

1: www.enganchecubano.comai - Publications List

Includes bibliographical references and index The clinical and pathophysiological challenge of cough / Kian Fan Chung -- Epidemiology of cough / Alyn H. Morice -- A brief overview of the mechanisms of cough / John G. Widdicombe -- Clinical assessment of cough / Lorcan P.A. Mcgarvey -- Measurement and assessment of cough / Kian Fan Chung.

National palliative care plans. Additional note of the authors: Discussion Although a thorough method was used to complete the inventory, it remains difficult to get a complete and actual overview of a whole country. In France, the United Kingdom, Poland, Germany and Spain, different regions may have developed regional palliative health care policies. In this article, this was solved by giving a general overview with some details for regions with specific regulations. As every country had their own appointed researcher, there are differences in the way the key persons were contacted, how many key persons responded and how the grey literature was consulted. As countries have different health care systems and different cultures conclusions should be interpreted carefully. In the light of European recommendations [1 , 2] on palliative care it should be remarked that palliative care can be concluded a crucial part of health care at a policy level in all countries investigated. Considering that national palliative care programs are part of cancer care in some countries, the status of palliative care in non-cancer care needs further attention in policymaking. The access of patients to palliative care provisions is addressed in all national policies on palliative care. Palliative care training, research priorities, palliative care leave, advance directive procedures, and national funding, however, vary largely between countries and receive future attention. The regulations concerning opioids are explicitly addressed in two national care plans. Considering the wide variation in topics addressed in palliative care plans and regulations, it is recommended that a European quality indicator set for palliative care not only addresses outcome parameters but also health policy items. An advantage of such an approach will be that health policy indicators can measure to what extent appropriate preconditions for palliative care delivery to patients are available in a country. Such health policy indicators are relatively easy to establish if one has access to health policy evaluation documents in a certain country. This also offers the opportunity for so-called resource-poor countries to participate, which has been considered a challenge [36]. A European strategy to stimulate palliative care provision and policy is recommended, provided that differences in cultural and historical backgrounds are taken into account. A policy report on palliative care in Europe mentioned three possibilities to further develop palliative care: Our study revealed important differences in palliative care policy at national levels at several points. The European Association for Palliative Care EAPC can have an important role in developing and comparing quality indicators for patients in the last phase of life to prepare European health policy recommendations for palliative care. This can be considered as first steps to reach consensus on what is good palliative care and how we can make sure that in Europe every patient in need of palliative care has adequate access to it. Conclusions This study investigated and compared the legislation, regulations and national palliative care plans regarding palliative care in seven European countries. European countries differ considerably in their policy on palliative care, partly due to cultural differences and historical influences. A right to palliative care is established in Belgium, France, and Germany, whereas all countries have policies on access to palliative care, palliative care provisions, and patient allowances. Differences exist in policies covering palliative care leave, advance directives, national funding, palliative care training, research, opioid regulations, and volunteering. Competing interests The authors and co-authors have no competing interests. All authors read and approved the final manuscript. Silvia Paz Ruiz, Mr. Xavier Gomez-Batiste and Mr. Jean-Marc Mollard and the experts of regional and national organizations that took part in the data collection. The EAHC did not influence the design and proceedings of the study. The burden of non-acute dying on society: Definition of palliative care. Realist review "a new method of systematic review designed for complex policy interventions. J Health Serv Res Pol. Palliative care quality indicators in Italy. What do we evaluate? A new set of quality indicators for palliative care: J Pain Symptom Manage. Health system characteristics of quality care delivery: National level, Social Code Book V introduced The Belgian Law Gazette. Rapport Federale Evaluatiecommissie Palliatieve Zorg. NICE guidance on supportive

and palliative care for adults with cancer. National end of life care programme. Not the big bang". Health Policy Monitor, November Ministry of Health, Welfare, and Sport; Spain launches national plan for palliative care.

2: Publications Authored by Sam Ahmedzai | PubFacts

The purpose of this study was to investigate changes in respiratory symptoms and quality of life (QoL) in patients with non-small-cell lung cancer (NSCLC) receiving radical radiotherapy (60 Gy).

The potential of online holistic needs assessment in prostate cancer. A pilot randomized controlled trial of a holistic needs assessment questionnaire in a supportive and palliative care service. *Journal of Pain and Symptom Management*. Volume 50, Issue 5, November. Consumer views on a new holistic screening tool for supportive and palliative care needs: A survey of self-help support groups in health care. Testing feasibility and reliability of a set of quality indicators to evaluate the organization of palliative care across Europe: Validation of quality indicators for the organization of palliative care: Epub Jul Holistic assessment of supportive and palliative care needs: Comparison of legislation, regulations and national health strategies for palliative care in seven European countries Results from the Europall Research Group: Published online Jul Secondary analysis of a UK study. *Journal of Information Science*, 39 1 - Development of a set of process and structure indicators for palliative care: Holistic assessment of supportive and palliative care needs. Advance Access published September 24, What progress has been made towards implementing national guidance on end of life care? A national survey of UK general practices. First published on October 16, Epub Oct The use of cognitive interviewing methodology in the design and testing of a screening tool for supportive and palliative care needs. *Supportive Care in Cancer*. Supportive care for patients with gastrointestinal cancer Cochrane Systematic Review. Chemotherapy plus supportive care improves survival and quality of life in advanced or metastatic gastrointestinal cancer more than supportive care alone. Volume 8, Number 1, Systematic review of the problems and issues of accessing specialist palliative care by patients, carers and health and social care professionals. Volume 18, Number 6, Access and referral to specialist palliative care: *International Journal of Palliative Nursing*. Volume 10, Number 8, Supportive care for patients with gastrointestinal cancer Protocol for a Cochrane Review. The Cochrane Library, Issue 1: The organisation of palliative care in England. Assessing organisations to improve palliative care in Europe. Design and book production: Cough in cancer patients. Blackwell Publishing Ltd, Oxford. Process evaluation of a pragmatic randomised controlled trial of an holistic needs assessment questionnaire in a supportive and palliative care service. Final Report to Macmillan Cancer Support. Developing a screening measure to assess the distress caused by advanced illness that may require referral to specialist palliative care. The University of Sheffield. A qualitative study to elicit the views of patients about their experience of completing an holistic needs assessment tool, the Sheffield Profile for Assessment and Referral for Care SPARC: A qualitative study embedded in a RCT. *European Journal of Palliative Care*. Abstract Number P, p A randomised controlled trial of an holistic needs assessment questionnaire in a supportive and palliative care service using the Sheffield Profile for Assessment and Referral for Care SPARC: A Mixed Methods Study. Vol 28, Number 6. Oral, abstract number FC A holistic needs questionnaire. A Holistic Needs Questionnaire. Published in *Palliative Medicine*. *Palliative Medicine*, Volume 18, Number 2: Improving access to palliative care: Consumer led patient information: *European Journal of Cancer*, Vol 38, Supplement 3: A review of RCT recruitment data. Ahmed N, Ahmedzai SH Conference and Seminar Papers:

Cough: Causes, Mechanisms and Therapy Edited by 2 Epidemiology of cough, 11 Alyn H. Morice 15 Cough in cancer patients, Sam H. Ahmedzai & Nisar Ahmed.

The focus of interviewing methodology in the development of a new these interviews was to identify unclear words or phrases supportive and palliative care screening measure to identify and to explore how the questions worked in eliciting a the specialist supportive and palliative care needs of response. A content analysis of the interviews was used to patients with an advanced illness. Conclusions The most sensitive questions were highlight- N. Bestall Keywords Cognitive interviewing methodology. Halifax Road, Health and social care professionals. Noble demonstrates good reliability and validity is a complex Macmillan Palliative Care Unit, Northern General Hospital, process with a number of developmental phases. The first University of Sheffield, stage of measure development is to ensure that all the issues Herries Road, Sheffield S5 7AU, UK related to the topic of interest are represented by a systematic review of the literature. It is important that the S. Ahmedzai questions or statements are clear, unambiguous and are not Academic Unit of Supportive Care, Section of Oncology, School confusing. The cognitive interview- with measures prior to their distribution, their use in other areas ing technique was first developed in by the of supportive and palliative care research is rather limited [14]. The aim is to try patient and their family to cope with cancer and treatment to understand how participants interpret and respond to of itâ€™”from pre-diagnosis, through the process of diagnosis questions. This verbal technique may help to identify and treatment, to cure, continuing illness or death and into potentially confusing questions or those that are likely to bereavement. It helps the patient to maximise the benefits elicit a response error. It is given equal priority alongside diagnosis questions are sensitive or intrusive or for specific groups and treatment. Management of pain interviewer contribution, it is seen to be free from and other symptoms and provision of psychological, social interviewer-imposed bias [20]. The goal of palliative There are limitations associated with the use of this care is achievement of the best quality of life for patients technique in measure development. One fundamental flaw and their families. Many aspects of palliative care are also is that the technique is overtly subjective and artificial [5]. A referral is dependent upon the knowledge have been developed for palliative care populations, such as and expertise of the health professionals involved with the quality of life measures, but these have not routinely been patients care as well as upon resources available in any one influenced by testing with patients and professionals. In the past, this has meant that some patients did not Furthermore, many of the measures developed do not receive a referral to supportive and palliative care or that systematically cover all those domains physical, psycho- they were referred too late [1, 2]. SPARC is a multi-dimensional screen- administrating patient-completed measures to palliative care ing questionnaire, which gives a profile of needs to identify patients. Firstly, researchers developing measures for this patients who could benefit from additional supportive or group of patients have to consider the amount of burden palliative care, regardless of diagnosis. There is a need to SPARC measure develop measures that are brief as research suggests that lengthy measures are unlikely to be completed; however, An initial list of potential questions was developed following a measures should capture a range of issues that are relevant systematic literature review of access and referral to support- to the palliative care population. The initial made between patient and staff assessments [6, 8]. Although it is intended that the measure is self- completed by patients, it was likely that in practice it will Recruitment be used jointly by patients and their health care profes- sionals in making a holistic needs assessment [16]. Health and social care professionals who took part in the first stage of the measure development were invited to register as Aims members of a study reference group so that they could provide feedback on the measure at different stages of development. The aim of this study was to explore how the cognitive The reference group members were then invited to take part in interviewing technique could benefit our research in the a cognitive interview evaluation of the new measure. Participants had not seen the Materials and methods current version of the measure before they were interviewed. Reliability t esting The 53 question measure was piloted in patients with an advanced illness from 19 sites in the North of England Development of a measure with 45 questions with one response

format frequency. The final results of this validation study and a further extensive study recently undertaken to assess consumer views on SPARC are the subject of another paper in preparation. The programme consisted of five sequential studies Support Care Cancer Use the following prompts to explore the following aspects of each question in turn 1a Does this question make sense to you? Assessment of the measure as a whole 7 What do you think of the length of the measure? The members cancer and The information sheet outlined the reasons for the research non-cancer patients as well as former patients and carers and described confidentiality and data protection proce- have attended a course about how to undertake and evaluate dures. All interviews were recorded with the permission of research. Consumers from the CRP were invited to take the research participants. All participants were informed part in the cognitive interviews in order to assess the that they were free to stop the interview at any time. Ethical approval Development of the cognitive interview schedule Ethical approval was sought for this study study 3, cognitive A cognitive interview schedule Table 1 was developed by interviewing and field testing from the Trent Multi-centre the research team in the Academic Unit of Supportive Care, The University of Sheffield, UK. The issues should, where Contact details: In total, 11 questions were developed that Date completed: The cognitive interviewing prompted the Which questions did the patient find confusing or ambiguous? Which questions were the most relevant for this patient? Finally, each Were there any questions that you felt uncomfortable asking? Was there any symptom or problem that the patient mentioned that we have missed out? Informed consent and ethical approval What in your opinion are the palliative care needs of this patient? All participants were provided with an information sheet Do you have any additional comments to make? Support Care Cancer The approval was granted ology supports the notion that due to the time needed to following specific changes to the documents used for patient conduct and analyse such interviews, it is common practice information and some changes to the initial protocol. In all, Interviews the preparation, interview and writing up the results during this study took on average 3â€”4 h per participant inter- Interviews were conducted by two members of the research viewed, with some taking considerably longer. These two researchers had experience of Results from the cognitive interviews meant that the measure development and interviewing. Interviews were measure was reduced to 60 questions with two response undertaken in a location convenient to the participant. Each formats about frequency and distress. Six repetitive questions participant was provided with a sample measure. They were from the communication and information section were invited to read out loud each question sequentially and removed, and one question about weight change was added. In the first Forty-five questions remained exactly the same, with only instance, the interviewee was asked to describe what they changes to the response formats. The wording, as well as the thought about the questions. The question prompts were response formats for the remaining 15 questions, was used to structure these discussions. When the interviewee changed. The question measure was then piloted with 63 and researcher had discussed all the issues relevant to the patients with an advanced illness Fig. General feedback Analysis of data Overall, the measure was found to be too long and somewhat The researchers recorded the comments of each participant confusing. The overall feedback was that many questions on a paper version of the screening measure, and the data were repetitive or too long, they were not worded in the way were tabulated. Common themes and issues were noted. General Any specific recommendations about changing the wording instructions were not helpful, and items that were not specific or format of the measure were collated into one large enough generated a variety of interpretations. In light of this, document. Each change was then assessed at a meeting of several questions were changed; some examples in the the whole research team convened to edit the new screening changes in the wording of questions are outlined below. Examples of changes in the wording of questions Original question Results Have you been able to speak to someone about your illness? Participants Comments received A total of six health and social care professionals were interviewed. This included a social worker, a palliative care Clarify who someone was, e. Two consumers returned comments about the Changed to screening measure via post, and one consumer former cancer patient agreed to be interviewed. Have you been able to talk to someoneâ€”either a professional or your family and friendsâ€”about your illness, Time to complete the cognitive interviews care or treatment? The participants felt that the interviews were quite lengthy. Original question All the interviews were over an hour in length because of the number of questions to assess 65

questions and the Have you been provided with sufficient information? Due to time constraints, cognitive interviews were conducted with only seven participants six Comments received health and social care professionals and one consumer. However, the literature on cognitive interviewing method- Very broad question information about what? The religious questions were considered to be very difficult Have you been provided with sufficient information about for those patients that had turned away or were angry your illness, care or treatment? Other At this early stage, some participants had suggested that upsetting questions were thought to be about how the some issues were not just relevant to patients needing illness was progressing and emotional and psycholog- supportive and palliative care but could be applied to a ical questions. Some participants were uncomfortable with asking specific questions that were considered to be upsetting, Jargon but the research team felt that on balance to keep these questions in. This reflected the fact that some members of Discussions took place about the practicalities of the research team were not clinicians working in supportive asking these type of questions when the professional has and palliative care. After reviewing the literature and speaking not yet developed a relationship with the patient. There to patients and professionals, a list of questions was drawn up. This again underlined the need for a because of them. The cognitive interviewing process highlighted the fact that patients would be providing information that Examples of changes in the wording of questions needed to be treated confidentially and that the focus containing jargon should be on respecting patient rights whilst being able to provide the most options to them as possible. Do you feel tired? Do you feel sick? Original question Editing the measure Have you been vomiting? The comments for each question were tabulated, and the research group discussed each comment in turn. Changed to All the identified questions were rewritten because they were either confusing or included too much jargon. Some Have you been sick vomiting? However, at this stage, these questions were professionals and the consumer as those focussing on kept in the measure. This study used both the concurrent and retrospective approaches. Do you have worries that are impossible to ignore? Concurrent cognitive interviewing involves the respon- Do you feel at times that life is not worth living? The interviewee is Have you had any problems with intimacy or your sexual life? Since this is not a Do you feel as if you have no-one to turn to? Do you have any religious or spiritual needs that are not being met? Do you feel troubled by problems other than your health? In general, information may be processed in a number of categories for example; 1. Suitability of the question to the respondent. Retrieving an answer to a question.

4: - NLM Catalog Result

Cough in cancer patients. Janine C Bestall Nisar Ahmed Sam H Ahmedzai Sheila A Payne Why do breast cancer patients decline entry into randomised trials and.

Eur J Cancer In spite of recent advances in anti-cancer treatments, most adult cancer patients still ultimately die from their disease. There should therefore be free access to palliative care around the clock and seven days a week, for all cancer patients, as a fundamental human right. The World Health Organisation WHO made an important advance in by first defining palliative care and, then updating this definition in However, this definition could benefit from further refinement in order to reflect the increasing multi-professional specialisation in this subject, and to recognise the different models for delivering this type of care. We recommend that palliative care should be defined as follows: Palliative care is the person-centred attention to symptoms, psychological, social and existential distress in patients with limited prognosis, in order to optimise the quality of life of patients and their families or close friends. Based on this definition, we propose two further types of palliative care which reflect the reality of how palliative care is actually delivered: Basic palliative care is the standard of palliative care which should be provided by all healthcare professionals, in primary or secondary care, within their normal duties to patients with life-limiting disease. Specialised palliative care is a higher standard of palliative care provided at the expert level, by a trained multi-professional team, who must continually update their skills and knowledge, in order to manage persisting and more complex problems and to provide specialised educational and practical resources to other non-specialised members of the primary or secondary care teams. Important priorities to ensure the standardisation of, and uniform access to, palliative care for all cancer patients include: Integration of palliative care services with the primary care and oncology teams. Establishment of a specialised palliative care service in each major cancer centre. Establishment of educational programmes covering palliative care for undergraduates, oncologists, primary care team members and specialists training in palliative care. Support for research using appropriate methodologies to underpin the scientific basis of palliative care. Establishment of quality assurance programmes. Recognition of palliative medicine as a medical specialty. Establishment of academic centres of excellence with chairs of palliative medicine and palliative care nursing. Removal of unnecessary restrictions on all drugs which are proven to be of benefit in symptom control, especially improving access to strong opioids. Improved information for patients and family carers to allow them to make choices and exercise autonomy.

5: mysite | EXPERTISE

Cough is the most familiar symptom of respiratory disease, and a problem which general practitioners must deal with on a daily basis. This timely volume draws together a wealth of recent research into the mechanisms, pharmacology and therapies for cough, and places these in clinical context.

6: mysite | PUBLICATIONS

Our cheapest price for Cough: Causes, Mechanisms and Therapy is \$ Free shipping on all orders over \$

7: Cough and gastro-oesophageal reflux | Alvin Ing - www.enganchecubano.com

This book incorporates guidelines on the most common causes of cough, treatments and pitfalls in management. It also summarises research on mechanisms, pharmacology and therapy of cough. It provides guidance on how to diagnose between acute, subacute and chronic cough.

8: Publications Authored by Sam H Ahmedzai | PubFacts

Contents: The clinical and pathophysiological challenge of cough / Kian Fan Chung -- Epidemiology of cough / Alyn H. Morice -- A brief overview of the mechanisms of cough / John G. Widdicombe -- Clinical assessment of cough / Lorcan P.A. Mcgarvey -- Measurement and assessment of cough / Kian Fan Chung -- Cough sensitivity: the use of.

9: Table of contents for Library of Congress control number

Kathrin Woitha 1, Karen Van Beek 2, Nisar Ahmed 3, Birgit Jaspers 4, 5, 6, Jean M Mollard 7, Sam H Ahmedzai 8, Jeroen Hasselaar 1, Johan Menten 2, Kris Vissers 1, Yvonne Engels 1 1 Department of Anesthesiology, Pain and Palliative Medicine, Radboud University Nijmegen Medical Centre, Nijmegen, the Netherlands.

Engineering mechanics statics hibbeler 13th edition solutions manual The legend of Saint Peter Voices from the river Understanding James Buchanan and his presidency From Middle to Early Modern English Jeremy J. Smith Employment of English Living the celibate life Home Bible studies Thermodynamics and the Design, Analysis and Improvement of Energy Systems (Advanced Energy Systems AES) Berenstain Bears Contest Coupon Pad France Biotechnology Industry Business Opportunities Handbook 15. The PKK saves itself, 1999-2007 Rivers and wetlands I Started Life a Tadpole The book of a thousand days Pleasures of old age Personal magnetism Learning to live without lying Systematic yet allowed the researcher to get close to the people being Memoirs of John Abernethy, F.R.S. School Success Among Minority Youth A Critical Review From a Counseling Psychology Perspective Atlas of endometriosis Oscar F. Carpenter. Index to the 1820 Census of Virginia (#1790) Pekings approach to the outside world, by R. L. Walker. Hearing on Military Academy Appropriation Bill for FY1910-11 How to trim your hips and shape your thighs Climate Change 2001: The Scientific Basis The spiritual journey Cases in buying behavior and marketing decision Manitoba commercial freshwater fishery The romantic story of scent Hannah M. Wright. Cultures and societies in a changing world A trail of plant evidence Summary and synthesis : have presidential campaigns become more negative? Footprints of Travel or Journeying in Many Lands Working with the Environment, 3rd (Working With the Environment) Iraq, Lies, Cover-ups, Consequences California Legal Considerations in Appraisal. Appraisal License Exam Preparation.