

1.16 Debility

Key Points

1. Debility is a condition of declining functional status with limited prognosis and sometimes multiple diagnoses in the absence of any one terminal illness.

While no one knows how long anyone will live, there are certain signs that health is very poor and declining and that time could be limited.

2. To predict life expectancy as accurately as possible, ask, “Would I be surprised if this patient died in the next six months?” Language is very important in discussing prognosis and hospice referral.

“Because of the severity of your illness, you and your family are eligible for the assistance of hospice at home” is preferable to “You have a prognosis of less than six months. Therefore, I am referring you to hospice.”

3. Markers for poor prognosis include disease progression, multiple ER and/or hospital admissions, increased dependence, or need for home-care services.

Multiple admissions are a sign that disease-modifying treatment is inadequate to control symptoms, relieve suffering, or prevent decline in function.

4. Objective measures of functional decline include increasing dependence in Activities of Daily Living, unintentional weight loss, and decreasing albumin level.

5. The palliative response to debility includes symptom management, advance directive discussion, assessment of eligibility for hospice care, and truth-telling with patient and family.

A palliative-care consult may be helpful to meld symptom management with disease-modifying treatment.

Debility

The Palliative Response



General Debility

Definition

- Declining functional status with limited prognosis
- Condition may include multiple medical problems
- None of medical conditions necessarily terminal on its own

Know Signs of Life's End

While no one knows how long anyone will live, there are certain signs that health is very poor and declining and time could be limited

Palliative Evaluation of Suffering in Debility

- Physical
Poorly controlled physical symptoms (e.g., pain, anorexia, asthenia)
- Emotional
Distress in the face of physical decline

Palliative Evaluation of Suffering in Debility

- Social
Distress from need for additional supportive services
- Spiritual/Existential
Existential angst
Feeling of hopelessness

Palliative Response Overview

- Symptom management
Development of plan of care to palliate symptoms not relieved by disease-modifying treatment
- Advance directive discussion
Document surrogate decision maker(s)
Educate and guide about treatment preferences
Appropriate in any debilitating illness
- Assess eligibility for hospice referral
- Truth-telling to patient and family

Prognostication

Value to Patient/Family

- Aids in symptom management
- Allows time to access community resources
- Fosters preparing and planning care
- Helps avoid lurching from crisis to crisis

Determining Prognosis

- Can be difficult in individual case
- “Would I be surprised if patient died in the next six months?”
yields a more accurate answer than
“Will this patient die in next six months?”

If you would not be surprised, assess palliative care needs

Language Is Important

“Because of the severity of your illness, you and your family are eligible for the assistance of hospice at home”

is preferable to

“You have a prognosis of less than six months; therefore, I am referring you to hospice”

Example of Life-Limiting Illness

- Combination of diagnoses in 84-year-old
Moderately severe dementia
Progressive heart failure
Chronic renal disease
- Status despite medical management
Unintentional weight loss
Confined to bed
- Patient and/or family choose palliation
Relief of symptoms and suffering vs. cure

Markers for Poor Prognosis in Debility

- Disease progression
Of one or more of underlying diseases
Although none yet considered terminal
- Increased dependence
- Need for home-care services

Markers for Poor Prognosis in Debility

- Multiple Emergency Room visits
- Multiple hospital admissions are signs that disease-modifying treatment is inadequate to:
Control symptoms
Relieve suffering
Prevent decline in function

Functional Decline

Objective Measures

- Activities of Daily Living (ADL)
Development of dependence in at least three ADLs in the last six months:

Bathing

Dressing

Feeding

Transfers

Continence

Ability to walk unaided to the bathroom

Functional Decline

Objective Measures

- Karnofsky performance status
Karnofsky Score (KS) 50% or less with decline in score over last 6 months
- KS 70%
Cares for self
Unable to carry on normal activity or active work
- KS 50%
Requires considerable assistance
Requires frequent medical care

Functional Decline

Objective Measures

- Unintentional weight loss
Greater than or equal to 10% of body weight in the last 6 months
- Albumin
Less than 2.5 mg/dl
Always combine this measure with other evidence of decline

Palliative Care Consult

Indications

- Unrelieved suffering
- Functional decline
Any combination of measures of decline or markers for poor prognosis
- Consideration of hospice referral

Palliative Care Consult

Value

- Symptom control
Assessment
Plan
- Treatment planning
Assist to define Goals of Care
Assist to develop plan that melds symptom management with disease-modifying treatment
- Assist with advance care planning
- Determine eligibility for hospice care

Palliative Care in General Debility

Consult often and early.

Debility

Selected Readings

Overview of Debility

Appleton, M. “End-Stage Debility unspecified.” *American Journal of Hospice and Palliative Care* 19 (2002): 233–234.

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Kinzbrunner, B. M., N. J. Weinreb, and M. P. Merriman. “Debility, Unspecified: A Terminal Diagnosis.” *American Journal of Hospice and Palliative Care* 12 (1996): 38–44.

Resuscitation in the Frail Elderly

Torian, L. V., E. J. Davidson, H. M. Fillit, G. Fulop, and L. L. Sell. “Decisions For and Against Resuscitation in an Acute Geriatric Medicine Unit Serving the Frail Elderly.” *Archives of Internal Medicine* 152 (1992): 561–565, erratum on 1659.