

primary studies - published RCT

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

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**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  $\geq 18$  years with any of the following: FEV<sub>1</sub>% predicted  $\leq 50$ ,  $\geq 2$  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<sub>1</sub>% predicted 41.8 (usual care), and 41.2 (intervention).

## Interventions

Authors randomized 50 adults with CF to intervention ( $n=25$ ) or usual care ( $n=25$ ),

## Outcome measures

Intervention visit completion, data completions, 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 - psycho-soc-edu-org; Palliative care; pharmacological\_intervention;