
Palliative vs. Standard Care



In the UK, a multicentre randomised clinical trial was conducted between April 2015 and November 2017 to evaluate the effectiveness of short-term integrated palliative care for people with long-term neurological conditions (LTNCs).

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Based on the results, there were no differences between palliative care and standard care in terms of improving symptoms, adverse events, or survival in patients with LTNCs (Gao et al. 2020).

However, as noted by the investigators, the short-term integrated palliative care (SIPC) intervention was associated with lower cost. "Refining referral criteria to better match patients to SIPC and intervention optimisation may help to support wider implementation of this new care model in practice," they explain.

In this trial, carried out in seven UK hospitals offering both neurology and palliative care services, a total of 535 patients with LTNC were assessed for eligibility and 350 were randomised, along with informal caregivers (n = 229). Patients of 18 years or older with any advanced stage of multiple sclerosis (MS), motor neuron disease (MND), idiopathic Parkinson disease (IPD), or progressive supranuclear palsy were randomised 1:1 to receive SIPC (intervention, n = 176) or standard care (control, n = 174).

The study's primary outcome was change in eight key palliative care symptoms – including pain, shortness of breath, vomiting and spasms – from baseline to 12-weeks. Secondary outcomes included change in the burden of other symptoms, health-related quality of life, caregiver burden, and costs.

Key findings of the clinical trial include:

- No between-group differences in primary outcome (effect size, -0.16 ; 95% CI, -0.37 to 0.05), any other patient-reported outcomes, adverse events, or survival.
- Reduction in mean health and social care costs from baseline to 12 weeks $-\text{€}1,155/\text{\$}1,367$ (95% CI, $-\text{\$}2450$ to $-\text{\$}282$) in the SIPC group and $\text{€}552/\text{\$}653$ (95% CI, $-\text{\$}1,839$ to $-\text{\$}532$) in the control group, although this difference was not statistically significant ($P = .12$).

Moreover, in qualitative analysis, SIPC was well-received by patients and caregivers. The SIPC intervention was found to be helpful in building resilience, attending to deficits, and enabling caregivers, according to the investigators.

The research team further said the heterogeneity of the neurological disorders studied may have been factors in the non-significant results of the trial. IPD, MS and MND differ in pathophysiology, clinical profiles, natural history as well as endophenotypes, the researchers point out.

Another limitation of the study is that the sample was mostly composed of patients with IPD and MS who tend to have a longer disease course. "It is possible that the baseline symptom profiles and therefore the subsequent experience of SIPC are different for patients with LTNCs with a more rapid progression," the researchers said, adding that further research is warranted.

Source: [JAMA](#)

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