

Palliative care doesn't improve psychological distress, finds study

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Palliative care—a specialized medical care focused on quality of life for people with a serious illness such as cancer or heart failure— isn't likely to reduce psychological distress, according to a Rutgers study.

Researchers involved with the study, published in the *Journal of Pain*

and Symptom Management, found there were no statistically significant improvements in patient or caregiver anxiety, depression or [psychological distress](#) in a meta-analysis of 38 randomized [clinical trials](#) of palliative care interventions. This study took results from 38 previously published studies and combined them to examine the average effect of the interventions on psychological distress.

In palliative care, general psychosocial support is often offered, but this approach is less effective than evidence-based therapeutic interventions such as cognitive behavioral therapy. Palliative care interventions vary widely in terms of professional backgrounds of team members and use of evidence-based therapies for psychological distress.

Palliative care clinicians encounter psychological distress symptoms such as depression, sadness, anxiety, negative affect and fear among patients and their families regularly. Patients with cancers, [heart failure](#) and lung disease frequently experience increased depression symptoms as they approach the end of life.

Palliative care aims to identify, assess and manage pain and physical, psychological, social and spiritual concerns among patients experiencing serious illnesses and their families. However, the implementation of palliative care often has lacked fully integrating advances from [psychological science](#) and psychiatry to manage psychological distress.

Rutgers researchers, led by doctoral student Molly Nowels, utilized a protocol-based [systematic review](#) and [meta-analysis](#) to examine whether there are changes in psychological distress resulting from palliative care interventions.

The researchers uncovered no evidence to support the idea that palliative care interventions reduce psychological distress but did identify conceptual and methodological problems in the literature that could be

remedied, such as including patients with existing [mental health conditions](#) in studies and increasing transparency and accountability through pretrial registration.

More work is needed to adapt and integrate evidence-based psychological interventions into studies of palliative care and evaluate outcomes in seriously ill populations, according to the researchers.

"We also found that over a third of randomized clinical trials included in our study excluded people with existing mental health conditions," said Nowels.

"This means that some of the people who might be most in need of palliative care's integrative approach to suffering are not being represented in clinical trials, which could perpetuate inequalities for people with mental health conditions. We believe that researchers must include patients with existing mental health conditions in future [palliative care](#) intervention studies to improve the quality of care for this group."

More information: Molly A. Nowels et al, Palliative Care Interventions Effects on Psychological Distress: A Systematic Review & Meta-Analysis, *Journal of Pain and Symptom Management* (2023). [DOI: 10.1016/j.jpainsymman.2023.02.001](#)

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