primary studies - published RCT

Embedded Specialist Palliative Care in Cystic Fibrosis: Results of a Randomized Feasibility Clinical Trial.

Code: PM36350712 **Year:** 2023 **Date:** **Author:** Kavalieratos D

Study design (if review, criteria of inclusion for studies)

Single-site, equal-allocation randomized pilot study

Participants

50 Adults with CF age â‰¥18 years with any of the following: FEV(1)% predicted â‰¤50, â‰¥2 CF-related hospitalizations in the past 12 months, supplemental oxygen use, or noninvasive mechanical ventilation use, and moderate-or-greater severity of any symptoms on the Edmonton Symptom Assessment Scale. Mean age 38, baseline mean FEV(1)% predicted 41.8 (usual care), and 41.2 (intervention).

Interventions

Authors randomized 50 adults with CF to intervention (nâ€‰=â€‰25) or usual care (nâ€‰=â€‰25),

Outcome measures

Intervention visit completion, data completements, participant ratings of intervention acceptability and benefit, and intervention delivery fidelity.

Main results

No participants withdrew, five were lost to follow-up, and two died (88% retention). In the intervention group, 23 of 25 completed all study visits; 94% stated the intervention was not burdensome, and 97.6% would recommend the intervention to others with CF. More than 90% of study visits addressed topics prescribed by intervention manual.

Authors' conclusions

Adding specialist PC to standard clinic visits for adults with CF is feasible and acceptable.

http://dx.doi.org/10.1089/jpm.2022.0349

See also

J Palliat Med. 2023 Apr;26(4):489-496. doi: 10.1089/jpm.2022.0349. Epub 2022 Nov 9.

Keywords

non pharmacological intervention - psyco-soc-edu-org; Palliative care; pharmacological_intervention;