

Hospice use linked to fewer depressive symptoms for surviving spouses

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Spouses of patients receiving hospice for three or more days more frequently reported reduced depression symptoms, compared to surviving spouses of patients who did not receive hospice, according to a study led by researchers at the Icahn School of Medicine at Mount Sinai published online today in *JAMA Internal Medicine*.

This is the first national study to examine depressive symptoms as an outcome for spouses of people with all types of serious illnesses that used [hospice](#) care, which is designed to improve quality of life as opposed to offering "curative" disease treatments. Until now, studies demonstrating the benefits of hospice use on caregivers have been largely limited to cancer [patients](#) and their families, but hospice use has increased among those with other life-limiting illnesses. Currently, forty-five percent of [terminally ill patients](#) in the U.S. die while receiving hospice care—an increase of more than 20 percent over the past decade.

After matching the sample of hospice users to a similar group that did not receive hospice, the research team found that improvement in [depressive symptoms](#) was more common among those who had used hospice, a benefit that was even more pronounced a year after a spouse's death. It is unknown which specific aspects of hospice care are associated with improved symptoms for spouses.

"We know hospice provides high quality care to patients, but now we're also seeing a benefit for spouses," said Katherine Ornstein, PhD, MPH, Assistant Professor of Geriatrics and Palliative Medicine at the Icahn School of Medicine at Mount Sinai and lead author of the study. "If we want to understand the impact of [hospice care](#), we should consider the potential benefit not just to the patient, but to the caregiver, and perhaps, the entire family and social network. We need to remember that care near the end of life affects not only patients, but also their loved ones."

Researchers analyzed data from 1,016 deceased patients and their surviving spouses using the Health and Retirement Study (HRS), a national sample of adults over age 50 linked to Medicare claims. Surviving spouses were then followed through bereavement up to two years after death. Hospice services included medical services, symptom management, spiritual counseling, social services and bereavement counseling delivered by an interdisciplinary team of professionals for

patients with a prognosis of six months or less to live and who agree to forego curative treatments.

"Although our research suggests that hospice may help alleviate [depression symptoms](#) among some spouses, we also found that the majority of bereaved [spouses](#) have increased symptoms of depression overall compared to earlier time points," said Amy Kelley, MD, Assistant Professor of Geriatrics and Palliative Medicine at the Icahn School of Medicine, and senior author of the study. "Additional support is needed for families and caregivers throughout the often long course of serious illness. We need to promote the high quality caregiver support and bereavement services offered in hospice and expand access to palliative care for people who are not hospice eligible."

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