Benefits and Burdens of Treatments at End of Life

Objectives

- Identify which patients are approaching the final months of life.
- State the benefits and burdens of: CPR, tube feeding, antibiotics, and artificial hydration for elderly patients.
- Identify how to present this data to families.

End of Life Decision-Making

“patients and surrogates may feel more secure in forgoing end of life treatments considering that the burden of diminished quality of life is greater than an uncertain future.”

Evaluating Benefits and Burdens of treatments

- Tube Feeding
- Artificial Hydration
- CPR
- Antibiotics

Weight Loss Increases Mortality

Elderly patients in Nursing Homes:

- 10% unintentional loss of body weight in 6 months = 85% mortality.
- 5% loss of body weight in one month patients are 4 times more likely to die in 1 yr.

Weight Loss

- Increased risk of mortality for larger amounts weight lost with lower BMI
- Weight loss of normal, overweight and mildly obese (but not obese) had increased mortality
**Communication Tips**

*Causes of weight loss*

- Decreased sense of smell and taste
- Decreased hunger
- Stomach empties slowly-Constipation
- Dental problems
- Many medications affect food taste
- Progressive brain deterioration

**Artificial Nutrition and Hydration**

**Artificial Feeding: Which Patients Benefit?**

*Healthy patients:*

- Patients with CVA
- On chemotherapy or radiation therapy
- Esophageal obstruction
- Patients with ALS

**Which Patients Do Not Benefit?**

- Alzheimer’s/dementia patients
- Acutely ill hospitalized patients
- End stage cancer patients
- Some patients with neurological disease

**Patients with Advanced Dementia**

- Patients do not live longer with tube
- Increases risk of aspiration/pneumonia.
- Does not prevent or heal decubitus ulcers.
- Tube does not prevent/reverse weight loss.

**Physician Barriers**

Survey of 200 physicians’ beliefs regarding feeding tubes:

- 76% prevents aspiration/pneumonia
- 74% heal pressure sores
- 61% improve survival
- 27% improve functional status

*Tube Feeding in Patients with Advanced Dementia: JAMA 1999;282:1365-1370*
Speech-Language Pathologist Barriers

- Survey of 500 + SLP
- 56% recommended PEG for dementia
  - Increased survival
  - Improved nutrition
  - Few believed would improve function
- Only 11% would want PEG themselves

Speech-Language Pathologist


What Happens When Elderly Patients who Cannot Eat go to the Hospital…

- Feeding tube presented as only option with focus on short term safety and potential for improved nutrition.
- Physician assumptions about feeding tube were not supported in the medical literature.


Acutely Ill Hospitalized Patients

- Patients hospitalized with acute illness have poor outcome associated with PEG tube placement.
- PEG insertion should be avoided in acutely ill hospitalized patients.


Communication Tips

- Patients do not die of starvation.
- Tube feeding does not impact hunger.
- Feeding issue is emotional; how family communicates caring.
- It is ethical and it is legal to withhold feeding.
- Define your goals for Tube Feeding- A time-limited trial can be done.

Artificial Hydration

Observational Reports by 500 Physicians and 300 nurses working in Oncology and Palliative care.

Artificial Feeding caused an increase in fluid retention and limited benefits in alleviating dehydration symptoms.

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Adverse Reactions from Artificial Hydration

- Increase in dyspnea
- Increase in pharyngeal secretions
- Increase in edema
- Increased pain from swelling around tumors
- Increased urination; risk of decubitus
Communication Tips

- Theory: elderly patients who dehydrate naturally have no electrolyte imbalance
- Dehydration causes release of endorphins, rising ketone levels produces anesthesia, promotes comfort

CPR Survival Rates

- In-Hospital (All): 10%-15%
- In-Hospital Elderly: Less than 5%
- Out of Hospital (All): <5%

- End of Life Physician Resource Center
- www.eperc.mcw.edu
- American Association of Hospice/Palliative Medicine

CPR on Television

- 75% percent of the patients survived the immediate arrest.
- 67 percent appeared to have survived to hospital discharge.

Communication Tips

- What have the doctors told you about your condition?
- What goals do you have for the time you have left?
- What do you know about CPR (effectiveness)?
- Validate they will receive aggressive comfort care

Poor Immune Function

- Pneumonia
  - Leading cause of hospitalization and death for nursing home residents.
  - Functional status determines survival.

Poor Immune Function

- Sepsis:
  - Leading cause of death in ICU (50%).
  - Elderly most likely to die in ICU.
  - Increased chance of dying 5 years post sepsis (depression, weakness, fatigue).
Antibiotics-Do they Enhance Comfort?

Study of Palliative Care patients who developed infection.

- Symptom improvement seen in 33%
- In antibiotics started in last week of life
  - 9% of those showed improvement

JOURNAL OF PALLIATIVE MEDICINE Vol 13, No 5 2010.

Antibiotics and Advanced Dementia

- Are effective in treatment of a single episode of infection.
- Does not prolong survival in patients unable to communicate or to ambulate.
- No advantage to using IV antibiotics over oral.
- No advantage to treating fevers.

Communication Tips

- Burdens of antibiotics in the frail elderly
  - Restraints
  - C Difficile
  - Fungal Infections
  - Risk of over hydration

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