

Survival benefit with high-intensity end-of-life approaches

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Patients admitted to hospitals with higher-intensity end-of-life care live longer than those admitted to hospitals with low-intensity approaches, according to a University of Pittsburgh study available online and published in the February issue of the journal *Medical Care*. Higher-intensity care refers to greater use of life-sustaining measures such as ICU admission, intubation or mechanical ventilation, kidney dialysis and feeding tubes.

The study, led by Amber E. Barnato, M.D., M.P.H., associate professor of medicine, clinical and translational science and [health policy](#), University of Pittsburgh, examined admission records of more than one million patients 65 and older in Pennsylvania hospitals between 2001 and 2005.

The researchers found a survival benefit in hospitals with more intensive treatment styles, but this benefit lessened with time. After 30 days, patients treated at high-intensity hospitals had a 7 percent risk of dying compared to 9 percent at low-intensity hospitals. By six months post-admission, the risk of dying increased to 18 percent compared to 19.5 percent respectively. Risk of dying was the same for higher-intensity hospitals as average-intensity hospitals six months after admission.

Unlike previous studies that assessed records of people who died having received life-sustaining measures, Dr. Barnato and colleagues looked at all seniors admitted to hospitals to determine the impact of intensity style on survival.

"Looking solely at people who received life support and died will not give you a true indication of how these measures impact survival," said Dr. Barnato. "That's akin to being a Monday morning quarterback. Instead, we looked at a hospital's approach to people who were sick enough to die."

The study did not address questions about the [cost effectiveness](#) of greater end-of-life treatment intensity or the quality of life experienced by the patients who lived longer because they went to a more intensive hospital.

"Ongoing controversies about the utility and cost effectiveness of life-sustaining treatment for individual patients will not be solved by this study. However, our findings support the strategy of hospitals 'moving toward the middle,' when it comes to life-sustaining interventions," said Dr. Barnato.

Co-authors include Chung-Chou Chang, Ph.D., Max H. Farrell, S.B., Judith R. Lave, Ph.D., Mark S. Roberts, M.D., and Derek Angus, M.D., all with the University of Pittsburgh.

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Provided by University of Pittsburgh

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