

O3_A2_A_Scientific Evidence

ADDRESSING CAREGIVER'S NEEDS

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| Q1 | Does palliative homecare teams improve the quality of life of terminally ill patients better than standard specialised services only? |
| Patients | Patients elderly and/or frail and/or end of life indications in a palliative facility Frail, aged, end of life adults |
| Intervention | Palliative homecare team |
| Comparator | Specialized services |
| Outcome | Quality of life. Hospitalizations Place of death |
| Methodology | Systematic reviews Randomized controlled trials Cohort studies Registry studies |
| Extra | Planned subgroup analysis |

Studies:

- A systematic review was included (No studies: 51, N= 17.948).
- A RCT was included (N= 43)
- Prospective cohort study (N= 26)
- Retrospective cohort study (N= 402)

Indications:

QOL

1. After assigning Palliative Homecare Teams patients' quality of life improved in the physical, psychological, medical and global areas. Furthermore, pain ($P = 0.028$) and meaningfulness ($P = 0.028$) predicted global quality of life (1).
2. The care-aide model of care resulted in benefits such as easing the burden of everyday living; supporting well-being; enhancing quality of life and preserving a sense of dignity; and reducing loneliness and isolation (2).
3. Among the patients taken into care by the palliative home-care team, those with hematological cancers and hepatocellular carcinoma were more likely to be hospitalized, and certain symptoms (such as dyspnea and delirium) were predictive of hospitalization (3).
4. Patients in the intervention groups had significantly better health-related quality of life scores than patients in the control group (4 studies, 1103 patients, effect size 2.1 (CI -2.3, 3.2) (4).

Hospitalizations (number, duration)

- in one study (Hughes 1992), time spent in the hospital before death was shorter in the intervention group compared to the control group (4).

- patients spent fewer days in hospital in the last 2 months of their life (p less 0,001) (3).

Place of death

- Patients taken into care by the palliative home-care team were more likely to die at home, less likely to be hospitalized (p less 0,001) (3)
- death occurred at home significantly more frequently in the intervention groups (home care services) than in the control groups (4).

Conclusions:

- Home care teams improve quality of life, but there is a small number of RCT to support the data from descriptive studies (1,2,4). Until now we can state that home care services improve QOL, but the present data are not significantly semnificative (4).
- Home care teams reduce the time spent in hospital, hospitalizations (3,4).
- Patients taken into care by the palliative home-care team were more likely to die at home(3,4).

References:

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3. Riolfi M, Buja A, Zanardo C, Marangon CF, Manno P, Baldo V. Effectiveness of paliative home-care services in reducing hospital admissions and determinants of hospitalization for terminally ill patients followed up by a palliative home-care team: a retrospective cohort study. *Palliativ Med.* 2014 May;28 (5):403-11.
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