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Retrospective analysis of patients followed at Van training and research hospital palliative care unit

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ABSTRACT

Palliative care has taken place in the health system in the world over the last 30 years as a care system that includes medical and supportive treatments to alleviate the suffering of persons with difficult or impossible treatment. In this study, we aimed to evaluate retrospectively the patients treated and followed-up in our hospital palliative care service.

The data of 327 patients who were followed-up and treated in the palliative care unit of Van Training and Research Hospital between May 2015 and February 2017 were reviewed retrospectively.

Of the 327 patients, 137 (41.9%) were female and 190 (58.1%) were male. The median age was 63 and the age range was between 12 and 96 years. 87.8% of the patients were followed up due to cancer and cancer related complications. The most common cancer was stomach (32.7%) and esophagus (11.3%). Among the reasons for admission, oral intake disorder was 34.6%; pain palliation was 24.5%; oral intake impairment/pain palliation was 16,2%. Total parenteral nutrition was applied to 57.2% of the patients, jejunostomy was performed in 2 patients, and percutaneous enterogastrostomy was performed in 1 patient. 67% of patients underwent pharmacologic and invasive treatment for pain palliation. In follow-up, 77 patients (23.5%) died.

With the increase in the number of elderly population, chronic diseases and bed dependent patients, palliative care needs and awareness are increasing in non-cancer patients. Increasing the number of palliative care centers will improve the quality of life of end-cancer patients and other patient groups and their families.

Key Words: Cancer, palliative care, Van

Introduction

Palliative care has taken place in the health system in the world over the last 30 years as a care system that includes medical and supportive treatments to alleviate the suffering of persons with difficult or impossible treatment (1). It is not only maintenance done in the last period of life but it is a form of treatment that should be integrated in the treatment for prolonging the life span regardless of the disease stage (2). According to the definition of the World Health Organization, 'the approach aims to early identification, evaluation and treatment of pain and other physical and psychological problems that may occur in people with serious illness, and to increase the quality of life in people with life-threatening diseases and their families (3). Palliative care can be provided at the ward in the outpatient clinic, outpatient specialized support homes and home care teams at home, with a dedicated inpatient service and / or consultation team. Depending on the symptom load and the nature and complexity of the support, the maintenance is ensured by switching between these spaces (4). General patient services may not be sufficient for symptom management in cancer patients. Therefore, the establishment of inpatient palliative care services will enable effective service delivery. Palliative care units are also important because they are an application that reduces resource use and hospital costs (5). In this study, we aimed to evaluate retrospectively the patients treated and followed-up in our hospital palliative care service.

Material and methods

The data of 327 patients who were followed-up and treated in the palliative care unit of Van Training and Research Hospital between May 2015 and February 2017 were reviewed retrospectively. We retrospectively analyzed the patient files to obtain data including age, gender, diagnosis, reasons for hospitalization and the treatment / procedures. The information was obtained from the hospital records. Statistical analyzes were done using Statistical Package for Social Sciences (SPSS) Windows 15.0 program. The figures are expressed in the number and percentage of participants on the tables.

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Results

Of the 327 patients, 137 (41.9%) were female and 190 (58.1%) were male. The median age was 63 and the age range was between 12 and 96 years. The mean hospital stay was 8 (minimum 1 - maximum 159) days. 87.8% of the patients were followed up due to cancer and cancer related complications. Table 1 lists the main diagnoses of patients. The most common cancer was stomach (32.7%) and esophagus (11.3%). Among the reasons for admission, oral intake disorder was 34.6%; pain palliation 24.5%; oral intake impairment / pain palliation 16.2%; pneumonia 15%; foot wound 1.5%; pressure ulser 1.8%; port infection 1.5%; respiratory failure 1.2%; other reasons (decompensated heart failure, epileptic attack, peritonitis) accounted for 3.7% (Table 2: Reasons for hospitalization). Total parenteral nutrition was applied to 57.2% of the patients, jejunostomy was performed in 2 patients, and percutaneous enterogastrostomy was performed in 1 patient. 67% of patients underwent pharmacologic and invasive treatment for pain palliation. Antibiotic therapy was given to 40% of the patients during the period of pneumonia, cellulitis, urinary tract infection. Blood and blood product transfusions were performed in 34% of patients within the symptom. Twenty-six patients with pleural effusion and ascites were treated with paracentesis / thoracentesis, chest tube insertion for symptomatic reasons. Six patients were given palliative radiotherapy on brain, bone, lung, and stomach area. In follow-up, 77 patients (23.5%) died.

Discussion

While palliative care was the focus of curative treatment options and focused on the care of the patients in the last period, there has been a rapid change in definition and philosophy, and palliative care has evolved from a care model to a purely maintenance philosophy. In today's world, the integration of the basic principles of palliative care into all treatment / care processes from the moment of diagnosis is essential (6). It is aimed to increase the

Table 1. Essential Diagnoses of Patients

Diagnosis	Number	Percentage (%)
Diagnosed with cancer	287	87.8
Gastric	107	32.7
Esophagus	37	11.3
Lung	35	10.7
Hepatobiliary/Pancreas	23	7.0
Urogenital	20	6.1
Leukemia/Lymphoma	20	6.1
Breast	10	3.1
Other cancers (melanoma, head and neck, brain, sarcoma)	35	10.7
Diagnosed with non-cancer	40	12.2
Cerebrovascular event	7	
Dementia	6	
Tetraplegia	3	
Multiple sclerosis	1	
Decompressed cirrhosis	1	
Other (Vitamin b12 def, Buerger dis, diabetes, rheumatoid art, neuralgia)	22	

Table 2. Reasons for hospitalization

Reasons	Number	Percentage (%)
Oral intake impairment	113	34.6
Pain palliation	80	25.5
Oral intake impairment/pain palliation	53	16.2
Pneumonia	49	15.0
Pressure ulser	6	1.8
Food wound	5	1.5
Port catheter infection	5	1.5
Respiratory failure	4	1.2
Others (decompanseted heart failure, epileptic attack, peritonitis)	12	3.7

functional capacity of the individual to be as high as possible by acting sensitive to cultural values, beliefs and practices, to control the pain and suffering by controlling symptoms, to increase the quality of life of the individual, to reduce the burden of family members and to strengthen their relations (7).

The foundations of palliative care practices extend to the 11th century. In our country, the 'Oncology Nursing Home' established by the Turkish Oncology Foundation in Yesilkoy, Istanbul, has served between 1993-1997. In the 2009-2015 National Cancer Control Program published by the Ministry of Health, Cancer Control Department, a palliative care program was defined and targets were set for institutionalization. The Ministry of Health published 'Guidelines for the application procedures and principles of palliative care services' published in 2015 and the aims and principles of palliative care in Turkey have been defined. The minimum requirements for the establishment of palliative care centers are defined in this guideline (8). In line with these developments, the palliative care service was opened in Van Training and Research Hospital in 2015, in Van and the surrounding areas patients who needed palliative care were followed up and treated.

87.8% of the patients were cancer patients and 75.2% of these patients were advanced. In this patient group, stomach (32.7%), esophagus (11.3%) and lung (10.7%) were the most common cancers. Gastric and esophageal cancer are common in Van and its surroundings due to environmental factors (consumption of herb cheese, consumption of saline, consumption of hot tea, sanitation impairment ...) and genetic predisposition. Depending on these, the majority of cancer patients were stomach and esophagus carcinoma.

Approximately half of the patients were geriatric patients (45%). With the increase of the average life span, there is a significant increase in the population of the elderly population.

With aging process, metabolic, cardiac and rheumatic diseases increases and diseases such as cancer, dementia and Parkinson are added. Seven patients were treated with dementia-related causes.

Among the most common reasons for hospitalization were oral intake disorder (34.6%), pain palliation (24.5%) and oral intake disorder / pain palliation association (16.2%). Nutrition is the symbol of life and hope for most of the patient and patient relatives. It is an important act in the social direction, a condition that connects the patient with life. Malnutrition and excessive body weakness (cachexia) are common in palliative care patients. More than 20% of patients are lost due to malnutrition, not primary diseases. Malnutrition in cancer patients has been associated with deterioration in quality of life, increased side effects associated with treatment, treatment resistance and shortening of life expectancy (9). Total parenteral nutrition (TPN) support was administered to 57.2% of patients with malnutrition. The patients daily calorie needs were met with TPN and enteral nutritional support.

Pharmacologic (opioid and non-opioid drugs) medications and invasive procedures as indicated in the pain treatment guidelines were applied for the pain of the patients. Pain is a personal experience and requires personalized treatment approaches. The relief of pain in cancer patients is important in terms of increasing quality of life and compliance with treatment.

Diabetic foot and Buerger's disease were treated with wound dressing and hyperbaric oxygen treatment. Patient's wounds improved with long-term treatment and care.

Radiotherapy is especially used for pain associated with bone metastasis, brain metastasis, spinal cord compression, bronchial, esophagus and ureter obstructions, and superficial wounds due to cancer metastasis (5). Radiotherapy was applied to 6 patients who were followed up in our service with palliative aim.

Physical therapy and rehabilitation is one of the supportive therapies used to overcome functional deficiencies. These applications aim to maintain optimal respiratory and circulatory function of patients, to prevent muscle atrophy and muscle shortening, to prevent joint contractures, to control pain, to optimize function and independence, and to educate patients and their relatives.

Three patients who were tetraplegic for falling and traffic accidents were subjected to intensive physiotherapy. Continuation of long-term treatments like nutrition and physiotherapy in palliative care will prevent occupation in the intensive care unit.

In conclusion; According to the World Health Organization data, more than 40 million people in the world need palliative care every year. Only 14% of them can receive this service (8). The healthcare professionals should learn the basics of palliative care and have the knowledge and skills to practice the disease whatever the health system is working at. Palliative care can provide a cost effective service by reducing unnecessary diagnostic and treatment interventions, non-beneficial intensive care unit admissions and urgent care applications (4).

With the increase in the number of elderly population, chronic diseases and bed dependent patients, palliative care needs and awareness are increasing in non-cancer patients. Increasing the

number of palliative care centers will improve the quality of life of end-cancer patients and other patient groups and their families.

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