Palliative care at the end-of-life in glioma patients.
Koekkoek JA, Chang S, Taphoorn MJ.

Abstract
The end-of-life (EOL) phase of patients with a glioma starts when symptom prevalence increases and antitumor treatment is no longer effective. During the EOL phase, care is primarily aimed at reducing symptom burden while maintaining quality of life as long as possible without inappropriate prolongation of life. Palliative care during the EOL phase also involves complex medical decisions for the prevention and relief of suffering. We discuss the prevalence and treatment of the most common EOL symptoms, decision making in the EOL phase, the organization of EOL care, and the role of the patient's caregiver. Treating disease-specific symptoms, such as impaired consciousness, seizures, focal neurologic deficits and cognitive disturbances, is a major concern during the EOL phase, as these symptoms may interfere with EOL decision making. Advance care planning is aimed at reaching consensus about possible EOL decisions between all participants, respecting the values of patients and their informal caregivers. In order to prevent the possibility that the patient becomes incompetent to make informed decisions, we recommend initiating EOL conversations at a relatively early stage in the disease course.

© 2016 Elsevier B.V. All rights reserved.

KEYWORDS: advance directives; brain neoplasms; decision making; end-of-life; epilepsy; glioma; medication therapy management; palliative care; palliative sedation; signs and symptoms

PMID: 26948363 DOI: 10.1016/B978-0-12-802997-8.00019-0

[PubMed - in process]