

Hope, Symptoms, and Palliative Care: Do Symptoms Influence Hope?

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Abstract: Background: Hope is important to patients with cancer. Identifying factors that influence hope is important. Anxiety, depression, fatigue and pain are reported to impair hope. The objective of this study was to determine whether age, gender, marital status, duration of cancer, symptoms, or symptom burden measured by the sum of the severity scores on the Edmonton Symptom Assessment Scale (ESAS) correlated with hope measured by the Hearth Hope Index (HHI). **Methods:** Patients with advanced cancer in a palliative care unit participated. Demographics including age, gender, marital status, cancer site, and duration of cancer were collected. Individuals completed the ESAS and HHI. Spearman correlation and linear regression were used to assess associations adjusted for gender (male vs female), age (<65 vs ≥65 years), marital status (married or living with a partner vs other), and duration of cancer (≤12 vs >12 months). **Results:** One hundred and ninety-seven were participated in the study, of which 55% were female with a mean age of 61 years (standard deviation 11). Hope was not associated with gender, age, marital status, or duration of cancer. In univariable analysis, hope inversely correlated with ESAS score (-0.28), lack of appetite (-0.22), shortness of breath (-0.17), depression (-0.39), anxiety (-0.32), and lack of well-being (-0.33); only depression was clinically relevant. In multivariable analysis, total symptom burden weakly correlated with hope; only depression remained clinically significant. **Discussion:** This study found correlation between symptom burden and hope was not clinically relevant but was so for depression. **Conclusion:** Among 9 ESAS symptoms, only depression had a clinically relevant correlation with hope. *American Journal of Hospice & Palliative Medicine. 2016 Jan 25. [Epub ahead of print]*

Strengths: Study sample was 197 patients with advanced cancer in North America, which is similar to our patient population at the Grey Nuns Hospital. Study used ESAS which is routinely used in Edmonton. The authors identified both statistical and clinical significance. Literature review was done to identify missing characteristics that have been shown to influence hope.

Weaknesses: Study was done at only one centre (Harry R Horvitz Center for Palliative Medicine at Cleveland Clinic) and used a convenience sample. Pain interference upon daily activities was not assessed, only pain intensity. Current patient medications, including antidepressants and analgesics, were not identified which may influence factors being studied. The study did not assess patient personality characteristics, which has been shown to influence hope.

Relevance to Palliative Care: Hope is a key element in cancer patients lives, and is not influenced by palliative or curative treatment intent. Hope evolves with disease progression, from 'hope for cure' to 'hope for symptom control and maintained quality of life'. Many factors, both patient and cancer specific, may influence hope. Interestingly, palliative or curative treatment intent has not been shown to affect hope. However, truthful prognosis and medical disclosure may improve hope. Identifying patients with risk factors for a lack of hope may result in improved referrals to social work and spiritual care resources. As well, if an inverse relationship is present, an improvement in hope may improve symptoms, highlighting the importance of an interdisciplinary palliative team.