Palliative Care in the Acute Hospital

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Policy drivers

1. ***National Service Framework for Older people.*** 2001
2. ***Palliative Care*: *fourth report of session***. House of Commons Health Committee 2003-04.
3. **Everybody's Business Integrated mental health services for older adults: a service development guide.** Care Services Improvement Partnership, 2005
4. ***Gold Standards Framework***: www.goldstandardsframework.nhs.uk 2005
5. ***Who Cares Wins***. Improving the outcome for older people admitted to the general hospital: Guidelines for the development of Liaison Mental Health Services for older people. Royal College of Psychiatrists; 2005.
6. ***Improving services and support for people with dementia:*** National Audit Office, 2007
7. ***Dementia Strategy*** 2008…?
8. ***End of life care strategy*** 2008…?

Background

- 56% of all deaths in England occur in acute hospital
- 25% of acute hospital complaints are regarding quality of care at end of life

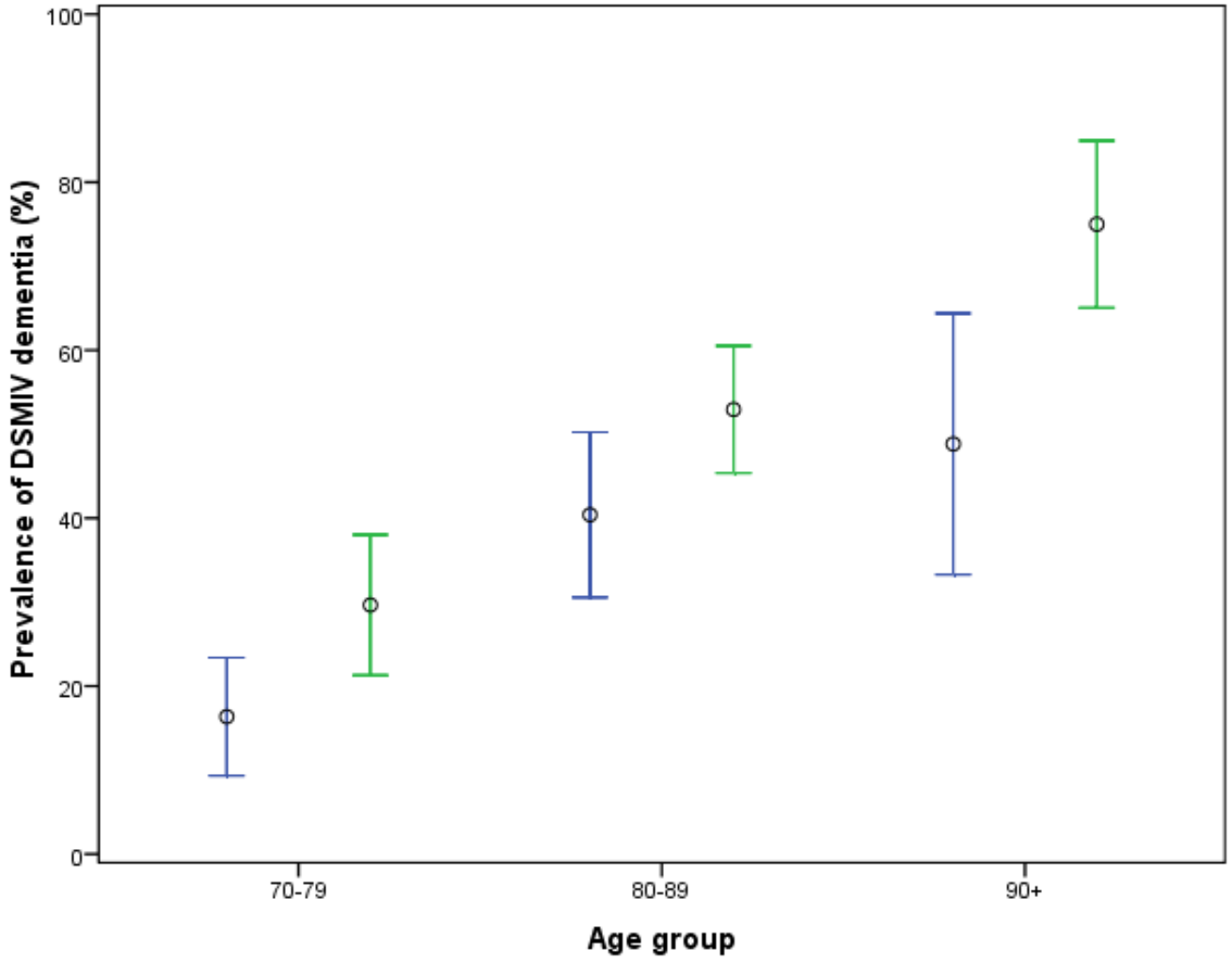
Dementia in the acute hospital

Men:

70-79	16.4%
80-89	40.4%
90+	48.8%

Women:

70-79	29.6%
80-89	52.9%
90+	75.0%



What is the outcome of acute admission ?

DSMIV	Deaths (n=75)%	Unadjusted	Adjusted*
non-case (n=255)	7.9	1	1
case (n=262)	18.1	2.79 (1.61-4.83)	2.09 (1.10-4.00)

*adjusted for age and APACHE score

Impact of severity of dementia

MMSE score	Deaths (n=75)%	Unadjusted	Adjusted*
24-30	7.5	1	1
16-23	10.0	1.57 (0.73-3.39)	1.34 (0.60-3.15)
<15	24.0	4.02 (2.24-7.36)	2.62 (1.28-5.39)

*adjusted for age and APACHE score

Dying from dementia

- Regional Study of the Care of the Dying (1997)
  - Cancer + Pain 60%
  - Dementia + Pain 75%
- # NOF- prescribed 1/3rd as much analgesia
- More painful investigations
- Most evidence is from the USA

What happens in a typical London hospital?

	"Dementia" (n=35)	"No dementia" (n=65)
Religion recorded	40%*	63%
Referral to palliative care	3%*	25%
Palliative medications prescribed	28%*	51%
Spiritual needs assessed	0%	5%

(*$p<0.05$)

Sampson et al Age and Ageing 2006

Education about dementia

"Dementia is different from having a physical illness. Dementia is in the brain. It's in the thinking of the brain. Yeah, in the mind. Some people have dementia but they can be by themselves. They can walk, you know, they can do things on their own.

Female hospital nurse – D-grade, 32 years"

"The advanced form of…Alzheimer's is the advanced form of dementia?"

Female hospital nurse – E-grade, 36 years

Taking responsibility for decisions

"I think most of the time GP's send them in because they are too scared of actually somebody dying under their care. It's about responsibility."

Male hospital doctor - senior house officer, 30 years

"I think the difficulty comes in the depths of night in these homes and you've got a carer who isn't necessarily switched on to what has already been agreed and they panic. Eighty percent of our admissions are through the ambulance, so they don't call the GP; they just ring an ambulance and they send them to A&E. It's out of hours… It's far easier to dial 999."

Male hospital consultant, 46 years

"When we feel that one of our residents becomes ill, with a fever…if we feel there's a need to send him or her to hospital, we call 999."

Male senior care assistant at nursing home, 46 years

Ambivalence

"I have never been against feeding tubes. I feel everybody should be given a chance. If they tolerate it and if they don't aspirate – because they can still aspirate on tubes anyway – if they don't aspirate and they don't pull it out."

Female hospital nurse - junior sister, 41 years

What might be effective ?

1. **"Fever management policies"**
   - No increase in pain or discomfort
   - ***No*** increase in mortality
2. **Special care unit for Advanced Alzheimer's disease**
   - Higher mortality
   - Lower discomfort
   - Fewer transfers to acute hospital
3. **"Hospice approach to treatment"**
   - No significant increase in mortality
4. **Multidisciplinary guidelines (i.e. LCP)**
   - Decrease in prescription of antibiotics
   - Increased prescription of analgesia

What are we doing?

- Adaption of LCP for dementia- on going with John Ellershaw, LMCPCRU
- BUPA Foundation: Development of complex intervention
  - Advance care planning
  - Palliative care focussed patient assessment
- Implementation of LCP on all care of elderly wards
  - Slow progress
  - Lack of identification of imminent death
  - Still fewer referrals to palliative care team