Do Patients With COPD and IPF Have Different Patterns of Health Care and Palliative Care Use at the End of Life Compared With Lung Cancer?



STUDY DESIGN

 Retrospective, single-center cohort (n=1,819) of patients with lung cancer, COPD, or idiopathic pulmonary fibrosis (IPF) who had > 1 outpatient visit in the last 6 months of life to evaluate differences in palliative care and health care utilization Compared with lung cancer, patients with COPD & IPF had:



COPD aOR, 0.26 95% Cl, 0.19-0.36 IPF aOR, 0.48 95% Cl, 0.32-0.70

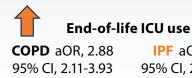


Outpatient opioid use

COPD aOR, 0.50 95% Cl, 0.40-0.63 **IPF** aOR, 0.40 95% CI, 0.29-0.54

IPF aOR, 4.15

95% Cl, 2.66-6.49



RESULTS

Compared with lung cancer, patients with IPF had:

Inpatient palliative care

aOR, 2.02 95% Cl, 1.30-3.13



In this study, patients with COPD and IPF were less likely to receive outpatient palliative care and symptom-focused care and more likely to use intensive care at the end of life compared with patients with lung cancer. Interventions are needed to guide earlier palliative care integration in patients with COPD and IPF.

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