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Early Palliative Care Reduces Anxiety and Depression in Acute Myeloid Leukemia Treatment

Starting palliative interventions at the onset of hospitalization for chemotherapy greatly improves quality of life.

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Acute myeloid leukemia (AML) often comes on abruptly and is commonly treated with an intensive course of chemotherapy that requires hospitalization for four to six weeks. As with stem cell (bone marrow) transplantation, which entails a similar extended hospitalization, the treatment can cause severe physical and psychological symptoms that can persist for months or years.

With stem cell transplantation, however, one intervention has been shown to improve quality of life: the early introduction of palliative care, evidence-based medical care focused on improving quality of life for people with serious illness. Often confused with end-of-life or hospice care, palliative care can benefit people at any stage of cancer who are facing serious side effects.

Now, according to a study presented at the American Society of Clinical Oncology 2020 virtual meeting, palliative care can greatly benefit people with AML—when it’s introduced at the very beginning of treatment.

In the multi-site randomized trial, 160 people with AML were assigned either to usual care (74) or usual care plus palliative care (86). They were all “high-risk” AML patients, meaning they were over 60 years old, had an existing blood disorder or had already been treated for AML and it had reoccurred. Those in the palliative care group saw palliative care clinicians at least twice a week throughout their initial hospitalization and during any further rehospitalizations. The study subjects completed several assessments of their symptoms and psychological status over six months.

The palliative care clinicians helped them address physical symptoms, including pain, nausea, fatigue, diarrhea, constipation and insomnia, as well as psychological symptoms, such as anxiety, depression and posttraumatic stress disorder (PTSD). For those who had subsequent hospitalizations, many of whom were facing end-of-life situations, the palliative care team also addressed understanding their illness, identifying individual goals and expectations, making treatment decisions and advanced-care planning.

Those who received palliative care reported better overall quality of life, a lower level of symptom burden, less depression, less anxiety and fewer PTSD symptoms by the end of the second week of treatment. The improvements were sustained over the next six months. “The intervention led to a significant improvement in quality of life compared to usual care [and] significant improvement in anxiety symptoms, depression symptoms, as well as PTSD symptoms at week 2,” said lead study author Areej El-Jawahri, MD, an oncologist at Brigham and Women’s Hospital in Boston.

The palliative care intervention was also associated with a beneficial change in those patients who eventually died—less aggressive interventions at the very end of life. These interventions sometimes cause suffering without extending the quality or quantity of life. In the study, those in the palliative care group were more likely to discuss their end-of-life care wishes with their clinicians and less likely to receive chemotherapy in the last 30 days of life.

“Oncologists rarely consultant palliative care for patients with AML,” said El-Jawahri, who hopes this study will begin to change that fact. Her conclusion: “Palliative care should be considered a new standard of care for patients with AML.”

To read the abstract, click here.

To learn more about palliative care, see “The New Palliative Care.”
