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Clinical Spectrum of the Patients Receiving Palliative Care at Wardha District - A Retrospective Study

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ABSTRACT

Introduction: Palliative care is needed by every needy patient in a different aspect (medical, nursing, psychological, social, cultural and spiritual).

Aim: To describe the clinical spectrum of the patients in patients receiving palliative care.

Methodology: A retrospective study was conducted on the patients reported to the Palliative Unit of a tertiary care hospital, India from 2016 to 2018. With the help of standardized proforma patient's information were collected. A total of 1584 patients were reported during this period out of which complete information of 610 patients were retrieved which was used for the analysis. Statistical analysis was conducted with SPSS using the chi-square test to compare the difference between gender at a significance level $p < 0.05$.

Results: The three most prevalent symptoms of palliative care patients were pain (70.32%), generalised weakness and anorexia (26.06%), breathlessness and sleeplessness (13.44%) whereas amongst the patients who were complaining of pain 250 reported having continuous type (106 males and 144 females) and 179 of intermittent type (98 males and 81 females).

Conclusion: Efforts must be towards the direction of reducing the pain and suffering of these patients. Therefore, management of pain should be the physicians' prime concern and they must familiar with all aspects of palliative medicine and care..

Key Words: Palliation, Retrospective, Rural, Symptoms

INTRODUCTION

Palliation is a stage when the focus lies in the improvement or maintenance of the quality of life rather than cure and control of the disease in the patients who are facing life-threatening illnesses.^{1,2,3} The necessity of enormous palliative care can be comprehended from the evidence that every year in India there is an addition of approximately a million cases of cancer. To add to the graveness of the situation is the fact that more than 80% of them present at stages III and IV.⁴

Nevertheless, to a great extent, the occurrence and severity of the symptoms of the disease decide the suffering of these patients.⁵ The most common and dreadful symptom in patients with cancer is pain.^{6,7} Recent literature depicts that pain is prevalent in 62%–86% of patients having cancer of advanced stage, emphasising the vital need to address the problem.⁸

Focus on the more prevalent symptoms by the clinician can be accomplished by a thorough knowledge of prevalent symptoms. This may also help to foresee the problems and efficient planning of patient care, preparing competent

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clinical staff by educating them, to evaluate health care needs, and to plan services.⁵ Moreover profile of palliative patients also helps us plan more cost-effective treatment plans which is the need of the hour in developing countries like India.^{9,10} The literature search shows that there is a scarcity of information of these patients in the Vidarbha region and the increasing number of cancer and terminally ill patients in this region makes it necessary to know the profile of patients reporting to the palliative department making us more prepared to deal with such patients. Therefore, the present study was conducted to describe the prevalence and the patterns of symptoms in the patient receiving palliative care.^{11,12}

METHODOLOGY

This retrospective study was conducted in a tertiary care rural hospital in the Wardha district from January 2019 to July 2019.

The approval was taken from the institutional ethical committee and informed consent was waived off. [DMIMS(DU)/IEC/2018-19/936] Data of all the patients reporting to the palliative care department, referred by the other departments within the hospital from July 2016 to December 2018 was retrieved.

The information of the patient was recorded by palliative care on the first clinical assessment in a standardized proforma, which included the demographics like age, sex along with the primary diagnosis, presence or absence of metastatic disease (in case of cancer), and the site of referral (hospital or community) and symptoms. For the patients with pain, pain score was recorded on the 10 points Visual Analogue Scale (VAS) scale (ranging from no pain at all “score 0” to severe pain “score 10”) and it was also described in terms of duration, whether continuous/ intermittent, radiation, quality, provoking and palliating factors.

Pain scores were further grouped into three categories: 1–4 (mild pain), 5 or 6 (moderate pain) and 7–10 (severe pain). A potential list of symptoms was compiled and grouped.

A total of 1584 patients reported to the unit within the aforementioned period out of which 610 patients data was found complete that was used for the analysis.

Statistical analysis

Upon completion of data collection, it was transferred to MS Excel (MS Office version 2007 developed by Microsoft, Redmond, WA) and analyzed using SPSS for comparing the difference between gender by chi-square test and keeping the level of significance at <0.05 .

RESULTS

During this study period, 610 patients including 281 males and 329 females were evaluated. Out of 610, maximum patients were suffering from cancer ($n=474$). Amongst the cancer patients majority were of breast cancer ($n=128$; 21%). Amongst the males, most of the cancer patients had SCC ($n=69$, 24.55%). Cancer of the urinary bladder was found in the least number of study population i.e. $n=5$; 0.81%. Apart from cancers, maximum patients suffered from brain disorders ($n=46$; 7.54%), out of which 27 patients were males. In the other life limiting illnesses, many patients also suffered from disorders like anorexia covering the study population of 5.57% ($n=34$). (Table 1)

Table 2 shows that, a total of 181 patients experienced no pain on admission. And 429 patients experienced pain on admission, either continuously or intermittently which included 266 patients experiencing mild pain whereas 99 patients experiencing moderate and 64 patients with severe pain. Furthermore, when the distribution of these patients has compared among both the gender it was found to be significant ($p<0.05$).

The pain duration of patients had a wide range from 1 day to more than 1 year. The maximum patients ($n=136$) reporting to the palliative unit gave the history of pain from 7-15 days whereas 16 patients reported pain history from 6 month-1 years or more range. (Table 3)

From table 4 it was observed that the patients who were complaining of pain consisted of 250 of continuous type (106 males and 144 females) and 179 of intermittent type (98 males and 81 females) and these differences between both the gender were statistically significant ($p<0.05$).

Table 5 during this study period, 610 patients including 281 males and 329 females were evaluated. Out of 610, maximum patients were suffering from pain ($n=429$; 70.32%). Amongst the patients who had pain, the majority of them were females ($n=225$; 68.38%) apart from pain maximum patient suffered from generalised weakness and anorexia ($n=159$; 26.06%) in which slightly similar distribution is seen in both the gender.

Out of 610 patients, maximum patients were suffering from Diabetes Mellitus ($n=502$; 82.29%). Eight per cent ($n=49$) of the population suffered from Diabetes Mellitus along with the presence of hypertension. Only a single case of adenocarcinoma was reported (0.16%). (Table 6)

DISCUSSION

Relieving and preventing any suffering from the disease and enhancing the quality of life is the main aim of palliative treatment.^{10,11} Towards the end of life the terrifying symptom faced by the people in pain. And this pain if left

untreated leads to countless consequences of a negative nature.^{12,13}

The utilization of palliative care services in patients diagnosed with the malignant disease can be seen from the results of the current study showing that 76% of the patients attending palliative clinics have been detected with cancer. This was in accord with the study done by Jean Potter et al.¹³ who also reported that the majority of palliative care patients (95%) had cancer.

In the current study, the three most prevalent symptoms of palliative care patients were pain (70.32%), generalised weakness and anorexia (26.06%), breathlessness and sleeplessness (13.44%). These symptoms were also reported by the patients of Jean Potter et al.¹³ studies.

A drastic difference was observed between the present study and a study done by Stefan Grond et al.⁵ on the accounts of the type of cancers reporting to the palliative care unit. In the present study, merely 2.45% of the gastrointestinal cancers were reported contrasting to 31% of the cases in their study. Similarly, in our study, 21% had breast cancer whereas only 9% of cases in their study had breast cancer.

A characteristic difference was observed in the trait that nausea is felt often by palliative care patients. In the present study, 3.93% of the participants had a feeling of nausea and in the study done by Stefan Grond et al.⁵, as many as, 27% of the palliative care patients had the feeling of nausea.

A huge difference was observed in the trait that pain is felt often by palliative care patients. In a current study, 365 patients have experienced mild to moderate type of pain and 64 patients have experienced the severe type of pain whereas Higginson IJ et al.¹⁴ reported that 214 patients have experienced mild to moderate type of pain and 68 patients have experienced severe type of pain.

CONCLUSIONS

The symptoms of palliative care patients differ from region to region with cancer being the most prevalent disease for receiving palliative care. There is a widespread distribution of pain in all patients with cancer of end-stage along with a variety of clinical manifestations, each adversely affecting other symptoms which in turn reduce the quality of life. Efforts must be towards the direction of reducing the pain and suffering of these patients. Therefore, management of pain should be the physicians' prime concern and they must familiar with all aspects of palliative medicine and care.

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Table 1: Distribution of patients based on diagnosis

Diagnosis	Frequency (%) N=610(100%)	Gender		
		Male N=281(100%)	Female N=329(100%)	
Cancer (n=474;76%)	Rectum	32(5.24%)	21(7.4%)	11(3.3%)
	Ovary	42(6.9%)	0(0.0%)	42(12.7%)
	Breast	131(21%)	0(0.0%)	131(39.8%)
	SCC	92(15.08%)	69(24.55%)	23(7.0%)
	Stomach	14(2.29%)	11(3.91%)	3(0.9%)
	Urinary bladder	12(1.96%)	9(3.2%)	3(0.9%)
	Adenocarcinoma	29(4.75%)	14 (4.98%)	15 (4.55%)
	Oesophagus	16(2.63%)	10 (3.5%)	6 (1.8%)
	Small cell carcinoma	18(2.95%)	9(3.2%)	9(2.7 %)
	Gall bladder & pancreas	14(2.29%)	9 (3.2%)	5 (1.5%)
	Others like lung	63(10.32%)	41(14.6%)	22(6.68%)
	Leukemia& Lymphomas	11(1.80%)	7 (2.5%)	4 (1.2%)
	Other life limiting illness (n=136;22.2%)	Cirrhosis of liver	9(1.47%)	5(1.8%)
DM		18(2.95%)	13 (4.6%)	5 (1.5%)
CKD		4(0.65%)	4(1.4%)	0(0%)
Lung pathologies		16(2.6%)	8(2.8%)	8(2.4%)
Trauma/Injury		9(1.47%)	8(2.8%)	1(0.3%)
Brain disorders		46(7.54%)	27 (9.6%)	19 (5.8%)
Others disorders		34(5.57%)	16(5.7%)	18(5.5%)

Table 2: Comparison of pain scores in both gender by chi-square test

Pain		Total N=610(100%)	Gender		Chi-square value	p-value
			Male N=281(100%)	Female N=329(100%)		
Absent(n=181)	No pain	181(29.67%)	77(27.40%)	104(31.6%)	20.515	0.025*
Present (n=429)	Mild pain	266(43.60%)	121(43.06%)	145(44.07%)		
	Moderate pain	99(16.22%)	46(16.37%)	53(16.10%)		
	Severe pain	64(10.49%)	37(13.16%)	27(8.20%)		

*p<0.05;significant

Table 3: Comparison of duration in both gender by chi-square test

Duration	Total N=610(100%)	Gender		Chi-square value	p-value
		Male N=281(100%)	Female N=329(100%)		
No pain	181 (29.67%)	77(27.40%)	104 (31.61%)	13.496 0.061	
1 to 3days	37(6.06%)	23(8.18%)	14(4.25%)		
4 to 7 days	134(21.96%)	66(23.48%)	68(20.66%)		
7 days to 15 days	136(22.29%)	66(23.48%)	70(21.27%)		
15 days to month	39(6.39%)	13(4.62%)	26(7.90%)		
1 month to 3 month	51(8.36%)	22(7.82%)	29(8.81%)		
3 month to 6 month	17 (2.78%)	11(3.91%)	5(1.51%)		
6 month to 1 year or more	16(2.62%)	4(1.42%)	12(3.64%)		

Table 4: Comparison of type of Pain in both gender by chi-square test

Type of pain	Total N=610(100%)	Gender		Chi-square value	p-value
		Male N=281(100%)	Female N=329(100%)		
No pain	181(29.67%)	77(27.40%)	104(31.61%)	9.034	0.029*
Continuous	250 (40.98%)	106 (37.72%)	144(43.76%)		
Intermittent	179(29.34%)	98(34.87%)	81(24.62%)		

*p<0.05;significant

Table 5: Comparison of Presenting Complaint in both gender by chi-square test

Presenting complaint	Total N=610(100%)	Gender		Chi-square value	p-value
		Male N=281(100%)	Female N=329(100%)		
Pain	429 (70.32%)	204 (72.59%)	225 (68.38%)	45.011	0.001*
Generalised weakness and anorexia	159(26.06%)	79(28.11%)	80 (24.31%)		
Breathlessness n sleeplessness	82 (13.44%)	47(16.72%)	35(10.63%)		
Nausea	24(3.93%)	1(0.35%)	23 (6.99%)		
Lump n swelling	20(3.27%)	17 (6.04%)	3 (0.91%)		
Difficulty in Swallowing	11(1.80%)	6(2.13%)	5(1.51%)		
Wound ulcer	13(2.13%)	6(2.13%)	7(2.12%)		
Abdomen problems	9(1.47%)	6(2.13%)	3(0.91%)		

* Multiple symptoms were reported by some patients*