

Quicker palliative care referrals needed to support severely ill COVID patients

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Severe breathlessness in COVID patients with co-morbidities should be used as a signal for quicker referral for palliative care to help manage their symptoms sooner, new research has found.

A study led by King's College London shows that [symptoms](#) including having moderate to severe breathlessness, agitation and more than one pre-existing [health condition](#) are all associated with shorter survival of COVID and should therefore be used as triggers to prioritize future referrals.

Researchers from King's Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care and collaborators from the University of York, Hull York Medical School and University of Lancaster, analyzed demographic, clinical, outcome, and survival data from patients across 25 centers in England and Wales during the pandemic in 2020 and 2021 to assess changes in symptoms among people with COVID who receive palliative care and determine which treatments are most effective.

They examined symptom severity at three stages—at the point of referral to palliative care, at patients' first COVID assessment, and at three follow-up assessments—and found the most common symptoms were breathlessness, weakness and lack of energy, drowsiness, anxiety, agitation, confusion/delirium, and pain.

Of the 572 patients included in the study, of which the average age was 77 years-old, 87% were newly referred to palliative care with COVID, while 13% were already supported by palliative care when they contracted the virus.

Once they had been referred, symptoms of COVID were shown to improve quickly for all patients. The average time spent in palliative care was 46 hours. However, those who were newly referred did not survive for as long as those who were already being supported by palliative care.

Professor Irene Higginson, Professor of Palliative Care and Policy and lead researcher says that "this research shows the important role of

palliative care for people who have underlying health conditions and worsening COVID."

"The symptom of worsening breathlessness could be a more time-effective trigger for referral to palliative care that helps doctors and nurses identify patients who require the support sooner."

"This would improve people's symptoms and quality of life. There is no evidence that their length of life would be affected, so it seems like a sensible step to take."

The research also found that COVID patients receiving [palliative care](#) have an average of two other health conditions such as diabetes, [high blood pressure](#), [heart disease](#), dementia, and cancer, and the most common treatments used include low dose morphine and midazolam (a type of sedative), and a regular dose of opioids.

The paper has been published in the *Journal of Pain and Symptom Management*.

More information: Irene J. Higginson et al, Symptom Control and Survival for People Severely ill With COVID: A Multicentre Cohort Study (CovPall-Symptom), *Journal of Pain and Symptom Management* (2022). [DOI: 10.1016/j.jpainsymman.2022.06.009](https://doi.org/10.1016/j.jpainsymman.2022.06.009)

Provided by King's College London

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