

Palliative care for Glioblastoma

Patients with [High-Grade Glioma](#) experience highly intrusive symptoms, cognitive and functional decline, and emotional and existential distress throughout the disease course. The caregiver burden is also substantial during the patient's illness and after death. There is limited evidence to guide the palliative management of these issues. Palliative care is likely to benefit patients with HGG, yet further research is needed to optimize the delivery of palliative care in neuro-oncology ¹⁾

Patients with [High-Grade Glioma](#) and they're [caregivers](#) experience high levels of [distress](#) due to physical, emotional, and cognitive symptoms that negatively impact the [quality of life](#) and functional independence, all in the context of limited life expectancy. However, patients typically have limited contact with specialists [palliative care](#) until the end of life, and there is no established model for ensuring their [palliative care](#) needs are met throughout the disease course.

Crooms et al. identified low rates of advance care planning, misconceptions about palliative care being synonymous with end-of-life care, and the unique neurologic needs of this patient population as some of the potential barriers to increased palliative interventions ²⁾.

It requires a well-trained neuro-oncology team that manages neurological deterioration, clinical complications, rehabilitation, and psychosocial problems with a multidisciplinary approach ³⁾

Late advance directive documentation, minimal early palliative care involvement, and the association of early hospice enrollment with death in a home setting underscore the need to improve care and better define palliative care quality measures in glioblastoma ⁴⁾.

A multimodal rehabilitative [palliative care](#) program addressed unmet patient and caregiver needs. Peer-to-peer interventions for family caregivers may address individual support needs. Similar programs may maximize the benefit by avoiding planned behavior changes and enhancing palliative approaches ⁵⁾.

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