Improvement in Symptom Burden Within One Day After Palliative Care Consultation in a Cohort of Gynecologic Oncology Inpatients (FR435-B)

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Objectives

- List three symptoms that were statistically significantly improved within one day of PC consultation for symptom management in our cohort of gynecologic oncology inpatients.
- Synthesize the results of this study into one or two sentences that could be used to advocate for greater integration of specialty palliative care consultation into the care of gynecologic oncology inpatients.

Original Research Background: The impact of inpatient palliative care (PC) on symptom burden in the gynecologic oncology (GO) population has not been evaluated.

Research Objectives: Evaluate the magnitude and time course of change in symptom burden after PC consultation in a cohort of GO inpatients.

Methods: Women with a gynecologic malignancy and a PC consultation for symptom management between 3/1/12 and 2/28/13 were identified. Charts were reviewed for demographics and disease characteristics. PC provider reports of symptom intensity on a modified Edmonton Symptom Assessment System (ESAS) scale were retrospectively reviewed for the following symptoms: pain, fatigue, anorexia, depression, anxiety, nausea, and dyspnea. Prevalence of moderate to severe symptom intensity were compared between the day of PC consultation (D1), the day after consultation (D2), and the last hospitalization day for which symptom data were available. Data were analyzed with descriptive, t-test, Chi-squared, and Fisher’s exact test statistics.

Results: 172 PC consultations were performed on 121 unique patients with a median age of 60. The majority were white (88%) with advanced stage disease (stage III/IV, 70%). The most common malignancy was ovarian (50%). Prevalence of moderate to severe symptom intensity on D1 ranged from 4% (dyspnea) to 52% (pain). There was statistically significant improvement in moderate to severe symptom intensity between D1 and D2 for the following symptoms: pain, anorexia, fatigue, and dyspnea (all p<0.05). There were no statistically significant differences in symptom burden between D2 and the last ESAS completed before discharge.

Conclusions: PC consultation is associated with significant improvements in symptom burden, and the majority of that improvement occurs within one day of consultation.

Implications for Research, Policy, or Practice: PC consultation may be an effective tool for symptom management in GO during even very brief hospitalizations and should be considered early in the hospitalization to effect timely symptom relief.