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# Need for palliation in patients with the severe COPD — a questionnaire study

## Abstract

**Background.** Traditionally in Poland, palliative medicine and hospice care is focused on patients with malignant diseases. COPD patients, however, also express the need for palliation of symptoms and end-of-the life support. The aim of this study was to assess the opinion of severe and very severe COPD patients on their most distressing chronic symptoms, social activity and the need for additional palliative support.

**Material and methods.** 26 patients with advanced COPD, staged according to GOLD criteria answered the short questionnaire concerning symptoms, social activities and the need for additional palliative care.

**Results.** All patients suffered chronic symptoms despite of intensive treatment, the majority of them limited social life and all patients expressed the need for additional palliative support.

**Conclusions.** Polish pulmonologists and palliative medicine doctors should join the international discussion aiming on the definition of end-of-the life needs of patients with chronic, life-limiting diseases and evaluation of the potential benefits by addition of palliative care.

**Key words:** severe COPD, palliative care

## Introduction

Chronic obstructive pulmonary disease (COPD) is one of the most prevalent chronic disease of the respiratory tract worldwide and the fourth cause of death in the developed countries [1]. COPD is a progressive and, in majority of patients, incurable disease. Advanced COPD (severe and very severe stage) is associated with the high risk of exacerbation and mortality [2, 3]. Advanced patients usually suffer dyspnea, chronic cough and expectoration, and poor tolerance of physical activity [4]. Their quality of life is significantly decreased [5].

Despite of devastating symptoms and, commonly, difficult socio/familial situation — this group of patients is traditionally treated by general practitioners and occasionally by pulmonary specialists. Almost never they are consulted by the specialists of palliative medicine. Traditionally in Poland, palliative medicine and hospice care is focused on patients with malignant diseases. COPD patients, however, also express the need for palliation of symptoms and end-of-the life support [6]. The discussion on this issue has been started recently in Poland [7]. It is supposed, that there is an urgent need for cooperation of pulmonologists and palliative medi-

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cine specialists to advance the care of patients with this disease. Required is also the definition of patients' and their families expectation from the end-of the life care givers.

The aim of this study was to assess the opinion of severe and very severe COPD patients on their most distressing chronic symptoms, social activity and the need for additional palliative support.

### Material and methods

26 patients with advanced COPD, staged according to GOLD (2006) criteria [8], treated between September and November 2007 at the Department of Allergology, Medical University of Gdansk, Poland, were included into the study (Table 1). After oral informed consent patients answered the short questionnaire (Table 2) addressing their social activities in the last year, the most distressing symptoms and their need for additional palliative support.

The study was approved by local Bioethical Committee.

### Results

In the entire group the majority of patients lived with the spouse, four — lived with their children and one (man) — alone. None of the patients was professionally active, 13 had a disability pensions and 12 were retired. Only three persons visited theatre and three (the same) — cinema during the last

**Table 1. Patients' characteristic**

Characteristic	
<b>Number of patients</b>	
<b>Gender</b>	
Males	17
Females	9
<b>Age</b>	
Minimum	53
Maximum	77
Median	62.7
<b>Stage</b>	
Severe	11
Very severe	12
LOT	7
<b>Steroids</b>	
Inhaled steroids	25
Oral steroids	3
Rehabilitation	11

LOT — long-term oxygen treatment

**Table 2. Short questionnaire for severe and very severe COPD patients on their social activities in the last year, the most distressing symptoms and their need for additional palliative support**

1. Occupational status
  - a. active
  - b. never worked
  - c. disability pension
  - d. retired
2. Living with
  - a. spouse
  - b. children
  - c. alone
  - d. other
3. Number of visits in the cinema during last year
4. Number of visits in the theatre during last year
5. Holydays during last year: yes/no
6. What are the most distressing chronic symptoms patient suffers
  - a. dyspnea
  - b. cough
  - c. expectoration
  - d. chest pain
  - e. others
7. How many exacerbations during last year
8. Number of the courses of antibiotics
9. Possibility of having home visits of family doctor
10. Taking an opportunity to have home visits
11. Willingness of having the support of palliative care team

year, and seven patients had holydays (in two cases sanatorium was considered vacation).

All 26 patients were treated according to GOLD standards, seven patients had long-term oxygen treatment (LOT) and 11 — pulmonary rehabilitation.

Nevertheless, twenty five patients suffered chronic dyspnoea, 16 — chronic expectoration, 12 — chronic cough. All patients reported exacerbations in the last year, with the median number of events — 3 and range from 1 to 10. Twenty three patients required hospitalization due to exacerbation during last year: 12 patients were hospitalized for one time, ten — for either two or three times (equally) and one patients — seven times. All patients were treated with antibiotics during the last year. The total number of 52 courses of antibiotics was administered in the whole group (median number of courses — 3; range: from 1 to 10). All patients had regular visits in out-patients clinic with family physicians. Occasionally they were consulted by pulmonologists. In all but one cases home visits of the family physician were possible and patients took the opportuni-

ty to have them. In spite of that all patients answered, that they would be grateful for having the support from palliative care team.

## Discussion

The study showed that patients with severe and very severe COPD might have difficulties with realization both professional and social activities. Furthermore, despite of family doctors' care they have chronic symptoms and often exacerbations - on the other hand, one can suspect the overuse of antibiotics. What is also important patients with severe and very severe COPD express the need for palliative care.

According to several authors the course of severe COPD resembles that, which is characteristic for advanced lung cancer [9]. Uncontrolled chronic symptoms, periodical exacerbations and poor prognosis are common for both diseases.

Among uncontrolled symptoms dyspnoea seems to be the most difficult to manage. There are evidences that the treatment typical for COPD may be helpful in dyspnoea in advanced lung cancer patients [10], however the role of the oxygen treatment in lung cancer patients is still undefined [11]. Contrary in severe cases oral morphine is recommended also in COPD [12]. In Poland, even very severe dyspnoea in COPD patients is extremely rarely treated with morphine by family doctors. COPD patients are much more frequently mechanically ventilated than lung cancer patients [13], and nobody discuss with them whether they accept "aggressive" treatment or not [14]. They more frequently than lung cancer patients die at the hospital. Usually, neither family doctors nor pulmonologists speak with their COPD patients about prognosis and the end-of-the life period of disease [15]. Patients and their families have no psychological support.

This small study confirmed that patients with severe and very severe COPD would appreciate visits of palliative care team. Thus, it would be of importance to consider what are socio-medical need of this group from the point of view of medical service. It would be also of importance to evaluate whether the additional palliative care have resulted in better outcome measured by symptoms palliation, increased quality of life and/or decreased number of exacerbation. Polish pulmonologists and palliative medicine doctors should join the international dis-

cussion aiming on the definition of end-of-the life needs of patients with chronic, life-limiting diseases and evaluation of the potential benefits by addition of palliative care [16-19].

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