• End Stage Liver Disease (ESLD), the 12th leading cause of mortality in North America, is increasingly more prevalent as a noncancer disease requiring management in palliative care.

• Although the natural trajectory of illness is a gradual decline, once in the decompensated phase of illness, patient’s care experience acute, acute- and chronic-debilitating exacerbations, often requiring multiple hospital admissions and stabilizations resulting in an uncertainty in prognosis.

• Due to a lack of a defined “terminal phase” palliative care is often initiated only when death is perceived to be imminent.

• Palliative care units (PCUs) are a limited resource and are not able to accommodate longer patient admissions.

• Concerns have been raised that ESLD patients may be admitted late in their disease course, often missing the opportunity for early access to palliative care.

This study aims to better characterize the illness experience of patients with ESLD and to better identify patients requiring palliative care.

Methods

- A single-center retrospective chart review of all noncancer patients admitted to the palliative care unit at Baycrest Health Sciences, in Toronto, Ontario, between Sept 1, 2011 – April 10, 2015.

- The following data was collected from the medical record:
  - Demographics (age, sex)
  - Admission diagnosis
  - Source of admission (home, acute care hospital, long-term care)
  - Admission Palliative Performance Scale (PPS) within 7 days of admission (admission PPS)
  - Estimated prognosis
  - Length of stay (LOS)
  - Disposition (death or discharge location)

- No patients were excluded.

- SPSS was utilized for the statistical analysis.

- Patients with hepatocellular carcinoma (HCC) were included in the ESLD group due to the significant association between ESLD diagnosis and development of HCC.

Results

- There was no difference in estimated prognosis between ESLD patients and other noncancer patients (p=0.18).

- Patients with ESLD were younger and had a higher PPS score with no significant difference in length of stay or disposition when compared to other noncancer patients. This indicates that patients with ESLD admitted to a PCU have a unique illness experience. A better characterization of patient population and tailoring to their palliative care caregivers and health care providers.

- The statistical power of the study is limited by the small size of the ESLD group. Other patient comorbidities that may affect survival were not taken into account in analysis.

Discussion

- Patients with ESLD were younger and had a higher PPS score with no significant difference in estimated prognosis, length of stay, or disposition when compared to other noncancer patients. This indicates that patients with ESLD admitted to a PCU have a unique illness experience. A better characterization of patient population and tailoring to their palliative care requirements will likely lead to a significant benefit among patients with ESLD, their caregivers and health care providers.

Limitations

- Results may not generalize to other settings. The Baycrest PCU is unique (hospital that caters to older adults, ties to a long-term care and retirement home).

- The statistical power of the study is limited by the small size of the ESLD group.

- Other patient comorbidities that may affect survival were not taken into account in analysis.

Conclusions

- The study aims to better characterize the illness experience of patients with ESLD and to better identify patients requiring palliative care.

- The statistical power of the study is limited by the small size of the ESLD group.

- Other patient comorbidities that may affect survival were not taken into account in analysis.

For inquiries: please contact Dr. Giulia-Anna Perri at g.perri@baycrest.org.