

Early palliative care improves coping, quality of life for patients with incurable cancers

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A randomized clinical trial found that introducing palliative care shortly after a diagnosis of certain metastatic cancers greatly increases a patient's coping abilities, as well as overall quality of life. Researchers also found that early integration of palliative care results in an increase in discussions about patient end-of-life care preferences.

The findings are part of a growing body of evidence demonstrating the benefits of [palliative care](#) on patient quality of life. This study will be presented at the upcoming 2016 Palliative Care in Oncology Symposium in San Francisco.

To explore the effects of early palliative care, researchers randomly assigned 350 [patients](#), who had been recently diagnosed with incurable lung or non-colorectal gastrointestinal cancer, to receive early palliative care integrated with oncology care or oncology care alone.

"Our research looked at a new measure of a patient's ability to cope effectively with their diagnosis. What we found was the patients who received early palliative care were more likely to use adaptive coping strategies - meaning they were more likely to take some action to make their lives better as well as to accept their diagnosis," said lead author Joseph Andrew Greer, PhD, Clinical Director of Psychology and Research Scientist at the Center for Psychiatric Oncology & Behavioral Sciences at Massachusetts General Hospital. "Palliative care is a key ingredient to improving a quality of life, which is important to both patients and their families."

To determine patient coping abilities, researchers used the Brief COPE assessment - a measurement tool examining how people respond to stress. It examines patient-reported measures such as acceptance of diagnosis, positive reframing, use of emotional support, and acceptance. Patients were evaluated at the 12- and 24-week mark. At 24 weeks, patients receiving palliative care were significantly more likely to report using active and engaged coping styles compared to the usual care group.

Researchers used the Functional Assessment of Cancer Therapy-General (FACT-G) to assess quality of life and the Patient Health Questionnaire-9 (PHQ-9) for mood at baseline. Patients who received early palliative care reported significantly higher quality of life and lower levels of depression at the 24-week mark, but not at 12 weeks.

In addition, 30% of patients who received the palliative care intervention reported discussing end-of-life care preferences, as opposed to 14% of patients receiving standard care alone.

The authors note that the integrated care model of early palliative care has potential to be expanded to other advanced stage cancers. The American Society of Clinical Oncology (ASCO) recommends concurrent use of palliative care with cancer care early in the course of illness for any patient with metastatic cancer and/or high symptom burden.

Provided by American Society of Clinical Oncology

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