GeriCare
Transcript - Common disease trajectories

Common disease trajectories

Here are some important medical terms:
Prognosis is the prediction of possible development of a disease
Trajectory is the expected path of a disease

Patients with palliative care needs commonly have one of the following categories of illnesses:

- Cancer
- Organ failures such as heart failure or kidney failure
- Frailty related illnesses such as dementia or Parkinson's disease.

When comparing patients' function over time, each of the categories of illnesses has different trajectories. Different trajectories of illnesses mean that each group of patients requires different approach to:

- medical management,
- care planning and
- psychosocial support.

Here we describe 3 trajectories.
1. Rapid trajectory that usually happens in cancer. It is characterized by a fast physical decline towards the last few months of life. As the patient becomes weaker, it also means that the illness is developing faster.

Ideally, Advance Care Planning (ACP) and palliative care should start at diagnosis of illness even when they are physically well, so that conversations about values, priorities and treatment options can begin early in the trajectory.
The focus is on improving patients' quality of life, reducing symptoms and preparing them emotionally, spiritually and practically.

2. Intermittent trajectory that usually happens in organ failure. It is characterized by episodes of sharp physical declines due to acute medical changes. There can be recovery of function after each episode but it may not return to the original function. Prognosis of the disease is difficult as any one crisis can result in death.

ACP should be in place to understand patients' wishes while they are well as deterioration is often sudden and fast. Therefore, timely involvement of hospice care is important and early palliative care can help to improve patients' and families' quality of life and coping.

3. Gradual trajectory that usually happens in frailty. It is characterized by a very slow functional decline over time. There is no clear sign as to when patient is at the end of life stage. The slow decline also means that caregivers and families are at risk of burnout due to prolonged caregiving.

ACP should begin before patient loses his mental status or communicative function.
Difficult decisions such as the need for tube feeding should be discussed with patients and families. Support for them is important to minimise caregiver stress.

In conclusion, by understanding these 3 common trajectories of diseases, we can better plan for care needs of patients and their families.

References

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