

Original Article

Effectiveness of Palliative Care Services in Symptom Control of Patients with Advanced Terminal Cancer: A Spanish, Multicenter, Prospective, Quasi-Experimental, Pre-Post Study

Xavier Gómez-Batiste, MD, PhD, Josep Porta-Sales, MD, PhD,
Jose Espinosa-Rojas, MD, Antonio Pascual-López, MD, PhD, Albert Tuca, MD,
and José Rodríguez, RN
World Health Organization Collaborating Center for Public Health Palliative Care Programs (X.G.-B., J.E.-R.) and Palliative Care Service (J.P.-S., A.T.), Catalan Institute of Oncology, Barcelona; and National Strategy for Palliative Care (A.P.-L., J.R.), Agency for Quality, Ministry of Health, Madrid, Spain

Abstract

Context. In implementing the National Strategy of Palliative Care in Spain, there needs to be an evaluation of services, especially of their effectiveness, efficiency, and satisfaction of patients and families.

Objectives. To assess the effectiveness of palliative care services (PCS) in improving symptom control in Spain.

Methods. This multicenter, prospective, quasi-experimental, pre-post intervention study evaluated symptoms, such as pain, breakthrough pain, anorexia, nausea/vomiting, constipation, insomnia, dyspnea at rest and with movement, anxiety, and depression, using patient-reported numeric rating scales on Days 0, 7, and 14 after referral to a PCS.

Results. Of the 318 PCSs included in the National Directory for 2004, 105 services in the 17 autonomous regions of Spain were able to report 265 eligible (treatment-naïve) patients. Nonparticipation by some centers was because of excessive workload or because their patients were not treatment-naïve. Median survival was 42 days. Pain severity and number of crises of breakthrough pain significantly improved, as did other indicators of patient satisfaction. Symptom improvement was independent of type of service (in acute bed hospitals, medium-term stay facilities, hospital support teams, home care support teams, and outpatient clinics).

Conclusion. Our national plan appears to be successful in reducing symptoms irrespective of the type of organization providing the PCS. An area for improvement could be to lessen the workload of individual teams. J Pain

Address correspondence to: Xavier Gómez-Batiste, MD, PhD, Catalan Institute of Oncology, WHO Collaborating Center for Palliative Care Public Health Programs, Av. Gran Via 199, 08907

L'Hospitalet, Barcelona, Spain. E-mail: xgomez.whocc@iconcologia.net

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Key Words

Palliative care services, cancer pain, symptom control, effectiveness, clinical outcomes

Introduction

A rapid implementation of palliative care services (PCSs) has taken place in Spain over the past 15 years.¹ The efficiency of these services has been assessed in two main studies in terms of overall numbers² or with respect to home care support teams (HCSTs) in Catalonia.³ Other individual programs have been evaluated as well.^{4,5} The effectiveness and efficiency of PCSs have been suggested in meta-analyses,⁶ and the consensus is that effectiveness is the key outcome that remains to be clearly demonstrated.⁷

Several multidimensional scales have been developed and validated to measure the clinical outcomes in patients and the effects on their families. Simple symptom scales, routinely used in daily clinical practice, have been found to be valid and reproducible in measuring changes in symptom control in different settings, including palliative care units (PCUs), home care settings,⁸ and outpatient clinics (OCs).⁹ Usually, the tools used are a set (or a list) of symptoms measured using a visual analog scale (VAS) or a numerical rating scale.^{10–12} At the Catalan Institute of Oncology, we have been using, for several years, a shortened form of a numerical verbal scale (NVS), which assesses pain, anorexia, constipation, insomnia, anxiety, and depression. An extended version of the NVS includes breakthrough pain, nausea and vomiting, and dyspnea.⁹ Most PCSs in our country use the simple, or the extended, NVS in daily clinical practice to assess and monitor symptom control.

Previous studies covering different aspects of care have shown that the involvement of PCSs has been acceptable, feasible, and successful as a methodology in a multicenter format for the recruitment of patients for assessment and maintaining a degree of homogeneity so that findings can be generalized.^{13–16} These studies are quasi-experimental. In a previous pilot study, for example, performed to evaluate effectiveness of symptom control in 111 PCSs in

Catalonia, a clinically relevant decrease in symptom intensity was observed. Apart from methodological constraints, it is ethically questionable to use other more complex methodologies, such as randomized controlled trials, especially in multicenter studies of pain management.¹⁷

There is a growing requirement to evaluate, using different models,^{18,19} the clinical and organizational outcomes of PCSs, especially with respect to effectiveness, efficiency, and patient satisfaction. In Spain, the rapid development of PCSs and the National Strategy of Palliative Care (Estrategia Nacional de Cuidados Paliativos [ENCP])²⁰ have highlighted the increasing need to evaluate the effectiveness of PCSs. The aim of the present multicenter study was to assess the effectiveness of Spanish PCSs in improving symptom control in patients with advanced cancer, evaluate some of the clinical outcomes with a simple feasible methodology, and promote the cooperation among the PCSs within the context of the ENCP being implemented by the Ministry of Health in most regions of Spain.

Methods

Design

The study was a multicenter, quasi-experimental, pre-post study of advanced cancer patients admitted for the first time to a PCS in Spain. The severity of eight symptoms was assessed on Days 0, 7, and 14.

Patient Population

Consecutive patients with advanced or terminal cancer, not receiving anticancer therapy, who were admitted into a PCS in Spain between February and May 2007, were selected for the study. Inclusion criteria were advanced cancer, >18 years of age, not receiving chemotherapy or radiotherapy in the previous 30 days, attending a PCS for the first time, and facility for contact by telephone. Informed consent and ethics committee approval were obtained at each study center. The severity of

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