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# The Evolving Role of Palliative Care in older people with Glioblastoma

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## Abstract

Glioblastoma (GBM) is the most common and aggressive primary brain tumor in older adults and has a poor prognosis and limited response to treatment. The growing impact of palliative care on older people undergoing neurosurgery is becoming increasingly important. Palliative care aims to improve the quality of life for people and their families by addressing their physical, psychosocial, and spiritual needs. The prevalence of GBM peaks between 65 and 84 years of age and treatment options may be hindered by chronic multiple conditions in older people. Older people are at risk of receiving suboptimal end-of-life care due to factors such as a focus on curative medicine, acceptance of terminal illness, which may discourage the person, and lack of awareness of palliative care for people with a non-cancer diagnosis. People with GBM experience a significant illness burden, including neurological symptoms, mood disturbances, and cognitive impairment. A multidisciplinary approach, including palliative care, is recommended to improve treatment outcomes and quality of life. However, palliative care is often not consistently included in multidisciplinary teams despite the lack of curative treatment options and significant symptom burden. The palliative care needs of people with GBM can be complex, and published evidence in this area is limited. Nonetheless, there are similarities between the needs of people with GBM and those with other, more common cancer diagnoses and nonmalignant chronic neurologic illnesses. The integration of palliative care into the management of older people with GBM during neurosurgery is crucial for addressing their unique needs and improving their quality of life. In this review, we aimed to comprehensively evaluate the impact of palliative care on people with GBM and its importance.

**Keywords:** Glioblastoma; Neurosurgery; Older people; Palliative care.

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