

Palliative care for people with Motor Neurone Disease; an integrative literature review

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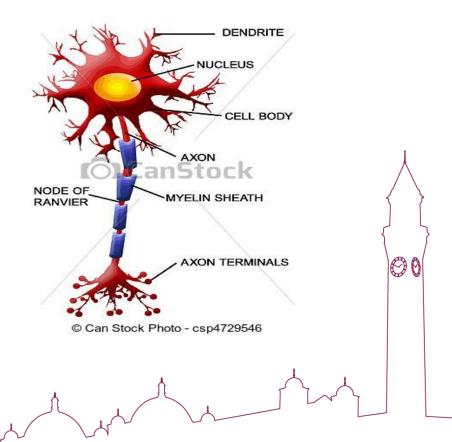
University of Birmingham

Motor Neurone Disease

Progressive neurodegenerative disease

No cure or remission

Disabling symptoms



Motor Neurone Disease



Amyotrophic Lateral Sclerosis (ALS)

□ Progressive Bulbar Palsy (PBP)

□ Progressive Muscular Atrophy (PMA)

Primary Lateral Sclerosis (PLS)

Familial ALS

Prognosis

Median survival
 Limb onset – 3.5 years
 Bulbar onset – 2.5 years



(Oliver 2017)

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25% diagnosed alive at 5 years 5-10% diagnosed alive at 10 years

Treatment

□ No curative treatment

□ Riluzole (NICE 2016)

Symptom Management

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WHO Definition of Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with lifethreatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Palliative Care for people with MND; an integrative literature review

- Study aim to explore what is known about the problems that people with MND experience with provision of palliative care
- Objectives
- □ Explore Palliative and EOL care and MND

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Identify strategies for improvement

Methodology

□ Integrative literature review

□ Gough et al (2012) 3 step approach

Data evaluation - Quality Review Tool (Mackenzie et al 2010)

Data analysis – Thematic analysis (Thomas and Harden 2008)

Inclusion and Exclusion criteria

Inclusion	Exclusion	Rationale
Empirical studies	Non-empirical literature	Review aims to map current research
Main focus of study is EOL and PC for MND	Comparative treatment studies	Primary aim of understanding PC needs for MND
Language; English	Not published in English	Resources
Research published from 2005 onwards	Pre-2005	Contemporary evidence



Results

□ 16 studies which met the review aim

All demonstrated to be medium to strong evidence from evaluation process

□ Five themes emerged from the data

The specific needs of those who care for people with MND

- Access to practical training
- Support to administer medication safely
- Personal support
- □Tailored psychological support
- Formalised bereavement support

Positive side of caring for someone with MND □ Skill acquisition □ New family roles Developing positive mind set □ Relief (tempered by guilt)

Service provision



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- Low satisfaction and reported poor coordination
- People with MND have less engagement with services than other conditions
- Intrinsic and extrinsic factors contribute
- Case for increased access to specialist palliative care services
- What services?

Hope and Depression

- Psychological symptoms require careful consideration
- □ Depression is inevitable?
- Hope as a psychosocial intervention
- □ Dignity therapy, ACP,
- mindfulness can all support

However bad life may seem, there is always something you can do, and succeed at. While there's life, there is hope. -Stephen Hawking

Symptom Management

- Dysphagia and speech problems
 Respiratory Failure
 Pain
- Weight loss
- □ Constipation
- Drooling

Ethical Decision Making

Decision making and Advance Care Planning

PEG Insertion



□ Withdrawal of NIV at end of life

□ Preferred place of care at end of life

Strengths and Limitations

□ Systematic review is more robust

Potential author bias from self coding of data

Systematic approach to enhance reproducibility

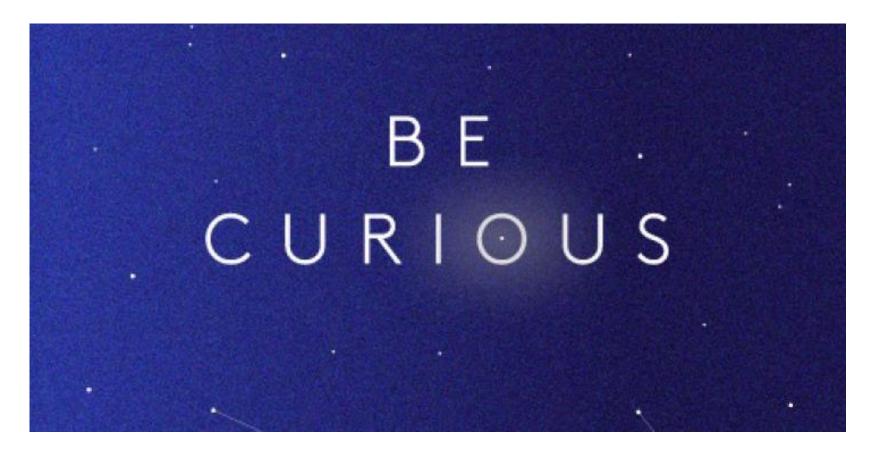
Use of Quality Review Tool and Thematic Analysis

Recommendations

- Quality outcomes on management of diagnosis (red flags) and information provision for MND services
- Increased and timely referral to respiratory services
- □ Model for structured carer support services

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- Early referral to specialist palliative care services
- Case management approach





COLLEGE OF MEDICAL AND DENTAL SCIENCES

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