

Original Article

Nurse-Led Follow-Up at Home vs. Conventional Medical Outpatient Clinic Follow-Up in Patients With Incurable Upper Gastrointestinal Cancer: A Randomized Study

Madeleen J. Uitdehaag, RN, PhD, Paul G. van Putten, MD, Casper H.J. van Eijck, MD, PhD, Els M.L. Verschuur, RN, PhD, Ate van der Gaast, MD, PhD, Chulja J. Pek, RN, MN, Carin C.D. van der Rijt, MD, PhD, Rob A. de Man, MD, PhD, Ewout W. Steyerberg, PhD, Robert J.F. Laheij, MD, PhD, Peter D. Siersema, MD, PhD, Manon C.W. Spaander, MD, PhD, and Ernst J. Kuipers, MD, PhD

Erasmus MC University Medical Center Rotterdam, The Netherlands

Abstract

Context. Upper gastrointestinal cancer is associated with a poor prognosis. The multidimensional problems of incurable patients require close monitoring and frequent support, which cannot sufficiently be provided during conventional one to two month follow-up visits to the outpatient clinic.

Objectives. To compare nurse-led follow-up at home with conventional medical follow-up in the outpatient clinic for patients with incurable primary or recurrent esophageal, pancreatic, or hepatobiliary cancer.

Methods. Patients were randomized to nurse-led follow-up at home or conventional medical follow-up in the outpatient clinic. Outcome parameters were quality of life (QoL), patient satisfaction, and health care consumption, measured by different questionnaires at one and a half and four months after randomization. As well, cost analyses were done for both follow-up strategies in the first four months.

Results. In total, 138 patients were randomized, of which 66 (48%) were evaluable. At baseline, both groups were similar with respect to clinical and sociodemographic characteristics and health-related QoL. Patients in the nurse-led follow-up group were significantly more satisfied with the visits, whereas QoL and health care consumption within the first four months were comparable between the two groups. Nurse-led follow-up was less expensive than conventional medical follow-up. However, the total costs for the first four months of follow-up in this study were higher in the nurse-led follow-up group because of a higher frequency of visits.

Address correspondence to: Madeleen J. Uitdehaag, RN, PhD, Department of Gastroenterology and Hepatology, Erasmus MC University Medical Center

Rotterdam, PO Box 2040, 3000 CA, Rotterdam, The Netherlands. E-mail: uitdehaag@go-spirit.nl

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Conclusion. The results suggest that conventional medical follow-up is interchangeable with nurse-led follow-up. A cost utility study is necessary to determine the preferred frequency and duration of the home visits. J Pain Symptom Manage 2014;47:518–530. © 2014 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Key Words

Palliative care, advanced cancer, nurse-led, follow-up studies, patient satisfaction, quality of life, health care costs, esophageal cancer, pancreatic cancer, hepatobiliary cancer, gastrointestinal

Introduction

Symptoms of upper gastrointestinal (GI) cancer tend to appear at a relatively late stage of the disease.^{1–3} This explains why these cancers are generally associated with a poor prognosis. Moreover, many patients develop recurrent disease after surgical resection. When curative options are no longer available, one year survival rates are less than 15%.^{4,5} For patients with unresectable or recurrent esophageal, pancreatic, or hepatobiliary cancer, no curative options are available. Median survival of these patients is less than 10 months. Palliative treatment aims to improve the quality of life (QoL) of patients and their families by the prevention, early identification, and treatment of pain and other physical, psychosocial, and spiritual problems.⁶ The high prevalence of these multiple problems in patients at a palliative stage of their disease underlines the need for close monitoring and support.^{7–10} The interval between follow-up visits, therefore, depends on the adequacy of controlling these multidimensional symptoms. Currently, patients are usually followed by means of regular visits to the outpatient clinic. The frequency of these visits is low in our hospital, with an average of once every one to three months, or even no follow-up. Outpatient clinic visits are a burden for many palliative care patients, among others, in terms of traveling distance while physically unfit. In addition, the short contact during these visits often leaves little time to deal with all issues and concerns.^{11,12} We performed a study in which 109 patients, after intentionally curative surgery for esophageal or gastric cardia cancer, were randomized to standard follow-up by surgeons at the outpatient clinic or by regular home visits

of a specialist nurse.¹³ We found that nurses were able to perform follow-up of patients in their homes, and we found positive effects on QoL and satisfaction of patients and spouses. In addition, this follow-up strategy seemed to be cost-effective compared with standard follow-up at the outpatient clinic.¹⁴ Based on these results, we hypothesized that nurse-led home visits could have the same positive effects for patients in the palliative stage of the disease. This study, therefore, evaluated whether nurse-led follow-up by home visits could be an acceptable alternative to our standard medical follow-up at the outpatient clinic by a physician for upper GI cancer patients and their relatives receiving palliative care.

Methods

Participants and Allocation

Consecutive patients with unresectable or recurrent upper GI cancer were recruited from the Departments of Oncology, Gastroenterology and Surgery of the Erasmus MC—University Medical Center Rotterdam between June 2006 and August 2009. The Erasmus MC is a large university-affiliated tertiary referral center in The Netherlands for patients with esophageal, pancreatic, and hepatobiliary cancer. Patients were eligible when a multidisciplinary panel concluded that a curative modality or disease modifying anti-tumor therapy (i.e., palliative chemotherapy, radiotherapy, or surgery) was not or no longer possible. Excluded were patients who were admitted to a nursing home or hospice, patients who could not be followed by a physician at the outpatient clinic of the Erasmus MC, and patients who were unable to understand the

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