

Palliative Care Challenges and Benefits in Chronic Arterial Disease with Limb Amputation

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Abstract

Chronic arterial disease due to arteriosclerosis that progresses to amputation has a mortality rate equal to or higher than that of most types of cancer. In recent years, it has been found that palliative care can bring benefits not only to the patients but also to their families and the community, However, some obstacles related to the approach as well as to greater dissemination among doctors and health professionals should be analyzed. The letter reports the importance of early and proactive palliative care interventions for patients.

Keywords: amputation, mortality, palliative care

Letter

Chronic arterial disease due to arteriosclerosis that progresses to amputation has a mortality rate equal to or higher than that of most types of cancer, reaching approximately 50% in one year¹. It is worth noting that

this mortality rate is also higher than that of patients with abdominal aortic aneurysms who undergo surgical or endovascular treatment. In recent years, it has been found that palliative care can bring benefits not only to the patients but also to their families and the community²⁻⁵.

In chronic arterial disease palliative care has been defined as that which primarily aims to reduce the negative impact of the disease on the physical, emotional, psychological, social or spiritual conditions of patients and/or their caregivers³. However, some obstacles related to the approach as well as to greater dissemination among doctors and health professionals should be analyzed.

The term ‘palliative care’, in many cases, implies an imminent end-of-life prognosis, which gives a negative impression to patients and their families. Thus, using the terms social and psychological support for both patients

and their families presents a more holistic and compassionate approach to palliative care. Despite the scarcity of published studies on these amputees, the available evidence strongly underscores the critical need for broader dissemination of palliative care at all levels.

Another aspect to be analyzed is the patient's occupation as amputation imposes a radical change in those who had an active life with many patients ending up being bedridden or restricted to a wheelchair. Therefore, a series of studies must be carried out with a multidisciplinary approach involving doctors, physiotherapists, psychologists, nurses and occupational therapists, in order to improve the quality of life of these patients.

Amputation results in a major life transformation at any stage in the patient's life, with adaptations being essential to ensure quality of life and of death. Until now, palliative care has mostly addressed the few remaining days of life and is rarely concerned with the long-term assistance that patients should receive. Extended support is important not only for patients, but also for family members to accept the forthcoming loss. The multidisciplinary team is essential in this process with the aim of providing care for patients as early as possible. However, the need for comprehensive palliative care extends beyond patients with major amputations. Even individuals with minor amputations resulting from diabetic complications may potentially progress to major amputations and mortality. This underscores the importance of early and proactive palliative care interventions for patients facing limb loss due to diabetes.⁶

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