

# Suicide Among The Elderly In Long Term Care Facilities

Reviewing **Suicide Among The Elderly In Long Term Care Facilities**: Unlocking the Spellbinding Force of Linguistics

In a fast-paced world fueled by information and interconnectivity, the spellbinding force of linguistics has acquired newfound prominence. Its capacity to evoke emotions, stimulate contemplation, and stimulate metamorphosis is really astonishing. Within the pages of "**Suicide Among The Elderly In Long Term Care Facilities**," an enthralling opus penned by a very acclaimed wordsmith, readers attempt an immersive expedition to unravel the intricate significance of language and its indelible imprint on our lives. Throughout this assessment, we shall delve into the book's central motifs, appraise its distinctive narrative style, and gauge its overarching influence on the minds of its readers.

**Physician Assisted Suicide** Margaret P. Battin  
2015-10-15 Physician Assisted Suicide is a cross-disciplinary collection of essays from

philosophers, physicians, theologians, social scientists, lawyers and economists. As the first book to consider the implications of the Supreme Court decisions in *Washington v. Glucksburg*

and Vacco v. Quill concerning physician-assisted suicide from a variety of perspectives, this collection advances informed, reflective, vigorous public debate.

*Social Isolation and Loneliness in Older Adults*

National Academies of Sciences, Engineering, and Medicine 2020-05-14 Social isolation and loneliness are serious yet underappreciated public health risks that affect a significant portion of the older adult population.

Approximately one-quarter of community-dwelling Americans aged 65 and older are considered to be socially isolated, and a significant proportion of adults in the United States report feeling lonely. People who are 50 years of age or older are more likely to experience many of the risk factors that can cause or exacerbate social isolation or loneliness, such as living alone, the loss of family or friends, chronic illness, and sensory impairments. Over a life course, social isolation and loneliness may be episodic or chronic,

depending upon an individual's circumstances and perceptions. A substantial body of evidence demonstrates that social isolation presents a major risk for premature mortality, comparable to other risk factors such as high blood pressure, smoking, or obesity. As older adults are particularly high-volume and high-frequency users of the health care system, there is an opportunity for health care professionals to identify, prevent, and mitigate the adverse health impacts of social isolation and loneliness in older adults. *Social Isolation and Loneliness in Older Adults* summarizes the evidence base and explores how social isolation and loneliness affect health and quality of life in adults aged 50 and older, particularly among low income, underserved, and vulnerable populations. This report makes recommendations specifically for clinical settings of health care to identify those who suffer the resultant negative health impacts of social isolation and loneliness and target interventions to improve their social conditions.

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Social Isolation and Loneliness in Older Adults considers clinical tools and methodologies, better education and training for the health care workforce, and dissemination and implementation that will be important for translating research into practice, especially as the evidence base for effective interventions continues to flourish.

*Aging* 1975

*Suicide in Older Adults in Long - Term Care*

Briana Mezuk 2008 OBJECTIVES: To describe the characteristics associated with suicide in older persons residing in long-term care (LTC) facilities, to compare the characteristics of suicide cases in LTC with those of cases in the community, and to evaluate trends in suicide in these settings over the past 15 years. SETTING: The New York City (NYC) Office of the Chief Medical Examiner (OCME). PARTICIPANTS: Suicide deaths in NYC from 1990 to 2005. MEASUREMENTS: Location and method of suicide death reported by OCME. METHODS:

Suicides in older persons in LTC and community-dwelling older adults were compared in terms of demographic characteristics and method used. Trends in suicide rate ratios (RRs) were examined using zero-inflated Poisson regression. RESULTS: Over the study period, there were 1,771 suicides among NYC residents aged 60 and older: 47 in LTC and 1,724 in the community. Cases in LTC tended to be older (**Last Rights** Barbara Logue 1993 Many elderly, sick Americans who have no prospect of improved health prefer death to indefinite suffering. Others are incompetent to decide their own fate. Last Rights describes the economic and social forces that are propelling us toward controlling who dies--and when.

**The Tragedy of Multiple Death Nursing Home Fires** United States. Congress. House. Select Committee on Aging. Subcommittee on Health and Long-Term Care 1976  
**Death, Dying and the Elderly of Long Term Care Facilities** Nancy Kravitz Conniff 1984

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**Now I Lay Me Down** David Lester 1994 Suicide in the elderly : an overview / David Lester -- Symptoms and assessment of suicide in the elderly patient / Margot Tallmer -- Suicide across the life span with particular reference to the elderly / Antoon A. Leenaars -- Psychiatric treatment of the elderly suicidal patient / Bruce L. Danto and Joan M. Danto -- Individual and group therapy for the suicidal older person / Margot Tallmer -- Family therapy for the suicidal elderly / Joseph Richman -- Gender issues in counseling the suicidal elderly / Silvia Sara Canetto -- Psychiatric management of the suicidal elderly / Henry Rosenvinge -- Suicidal elders in long-term care facilities : preventive approaches and management / Nancy J. Osgood and Nancy R. Covey -- Social work and the suicidal older person / Elizabeth J. Clark -- The elderly suicide : those left behind / Rochelle Balter.??Helping the suicidal elderly : a Hungarian perspective / Bea?ta Temesva?ry -- Alternatives to suicide / Robert Kastenbaum --

Sara Teasdale : case study of a completed suicide / David Lester -- Subintentioned life-threatening behavior in the elderly : the story of Myra / Lenore S. Powell -- Assisted suicide and the elderly / David Lester.

*The Litany of Nursing Home Abuses and an Examination of the Roots of Controversy* United States. Congress. Senate. Special Committee on Aging. Subcommittee on Long-Term Care 1974 **Improving the Quality of Long-Term Care** Institute of Medicine 2001-02-27 Among the issues confronting America is long-term care for frail, older persons and others with chronic conditions and functional limitations that limit their ability to care for themselves. Improving the Quality of Long-Term Care takes a comprehensive look at the quality of care and quality of life in long-term care, including nursing homes, home health agencies, residential care facilities, family members and a variety of others. This book describes the current state of long-term care, identifying

problem areas and offering recommendations for federal and state policymakers. Who uses long-term care? How have the characteristics of this population changed over time? What paths do people follow in long term care? The committee provides the latest information on these and other key questions. This book explores strengths and limitations of available data and research literature especially for settings other than nursing homes, on methods to measure, oversee, and improve the quality of long-term care. The committee makes recommendations on setting and enforcing standards of care, strengthening the caregiving workforce, reimbursement issues, and expanding the knowledge base to guide organizational and individual caregivers in improving the quality of care.

**Nursing Home Care in the United States: The role of nursing homes in caring for discharged mental patients (and the birth of a for-profit boarding home industry)** United

States. Congress. Senate. Special Committee on Aging. Subcommittee on Long-Term Care 1976  
**Social Work in the Long-term Care Facility**  
 Shirley Conger 1984

Nursing Home Care in the United States, Failure in Public Policy United States. Congress. Senate. Special Committee on Aging. Subcommittee on Long-Term Care 1974

*Reducing Suicide* Institute of Medicine  
 2002-10-01 Every year, about 30,000 people die by suicide in the U.S., and some 650,000 receive emergency treatment after a suicide attempt. Often, those most at risk are the least able to access professional help. *Reducing Suicide* provides a blueprint for addressing this tragic and costly problem: how we can build an appropriate infrastructure, conduct needed research, and improve our ability to recognize suicide risk and effectively intervene. Rich in data, the book also strikes an intensely personal chord, featuring compelling quotes about people's experience with suicide. The book

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explores the factors that raise a person's risk of suicide: psychological and biological factors including substance abuse, the link between childhood trauma and later suicide, and the impact of family life, economic status, religion, and other social and cultural conditions. The authors review the effectiveness of existing interventions, including mental health practitioners' ability to assess suicide risk among patients. They present lessons learned from the Air Force suicide prevention program and other prevention initiatives. And they identify barriers to effective research and treatment. This new volume will be of special interest to policy makers, administrators, researchers, practitioners, and journalists working in the field of mental health.

*The Neurobiological Basis of Suicide* Yogesh Dwivedi 2012-06-25 With recent studies using genetic, epigenetic, and other molecular and neurochemical approaches, a new era has begun in understanding pathophysiology of suicide.

Emerging evidence suggests that neurobiological factors are not only critical in providing potential risk factors but also provide a promising approach to develop more effective treatment and prevention strategies. The Neurobiological Basis of Suicide discusses the most recent findings in suicide neurobiology. Psychological, psychosocial, and cultural factors are important in determining the risk factors for suicide; however, they offer weak prediction and can be of little clinical use. Interestingly, cognitive characteristics are different among depressed suicidal and depressed nonsuicidal subjects, and could be involved in the development of suicidal behavior. The characterization of the neurobiological basis of suicide is in delineating the risk factors associated with suicide. The Neurobiological Basis of Suicide focuses on how and why these neurobiological factors are crucial in the pathogenic mechanisms of suicidal behavior and how these findings can be transformed into

potential therapeutic applications.

Suicide Among the Elderly in Long-Term Care Facilities Nancy Osgood 1991 This is the first large-scale study of suicide in a population of institutionalized older adults. From their findings, the authors identify the most at risk groups and highlight the major factors contributing to suicide in older adults in institutions. The study described in this work employed a sample survey design. More than 1000 administrators of long-term care facilities in the United States were randomly selected and surveyed about their staff and facilities, and the incidence and type of suicidal behaviors which occurred among residents in 1984 and 1985. Results of the study confirmed that suicidal behavior occurred in approximately 20 percent of the facilities who responded. High risk groups of residents included white males and the old-old (75 years and older). The survey reveals that certain environmental factors such as the size of the facility, staff turnover rate, per diem cost,

and auspices (public, private, and religious) were related to the occurrence and outcome of suicidal behavior. Suggestions for suicide prevention, based on these findings, are also presented. The book is divided into three parts. Part One examines various types of long-term care facilities, including skilled nursing facilities, intermediate care facilities, and adult homes. Part Two highlights design, methodology, and findings from the national study of suicide in long-term care facilities. Case profiles of suicidal residents are included to provide a more personal account of suicide behavior, and to illustrate important factors in the older individual's decision to end her/his life. Case profiles of four institutions are also included to highlight environmental factors related to suicidal behavior. Part Three focuses on suicide prevention. Suggestions on the treatment of depression in the elderly, suicide prevention techniques, and the ethics of suicide are discussed in detail. This book makes valuable

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reading for professionals involved in the care of the elderly.

**Aging and Old Age** Richard A. Posner 1995  
Observing that people change both physically and cognitively as they age, Posner suggests that each of us has, in succession, two separate selves - younger and older - with different abilities, interests, and behaviors, an insight that helps clarify a number of issues concerning the elderly.

**Death and Dying in India** Suhita Chopra Chatterjee 2017-07-14  
Most aged in India are experiencing a highly protracted death in hospitals, entangled in tubes and machines. Such 'medicalised death' entails huge psychological, social and financial costs for both patients and their caregivers. There are also many who are dying in abject neglect. However, Government response to end-of-life care has been almost negligible and there is an acute information deficit on dying matters. This book examines different settings where elderly die,

including hospitals, family homes and palliative set-ups. The discourse is set in the backdrop of international attempts to restructure and reconfigure the health delivery system for ageing population. It makes critical commentaries on global developments, offers state-of-art reviews of recent advances, substantiates and corroborates facts by personal narratives and case histories. The book overcomes a segmental understanding of the field by weaving various sociological, medical, legal and cultural issues together. Finally, the authors critically examine biomedicine's potential to meet the complex needs of the dying elderly. In an attempt to bring cultural sensitivity in end-of-life care, they explore the lost Indic 'art of dying' which has the potential to de- medicalise death. Increasing public sensitivity to poor dying conditions of the elderly in India and facilitating changes to improve care systems, this book also demonstrates the limitations of the western specialization of



death. It will be of interest to academics in the field of Medical Sociology/Anthropology, Medicine, Palliative care, Public Health and Social Work, Social Policy and Asian Studies.

**Death and Dying in Long Term Care Facilities : Report** Patricia Ngan 1989

*Death and Dying in Long Term Care Facilities : Operational Guidelines* Patricia Ngan 1989

**Nursing Home Care in the United States: The litany of nursing home abuses and an examination of the roots of controversy**

United States. Congress. Senate. Special Committee on Aging. Subcommittee on Long-Term Care 1974

**Oxford Textbook of Suicidology and Suicide Prevention** Danuta Wasserman 2021-01-08

Part of the authoritative Oxford Textbooks in Psychiatry series, the new edition of the Oxford Textbook of Suicidology and Suicide Prevention remains a key text in the field of suicidology, fully updated with new chapters devoted to major psychiatric disorders and their relation to

suicide.

Death & Dying, Life & Living Charles A. Corr 2012-01-01 Practical and inspiring, this field-leading book helps students learn how to navigate encounters with death, dying, and bereavement. The authors integrate classical and contemporary material, present task-based approaches for individual and family coping, and include four substantial chapters devoted to death-related issues faced by children, adolescents, young and middle-aged adults, and older adults. The book discusses a variety of cultural and religious perspectives that affect people's understanding and practices associated with such encounters. Practical guidelines for constructive communication are designed to encourage productive living in the face of death. Important Notice: Media content referenced within the product description or the product text may not be available in the ebook version. *The Aging Client and Long-Term Care* Jacqueline E. Figas 2008

**Board and Care Homes in America** United States. Congress. House. Select Committee on Aging. Subcommittee on Health and Long-Term Care 1989

Suicide Among the Elderly in Long-Term Care Facilities Nancy Osgood 1991 This is the first large-scale study of suicide in a population of institutionalized older adults. From their findings, the authors identify the most at risk groups and highlight the major factors contributing to suicide in older adults in institutions. The study described in this work employed a sample survey design. More than 1000 administrators of long-term care facilities in the United States were randomly selected and surveyed about their staff and facilities, and the incidence and type of suicidal behaviors which occurred among residents in 1984 and 1985. Results of the study confirmed that suicidal behavior occurred in approximately 20 percent of the facilities who responded. High risk groups of residents included white males and the old-old

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depression in the elderly, suicide prevention techniques, and the ethics of suicide are discussed in detail. This book makes valuable reading for professionals involved in the care of the elderly.

**Nursing Home Care in the United States: Failure in Public Policy** United States.

Congress. Senate. Special Committee on Aging. Subcommittee on Long-Term Care 1974

Living Well at the End of Life Joanne Lynn 2003

Self-care deficits and a slowly dwindling course to death, which usually results from frailty or dementia. Effective and reliable care for persons coming to the end of life will require changes in the organization and financing of care to match these trajectories, as well as compassionate and skillful clinicians. (Available from the publisher or libraries holding the journal.).

**Retooling for an Aging America** Institute of Medicine 2008-09-27 As the first of the nation's 78 million baby boomers begin reaching age 65 in 2011, they will face a health care workforce

that is too small and woefully unprepared to meet their specific health needs. Retooling for an Aging America calls for bold initiatives starting immediately to train all health care providers in the basics of geriatric care and to prepare family members and other informal caregivers, who currently receive little or no training in how to tend to their aging loved ones. The book also recommends that Medicare, Medicaid, and other health plans pay higher rates to boost recruitment and retention of geriatric specialists and care aides. Educators and health professional groups can use *Retooling for an Aging America* to institute or increase formal education and training in geriatrics. Consumer groups can use the book to advocate for improving the care for older adults. Health care professional and occupational groups can use it to improve the quality of health care jobs.

**Mental Health and the Elderly** Francis J. Turner 2010-06-15 The demographic shift to a

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much older population is having a large impact on social work professionals who have traditionally been the primary caretakers of the elderly. As more people are living into advanced old age, it is becoming increasingly important to understand and treat the wide range of psychological disorders which may affect them, rather than simply attributing the disorders to senescence as was frequently done in the past. *Mental Health and the Elderly: A Social Work Perspective* is a comprehensive guide to diagnosis and treatment of the range of disorders affecting the elderly.

**Elder Crimes, Elder Justice** David R. Snyder  
2012-09-05 The proportion of the aged in society today is greater than ever before and growing faster than any other segment of the population. Law enforcement officers are increasingly called upon to manage the needs of the older population they serve. *Elder Crimes, Elder Justice* addresses all of the special needs of older people and gives the law enforcement officer the

confidence that is needed to understand the aging process, communicate effectively with older people, understand the fears of older people, develop effective crime prevention strategies, and respond effectively to the older perpetrator. This book offers insights into the special considerations of the growing elderly population and teaches how to handle day-to-day interactions astutely and empathetically, resulting in a positive outcome for the law enforcement official, for the older person, and for the community. Key Features: -Topics include crime and the older adult; the criminal victimization of older adults; communicating with and interviewing the elderly crime victim; crime specific issues facing the older population; and the older adult as perpetrator. -Each chapter contains multiple case studies. These case studies prompt the reader to think about what they might do if they encounter a similar situation in the field. -Includes Communication Tips throughout to remind the reader of

communication issues and how to communicate properly with older adults. -Includes Attitude Tips throughout that demonstrate to the reader how to appropriately handle issues involving older adults

### **Nurses' Social Representations about Elderly Suicidality in Long Term Care Facilities**

**Facilities** Amy L. Serna 2022 This qualitative study was a modification of a study by Couillet et al. (2017) that explored nurses' social representations of working with suicidal elderly patients in long-term care facilities (LTCs). This study explored the social representations of nurses working with this population in LTCs. Eight nurses participated in the current study, which utilized a semi-structured interview protocol to identify common themes among participants. Four main social representations came out of the responses from participants, including (a) Suicide Risk is Lessened Through Building Relationship and Knowing Patients' Stories; (b) Nurses Have Direct and Indirect

Roles to Reduce Risk of Suicide in Elderly Patients; (c) Nurses Respect the Self-Determination of Suicidal Patients; and (d) Risk of Patient Suicide Impacts the Emotional Well-Being of Nurses. Elderly individuals have higher rates of suicide completion (Shah, 2012) and those living in LTCs are not immune. Nurses are frontline caregivers to these individuals and those paying closest attention to what their patients are exhibiting, both verbally and non-verbally. Knowing the social representations nurses hold is important in understanding how their beliefs and attitudes may impact the care provided to elderly patients experiencing suicidal thoughts or intentions. Nurses in this study indicated their support for patients' decisions, while also balancing professional obligations and building relationships with their patients. They described working to intervene and prevent suicide, despite the impact it has on their well-being. Participants expressed that nurses would benefit from further support,

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including suicide intervention and prevention training, to be better equipped to help their patients.

**Nursing Home Care in the United States: Doctors in nursing homes : the shunned responsibility** United States. Congress. Senate. Special Committee on Aging. Subcommittee on Long-Term Care 1975

**Family Therapy with the Elderly** Elizabeth R. Neidhardt 1993 Practical exercises and case studies enhance this volume which describes how to understand and help the elderly and their families by using family therapy approaches conducive to facilitating change. Special attention is given to assessment techniques that include intergenerational history and patterns, ethnicity, gender and cultural factors. Common life-cycle issues, such as retirement, are addressed, as are problems experienced by a significant number of elderly people, including long-term care problems, depression and suicidal thoughts. Implications of the therapeutic

approach for policy and programme planning, and for the training of practitioners, are also examined.

*The Oldest Old* Richard M. Suzman 1995 This book brings together leading researchers to review current knowledge about the demography, health, epidemiology and social status of the oldest old. From discussions of the impact of Alzheimer's disease to an examination of changing social and medical policies, this book provides much needed information about this oft-neglected but growing group.

**Practical Psychiatry in the Long-Term Care Home** David K Conn 2007-05-01 This is a practical book, aimed at providing training and guidance for staff members in long-term care facilities. The goal is to help staff understand and solve the wide range of psychiatric and behavioral problems which are encountered on a day-to-day basis. Numerous clinical illustrations are presented. This material is invaluable for all team members: nurses, physicians, social

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workers, psychologists and occupational therapists. It is especially helpful for frontline health aids who work most closely with the residents, and for supervisors and administrators. As a result, it also serves as a useful tool for teaching students. The emphasis is on training all members of the staff to provide the highest quality of care, in the most cost-effective and productive manner. The authors have worked together for many years at the Baycrest Centre for Geriatric Care, a large university affiliated, multilevel geriatric center, which has an international reputation for its excellence in the care of the elderly.

### **Treatment of Suicidal Patients in Managed Care**

James M. Ellison 2008-08-13 Suicide remains all too common in the United States. As the ninth leading cause of death -- responsible for 30,000 deaths annually -- it is also one of the more preventable causes of death. Increasingly, mental health clinicians must care for suicidal patients within managed care systems. Managed

care's cost-driven focus on rapid assessment and triage, narrowly restrictive hospital admission criteria, and abbreviated inpatient stays have resulted in poorer clinical care and increased opportunities both for adverse outcomes such as suicide and for clinician liability. Bringing together a unique mix of clinicians, authorities, and administrators from private practice and managed care, *Treatment of Suicidal Patients in Managed Care* offers practical guidance on how to improve care and reduce risk for suicidal patients. Contributors explore a wide range of topics: Hospitalization -- Emphasizes the increased importance of the initial assessment when managed care systems shorten or deny hospitalization for suicidal patients and of knowing whom to call within the managed care system. Includes alternative programs from acute residential care to cognitive-behavioral strategies and dialectical behavior therapy for the suicidal patient in crisis. Suicide risk among adolescents and the elderly -- For adolescents,

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emphasizes the value of multiple levels of care when admissions are too short and too often followed by distressing and costly readmissions. For the elderly, offers preventive interventions for primary care physicians who are uncomfortable discussing depression and suicidal ideation and intention with their elderly patients Suicide and substance abuse -- Details the role of case managers in providing continuity of care in a disorder known to be chronic and relapsing Pharmacotherapy of depression and suicidality -- Discusses the effects of managed care and raises questions about the expertise of the prescriber, especially relevant now that more primary care physicians are treating patients with uncomplicated unipolar depression Risk management issues -- To counter the perception that managed care companies profit from withholding care, emphasizes the crucial importance today of documenting the reasons for treatment decisions Helping those affected by the aftermath of a suicide -- A step-by-step

process: 1) anticipating a suicide, 2) announcing or sharing the news of a suicide, 3) assessing those affected by a suicide, and 4) seeing what can be learned from reviewing the patient's treatment This clinical guide will aid understanding of clinical, administrative, and risk management issues relevant to the care of suicidal patients. Psychiatrists, psychologists, nurse clinical specialists, social workers, administrators, and primary care physicians will also rely on it as they cope with the mounting pressures of managed care while maintaining the quality of their care for these vulnerable and patients.

**Level of Attainment and Retention of Knowledge about Elderly Depression and Suicide Held by Direct Care Staff at Long-term Care Facilities** John William LoCurto 2011

The International Handbook of Suicide and Attempted Suicide Keith Hawton 2000-11-21  
Recent research in the area of suicidology has

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provided significant new insights in the epidemiological, psychopathological, and biological characteristics of suicidal behaviour. The International Handbook of Suicide and Attempted Suicide is the first book to bring together this expertise and translate it into practical guidelines for those responsible for policy issues and for those involved in the treatment and prevention of suicidal behaviour. Leading international authorities provide a truly comprehensive and research-based reference to understanding, treating, and preventing suicidal behaviour. They explore concepts and theories which best guide work within this field and detail key research which has supported conceptual developments, preventive interventions and clinical treatment. "No self-respecting worker in deliberate self-harm and suicide prevention, either clinical or research, can afford to be without access to this comprehensive handbook - possession and regular use, may well become a marker of

serious involvement in the subject! ...This is the most comprehensive, up-to-date, informative and well-written source of information on suicide and suicidal behaviour...an invaluable work of reference which will be essential for clinicians and researchers for many years to come."

—Andrew Sims, Emeritus Professor of Psychiatry, St James's University Hospital, Leeds, UK - British Journal of Psychiatry  
Late-Life Mood Disorders Helen Lavretsky  
2013-04-04 Late-life Mood Disorders provides a comprehensive review of the current research advances in neurobiology and psychosocial origins of geriatric mood disorders. The review of the latest developments and "gold standards" of care is provided by an international group of leading experts.

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