Palliative interventions for the older population visiting the emergency department and their impact in terms of quality of life, health care use and goals of care discussions: a systematic review.

Citation

Claire Musquar, Alexandra Coulon, Isabelle De Brauwer. Palliative interventions for the older population visiting the emergency department and their impact in terms of quality of life, health care use and goals of care discussions: a systematic review.. PROSPERO 2024 CRD42024507708 Available from: https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42024507708

Review question

Which palliative interventions for the older people with a progressive chronic condition visiting the emergency department have the best quality of life, health care use and goals of care discussions outcomes?

Palliative interventions include screening and/or goals of care discussions, and/or symptom management, and/or transition across care settings and/or end-of-life care, and/or caregiver support and/or ED staff education.

Other studied outcomes are:

Hospice referrals; palliative care consultation; medical care costs; symptoms management; family-reported outcomes and experiences; mortality.

Searches

We will search PubMed, Embase, CINAHL and Scopus for relevant studies published in English and in French.

Thesaurus headings and keywords for the concepts of (i) Emergency department (ii) older people (iii) palliative care (iv) quality of life (and other outcomes) will be combined to retrieve relevant literature, and these will be translated as appropriate to all databases (complete search strategies will be made available to the reader).

Reference lists from eligible studies will also be analysed to identify further relevant articles. A search will be conducted for other material relevant to the review published by the authors of the studies already selected.

The authors will also search the content of bibliographies from reviews with similar subjects.

In addition, information from the grey literature will be sought by searching relevant resources including

> EU Clinical Trials Register (EUCTR)

> NYAM Catalogue

> HAL archive ouverte

> DART – Europe (if search tool restored)

> Google Scholar

> Conference proceedings from the European Association for Palliative Care (EAPC) Congress, the European Emergency Medicine Congress (EUSEM) and the European Geriatric Medicine Society (EuGMS) .

Search dates from 12/02/2024 to 12/02/2025.

Restrictions on the search:

Languages: English, French.

No date restrictions.

Types of study to be included

Inclusion: studies must be either randomized controlled trials (RCTs), non-randomized controlled clinical trials (CCTs) and before-after studies.

Exclusion: studies focused only on knowledge/attitudes/beliefs about palliative care (PC); editorials, case reports, cohort studies, cross sectional, commentaries or other published works that do not have a research question. Reviews. Protocols; feasibility studies.

Condition or domain being studied

We want to learn more about the use and the utility of palliative care in the emergency department for the older population specifically.

Participants/population

Inclusion:

Older patients (65 years or older) presenting to the emergency department (ED).

Cancerous or non-cancerous chronic progressive illness.

Exclusion:

Recruitment in settings other than the ED

Mean age <65 years

Focus on a severe acute illness.

Intervention(s), exposure(s)

Palliative care interventions; defined as at least one of the following items:

Screening of patients with palliative care needs; goals of care discussions, symptoms management, transition across care settings (for example hospice referral; palliative consultation follow-up), end-of-life care, caregiver support and ED staff education on palliative care.

Comparator(s)/control

Usual care

Context

Studies set in the emergency departments.

Main outcome(s)

• Quality of life (and patients-reported outcomes and experience)

• health care use (length of stay, hospital readmission, subsequent ER visits, Hospice referrals; palliative care consultations)

• goals of care discussions;

Additional outcome(s)

• medical care costs; symptoms management; family reported outcomes and experience, mortality.

Data extraction (selection and coding)

Two reviewers (CM, AC) will independently screen the titles and abstracts of the references retrieved during the searches. They will use the eligibility criteria agreed on to decide which studies to include in the systematic review. They will be blinded to each other's decisions until all the references are screened, then they will be able to discuss about the studies they disagreed on. In case of conflict, a third reviewer (IDB) will have the final decision.

The two reviewers will then apply the same method to screen the full text of their remaining articles.

They will use Rayann as software system for this process.

The data will be extracted in a similar manner by the same independent reviewers. They will use an adapted version of the Cochrane data collector form for intervention reviews: RCTs and non RCTs (The form will be made available in the supplementary materials).

The reviewers will compare the collected data only when they both have completed the extraction from each selected article. Once again, the third reviewer will have the final word.

Data extraction form:

1. Publications details

2. Study details

3. Methods (eg. study design, aim, duration)

4. Population and Setting (eg. participants characteristics, methods of recruitment, inclusion criteria)

5. Characteristics of intervention

6. Outcomes

7. Results; adapted to each study design

8. Links to/details of other references that should be followed up

9. Summary of quality assessment

10. Missing data that needs further inquiries

11. Author's conclusions

12. Overall judgement

The reviewers will contact the authors for any significant missing data.

Risk of bias (quality) assessment

Both reviewers will use the Quality Assessment and Risk of Bias Tool Repository (Qualsyst) to independently assess the risk of bias for the totality of the included studies; both RCTs and non RCTs. They will discuss their assessments after completion, the third interviewer will intervene in case of disagreement.

Strategy for data synthesis

The studies will be grouped according to the different types of palliative interventions (screening; goals of care discussions, symptoms management, transition across care settings, end-of-life care, caregiver support and ED staff education).

This will lead to a narrative synthesis including all the selected studies.

A quantitative synthesis will be carried out if the included studies are found to be sufficiently homogeneous, and of high quality (according to the quality assessment tool - Qualsyst).

Quantitative data will, where possible, be pooled in statistical meta-analysis using Rev-man.

Effect sizes expressed as odds ratios (for categorical data) and weighted mean differences (for continuous data). Heterogeneity will be assessed statistically using the standard χ^2 and explored using subgroup analyses based on the different study designs included in this review.

Reflection on the robustness of the review will be completed following the PRISMA guidance.

Analysis of subgroups or subsets

All studies included will be used for the systematic narrative review.

High quality studies will be included in a meta-analysis (view 28 - strategy for data analysis)

Contact details for further information

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Organisational affiliation of the review

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Type and method of review

Intervention, Meta-analysis, Narrative synthesis, Systematic review

Anticipated or actual start date

10 November 2023

Anticipated completion date

28 February 2025

Funding sources/sponsors

AC is supported by the 'Fonds Prof. Adrienne Gommers' and by a grant from 'Ordre de Malte - Oeuvre du Calvaire'.

Grant number(s)

State the funder, grant or award number and the date of award

Not applicable

Conflicts of interest

Language

English, French

Country

Belgium

Stage of review

Review Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Aged; Caregivers; Chronic Disease; Delivery of Health Care; Emergency Service, Hospital; Health Care Costs; Hospices; Humans; Palliative Care; Patient Care Planning; Patient Reported Outcome Measures; Quality of Life; Referral and Consultation; Terminal Care

Date of registration in PROSPERO

29 February 2024

Date of first submission

18 February 2024

Stage of review at time of this submission [1 change]

Stage	Started	Completed
Preliminary searches	Yes	Yes
Piloting of the study selection process	Yes	Yes
Formal screening of search results against eligibility criteria	Yes	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

Revision note

update of the reviews stage

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

29 February 2024

29 February 2024

16 April 2024