

# Comparative Analysis of Patient Outcomes while Receiving Early Palliative Care in Patients with Cancer Using ESAS Score

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## ABSTRACT

**Background:** Palliative care aims in reducing suffering and improving the well-being of patients suffering from serious life-limiting illnesses. Edmonton symptom assessment score (ESAS) is used to assess distress and life's quality of patients.

**Aims and objectives:** To analyze the response of introducing palliative care earlier in course of illness.

**Materials and methods:** This prospective study was using ESAS score in a tertiary care hospital.

**Results:** The mean age of patients was  $36.4 \pm 5.4$  in patients receiving palliative care and  $37.2 \pm 7.2$  in patients not receiving early palliative care. All symptoms had  $p$  value  $< 0.05$  except tiredness.

**Conclusion:** The study concluded that when palliative care was given early during illness, we have observed better patient outcomes.

**Keywords:** Cancer, Early palliative care, ESAS.

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## INTRODUCTION

By providing palliative care, we aim to improve life's quality of patients living with serious life-limiting illnesses. When applied earlier, life's quality has been shown to improve in patients. Patients' concerns are given due regard in palliative care.<sup>1</sup> WHO and ASCO have recommended early implication palliative care in patients who are suffering from cancer.<sup>2,3</sup> Dame Cicely Saunders was the main person behind starting palliative care.<sup>4</sup> A study was carried out which states that palliative referrals were made late during illness.<sup>5</sup> Medical associations state that when introduced earlier, palliative care improves patients' outcomes.<sup>6,7</sup> The people treating cancer understand that how important is to ensure the early introduction of palliative care and they try to provide it as it improves patients outcome.<sup>8,9</sup>

## MATERIALS AND METHODS

This study was conducted in the Department of Pain and Palliative Medicine of Mahatma Gandhi Hospital, Jaipur, India. It was a prospective study of 100 diagnosed patients of cancer. In it, 50 patients were allocated randomly into two equal groups.

Due permission was taken from the institutional ethics committee was taken and the Edmonton symptom assessment score (ESAS) was recorded using the ESAS form as a questionnaire (Tables 1 and 2).

The following two groups were compared in this study:

- Group I: Comprised of 50 cases, in which early palliative care was given.
- Group II: Comprised of 50 cases, in which early palliative care was not given.

## Inclusion Criteria

- Patients undergoing cancer treatment.

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**Conflict of interest:** None

## Exclusion Criteria

- Patient refusal.
- Patients with altered sensorium or disturbed orientation

Pain score in group I was  $2 \pm 1.2$  and group II was  $5 \pm 1.7$  which was statistically significant  $< 0.05$ . Tiredness and drowsiness in both were not statistically significant  $p > 0.05$ .

**Table 1:** Patients' demographics

|                 | Patient receiving early palliative care | Patient not receiving early palliative care | <i>p</i> value |
|-----------------|---|---|----------------|
| Age (years)     | $36.4 \pm 5.4$                          | $37.2 \pm 7.2$                              | $> 0.05$       |
| Sex male/female | 24/26                                   | 28/22                                       | $> 0.05$       |
| Weight (kg)     | $66.4 \pm 5.2$                          | $65.7 \pm 6.3$                              | $> 0.05$       |

The mean age in group I was  $36.4 \pm 5.4$  and group II was  $37.2 \pm 7.2$  years.  $p > 0.05$  so they were comparable

The mean weight in group I was  $66.4 \pm 5.2$  and group II was  $65.7 \pm 6.3$  kg.  $p > 0.05$  so they were comparable

**Table 2:** ESAS score

|                     | <i>Patient receiving early palliative care</i> | <i>Patient not receiving early palliative care</i> | <i>p value</i> |
|---------------------|--|--|----------------|
| Pain                | 2 ± 1.2  | 5 ± 1.7  | <0.05          |
| Tiredness           | 3 ± 2.1  | 3 ± 2.2  | >0.05          |
| Drowsiness          | 2 ± 1.9  | 3 ± 2.3  | >0.05          |
| Nausea              | 2 ± 1.3  | 4 ± 1.7  | <0.05          |
| Appetite            | 4 ± 2.4  | 6 ± 2.1  | <0.05          |
| Shortness of breath | 1 ± 1.3  | 3 ± 1.6  | <0.05          |
| Depression          | 4 ± 3.2  | 5 ± 2.1  | <0.05          |
| Anxiety             | 3 ± 2.5  | 6 ± 0.1.3  | <0.05          |
| Well-being          | 8 ± 2.1  | 4 ± 1.8  | <0.05          |

There was a decreased incidence of nausea and shortness of breath appetite as well as depression and anxiety in the group that received early palliative care  $p < 0.05$ .

There was increased feeling of well-being in patients receiving palliative care group I  $8 \pm 2.1$  vs group II  $4 \pm 1.8$  as compared to not receiving palliative care  $< 0.05$ .

## DISCUSSION

ESAS stands for Edmonton symptom assessment score. It is a standard document that is used to assess the severity of symptoms in cancer patients. Early palliative care enables patients to have a better quality of life. Palliative care provides multiple layers of support to the patient in terms of pain management, symptom management, a better understanding of disease and associated symptoms, and moral and psychological support.<sup>10-13</sup> Palliative care should be integrated into oncology practice early in during illness<sup>3</sup> Referrals to palliative care often come too late to improve QOL for patients with cancer. It is usually seen that palliative care referrals are made later in the disease trajectory.<sup>5</sup> Palliative has been shown to improve the quality of life of patients. It should be stated as early as a diagnosis is made. It enables patients and caregivers to have reduced psychosocial distress and improved outcomes.

## CONCLUSION

Early palliative care enables patients to have better management of their pain and other associated symptoms. Patients who receive

palliative care earlier in their illness have better outcomes as well as it also enables families and caregivers to have reduced levels of anxiety and better quality of life.

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