

# **SURVIVAL PATTERNS OF PATIENTS ENROLLED INTO ISLAND HOSPICE SERVICES' PALLIATIVE CARE PROGRAMME**

**A Preliminary Outlook**

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# Background

- Severity of HIV and AIDS Epidemic, Cancer
  - Zimbabwe: HIV Prevalence rate of 15,6%, Over 2500 deaths weekly
  - By 2020, 70% of new cancer cases in the developing world .(WHO)
  - Increased HIV related cancers

- Emergence of HBC
  - Overburdened health care system; Economic situation

- Palliative Care

Defined as: “ *A holistic approach that improves the quality of life of patients and their families facing the problems associated with life-threatening 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*” [W.H.O definition]

- 1 in every 60 Zimbabwean in need of palliative care [WHO, 2004]

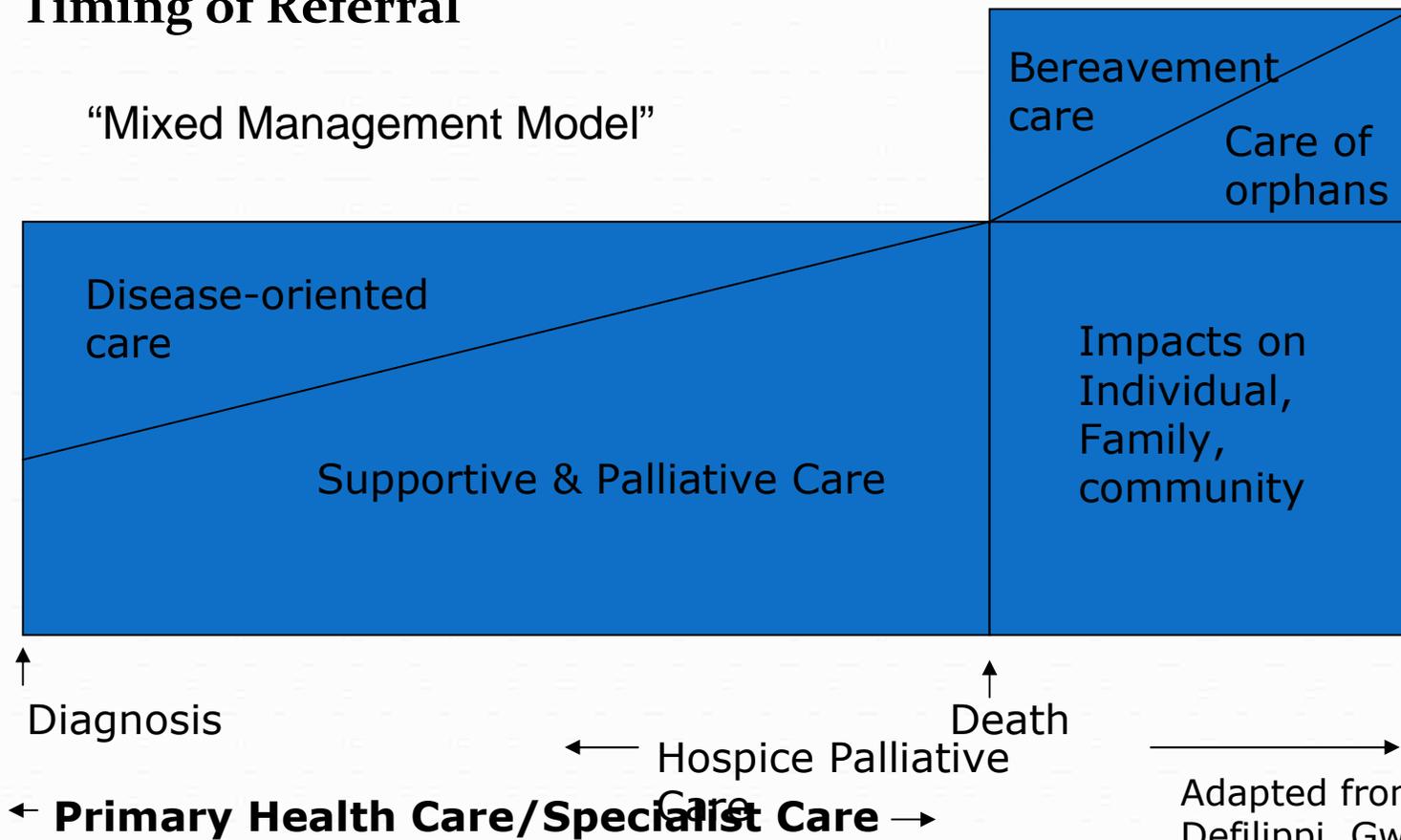
# Island Hospice Service – A Brief Background

- Established in 1979 as the first hospice in Africa
- Multi-disciplinary team of nurses, social workers, doctors and community caregivers which provides care to patients with life threatening illnesses and their families primarily at home and in the hospitals.
- The organisation has evolved over time to meet the ever increasing demand for palliative care services:-
- Notably, IHS has in addition to its traditional Direct Care Model adopted strategies that involve capacitating communities through palliative care training and mentorship.
- Attends to an average of 1600 patients per quarter through direct care and trains more than 2000 individuals annually on average.

## Statement of the Problem and Justification

The problem is anchored on the following observations:

- **IHS' Patient Contacts**
- **Survival in Quality of Life Assessment**
- **Timing of Referral**



## Statement of the Problem and Justification cntd...



- Previous studies have shown median survival ranging from 11 to 54 days.
- Programming Question: Are the pts days in care adequate for the realization of the best quality of life?

## Statement of the Problem Cntd...

- Minimal research in the area of survival in a palliative care setting
- Target groups and settings to which the previous findings are inferable to are distinct to the Zimbabwean scenario.
- Study envisaged to:
  - ✓ Enhance the effectiveness of programming and clinical practice.
  - ✓ Provide information for planning of clinical trials or other research
  - ✓ Provide information useful for epidemiological needs assessments

## Research Question

- What is the survival pattern of patients after enrollment into Island Hospice Service Palliative Care Programme?



## Study Aims

The aims of this study are to:

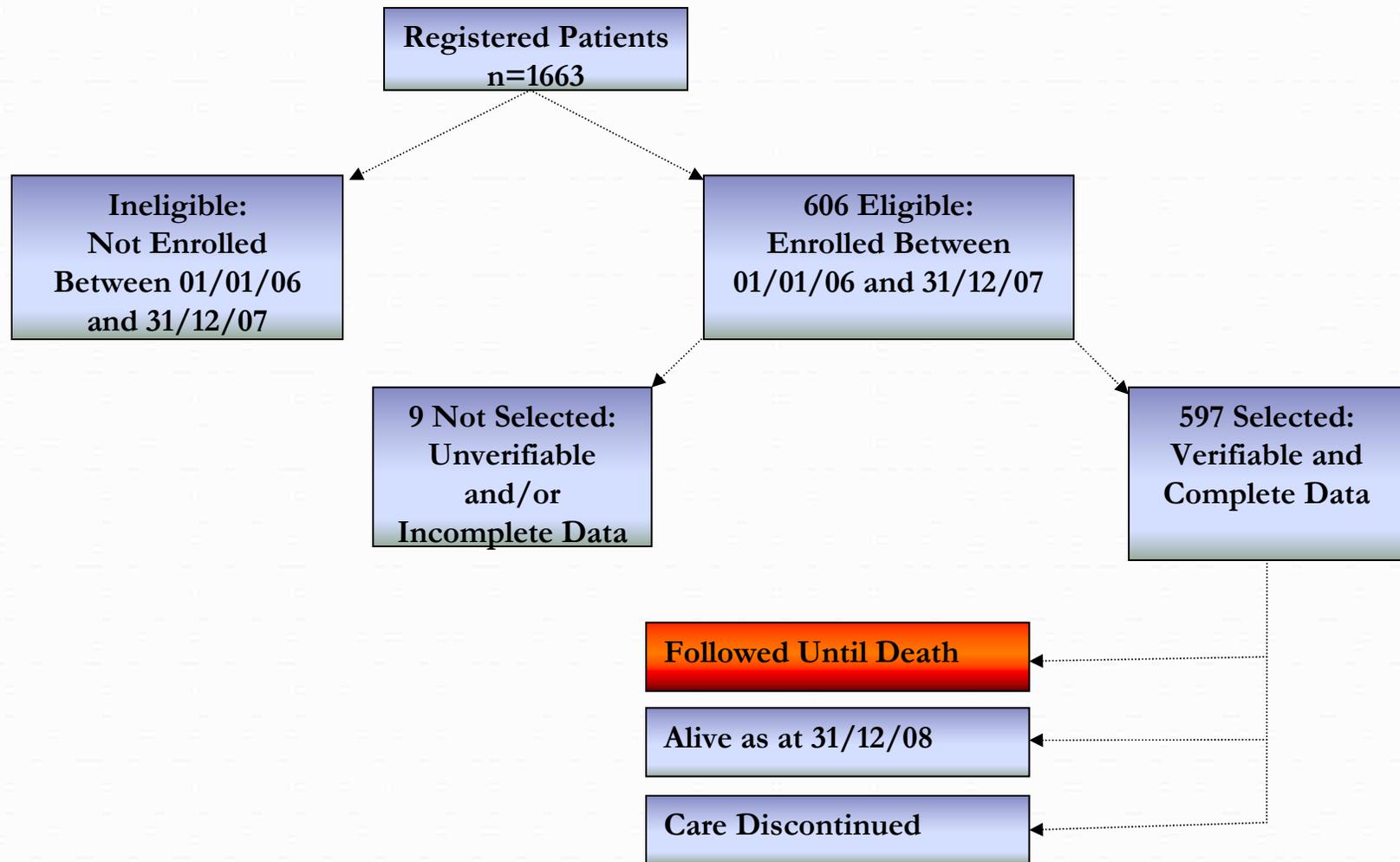
- To determine the survival of patients after enrolment into IHS' Palliative Care Programme
- To assess the associations between demographic and clinical factors such as age, gender, disease, source of referral as well as functional status on assessment and the survival of patients.

# Methodology

## Study Design: - Retrospective Cohort

- Cohort consists of 597 patients enrolled into IHS Programme between 01 Jan 2006 and 31 December 2007.
- Data was obtained retrospectively from a computerized beneficiary database at Island Hospice Service.
- Participants are being retrospectively followed up with respect to mortality from their respective dates of enrolment until 31 December 2008 (minimum follow-up 12 months)
- Outcome Factors – Patient Survival Status and Median Survival Time;
- Study Factors - Age, Gender, Disease, Source of referral as well as Functional status on assessment

## Flowchart of the Study

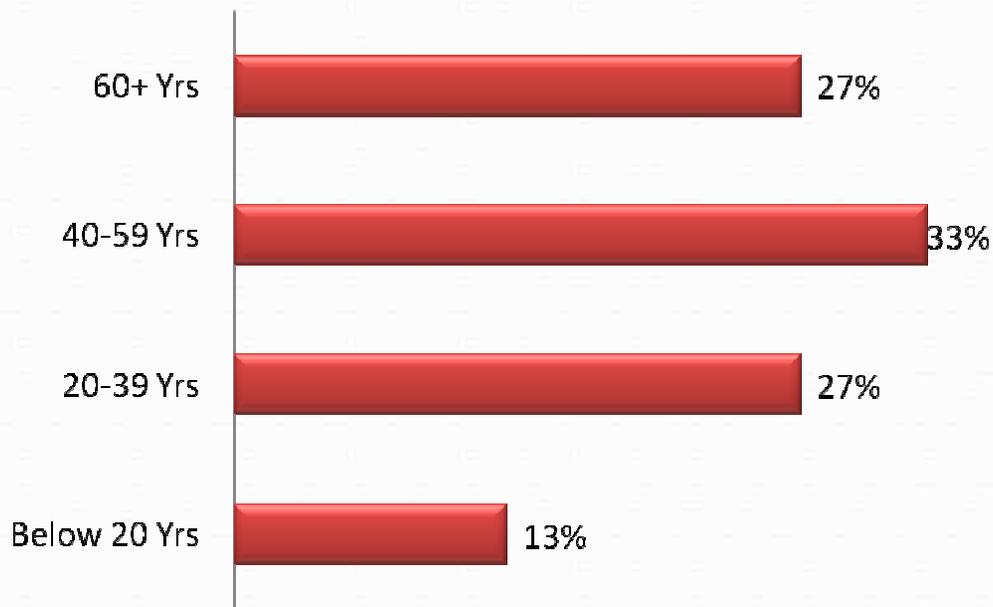


# PRELIMINARY FINDINGS

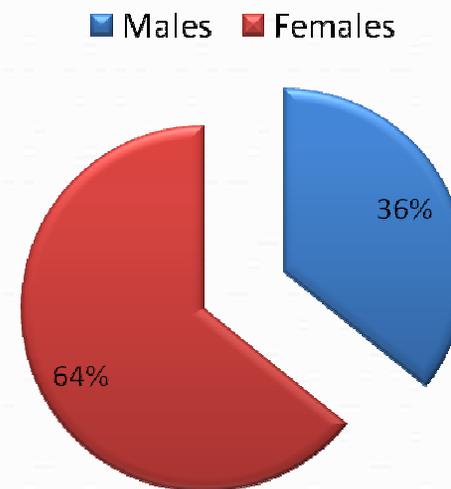
## Demographic Characteristics of Study Participants

- The mean age is 46 years (min = 1yr and max = 105 yrs)
- 64% of the study participants are females.

**Freq. Distribution of Age Groups**

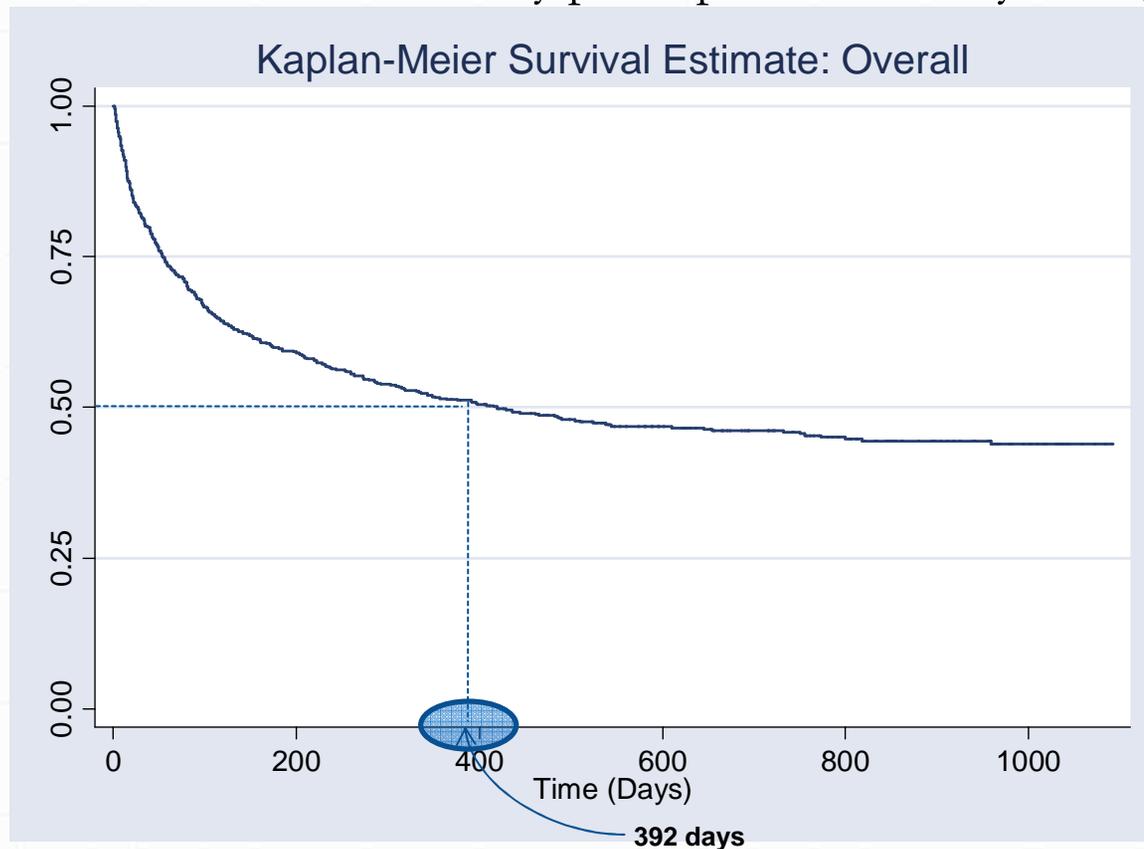


**Gender Distribution**



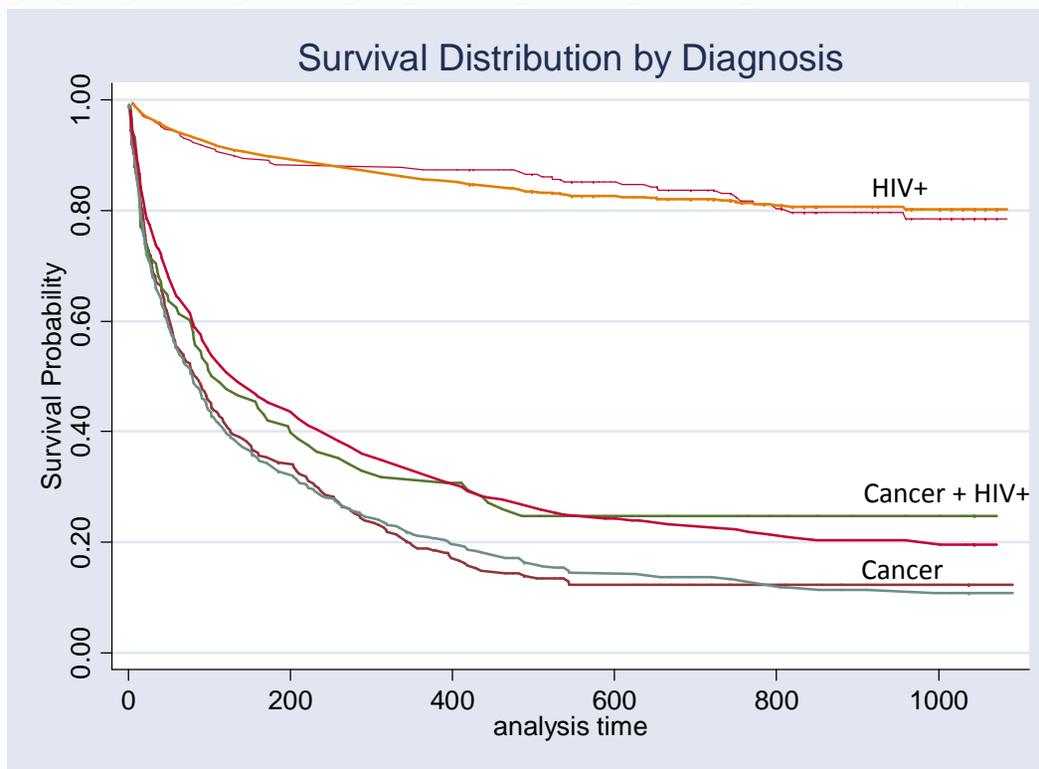
## Outcome Analysis

- 54.6% of the patients died during the follow-up period.
- A Median Survival Time of 392 days has been observed. Notably higher than that observed in previous similar studies ranging from 11 to 54 days.
- Largely attributed to differences in study participants and study settings.



# OUTCOME ANALYSIS

- Patients with Cancer and HIV + Cancer have a lower median survival time than those with HIV and AIDS only.
- The differences in their survival were noted to be significant.



Diagnosis	N (%)	Median Survival (Days)
HIV+	248 (43%)	-
Cancer	242 (42%)	84
HIV+ and Cancer	88 (15%)	113
P-Value	p=0.0000	

## Other Associations...

- The median survival of patients referred by health practitioners is 89 days whilst those from other sources are indeterminate.
- Significant differences in the Gender and Functional Status subgroups.
- Males have a significantly lower median survival (171 days) than women (808 days).
- Similarly, patients who are bedridden have a significantly lower survival rate with a median survival of 29 days compared to the other groups (above 100 days)
- Patients who are aged 60 years above have a median survival of 77 days.

## Further Planned Analysis:

- Stratified analysis of study factors – Stage of Disease, Type of Cancer, ART
- Modeling survival data

## Conclusion and Recommendations

- The preliminary findings point to a higher median survival time for the cohort relative to the range of 11 to 54 days obtained from other studies.
- Similar to these studies however, associations between survival time and factors such as age, gender, source of referral and diagnosis have been determined.
- Patients with Cancer and HIV related cancers have lower median survival times than those with HIV and AIDS only.
- The recommendations to be drawn from this study will focus on:
  - Inclusion of survival data in evidence based design of models of care
  - Targeting in advocacy for early referral

# THANK YOU

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