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Review article

Cancer in the elderly: Is it time for palliative care in geriatric oncology?



Nicole Brighi^{a,b,*}, Lodovico Balducci^c, Guido Biasco^{a,b,d}

^aDepartment of Hematology and Oncological Sciences “L.A. Seràgnoli”, Sant’ Orsola-Malpighi Hospital, University of Bologna, Italy

^bAcademy of the Sciences of Palliative Medicine, Bentivoglio, Bologna, Italy

^cMedicine and Oncological Sciences, University of South Florida, College of Medicine, Moffitt Cancer Center, Tampa, USA

^d“Giorgio Prodi” Center for Cancer Research, Alma Mater Studiorum, University of Bologna, Italy

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ABSTRACT

Background: Persons aged 65 and over are the fastest growing segment of the population in most Western countries. Although cancer-related death occurs far more commonly in older people than in any age group, studies on palliative care in older adults are lacking.
Objective: This paper aims at evaluating the needs in elderly patients affected by cancer and the state of the art of the research in palliative care in this setting.
Materials and Methods: A literature search was performed (PubMed) to identify relevant studies. Papers were reviewed for relevance to palliative care in the elderly.
Results: Elderly who need palliative care are frequently disregarded as individuals and may experience discrimination because of their age. Palliative care for older patients relates particularly to multiple treatments for various conditions. This causes extra complexities for the researchers.
Conclusions: The aim of the study was not fully achieved due to the paucity of literature focusing upon these issues. The areas of investigation that need to be addressed comprise: establishing the prevailing symptoms in elderly patients, understanding patients’ psychological/spiritual well-being and quality of life and elucidating the sources of caregiver burden, adapting research methodologies specifically for palliative care and comparing the needs and the outcomes of this age group to younger patients.

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* Corresponding author at: Dept. of Hematology and Oncological Sciences “L.A. Seràgnoli”, S.Orsola-Malpighi Hospital, Pav.8, Via Massarenti, 9, 40138 Bologna, Italy. Tel.: +39 051 6363812; fax: +39 051 6364037.

E-mail address: nicolebrighi@hotmail.com (N. Brighi).

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1. Introduction

This paper explores the needs for and the delivery of palliative care to patients aged 65 and over, who account for more than 50% of all patients with cancer in the world.^{1–4} The benefits of cancer treatment are more limited in older individuals, due to reduced life-expectancy and increased risk of therapeutic complications.^{5–9} Nevertheless, elderly patients may benefit the most from palliative therapies. Indeed, the targets of palliative care may change with the patient age. In addition to symptom management, preservation of functional independence is a major goal of treatment in the elderly.¹⁰ Older patients are more likely to die in an institution and to suffer from multiple morbidities, functional dependence, and cognitive impairment at the time of death.^{11–13}

Older individuals have been under-represented in clinical trials of cancer treatment, and those enrolled in clinical trials represented a fringe of elderly individuals in good general condition.¹⁴ The information related to the management of individuals with functional dependence and multiple morbidities is limited and inconclusive.

Aging may be defined as a progressive decline in the functional reserve of multiple organ systems. This process is highly individualized, and poorly reflected in chronological age. The treatment of cancer should be based on the assessment of the physiological age, the patient's life expectancy and tolerance to the treatment. Physiological rather than chronological age should determine the management of cancer in each individual.¹⁵

Of the various instruments proposed for the assessment of physiological age, a Comprehensive Geriatric Assessment (CGA) is the most reliable, as both cancer-independent mortality risk and functional reserve may be estimated based on the CGA (inability to perform the activities of daily living (ADL) and the instrumental activities of Daily living (IADLs), the presence of multiple morbidities, the cognitive status, the presence of geriatric syndromes, the nutritional status and the social support of the patient). In particular, the benefits of cancer treatment diminish with increased risk of non-cancer related mortality and of therapeutic complications. Comorbidity and functional status influence both.^{16–23}

With respect to the functional status, the ability to perform the basic Activities of Daily Living (ADL) and the Instrumental Activities of Daily Living (IADL) should be assessed in addition to traditional oncological measures of function, such as the Karnofsky scale and Eastern Cooperative Oncology Group (ECOG) performance status.^{24–27}

Also the National Cancer Center Network (NCCN), in the framework of the guidelines for the management of cancer treatment, addressed the needs of the aging population for an evaluation of mortality risk, treatment toxicity and other

important issues that may influence personalized care of the elderly.²⁸ Early palliative care is clearly desirable for patients at high risk of treatment complications and for those whose life expectancy without cancer is as short or shorter than the life expectancy with cancer. There are ongoing efforts by the International Society of Geriatric Oncology (SIOG) to develop validated scales that can help clinicians identify these patients, in order to decide the best therapy by recognizing which patients will benefit from aggressive treatments and which patients are more appropriately treated with palliative therapy.^{5,29}

The goal of this study is to evaluate the needs in elderly patients affected by cancer and how age might influence the access to palliative care.

2. Materials and Methods

An electronic medical subject heading search of the available literature was done through MEDLINE using the PubMed interface for clinical articles. The following keywords were searched for in the databases: (1) Palliative care (title) AND elderly (title or abstract) AND cancer (title); (2) End-of-life care (title) AND elderly (title); (3) Communication (title) AND cancer (title or abstract) AND elderly (title or abstract); (4) Caregiving (title) AND cancer (title or abstract) AND elderly (title or abstract); (5) Cognitive impairment (title or abstract) AND Chemotherapy (title or abstract) AND elderly (title or abstract); (6) Fatigue (title) AND elderly (title or abstract) AND chemotherapy (title or abstract); and (7) Pain (title) AND cancer (title) AND elderly (title or abstract). The database was searched up to September 2013. Articles were also identified from citation searches, conference proceedings and previous systematic reviews. One hundred-eighty abstracts were identified; the most relevant articles yielded by this selection were analyzed independently by the authors and included upon quality and innovation parameters.

Interestingly enough, considering the search terms above on the PubMed, less than 2% of studies focused specifically on this population.

3. Results

3.1. Elderly, Frailty, and Palliative Care

Palliative care is patient- and family-centered care that focuses on effective management of pain and other distressing symptoms, while incorporating psychosocial and spiritual care according to patient and family needs, values, beliefs, and cultures.^{30,31}

There is mounting evidence that palliative care should be instituted at the same time as antineoplastic treatment.³¹ This

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