Hospital General de Villalba

Actualización en la atención de los cuidados paliativos en Atención Primaria
Abordaje Integral del paciente

Jueves, 22 de febrero de 2018

CUIDADOS PALIATIVOS EN SITUACIÓN DE ÚLTIMOS DÍAS DE VIDA

Cómo tratar y cuidar en la agonía

Elena Escobar Sánchez.
ESAD DANO.
Jose María Fraile Vicente.
UCP HGV.

¿Se muere bien en los hospitales?

- ✓ Tratamientos invasivos en 47%
- ✓ Dolor (46%), disnea (51%) y agitación (51%)
- ✓ Medidas de confort en 46%
- ✓ Participación del paciente en decisión RCP en 32%

A controlled trial to improve care for seriously ill hospitalized patients. The study to understand prognoses and preferences for outcomes and risks of treatments (SUPPORT). The SUPPORT Principal Investigators. JAMA 1995;274:1591–8.

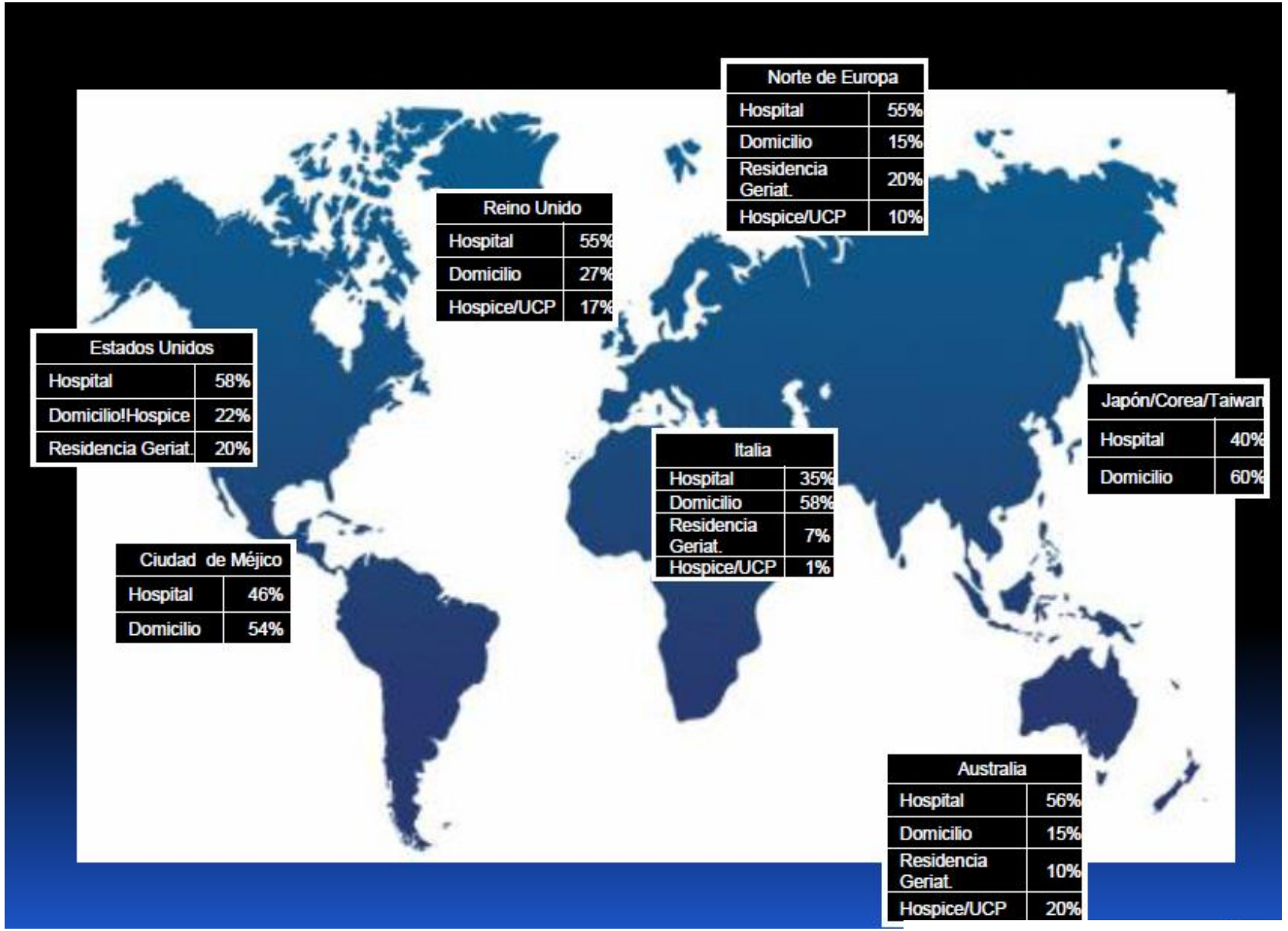

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Tabla 1

Distribución de fallecimientos en hospitales por Comunidad Autónoma, 2000-2002

	Total	% en planta	% urgencias hospitalarias	% hospitalarios	% fallecimientos hopsitalarios en urgencias*
Andalucía	182.067	44,3	6,1	50,4	12,1
Aragón	38.302	47,1	3,1	50,1	6,1
Asturias	36.743	44,8	4,5	49,3	9,1
Baleares	21.444	54,1	4,1	58,2	7,1
Canarias	35.821	59,2	9,2	68,4	13,5
Cantabria	15.690	49,6	6,8	56,5	12,1
Castilla-La Mancha	51.584	33,6	3,7	37,3	9,8
Castilla y León	77.380	46,7	3,9	50,6	7,7
Cataluña	170.227	53,1	7,3	60,4	12,1
Com. Valenciana	111.845	42,7	5,3	48,0	11,0
Extremadura	31.248	36,0	4,9	40,8	11,9
Galicia	85.511	41,8	4,6	46,4	9,8
Madrid	115.677	55,5	6,7	62,2	10,8
Murcia	27.790	51,1	5,1	56,2	9,1
Navarra	14.737	49,5	3,1	52,7	6,0
País Vasco	54.957	49,6	6,5	56,1	11,5
La Rioja	7.704	39,5	2,8	42,4	6,7
Ceuta y Melilla	2.687	57,8	9,8	67,7	14,5
Total Nacional	1.081.414	47,4	5,7	53,0	10,7

* Respecto al total de fallecimientos en hospitales (panta + urgencias).

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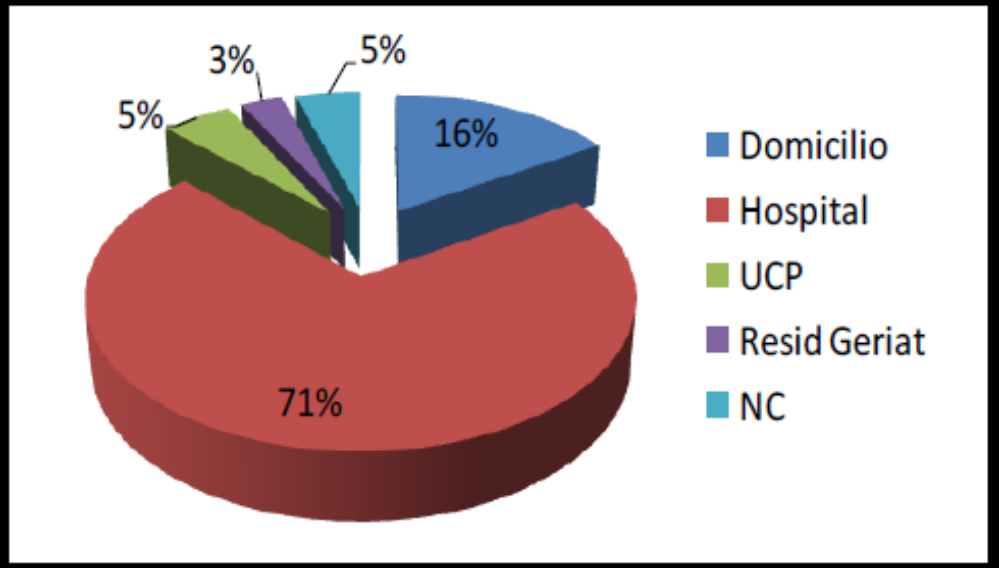
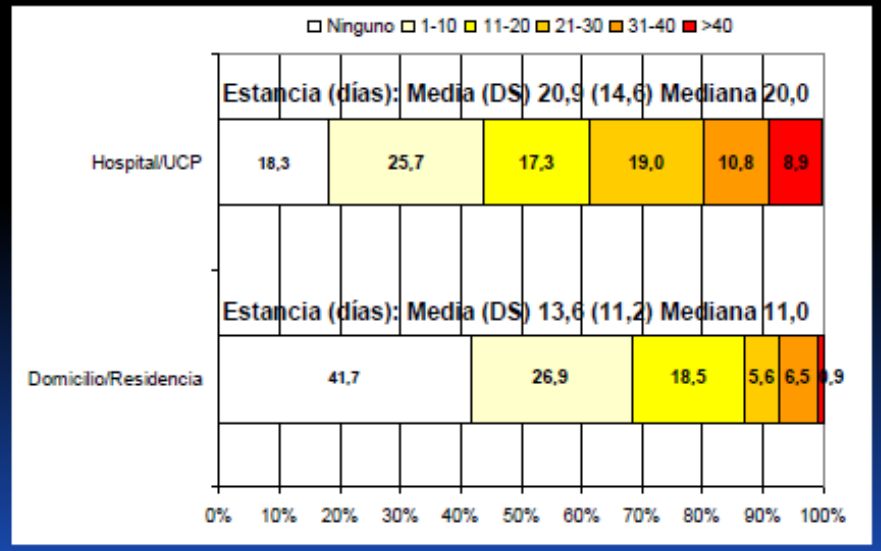
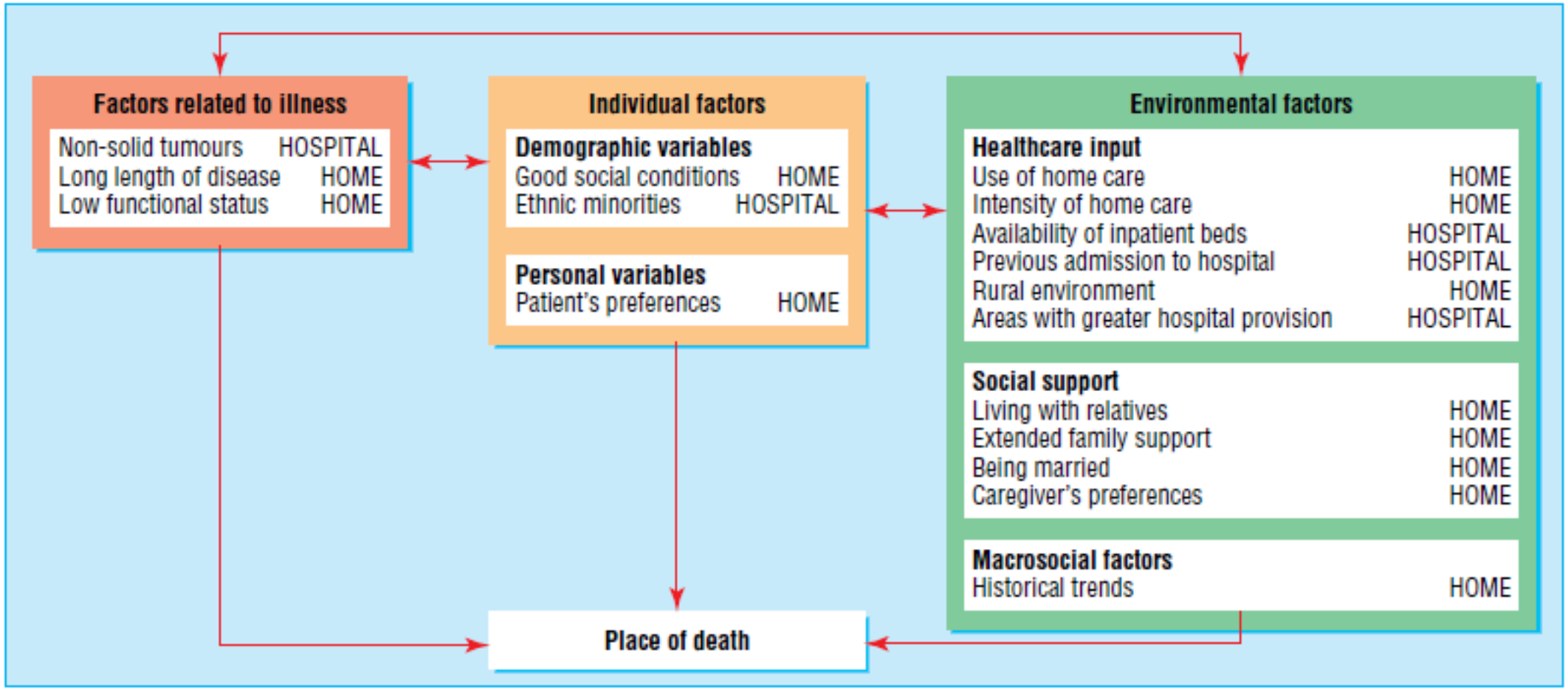
Lugar de Fallecimiento





Días de Estancia Hospitalaria en los 62 días previos al Fallecimiento según el Lugar de Fallecimiento

➢ *Alonso-Babarro et al. Palliat Med 2012*



Gomes B, Higginson IJ. Factors influencing death at home in terminally ill patients with cancer: systematic review. BMJ 2006;332:515–21.

Alonso-Babarro A, Bruera E, Varela-Cerdeira M, et al. Can this patient be discharged home? Factors associated with at-home death among patients with cancer. J Clin Oncol 2011;29:1159–67.

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ORIGINAL REPORT

Can This Patient Be Discharged Home? Factors Associated With At-Home Death Among Patients With Cancer

Alberto Alonso-Babarro, Eduardo Bruera, María Varela-Cerdeira, María Jesús Boya-Cristia, Rosario Madero, Isabel Torres-Vigil, Javier De Castro, and Manuel González-Barón

From La Paz University Hospital, Madrid Autonomous University; Palliative Home Care Team, Area Sanitaria 5, Madrid, Spain; and The University of Texas MD Anderson Cancer Center, Houston, TX.

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Authors' disclosures of potential conflicts of interest and author contributions are found at the end of this article.

Corresponding author: Alberto Alonso-Babarro, MD, Unidad de Cuidados Paliativos, Hospital Universitario La Paz, Po Castellana 261, 28046 Madrid, Spain; e-mail: albertoalonsobab@gmail.com.

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A B S T R A C T

Purpose
The purpose of this study was to identify factors associated with at-home death among patients with advanced cancer and create a decision-making model for discharging patients from an acute-care hospital.

Patients and Methods
We conducted an observational cohort study to identify the association between place of death and the clinical and demographic characteristics of patients with advanced cancer who received care from a palliative home care team (PHCT) and of their primary caregivers. We used logistic regression analysis to identify the predictors of at-home death.

Results
We identified 380 patients who met the study inclusion criteria; of these, 245 patients (64%) died at home, 72 (19%) died in an acute-care hospital, 60 (16%) died in a palliative care unit, and three (1%) died in a nursing home. Median follow-up was 48 days. We included the 16 variables that were significant in univariate analysis in our decision-making model. Five variables predictive of at-home death were retained in the multivariate analysis: caregiver's preferred place of death, patients' preferred place of death, caregiver's perceived social support, number of hospital admission days, and number of PHCT visits. A subsequent reduced model including only those variables that were known at the time of discharge (caregivers' preferred place of death, patients' preferred place of death, and caregivers' perceived social support) had a sensitivity of 96% and a specificity of 81% in predicting place of death.

Conclusion
Asking a few simple patient- and family-centered questions may help to inform the decision regarding the best place for end-of-life care and death.

J Clin Oncol 29:1159-1167. © 2011 by American Society of Clinical Oncology

Gomes B, Higginson IJ. Factors influencing death at home in terminally ill patients with cancer: systematic review. BMJ 2006;332:515–21.

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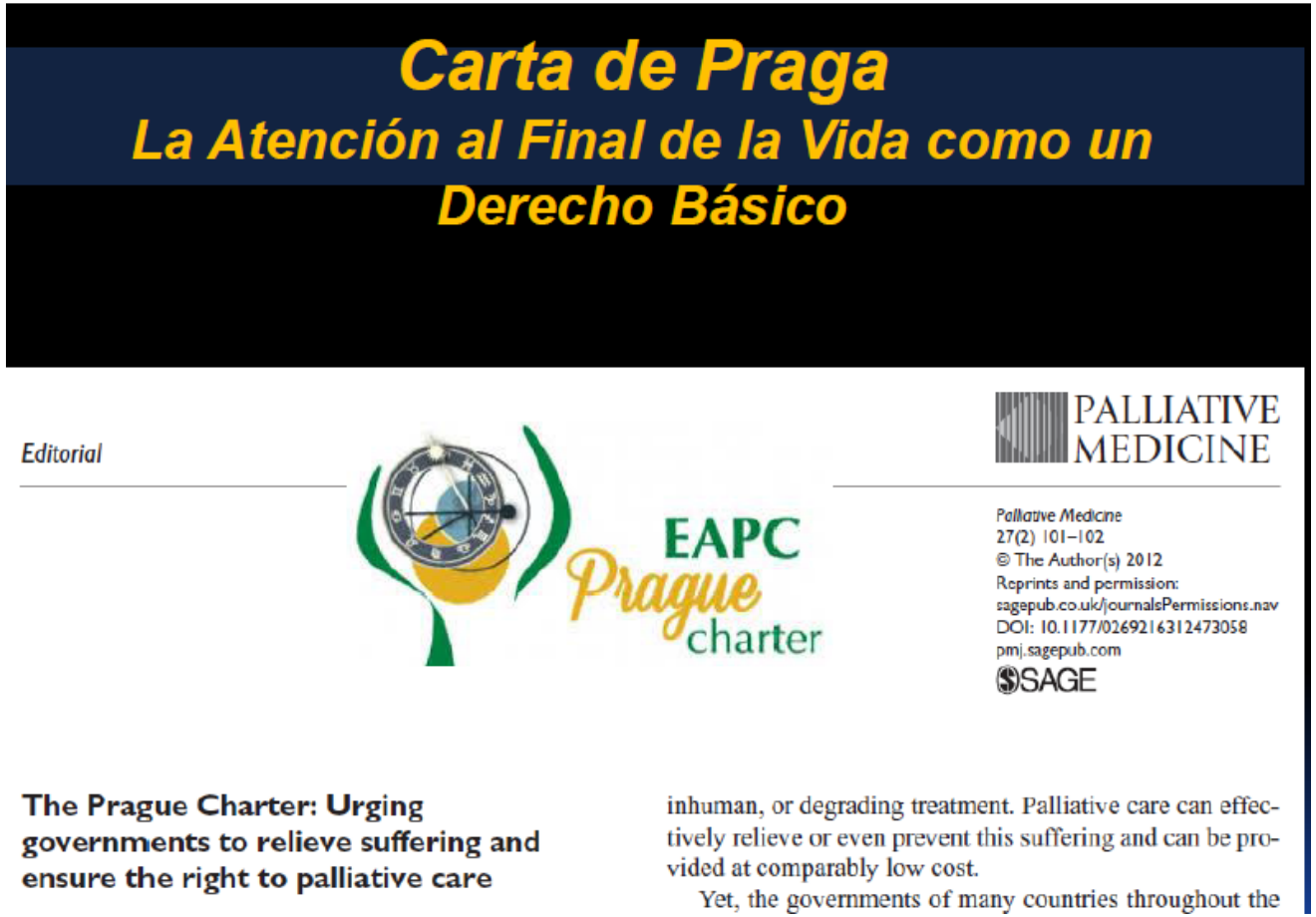
El lugar de la muerte…

Carta de Praga
La Atención al Final de la Vida como un Derecho Básico



Editorial

EAPC Prague charter

PALLIATIVE MEDICINE

Palliative Medicine
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The Prague Charter: Urging governments to relieve suffering and ensure the right to palliative care

inhuman, or degrading treatment. Palliative care can effectively relieve or even prevent this suffering and can be provided at comparably low cost.

Yet, the governments of many countries throughout the