Implementation of a circuit of palliative care in patients with advanced lung diseases.

Gonzalez de Etxabarri S.¹, Campo M.A.¹, Salinas M.B.², Arrizabalaga M.J.¹, Sanz M.³, Urzay V.³, Arriaga I.²

¹ Palliative Care, ²Respiratory Diseases, ³Hospital at Home, Basurto University Hospital, Bilbao, Spain.

Background

Interstitial lung diseases(ILD), especially Idiopathic pulmonary fibrosis(IPF) have high morbidity, mortality, short survival and great impact on the quality of life, needing early palliative care but most die in a hospital and a minority receives palliative care.

Aim

Palliative care may reduce symptom burden in patients with ILD. This study aims to describe how do we perform palliative care support until the death in patients with ILD. The timing of referral for palliative care and the location of death.

Material and methods

Since October 2015, all patients with symptomatic ILD or with MRC 3-4 were referred to Palliative Care Unit(PCU). We have made a retrospective review of the clinical histories analyzing symptom control, the moment of the referral to PCU, admission or control needs in the hospital at home and the place of death.

Results

63 patients(33 M-30 F), with advanced disease or MRC 2(4), MRC 3(5), MRC 4(54).Average age 79 years(62-95).

PALLIATIVE CARE CIRCUIT IN ILD

ILD Respiratory monographic consultation

63 ILD patients with advanced symptoms.

SUPPORT of palliative care

151 face to face consultations.

-symptomatic evaluation.
-functional evaluation.
-psychological and spiritual evaluation.
-socio-familiar evaluation.
-existence of advanced directives.
-preference about the place of death.
-complexity and support.
-Knowledge of diagnosis and prognosis.

- Symptomatic treatment
- Diagnostic
- Disease severity
- Prognostic
- End-of-life information

Complexity (+)

Home (support)

Hospital at Home.
90 times.
12 death.

Hospital Respiratory Unit.
18 times.
9 death

Hospital Palliative Care Unit.
18 times.
16 death.

Cronic Hospital.
13 times.

MAIN DISEASES

Idiopathic pulmonary fibrosis	31 (17 with antifibrotic treatment)
Combined pulmonary fibrosis and emphysema	8
Idiopathic nonspecific interstitial pneumonia	6
Occupational exposure pulmonary fibrosis	5
Chronic hypersensitivity pneumonitis	4
Familial pulmonary fibrosis	2
Subacute or intermittent hypersensitivity pneumonitis	2
Non filiatted ILD	2
Desquamative interstitial pneumonia	1
Interstitial pneumonia with autoimmune features (IPAF)	1

SYMPTOMATIC TREATMENT

OPIOIDS

FOLLOW-UP

- 1- 25 months in patients who are alive (median 12 m.).
- 1- 18 months in the dead (median 5 m.).

Conclusion

- ✓ Palliative care in the ILD should be started early, at the occurrence of symptoms, they be continued through treatment, follow-up care and the end of life.
- ✓ The establishment of the follow-up of patients with ILD for palliative care has made it possible to progress in the symptomatic control and achieve that 100% they died under palliative care, 44% in HPCU, 32% at home and 24% in the Hospital Respiratory Unit with support of Palliative Care.