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Cuidados paliativos em terapia intensiva: revisão integrativa

Palliative care in intensive care: an integrative review

Cuidados paliativos en cuidados intensivos: revisión integradora

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RESUMO

Objetivo: Identificar, a partir de publicações científicas, a assistência multiprofissional em terapia intensiva, voltada para os cuidados paliativos. **Métodos**: Revisão integrativa com levantamento bibliográfico nas bases de dados Medline, LILACS, BDEnf e SciELO, entre 2015 e 2023, utilizando os descritores Palliative Care e Intensive Therapy. Foram incluídos documentos em português, inglês e espanhol, com os resumos disponíveis nas bases de dados selecionadas e disponíveis na íntegra sem custos. Para análise dos documentos, aplicou-se a ferramenta CASP adaptada. **Resultados:** Foram identificados seis documentos com a temática abordada no título. Os estudos mostraram que a quimioterapia de indução para Leucemia Mielóide Aguda facilita estratégias ativas de enfrentamento para os pacientes. A melhoria nas habilidades de enfrentamento é responsável por uma proporção substancial do efeito de uma intervenção de cuidados paliativos sobre os sintomas oriundos da quimioterapia, depressão e ansiedade. **Considerações Finais:** Os estudos apontaram que a internação de pacientes com câncer avançado, tratados com radioterapia paliativa em unidade de terapia intensiva, está associada a desfechos desfavoráveis.

Descritores: Terapia intensiva, Cuidados paliativos, Revisão integrativa.

ABSTRACT

Objective: To identify, from scientific publications, the multidisciplinar assistance in intensive care, focused on palliative care. **Methods:** Integrative review with bibliographic survey in the databases Medline, LILACS, BDEnf and SciELO, between 2015 and 2023, using the descriptors Palliative Care and Intensive Therapy. Articles were included in Portuguese, English and Spanish, with abstracts available in the selected databases and available in full at no cost. The adapted CASP tool was used to analyze the articles. **Results:** Six articles were identified with the theme addressed in the title. Studies have shown that induction chemotherapy for Acute Myeloid Leukemia facilitates active coping strategies for patients. Improved coping skills account for a substantial proportion of the effect of a palliative care intervention on chemotherapy-related symptoms, depression, and anxiety. **Final considerations:** The studies pointed out that hospitalization of patients with advanced cancer treated with palliative radiotherapy in the intensive care unit is associated with unfavorable outcomes.

Descriptors: Intensive care, Palliative care, Integrative review.

RESUMEN

Objetivo: Identificar, a partir de publicaciones científicas, a assistência multidisciplinar em terapia intensiva, voltada para os cuidados paliativos. **Método:** Revisión integrativa con relevamiento bibliográfico en las bases de datos Medline, LILACS, BDEnf y SciELO, entre 2015 y 2023, utilizando los descriptores Cuidados Paliativos y Terapia Intensiva. Se incluyeron artículos en portugués, inglés y español, con resúmenes disponibles en las bases de datos seleccionadas y disponibles en su totalidad sin costo. Para el análisis de los artículos se utilizó la herramienta CASP adaptada. **Resultados:** Se identificaron seis documentos con el tema abordado en el título. Los estudios han demostrado que la quimioterapia de inducción para la leucemia mieloide aguda facilita estrategias activas de afrontamiento para los pacientes. Las habilidades de afrontamiento mejoradas representan una proporción sustancial del efecto de una intervención de cuidados paliativos sobre los síntomas, la depresión y la ansiedad relacionados con la quimioterapia. **Consideraciones finales:** Los estudios señalaron que la hospitalización de pacientes con cáncer avanzado, tratados con radioterapia paliativa en la unidad de cuidados intensivos, se asocia a resultados desfavorables.

Descriptores: Cuidados intensivos, Cuidados paliativos, Revisión integrativa.

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INTRODUCTION

The Intensive Care Unit (ICU) is a special treatment unit designed to care for critically ill patients who require complex care and constant monitoring, including technological support. This unit is made up of a specialized multi-professional team (SANTOS DCL, et al., 2017). Patients in need of intensive care have significant impairment of their vital functions, often requiring sedation, bedridden and with prolonged hospitalization (SANTOS DCL, et al., 2017).

The divergence between critical care and palliative care, especially when presented with the processes of death in end-of-life care, makes decisions about therapeutic limits necessary (ROCHA RCNP, 2017).

In this perspective, against the backdrop of trying to cure at all costs, palliative care arises with the aim of providing active and total care to patients and their families, with the intention of offering dignity and humanity in treatment, meeting their needs during the dying process (ROCHA RCNP, 2017).

In order to centralize the care applied to the patient, the intensive care team is challenged by the specificities of this assistance to each human being, respecting their uniqueness. They are fragile patients in terms of their health conditions and life expectancy, requiring various types of care and subject to a series of complications that require quick and effective action from multi-professional teams and specialized services (MARTINS FR, 2018; VARGAS D and BRAGA AL, 2017).

When we think about the care provided by nurses in the ICU setting, it is clear that humanization, comfort, support, solidarity, empathy and compassion are indispensable when providing palliative care. Patients need to be well received by the team, and they need to have the skills to deal with this experience, providing a less painful and more dignified treatment (SANTOS DCL, et al., 2017).

The Intensive Care Unit - ICU is defined by a series of functionally grouped elements, which is designed to assist critically ill patients who need continuous medical, nursing and physiotherapy care, as well as modern technological equipment and specialized human resources from various health professionals (BEZERRA LM, 2019).

To this day, the care model provided in the ICU is biologicist, Cartesian, curative, fragmented and mechanized, concentrated on an apparatus of technological resources, which requires professionals to have specific and specialized knowledge where the care service, day by day, ends up promoting therapies that keep the patient alive, without worrying about the quality of life or death, often leaving aside the human beingand caring only for the disease (FONSECA EN, 1986).

Taking this reality into account, specifically the care of patients suffering from a pathology at an advanced stage and with no prospects of a cure, the model followed to date is inadequate for such patients.

On the other hand, a model where attention and care are focused on the patient's needs and limitations, not on trying to cure them, since the process of death is irreversible and survival time is restricted to days, weeksor months, would be more appropriate (BROOKES BC, 1969).

The importance of the entire multidisciplinary team in palliative care is recognized, as these professionals are the ones who promote constant assistance, ensuring the care and needs of patients on a daily basis, thus requiring them to remain emotionally balanced and feel able to deal with the tensions that permeate assistance to patients who need this care, having technical knowledge and their doubts clarified about palliative care in the ICU.

METHODS

This is a bibliographic, descriptive study, an integrative literature review, a specific method whose aim is to analyze the knowledge already built up in previous research on a given topic. It therefore enables the synthesis of various publications and allows the generation of new knowledge, based on the results presented by previous research. Thus, the methodological path was defined in six stages (BOTELHO LLR, ET AL., 2011).

In the first, the acronym PICo was used to construct the guiding question, with P being the population (palliative care patients), I the phenomenon of interest (palliative care in intensive care) and Co the context (adult intensive care unit). The following question was then posed: what are the main experimental and non-experimental studies that can support palliative care in intensive care nursing? The search strategies and databases were then defined (ARAÚJO WCO, 2020).

The electronic bibliographic survey was carried out using the descriptors: *Palliative care and Intensive therapy*. These descriptors were taken from the Health Sciences Descriptors Portal (DeCS). The result of using these descriptors was a broad mapping of the databases of the Regional Portal of the Virtual Health Library (VHL), the main structures of which were the *Medical Literature Analysis and Retrieval System online* (Medline), Latin American and Caribbean Health Sciences Literature (LILACS), Nursing Database (BDEnf), and the *Scientific Electronic Library Online (*SciELO), Scopus and Web of Science databases.

For each database, the Boolean operator AND was used (to intersect the terms in the search strategy), with the aim of associating the descriptors in the databases. In Scopus, the string (TITLE (palliative AND care) AND TITLE (intensive AND therapy)) was used; in Web of Science: Palliative Care (Title) and Intensive Therapy (Title); in SciELO: (ti:(Palliative Care)) AND (ti:(intensive therapy)); in BVS: (ti:(palliative care)) AND (ti:(intensive therapy)); in LILACS: palliative care [Title words] and intensive therapy [Title words] and, finally, in Medline: (palliative care[Title]) AND (intensive therapy[Title]).

For analysis, documents were included that met the following criteria: published in Portuguese, English and Spanish, with abstracts available in the selected databases, in the period between 2015 and 2023, available in full, online in the selected databases, free of charge to obtain and that addressed palliativecare in the intensive care unit.

The exclusion criteria were abstracts in event proceedings and expanded abstracts. Duplicate documents were also excluded. Information was retrieved from the databases independently by the researchers in April 2023.

In the search, the proposed period of 2015 to 2023 was used, considering that this investigation would not retrieve information, concepts or ideas that could, perhaps, be obsolete or inaccurate, negatively affecting validity and judgments. Obsolete knowledge can even affect the external validity of future studies that use it as a reference (ARAÚJO WCO, 2020; CRITICAL APPRAISAL SKILLS PROGRAMME, 2021).

The documents were then pre-selected by reading the title and abstract, according to the guiding question and the previously defined inclusion and exclusion criteria. To assess the methodological quality of the documents included, the instrument adapted from the *Critical Appraisal Skills Program (*CENTER FOR EVIDENCE-BASED MEDICINE, 2009) was applied. At the end of the evaluation, only publications classified as having good methodological quality and reduced bias remained.

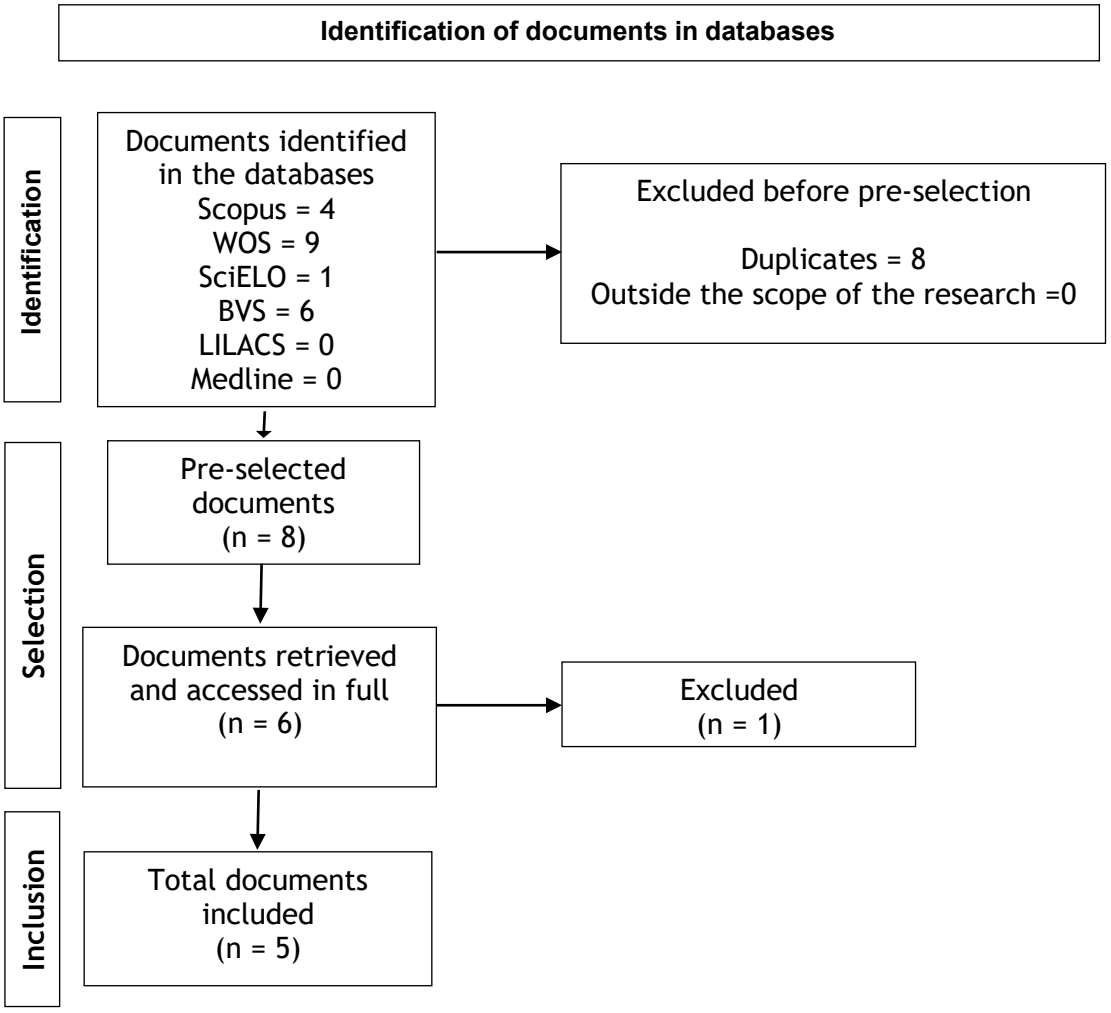
To collect data from the documents, an instrument was developed by the reviewers themselves, based on an instrument validated by Page MJ, et al. (2021), containing the following items: author/year, study design, synthesis of the study in question and classification of the level of evidence according to Oxford (DORNELLES C, et al., 2012). The selection flowchart is shown in Figure 1

The bibliographic survey of the databases resulted in the identification of 20 potentially relevant documents. Four (4) documents were excluded due to their language and eight (8) due to duplicates. After pre-selection by applying the inclusion criteria, 8 documents were retrieved, of which 5 (five) documents were accessed after reading the titles and abstracts. Thus, the final sample consisted of 5 (five) publications which were analyzed in full (**Figure 1**).

In order to facilitate the analysis and synthesis of the studies, a synoptic table was constructed consisting of the following items: authors, year of publication, study design, intervention and level of evidence.

From this extraction, the central elements and units of analysis of each article were evaluated, generating categorization by similarity of the subjects discussed. These categories are presented in a narrative summary.

Figure 1 - Flowchart of the work selection process



Source: Survey results. Rio de Janeiro, 2023

RESULTS and DISCUSSION

The results are available in the summary table, as well as the discussion, developed in a descriptive manner, enabling the reader to assess the applicability of the integrative review prepared in order to achieve the objective based on the proposed method (**Figure 2**).

As for the year of publication, in 2015: two documents (10%), 2016: three documents (15%), 2017: six documents (30%), 2019: four documents (20%), 2020: four documents (20%), 2021: one article (5%). The average annual publication for the period studied represents 3.3 documents per year.

Figure2 - Summary table of selected documents. Rio de Janeiro, RJ, Brazil, 2023

Authors/Year	Study design	Applied intervention	Level of evidence
M. Schuster, et al,2017	Research quantitative	So far, the involvement of palliative care is not common practice for seriously ill patients in surgical intensive care units (ICUs) in Germany. The goals of palliative care concepts are to improve the patient's quality of life by relieving symptoms related to the illness using an interdisciplinary approach and to support patients and their families considering their current physical, psychological, social and spiritual needs. The need for palliative care can be identified using defined screening criteria.https://doi.org/10.1007/s00101-017-0294-4	4
Cavalcanti, et al.,2019	Research quantitative	This was a descriptive, cross-sectional correlational study carried out with 104 nurses from twelve intensive care units in five hospitals in a capital city in the Northeast of Brazil, between January and December 2017. The interviewees attributed a value to the relevance/importance of each principle in their care practice with terminally ill patients. https://doi.org/10.15649/cuidarte.v10i1.555	4
Kruser, JM, et al,2017	Randomized student	In-hospital mortality was compared between patients who received palliative RT in the 12 months prior to admission and all other patients with metastatic cancer. Multivariable logistic regression was used to assess the association between receiving palliative RT and in-hospital mortality, adjusting for patient characteristics andacute disease severity. https://doi.org/10.1016/j.ijrobp.2017.06.2463	2C

S. Rakhra, et al,2016	Quantitativ eresearch	Patients with advanced cancer treated with palliative radiotherapy who are subsequently admitted to an intensive care unit (ICU). https://doi.org/10.1016/j.ijrobp.2016.06.1902	4
LeBlanc, TW,et al., 2021	Randomized student	We conducted an unblinded randomized multi-site study of integrated palliative and oncology care (IPC) (n = 86) versus usual care (n = 74) for hospitalized AML patients receiving induction therapy. IPC patients were seen by palliative care physicians at least twice a week while hospitalized. Patients completed the Functional Assessment of Cancer Therapy-Leukemia scale, the Hospital Anxiety and Depression Scale and the Brief COPE questionnaire to assess quality of life, mood and coping at baseline and weeks 2, 4, 12 and 24. To facilitate analysis, we categorized coping strategies into "approach-oriented" (active coping, positive reframing and acceptance) or "avoidant" (denial or self-blame), in line with previous studies. https://doi.org/10.1200/JCO.2021.39.15_suppl.12007	2C
Sousa, ADRS, 2019	Quantitativ eresearch	To develop a nursing care tool based on the NANDA-I Standardized Nursing Diagnosis Language System with the NIC Nursing Interventions Classification and the NOC Nursing Outcomes Classification to guide the care of children and adolescents with cancer in palliative care admitted to the Pediatric Oncology Intensive Care Center. Method: methodological research with quantitative analysis using the cross-mapping tool. The sample consisted of 57 admissions of children and adolescents who were admitted to the Pediatric OncologyIntensive Care Center between 2008 and 2018. https://app.uff.br/riuff/handle/1/10469	4

Source: Survey results. Rio de Janeiro, 2023.

The process of dying and death takes place in various contexts and, especially in the intensive care environment, in an era of high availability of technologies for the care of critically ill patients, medical decisions directly influence this process (SCHUSTER M, et al., 2017).

The concepts of palliative care have hardly been established in the treatment of critically ill patients in interdisciplinary intensive care units. The aim of such concepts is to improve the quality of care and quality of life through interdisciplinary treatment of disease-related symptoms, but also by counseling and supporting patients and their families, taking into account their current physical, mental, social and spiritual situation.

A patient's palliative care needs can be assessed by applying defined screening criteria. Palliative care concepts can be implemented by nurses, doctors, physiotherapists, etc. Its form must be integrated and systematic, based on the palliation proposal determined or pre-defined by the institution and/or the multiprofessional/ interdisciplinary healthcare team.

It is essential that the concepts of palliative care in intensive care are implemented as early as possible, in order to provide better planning and systematization of care, which should include discussions about therapeutic goals, the length of hospitalization and the patient's quality of life. Family members should be included as objectives of care, above all with the aim of reducing stress and increasing satisfaction with their relative's treatment.

Another important aspect is professional communication with the patient and family members, as well as between the professionals themselves, since quality communication in terms of time and objective information plays a fundamental role in determining therapeutic objectives (SCHUSTER M, et al., 2017).

Care in this final period of the life cycle encompasses measures to improve the quality of life, well- being and comfort of patients, in all dimensions of being (social, physical, psychological, spiritual, ecological). Since this is the priority, in a superficial reading, it contradicts the traditional training of health professionals, as it emphasizes the fight to maintain life at any cost, even knowing that a cure is not the goal to be achieved(SCHUSTER M, et al., 2017).

A study carried out in the United States, with a cohort of 1,424 patients with metastatic cancer who were admitted to an ICU from 2010 to 2015, 161 patients (11.3%) received palliative radiotherapy (RT) within 12 months prior to ICU admission. Demographic characteristics were similar between patients treated and not treated with palliative RT. Patients who received palliative RT included patients with more than 1 radiation site: bone (55.0%), brain (41.0%), lung (5.9%) and other (5.5%). The median radiation dose was 30 Gy (range, 3-60 Gy), and the median number of radiation fractions was 10 (range, 1-30). Patients treated with palliative RT were more likely to receive mechanical ventilation (24.8% vs 15.7%, P = 0.003); and to be admitted to the clinical or neurological intensive care unit (P < 0.001). Length of stay in the intensive care unit and SOFA scores were similar between the 2 groups (CUNHA CIM, et al., 2019).

Another study of 271 patients with bone (62.7%) or brain (37.3%) metastases who were treated with palliative radiotherapy and subsequently admitted to an ICU used median survival after ICU admission as the primary outcome measure. Secondary outcome measures included discharge disposition and receipt of additional targeted cancer therapy after ICU admission. The median follow-up was 3.4 months. Of the 69 patients who died, 12 (17%), 18 (26%) and 39 (57%) were prescribed short intermediate and long fractionation regimens, respectively (JACQUELINE MK, et al., 2017).

For patients who died within 3 months of radiation, 23%, 30% and 46% received short, intermediate and long fractionation, respectively. For patients who died 4-6 months after receiving radiation, 6%, 16% and 78% received each regimen. For patients who died >6 months after receiving radiation, 0%, 20% and 80% were prescribed each fractionation regimen (JACQUELINE MK, et al., 2017).

Randomized, non-blinded study of integrated palliative and oncology care (n = 86) versus usual care (n = 74) for hospitalized patients with acute myeloid leukemia (AML) receiving induction therapy. Patients in palliative care were seen by palliative care clinicians at least twice a week while hospitalized. Patients completed the Functional Assessment of Cancer Therapy-Leukemia scale, the Hospital Anxiety and Depression Scale and the Brief COPE questionnaire to assess quality of life, mood and coping at baseline and at weeks 2, 4, 12 and 24 (LEBLANC TW, et al., 2021).

The study included 160 of the 235 (68.1%) eligible patients. Those randomized to palliative care reported more approach-oriented coping (B = 1.85, 95%CI 0.62-0.38, P = 0.004) and less avoidance-oriented coping (B = -0.70, 95%CI -1.28, -0.11, P = 0.020) at week 2. The effects of the intervention on approach-oriented *coping* were sustained until week 24 (B = 0.36, 95%CI 0.68; 0.09, P = 0.010), but not on avoidance-oriented *coping* (B = -0.01, 95%CI -0.28- 0.05, P = 0.163) (LEBLANC TW, et al., 2021).

The researchers concluded that induction chemotherapy for AML facilitates active coping strategies for patients. Improved coping skills account for a substantial proportion of the effect of a palliative care intervention on chemotherapy-derived symptoms, depression and anxiety. These findings provide important insights into the mechanism by which palliative care can improve patient-reported outcomes in patients with AML (LEBLANC TW, et al., 2021).

Master's thesis defended in Brazil, developed a nursing care tool based on the NANDA-I Standardized Nursing Diagnosis Language System with the NIC Nursing Interventions Classification and the NOC Nursing Outcomes Classification to guide the care of children and adolescents with cancer in palliative care admitted to the Pediatric Oncology Intensive Care Center. This study made it possible to develop a care instrument aimed at children and adolescents with cancer in palliative care admitted to the Pediatric Oncology Intensive Care Center in an unprecedented way, with the aim of helping to standardize, optimize and improve the quality of nursing care (SOUSA ADRS, 2019).

The study's limitation is that it considered descriptors for data collection purposes, limiting the search to the titles of the publications, so that we could be sure that they dealt with palliative care in intensive care.

FINAL CONSIDERATIONS

They found randomized clinical trials with predominantly medical authorship. It was also found that only one study used the NANDA-I Standardized Nursing Diagnosis Language System with the NIC Nursing Interventions Classification and the NOC Nursing Outcomes Classification to guide nursing care for palliative care patients in intensive care. The studies showed that the hospitalization of patients with advanced cancer treated with palliative radiotherapy in an intensive care unit is associated with unfavorable outcomes. These results call us to reflect on palliation in the ICU as an underutilized opportunity to address goals of care and advance directives with patients and their families.

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