

# Reliability of proxy symptom assessments for elderly patients dying in hospital

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## Introduction

-  patient is the gold standard
  -  symptom reporting
  -  decision making
-  proxy assessments of symptoms
  -  unavoidable in most cases
  -  overestimation
-  mental capacity act 2005
  -  proxy decision makers

Lobchuk *et al* JPSM 1997

## Aims

To determine

- most reliable proxy between HCP and ICG
- which symptoms are assessed accurately
- when proxy assessment should be interpreted cautiously

## Design and Methods

- prospective symptom assessment comparison
- 50 triads
  - terminally ill patient (>64yrs)
  - informal caregiver
  - nurse
- medical wards of an acute general hospital

## Methods

🐢 assessments within a 24 hour period

🐢 POS

🐢 POS-S

🐢 demographic data

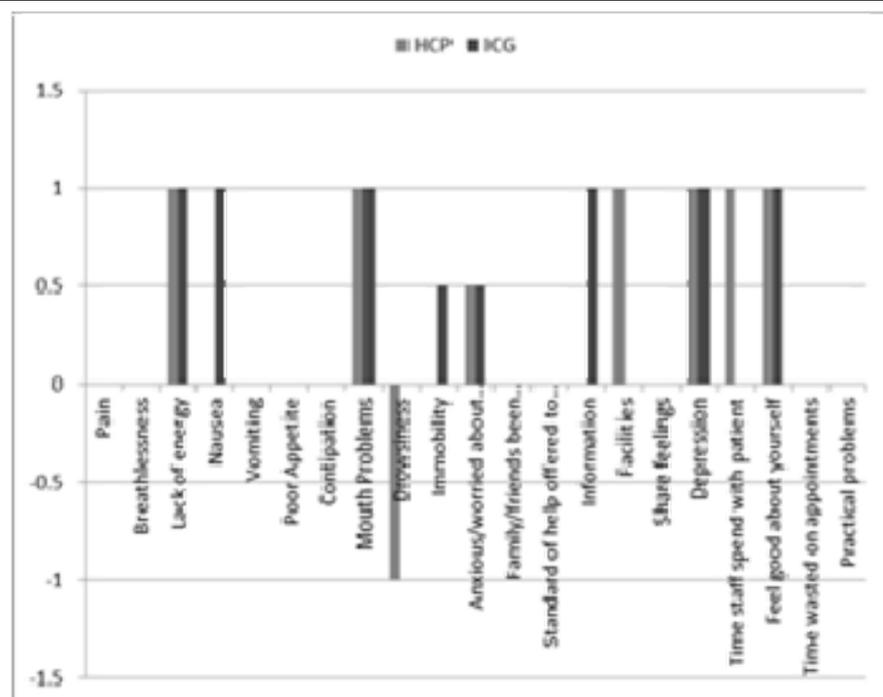
🐢 statistical analysis

🐢 wilcoxon-signed rank

🐢 weighted kappa

## Results

Figure to show the differences in median value for each proxy compared to the patient for each POS item.



## Agreement between patient and ICG

| Patient versus informal caregiver |   |   |  |
|-----------------------------------|---|---|--|
| No agreement                      | Slight agreement  | Fair agreement  | Moderate agreement                                     |
|                                   | Depression<br>Anxiety<br>Patients able to share feelings<br>Patient feels good about themselves<br>Weakness<br>Friends/family anxious<br>Satisfaction with information given<br>Enough time spent with staff<br>Time wasted on appointments | Breathlessness<br>Mouth problems<br>Drowsiness<br>Immobility<br>Satisfaction with the standard of facilities<br>Personal issues | Pain<br>Nausea<br>Vomiting<br>Appetite<br>Constipation |

## Agreement between patient and HCP

| Patient versus health care professional   |   |  |                    |
|---|---|--|--------------------|
| No agreement  | Slight agreement  | Fair agreement                                       | Moderate agreement |
| Depression<br>Patients able to share feelings<br>Weakness<br>Enough time spent with staff | Anxiety<br>Patient feeling good about themselves<br>Mouth problems<br>Standard of facilities<br>Drowsiness<br>Feeling time wasted on appointments<br>Personal issues<br>Nausea<br>Vomiting<br>Appetite<br>Friends/family anxiety<br>Standard of help for relatives<br>Satisfaction with information given | Immobility<br>Pain<br>Breathlessness<br>Constipation |                    |

## Conclusions

 Patient remains the gold standard

 who is the better proxy?

 informal caregivers

 psychological symptoms

 proxies poor – overestimate symptoms

 ICG anxiety

## Conclusions

 a trend for over-estimation of symptoms

 overtreatment of symptoms?

 increased emergency admission?

 undervaluation of QOL ?

 early termination of active treatment?

## Future considerations

🐢 proxy accuracy and how to improve it

🐢 specialist nurses

🐢 investment in training

🐢 symptom recognition

🐢 symptoms of psychological distress

🐢 carer support (caregiver burden)

Higginson *et al* HQLQ 2008

## Questions



## References

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