

**DEPARTMENT OF COMMUNITY AND PREVENTIVE MEDICINE
RESEARCH PROPOSAL**

**Palliative Care Needs and Symptom Patterns Of Hospitalized Elders
Referred for Consultation
Aaron M Olden, MD**

Background

Chronic diseases, including heart disease, cancer, and diabetes, account for two-thirds of the deaths in the United States and make up 75% of the nation's total health care costs (Centers for Disease Control, 2004). The population of geriatric patients with chronic disease in the United States is growing and increasingly in need of quality palliative care. There is little data published on the reasons for palliative care consultation and main diagnoses related to consultation in the geriatric population, and reports of symptom frequencies among older adults differ among published reports. We anticipate that the reasons for consultation, main diagnoses, and symptom patterns will differ among age groups of hospitalized patients and hope that, through our analysis, we will better define the needs of geriatric inpatients referred for palliative care consultation.

Objective

The purpose of this retrospective Palliative Care (PC) Database review is to determine whether the reasons for palliative care referral, main diagnoses, preferences for life-sustaining therapies, and severity of symptoms differ among hospitalized older adults (65-84 years of age) and oldest adults (> age 85 years of age) and hospitalized younger adults (between 18-65 years of age) at the time of initial PC consultation.

Methods

Since 2005, data from the PC Consultation Service at the University of Rochester Medical Center (URMC) has been collected using an approved Health Database Form (SMH 1557 MR). Information on the reason for consultation, main diagnosis, symptoms, and advance care planning has been collected on approximately 2500 patients. We will determine the total number of PC consults over a four-year period between January 1, 2005 and December 31, 2008 for patients over the age of 18. Patients will be stratified into three age groups: age < 65, age 65-84, and age 85 and older, and proportions of consults in each age group will be reported. For each group, demographics including age, sex, and ethnicity will be reported. We will assess statistical differences in reasons for consultation, main diagnoses, and symptom severity among age-stratified groups.

Significance

This study addresses a growing population of patients - geriatric patients referred for palliative care consultation - in whom little has been published with regard to main diagnoses at time of consultation and reasons for referral to palliative care providers. We anticipate that our results will educate providers and inform future studies regarding the assessment and patterns of symptoms in geriatric patients that are referred for palliative care.

Committee Chair:

Edwin van Wijngaarden, PhD

Committee Members:

Robert Holloway, MD

Timothy Quill, MD

**Monday, March 29, 2010
12:30PM – 1:00 PM; Helen Wood Hall, Room 4W301**

EVERYONE IS WELCOME

UPCOMING PROPOSALS

**Rabih, Salloum, MD
WEDNESDAY, MARCH 31, 2010
12:00pm – 12:30pm**

**Becky Loy
WEDNESDAY, MARCH 31, 2010
12:30-pm – 1:00pm**