



Rehabilitation in Palliative Care: A Novel Exploratory study

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Outline

- Background
- PhD Aims, Objectives and Study Design
- Key Challenges and Study Limitations
- Preliminary Results



Background

“Palliative rehabilitation is an educational, problem-solving process that focuses on activity limitations and aims to optimise social participation and well-being, thereby reducing stress on family and carers *within the context of a life-limiting progressive illness*”

Adapted from: Wade DT, de Jong BA (2000) Recent advances in rehabilitation. British Medical Journal 320: 1385-1388

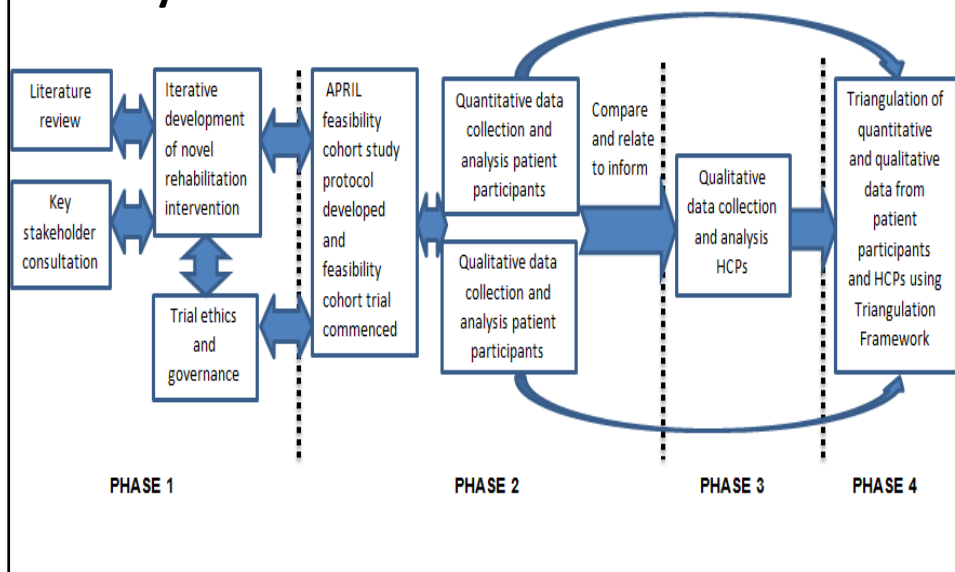
PhD Aim

- To explore a novel rehabilitation intervention of physical activity and nutritional guidance for people with advanced inoperable non-small cell lung cancer (NSCLC) receiving chemotherapy with palliative intent

PhD Objectives

1. Critical narrative review of palliative rehabilitation
2. Develop a novel palliative rehabilitation intervention for people with advanced inoperable NSCLC
(APRIL Active Palliative Rehabilitation in Lung Cancer)
3. Model and undertake initial feasibility testing of the novel palliative rehabilitation intervention
4. Understand participant experience of engagement including impact on their quality of life and well-being
5. Examine the enablers and barriers to delivery from the perspective of healthcare professionals

Study Overview



Active Palliative Rehabilitation in Lung Cancer (APRIL)

- Individualised 6 week home based palliative rehabilitation intervention programme based on the Transtheoretical Model of Behaviour Change
- Physical activity
 - Step based walking programme
 - Resistive exercises
- Nutritional component
 - Nutritional symptom management
 - Optimisation of macro and micronutrient intake
- Weekly telephone review and goal reassessment using a self-completed activity and symptom diary



Inclusion and Exclusion criteria

Inclusion Criteria

- Adults with stage IIIb or IV NSCLC
- World Health organization (WHO) performance scale 0 or 1
- Recently commenced/commencing a palliative chemotherapy
- Physically able to undertake the intervention

Exclusion Criteria

- Co-morbidities severely impact upon physical functioning or nutritional status, e.g. poorly controlled diabetes, heart failure, renal insufficiency, mental health disorder
- Unable to understand and communicate sufficiently well in written and oral English

Active Palliative Rehabilitation in Lung Cancer (APRIL)

Quantitative OMs (T0,1,2) and qualitative semi-structured interview (T3)

Primary Outcomes:

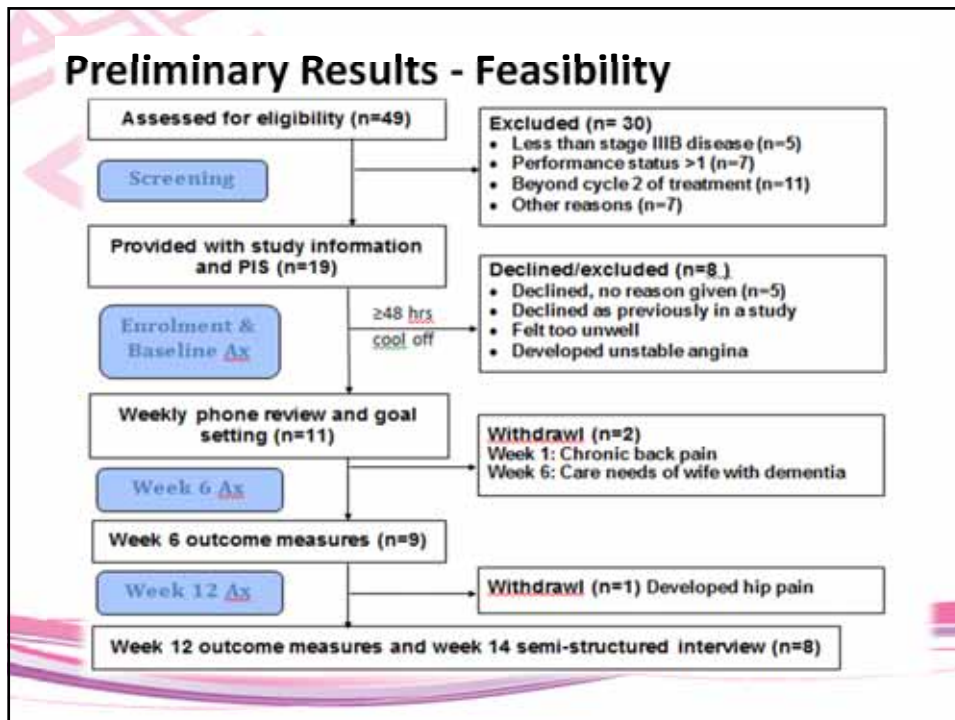
- Feasibility and Acceptability of APRIL & Research Protocol
- Recruitment/retention, Adherence, Data Collection

Secondary Outcomes:

- Impact
- Quality of life EORTC QLQ C15 PAL
- Fatigue MFI20
- Nutritional status PGSGA
- Physical Function 6MWT, STS, Diary

Key Challenges/Limitations

- Recruitment
- Lack of a Control Group
- Sensitivity of Outcome Measures
- Missing Data



Outputs to Date

- Payne, C; Larkin, PJ; McIlfatrick, S; Dunwoody, L, Gracey, JH (2013) Exercise and Nutritional Interventions in Advanced Lung Cancer: A Systematic Review. *Current Oncology* 20:e321-337
- April 2014 - Rehabilitation in Palliative Care. European Society for Radiation and Oncology congress, Vienna (Invited speaker)
- Jan 2014 - Cachexia. Rehabilitating the Dying: Allied Health Professionals Study Day. St Christopher's Hospice, London. (Invited speaker)
- Oct 2012 - Rehabilitation in Palliative Care. (Invited speaker)
Danish Palliative Nursing Society Annual Conference
Danish Physiotherapy Conference on Palliative Rehabilitation