



Caregiver Stress - Palliative Care Consults Don't Help More than Usual High Quality Care



Research presented at the [American Thoracic Society](#) 2016 international conference showed that support from palliative care specialists did not improve anxiety and depression symptoms in caregivers of patients with chronic critical illness. Patients also saw little benefit as the additional support did not lead to reduced time on a breathing machine or in the hospital.

The randomised controlled trial (RCT) [Informing Decisions in Chronic Critical Illness \(NCT01230099\)](#) enrolled 256 adult patients, who had received at least 7 days of mechanical ventilation, and their 366 surrogate decision makers, from medical ICUS at three tertiary care centres and one community hospital. Patients were randomised to usual care or two meetings with a palliative care physician and nurse practitioner. The two arms had similar patient characteristics.

Primary outcomes were family members' symptoms of depression and anxiety, measured by the Hospital Anxiety and Depression Scale (HADS), and symptoms of post-traumatic stress disorder [PTSD], measured by the Impact of Event Scale Revised (IES-R), at 3 months after randomisation. Patient outcomes included ventilator days, hospital length of stay, and discussion of preferences for care.

See Also: [Study: Caregivers of ICU Survivors at High Risk of Depression](#)

"Family members indicated that they were satisfied with the information and support provided by the ICU physicians, and this may explain why the additional support from palliative care specialists did not improve family or patient outcomes," said [Shannon Carson](#), MD, Professor of Medicine and Chief of the Division of Pulmonary Diseases & Critical Care Medicine at the University of North Carolina at Chapel Hill in Chapel Hill, North Carolina.

As palliative care specialists are routinely consulted to provide family support and facilitate goals of care discussions for chronically critically ill patients, the researchers wanted to determine if these specialists would help to reduce psychological stress for families.

"Findings of our study indicate that routine referral of these patients for palliative care consultation does not improve psychological distress for families as compared to effective communication by ICU physicians," said Prof. Carson. "ICU physicians should continue to make communication and support for family decision-makers an important part of their practice in the ICU. They should meet with families early and provide additional support as needed."

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