Journal Watch

Symptom Assessment in Advanced Palliative Home Care for Cancer Patients Using the ESAS: Clinical aspects.

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Abstract:

Four hundred and thirty-one cancer patients were assessed with the ESAS and a VAS-QoL at admission to Hospital-based Home Care (HBHC) and followed subsequently.

Results: Pain and nausea were well-controlled (mean 2.5 and 1.8) whereas patients were less satisfied with appetite, activity and sense of well-being. Dyspnoea and anxiety (lung cancer, p<0.001 and p < 0.01) and pain (prostate cancer, p < 0.01), were related to diagnosis while activity, drowsiness, appetite and well-being to survival (p < 0.05 to p < 0.001). The correlations between individual symptoms and well-being were low (0.2 – 0.5), whereas the correlation between well-being and the Symptom Distress Score (SDS) was 0.76. “Well-being” was a better word to use than QoL.

Discussion: ESAS is useful in HBHC and data show that symptoms other than merely pain and nausea are of importance. As the global measurement (VAS) of well-being has a high correlation with SDS, this single measurement may be clinically adequate for quality assurance of symptom control in dying cancer patients.

Comments:

Strengths/uniqueness:
This study is of a relatively large cohort of advanced cancer patients routinely assessed at home using the ESAS, and provides data resulting in useful correlations of clinical relevance.

Weaknesses:
There is no mention of the problem of ESAS use in cognitively impaired patients. It seems unlikely that virtually all patients admitted to this home-based program were cognitively intact. It is also possible that patients too impaired to give meaningful results completed some ESAS scores during the study.

Relevance to Palliative Care:
This report adds to the literature of clinical programs that have found the ESAS a useful routine tool for individual patient and program assessment. The correlation with the single-item of well-being is noteworthy.