

Review of First 50 Home Care Visits by a Newly Developed Palliative Medicine Department in a Government Tertiary Care Centre In West India

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Abstract

Background: Palliative care helps to provide comfort and care to both patients and their family, thus promoting their quality of life. Palliative care provides psychological, physical and moral support to patients. The present study was aimed to determine the demographic characteristics of patients, prevalence of various signs, symptoms and psychosocial issues faced by the patients who are enrolled in home care.

Materials and method: The study was conducted on 50 patients provided with home care support by palliative care team. Demographic characteristics, diagnosis, presenting symptoms, signs and psychosocial issues experienced by the patients were recorded. Data collected was analyzed statistically using SPSS version 20.0.

Results: Maximum cases were suffering with cancer of lungs (22%), followed by cancer of oral cavity (20%), with pain being most prevalent symptom. Most of the patients felt psychological distress of decreased social movement, and most of them were being fed through ryle's tube, and subjected to wound care.

Conclusion: Palliative home care helps in managing the patients suffering from various types of cancer, with most common management being wound care. On-going research in palliative care will further help to introduce new model of palliative care in the developing world.

Keywords: Palliative home care; Cancer; Pain; Jaipur.

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Introduction

Palliative care consists of a series of approaches towards patients who are suffering with debilitating disorders. These approaches meant to provide comfort and care to both patients and their family.[1] The basis of idea of palliative care (PC) is being a type of management that provides a temporary solution for a problem, but cannot resolve the issue permanently. [2] In 2002, World Health Organization (WHO) defined the Palliative Care as an approach that helps in promoting the quality of life (QoL) of subjects along with their families, by implementing and promoting prevention from diseases, thus relieving them from sufferings. In palliative care, management of pain and psychological problems is required, following a timely diagnosis. [3] Palliative care utilizes a team effort for supporting both patients and their families, by assessing their requirements and counselling them for living actively till death. Patients want to

be with their near and dear ones in their last stages of life, this leads to the development of Home Palliative care.[4] It is a type of palliative care that provides psychological, physical and moral support to patients who are suffering with debilitating diseases like advanced cancers, congenital anomalies, dementia, cardiovascular diseases, pulmonary involvement, chronic liver disease, chronic kidney disease, rheumatoid arthritis, and neurological diseases. [4, 5] The home care is given by a multidisciplinary, well-] trained group of nurses, doctors, volunteers, social workers, physiotherapists, and others. Home care being provided by such efficient team is similar to the conventional palliative care given at hospices, hospitals, or institutions. [6]

The present study was aimed to determine the demographic characteristics of patients, prevalence of various signs, symptoms and psychosocial issues

faced by the patients who are enrolled in home care. Materials and method: The present cross sectional study was conducted on 50 patients provided with home care support by the Department of Palliative Medicine, S.M.S Medical College, Jaipur over a period of 16 months, from September 2021 to December 2022. A team comprising of a specialist palliative care physician, nursing staff and social worker, visited the severely ill patients who are on non-ambulatory support, once a week.

Mobility support in the form of a vehicle, driver and fuel was provided by an NGO (Munshi Roopram charitable society). A retrospective, descriptive, cross sectional analysis of medical records obtained from home visits of patients was done. Demographic characteristics, diagnosis, presenting symptoms, signs and psychosocial issues experienced by the patients were recorded. Self-made pre-tested questionnaire was used to record patient's symptoms and psychosocial issues faced. Data obtained was collected and analyzed statistically using IBM SPSS version 20.0 (Chicago, USA).

Results: On screening the medical records of 50 patients on home care, it was found that the median

age of patients was 52 years with a slight male preponderance of (52%) (Table no. 1). It was observed that out of 50 cases, 48 patients taking home palliative care were cancer patients and 2 were non cancer patients. Among cancer patients, maximum cases were suffering with cancer of lungs (22%), followed by cancer of oral cavity (20%) (Table no. 2).

We noticed signs and symptoms among patients on home palliative care. Maximum patients (94%) were suffering with pain, followed by fatigue (90%), decreased appetite (82%), nausea (66%) and insomnia (64%) (Table no. 3). In the present study we also assessed common psychosocial issues being faced by patients. Maximum (92%) cases felt psychological distress of decreased social movement, followed by feeling of being a burden to the family in around 68% cases, feeling of vulnerability in 60% cases and 58% patients had concern about mortality (Table no. 4). During palliative home care patients were under non-pharmacological care. Maximum (42%) were being fed through ryle's tube, followed by 36% cases undergoing wound dressings, 32% were cared for bed sores and 26% for bladder care.

Table 1: Age Range and Sex of Most Common Presenting Diseases in Palliative Home Care Patients

CARCINOMA	Age range (yrs)	MALE		FEMALE		Total
		Frequency	Percentage	Frequency	Percentage	
CA lungs	34-65	7	14	4	8	11
CA oral cavity	43-76	7	14	3	6	10
CA breast	30-70	0	0	6	12	6
Sec neck	45-58	2	4	1	2	3
Total		26	52	24	48	50

Table 2: Distribution of Study Subjects According To Type of Carcinoma

Carcinoma type	Frequency	Percentage
Carcinoma lung	11	22
Carcinoma of oral cavity	10	20
Carcinoma breast	6	12
Carcinoma rectum	2	4
Carcinoma maxilla	2	4
Carcinoma larynx	2	4
Carcinoma endometrium	2	4
Sec neck	3	6
Others	10	20
No cancer	2	4
Total	50	100

Table 3: Distribution of study subjects according to signs and symptoms

Signs and symptoms	Frequency	Percentage
Pain	47	94
Fatigue	45	90
Decreased appetite	41	82
Nausea	33	66
Insomnia	32	64
Vomiting	30	60
Constipation	25	50
Pallor	21	42
Lymphadenopathy	21	42

Open wound	18	36
Dysnea	10	20
Total	50	100

Table 4: Distribution of Study Subjects According to Signs and Symptoms

Psychological issues	Frequency	Percentage
Decreased social movement	46	92
Feeling of being a burden to the family	34	68
Feeling of vulnerability	30	60
Concern about mortality	29	58
Total	50	100

Table 5: Patients Requiring Non-Pharmacological Management

Treatments	Frequency	Percentage
Ryle's tube feed	21	42
Wound dressing	18	36
Bedsore care	16	32
Bladder care	13	26
Colostomy care	2	4
Tracheostomy care	2	4
Total	50	100

Discussion

Home care palliative care consists of professional services providing life assistance and health care. Palliative care team provides life assistance by helping patients with their day-to-day tasks like preparing their meals, giving medicines, providing company, assisting in shopping and giving transportation facilities.⁷ Health care services aims at managing pain, assessing mental and medical condition, treating chronic diseases, giving physical and occupational therapies, caring wounds etc.⁸ In present study, we found that most of the patients requiring palliative care were around 52 years of age with a slight male preponderance. Similar to our study, Dhiliwal SR et al.⁹ observed that the median age of patients was 57 years (range 18–92 years), but they found female predominance (67.02%).

The present infrastructure for providing palliative care cannot clearly manage all patients who are hospitalised due to advanced stages of cancer. Home palliative care by health care workers, including nurses, physicians, psychiatrists etc. help in providing adequate care to patients. In our study, out of 50 cases, 48 patients taking home palliative care were cancer patients and 2 were non cancer patients. Among cancer patients, maximum cases were suffering with cancer of lungs (22%), followed by cancer of oral cavity (20%). Dhiliwal SR et al.⁹ observed that maximum (22.8%) cases were of head and neck cancers, followed by Genito-urinary cancers (21.6%) and lung cancer (14%). In a study by Damani A et al.¹⁰, only 25% of centres are working for cancer care. Recently, home care is being used increasingly in India, which is expanding health care system of India. Home care provides a comfortable environment for severely ill subjects and also decreases the burden of family for providing care to the patient. McDermott E et al.¹¹

found that health care workers who works in home care centres gave palliative care to patients suffering with cancer and other chronic diseases. They increase awareness and educate patients regarding palliative care.

We noticed that maximum patients (94%) were suffering with pain, followed by fatigue (90%), decreased appetite (82%), nausea (66%) and insomnia (64%). In a study by Dhiliwal SR et al.⁹ the most symptom observed was pain, followed by generalised weakness, constipation, cough and breathlessness. In the present study maximum (92%) cases felt psychological distress of decreased social movement, followed by feeling of being a burden to the family in around 68% cases, feeling of vulnerability in 60% cases and 58% patients had concern about mortality. Tasdelen P et al.¹² observed that patients taking home palliative care usually suffer from psycho-social problems (72.9%). In our study we found that maximum (42%) patients were being fed through ryle's tube, followed by 36% cases undergoing wound dressings, 32% were cared for bed sores and 26% for bladder care.

Addition to the issues of being ill, most of the patients in India are quite poor with limited access to clean food, water, and shelter. Thus there is a critical requirement for a home care system that can be established by a palliative care which is community-based.¹³ Home palliative care has limitations in cases where hospitalisation is required like when patients are psychotic, and living in non-suitable environments. The present study has limitations of being conducted on less sample size and studying only particular conditions requiring home palliative care. Based on diversity of country like India, every state should need to make its own

guidelines and policy for providing palliative care to patients, depending upon their cultural and social background.

Conclusion

The palliative home care is a type of health care service that helps to provide a good living for patients suffering with debilitating diseases. Present study revealed that most of the subjects suffering from cancers require palliative home care and most of them suffer from pain. Home-based palliative care helps in managing the patients suffering from various types of cancer, with most common management being wound care. Although palliative care is serving only limited population of India, but on-going research in this branch will further help to introduce new model of palliative care in the developing world.

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