

CONFERENCE ABSTRACT

Does Combined Respiratory and Palliative Care Management Improve Care for COPD Patients

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Introduction: Chronic Obstructive Pulmonary Disease (COPD) produces breathlessness, which is associated with frequent emergency department (ED) attendances¹. Palliative care aims to optimise quality of life by anticipating, preventing and treating suffering².

Aim / Practice Change: This study aimed to evaluate if the joint management of a patient with advanced COPD between a respiratory service and a specialist community palliative care service influenced ED presentations, breathlessness and quality of life of these patients.

Targeted Population / Stakeholders / Timeline: Seventeen patients with advanced COPD (mean FEV1 24.2% \pm 6.3) were referred to the palliative care service over an 18 month period by the respiratory service when maximal therapy for COPD no longer provided symptom control. Treatment from the palliative care service was focused on symptom management, and included input from the homecare team, input from the breathlessness intervention service and the prescription of benzodiazepines and opioids as needed. These patients also continued to be monitored and treated by the respiratory service as required.

Highlights / Sustainability / Transferability: The average number of ED presentations of the referred patients reduced significantly from 3.69 in the six months prior to their referral to palliative care to 1.19 in the six months after the referral ($p < 0.05$). There was also a significant improvement in their quality of life scores, with their average mMRC breathlessness score improving from 3.57 to 2.8 ($p < 0.05$), and their average COPD Assessment Test score reducing from 22 to 18 ($p < 0.05$). This joint service is ongoing, with the aim of continuing to reduce ED presentations and acute healthcare usage of COPD patients. It would be feasible to introduce this service into any setting whereby both a respiratory and palliative care service exist as part of the ongoing and expanding multidisciplinary and community based management of COPD patients.

Conclusion / Discussion / Lesson Learned: This data suggests that the joint management of patients with advanced COPD between respiratory and community palliative care service can reduce ED attendances and the use of acute healthcare services, and can also improve patient care and quality of life.

References:

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Keywords: copd; palliative care; respiratory care; breathlessness
