Journal Watch

Prepared by: Doreen Oneschuk, MD

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Olajide O, Hanson L, Usher, B et al. Validation of the Palliative Performance Scale in the Acute Tertiary Care Hospital Setting. J Palliat Med 2007; 10(1): 111-7.

Abstract:
Background: Physicians are often asked to prognosticate patient survival. However, prediction of survival is difficult, particularly with critically ill and dying patients within the hospitals. The Palliative Performance Scale (PPS) was designed to assess functional status and measure progressive decline in palliative care patients, yet it has not been validated within hospital health care settings.
Objective: This study explores the application of the PPS for its predictive ability related to length of survival. Other variables examined were correlates of symptom distress in a tertiary academic setting.
Methods: Patients were assigned a score on the PPS ranging from 0% to 100% at initial consultation. Standardized symptom assessments were carried out daily, and survival was determined by medical record review and search of the National Death Index.
Results: Of 261 patients seen since January 2002, 157 had cancer and 104 had other diagnoses. PPS scores ranged from 10% to 80% with 92% of the scores between 10% decrement in PPS score was associated with a hazard of 1.65 (95% confidence interval [CI]: 1.42-1.92). Proportional odds regression models showed that a lower PPS was significantly associated with higher levels of dyspnea.
Conclusion: The PPS correlated well with length of survival and with select symptom distress scores. We consider it to be a useful tool in predicting outcomes for palliative care patients.

Comments
Strengths/uniqueness:
Evaluation of a practical prognostication tool outside the palliative care settings of acute/tertiary units and hospices. Advantage of correlating the PPS with symptom distress. Varied statistical analyses.

Weaknesses:
As best discerned from reviewing the paper, only single PPS measurement made on patients, many of whom were followed longitudinally. Reliability of proxy evaluation of dyspnea, as tachypnea, not dyspnea, was evaluated on the assessment tool used by proxy ratings. Authors comment as a limitation, that the PPS is more useful to describe mortality risk across populations, and may not be as useful for individual patient assessment. The latter could possibly be considered, if the context of the individual evaluation is taken into consideration.

Relevance to Palliative Care:

A useful study to those who use or are contemplating using the PPS, particularly for its focus on correlation with symptom distress.