Evaluation of a new model of short-term palliative care for people severely affected with multiple sclerosis: a randomised fast-track trial to test timing of referral and how long the effect is maintained

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Aims In this randomised fast-track phase II trial, the authors examined (1) whether the timing of referral to short-term palliative care (PC) affected selected outcomes, and (2) the potential staff-modifying effect of the short-term PC intervention (whether the effects were sustained over time after PC was withdrawn).

Methods PC comprised a multiprofessional PC team that provided, on average, three visits, with all care completed by 6 weeks. Recruitment commenced in August 2004 and continued for 1 year. Follow-up was performed for 6 months in both groups. Outcomes were a composite measure of five key symptoms (pain, nausea, vomiting, mouth problems and sleeping difficulty) using the Palliative care Outcome ScaleeMS Symptom Scale, and care giver burden was measured using the Zarit (Care Giver) Burden Interview (ZBI).

Results 52 patients severely affected by multiple sclerosis were randomised to receive PC either immediately (fast-track group) or after 12 weeks (control group). Patients had a high level of disability (mean Expanded Disability Status Scale: 7.7; median: 8; SD: 1). Following PC, there was an improvement in Palliative care Outcome ScaleeMS Symptom Scale score and ZBI score. A higher rate of improvement in ZBI score was seen in the fast-track group. After withdrawal of PC, effects were maintained at 12 weeks, but not at 24 weeks.

Conclusions Receiving PC earlier has a similar effect on reducing symptoms but greater effects on reducing care giver burden, compared to later referral. In this phase II trial, the authors lacked the power to detect small differences. The effect of PC is maintained for 6 weeks after withdrawal but then appears to wane.

Pros:

Randomized Control Trial ,RCT compared at 12 weeks (ie fast track vs control)

Used standardized objective measures Novel

Good Attrition Rate (lost 2 controls at 12 weeks, 5 at 24 [4 deaths], 217/225 possible questionnaires filled out)
Improvement of 5 key Symptoms compared to deterioration of control group (p 0.035) and Improved caregiver burden (p 0.013)
Lower costs in fast-track group

Cons:

- Phase II Trial
- Small Sample Size
- Very Specific population
- Course of intervention based on referrals
- Only 25 had symptom control issues - data from POS-MS-5
- Follow up after later intervention only 6 weeks
- Few Caregivers

Impact on Palliative Care:

- Potential for setting of care considering expanding current patient population
- ? Value of seeing these patients in Acute PC setting