

Does age affect how people access palliative care services?

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Reality

Reasons

Solutions



Reality



Reality

- Older patients less likely to be referred to home care
- Age effects less clear for those with a primary carer

Five likely to increase home deaths for older people. Women were less likely to die at home than men, yet younger women may be more likely to access home care. There is some evidence to suggest that men were less efficient carers, which may help explain why women were less likely to achieve home deaths, while making them referral to home care more likely. While home care may help redress the gender imbalance, men may also need to be encouraged and enabled to take on the care role of older patients in higher socioeconomic groups were both more likely to die at home and to access home care. Hence home deaths may increase by improving access for lower socioeconomic groups to the services available. © 1998 Elsevier Science Ltd. All rights reserved.

Systematic review of the problems and issues of accessing specialist palliative care by patients, carers and health and

Reality

- Those over 65 were less likely to be referred to specialist palliative care

barriers including lack of knowledge and education amongst health and social care professionals, and a lack of standardized referral criteria. Some groups of people failed to receive timely referrals e.g., those from minority ethnic communities, older people and patients with nonmalignant conditions as well as people that are socially excluded e.g., homeless people. **Conclusions** There is a need to improve education and knowledge about specialist palliative care and hospice care amongst health and social care professionals, patients and carers. Standardized referral criteria need to be developed. Further work is also needed to assess the needs of those not currently accessing palliative care services. *Palliative Medicine* 2004; **18**: 525–542.

Key words: access, barriers, obstacles, referral, specialist palliative care

SYSTEMATIC REVIEW

The effect of age on referral to and use

Reality

- All 14 studies reviewed reported less use of specialist palliative care for people with cancer aged over 65

Results: 14 studies were identified. All reported a statistically significant lower use of SPC among older cancer patients (65 and above or older) at a univariate level [crude odds ratios ranged from 0.33 (0.15–0.72) to 0.82 (0.80–0.82)]. However, there were important methodological weaknesses in all of the studies identified; most crucially, studies failed to consider variations in use in relation to need for SPC.

Conclusions: there is some evidence that older people are less likely to be referred to, or to use, SPC. These findings require confirmation in studies using prospectively collected data which control for patient's need for SPC.

Keywords: palliative care, utilisation, age factors, review, systematic review, elderly, cancer, oncology

Reality

- Most patients receiving community palliative care services are in early old age
- Younger patients more likely to be referred, some studies showing no effect.

minority populations, not married, without a home care, are socioeconomically disadvantaged, and who do not have cancer are all less likely to access community palliative care services. These studies do not identify the reasons for such variable access, or whether such variability is warranted with reference to clinical need or other factors. Studies tend to focus on access to

Recent studies

- Access has improved, still variation based on age (Maddison et al. 2012)
- Nursing home residents have low enrollment in palliative care programmes (Gao et al. 2011)
 - Different patterns of health care use (care home up, hospital stay down, home care up, GP up). (Gielen et al. 2010)
- No age differences for lung cancer patients within specialist cancer care system (Burt et al. 2010)

Reasons

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- Needs
- Needs met elsewhere
 - Attitudes
 - Carers
- Disease profiles

Needs

- Older people have fewer complex symptoms or needs?
- Prospective study of symptoms, problems, needs found similarity between age groups (Teunisson et al. 2006)
- Younger people experience more problems – not necessarily expressed as needs (Osse et al. 2005)

Needs met elsewhere

- Older people use more home care and GPs, less likely to stay in hospital

(Gielen et al. 2010)

- Those not referred to specialists less likely to be receiving other forms of care

(Grande et al. 2002)

- Very poor access to palliative care for those in nursing homes

(Gao et al. 2011)

Attitudes

- Older people may have different attitudes to care which affects access. Little evidence to support this (Catt et al. 2005)
- Referrer bias. Belief in the 'norm' of death at an older age. Unclear understanding of responsibilities (Gardiner et al. 2011)

Carers

- Availability of carers may affect use of services
- Carer age predicts home care use – younger carers may have higher needs, or be more effective help-seekers (Grande et al. 2006)

Disease profiles

- Artefact, as probability of death increases with age, and affects survival, therefore systematic bias (Bach et al. 2004)
- Harder to estimate survival for those with common, chronic, non-malignant diseases of old age (Coventry et al. 2005)



Solutions

Solutions

- Joint oncology/palliative care clinics improved access to home care for older patients with poor performance (Jang et al. 2012)
- Outreach to nursing/care homes
- More home care and general palliative care