

# Palliative care

Palliative [care](#) (PC) is recommended for all patients with a serious or life-limiting [illness](#). However, its adoption for [trauma](#) patients has been variable across the nation. The goal of a study of was to assess PC utilization and intensity of care in [older](#) patients with severe TBI. We hypothesized that PC is underutilized despite its positive effects.

The National Inpatient Sample database (2009-2013) was queried for patients aged  $\geq 55$  y with International Classification of Diseases, Ninth Revision codes for TBI with loss of consciousness  $\geq 24$  h. Outcome measures included PC rate, in-hospital mortality, discharge disposition, length of stay (LOS), and intensity of care represented by craniotomy and or craniectomy, ventilator use, tracheostomy, and percutaneous endoscopic gastrostomy.

Of 5733 patients, 78% died in hospital with a median LOS of 1 d, and 85% of the survivors were discharged to facilities. The overall PC rate was 35%. Almost 40% of deaths received PC, with nearly half within 48 h of admission. PC was used in 26% who had neurosurgical procedures, compared with 35% who were nonoperatively managed ( $P = 0.003$ ). PC was associated with less intensity of care in the entire population. For survivors, those with PC had significantly shorter LOS, compared with those without PC.

Despite high mortality, only one-third of older patients with severe TBI received PC. PC was associated with decreased use of life support and lower intensity of care. Significant efforts need to be made to bridge this quality gap and improve PC in this high-risk population <sup>1)</sup>.

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## Palliative Care Among Patients With Malignant Brain Tumors

Recent advances in treatment of malignant brain tumors have improved outcomes. However, patients continue to experience significant disability. Palliative care helps patients with advanced illnesses improve their quality of life. There is a paucity of clinical studies examining palliative care usage among patients with malignant brain tumors.

**Objective:** To assess if there were any patterns in palliative care utilization among patients hospitalized with malignant brain tumors.

**Methods:** A retrospective cohort representing hospitalizations for malignant brain tumors was created from The National Inpatient Sample (2016-2019). Palliative care utilization was identified by ICD-10 code. Univariable and multivariable logistic regression models, accounting for the sample design, were built to evaluate the demographic variables associated with palliative care consultation in all patients and fatal hospitalizations.

**Results:** 375 010 patients admitted with a malignant brain tumor were included in this study. Over the

whole cohort, 15.0% of patients used palliative care. In fatal hospitalizations, Black and Hispanic patients had 28% lower odds of receiving a palliative care consultation compared with White patients (odds ratio for both = 0.72;  $P = .02$ ). For fatal hospitalizations, patients insured privately were 34% more likely to use palliative care services compared with patients insured with Medicare (odds ratio = 1.34,  $P = .006$ ).

Palliative care is underutilized among all patients with malignant brain tumors. Within this population, disparities in utilization are exacerbated by sociodemographic factors. Prospective studies investigating utilization disparities across race and insurance status are necessary to improve access to palliative care services for this population <sup>2)</sup>.

<sup>1)</sup>

Hwang F, Pentakota SR, Glass NE, Berlin A, Livingston DH, Mosenthal AC. Older Patients With Severe Traumatic Brain Injury: National Variability in Palliative Care. *J Surg Res*. 2019 Oct 10;246:224-230. doi: 10.1016/j.jss.2019.09.002. [Epub ahead of print] PubMed PMID: 31606512.

<sup>2)</sup>

Dullea JT, Vasan V, Devarajan A, Ali M, Nichols N, Chaluts D, Henson P, Porras C, Lopez C, Luna D, Liou L, Bederson J, Shrivastava RK. Utilization of Palliative Care Services Among Patients With Malignant Brain Tumors: An Analysis of the National Inpatient Sample (2016-2019). *Neurosurgery*. 2023 Mar 3. doi: 10.1227/neu.0000000000002428. Epub ahead of print. PMID: 36867460.

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