

Patients' characteristics and outcomes of palliative care inpatient consults at a comprehensive cancer center.

Sub-category:
End-of-Life Care

Category:
Patient and Survivor Care

Meeting:
2006 ASCO Annual Meeting

Session Type and Session Title:
Poster Discussion Session, Patient and Survivor Care

Abstract No:
8524

Citation:
Journal of Clinical Oncology, 2006 ASCO Annual Meeting Proceedings Part I. Vol 24, No. 18S (June 20 Supplement), 2006: 8524

Author(s):
B. El Osta, F. S. Braiteh, S. Reddy, H. El Osta, E. Bruera

Abstract:

Background: There is limited information about the characteristics and outcomes of inpatient palliative care consults in cancer centers. Two mobile teams (MT) each with a physician, fellow, and a nurse, provide consultation to hospitalized patients (pts) with complex symptoms. **Methods:** We analyzed the pts characteristics and outcomes during a two-month period. The charts were reviewed for demographics, cancer data, reason for consultation, symptoms, interventions, and outcomes. **Results:** Sixty-one pts were analyzed. Pain was the main reason for a consult request in 46 pts (75%), delirium in 10 (16%), anxiety in 4 (7%) and constipation in 5 (8%). Some pts had more than one reason. 56(92%) pts had metastatic disease, diagnosis for ≤ 1 year in 26 (42%) and ≤ 2 years in 44 (72%) (Median =17 months). The Edmonton Symptom Assessment Scale (ESAS), 0-10, is summarized in the table. We uncovered new issues at consultation, such as 20 pts (38%) screened positive for alcoholism with CAGE questionnaire and the 34 pts (56%) had clinical delirium. Features of opioids toxicity such as constipation (N=43;70%), confusion (N=35;57%) (Mean MMSE = 23 ± 5), hallucinations (N=21;34%), myoclonus (N=16;26%) and miosis (N=18;29%) were frequently identified. The MT interventions included imaging studies (23%), enema (43%), laxatives (49%), neuroleptics (54%), metoclopramide (39%), corticosteroids (25%). Half (N=30;50%) of the pts had opioid rotation and/or had counseling (N=27;46%). One out of two pts (N=30;49%) required transfer to the palliative care unit. **Conclusions:** Most pts had previously undiagnosed opioid toxicity, delirium, and other symptoms. Opioid toxicity occurred secondary to rapid opioid escalation, possibly linked to chemical coping, and psychosocial distress. The outcome of these pts improved by opioid rotation, adding laxatives, metoclopramide, neuroleptics, and steroids.

	Median	SD	25-75 Quartile
Pain	4	3.6	0-8
Nausea	2	2.2	0-3
Fatigue	7	2.7	5-8
Appetite	3	3.2	0-7
Insomnia	3	2.8	2-6
Dyspnea	1	2.2	0-4

Dyspnea	1	0.2	0-1
Drowsiness	2	2.7	0-5
Anxiety	5	3.2	1-7
Depression	3	2.4	0-4

► **Associated Presentation(s):**

1. Patients' characteristics and outcomes of palliative care inpatient consults at a comprehensive cancer center.

Meeting: [2006 ASCO Annual Meeting](#)

Presenter: [Badi El Osta](#)

Session: [Patient and Survivor Care \(Poster Discussion Session\)](#)

► **Other Abstracts in this Sub-Category:**

1. Examining the dilemmas of prognostic information disclosure and understanding in those with terminal cancer: In-depth interviews with advanced cancer patients in phase I trials.

Meeting: [2006 ASCO Annual Meeting](#) Abstract No: 8516 First Author: [F. J. Hlubocky](#)
Category: [Patient and Survivor Care - End-of-Life Care](#)

2. Improving palliative care: A 2x2x2 factorial cluster randomized controlled trial of case conferencing and educational outreach visiting.

Meeting: [2006 ASCO Annual Meeting](#) Abstract No: 8517 First Author: [A. P. Abernethy](#)
Category: [Patient and Survivor Care - End-of-Life Care](#)

3. Emotional responses of oncologists when disclosing prognostic information to patients with terminal disease: Results of qualitative data from a mailed survey to ASCO members.

Meeting: [2006 ASCO Annual Meeting](#) Abstract No: 8520 First Author: [J. A. Wallace](#)
Category: [Patient and Survivor Care - End-of-Life Care](#)

[More...](#)

► **Abstracts by B. El Osta:**

1. Donepezil for cancer-related fatigue: A double-blind, randomized, placebo-controlled study.

Meeting: [2007 ASCO Annual Meeting](#) Abstract No: 9003 First Author: [E. Bruera](#)
Category: [Patient and Survivor Care - End-of-Life Care](#)

2. Interval between first palliative care consultation and death in patients with advanced cancer.

Meeting: [2007 ASCO Annual Meeting](#) Abstract No: 9028 First Author: [B. El Osta](#)
Category: [Patient and Survivor Care - End-of-Life Care](#)

3. The effect of methadone on the QTc interval in advanced cancer patients.

Meeting: [2007 ASCO Annual Meeting](#) Abstract No: 9064 First Author: [S. Reddy](#)
Category: [Patient and Survivor Care - End-of-Life Care](#)

[More](#)

[more...](#)

► **Presentations by B. El Osta:**

1. Outpatient initiation and rotation to methadone in palliative care patients with cancer-related pain.

Meeting: [2008 ASCO Annual Meeting](#)

Presenter: [Badi E El Osta, MD](#)

Session: [Patient and Survivor Care \(General Poster Session\)](#)

2. Interval between first palliative care consultation and death in patients with advanced cancer.

Meeting: [2007 ASCO Annual Meeting](#)

Presenter: [Badi El Osta, MD](#)

Session: [Patient and Survivor Care \(Poster Discussion Session\)](#)

3. Patients' characteristics and outcomes of palliative care inpatient consults at a comprehensive cancer center.

Meeting: [2006 ASCO Annual Meeting](#)

Presenter: [Badi El Osta, MD](#)

Session: [Patient and Survivor Care \(Poster Discussion Session\)](#)

[More...](#)

► ***Educational Book Manuscripts by B. El Osta:***

No items found.