

Palliative care intervention provides some benefits for patients with advanced cancer

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Patients with advanced cancer who received a palliative care intervention focused on addressing physical and psychosocial issues and care coordination that was provided at the same time as cancer treatment reported improved quality of life and mood but did not experience a significant change in the number of days in the hospital or the severity of their symptoms compared to patients who received usual care, according to a study in the August 19 issue of *JAMA*.

"Fifty percent of persons with [cancer](#) are not cured of their disease; however, with improved treatment even patients with advanced disease may live for years. Providing palliative care concurrent with oncology treatment has been proposed to improve quality of life for patients with advanced cancer," the authors write as background information in the article. Although there are recommended guidelines for palliative care concurrent with cancer treatment (such as chemotherapy and radiation), empirical evidence to support this recommendation has been limited.

Marie Bakitas, D.N.Sc., A.P.R.N., of the Norris Cotton Cancer Center at Dartmouth-Hitchcock Medical Center, Lebanon, N.H., and colleagues conducted a study from November 2003 through May 2008 to determine the effect of a palliative care intervention on quality of life, symptom intensity, mood, and resource use in 322 patients with advanced cancer. Patients were randomized to receive either the intervention, a multicomponent, psychoeducational program conducted by advanced practice nurses and consisting of 4 weekly educational sessions and monthly follow-up sessions until death or study completion (n = 161); or

usual cancer care (n = 161). The researchers add that the intervention used a case management, educational approach to encourage patient activation, self-management and empowerment.

A number of assessment tools were used to measure quality of life, symptom intensity and mood. These measures were assessed at the beginning of the study, at 1 month and every 3 months until death or study completion.

During the course of the study, there was no statistically significant difference between the groups regarding the number of participants who received parenteral (by injection) chemotherapy or radiation therapy.

The researchers found that the intervention "demonstrated higher quality of life, lower depressed mood, but limited effect on symptom intensity scores and use of resources in intervention participants relative to those receiving usual cancer care. The intervention had no effect on the number of days in the hospital and ICU, the number of emergency department visits, or anticancer treatment because the proportions of participants in each group receiving these therapies were similar."

In regard to symptom intensity, "there may be little room for improvement because usual care participants also reported relatively low symptom intensity scores compared with patients with advanced cancer in other studies," the authors write. "It may be unrealistic to expect to reduce symptoms further in the setting of progressive disease."

"Institute of Medicine reports, the National Consensus Project for Quality [Palliative Care](#), other consensus panels, and oncology professional societies agree that comprehensive cancer care must incorporate more than state-of-the-art disease-modifying treatment. Comprehensive, high-quality cancer care includes interdisciplinary attention to improving physical, psychological, social, spiritual, and

existential concerns for the patient and his or her family," the authors write.

More information: *JAMA*. 2009;302[7]:741-749.

Source: JAMA and Archives Journals ([news](#) : [web](#))

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