



ORIGINAL ARTICLE

Limitation of therapeutic effort in patients hospitalized in departments of internal medicine^{☆,☆☆}



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KEYWORDS

Limitation of therapeutic effort;
No cardiopulmonary resuscitation;
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Internal medicine

Abstract

Introduction: There is little information on the limitation of therapeutic effort (LTE) in patients admitted to hospital internal medicine units.

Objectives: To describe the indicated LTE regimens in the departments of internal medicine and the characteristics of the patients who undergo them.

Patients and methods: An observational, descriptive retrospective study was conducted on 4 hospitals of the Community of Madrid. The study collected demographic and comorbidity data and the LTE orders prescribed for all patients who died during a period of 6 months.

Results: The study included 382 patients with a mean age of 85 ± 10 years; 204 were women (53.4%) and 222 (58.1%) came from their homes. Some 51.1% of the patients were terminal, 43.2% had moderate to severe dementia, and 95.5% presented at least moderate comorbidity. Some type of LTE was performed in 318 patients (83.7%); the most common orders were "No cardiopulmonary resuscitation" (292 patients, 76.4%; 95% CI 72.1–80.8), "Do not use aggressive measures" (113 patients, 16.4%; 95% CI 13.7–19.4) and "Do not transfer to an intensive care unit" (102 cases, 14.8%; 95% CI 12.3–17.7). Some type of LTE was performed in 318 patients

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PALABRAS CLAVE

Limitación del esfuerzo terapéutico; Órdenes de no reanimación cardiopulmonar; Toma de decisiones; Medicina interna

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Limitación del esfuerzo terapéutico en pacientes hospitalizados en servicios de medicina interna

Resumen

Introducción: Existe escasa información sobre la limitación del esfuerzo terapéutico (LET) en pacientes ingresados en unidades de hospitalización de medicina interna.

Objetivos: Describir las pautas de LET indicadas en los servicios de medicina interna y las características de los pacientes que las reciben.

Pacientes y métodos: Estudio observacional descriptivo y retrospectivo de 4 hospitales de la Comunidad de Madrid. Se recogieron datos demográficos, de comorbilidad y las órdenes de LET pautadas en todos los pacientes fallecidos en un periodo de 6 meses.

Resultados: Se incluyeron 382 pacientes cuya edad media fue de 85 ± 10 años; 204 eran mujeres (53,4%) y 222 (58,1%) procedían de su domicilio. El 51,1% eran enfermos terminales, el 43,2% tenían demencia moderada/grave y el 95,5% presentaban comorbilidad al menos moderada. En 318 pacientes (83,7%) se realizó algún tipo de LET, siendo las más frecuentes las órdenes de «no reanimación cardiopulmonar» (292 enfermos, 76,4%; IC 95%: 72,1-80,8), «no usar medidas agresivas» (113 pacientes, 16,4%; IC 95%: 13,7-19,4) y «no ingresar en unidad de cuidados intensivos» (102 casos, 14,8%; IC 95%: 12,3-17,7).

Conclusiones: La LET es muy frecuente en los pacientes que fallecen en medicina interna. Las pautas más utilizadas son «no reanimación cardiopulmonar» y la expresión poco concreta de «no usar medidas agresivas». Los pacientes son de edad avanzada, con importante comorbilidad, enfermedad terminal y demencia avanzada.

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Background

Numerous expressions have been used to refer to the limitation of therapeutic effort (LTE), but none of them accurately explain the concept. A widely accepted definition is "not applying measures disproportionate to the therapeutic goal (mainly healing, improving or relieving) to patients with poor vital prognoses and a poor quality of life".^{1,2} A disproportionate measure is understood as an imbalance between costs-charges and benefits for the patient. LTE attempts to prevent unnecessary suffering in patients in their final phase of life.¹ To consider a patient a candidate for LTE measures, various scales have been implemented that include factors such as quality of life, comorbidity, risk and vital prognosis.^{3–6} LTE has been mainly evaluated in other health departments such as intensive care,⁷ palliative care,⁸ oncology,⁹ geriatric medicine¹⁰ and pediatrics.¹¹

The departments of internal medicine treat a significant percentage of hospitalized patients, many of them in their final period of life.¹² However, there is very little consistent information on the LTE measures to be applied to these patients,^{13,14} whose demographic and clinical characteristics

differ significantly from those of patients hospitalized in other departments. This study describes the LTE guidelines indicated in internal medicine departments and the demographic and clinical characteristics of the patients who receive these guidelines. This study is the continuation and extension of a previous project (*Withholding and withdrawing treatment in patients admitted in an Internal Medicine ward*), where we analyzed the LTE in a single hospital.¹⁵

Patients and methods

This was an observational, descriptive, retrospective multicenter study on 4 hospitals of the Community of Madrid, which provide care to urban and rural populations. We included all those patients who died during their hospitalization; there were no exclusion criteria. The study lasted 6 months and was conducted according to good clinical practice criteria and the Declaration of Helsinki.^{16,17}

We obtained the following variables from the medical records: age, sex, hospital stay, patient origin (institution/residence vs. home), cognitive impairment (according to the Clinical Dementia Rating scale),¹⁸ comorbidity

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