

Review Article

Are There Differences in the Prevalence of Palliative Care-Related Problems in People Living With Advanced Cancer and Eight Non-Cancer Conditions? A Systematic Review

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Abstract

Context. If access to effective palliative care is to extend beyond cancer patients, an understanding of the comparative prevalence of palliative care problems among cancer and non-cancer patients is necessary.

Objectives. This systematic review aimed to describe and compare the prevalence of seventeen palliative care-related problems across the four palliative care domains among adults with advanced cancer, acquired immune deficiency syndrome, chronic heart failure, end-stage renal disease (ESRD), chronic obstructive pulmonary disease, multiple sclerosis, motor neuron disease, Parkinson's disease, and dementia.

Methods. Three databases were searched using three groups of keywords. The results of the extraction of the prevalence figures were summarized.

Results. The electronic searches yielded 4697 hits after the removal of 1784 duplicates. Of these hits, 143 met the review criteria. The greatest number of studies were found for advanced cancer ($n = 57$) and ESRD patients ($n = 47$), and 75 of the 143 studies used validated scales. Few data were available for people living with multiple sclerosis ($n = 2$) and motor neuron disease ($n = 3$). The problems with a prevalence of 50% or more found across most of the nine studied diagnostic groups were: pain, fatigue, anorexia, dyspnea, and worry.

Conclusion. There are commonalities in the prevalence of problems across cancer and non-cancer patients, highlighting the need for palliative care to be provided irrespective of diagnosis. The methodological heterogeneity across the studies and the lack of non-cancer studies need to be addressed in future research. *J Pain Symptom Manage* 2014;48:660–677. © 2014 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. Open access under [CC BY-NC-ND license](#).

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Key Words

Prevalence, palliative care, cancer, acquired immune deficiency syndrome, heart diseases, chronic obstructive pulmonary disease, renal disease, neurodegenerative diseases, dementia

Introduction

The number of deaths from chronic rather than acute diseases is expected to increase worldwide.^{1–3} A consequence of the aging population is that the time before death is differentiated by longer dying trajectories, with a higher prevalence of symptoms, resulting in longer and varied care needs at the end of life.⁴ To effectively anticipate patients' needs, and plan palliative care services for non-cancer patients, we must understand how prevalent palliative care–related problems are across different diagnostic groups.^{5,6} Although individual studies have considered this, only the Solano et al⁷ review in 2006 attempted to bring data together across studies. However, only five conditions were appraised, and a considerable amount of data have been published since then. In addition, the review of Solano et al⁷ review focused on physical and psychological symptoms, rather than wider palliative care–related problems. Therefore, this systematic review aimed to compare the prevalence of 17 palliative care–related problems within the four World Health Organization (WHO) palliative care domains (the physical, psychological, social, and spiritual domains)⁸ among adults with advanced stage cancer, acquired immune deficiency syndrome (AIDS), chronic heart failure (CHF), end-stage renal disease (ESRD), chronic obstructive pulmonary disease (COPD), multiple sclerosis (MS), motor neuron disease (MND), Parkinson's disease, and dementia. We chose to include people living with MS, MND, Parkinson's disease, and dementia in our search because these neurodegenerative diseases show a different disease trajectory in comparison with the other diseases.⁹ People living with dementia were included because of the increasing aging population.¹⁰

Two main objectives were set: 1) to describe and compare the prevalence of palliative care–related problems among advanced cancer and these eight advanced non-cancer diagnostic groups of patients, and 2) to describe and compare the characteristics of the prevalence studies.

Methods

Study Design

This systematic review was conducted in line with the PRISMA 2009 checklist, the PRISMA Flow Diagram, and the Center for Reviews and Dissemination procedures.^{11,12} We used the Assessment of Multiple SysTemAtic Reviews (AMSTAR) measurement tool to ensure the methodological quality of our review.¹³ The AMSTAR uses 11 questions each of which needs to be answered using the following possibilities: yes, no, cannot answer, or not applicable. To have the highest quality ranking, all applicable questions should be answered with “yes.” K. M. conducted the search and the initial screening; R. H. reviewed any articles where there was a question as to whether they met study criteria. I. J. H. adjudicated. The reference lists within the full texts also were searched.

Search Strategy

We searched three electronic medical databases, namely Medline (1966 to February 2013), Embase (1988 to February 2013), and PsycINFO (1985 to February 2013), using three groups of keywords. Within each group of keywords, the words were combined using OR. The three groups of keywords were then combined using AND.

Keyword Group 1: worry; depression, low mood, sadness, mood; anxiety, adjustment disorders (psychological palliative care domain); wellbeing; peace; spiritual wellbeing; meaning of life; religion; spirituality (spiritual palliative care domain); support; information; family (social palliative care domain); pain; confusion, delirium, cognitive failure; breathlessness, dyspnoea, dyspnea; fatigue, weakness; insomnia, poor sleeping; anorexia; nausea; diarrhea, diarrhoea; constipation (physical palliative care domain); symptoms. These words were selected as the most appropriate words to investigate the 17 palliative care–related problems. Because different terms are used to define problems, we used more than one keyword for the following problems: poor sleeping for insomnia; weakness for fatigue;

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