

Early palliative care improves survival in advanced cancer

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researchers found that between-group differences in depression scores for enrollment to three months favored the early group. No differences were seen in quality of life (QOL) or burden. For depression and stress burden, but not for QOL, in decedents' caregivers there were between-group differences favoring the early group.

"If [palliative care](#) makes a difference for patients and [family caregivers](#), and if earlier is better, why wait?" writes the author of an accompanying editorial.

One author from each study disclosed ties to Johnson & Johnson.

(HealthDay)—Early initiation of palliative care (PC) interventions improves survival and caregiver burden in advanced cancer, according to two studies published online March 23 in the *Journal of Clinical Oncology*.

Marie A. Bakitas, D.N.Sc., C.R.N.P., from the University of Alabama at Birmingham, and colleagues conducted a [randomized trial](#) involving 207 patients with [advanced cancer](#). Participants were randomized to receive an in-person PC consultation, structured PC telehealth nurse coaching sessions, and monthly follow-up, early after enrollment or three months later. The researchers found that patient-reported outcomes did not differ significantly after enrollment or before death. One-year survival rates were 63 and 48 percent in the early and delayed groups, respectively (P = 0.038).

J. Nicholas Dionne-Odom, Ph.D., also from the University of Alabama, and colleagues examined the effect of early versus delayed initiation of a PC intervention for 122 caregivers of 207 patients with advanced cancer. Caregivers were randomized to receive three weekly telephone coaching sessions, monthly follow-up, and a bereavement call early after enrollment or after three months. The

More information: [Abstract - Bakitas Full Text \(subscription or payment may be required\)](#)
[Abstract - Dionne-Odom Full Text \(subscription or payment may be required\)](#)
[Editorial](#)

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