THE EFFECTS OF PHYSICAL THERAPY ON QUALITY OF LIFE IN ADULT PATIENTS ON HOSPICE OR PALLIATIVE CARE: A SYSTEMATIC REVIEW

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Overview

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Definitions

• **Quality of life (QOL):** the standard of health, comfort and happiness experienced by the individual

• **Hospice Care:** a supportive approach to treatment that focuses on quality rather than length of life and intent is to provide humane and compassionate care for people in the last phases of incurable disease so that they may live as comfortably and fully as possible

• **Palliative Care:** the active total care of patients whose disease is not responsive to curative treatment with the goal of symptom control and attention to the whole patient- psychologically, socially and spiritually
Introduction

- Little research has been conducted regarding maintenance and recovery of physical function
  - Specifically for patients with incurable cancer with limited life expectancy
- Physical independence and strength and endurance maintenance throughout the course of disease is a desire of patients receiving hospice or palliative care
Physical activity and nutrition are needed to:
  • Maintain a sense of well-being
  • Enhance QOL
  • Reduce emotional distress

Physical therapy during hospice or palliative care is effective to restore physical and psychological function
Purpose

• Determine the impact of physical therapy intervention on quality of life in adult patients receiving palliative or hospice care
Search Terms

- Physical therapy **AND** hospice **AND** palliative **AND** quality of life
- Databases searched:
  - PubMed
  - CINAHL
  - ProQuest Health and Medical Complete
  - Science Direct
Inclusion Criteria

• Peer-reviewed
• Published between 2006-2016
• Scholarly journals
• Published in English
• Adults aged >18
• Human subjects
Records identified through database searching (n=62)

Records after duplicates removed (n=59)

Records screened (n=59)

Records excluded based on title (n=24)

Records screened for eligibility (n=35)

Records excluded, with reasons (n=33)
- Article is irrelevant (n=1)
- Does not measure QOL (n=6)
- Subjects are not under hospice or palliative care (n=7)
- Did not receive intervention/treatment from PT (n=19)

Records included (n=4)

Additional records identified by hand search (n=2)
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0 = NO (N)  
1 = YES (Y)
Results

• 62 articles were screened for eligibility
  • 4 records met the criteria
• PEDro scores ranged from 3 - 6/10 with an average of 3.75
• Sample sizes ranged from 34 - 144 subjects (294 total)
  • There were 99 subjects who dropped out, 78 of those due to death
• Treatment parameters varied widely with durations ranging from 20 - 50 minutes, 2 - 3 times/week for 3 -12 weeks
Results Continued

• PT interventions included:
  • Gait and transfer training, circuit training, stretching, muscle strengthening, standing balance, and aerobic endurance

• Outcome measures to assess QOL included:
  • Rotterdam Symptom Checklist (RSCL), European Organization for Research and Treatment of Cancer Core Quality of Life Questionnaire (EORTC QLQ-C30), EuroQol-5 Dimensions (EQ-5D), Edmonton Functional Assessment Tool 2nd Edition (EFAT-2)
Results Continued

• None of 4 studies found statistically significant increases in QOL while using PT as an intervention.

• 2 of 4 studies reported that QOL remained stable over the course of PT treatment, and 1 of these 2 studies reported a decline in QOL in the control group.

• 1 study reported an insignificant increase in QOL overall (EQ-5D) with a significant increase in 1 of the 5 dimensions (health state status).
Conclusion

• Weak evidence in support of using PT as an intervention to maintain or increase QOL in adults receiving palliative or hospice care
Limitations

- Small samples
- Varied outcome measures
- Lack of long-term follow up
- Drop out rate secondary to poor health status or death
- Selected databases
Future Research

• Larger sample sizes are needed to determine the optimal mode and parameters for PT intervention in palliative and hospice care
Clinical Relevance

• PT interventions may improve or maintain QOL in patients on hospice or palliative care

• Health care professionals should be educated on inclusion of PT in a patient’s plan of care

• PTs in these settings should advocate for the importance of individualized treatments based on patient diagnosis and personal goals
Acknowledgements

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  • Dr. Sanko, PT, EdD
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  • University of Scranton Physical Therapy Department
References