## **Palliative care center**

Yuruyen et al. investigated the survival and risk factors that affect the survival of aged patients in a palliative care center (PCC).

Methods: A total of 180 inpatients (aged  $\geq$  65 years) who were admitted to a PCC from January 2018 to March 2020 were included. Information regarding patients' demographic characteristics, chronic diseases, length of hospital stay, nutrition provided at the first hospital stay, pressure wound, pain, and laboratory results were evaluated.

Results: The patients 50% were women (n = 90). The mean age, mean comorbidity, and mean followup duration was 77.6 years, 3.4, and 115 days (median: 29 days), respectively. The mean NRS2002 score of patients was  $4.0 \pm 1.0$  and the risk of malnutrition was 93%. The mortality rate of the patients was 91.7%. The life expectancy of patients without malignancy was higher than those with malignancy (p < 0.001). Enteral nutrition (EN) via percutaneous endoscopic gastrostomy (PEG) was associated with up to two-fold increase in the survival rates of patients with PCC (p = 0.049, HR: 2.029). High neutrophil/lymphocyte ratio (p = 0.002, HR: 1.017) and high ferritin (p = 0.001, HR: 1.000) and C-reactive protein (CRP) levels (p < 0.001, HR: 1.006) were adverse risk factors affecting life expectancy. Malignity reduced the survival rate of aged patients with PCC by 40% (p = 0.008).

EN via PEG was found to be a positive factor affecting survival rates of older adult patients in palliative care, whereas malignity, high neutrophil/lymphocyte ratio, high CRP and ferritin levels, and prolonged hospital stays were negative risk factors <sup>1)</sup>.

1)

Yuruyen M, Polat O, Denizli BO, Cirak M, Polat H. Survival and factors affecting the survival of older adult patients in palliative care. Ir J Med Sci. 2022 Oct 20. doi: 10.1007/s11845-022-03186-5. Epub ahead of print. PMID: 36261749.

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