

Does age influence symptom prevalence and intensity in hospice patients, or not?

A retrospective cohort study



UMC Utrecht

E. de Graaf RN, MSc; D. Zweers RN, MSc; A. de Graeff MD, PhD; G. Daggelders MD; Prof S. Teunissen RN, PhD

Background

Elderly are less and later transferred to palliative- and hospice care due to difficulties in palliative phase marking and identifying palliative care needs.

Elderly differ from their younger counterparts in various aspects, e.g.: less cancer as primary diagnosis, more comorbidity. Therefore, symptoms experienced by older hospice patients are hypothesized to be different.

Aims

To gain insight into specific symptoms of elderly hospice patients, (1) to improve access of elderly patients to specialized palliative care services and (2) to ameliorate hospice care for elderly patients by enabling professionals to provide optimal prevention and relief of symptoms.

Methods

A quantitative retrospective cohort study with a cross sectional design, using prospectively collected data. Data were entered in a database (SYMPAL).

Setting and population

All patients admitted to a high care hospice from June 2007 to December 2013. Patients were categorized in four age groups <65, 65-75, 75-85, >85.

Measurement

The Utrecht Symptom Diary (USD), a Dutch adapted translation of the Edmonton Symptom Assessment System, self assessing the intensity of 12 symptoms and a 1-item (un)well-being measure, on a numerical scale from 0 (not at all) to 10 (worst possible).

Data from the first symptom assessment after admission were included if collected within the first seven days after admission

Outcomes

Primary outcomes: symptom prevalence (USD score >0) and symptom intensity (USD score). Secondary outcomes: clinically relevant symptoms (USD >3), number of concurrent symptoms, quality of life and patient characteristics.

Analysis

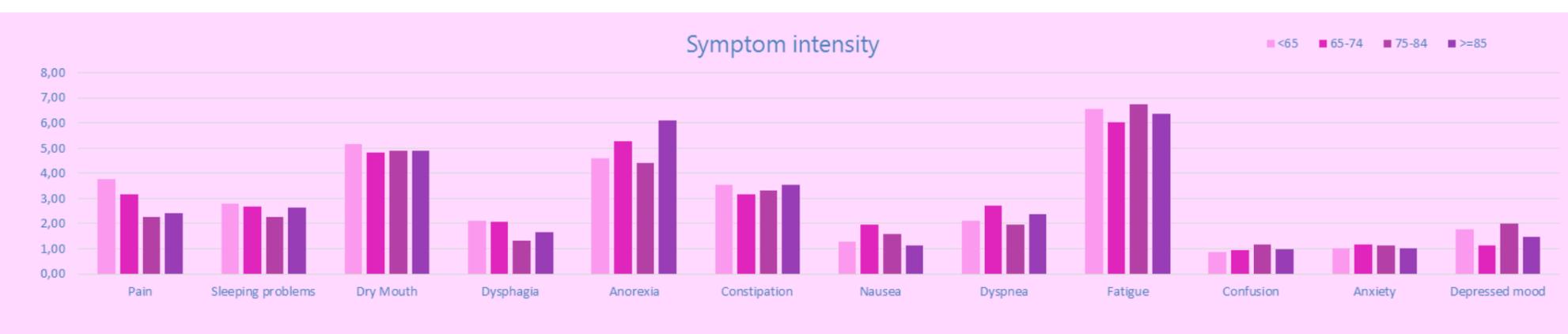
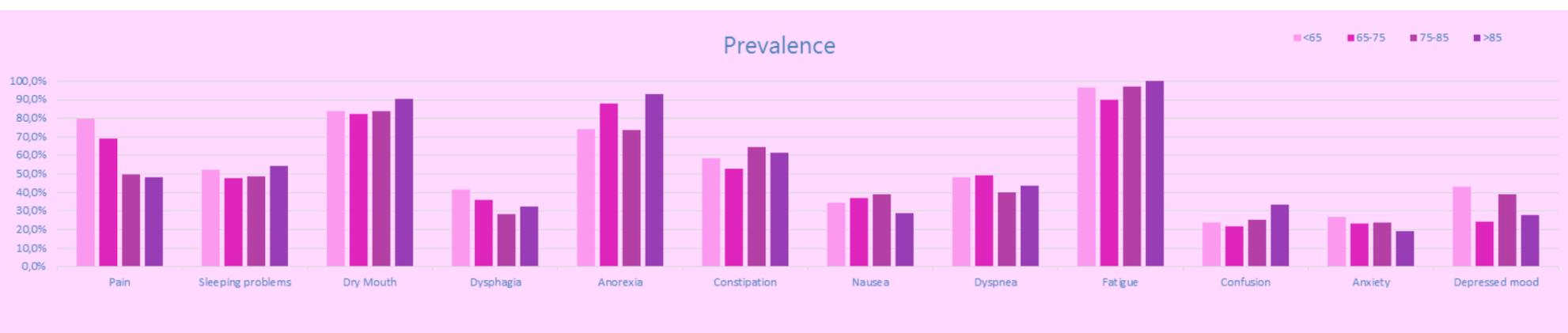
Data analysis were performed using descriptive statistics and Chi Square or Kruskal Wallis analysis.

Results

A total of 227 of 342 patients were included, 87 (38%) men, median age 74 (mean 71.7; 31-96; SD 12.782).

On admission patients suffered from 6.3 symptoms concurrently, of which 4.66 symptoms were clinically relevant (USD >3).

The quality of life on admission is relatively low, showed by a (un)well being score of 4.3.



Conclusion/ Discussion

Over 70% of hospice inpatients were able to self report symptom intensity. Hospice patients suffer from 6 to 7 symptoms concurrently. Fatigue, dry mouth and anorexia are most prevalent and intense. Patients under 65, suffer from pain more often and more intense, where the oldest patients, over 85, suffer from anorexia more often. Although elderly are underrepresented within the research population, their problems were just as intense as their younger counterparts, indicating the need for personalized hospice care for all patients.

There is no further need for future research in the hospice population to focus on differences in symptom burden between different age groups. However, there is an urge for creative collaboration between geriatric and hospice care specialists together with general practitioners to develop research models to determine clinical significant themes of hospice care in the ageing population.