is truly *individualized* care—different ways of treating each VA patient—that can make an enormous difference in your overall health.

Laurel Radwin, RN, Ph.D., Nurse Researcher, knows this better than almost anyone does. Her college dissertation years ago, as well as a number of research studies which she has since led, examined different aspects of patient-centered nursing care.

“I’ve learned that the nurse-patient relationship is really important,” she explains. “For example, cancer patients have expressed in studies how much

they valued their nurses being attentive and caring. They like being treated as partners in the healing process.”

Study results tend to back up the importance of nurse-patient relationships, even after patients leave the hospital.

“Patients in a Boston medical center who rated their nursing care highly were more likely to achieve good outcomes,” Radwin says. “They were more likely to



feel optimistic that they made the right choices, and they had a sense of well-being that things were going to be okay. A secondary analysis showed they were also less likely to be readmitted to the hospital."

So how is it possible to determine a patient's view of being well cared for by nurses? In a 1999 study, patients characterized excellent care as when the nurse used their professional knowledge,

If you create the kind of environment where good nursing care can happen through all kinds of different work environments, then people are going to have better healthcare experiences.

attended to continuity of care and care coordination, were attentive, treated the patient with individualized care, developed a partnership with the patient, established rapport, and were caring. Radwin actually developed a scale to measure the quality of nursing care—a scale that has been translated into around 35 languages.

"It measures care individualization," she explains. "In other words, does the patient feel treated as a person instead of just a number or a diagnosis? Does the nurse use good professional knowledge? Is the care coordinated? We can then link those aspects to outcomes."

Along with studies of patient-centered cancer care, Radwin has examined care in the medical intensive care unit (ICU). She says nurses are expert decision-makers medically, but they also see the family standing at the patient's bedside.

"In a critical care area like ICU or CCU where nurses tend to have fewer patients, they can really get to know that individual and the family.

They see what happens after physician rounds, and they help the patient or family deal with the news they just received. Nursing contributes to so much that we are not accounting for," she adds. "If you create the kind of environment where good nursing care can happen through all kinds of different work environments, then people are going to have better healthcare experiences."

In the future, Radwin hopes to study the effects of patient centered care beyond an inpatient setting. She said, "I'd like to help determine how VA can maintain quality patient centered care and the related good outcomes when, for example, a Veteran with cancer is released from the hospital but must seek follow-up treatment from a number of different VA facilities. What challenges do we face in providing individualized care as people go to different settings? How can we best use our resources to serve these Veterans with cancer? That's something we can make the most of if we understand it better."

## Chemotherapy and Alzheimer's—is There a Link?

Cancer is a life-changing diagnosis for patients and their families, and the same is true for Alzheimer's disease (AD). Researchers increasingly focus on causes and potential cures for each disease, and some studies show possible links between the two.

Laura Frain, MD, a geriatrician at VA Boston Healthcare System, says recent findings might hint at a connection between AD and chemotherapy, a common treatment for certain cancers.

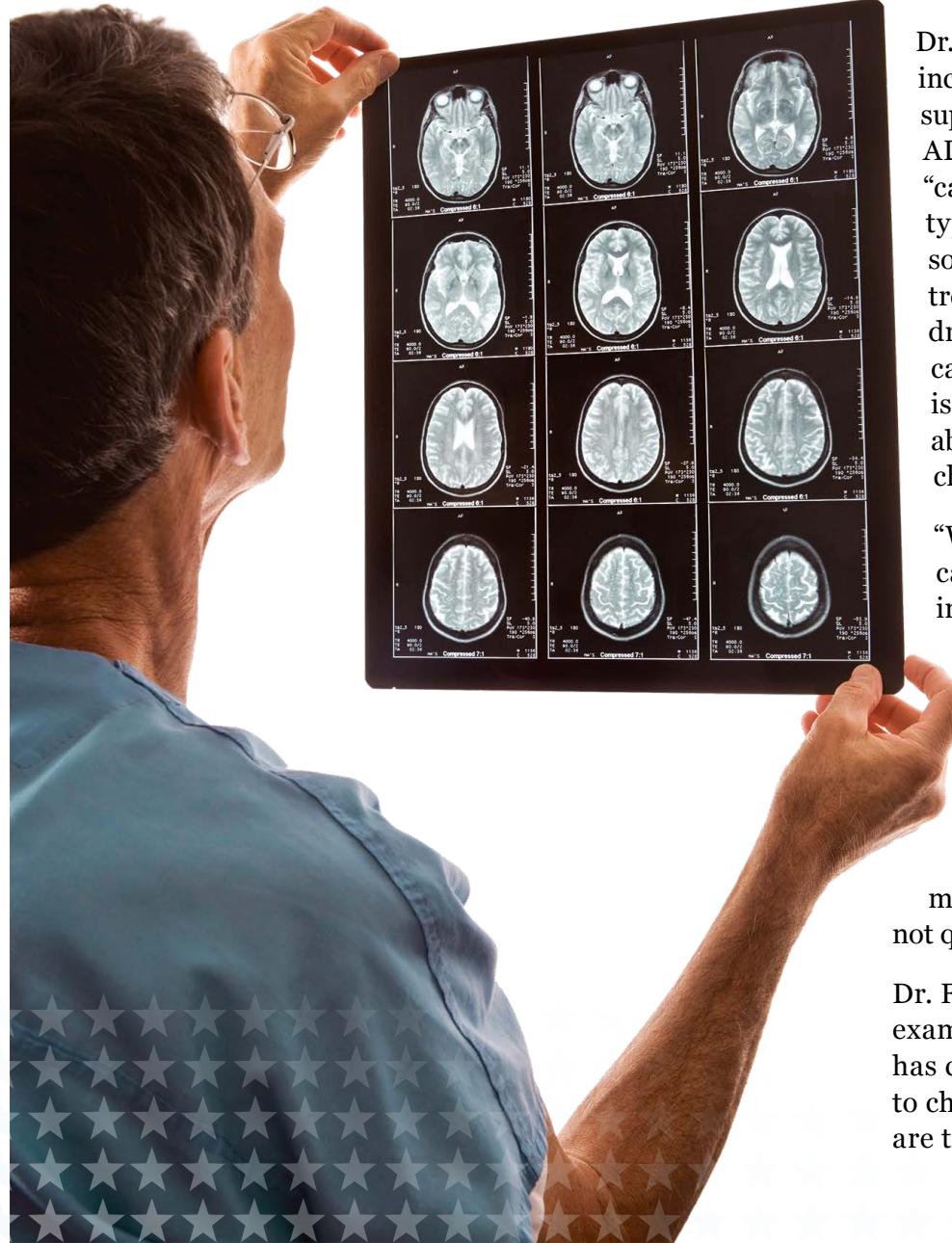
"Our primary purpose was to see whether certain types

of cancer were associated with reduced risks of AD. By studying a database of nearly 3.5 million older Veterans, we indeed found that connection. But we were surprised to also see that, in addition to having cancer, chemotherapy seemed to offer some additional protection from AD."

Dr. Frain says there is increasing evidence supporting the idea that AD may be some form of a "cancer of the brain," and this type of VA research could someday help lead to effective treatments, perhaps using drugs like chemotherapy. She cautions, however, that there is a great deal more to learn about potential links between chemotherapy and AD.

"We need to figure out if cancer survivors have an increased risk of other types of dementia that aren't related to AD, and future research needs to look at specific drugs, or agents, in the chemotherapy to see if those agents are the key. We're making progress, but we're not quite there yet."

Dr. Frain's work is a stellar example of how VA research has changed—and will continue to change—the way diseases are treated.



## Providing Culturally Comfortable Care

VA health care workers strive to provide the best possible care to all Veterans, regardless of age, gender, or sexual orientation.

To do so effectively, researchers conduct studies that reveal what is happening at a particular point in time (often called a “cross-sectional” study). Study results then help decision makers determine what policies or procedures need to be changed.

One current study evaluating women’s experiences in the VA is also looking at women’s comfort level with disclosing their sexual orientation to VA health care providers. The results are important because VA wants to

provide an environment in which women feel comfortable talking to providers about their relationships with their spouse or partner.

Kristin M. Mattocks, Ph.D., M.P.H., VISN 1 Research Lead, explains. “As lesbian, gay, bisexual, and transgender (LGBT) Veterans leave the military, we want to make sure we are providing care that makes them feel comfortable and that addresses any special health care needs.”

Mattocks, who chairs an LGBT research group and co-chairs

a reproductive health research group, says, “The 40–50 researchers and policymakers in the group continually assess what is being done in terms of LGBT health or reproductive health, which helps us understand where we need to focus future research.”

“Our goal is to make sure women are getting the best quality health care possible, regardless of sexual orientation,” she adds. “These studies help us provide better health care by adding or altering programs, policies, and actual care.”

For more information about the study, contact Dr. Mattocks at [Kristin.Mattocks@va.gov](mailto:Kristin.Mattocks@va.gov).

## Screening for Colorectal Cancer: Which Method is Best?

Colorectal cancer is currently the second most common cause of cancer death in the United States, but it is also one of the most preventable cancers. VA researchers know that screening is an effective tool for reducing colorectal cancer deaths, but they are trying to determine which screening test is best.

Douglas J. Robertson, MD, MPH, Chief of Gastroenterology at the White River Junction VA, explains that one well-studied testing method is the use of a “stool card,” which requires collecting a small amount of fecal matter at home once every year. The sample is then sent off and tested for evidence of blood. This test has been proven to reduce cancer deaths.

Another widely used but less studied test is the colonoscopy, during which a flexible scope is used to examine the colon. A colonoscopy is a more invasive test with higher risk and cost, but it affords the opportunity to directly examine the colon wall for polyps—a cancer precursor. Also, if the colonoscopy test is normal, no further testing is needed for 10 years.

“We want to find out if doing a colonoscopy on everybody reduces colorectal cancer mortality as much or more than the simpler use of a stool test every year,” Robertson says. With the stool test, only those

with evidence of blood in their sample need a colonoscopy. “To do that, we’ll follow study participants for about 10 years to see if one method prevents more cancer deaths than the other does. It’s important to stress that both methods work to prevent death from colon cancer—we just want to know if one works better than the other.”

Robertson says that the VA is currently recruiting 50,000 Veterans nationally for the study, and those who’ve signed up are already being tested. Within VISN 1, participating sites are Boston, West Haven, White River, and Providence.

For more information, visit with your health care provider, or read more online at <http://clinicaltrials.gov/show/NCT01239082>.

