Palliative Care in Advanced COPD Patients (Part 1)

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Palliative medicine is the study and management of patients with active, progressive, far advanced disease, for whom the prognosis is limited and the focus of care is quality of life. Traditionally, it has been seen as exclusively for advanced cancer patients. Chronic obstructive pulmonary disease is an incurable and progressive disease with a gradual downhill course and episodic exacerbations with death as a definite outcome, and it causes significant physical symptoms, functional disability, psychological disturbance, social consequences, and carer burden. Much end of life decisions are involved in advanced COPD management. Principles of palliative care should also be applied for patients with advanced COPD.

The patients' need and service gap

In a study performed in the United Kingdom comparing the needs of advanced COPD and advanced cancer patients, COPD patients were shown to have a poorer quality of life, worse functional state, higher degree of depression and anxiety, similar need for information regarding diagnosis, prognosis and management, and a similar lack of adequate psychological care as compared with cancer patients. However, none of them received palliative care as compared to 86% of cancer patients who were either receiving or being offered palliative care.

COPD patients suffered from significant symptom burden. The symptoms of breathlessness, cough, weakness and fatigue, anorexia, insomnia, depressed mood, anxiety or panic attacks and pain had been reported by more than 50 percent of carers of COPD patients, but only less than twenty percent of the symptoms of insomnia, depressed mood and anxiety had been treated, and the treatment outcome was far from satisfactory. In about 40% of carers and patients, the prognosis of death was not acknowledged. The gap in providing good palliative care for them is still wide.

In the SUPPORT study (Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatment) conducted from 1989 to 1994, a prospective cohort study of hospitalised adults in five teaching hospitals in the United States, 1008 patients with severe COPD and 939 patients with Stage III/IV lung cancer were compared. COPD patients had a poorer cardiopulmonary function and a higher dependency but they survived longer (median survival 23.9 months in COPD versus 3.3 months in cancer); 56% had severe dyspnoea and 21% had severe pain (corresponding figures for cancer patients were 32% and 28% respectively). A similar proportion in both groups wanted comfort focused care (58%), desired no cardiopulmonary resuscitation (37%), and were extremely unwilling to have mechanical ventilation indefinitely (about 80%). However, despite their similar wish for comfort-focused care, more COPD than cancer patients had mechanical ventilation (70% in COPD vs 20% in cancer), had tube feeding (39% in COPD vs 19% in cancer), and had cardiopulmonary resuscitation performed (25% in COPD vs 8% in cancer) before they died. The study recommended that in caring for patients with severe COPD, consideration should be given to implementing palliative treatments more aggressively, even when remaining open to provision of life-sustaining interventions, and that good EOL care did not necessarily preclude life-sustaining interventions.

From these researches, it can be concluded that advanced COPD patients had significant physical and psychological distress but their need for good symptom control, and communication with health professionals regarding prognosis, treatment goals and further care plan were not adequately addressed.