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Les structures de soins palliatifs gériatriques en Europe

**PALLIATIVE
MEDICINE INTEREST
GROUP**





**GERIATRIC
PALLIATIVE MEDICINE
INTEREST GROUP**

- ✓ Fondé en mars 2007
- ✓ Groupe intérêt EUGMS
- ✓ 23 Membres
- ✓ 15 différents pays Européens
- ✓ Médecins gériatres avec intérêt pour les soins palliatifs

PALLIATIVE MEDICINE INTEREST GROUP



- ✓ Coordinator: Sophie Pautex, MD, Switzerland
- ✓ Secretary: Nele Van Den Noortgate, MD, PhD, Belgium
- ✓ Treasurer: Matthias Pfisterer, MD, Germany
- ✓ Lourdes Rexach, MD, PhD, Spain
- ✓ Vito Curiale, MD, Italy
- ✓ Prof. Miel Ribbe, MD, PhD, Netherlands

comité

PALLIATIVE MEDICINE INTEREST GROUP:OBJECTIFS



OBJECTIF PRINCIPAL

- ✓ Etablir un réseau européens de médecins pour améliorer les soins palliatifs gériatriques des patients.

OBJECTIFS SECONDAIRES

- ✓ Etablir un lien entre les société nationale de gériatrie et de soins palliatifs (partage d'informations, expertise...)
- ✓ offrir un soutien à EUGMS et aux sociétés nationales de gériatrie pour améliorer les soin palliatifs gériatriques
- ✓ Conseiller l'EUGMS, les différents systèmes de santé pour amélioration des soins palliatifs gériatrique
- ✓ Établir un réseau pour la recherche
- ✓ Collecter et diffuser les recommandations.....

PALLIATIVE MEDICINE INTEREST GROUP



DEFINITION DE LA MEDECINE GERIATRIQUE PALLIATIVE

La médecine gériatrique palliative comprend la prise en charge médicale des patient âgés souvent polymorbides, atteints d'une maladie progressive avancée avec un pronostic limité. L'objectif de soins est le maintien de la meilleure qualité de vie....

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Enquête Européenne

Objectifs

faire une enquête pour mettre en évidence les structures de soins palliatifs pour les patients gériatriques dans les différents pays européens, ainsi que les différences dans les soins, l'éducation et les législations.



Méthode:

Un questionnaire a été envoyé aux sociétés nationales de gériatrie et de soins palliatifs via une personne de contact

Questionnaire

Structures disponibles pour ces patients



Question 1: In your country which kind of services are available?

	Routinely available	Often available	Rarely available	Not available
<i>Hospital</i>				
Inpatient palliative care units	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Palliative Hospital consultation team	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative care on geriatric wards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Hospices</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Long term care (LTC)</i>				
Palliative care units in LTC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Palliative Consultant teams in LTC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Home</i>				
Palliative Consultation Care Team	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative Day Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



An **81 years-old** woman with long standing chronic ischemic cardiomyopathy bearing an implantable cardioverter defibrillator and suffering from COPD is admitted to the emergency room for acute right upper quadrant pain. He lives and cares for his severely disabled wife and is independent in performing the basic and instrumental activities of daily living (Barthel Index 100/100 and Lawton Index 8/8). No cognitive impairment is reported by his daughter. After laparoscopic surgery a **cholangiocarcinoma** is diagnosed. Due to his comorbidities a **palliative bilio-digestive anastomosis** is performed.

After discharge home, he is able to live for the next 6 months with the help of formal caregivers. Then, he **starts complaining of right upper quadrant pain** radiating to the back, nausea, constipation, hiccup, fatigue, and anorexia. He's still independent in ADL (Barthel Index 100/100) but he feels very tired after 3-4 steps and he is now dependent in performing IADL. **No cognitive** impairment is present. Additional tests confirm **progressive advanced disease**. **Symptom control and palliative approach are offered to the patient.**

VIGNETTE 1: Un patient âgé avec un cancer

VIGNETTE 2:

Pers âgée avec insuffisance cardiaque

An 84 year-old woman with long standing left sided heart valve disease, atrial fibrillation and chronic heart failure is admitted to the emergency room because of atypical chest pain, dyspnea and peripheral edema. She lives alone although she's disabled in the basic & in the instrumental activities of daily living (1/8 function preserved on Lawton Index, 85/100 on Barthel Index). No cognitive impairment is reported by her daughter. She fell of once last week and has a large facial ecchymosis. After treatment adjustments, signs of heart failure slightly improve within one week. Careful assessment of symptoms reveals severe prostration, anorexia, nausea, dyspnea, peripheral edema and leg pain. The patient and her daughter are told that these symptoms are the consequences of severe heart failure. Symptom relief and a palliative approach are offered to the patient.



An 85 year-old woman is cared for at home by her 87 year-old husband. Over the past ten years she has suffered from dementia of the Alzheimer's type, general osteoarthritis and severe osteoporosis. At this moment she is in a FAST scale stage 7b of her dementia. The family refers her to hospital because of pneumonia. After recovering from pneumonia, she is seen by the speech therapist that discovers a swallowing problem indicating a major risk of lung aspiration. Although dehydration and malnutrition are severe, the care team concludes to use all possible conservative measures for feeding the patient in order to avoid aspiration without percutaneous endoscopic gastrostomy being inserted. The family agrees and confirms that the patient would not have accepted prolonging life measures at such stage of her dementia. They thus accept the palliative approach.

VIGNETTE 3:
Pers. Âgée avec démence



⑩ 21 questionnaires
envoyés
⑩ 18 retournés

RESULTS



Europe Nord
(Sweden, Finland, Denmark)

Pays Anglo-Saxon
(N-Ireland, England, Scotland)

Europe Ouest
(France, Belgium,
The Netherlands,
Switzerland, Austria)

Europe Est
(Poland, Czech Republic)

Europe Sud
(Portugal, Italy, Spain, Greece)

RESULTATS: POPULATION

	In Hospital			Hospices	Long term care		Home Care	
	PCU	Consult Team	PCU Geriatric Ward		PCU	Consult Team	Consult Team	Pall Day centre
Anglo-Saxon (3)	Light Blue	Dark Green	Dark Green	Dark Green	Dark Blue	Light Blue	Dark Green	Light Blue
Northern Europe(3)	Dark Blue	Light Green	Dark Blue	Light Green	Dark Blue	Dark Blue	Light Green	Dark Blue
Eastern Europe(2)	Dark Blue	Dark Blue	Dark Blue	Dark Green	Dark Blue	Dark Blue	Light Green	Dark Blue
Southern Europe(4)	Dark Blue	Light Blue	Dark Blue	Light Green	Light Blue	Dark Blue	Light Green	Dark Blue
Western Europe(5)	Light Green	Light Green	Light Blue	Light Blue	Light Blue	Light Blue	Dark Green	Dark Blue

Bleu foncé: rarement ou non disponibles dans la majorité des pays

Bleu clair: disponible de routine ou fréquemment dans moins moitié des pays

Vert clair: disponible de routine ou fréquemment dans moins moitié des pays

Vert foncé: disponible de routine ou fréquemment dans tous les pays

RESULTATS PERSONNE AGEE AVEC CANCER



		Available	Most appropriate
Hospital	PCU	6	12
	Consult Team	12	11
	PCU on Geriatric Ward	8	5
Hospices		10	11
Longterm Care	PCU	2	5
	Consult Team	5	7
	Without PC	7	0
Home Care	Palliative Day Center	6	9
	Consult Team	14	17
	Without PC	6	0

RESULTATS

PERS AGEE AVEC MALADIE NON ONCO



		Disponible	Plus appropriée
Hospital	PCU	0	5
	Consult Team	2	6
	PCU on Geriatric Ward	10	10
Hospices		1	5
Longterm Care	PCU	2	5
	Consult Team	2	7
	Without PC	11	0
Home Care	Palliative Day Center	2	3
	Consult Team	4	13
	Without PC	14	1

RESULTATS PERSONNE AGEE AVEC DEMENCE



		Disponible	Plus approprié
Hospital	PCU	0	0
	Consult Team	0	3
	PCU on Geriatric Ward	9	9
Hospices		1	3
Longterm Care	PCU	2	5
	Consult Team	2	7
	Without PC	12	3
Home Care	Palliative Day Center	0	3
	Consult Team	1	12
	Without PC	14	2

PROFESSIONNELS



	Hospital			Long Term Care*		Home Care	
	<i>PCU</i>	<i>Consult Team</i>	<i>Geriatric ward</i>	<i>PCU</i>	<i>Consult Team</i>	<i>Consult Team</i>	<i>Day center</i>
<i>Nurses</i>	5	5	10	4	5	8	6
<i>Physicians</i>	5	7	9	4	4	7	5
<i>Psychologist</i>	3	2	3	2	1	2	1

Data available from 14 countries

* Data available from 12 countries

ENQUETE: CONCLUSIONS



- ✓ La plupart des pays Européens ont des unités de soins palliatifs (Europe ouest) ou hospices (autres pays)
- ✓ Néanmoins, dans les structures de soins de longue durée, les soins palliatifs ne sont que rarement disponibles.
- ✓ Les centres de jours de soins palliatifs sont caractéristiques de la GB

PRISE EN CHARGE GLOBALE DU PATIENT

ÇA TOMBE BIEN...
J'AI MAL
PARTOUT!



PHILIPPE TASTET

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