

Continuous palliative sedation in nursing home residents with advanced dementia and extreme neuropsychiatric symptoms

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Background

Neuropsychiatric symptoms (NPS) can cause severe burden for nursing home (NH) residents and their (professional) caregivers. NPS can become refractory when none of the treatments are effective or considered disproportionate. In this situation, sometimes continuous palliative sedation (CPS) is administered.

Continuous palliative sedation (CPS)

The deliberate lowering of a person's level of consciousness in the last stage of his/her life if one or more refractory symptoms cause unbearable suffering and the estimated life expectancy is two weeks or less.¹

Aims

- To describe the content of extreme NPS of NH residents in whom CPS was administered;
- To explore the process of decision-making leading to CPS and its impact on those involved in this process.



Methods

- Qualitative study.
- Included cases: 3 NH residents with advanced dementia and extreme NPS who were administered CPS.
- 9 face-to-face and semi-structured in-depth interviews with relatives, physicians and other caregivers (e.g. psychologist, nurse) of these residents.
- Thematic analysis extended with content analysis was performed.

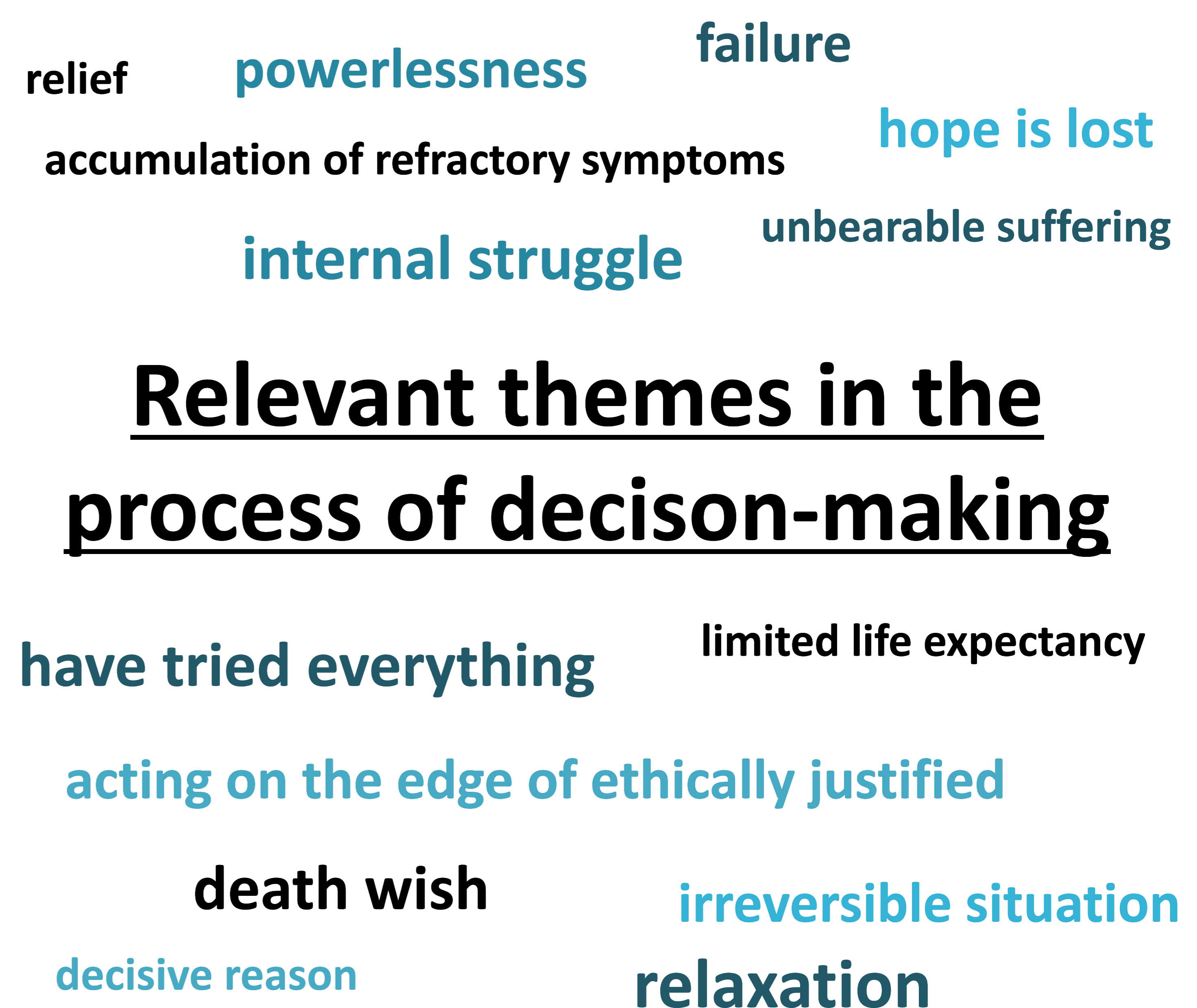
References

1. Committee on National Guideline for Palliative Sedation, Royal Dutch Medical Association (KNMG). Guideline for palliative sedation Utrecht: KNMG; 2009

“ Whatever we tried, it did not offer anything... I have tried everything... all conventional treatment methods. But they all failed which made us powerless. And the appearance of that man... made us feel even more helpless as well as the great sorrow of the relatives, especially the children ”

Results

- Examples of NPS in the 3 cases: general restlessness, agitation, disinhibition, wandering, verbal and physical aggression (e.g. kicking, cursing, biting)
- In all cases, the NPS were described as very severe, unpredictable and treatment resistant
- An accumulation of refractory NPS, unbearable suffering and a short estimated life expectancy were factors that appeared to influence the process of decision-making leading to CPS.
- The decisive reason for CPS differed in each case: unworthiness, anxiety and suffering due to agitation.



Conclusion

This qualitative study offered highly important insights into the content of extreme NPS in NH residents with advanced dementia and the process of decision-making leading to CPS. Our study shows various themes influencing this complex process of decision-making where guidelines would be recommendable.