

European Respiratory Society Clinical Practice Guideline: Palliative care for people with chronic obstructive pulmonary disease or interstitial lung disease

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FIGURE 1
Methodology used for development of the European Respiratory Society clinical practice guideline. Abbreviation: PICO= Patient, Intervention, Comparison, Outcome.

Chronic respiratory disease (CRD), such as chronic obstructive pulmonary disease (COPD) or interstitial lung disease (ILD), are a leading cause of death (3rd) and disability (6th) worldwide, with high burden for individuals, families and society¹⁻³. Even under optimal pharmacological treatment these people still present many pulmonary (e.g. severe dyspnea), extra-pulmonary (e.g., muscle weakness) and behavioural/lifestyle/risk-factors (e.g., poor family and social support) manifestations⁴. They often present palliative care needs in physical, psychological, social and spiritual/existential domains, equal to or greater than people with cancer.⁵⁻¹⁰ Informal carers, i.e., relatives, partners and friends in unpaid roles¹¹ are their main source of support but often feel low priority and abandoned by healthcare professionals¹²⁻²⁰. The CRD population typically does not have access to the palliative care available to people with cancer. The main focus of palliative care is to control symptoms and improve quality of life of people with serious health-related suffering, and to support their informal carers. Therefore, this European Respiratory Society taskforce aimed to provide recommendations for initiation and integration of palliative care into the respiratory care of adult people with COPD or ILD.

The panel was composed of 20 members. Eight questions were formulated, four in the 'Population, Intervention, Comparison, Outcome' format and four narrative, tackled as described in Figure 1.

We provided a definition for palliative care and the following recommendations for people with COPD or ILD and their informal carers: consider palliative care when physical, psychological, social, or existential needs are identified through holistic needs assessment; offer palliative care interventions, including advance care planning, in accordance with such needs; integrate palliative care into routine COPD and ILD care.

