Journal Watch

Comparative pilot study of symptoms and quality of life in cancer patients and patients with end stage renal disease.


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Abstract

Background: Patients with advanced renal failure are increasingly opting for conservative treatment, yet little is known of their palliative care needs.

Methods: We performed a cross-sectional study, examining symptom burden and quality of life in patients with advanced renal failure (estimated GFR <17 mL/min; n=11). A contemporary cohort with terminal malignancy acted as comparators (n=11). Symptom burden was scored using an extended Memorial Symptom Assessment Scale Form questionnaire. Quality of life was assessed using the Euroqol-a5Q questionnaire. Demographic and pathological data, performance status and co-morbidity were also recorded.

Results: Baseline characteristics were similar for the two groups. Symptom burden (renal 17; cancer 15; P-NS) and quality of life scores (renal 60; cancer 60; P-NS) were remarkably similar. Both groups reported high levels of psychological distress.

Conclusions: Patients with advanced renal failure experience a symptom burden and impairment of quality of life similar to that of patients with terminal malignancy.

Comments

Strengths/uniquness:
- Authors embarked on a pilot study to assess expanding the role of palliative care to end organ failure
- Qualitative study using validated tools in the cancer setting
- Sound inclusion/exclusion criteria
- Solid statistical analyses
- Modified MSAS-SF to include renal symptoms as a subgroup analysis

Weaknesses:
- Small sample size (11 + 11 each arm)
- Included Stage 4 and 5 CKD, not just Stage 5
- Enrolled patients included ones who were not interested in hemodialysis but also ones who opted for dialysis
- Caucasian group - cautious to extrapolate findings across other cultural groups
- Study conducted in an outpatient setting and did not include inpatients
- Tools mostly well validated in cancer settings, less so in ESRD settings
- Hemoglobin baseline different between the two groups

Relevance to Palliative Care:
- Raises issue of increased collaboration between different physician disciplines and palliative care