Original Article

Symptom Prevalence in the Last Week of Life
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Abstract
Palliative care is the management of patients with progressive, far-advanced disease for whom the prognosis is limited and the focus of care is quality of life. During the last days of life, it is important to redefine the goals, as previously present symptoms may increase and new symptoms may appear. To assess these symptoms, 176 patients were evaluated. A questionnaire evaluated symptoms during the last week of life and compared these prevalences with those at the first evaluation. The patients comprised 121 men and 55 women. The mean age was 67.7 years. Metastases were present in 66.5% and were multiple in 52%. The most frequent symptoms at the end of life (>50%) were anorexia, asthenia, dry mouth, confusion, and constipation. The majority of patients died at home (64.2%). We observed good control of “reversible” symptoms, but many symptoms were difficult to control at the end of life. Symptom assessment is important in this population.

Key Words
Symptom control, palliative care, terminal care

Introduction
Palliative care is the active total care of patients whose disease is not responsive to curative treatment. It is the management of patients with progressive, far-advanced disease for whom the prognosis is limited and the focus of care is the quality of life. In this situation, control of pain and other symptoms, and attention to psychological and social aspects, are paramount. It is very important to redefine the aims continually, as previous symptoms or other problems may worsen and new concerns may arise. For example, recent studies have shown a high prevalence of symptoms during the last week of life.2

During the last days, many patients want to stay at home, rather than in a hospital or in a hospice. This choice depends on the existence of home care teams with the experience and ability to offer support to the patient and family. The home care team must be able to manage symptomatic crises and the emotional aspects that often appear. It is widely recognized that much can be done in the final days for patients with advanced disease, not with the goal to cure or to increase survival, but to...
achieve comfort and a level of functionality that is as high as possible.

The aim of this study was to assess the frequency of symptoms during the last days of life and evaluate the differences observed between this assessment and one performed at the first consultation.

Methods

This prospective multicenter study (Department of Radiation Oncology, Hospital Clinic, and Regional Area of Social Health Support, Home Care Teams, and Hospice) was performed in 176 consecutive patients who died in the hospital, at home, or in a hospice of our regional social health support area, during a 1-year period (January through December 1994). The following information was collected: primary tumor, stage of the neoplasm, and number and sites of metastases. We used as questionnaire that included a list of most common symptoms described in patients with far-advanced disease. This questionnaire assessed the prevalence of these symptoms at the first consultation in the hospital, home, or hospice and during the last 7 days of life. Both evaluations were performed by the same staff team. The form was completed by the interviewer, who recorded the patient’s response. Our aim was to evaluate the presence or absence of symptoms but not the severity or symptom priority.

Results

The mean age was 67.7 years (range, 25–93 years). There were 121 men and 55 women. The primary tumors were gastrointestinal 56 (31.8%), lung 47 (26.7%), breast 23 (13.1%), urologic 15 (8.5%), head and neck 9 (5.1%), and others 26 (14.8%). Disseminated disease was present in 117 patients (66.5%) of patients, and multiple metastases were noted in 56 of these patients (48%). The location of metastases is shown in Table 1. The most common sites of metastases were bones and liver.

The mean time interval between first and second assessments was 6.5 weeks (range, 2–10 weeks). The timing of symptom evaluations is presented in Table 2. In the majority of patients (56.2%), the second assessment was performed during the final 48 hours of life.

The prevalence of symptoms during the last week of life was compared with symptoms at the first evaluation (Table 3). Asthenia, anorexia, and dry mouth were the three most frequent symptoms in both periods. One aspect of interest is the high prevalence of pain at the...
first evaluation compared with the second evaluation (52.3% and 30.1%, respectively). One prevalent symptom during the last week of life was confusion.

The majority of patients (64.2%) died at home. These patients were managed by the home care team.

**Discussion**

In the last days of life, the patient’s and family’s needs increase. Prime importance should be given to providing information and facilitating communication regarding the appearance of probable symptoms in order to reduce their impact both for the patient and the family.

When evaluating the presence of symptoms during the last days, it should be noticed that some can be attributed to the tumor, some to treatment, and some to such factors as immobility. There is large variability across patients. For example, the symptoms in a patient with a disseminated lung cancer will be very different from the symptoms present in a patient with an advanced head and neck squamous carcinoma.

Continuing care of patients with advanced disease through the collaboration of general hospitals, hospice, and home care teams has led to a decrease in the number of patients who need to be admitted to the hospital at the end of life, and it allows patients to choose to spend their last days at home. In a previous study we performed 3 years ago, 37% of patients died at home and 63% in the hospital or hospice. This proportion is now reversed and is 64% and 36%, respectively.

A discrepancy may exist in the prevalence of dyspnea in patients with far-advanced cancer. Some authors have indicated that this is a serious and distressing symptom that often goes unreported by patients and unnoticed by health care professionals. Others perceive that respiratory symptoms are obviously more persistent and difficult to manage than other symptoms and trigger the need for hospitalization more than other symptoms. Dyspnea and immobility carry the highest relative risk of death.

The place of death and the quality of care during the last days are two main priorities for both the patient and the family. These aspects should be approached with caution, however, as they are related to multiple factors. Although most patients can remain at home during the last months with excellent symptom control and emotional support, symptoms such as dyspnea or massive bleeding are more easily managed in the hospital, and in some cases, the family or the patient himself or herself prefer admission to the hospital in the final days or hours. Therefore, to analyze the place of death cannot be assumed to be the only index of quality care.

Advanced cancer patients are polysymptomatic, and the most common symptoms also are the most severe and clinically important. In our series, the number of symptoms per patient average was 6.6 at first evaluation and 6.8 at the second evaluation. The most frequent symptoms (>50%) during the last week were anorexia, asthenia, xerostomia, confusional status, and constipation. Confusional status was a more frequent symptom in the last days of life, compared with first evaluation, and it produces significant concern for patients, family, and the therapeutic team. Confusion was not evaluated through a formal cognitive assessment, and this can explain why other authors have reported a higher level of cognitive impairment than the 68% we report.

In conclusion, intensive management can provide good control of reversible symptoms. Pain, for instance, does not have a high prevalence at the end of life (30%, during the last days compared with 52.3% at the first evaluation). Difficult symptoms, such as asthenia, anorexia, and xerostomia, however, persist and tend to worsen as death approaches.

**References**


