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The Impact of Palliative Care to Improve Quality of Life Patient with Hepatocellular Carcinoma

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Abstract

Introduction: *Palliative care, specialized interdisciplinary care that focuses on quality of life while living with a serious illness, has the potential to offer additional support in patients with HCC and their families as they navigate life with the disease.*

Aim: *This Systematic review was aimed to Palliative Care to Improve Quality of Life Patient with Hepatocellular Carcinoma.* ***Method:*** *Literature search is through Scopus, Pubmed, Proquest, Science Direct, and SAGE with the last 5 years (2014-2019).* ***Result:*** *There were 15 selected journals from 2493 journal articles found.* ***Conclusion:*** *Palliative care given as early as possible can improve the quality of life of patients, so patients can live longer, compared with patients who only seek treatment without being given palliative therapy.*

Keyword:

Palliative Care, Quality of Life, Hepatocellular Carcinoma

INTRODUCTION

Hepatocellular carcinoma (HCC) is a dreaded complication of liver disease that has a poor rate of overall survival (Woodrell et al., 2018a). Worldwide, HCC is the malignancies and causes approximately one million deaths annually worldwide. Fifth most common of all Incidence of HCC is highest in Africa and Asia, where viral hepatitis is endemic (Kumar and Panda, 2014). HCC cause more than 300 000 hospitalizations per year in the World. More than 27 000 patients annually progress to end-stage liver disease (ESLD), liver failure, or death (Chan et al., 2015). This condition makes palliative care became one of the most needed alternatives therapy for HCC (Woodrell et al., 2018b).

Palliative care, specialized interdisciplinary care that focuses on quality of life while living with a serious illness, has the potential to offer additional support in patients with HCC and their families as they navigate life with the disease. Patients with end-stage liver disease rarely receive palliative care, even at the end of life (Woodrell et al., 2018a). Early, concurrent involvement of palliative care versus usual care in chronic illnesses has been shown to lead to a better quality of life (QOL) and overall patient satisfaction (Bourgeois et al., 2018).

Most advanced cancers are incurable and 95% of patients with advanced cancer report that QOL is at least as important as length of survival. Palliative treatments may negatively influence QOL, especially if complications ensue. Poor QOL afer treatment has a negative impact on the willingness of patients to continue and comply with future treatments. QOL is most influenced by health and healthcare interventions and hence QOL is an important clinical endpoint and it has become a component of clinical trials on chronic or incurable diseases (Ahmed et al., 2016).

The QOL of HCC patients is still not good, especially patients who have many complications (Hammad et al., 2017). HCC Patients with ESLD experience such complications as encephalopathy, malnutrition, musclewasting, ascites, esophagogastric variceal bleeding, spontaneous bacterial peritonitis, fatigue, and depression. Despite significant improvements in palliation, patients' quality of life diminishes and their disease will often inexorably progress (Larson et al., 2015).

HCC have been associated with a poor prognosis and diminished health-related quality-of-life (QoL), with pain, jaundice, anorexia, and depression as common symptoms. Because treatment usually is palliative, providing relief from debilitating symptoms related to disease progression becomes paramount. Hence, for HCC patients with reduced life expectancy, QoL factors become as important as overall survival. Therefore, the goal of all palliative treatments should include QoL end points (Xie et al., 2015).

METHODS

Systematic review was aimed to Palliative Care to Improve Quality of Life Patient with Hepatocellular Carcinoma. A literature search is carried out in several databases such as Scopus, Pubmed, Proquest, Science Direct, and SAGE by entering some keywords (Table 1). The use of limited year is 5 years (2014-2019) which is research articles, news, government policy, and some of grey literature about palliative care to improve quality of life patient with HCC. All articles use English. Articles would be excluded if the results did not explain the purpose of this systematic review. The searching results based on these criteria obtained 15 selected articles from 2493 articles found (Figure 1).

RESULTS AND DISCUSSION

Total articles collected were 15 articles, with all articles about palliative care and quality of life patient with HCC. From articles, 4 articles used RCTs design, 1 articles used quallittaive study, 6 article used Retrospective Study, 2 study used cross sectional pre experimental, 1 study used non randomized study and 1 article used a reanalysis study. Quality of life in patient with hepatocellular carcinoma can increase if patient received good palliative care to living with endstage liver disease. This Systematic review discusses Palliative Care to Improve Quality of Life Patient with Hepatocellular Carcinoma

Hepatocellular Carconoma Prevalence

HCC continues to be a worldwide problem, with more than half a million new cases diagnosed annually. With an estimated 3.9 million people

infected with hepatitis C in the World, the rate of HCC occurrence is predicted to increase significantly. Because the incidence of HCC has increased in the past 30 years, so has the accessibility of palliative treatment (Salem et al., 2013).

The most common primary liver malignancy (80 to 90% of cases in the World), is one of the most challenging cancers to diagnose and treat. The estimated numbers in the world 2018 new cases and deaths are 42,220 and 30,200, respectively, with less than 18% of patients surviving 5 years (Hammad et al., 2017). HCC is now among the more frequent causes of cancer-related deaths. One U.S. study estimates that HCC is expected to become the third largest cause of cancer death in the United States by 2030, behind lung and pancreatic cancer but ahead of colorectal cancer. From 2000 through 2016, HCC death rates increased signifcantly for both men and women with the death rate for men between two and two-and-a-half times greater than women (Abreu et al., 2013).

Death rate in patients caused by physical condition, patient with low bilirubin, high albumin, no ascites, and high performance status tended to live longer. The survival rate of patients with cirrhosis who develop HCC remains poor, with a 5-year survival rate of 17%. Although different treatment modalities are available, improvement in survival is achieved only if the tumor is diagnosed at an early stage and identification of HCC smaller than 20mm in diameter is associated with longer survival. However, the presence of vascular invasion, even when the tumor is small, is associated with poor prognosis (Al, 2016; Xie et al., 2015).

Factor Contribute to Hepatocellular Carconoma

Based on related study before many factors that found was contributed to QOL in patient with HCC. The first factor was spousal caregivers, which is most often described their relationship as emotionally close and supportive. In contrast, most nonspousal caregivers described having an emotionally distant, nonsupportive relationship with the patient. Underscoring some relationships emotionally close and emotionally distant was the patients' history of substance abuse and family conflict. For those with an emotionally distant relationship, tension between the patient's history and the caregiver's struggle to provide care frequently surfaced (Sasaki, 2017). Contributing of Family can improve QOL of patient with HCC, the range of family caregiver responses to the terminal HCC diagnosis: desire for information, managing the stigma, and change in lifestyle As the disease advanced and symptoms became more pronounced, family caregivers interpreted visible changes (e.g., sunken eyes, diffculty walking) as signs of worsening condition and markers of disease stage (Al, 2016). In addition to these factors, physical factors can also affect the quality of life of patients. QOL can be considered as a valuable, relevant parameter for improving prognostic classifications. Oedema (present in the multivariable analysis) was added to three prognostic scores and showed its independent prognostic value for HCC patients (Diouf et al., 2013).

Treatment of End Stage Hepatocellular Carconoma

In a prospective study, One of the treatments given to HCC patients is with radioembolization and chemoembolization. Based on the results of previous studies, both treatments can improve the quality of life of patients. In contrast, patients treated with chemoembolization had much smaller tumor burdens and were treated using selective injections. Despite these baseline differences, we were able to show that radioembolization provided better QOL than chemoembolization (Salem et al., 2013). When patients' condition worsened and Transarterial Chemoembolization (TACEs) were no longer effective, family caregivers contemplated the potential impact of chemotherapy and whether patients would be able to survive (Sasaki, 2017). when the patient does not show a positive reaction to chemotherapy and his health condition worsens, it is necessary to do palliative care to improve the quality of life of the patient (Fang et al., 2015).

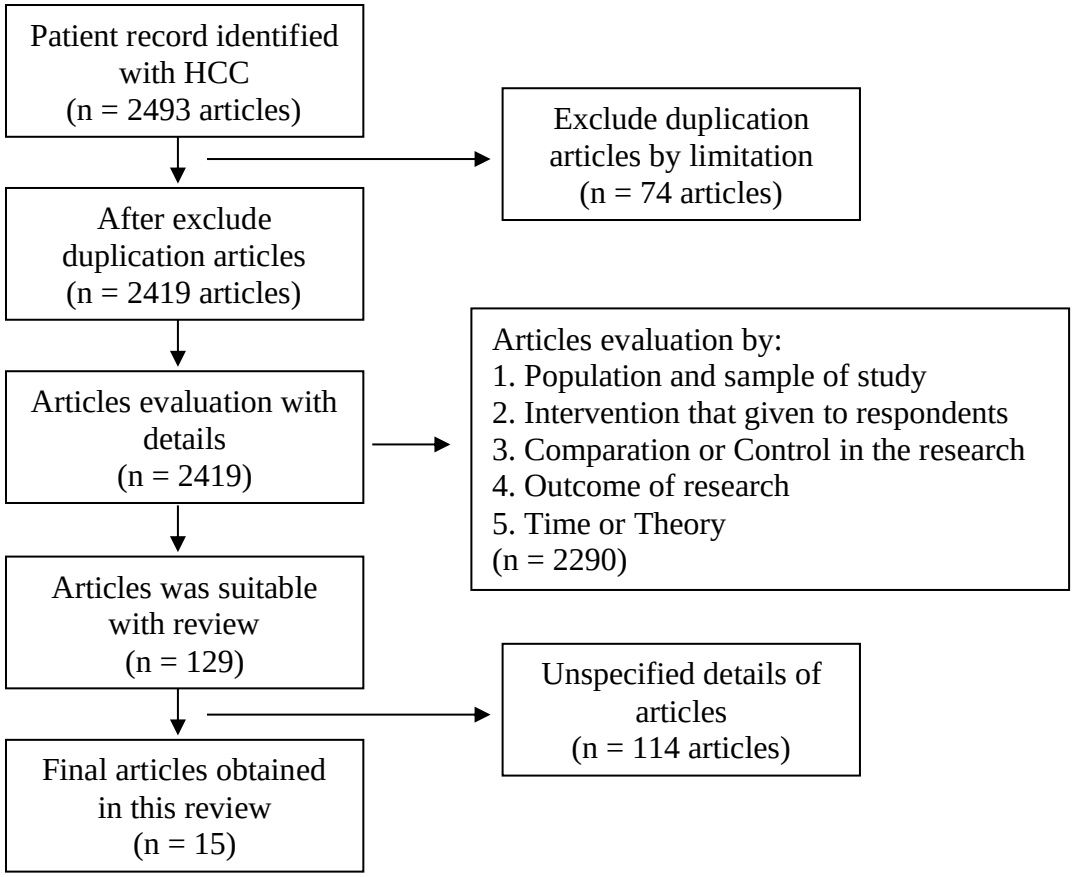
Palliative Care in Hepatocellular Carconoma

Palliative care involves a multidisciplinary approach to optimize symptom management and health status without excluding medical therapies to achieve these goals. The concept of palliative care is integrated easily into standard medical management

Table 1. Initial keywords used to search previous studies

Palliative	**Quality of life**	**Hepatocellular carcinoma**
End of life	Value of life	Liver disease
OR	OR	OR
Face to death	Health-relared Quality of life	End stage liver disease
OR	OR	OR
End stage treatment	Meaning of Life	Liver cancer

Figure 1. Flow chart used



of ESLD (Xie et al., 2015). Terminal patients experience a variety of existential issues, for example, meaning and purpose of life, autonomy, burden on others, self esteem, hope, relations, forgiveness, reconciliation, prayer, and religion. Better control of physical symptoms will also be likely to help. Patients with insufficient pain control expressed significantly more fear about the future, worries about pain progression and general anxiety that hampered their daily living (Ayman et al., 2016). This finding of previous research suggests that patients were often not as afraid of facing death as the staff thought they might be. Patients also seemed less disturbed regarding various emotions than they were concerned about physical issues and existential aspects (Salem et al., 2013).

This is an important issue because, although the focus of palliative care is the patients' and their families' quality of life, increasing attention should also have to be paid to the potential positive economic impact of palliative care services. End-of-life care in hospital is identified as by far the greatest cost, accounting on average for 33.2% of the total cost per patient,14 and despite this high cost of admissions for acute care, many studies have shown that end-of-life care in hospital is inappropriate for patients (Riolfi et al., 2014).

Quality of Life in Hepatocellular Carconoma

The assessment of health-related QoL may be particularly significant for patients who seek treatment for the symptomatic burden of their disease.Traditionally, outcomes measurement in the field of oncology has been measured only in terms of toxicities and survival. It has been reported that up to 95% of patients with advanced cancer state that their QoL was at least as important as the length of life. For patients with advanced HCC, in whom life expectancy is reduced significantly without the possibility of curative intent, the goal of treatment then becomes symptom relief and maintenance of patients' functional status (Salem et al., 2013).

The terminal patients' QOL is necessary to identify unmet needs and improve quality of care. Evaluation of QOL at the very end stage of life is possible for some patients. The issue of QOL is also relevant in palliative care for old age, and deserves full attention. The mean total QOL score during the last two weeks of life was higher than expected initially. Furthermore, the total QOL scores during the last two weeks did not drop from admission, despite patients realizing that they were approaching death. It is reassuring to palliative care teams that our services were able to at least prevent deterioration in the patients' QOL. It is the aim of all health care professionals to maintain patients' QOL as much as possible at the terminal stage. Our results constitute useful evidence regarding the impact of palliative care services on patients' QOL at the very end of life (Lo et al., 2002).

Quality of life evaluation at the very end of life is possible for some patients, and yields important clinical observations. The effectiveness of palliative care services in maintaining the overall quality of life, even as patient is progressing to the very end stage, can be confirmed.

Physical and existential domains, however, had comparatively poorer scores, as self-rated by patients during their last two weeks pre-death. The worst physical symptom, physical well-being, and meaning of existence were the items with the poorest scores. More research is warranted to focus on these aspects, in how to improve the services and document the effectiveness of intervention. The search should also be continued for other domains that may have potential influence on patients' overall quality of life (Diouf et al., 2013).

Palliative Care to Improve Quality of Life Hepatocellular Carconoma

The National Consensus Project for Quality Palliative Care emphasizes that although palliative care is focused on improving the patient's quality of life, it does not exclude medical therapy aimed at prolonging life (Eltawil et al., 2012). Care for patents with serious life-threatening illness, including ESLD, the primary goal of palliative care is to improve quality of life for the patient and their family through relief of emotional distress and physical symptoms. Ideally, palliative care should be provided throughout the trajectory of illness, beginning with the diagnosis of ESLD. Relief of emotional distress and physical symptoms can be provided by primary care physicians and gastrointestinal and hepatology specialists (termed primary palliative care, to distinguish it from secondary or subspecialty palliative care). Ideal timing of subspecialty palliative care consultation depends on local resources and patient need (Ayman et al., 2016).

Among the available palliative treatments for patients in end-stage of HCC, role of drug still able to increase survival. The multi disciplinary team will have to begin talking in order to plan the patient and families care, before the end-stage disease. The education for

death must be no longer a taboo for the patients, family and health worker, for indeed, it is a life natural process. This is an issue which demands a broad reflection and the involved professionals need to have their palliatives care concepts, thanatology and bioethics clear in order to discuss about how to dealing with prejudice and to exercise effective communication (Abreu et al., 2013).

Patients with ESLD are subject to many physical and psychosocial symptoms that negatively affect health-related quality of life (Woodrell et al., 2018a). Early referral for palliative care may also reduce the burden on the healthcare system, while simultaneously improving patient and family satisfaction. Palliative care consults have been shown to improve communication and family member satisfaction with care and decrease patients' length of stay in hospital. The palliative goals of care may be better implemented outside of a critical care setting (Poonja et al., 2014).

Palliative therapies provided promising outcomes for such patients, varying between better quality of life, symptom control and a potential improvement in survival. Recent studies suggest that early palliative care improves the quality of life and mood in addition to prolonging survival. More specifically, previous studies have shown beneft with palliative therapies in the care of patients with unresectable HCC. Reduction in mortality following the receipt of systemic chemotherapy in HCC patients not eligible to receive definitive management options (Patel et al., 2017).

For patients with hepatic decompensation and with no indication of being through any existing treatments, because of vascular invasion or extrahepatic metastasis, the palliative care is the standard treatment, including radiotherapy in order to eliminate the pain. For those cases where there is an extrahepatic lesion and the liver is compensated, a chemotherapy is sometimes applied, but with no evidence of any benefits. Firstly, it is necessary that patient understands the process of death and dying in order to deal with any phase of its new treatment (palliative care). When his death is understood, it becomes easier to accept. Therefore, it is necessary to realize the "moment" that patient will be prepared to receive the most appropriate and humane care. The death of a large proportion of the population in end-stage HCC emphasises the need for all health care workers to be adequately trained in palliative care in addition to training in complex needs assessment. It should be developed and implemented models for collaboration between primary and secondary care practitioners with palliative care specialists (Kumar and Panda, 2014b).

CONCLUSION

Palliative care provides many benefits for patients who are in the final stage or have not given a positive reaction to the trial. Palliative care given as early as possible can improve the quality of life of patients, so patients can live longer, compared with patients who only seek treatment without being given palliative therapy.

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