

Time to Rethink Dementia Care in the Acute Care Hospital: What are the Palliative Care Needs of this Population?

Repensar o Cuidado dos Doentes com Demência no Hospital de Agudos: Quais as Necessidades Paliativas desta População?

Keywords: Dementia; Hospitalization; Hospitals, Psychiatric; Palliative Care

Palavras-chave: Cuidados Paliativos; Demência; Hospitais Psiquiátricos; Hospitalização

Dear Editor,

Dementia is considered a global public health priority by the World Health Organization, especially in countries with an ageing population.¹ Between 2000 and 2014, the proportion of hospitalized patients with dementia increased 470% in Portugal, with an estimated one in every 5 - 6 inpatients having dementia.² Consequently, hospital wards face the enormous challenge of caring for people with cognitive impairment, making it urgent to know and adequately respond to the needs of these patients and their families.

In a quantitative, descriptive, retrospective, cross-sectional and observational study, which included 39 patients with dementia admitted to an Internal Medicine Department, we identified their palliative needs using the Catalan Institute of Oncology tool (NECPAL-CCOMS-ICO© version 3.0) developed for chronic patients.³ Ethics committee and data protection society approvals were granted. It is noteworthy, from the results, that 64.1% of the patients had severe or very severe dementia according to the Global Deterioration Scale/Functional Assessment Staging (GDS/FAST).³ In 82% of patients, the medical team would not be surprised if the patient died within 12 months. There was an average of 7.5 (out of 13) positive NECPAL questionnaire questions per patient (median 7, interquartile range 3.5), denoting the presence of palliative needs, including a high symptomatic burden before admission (Table 1).

Dementia is a progressive, irreversible and life-limiting disease, and leads to considerable suffering. Elderly patients with dementia hospitalized in Internal Medicine wards usually have clear palliative needs. However, the classic hospital-centric approach of contemporary medicine, centered on resolving a curable acute illness, may not guide

Table 1 – Palliative care needs identified by the NECPAL-CCOMS-ICO® tool (n = 39)

Questions	Positive n (%)
Would you be surprised if this patient died within the next year? (Positive if not)	32 (82%)
Are there more than two chronic diseases?	38 (97%)
Cognitive decline, that is, deterioration in the Mini Mental State Examination test or the Pfeiffer's Short Portable Mental Status Questionnaire? Or, if it is not possible to obtain prior scale, has there been a significant decline in the ability to think, remember and reason?	32 (82%)
Does the patient have any of the following geriatric problems more than twice in the past six months (geriatric syndromes - delirium, falls, pressure ulcers, recurrent infections) or is any of these problems persistent?	30 (77%)
Functional decline, that is Karnofsky or Barthel scales showing a performance deterioration greater than 30%? Or, if it is not possible to obtain a previous scale, was there a significant decline in the ability to perform daily life activities?	29 (74%)
Did the patient present any persistent symptoms (with a maximum intensity equal to or greater than 5 out of 10) in his/her daily life, in the month before this admission? Namely:	
Sonolence 17 (61%)	Appetite 12 (43%)
Tiredness 14 (50%)	Dyspnoea 11 (39%)
Absence of wellbeing 13 (46%)	Anxiety 9 (32%)
Pain 12 (43%)	Depression 8 (29%)
	Nausea/Sickness 2 (7%)
	Other 2 (7%)
Were there more than two urgent/unplanned admissions in the last 6 months? Is there an increase in the demand or intensity of interventions?	28 (72%)
Nutritional decline, that is, weight loss greater than 10%?	25 (64%)
Has there been any implicit or explicit expression of limitation of the therapeutic effort or request for palliative care from the patient, family or team members?	21 (54%)
Presence of specific indicators of advanced organ disease (detailed on the original formulary)?	21 (54%)
Severe dependency, that is, Karnofsky less than 50 or Barthel less than 20?	19 (49%)
Have palliative needs already been identified by professional team members?	17 (44%)
Is there severe anxiety or adjustment disorder, that is, with psychological symptoms (sustained, intense, and progressive) not associated with the acute condition?	4 (10%)
Is there severe social vulnerability? (economic or social difficulties that weaken the patient's situation)	1 (3%)

medical teams towards the most suitable environment and type of care for this population. Palliative Care has been presented as a more appropriate model of care for these patients, especially in the more advanced stages of dementia. Its goals are to promote the alleviation of the suffering of people with serious and/or advanced and progressive diseases, regardless of their age, diagnosis or stage of the disease.⁵

It is urgent to rethink the care provided to patients with dementia admitted to medical wards and consider the contribution of palliative medicine in order to better respond to the needs of this growing population.

AUTHORS CONTRIBUTION

FBA, ACP, MB, PRP: All the authors contributed equally to the draft, critical review and final approval of the final version of the paper.

REFERENCES

1. World Health Organization. Dementia: a public health priority. Geneva: WHO; 2012.
2. Bernardes C, Massano J, Freitas A. Hospital admissions 2000-2014: a retrospective analysis of 288 096 events in patients with dementia. Arch Gerontol Geriatr. 2018;77:150-7.
3. Gómez-Batiste X, Martínez-Muñoz M, Blay C, Amblàs J, Vila L, Costa X. Identificación de personas con enfermedades crónicas avanzadas y necesidad de atención paliativa en servicios sanitarios y sociales:

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

DATA CONFIDENTIALITY

The authors declare that they followed the protocols in use at their working center regarding patients' data publication.

COMPETING INTERESTS

The authors have declared that no competing interests exist.

FUNDING SOURCES

The authors received no financial support for the research, authorship and/or publication of this article

- elaboración del instrumento NECPAL CCOMS-ICO(©). Med Clin. 2013;140:241-5.
4. Auer S, Reisberg B. The GDS/FAST staging system. Int Psychogeriatr. 1997;9:167-71.
 5. van der Steen J, Radbruch L, Hertogh C, de Boer MP, Hughes J, Larkin P, et al. White paper defining optimal palliative care in older people with dementia: a Delphi study and recommendations from the European Association for Palliative Care. Palliat Med. 2014;28:197-209.

Filipa BIANCHI-de-AGUIAR✉¹, Ana Carolina PEDROSO¹, Mafalda BALEIRAS¹, Paulo REIS-PINA^{2,3}

1. Unidade Funcional 4. Serviço de Medicina Interna. Hospital de S. Francisco Xavier. Centro Hospitalar de Lisboa Ocidental. Lisboa. Portugal.

2. Unidade de Cuidados Paliativos Bento Menni. Casa de Saúde da Idanha. Sintra. Portugal.

3. Centro de Medicina Paliativa. Faculdade de Medicina. Universidade de Lisboa. Lisboa. Portugal.

✉ **Autor correspondente:** Filipa Bianchi de Aguiar. filipamba@gmail.com

Recebido: 18 de outubro de 2021 - **Aceite:** 20 de outubro de 2021 - **Online issue published:** 01 de fevereiro de 2022

Copyright © Ordem dos Médicos 2022

<https://doi.org/10.20344/amp.17335>

