

## Journal Watch

June 7<sup>th</sup>, 2012

Prepared by Dr. Sarah Burton-MacLeod

Steinhauser, KE et. al. Comparing Three Life-Limiting Diseases: Does Diagnosis Matter or Is Sick, Sick? J Pain Symptom Manage 2011; 42: 331-341.

### Abstract:

*Context.* At advanced stages, cancer, congestive heart failure (CHF), and chronic obstructive pulmonary disease (COPD) produce high rates of hospitalization, disability, and annual mortality. Despite similar prognoses, patients with cancer often are treated differently than those with other illnesses, the former being seen as terminal vs. chronic.

*Objectives.* The purpose of this study was to compare the functional capacity, emotional well-being, and quality of life of patients in three disease groups to assess whether diagnosis distinguishes differences in patient experience, and compare patients with cancer and noncancer diagnoses.

*Methods.* Baseline data from a cohort study of 210 patients who had an estimated 50% two-year mortality were analyzed. The patients had Stage IV breast, prostate, or colon cancer; Stage IIIb or IV lung cancer; New York Heart Association Stage III or IV CHF with a left ventricular ejection fraction of < 40 %; or COPD with hypercapnea (pCO<sub>2</sub> > 46) and at least one hospitalization or Emergency Department visit during the past year. Measures included the Rosow-Breslau Activities of Daily Living/Instrumental Activities of Daily Living tool, Profile of Mood States anxiety subscale, brief Centers for Epidemiologic Studies Depression Instrument. Analyses included descriptive statistics, analysis of variance, and adjusted linear regression models.

*Results.* A majority of illness outcomes did not differ by diagnostic category. Functional status was associated with diagnosis, with CHF and COPD patients faring worse than those with cancer. Overall, illness experience was most significantly related to disease severity, demographics, and emotional and social well-being.

*Conclusion.* Comparing patients with advanced cancer, CHF, and COPD, illness experience was more similar than different. Patients living with life-limiting illnesses other than cancer may benefit from whole-person services often extended to cancer patients.

### Strengths:

- Many factors included in patients' illness experience addressed
- Well-validated tools used
- Long follow-up (6yrs or death)
- Cognition assessed prior to self-report by patients cohort-study (local population-based (rather than by clinic referral etc)
- Good sample size (210 patients, all of whom completed initial interview. 70 from each grp)
- patients selected from database to avoid selection bias

Weaknesses:

- Cohort study on patients from one geographic region
- Uncertain about patient survival (were they correct with 50% 2yr mortality prediction?)
- No comment re drop-out rates and whether all patients accounted for in this way.
- Some predictors examined (such as age, ethnicity) may well be proxies for access to healthcare and other social factors

Applicability to Our Palliative Care Practice:

- Highlights importance of whole-person care for all patients with chronic incurable diseases.
- Attention to psychosocial and spiritual aspects of illness experience as important for non-cancer as for cancer patients.