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A Prospective Evaluation of Octreotide in the Palliation of Gastrointestinal Symptoms

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Background: Symptoms of gut dysmotility are common and can be distressing and debilitating. There are numerous causes of dysmotility and they include malignant bowel obstruction (MBO), treatment related diarrhoea, excessive secretions from gastrointestinal (GI) tumours and dysmotility not related to malignancy.
Objectives: The aim of this study is to examine the use, tolerability and effectiveness of octreotide in the management of gastrointestinal symptoms of patients referred to the palliative care service of a large tertiary referral hospital.
Methods: All patients referred to the palliative care team requiring treatment with octreotide were included in this prospective, single-centre study. Data collected included diagnosis, indication, symptoms, response to treatment and adverse effects. Symptom assessment was undertaken using the Edmonton Symptom Assessment System (ESAS). This was completed on day 1, day 3 and 1 week after commencing subcutaneous octreotide treatment.
Results: Twenty-four patients treated with octreotide between October 2012 and June 2013 were included in the study. The most common indication for octreotide was MBO (66%) and the dose used ranged from 500 to 3000 mcg. Three patients had upper GI dysmotility as a result of previous surgical treatment. The combination of octreotide and metoclopramide was used in 54%. The mean ESAS scores were 49 on day 1, 32 on day 3 and 21 on day 7. The average reduction in ESAS scores by day 7 were: Pain = 3.9, Nausea = 5.0, Anorexia = 3.3 and General ill feeling = 3.7. Adverse effects reported were dry mouth (n=4) patients and constipation (n=2).
Conclusion: Our results show that in this cohort of patients, octreotide improved GI symptoms in both malignant and non-malignant patients. It was well tolerated at doses higher than those recommended in current literature. We would recommend that further studies examine the effectiveness of octreotide use in higher doses and in combination with metoclopramide.

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Public Preferences and Priorities for End of Life Care in Germany

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Background: Knowledge of the perception of the general public of dying and death is essential for planning of adequate end of life care (EOLC).
Aim: To identify public preferences and priorities for EOLC in Germany; to examine factors associated with a preference for self-involvement in decision making in EOLC and to identify factors associated with hospital death being the least preferred place of death.
Methods: A telephone survey with randomly selected individuals aged 16+ was carried out in Germany. Questions were framed in a scenario of serious illness such as advanced cancer and < 1 year to live. Binary logistic regression determined factors associated with wanting to be involved in making decisions about care and with naming hospital as the least preferred place to die.
Results: 1363 persons were interviewed. 1237 (90.8%) preferred self-involvement in decisions when capable. This preference was associated with higher educational level (Exp(B)=0.71, p=0.005). 1135 (83.3%) wanted to be involved in decisions even if they had lost the ability to do so (e.g. through living will). This preference was associated with higher age (Exp(B)=0.78, p< 0.001), higher educational level (Exp(B)=0.79, p=0.02) and not being partnered (Exp(B)=1.50, p=0.02). Hospital was the least preferred place of death (48.2%), particularly among women (Exp(B)=1.42, p=0.003) and those with higher educational level (Exp(B)=0.84, p=0.02).
Conclusion: In a scenario of a serious time-limiting illness, more than 8 in 10 people in Germany want to be involved in decisions about their care, regardless of whether they are able to do so or not. The least preferred place of death is the hospital.
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Psychosocial care and spirituality

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Physical Impairment, Meaning in Life and the Wish to Hasten Death in Advanced Cancer Patients

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Aims: The goal of our study was to assess the relationship between physical impairment, meaning in life (MiL) and the wish to hasten death (WTHD) in advanced cancer patients.

Methods: Cross-sectional study on101 advanced cancer patients admitted to an acute palliative care unit. The mean age was 61.7 (SD=11.0) [range 33-84 years]. Physical status was assessed using the ECOG Performance Status (ECOG-PS), the Barthel Index (BI) and the Karnofsky Index (KI). MiL was assessed using the subscale of MiL in the Palliative Outcomes Score. To assess the WTHD, the Spanish version of the Schedule of Attitudes to Hastened Death (SAHD) was used. Direct and indirect relationships among the variables were analyzed using parametric (Logistic regression and structural model analysis) and nonparametric tests (Spearman´s rho and Mann-Whitney U tests).

Results: Significant correlations ($p< 0.01$) were found between the three indicators of physical impairment and SAHD (SAHD with ECOG-PS $r = 0.276$; SAHD with BI $r = -0.324$ and SAHD with KI $r = -0.356$) indicating increased WTHD when physical impairment was also increased. Also significant correlations ($p< 0.01$) were obtained between SAHD and indicator of psychological functioning, SAHD with MiL $r = 0.601$, indicating decreased ratings of WTHD with better psychological status. Moreover, structural equation modeling was used in analyzing the results of the present study. A regression analysis on SAHD revealed a significant direct effect of KI (β= .40; see Figure 1). Furthermore, a model including MiL was calculated to examine whether MiL mediated the predictive effect of KI on SAHD. Analysis revealed a significant influence of MiL on SAHD (β= -.72). Inclusion of MiL into the equation reduced the coefficient for the direct effect from .40 to .05, indicating full mediation.

Conclusion: Physical impairment and WTHD are the most closely related factors in population studied. The MiL acts as a full mediator variable between these two factors.