

## THE IMPACT OF EARLY PALLIATIVE CARE ON QUALITY OF DEATH AND BEREAVEMENT: AN EXPLORATORY ANALYSIS

Breffni Hannon, Ashley Pope, Nadia Swami, Sarah Hales, Gary Rodin, Lisa Le, Camilla Zimmermann  
Department of Supportive Care  
Princess Margaret Cancer Centre, Toronto  
6<sup>th</sup> International Seminar of the PRC & EAPC RN  
Dec 2<sup>nd</sup>, 2016



## Conflicts

- None to declare



## Background

- Early palliative care can improve patient & caregiver outcomes
- Little is known about its potential longer-term impact
- Purpose of the current study was to explore caregivers' impressions of:
  - the quality of patient death
  - caregiver subsequent bereavement & post-traumatic growth following an early palliative care intervention.



## The Early Palliative Care Intervention

- Ambulatory palliative care clinic
- Recruited participants from lung, GI, GU, gyne. and breast clinics
- Estimated prognosis of 6 months – 2 years
- ECOG 0-2
- Seen monthly for 4 months
- Primary outcome: quality of life



## The Early Palliative Care Intervention

	Early Palliative Care	Standard Oncology Care
Approach to care	Interdisciplinary approach to physical, psychological, social, spiritual needs	Physical, treatment-related
Frequency of visits	Monthly scheduled visits	Ad hoc
Palliative Care assessments	Symptom assessment tools, psychosocial assessment, goals of care, Advance Care Planning	No structured assessment
Follow-up	Scheduled call from KN 24-hr access to team	24-hr access to oncology team
Palliative Care expertise	Specialist palliative care training	No specialist palliative care training
Additional resources	Access to inpatient PCU, community-based resources	No direct access to PCU; community-based resources ad hoc



## Methods

- Participants were bereaved caregivers of patients who participated in a cluster-randomized controlled trial (RCT) of early palliative care.
- Completed the following:
  - Quality of Dying and Death (QODD) questionnaire
  - Texas Revised Inventory of Grief (TRIG)
  - Post-Traumatic Growth Index (PTGI)
  - Questionnaire on demographics & care provided for the patient



## Quality of Dying & Death (QODD)

- 17 items representing moderately high or high priorities for patients & their families
- Each item has 2 parts:
  - (i) how often patient experienced the item (0-5)
  - (ii) rate this aspect of the dying experience (0-10)
- Total QODD score (higher scores = better QODD)
- 1 global impression question: How would you rate the quality of life during their last 7 days of life (0-10)
- Overall QODD



## Texas Revised Inventory of Grief (TRIG)

- 21-item Likert scale (completely true-completely false)
- 2 parts:
  - TRIG-I initial grief response
  - TRIG-II current emotional state
- Higher scores= less grief



## Post-traumatic Growth Index (PTGI)

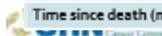
- 21-item Likert scale (0-5)
- Measures positive outcomes reported by people who have experienced a negative event:
  - Relationships with others
  - New possibilities, purpose
  - Appreciation of life
  - Spiritual change
  - Personal strength
- Higher scores= greater post-traumatic growth



## RESULTS



Variable	Number (%)
Total number	157
Female	109 (69.4)
Male	48 (30.6)
Intervention arm of RCT	82 (52.2)
Control arm of the RCT	75 (47.8)
Spouse of the patient	98 (62.4)
Living with the patient	115 (75.2%)
Provided direct patient care in last weeks	104 (66.7)
Caring for children < 18 years	32 (20.4)
Depression/anxiety prior to death	29 (18.5)
Received palliative care prior to death	
Control arm of the RCT	68 (90.7)
Place of death:	
Hospice/PCU	75 (48.4)
Home	56 (36.1)
Hospital	24 (15.5)
Time since death (mean +/- SD)	3.1 years +/- 0.8



## Results: Control vs. Intervention

Variable	Control arm RCT Mean +/- SD	Intervention arm RCT Mean +/- SD	p value
ODDD total (0-17)	60.6 +/- 18.5	62.2 +/- 21.8	0.44
ODDD overall (0-18)	44.7 +/- 30.8	53.8 +/- 32.6	0.04
PTGI	47.4 +/- 21.4	44.5 +/- 23.4	0.31
TRIG	Number (%)	Number (%)	0.29
- absence of grief	28 (37.3)	32 (39)	
- delayed grief	10 (13.3)	06 (07.3)	
- prolonged grief	27 (36.0)	34 (41.5)	
- acute res. grief	10 (13.3)	10 (12.2)	



Outcome	Variable	p value
Total QODD (0.1-17)	Prior anxiety/depression	0.02
Overall QODD (0-18)	Prior anxiety/depression	0.008

Outcome	Variable	p value
TRIG (prolonged grief)	Provided direct patient care in last weeks	0.01
	Younger patient age	<0.0001

Outcome	Variable	p value
PTGI	Caring for children <18 yrs (+)	0.02
	Death in hospital (-)	0.03

## Discussion

- Early palliative care influenced overall QODD, but not total QODD, grief or post-traumatic growth.
- Quantitative questionnaire format versus qualitative?
- Several factors may have diluted any potential impact of the RCT
- Exploratory analysis revealed factors associated with these outcomes that warrant further research.

**THANK YOU!**