

Original Article

Changes in Symptom Intensity Among Cancer Patients Receiving Outpatient Palliative Care

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Abstract

Context. Symptom changes are usually reported using summary statistics such as mean and/or median, which may obscure the treatment effect.

Objectives. The main objective of this retrospective study was to determine the magnitude of symptom changes as assessed by the Edmonton Symptom Assessment System (ESAS) after outpatient palliative care at the first follow-up visit.

Methods. We reviewed 1612 consecutive patients with cancer who were referred to the outpatient Supportive Care Center and who completed the ESAS at the initial and first follow-up visits between January 2003 and December 2010. All patients received interdisciplinary care led by the palliative care specialists following an institutional protocol.

Results. The distribution of the magnitude of symptom changes was stratified by baseline intensities. Patterns were similar for different ESAS items. At the follow-up visit (median: 15 days later), 52–74% of patients showed a decrease of one or more points in the ESAS score. However, 48–80% of patients with moderate/severe intensity at baseline complained of symptoms with an ESAS score of four or more after outpatient palliative care. Symptoms with absent/mild intensity worsened, ranging from a mean of –3.04 to 0.12 at the first follow-up visit, whereas symptoms with moderate/severe intensity improved from –0.2 to 3.86 ($P < 0.001$).

Conclusion. A considerable proportion of patients with moderate or severe intensity at baseline still had symptoms with an ESAS score of four or more. Patients with absent/mild intensities at baseline complained of symptom

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exacerbation at the first follow-up visit. Various strategies are needed to optimize symptom control in advanced cancer. *J Pain Symptom Manage* 2013;46:652–660. © 2013 U.S. Cancer Pain Relief Committee. Published by Elsevier Inc. All rights reserved.

Key Words

Symptom, symptom intensity, assessment, outpatient, palliative care

Introduction

Patients with advanced cancer commonly have various physical and psychological symptoms such as pain, fatigue, depression, and anxiety.^{1,2} To assess these symptoms in patients with cancer, our team developed a tool known as the Edmonton Symptom Assessment System (ESAS).^{3,4} The ESAS includes nine common symptoms (pain, fatigue, nausea, depression, anxiety, drowsiness, shortness of breath, anorexia, and feeling of well-being) and one patient-specific symptom. Symptom intensity is assessed using an 11-point numeric rating scale (NRS) ranging from zero (no symptom) to 10 (the worst possible severity). Sleep disturbance was adopted for the optional item at The University of Texas M. D. Anderson Cancer Center palliative care clinics, and the palliative care team routinely evaluates the ESAS scores of patients, using a standardized interdisciplinary approach in the outpatient setting. The ESAS has been widely used in clinical practice since its introduction and has been validated as an easy and reliable instrument for the assessment of symptoms in various populations and countries.^{5–8}

Tracking symptom changes in patients with cancer is essential to establishing symptom response criteria. It also helps in our understanding of the dynamic nature of cancer symptoms, which often follow an “up and down” course rather than a static course.⁹ In other words, a particular symptom may increase in frequency and severity during the course of disease and then decrease at the end of life and vice versa for other symptoms.¹⁰ Although the positive role of palliative care in symptom management for patients with cancer has been well documented,^{11,12} data regarding detailed changes in ESAS symptoms following outpatient palliative care (OPC) are very limited.

The main objective of this retrospective study was to determine the magnitude of

symptom change as assessed by the ESAS after OPC at the first follow-up visit. We hypothesized that the interdisciplinary approach by the OPC team reduces the symptom burden in patients with advanced cancer.

Methods

Patient Selection

We obtained approval from the institutional review board for this retrospective study, with waiver of informed consent. Eligible patients were at least 18 years old and had to have prospectively completed an ESAS questionnaire at both the initial visit and a follow-up visit within 30 days of the initial visit. We reviewed consecutive electronic medical records of patients seen at the OPC clinic. These patients had at least one follow-up visit after the initial consultation between January 2003 and December 2010. Of the 1869 screened patients, 1612 met the eligibility criteria; 257 patients did not have the follow-up visit within 30 days or less of the initial visit or had only a baseline visit. We gathered and analyzed information about the 1612 patients' demographic characteristics and change in symptoms using the ESAS scale at the follow-up visit after interdisciplinary OPC.

OPC Service

Care in the M. D. Anderson Supportive Care Center is provided by an interdisciplinary palliative care team led by board-certified palliative care specialists. The team members include a registered nurse with specific training in palliative care, a pharmacist, a nutritionist, a chaplain, a social worker, a palliative care and psychiatric nurse counselor, and a wound care nurse. These members provide mutual coverage in cases of absence or illness so that there are never clinic cancellations. This helps the team maintain a homogeneous approach

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