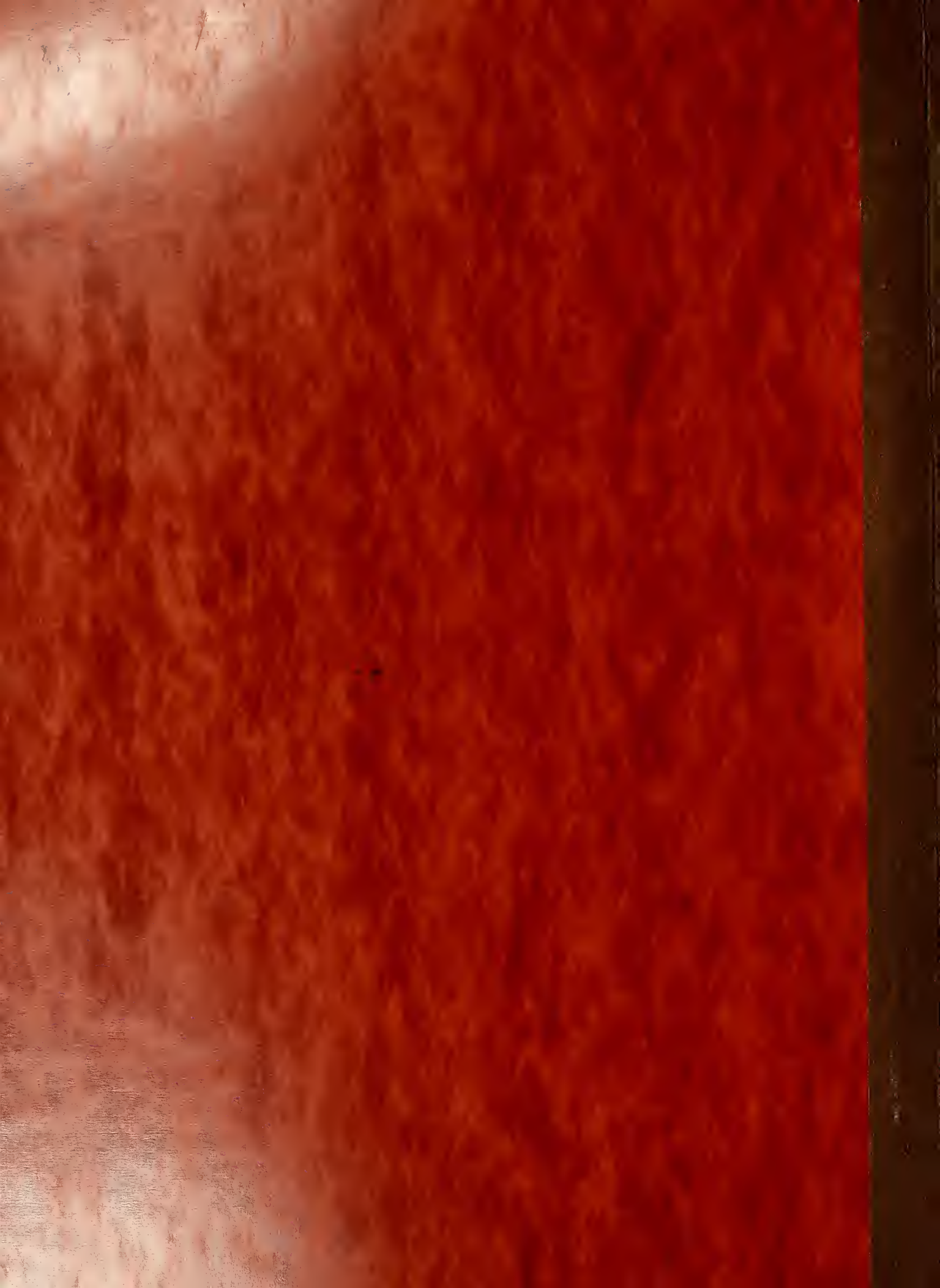


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ANNUAL REPORT:
NATIONAL CENTER FOR NURSING RESEARCH
FY 1995



**Serial Listing of Active Intramural Research Projects of the
National Institute of Nursing Research for Fiscal Year 1995**

Clinical Therapeutics Laboratory

PI: Mary H. Palmer, PhD, RN Z01 NR00004-03 CTL
"Prospective Study of Urinary Continence Status and Treatment of Incontinence in Nursing Home Residents"

PI: Mary H. Palmer, PhD, RN Z01 NR00005-03 CTL
"Urinary Incontinence in Nursing Home Residents: A Survey of Organizational Characteristics and Professional Perceptions Regarding Continence Programs"

PI: Mary H. Palmer, PhD, RN Z01 NR00006-03 CTL
"Role of Estrogen and Pelvic Muscle Exercise on Urinary Incontinence and Urinary Symptoms in Post-Menopausal Women"

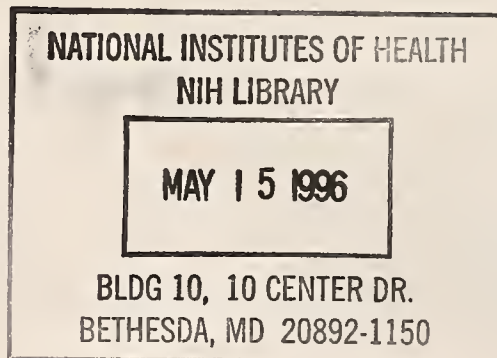
PI: Christine Grady, PhD, RN Z01 NR00009-02 CTL
"Fatigue Associated with Interleukin-2 Therapy for HIV Infection"

Laboratory for the Study of Human Responses to Health and Illness

PI: Carolyn L. Murdaugh, PhD, RN Z01 NR00003-05 HRHI
"Caregiving, Health, and Quality of Life of Elderly Caregivers and Potential Caregivers of Persons with Dementia"

PI: Carolyn L. Murdaugh, PhD, RN Z01 NR00007-03 HRHI
"A Study of Quality of Life in Persons with HIV Disease"

PI: Nancy Kline Leidy, PhD, RN Z01 NR00008-02 HRHI
"Isolating Functional Performance in Chronic Illness"



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1979

DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC HEALTH SERVICE
NOTICE OF INTRAMURAL RESEARCH PROJECT

PROJECT NUMBER

Z01 NR00003-05 HRHI

PERIOD COVERED

October 1, 1994 to September 30, 1995

TITLE OF PROJECT (80 characters or less. Title must fit on one line between the borders.)

Burden, Quality of Life of Elderly Caregivers in Alzheimer's Disease (N01-HC-05102)

PRINCIPAL INVESTIGATOR (List other professional personnel below the Principal Investigator.) (Name, title, laboratory, and institute affiliation)

Carolyn L. Murdaugh Consultant, HRHI/DIR/NINR

COOPERATING UNITS (if any)

NHLBI (Honolulu Heart Program), NIA, Kuakini Medical Center, Honolulu, HI

LAB/BRANCH

Laboratory for the Study of Human Response to Health and Illness (HRHI)

SECTION

INSTITUTE AND LOCATION

NINR, NIH; Building 31, Room 5B25; 9000 Rockville Pike; Bethesda, MD 20892

TOTAL STAFF YEARS:

1.0

PROFESSIONAL:

1.0

OTHER:

Contract

CHECK APPROPRIATE BOX(ES)

- (a) Human subjects (b) Human tissues (c) Neither
 (a1) Minors
 (a2) Interviews

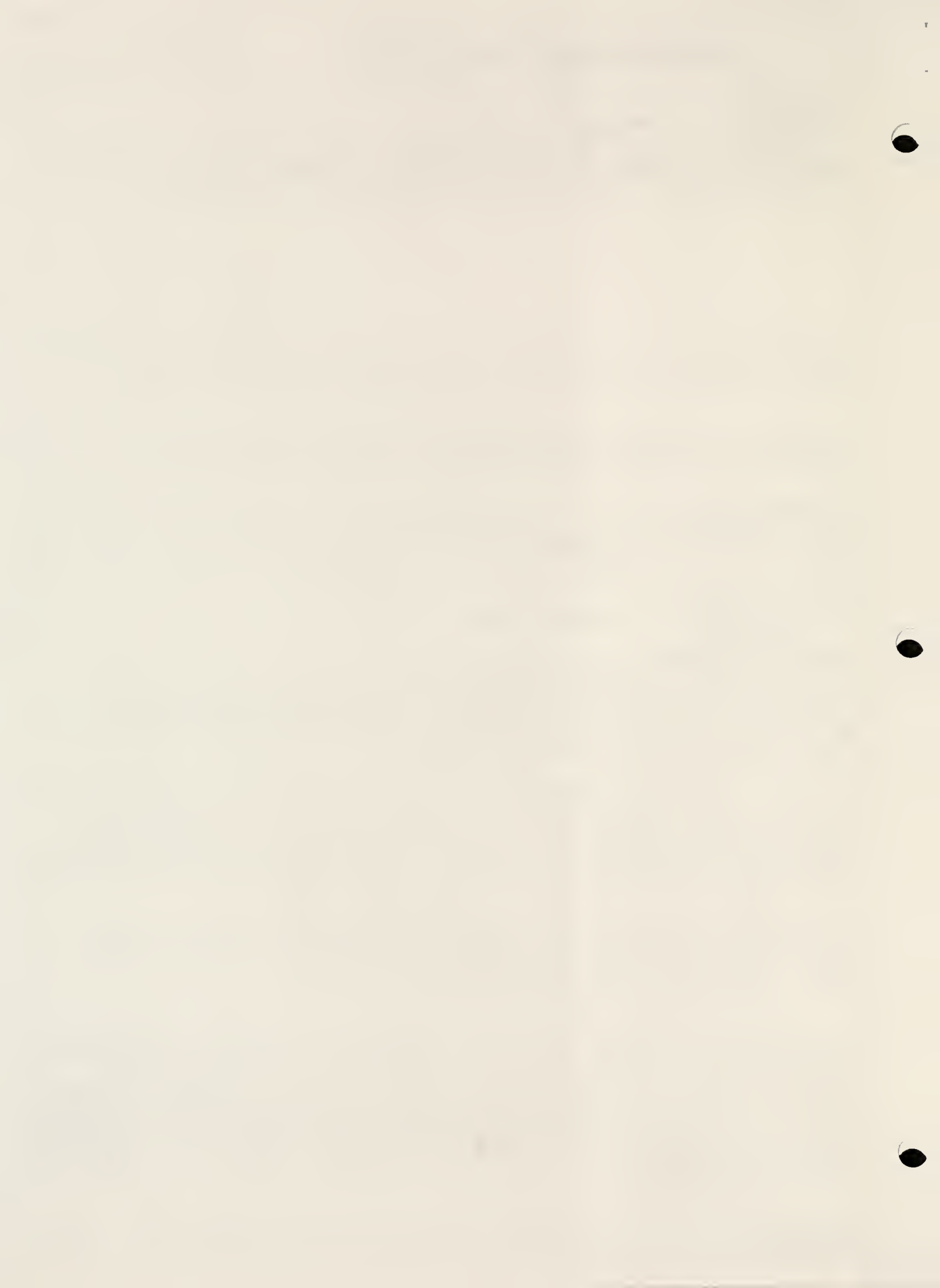
SUMMARY OF WORK (Use standard unreduced type. Do not exceed the space provided.)

The total cost to the Nation for the care of AD patients is estimated at \$90 billion, including medical and nursing home care, social services, lost productivity, and early death. The burden is not solely financial; caregivers and family members may suffer from isolation, depression, exhaustion, and increased health problems, as well as financial strain.

In spite of the fact that dementia is a major growing health and social problem as well as a major emotional and financial burden on families, little information is available in the types and patterns of caregiving, types and patterns of health care services use, and the costs of care. In addition, the ability of elderly women and/or working daughters or sons to provide long term care, and the types of interventions and services that facilitate elderly women or working persons to care for a demented loved one have not been adequately identified.

The purpose of this study is to describe predictors of caregiver burden and quality of life in elderly caregivers of persons with Alzheimer's Disease (AD) in the Honolulu Asian Aging Study of the Honolulu Heart Program. The caregivers are elderly spouses or siblings of Japanese American men between the ages of 70 and 90 who have been diagnosed with dementia.

In a longitudinal study, 206 caregivers of persons with AD and 191 spouses of a control group are participating in both face to face and telephone interviews every three months for two years. Information collected about the caregiver includes demographic data, acculturation, perceived control, social networks, social support, health status, health service use, burden, coping strategies, depression, functional status, life satisfaction, and social well-being. Information collected about the demented person includes driving behaviors, self-care behaviors, health status, health service use, and progression of dementia behaviors. Data collection has been underway since March 31, 1991 and will continue until 1996 to complete the longitudinal component.



DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC HEALTH SERVICE
NOTICE OF INTRAMURAL RESEARCH PROJECT

PROJECT NUMBER

Z01 NR00004-03 CTL

PERIOD COVERED

October 1, 1994 to September 30, 1995

TITLE OF PROJECT (80 characters or less. Title must fit on one line between the borders.)

Urinary Continence Status and Treatment of Incontinence in Nursing Home Residents

PRINCIPAL INVESTIGATOR (List other professional personnel below the Principal Investigator.) (Name, title, laboratory, and institute affiliation)

Principal Investigator: Mary H. Palmer, Senior Staff Fellow, CTL, NINR

COOPERATING UNITS (if any)

National Institute on Aging, GRC, NIH (B. Engel); Johns Hopkins Bayview Medical Center (A. Langford); Johns Hopkins Geriatric Center (G. Mendelson, S. Denman)

LAB/BRANCH

Clinical Therapeutics Laboratory, NINR

SECTION

INSTITUTE AND LOCATION

NINR, NIH, Gerontology Research Center, Baltimore, MD 21224

TOTAL STAFF YEARS:

.15

PROFESSIONAL:

.10

OTHER:

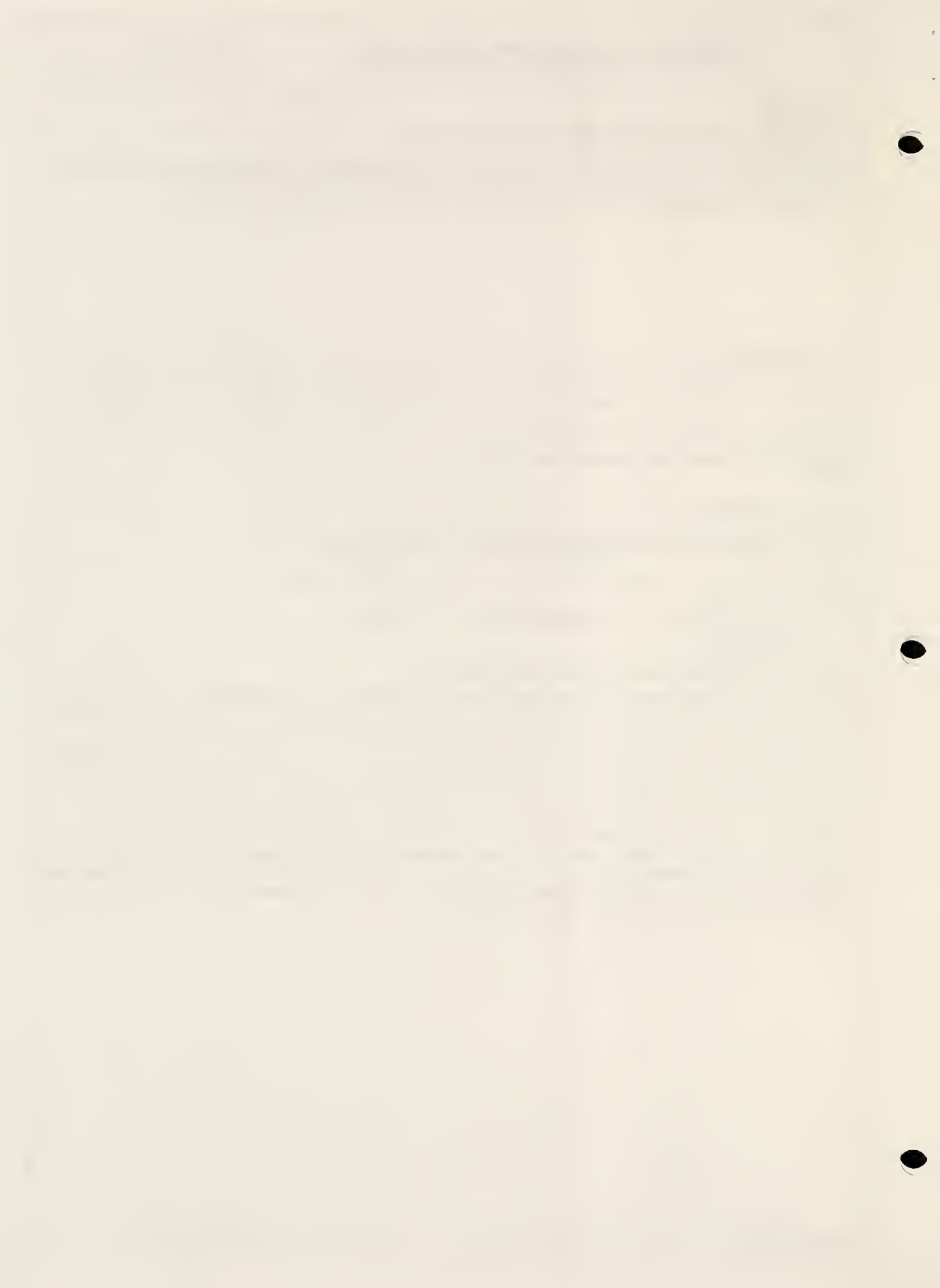
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CHECK APPROPRIATE BOX(ES)

- (a) Human subjects (b) Human tissues (c) Neither
 (a1) Minors
 (a2) Interviews

SUMMARY OF WORK (Use standard unreduced type. Do not exceed the space provided.)

Urinary incontinence is highly prevalent in nursing home residents. Its natural history and development is unclear. Previously non-urologic risk factors for the development of and treatment of incontinence were identified. However, few longitudinal studies have been conducted to identify functional and physiological risk factors for incontinence. Prompted voiding intervention has been documented as an effective intervention to reduce incontinent episodes in nursing home residents. However, the literature indicates that nursing staff often do not consistently use this intervention. This study investigates the physiological and functional factors associated with continence status and the effects of the intervention delivered by the nursing staff with verbal feedback from the immediate supervisor on the number of incontinent episodes and the compliance of the staff to the intervention over a six month period.



DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC HEALTH SERVICE
NOTICE OF INTRAMURAL RESEARCH PROJECT

PROJECT NUMBER

Z01 NR00005-03 CTL

PERIOD COVERED

October 1, 1994 to September 30, 1995

TITLE OF PROJECT (80 characters or less. Title must fit on one line between the borders.)

A Survey of Organizational Characteristics and Perceptions on Incontinence

PRINCIPAL INVESTIGATOR (List other professional personnel below the Principal Investigator.) (Name, title, laboratory, and institute affiliation)

Principal Investigator: Mary H. Palmer, Senior Staff Fellow, CTL, NINR

COOPERATING UNITS (if any)

LAB/BRANCH

Clinical Therapeutics Laboratory, NINR

SECTION

INSTITUTE AND LOCATION

NINR, NIH, Gerontology Research Center, Baltimore, MD 21224

TOTAL STAFF YEARS:

.10

PROFESSIONAL:

.10

OTHER:

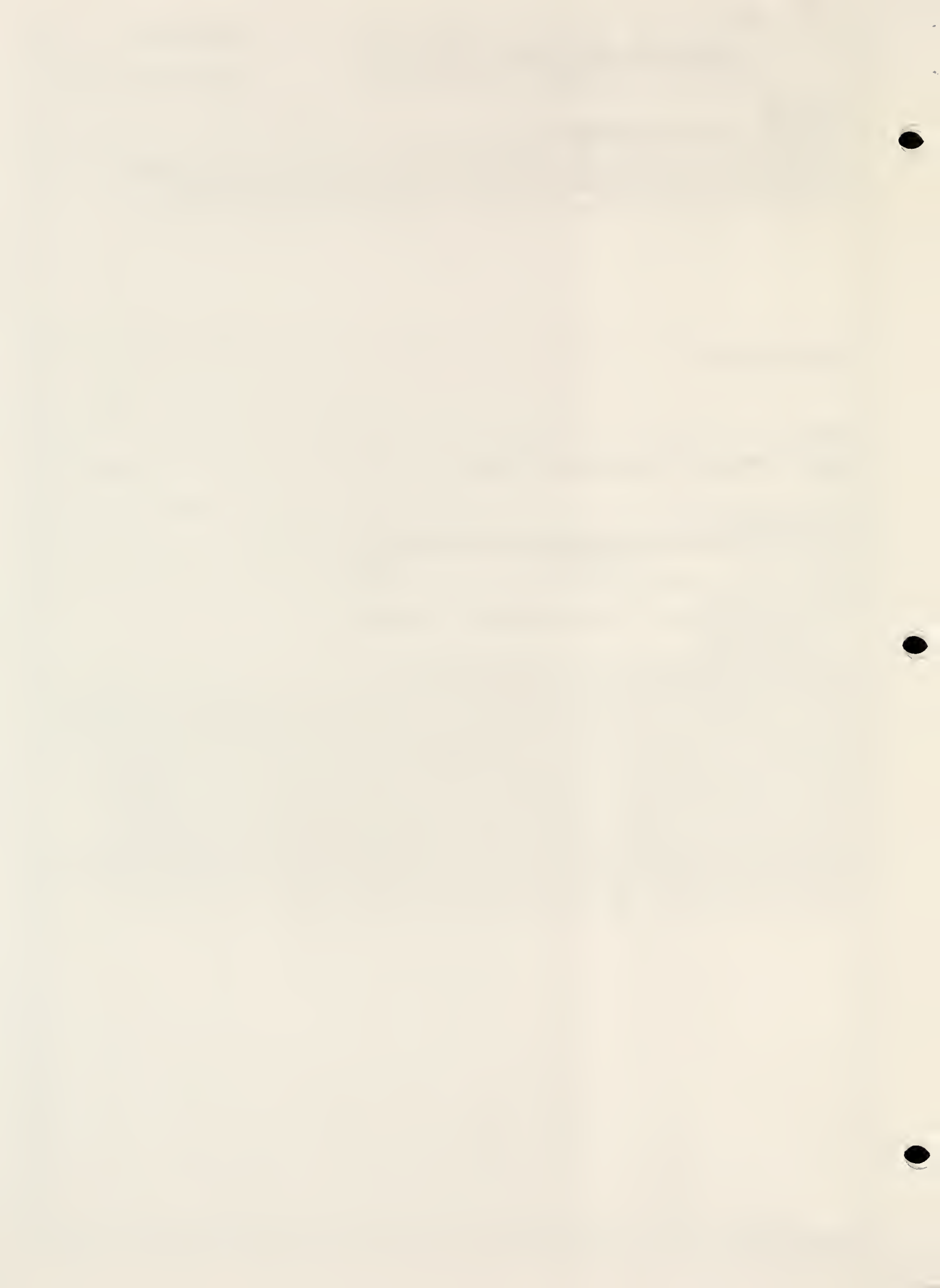
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CHECK APPROPRIATE BOX(ES)

- (a) Human subjects (b) Human tissues (c) Neither
 (a1) Minors
 (a2) Interviews

SUMMARY OF WORK (Use standard unrounded type. Do not exceed the space provided.)

Research has shown that staff compliance to behavioral interventions in nursing homes is critical to the program's success. Awareness of antecedent factors that can hinder or promote the success of continence programs, such as the staff knowledge and beliefs about incontinence and its treatment, by the individuals responsible for establishing and maintaining a continence program, is important prior to implementation. A questionnaire was administered to individuals, including licensed nurses, who attended a workshop on urinary incontinence in nursing homes. Information about potential staff resistance and deficits in knowledge about incontinence and its care can assist nurses and administrators to develop strategies to reduce resistance, increase knowledge, and change staff behavior that leads to improved continence status of nursing home residents.



DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC HEALTH SERVICE
NOTICE OF INTRAMURAL RESEARCH PROJECT

PROJECT NUMBER

Z01 NR00006-03 CTL

PERIOD COVERED

October 1, 1994 to September 30, 1995

TITLE OF PROJECT (80 characters or less. Title must fit on one line between the borders.)

Role of Estrogen on Urinary Incontinence and Symptoms in Post-menopausal Women

PRINCIPAL INVESTIGATOR (List other professional personnel below the Principal Investigator.) (Name, title, laboratory, and institute affiliation)

Principal Investigator: Mary H. Palmer, Senior Staff Fellow, CTL, NINR

COOPERATING UNITS (if any)

The Johns Hopkins Medical Systems (D. Foster); Francis Scott Key Medical Center, Baltimore, MD (J. Marks).

LAB/BRANCH

Clinical Therapeutics Laboratory, NINR

SECTION

INSTITUTE AND LOCATION

NINR, NIH, Gerontology Research Center, Baltimore, MD 21224

TOTAL STAFF YEARS:

1.50

PROFESSIONAL:

0.80

OTHER:

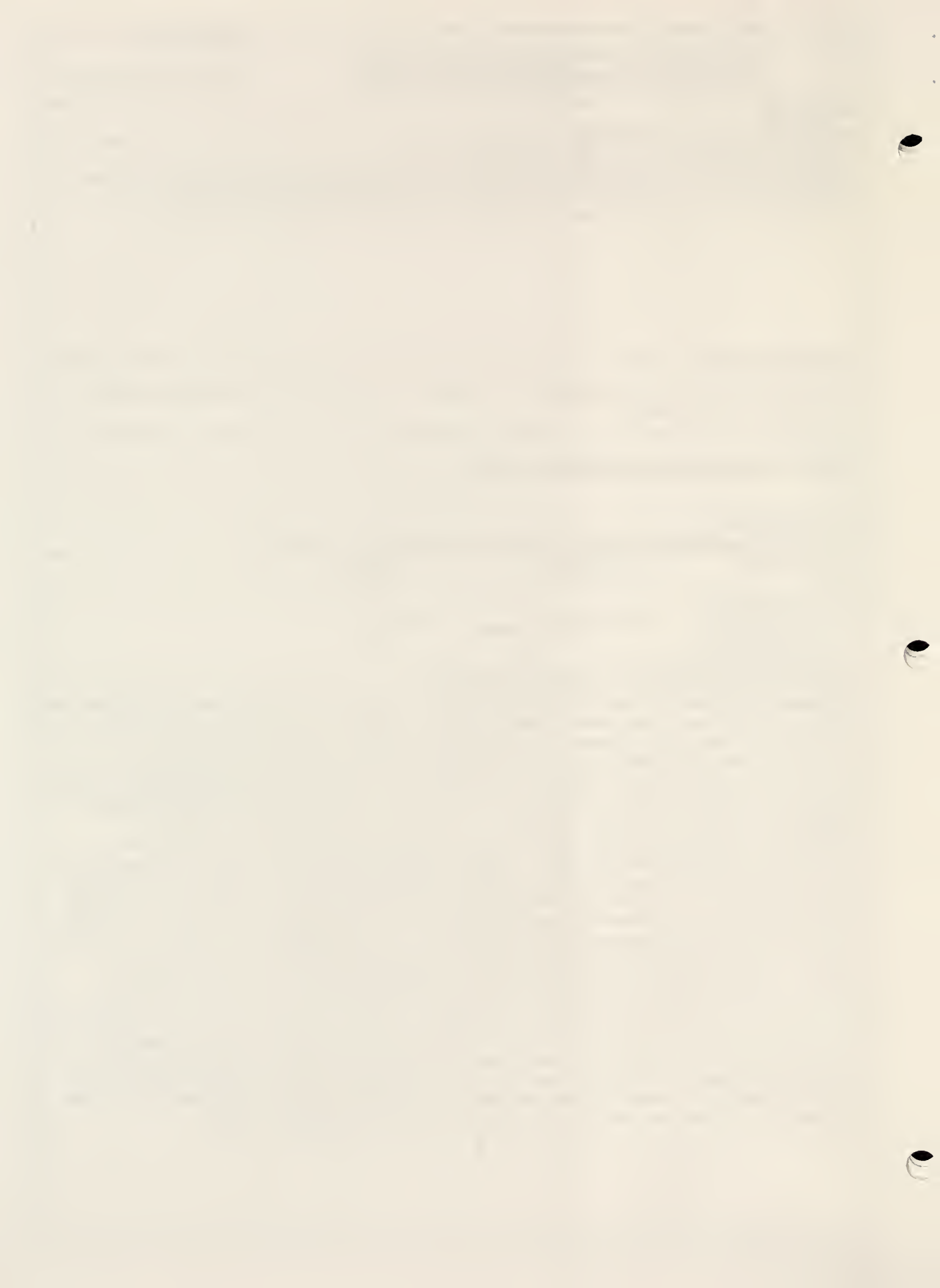
0.70

CHECK APPROPRIATE BOX(ES)

- (a) Human subjects (b) Human tissues ^o Neither
 (a1) Minors
 (a2) Interviews

SUMMARY OF WORK (Use standard unreduced type. Do not exceed the space provided.)

Estrogen deficiency is implicated in playing a role in the prevalence of stress and urge incontinence in post-menopausal women. Urogenital atrophy associated with the fall of circulating estrogens is postulated to lead to urinary symptoms of frequency, nocturia, and dysuria. Topical and oral estrogen therapy has been found effective as a treatment of stress incontinence in post-menopausal women. There is documented evidence that estrogen may increase the response of alpha-adrenergic receptors located along the urethra. Its role in the treatment of urge incontinence is less clear, but there is evidence that urge symptoms can be alleviated with estrogen therapy. Pelvic muscle exercise consists of repetitive volitional contractions and relaxations of specific pelvic floor muscles. Pelvic muscle exercise is helpful in the treatment of stress incontinence by increasing the strength of the pubococcygenus portion of the levator ani to effect efficient urethral closure during periods of sudden and sharp intravesical pressure. Pelvic muscle exercise may reduce uninhibited bladder contractions via neuromuscular changes, thus reducing urge incontinence. Biofeedback is a technique used to enhance the educational process of learning the correct muscles to strengthen during pelvic muscle exercises by providing immediate feedback about the efficiency of contractions. The effect of localized estrogen therapy and pelvic muscle exercise with biofeedback on stress and urge incontinence and urinary symptoms is being investigated in this current study. Findings from this study could lead to the development of combined pharmacological and non-surgical interventions in the treatment of prevalent urinary conditions in post-menopausal women.



DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC HEALTH SERVICE
NOTICE OF INTRAMURAL RESEARCH PROJECT

PROJECT NUMBER

Z01 NR00007-03 HRHI

PERIOD COVERED

October 1, 1994 to May 8, 1995

TITLE OF PROJECT (80 characters or less. Title must fit on one line between the borders.)

A Study of Quality of Life in Persons with HIV Disease (93-I-0147)

PRINCIPAL INVESTIGATOR (List other professional personnel below the Principal Investigator.) (Name, title, laboratory, and institute affiliation)

PI: Carolyn L. Murdaugh Consultant, HRHI, NINR
 Others: Christine Grady Research Associate, CTL, NINR
 Sakineh Walther Research Nurse, HRHI, NINR

COOPERATING UNITS (if any)

NIH Clinical Center Nursing Department (B. Barrick, L. Govoni)
 NIAID

LAB/BRANCH

Laboratory for the Study of Human Response to Health and Illness (HRHI)

SECTION

INSTITUTE AND LOCATION

NINR, NIH; Building 31, Room 5B25; 9000 Rockville Pike; Bethesda, MD 20892

TOTAL STAFF YEARS:

1.70

PROFESSIONAL:

1.50

OTHER:

.20

CHECK APPROPRIATE BOX(ES)

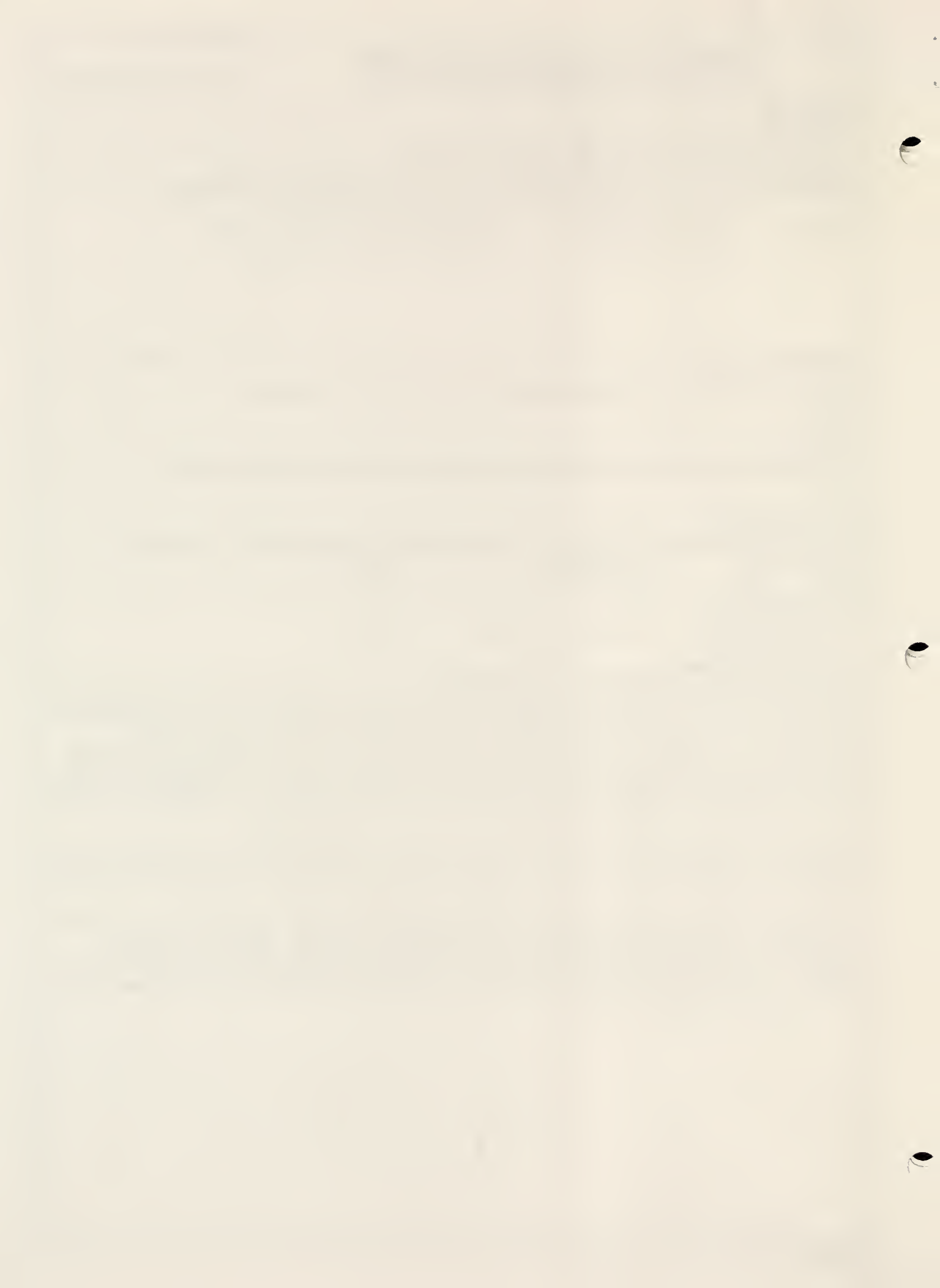
- (a) Human subjects (b) Human tissues (c) Neither
 (a1) Minors
 (a2) Interviews

SUMMARY OF WORK (Use standard unreduced type. Do not exceed the space provided.)

The purpose of this research is to describe physical and psychological predictors of quality of life (QOL) and changes in these predictors with the course of the illness in persons with HIV Disease. Three phases of the study have been completed. In Phase I, 14 adults who are HIV positive and enrolled in an NIAID drug protocol, participated in a 60 minute audiotaped interview. Interview data were transcribed and analyzed using grounded theory methods. In Phase II, a total of 12 men with HIV Disease participated in 1½-2 hour focus group interviews which were audiotaped. The data were described and content analyzed.

Findings from Phases I and II were used to refine the Quality of Life Model that underwent testing in Phase III, a longitudinal component in which patients with HIV Disease completed a set of questionnaires at baseline and six months.

In Phases I and II, all of the subjects except one were men with a mean age of 38 (±5 years). All were Caucasian, well educated, and fairly healthy. The core concept which describes the adjustment process has been called "Achieving a Balance". The four phases of the process include "Disintegrating", "Renormalizing", "Coming to Terms", and "Creating Meaning". Data from the longitudinal component are currently undergoing analysis.



DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC HEALTH SERVICE
NOTICE OF INTRAMURAL RESEARCH PROJECT

PROJECT NUMBER

Z01 NR00008-02 HRHI

PERIOD COVERED

October 1, 1994 to September 30, 1995

TITLE OF PROJECT (80 characters or less. Title must fit on one line between the borders.)

Isolating Functional Performance in Chronic Illness (NCN93-12-01-02)

PRINCIPAL INVESTIGATOR (List other professional personnel below the Principal Investigator.) (Name, title, laboratory, and institute affiliation)

Nancy Kline Leidy, Senior Staff Fellow, HRHI/NINR
Katherine M. Fedenko, Research Nurse Specialist, HRHI/NINR

COOPERATING UNITS (if any)

1. Johns Hopkins Asthma & Allergy Center
2. Bayview Medical Center

LAB/BRANCH

Laboratory for the Study of Human Responses to Health and Illness (HRHI)

SECTION

INSTITUTE AND LOCATION

NINR, NIH, Bethesda, MD 20892

TOTAL STAFF YEARS:

1.60

PROFESSIONAL:

1.50

OTHER:

.10

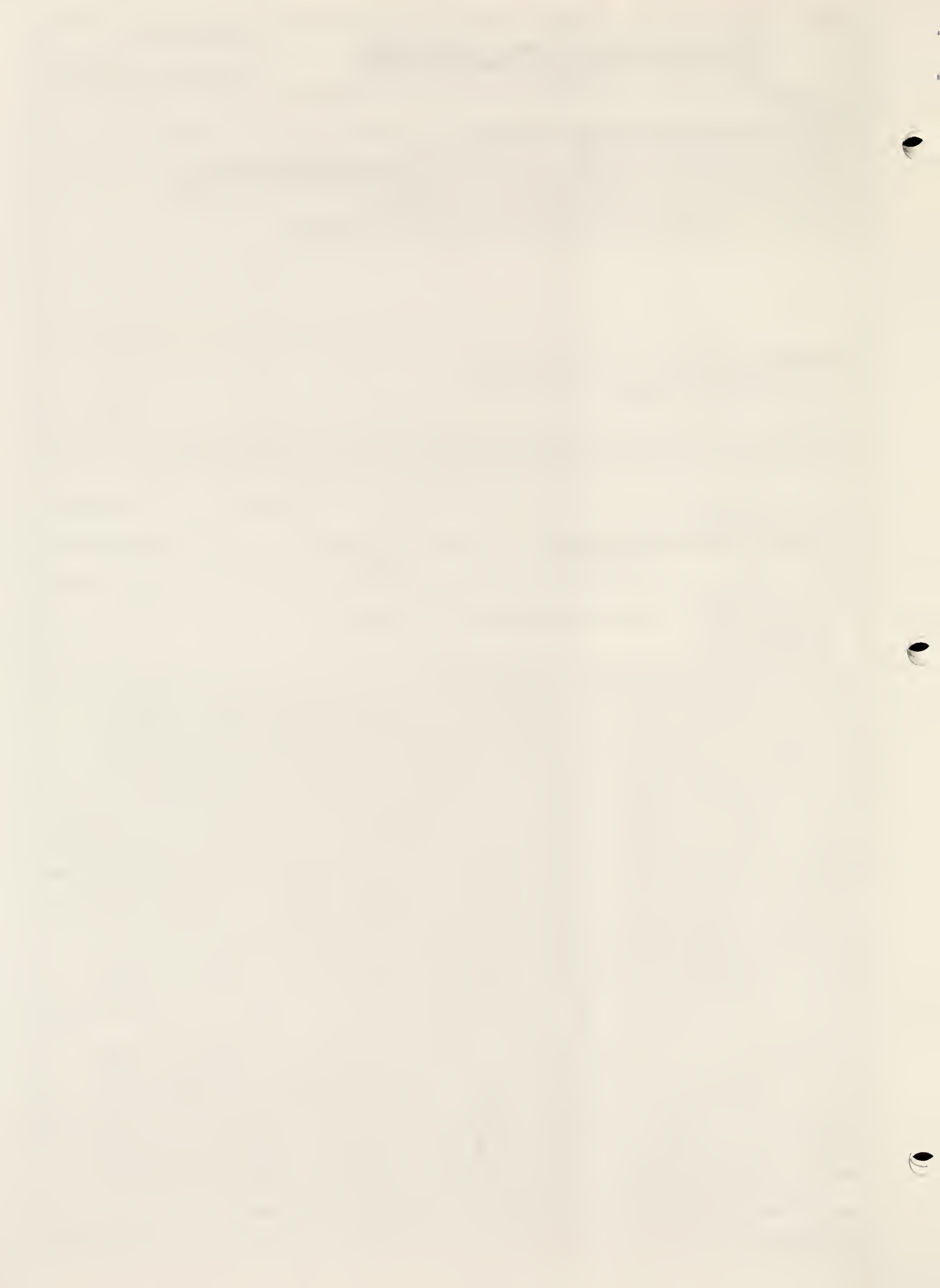
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- (a) Human subjects (b) Human tissues (c) Neither
 (a1) Minors
 (a2) Interviews

SUMMARY OF WORK (Use standard unreduced type. Do not exceed the space provided.)

The purpose of this study is to gain insight into functional performance variation in people with a chronic physical illness. Specifically, the aims are to: (1) identify and describe elements, contributing factors, and patterns of performance; (2) develop and test the psychometric properties of a subjective, self-report measure of performance, the Functional Performance Inventory (FPI); and (3) evaluate dual-mode actigraphy as an objective measure of performance.

The study is composed of 3 phases and an addendum. *Phase I. A Qualitative Study of the Elements and Meaning of Functional Performance:* To identify and describe elements and contributing factors of performance and to formulate a qualitative foundation for the FPI, 12 men and women with chronic obstructive pulmonary disease (COPD) and 6 with coronary artery disease were interviewed about the activities, motivation, rewards, and consequences of performances. *Phase II. Objective and Subjective Quantification of Activity Patterns and Performance:* To examine contributing factors and patterns of performance as well as test the validity of the FPI, 20 subjects with COPD are completing a daily diary of activities and symptoms while wearing a dual-mode actigraph to count and track activity-rest patterns over a 72-hour period. These subjects are also completing a questionnaire booklet containing the FPI and other subjective measures of activity, symptomatology, and life perceptions. *Phase III. A Survey of Patient and Family Members' Perceptions of Performance:* To test the psychometric properties of the FPI, 153 patients with COPD and 41 family members completed the questionnaire booklet, distributed through mail survey. To evaluate the FPI's 2-week test-retest reliability, a subset of 54 patients completed the FPI a second time. Finally, an *Addendum* was added to the protocol to test the dual-mode actigraph in healthy subjects under controlled levels of activity intensity. Twenty subjects wore the instrument on the wrist while performing standardized tasks representing daily activities at three levels of intensity; 18 returned for retesting.



DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC HEALTH SERVICE
NOTICE OF INTRAMURAL RESEARCH PROJECT

PROJECT NUMBER

Z01 NR00009-02

PERIOD COVERED

October 1, 1994 to September 30, 1995

TITLE OF PROJECT (80 characters or less. Title must fit on one line between the borders.)

Fatigue Associated with Interleukin-2 Therapy for HIV Infection (94-I-0155)

PRINCIPAL INVESTIGATOR (List other professional personnel below the Principal Investigator.) (Name, title, laboratory, and institute affiliation)

PI: Christine Grady, Acting Lab Chief, CTL/NINR

Others: Robin Anderson, Senior Research Nurse, CTL/NINR

COOPERATING UNITS (if any)

NIAID

LAB/BRANCH

Clinical Therapeutics Laboratory (CTL)

SECTION

INSTITUTE AND LOCATION

NINR, NIH, Bethesda, MD 20892

TOTAL STAFF YEARS:

1.50

PROFESSIONAL:

1.30

OTHER:

.20

CHECK APPROPRIATE BOX(ES)

- (a) Human subjects (b) Human tissues (c) Neither
 (a1) Minors
 (a2) Interviews

SUMMARY OF WORK (Use standard unreduced type. Do not exceed the space provided.)

The aims of this study are to: 1) Identify and describe the frequency, severity, duration, and impact of fatigue reported by HIV-infected individuals during and between cycles of investigational IL-2 therapy; 2) Evaluate selected physiologic and psychosocial correlates of fatigue in HIV-infected subjects receiving IL-2 therapy; and 3) Identify self-care strategies used by HIV-infected persons to minimize fatigue.

Both concurrent and longitudinal measurement of study variables at specified time points will be done. Data collection is complete on the first 50 patients, as proposed by the original study. In August 1995, an amendment was approved to enroll an additional 30 subjects who are taking TNF inhibitors in conjunction with IL2.





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