

Acute symptomatic complications among patients with advanced cancer admitted to acute palliative care units: A prospective observational study

Reference: David Hui, Renata dos Santos, Suresh Reddy, Maria Salette de Angelis Nascimento, Donna S Zhukovsky, Carlos Eduardo Paiva, Shalini Dalal, Everaldo Donizeti Costa, Paul Walker, Heloisa Helena Scapulatempo, Rony Dev, Camila Souza Crovador, Maxine De La Cruz and Eduardo Bruera
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ABSTRACT:

BACKGROUND: Limited information is available on the symptomatic complications that occur in the last days of life.

AIM: We documented the frequency, clinical course, and survival for 25 symptomatic complications among patients admitted to acute palliative care units.

DESIGN: Prospective longitudinal observational study.

MEASUREMENTS: Their attending physician completed a daily structured assessment of symptomatic complications from admission to discharge or death.

SETTING/PARTICIPANTS: We enrolled consecutive advanced cancer patients admitted to acute palliative care units at MD Anderson Cancer Center, USA, and Barretos Cancer Hospital, Brazil.

RESULTS: A total of 352 patients were enrolled (MD Anderson Cancer Center = 151, Barretos Cancer Hospital = 201). Delirium, pneumonia, and bowel obstruction were the most common complications, occurring in 43%, 20%, and 16% of patients on admission, and 70%, 46%, and 35% during the entire acute palliative care unit stay, respectively. Symptomatic improvement for delirium (36/246, 15%), pneumonia (52/161, 32%), and bowel obstruction (41/124, 33%) was low. Survival analysis revealed that delirium ($p < 0.001$), pneumonia ($p = 0.003$), peritonitis ($p = 0.03$), metabolic acidosis ($p < 0.001$), and upper gastrointestinal bleed ($p = 0.03$) were associated with worse survival. Greater number of symptomatic complications on admission was also associated with poorer survival ($p < 0.001$).

CONCLUSION: Symptomatic complications were common in cancer patients admitted to acute palliative care units, often do not resolve completely, and were associated with a poor prognosis despite active medical management.

Strengths:

- Decent sample size (352 patients).
- Info from APCU which are similar to Unit 43.
- Palliative care physicians caring for patients day-to-day were used for data capture which helped determine frequency and clinical course.
- Dichotomous rating scale/standardized checklist to illicit clinical complications
- Only measured *symptomatic* complications which aids in clinical relevance/applicability

Weaknesses:

- Only inquired about 25 complications in order to limit study burden.
- Some complications chosen were quite rare and underpowered (tamponade, RP bleed) while other more common/useful were not included (urinary retention, dehydration).
- No documentation of symptom intensity for each complication.
- No information gathered on treatment for each complication.
- Inter-rater reliability not analyzed (over 40 physicians were utilized)
- Surveillance bias – rigorous daily monitoring may result in over reporting of complications than in actual practice.

Relevance to Palliative Care:

Symptomatic complications are extremely common on palliative care units. Patients are admitted with them and develop more during their course. It's important to recognize that they often do not resolve and are often associated with poor prognosis as this should impact our clinical decision making in terms of interventions as well as our discussions with family members. Some complications appear more grave than others (i.e. delirium) and it's important to temper family's expectations regarding clinical improvement and help lessen the blow of their loved ones eventual passing.

