

Does Exercise in a Palliative Outpatient Setting Affect “What Matters to You?”

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INTRODUCTION

At St Andrew's Hospice, we support patients living in the community with life-limiting illnesses such as Cancer, End Stage Renal, Cardiac or Lung Disease and advanced neurological conditions including; Multiple Sclerosis, Motor Neurone Disease or Parkinson's Disease.

We provide a range of outpatient services including wellbeing support, strength and balance, adapted Tai Chi, Parkinson's and chair based exercises and also one-to-one exercise sessions with physiotherapist input as required.

Most clinicians and researchers agree that the primary goal of palliative care is to optimise the quality of life of patients with advanced incurable diseases through control of physical symptoms and attention to the patient's psychological, social and spiritual needs. Palliative care therefore is the achievement of the best quality of life for patients and their families¹

AIM - WHAT MATTERS TO YOU

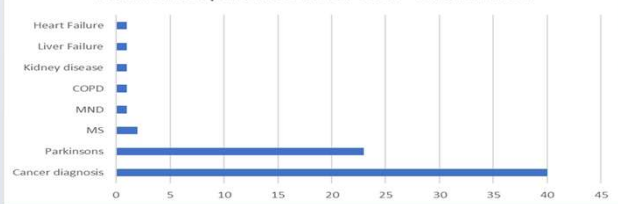
As healthcare professionals, we want to promote careful, kind human interactions. Asking “What matters to you?” is about understanding what matters to an individual in their life. It's about having meaningful conversations with individuals, as well as their families and carers.

These conversations can help inform decisions about a person's health and care. When we engage with individuals about their health and care decisions, it can greatly improve their wellbeing and outcomes.²

We wanted to hear about our patient's experience of exercise. Was exercise beneficial to them? How did it effect their lives? Did it help them achieve their What Matters to You?

METHOD

Referred Outpatients October 2023- October 2024



The above chart details patients by diagnosis who attended our Outpatient Department. Attendance was to either a weekly wellbeing class, strength and balance class or adapted Tai Chi session. These were group sessions and were adapted for all fitness levels and abilities. Sessions lasted approximately 45 minutes for a minimum of 15 weeks. They included Thera bands, seated and standing exercises and were based on the Falls and Mobility Exercise (FaME) and CanRehab Exercise and Rehabilitation CIMSPA level 4 exercise programmes, and also the Parkinson's UK exercise framework.

Our qualified Assistant Practitioner delivered the sessions to outpatients with various conditions as detailed above.

Participants were also given a home exercise routine to follow. The focus was primarily on motivation and engagement.

Between October 2023 and October 2024, we had 70 appropriate referrals. These were from a cohort of healthcare professionals which included GPs and consultants and various Allied Healthcare Professionals.

Before commencing the exercise programme we asked each patient: “What matters to you?”

Replies included:

- “I want to be able to play with my grandchildren.”
- “I would rather be able to do some things for myself.”
- “I miss spending time in my garden.”
- “I want to sort my finances so that my family will have no worries.”
- “I want to arrange my funeral with my family.”

On completion of the 15 weekly sessions, we then asked:

- Have you achieved / are able to work towards what matters to you?
- Has exercise helped you in your activities of daily living (ADL)?
- Is there anything that you can do now that you struggled with before?
- Has there been an improvement in your quality of life?
- Have you managed to maintain or improve your independence?

RESULTS

There was a 4% dropout rate. Possibly due to treatment and disease progression. Of the remaining patients we received the following replies:

Have you achieved /are able to work towards what matters to you?

Yes 94% No 2%

Has exercise helped you in your activities of daily living (ADL)?

Yes 89% No 8%

Has there been an improvement in your quality of life?

Yes 78% No 19%

Have you managed to maintain or improve your independence?

Yes 87% No 9%

Is there anything you can do now that you struggled with before?

Yes 93% No 3%



Some patients went on to say that they had noticed:

- Improved mobility
- Improved balance
- They had more time for people and felt a social improvement
- Less fatigue
- Improved sleep quality

And that they were:

- Able to return to previous hobbies
- Less dependent on external help at home

Other patients said that they had noticed:

- No difference 3%
- Deterioration 1%



A PATIENT'S STORY

“I was referred to St Andrew's Strength & Balance programme by my Parkinson's nurse, where they also gave me home exercises to do as I was having a few falls.

I was asked “What matters to you?” To be honest I wasn't sure at first. I wanted to be more stable on my feet, I wanted to do things for myself, I just wanted to be normal again!

Fast forward and I now feel that I have some of my confidence back. I do not worry about going outside now. This itself has made such a difference to my life. I am no longer a prisoner in my own home. I can meet my friends again. I can spend more time with my grandchildren. I look forward to seeing them as I don't tire as easily.

When I am at home alone, I am now able to do some tasks for myself like getting out of the armchair, making myself some coffee and a snack and getting to the toilet by myself.

I still have to be careful with the timing of my medication. I know when to stop and I listen to my body and recognise freezing episodes. I generally feel more confident, stronger and less dependent on help from others since I have started exercise.

I am delighted that I was referred to the Hospice exercise programme. I fully realise that I cannot be cured and for a while, I thought there was nothing I could do other than take medication. I feel that exercise has changed my life!”

In addition to our questionnaire, we also received the following feedback on Care Opinion



“My balance has improved, resulting in less falls and the strength in my legs and arms has improved as well. In fact, family who don't live in the area noticed the improvement when they last visited and passed comment on this fact.”

“My husband has been attending the Strength and Balance class at St Andrew's Hospice for a good while. My husband has a neurological condition that affects his mobility. The difference is absolutely amazing.”

“These weekly classes have improved my balance issues. Working under supervision, along with others with similar conditions, has improved my wellbeing – both physically and mentally.”

“I was referred through my GP to St Andrew's Hospice outpatients for Strength and Balance class, due to a muscle condition being treated by my Neurologist. Along with my medication and classes, I feel a great improvement in my condition. My neurologist is pleased with my progress too. These classes are truly beneficial and thoroughly enjoyable.”

CONCLUSION

A recently published randomised intervention study of resistance exercise in both curative and palliative prostate cancer patients. The level of fatigue was significantly reduced and the QOL and the muscular fitness improved among both the palliative and curative groups.⁴

It is clear from our small survey that exercise can also affect the quality of life of patients in palliative care across various palliative and life limiting conditions. It can contribute to their independence, and also assist in enabling them to continue with their hobbies. Improved confidence allows them to go outdoors and for some, being able to do some household tasks gives them a sense of achievement of their What Matters to You goals.

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