

Characterization of Patients Eligible for Palliative Care in Hospital Admission Units of a University Hospital

Caracterização de Pacientes Elegíveis para Cuidados Paliativos em Unidades de Internação de um Hospital Universitário

Caracterización de Pacientes Elegibles para Cuidados Paliativos en Unidades de Internación de un Hospital Universitario

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ABSTRACT

Objective: The study's main goal has been to characterize eligible patients for palliative care admitted to a university hospital. **Method:** This is a descriptive, cross-sectional, and quantitative study. Population sample was adopted, selecting patients over 18 years old, diagnosed with chronic disease, admitted to a university hospital, from June to July, 2019. **Results:** 44 patients participated, 29 (65.9%) female, 21 (47.7%) age group above 60 years old, 28 (63.6%) not married, 36 (81.8%) living with family; 23 (52.3%) admitted to the medical clinic, 39 (88.6%) reporting previous hospitalizations; 21 (45.5%) had heart disease, cancer or diabetes, 37 (84.1%) with comorbidities, 40 (90.9%) with continuous use medications, 24 (54.5%) smokers and 18 (40.9%) alcoholics. 95.5% of the participants were eligible for palliative care, using the instrument "Palliative Care Screening Tool" and 4.5% were under clinical observation. **Conclusion:** The research found that most participants in this study, suffering from chronic diseases and hospitalized, were indicated as eligible for palliative care, according to the scale Palliative Care Screening Tool.

Descriptors: Chronic disease, Palliative care, Screening, Inpatient care units, Quality of life.

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RESUMO

Caracterizar pacientes elegíveis para cuidados paliativos internados em um hospital universitário **Método:** Estudo descritivo, transversal, quantitativo. Adotou-se amostra populacional, por conveniência, selecionando pacientes maiores de 18 anos, internados num hospital universitário, apresentando diagnóstico de doenças crônicas, no período de junho a julho de 2019. **Resultados:** Participaram 44 pacientes: 21 (47,7%) acima de 60 anos, 29 (65,9%) do sexo feminino, 28 (63,6%) não casados, 36 (81,8%) morando com familiares; 23 (52,3%) internados na clínica médica, 39 (88,6%) relataram internações anteriores, 20 (45,5%) apresentaram doença cardíaca, câncer ou diabetes, 37 (84,1%) com comorbidades, 40 (90,9%) com medicações de uso contínuo, 24 (54,5%) tabagistas e 18 (40,9%) etilistas. Foram elegíveis pela *Palliative Care Screening Tool*, 95,5% dos participantes para cuidados paliativos e 4,5% ficaram em observação clínica. **Conclusão:** O estudo verificou que a maioria dos participantes deste estudo, acometidos por doenças crônicas e internados no hospital, foi indicado como elegíveis para os cuidados paliativos, segundo a escala *Palliative Care Screening Tool*. **Descritores:** Doenças crônicas, Cuidados paliativos, Triagem, Unidades de internação, Qualidade de vida.

RESUMEN

Objetivo: El propósito del trabajo es caracterizar a pacientes elegibles para cuidados paliativos internados en un hospital universitario. **Método:** Este es un estudio descriptivo, transversal, y cuantitativo, en el que se adoptó una muestra de población, seleccionando pacientes mayores 18 años, presentando diagnóstico de enfermedad crónica, internados en un hospital universitario, en el período de junio a julio de 2019. **Resultados:** Participaron 44 pacientes, 29 (65,9%) del sexo femenino, 21 (47,7%) franja de edad superior a 60 años, 28 (63,6%) no casados, 36 (81,8%) viviendo con familiares; 23 (52,3%) internados en la clínica médica, 39 (88,6%) relatando internaciones anteriores; 20 (45,5%) tenían enfermedad cardíaca, cáncer y diabetes, 37 (84,1%) con comorbilidades, 40 (90,9%) con medicaciones de uso continuo, 24 (54,5%) fumadores y 18 (40,9%) alcohólicos. Fueron elegibles por la *Palliative Care Screening Tool*, 95,5% de los participantes para cuidados paliativos y 4,5% estaban bajo observación clínica. **Conclusión:** La investigación encontró que la mayoría de los participantes en este estudio, que padecían enfermedades crónicas y estaban hospitalizados, estaban indicados como elegibles para cuidados paliativos, según la escala *Palliative Care Screening Tool*. **Descriptor:** Enfermedades crónicas, Cuidados paliativos, Clasificación, Unidades de internación, Calidad de vida.

INTRODUCTION

Chronic Non-communicable Diseases (CNCDs) are a major health problem worldwide. In Brazil, they are considered responsible for being among the main causes of illness and hospital admissions and for about 72% of deaths, reaching different socioeconomic strata, mainly, groups with greater fragility, such as the elderly, illiterates, and people with low income.¹ Social and economic transformations led to changes in the lifestyle of society, which, together with a longer life expectancy of the population, culminated in the increase in the incidence of CNCDs worldwide.^{2,3}

Studies show that these diseases are characterized by prolonged latency periods, of uncertain etiology, they are

related to varied risk factors, generally linked to functional deficiencies and disabilities, have a long course of clinical manifestations, and are responsible for 63% of deaths throughout the world.⁴ They have been causing an increase in the number of premature deaths, with progressive loss of the patient's quality of life, leading to a high degree of dependence, greater need for continuous care, and prolonging suffering until death.^{5,6}

With technological advances in health, the average life of the Brazilian people went from 45 years old, in 1940, to more than 72 years old, in 2008, and according to the *Instituto Brasileiro de Geografia e Estatística* (IBGE) [Brazilian Institute of Geography and Statistics] projection, Brazil will continue to move towards the growth of the average population's life, reaching over 81 years old in 2050.⁷ This technology provides the development of techniques that assist in the management of chronic diseases, and, consequently, an increase in the life expectancy of the population, and a change in the profile of patients admitted to hospitals.⁸ It is observed that the life expectancy has been extended and the death process extends in the same proportion, often causing more suffering for people affected with chronic and disabling diseases, prolonging their time in the hospital environment.⁹

For conditions with imminent risk of death or that limit the patient's survival, Palliative Care (PC) appears as a therapeutic measure. According to the World Health Organization (WHO), PC is an approach that aims to improve the quality of life of patients and their families in the face of a life-threatening disease, preventing suffering through early identification, impeccable assessment and treatment of pain and other symptoms, whether psychological, social and/or spiritual.^{6,10}

In the palliative approach, the focus of care is not the disease, but the patient, their family members, and their life history, with a philosophy that fully supports patients with chronic, progressive diseases, to recognize that death is a natural process of life.⁹

In Brazil, the indication of the PC is still a challenge. It is observed that, for many, the inclusion of a patient in this approach is something desperate, as it signals that the person is in the terminal process. Studies also show that the diagnosis and communication of the irreversibility of disease and the patient's indication for a palliative approach have been the responsibility of only the medical professional. However, the indication and intervention of this care must group the knowledge and skills of a multidisciplinary team that helps the patient and their family in adapting the changes imposed by the disease.^{6,11}

For the indication of patients eligible for PC, most researchers use functional capacity scales. The "Center to Advance Palliative Care" (CAPC), in the United States, suggests that hospitals with PC programs use the "Palliative Care Screening Tool" (PCST) screening scale.⁶ The use of this scale aims to assess patients using pre-defined criteria

and to consider the need or not to employ palliative care.¹²

Considering that there is an increase in the prevalence of patients with CNCs worldwide, and that there is also an increase in the number of hospital admissions associated with these diseases in Brazil, and since PC for chronic, life-threatening diseases are an alternative to provide quality of life to these patients in hospitals, it is necessary to carry out identification, to characterize and choose, using tools that can indicate them or not to these care.

With this perspective, the present study had the general objective of characterizing patients eligible for PC admitted to inpatient units of a university hospital. The initiative to verify the prevalence of patients with indication for PC can be considered an important scientific evidence regarding the need to establish a PC unit in the service, promoting an integrated, humanized and compatible care with the assistance needs to be required by these patients.

METHODS

It is a descriptive, observational, cross-sectional study with a quantitative approach that was carried out in the following inpatient units: medical clinic, surgical clinic, and Intensive Care Unit (ICU) of a university hospital, located in the city of *João Pessoa, Paraíba* State.

A population study was carried out, composed of 53 participants, considering all patients accessed during the period of data collection, which occurred from June to July 2019, and who met the inclusion criteria - patients with base diagnosis of chronic diseases and assisted in the inpatient units of that hospital; and, at the exclusion criterion - patients under 18 years old.

From a total of 53 patients who met the established criteria, nine were not included in the study because they did not accept participation or because they were unable to obtain the consent of the patient or their guardian. Thus, 44 patients participated in the study.

The data were collected from filling out an instrument contemplating sociodemographic and clinical data of the patients selected for the study, containing variables necessary to meet the proposed objectives and notes contained in their records. With the data obtained, it was possible to complete the items of the PCST scale provided by the CAPC (**Table 1**). This scale includes four assessment criteria: base disease; associated diseases; functional condition and personal condition of patients, with the following grading: up to 2 points, there is no indication for palliative care; 3 points, the patient is under clinical observation; greater than or equal to 4 points, consider palliative care. This graduation has the purpose of identifying the need or not of this care for the evaluated patients. It should be noted that there was no evidence of validation of this scale in Brazil, despite having been used in previous studies.^{6,12}

Table 1 –Palliative Care Screening Tool Scale¹²

Palliative Care Screening Tool ¹²	
Criterion number 1	Base disease - 2 points for each subitem:
	1. Cancer - Metastases and/or recurrences;
	2. Advanced Chronic Obstructive Pulmonary Disease (COPD) - repeated exacerbations;
	3. Cerebrovascular Accident (CVA) Sequelae - decreased motor function ≥50%;
	4. Severe Renal Insufficiency - Creatinine Clearance < 10ml/min;
	5. Severe Heart Disease - Congestive Heart Failure (CHF) with Left Ventricular Ejection Fraction (EF) EF < 25%, Cardiomyopathy, Significant Coronary Failure;
	6. Other diseases that limit the patient's life;
Criterion number 2	Associated diseases - 1 point for each subitem:
	Liver disease;
	Moderate Kidney Disease - Creatinine Clearance < 60ml/min;
	Moderate COPD - stable clinical picture;
	Moderate CHF - stable clinical picture;
	Other associated diseases - the set of them is worth 1 point;
Criterion number 3	Functional condition of the patient
	This criterion assesses the degree of dependence, taking into account the ability to perform usual daily activities, acts of personal care and the number of daily hours confined to the bed or wheelchair. It is scored from 0 (fully independent, active patient, who has no restrictions) to 4 (completely dependent, needs full-time help, confined to bed or wheelchair)
Criterion number 4	Personal conditions - 1 point for each subitem
	7. Need for help with complex treatment decisions and undefined psychological or spiritual issues;
	8. History of recent hospitalizations in emergency services
	9. Frequent hospitalizations for decompensating the base disease;
	10. Prolonged hospitalizations in Intensive Care Units (ICU) or patients already admitted to the ICU with poor prognosis
	The sum of the subitems will justify the indication or not of Palliative Care:
	Up to two points - no PC indication
	Up to three points - clinical observation
	Greater than or equal to four points - consider Palliative Care

For the credibility of the study, the “Palliative Performance Scale” (PPS), a scale used by the Victoria Hospice Society, in Canada, and adopted by the *Academia Nacional de Cuidados Paliativos* (ANCP) [National Academy of Palliative Care] in Brazil, was also used. It assesses the patient's functional state, through five dimensions: walking; disease activity and evidence; self-care; intake and level of consciousness. Its score ranges from 10% to 100%, and the higher the score, the better the patient's functional status.¹³

The collected data were compiled into a database and subjected to statistical analysis, in a descriptive manner, with frequency measures (numbers and percentages) and the results were organized using tables and graphs. After analysis, the data were discussed in the light of the literature and scientific evidence related to the proposed theme.

The ethical aspects recommended by Resolution No. 466/12 of the National Health Council, which regulates research in human beings, were taken into account. Data collection only started after the review and approval of the Research Ethics Committee of the *Hospital Universitário Lauro Wanderley*, of the *Universidade Federal da Paraíba*, (*Certificado de Apresentação para Apreciação Ética* (CAAE) [Certificate of Presentation for Ethical Appreciation] No. 13377319.3.0000.5183) according to the consubstantiated opinion (Amendment) No. 3,461,861 on July 19, 2019.

RESULTS AND DISCUSSION

The study included 44 patients admitted to a university hospital, with sociodemographic and clinical characteristics presented in **Table 2**.

Table 2 - Sociodemographic and clinical characterization of patients admitted to a university hospital from June to July 2019. *João Pessoa City, Paraíba State, Brazil, 2019.*

Sociodemographic and Clinical Characteristics (n=44)		
Variable	Patients	Percentage
Age		
27-40	8	18.2
41-59	15	34.1
60-90	21	47.7
Gender		
Female	29	65.9
Male	15	34.1
Marital status		
Single/Divorced/Widowed	28	63.6
Married/Stable Union	16	36.4
Family arrangement		
Live alone	6	13.7
Live with family	36	81.8
Others	2	4.5
Inpatient unit		
Medical clinic	23	52.3
Intensive Care Unit	17	38.6
Surgical Clinic	4	9.1
Previous Hospitalizations		
Yes	39	88.6
No	5	11.4
Continuous Use Medicines		
Yes	40	90.9
No	4	9.1
Smokers		
Yes	24	54.5
No	20	45.5
Alcoholics		
Yes	18	40.9
No	26	59.1
Total	44	100.0

Concerning the age, the age group between 60 to 90 years old was predominant, 21 (47.7%). Most were female, 29 (65.9%) participants; they had no partner, 28 (63.6%), being single, divorced, separated or widowed; and 36 (81.8%) lived with family members.

As for clinical characteristics, it was observed that the majority of participants were in the medical clinic and intensive care unit, corresponding to 23 (52.3%) and 17 (38.6%), respectively. It was also evident that 39 (88.6%) participants reported previous hospitalizations and 40 (90.9%) of them made continuous use of medications.

Regarding the habit of using tobacco, there was a small variation between those who smoked and did not smoke, corresponding to four (9.1%) participants, noting that the majority, 24 (54.5%), stated positively. Regarding alcohol consumption, it was observed that the majority did not report having this habit, represented by 26 (59.1%) participants. Smokers and drinkers were considered to be all patients who have or have had these habits at some point in life.

Regarding the prevalence of chronic diseases and the presence or absence of comorbidities, extracted from the study data, illustrated in Table 3, it was found that heart disease, cancer, and diabetes were the most prevalent

medical diagnoses, totaling 20 (45, 5%) participants.

Table 3 - Prevalence of chronic diseases and the presence of associated diseases in patients admitted to inpatient units of a university hospital, from June to July 2019. *João Pessoa City, Paraíba State, Brazil, 2019.*

Chronic Diseases (n=44)		
	Number of Patients	Percentage
Heart Disease	8	18.2
Cancer	7	15.9
Diabetes	5	11.4
Liver Disease	4	9.1
CVA	3	6.8
COPD	3	6.8
Neurological Disease	2	4.5
Kidney Disease	1	2.3
Other Diseases	11	25.0
Total	44	100.0
Associated Diseases (n=44)		
	Number of Patients	Percentage
Yes	37	84.1
No	7	15.9
Total	44	100.0

COPD = Chronic Obstructive Pulmonary Disease; CVA = Cerebrovascular Accident

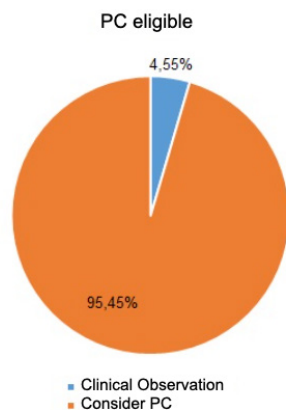
Table 4 shows the results of the eligibility criteria for PC. Using the PPS, it was observed that 33 (75.0%) patients had a score less than or equal to 50.0%, with indicative of PC by the functionality criterion, whereas 11 (25.0%) patients had higher scores than 50.0%.

Table 4 - Percentage of palliative performance of patients admitted to a university hospital, from June to July 2019. *João Pessoa City, Paraíba State, Brazil, 2019*

Palliative Performance (n = 44)		
PPS%	Patients	Percentage
10%	3	6.8
30%	18	40.9
40%	4	9.1
50%	8	18.2
60%	7	15.9
70%	2	4.5
80%	1	2.3
90%	1	2.3
Total	44	100.0

After the assessment of the patients' functional capacity by the PPS, PCST was used, which allowed an assessment regarding the indication of PC, through defined criteria of base diseases, associated diseases, functionality, and personal aspects of the patient¹². The results presented by the PCST were that 42 (95.5%) patients were considered eligible for Palliative Care, and two (4.5%) were under clinical observation (**Graph 1**).

Graph 1 – Percentage of patients eligible for palliative care, according to the PCST scale, admitted to a university hospital, from June to July 2019. João Pessoa City, Paraíba State, Brazil, 2019 (n=44)



Technological advances in health have stimulated the extension of life, but the use of these technologies, in an inadequate way, can promote more suffering to the patient who is with a chronic disease and in an advanced stage.¹⁴ It is necessary to think about the most appropriate path for the application of health services and policies, which provides safe support for these patients until the end of life.⁶

The research showed that the age group with the highest prevalence of chronic diseases was between 60 and 90 years old. Studies report that this prevalence the elderly people is quite significant, and that the decrease in functional capacity in these patients makes them very dependent. The current view of managers must be focused on actions and investments that favor the quality of life of this elderly person, affected by the chronic and disabling disease.²

The largest number of patients with chronic diseases was female. Studies on industrialized societies, concerning gender difference with health, revealed that women, despite living longer than men, have greater morbidity, as they are more concerned with health, use services and have access to health services, diagnoses, and treatments.¹⁵

Research has found that the four main groups of CNCDS, responsible for most cases of death (80.7%) in the world, were related to cardiovascular diseases, malignancies, respiratory diseases, and diabetes.¹⁶ In the present study, the main chronic diseases found were heart disease, followed by cancer and diabetes. In *Minas Gerais* City, Brazil, research using a questionnaire compiled from the "Supportive and Palliative Care Indications Tool" (SPCIT), found that the main cause for the indication of PC refers to cardiovascular diseases (32.3%).¹⁷ A study conducted in Alice Springs, Australia, revealed that the second largest group of aboriginal patients, using PC services, were cardiovascular and respiratory diseases, both with 8% of cases.¹⁸ There is a high rate of patients with heart disease, with scores indicative of PC, so it is important to

assess not only the cancer patient for this care, but also the carrier of other chronic-degenerative diseases, with a degree of physical dependence and high social standards.¹²

Concerning the place of hospitalization, the study revealed that, despite the majority being admitted to the medical clinic, a significant number of patients were obtained in the ICU. In the context of PC, the team must be attentive to promote humanized assistance, avoiding futile treatments that result in loss of human dignity in the terminal phase.¹⁴ Thus, the use of technologies available in the ICU environment, as a healing mechanism for patients with therapeutic restrictions, often promotes the prolongation of death.^{14,19}

CNCDS, in general, are also associated with four main risk factors: cigarette use, lack of physical activity, inadequate diet and harmful consumption of alcoholic beverages.¹⁶ In this study, 24 (54.5%) participants were smokers and 18 (40.9%) alcoholics. In addition to the risk factors, the study evaluated other important criteria such as associated diseases, previous hospitalizations, and the use of continuous medications. The results were that 37 (84.1%) patients had associated diseases, 39 (88.6%) were hospitalized previously, and 40 (90.9%) reported using continuous use of drugs. In this sense, knowing how CNCDS behave, risk factors, the occurrence of hospitalizations, among other factors, is essential to guide planning and decision-making.¹⁹

PC are a response applied to the imbalances resulting from chronic, progressive diseases, intending to prevent the suffering generated by them, providing quality of life to patients and their families.¹⁹ However, electing patients who fit the PC criteria is a challenge. Worldwide studies propose the use of screening scales to indicate these patients.¹²

The use of the PCST scale revealed that 42 (95.5%) patients met indication criteria for CP, while two (4.5%) were placed under clinical observation. If the study had taken into account only the functional assessment, 11 (25%) patients, who had a PPS greater than 50%, would not be indicated for the palliative approach. Corroborating the previous research, the use of PCST enabled the inclusion of patients as eligible for PC, which would have been excluded if the evaluation had been carried out using only a functionality scale.⁶

The characterization of patients diagnosed with CNCDS, admitted to hospital units, eligible for PC, can generate subsidies for the need to implant PC units in all hospital services that admit patients with chronic diseases and who do not have a possibility of cure, however, they need care that promotes quality of life.

About limitations, the stigma that exists in relation to PC made it difficult for patients and family members to accept the participation in the research, since, for them, PC is an abandonment of treatment and nothing more will be done. Another limitation is the fact that the scale applied has not been validated in Brazil, despite having been used

in previous research. In this sense, further research may be aimed at validating it, which can be a valuable tool for PC eligibility.

Nonetheless, the study presents relevant contributions to the knowledge of the profile of patients with chronic diseases and eligible for PC, serving as a basis for decision making to treatment and quality of life.

CONCLUSIONS

The study revealed the prevalence of chronic diseases, showed that they have multiple risk factors, and when associated with other comorbidities, leave patients more disabled, requiring the use of continuous medications and frequent hospitalizations, often in the ICU.

It was found that most of the individuals assessed, affected by CNCDS, admitted to the hospital, were indicated as eligible for PC by the PCST scale. It was observed that, even for individuals who presented PPS above 50%, only two did not indicate PC, however they were under clinical observation according to the scale.

It is important to implement screening scales for PC that serve not only cancer patients, but all patients with chronic diseases, taking into account other evaluation criteria, in addition to functional capacity. In this sense, the PCST scale, indicated to be viable for the eligibility of patients for PC, and other studies that evaluate its application in hospitals and promote its validation in Brazil are essential.

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