

Journal Club

Symptoms in Patients Receiving Palliative Care: a study on patient-physician encounters in general practice.

Date: December 11, 2007

Presented by: Dr. Jane Brignall, Family Medicine Resident on the Tertiary Palliative Care Unit, Grey Nuns Hospital

Authors: [Borgsteede SD](#), [Deliens L](#), [Beentjes B](#), [Schellevis F](#), [Stalman WA](#), [Van Eijk JT](#), [Van der Wal G](#). [Palliat Med.](#) 2007 Jul;21(5):417-23.

VU University Medical Center, Department of Public and Occupational Health, EMGO Institute, Amsterdam, The Netherlands. s.borgsteede@vumc.nl

Most people with an incurable disease prefer to stay and die at home, cared for by their general practitioner (GP). This paper aims at describing the prevalence of symptoms in patients receiving palliative care at home. Within the framework of a nation wide survey of general practice in the Netherlands, GPs received a questionnaire for all patients who died within the 1-year survey period to determine whether patients received palliative care (n = 2,194). The response rate was 73% (n = 1,608), and 38% of these patients received palliative care until death. Information regarding encounters during the last 3 months of life was derived from the records kept by the GPs. Digestive symptoms (59%) and pain (56%) were the most prevalent. The total number of symptoms per patient was higher in cancer patients (11.99) than in non-cancer patients (7.62). Not reported in previous studies were musculoskeletal symptoms (20%) and chronic ulcer (18%). Concluding, this showed that Dutch GPs encounter a diversity and wide range of symptoms in palliative care. To face these complex challenges in patients receiving palliative care at home, GPs have to be trained as well as supported by specialized palliative care consultants.

Strengths: Good response rate – 73%, not limited to cancer patients, searched using diagnostic codes (International Classification of Primary Care) and free text in GP's notes, reasonable sample size – n= 429, lists all symptoms experienced as recorded in notes, rather than measuring using a list of possible symptoms eg ESAS.

Weaknesses: Retrospective, symptoms as described by GPs, not by patients, no data on severity of symptoms and whether the symptoms were treated by the GP. Palliative care status of patients was assigned after they died.

Relevance to Palliative Care: The palliative patient population was the focus of this study and the symptoms encountered by GP's in the community versus the acute care setting was discussed. There was an emphasize on the need for extra training for GP's to be able to care for this population at home.

