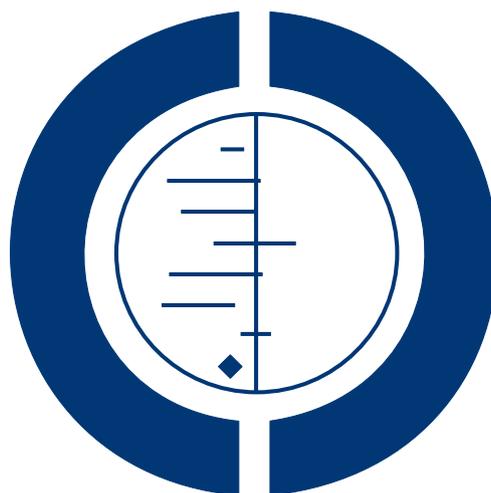


# Medically assisted hydration for adult palliative care patients (Review)

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[Intervention Review]

# Medically assisted hydration for adult palliative care patients

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## ABSTRACT

### Background

Many palliative care patients have reduced oral intake during their illness. The management of this can include the provision of medically assisted hydration with the aim of prolonging the life of a patient, improving their quality of life, or both. This is an updated version of the original Cochrane review published in Issue 2, 2008, and updated in February 2011.

### Objectives

To determine the effect of medically assisted hydration in palliative care patients on their quality and length of life.

### Search methods

We identified studies by searching the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, CINAHL, CANCERLIT, Caresearch, Dissertation abstracts, SCIENCE CITATION INDEX and the reference lists of all eligible studies, key textbooks and previous systematic reviews. The date of the latest search conducted on CENTRAL, MEDLINE and EMBASE was March 2014.

### Selection criteria

All relevant randomised controlled trials (RCTs) or prospective controlled studies of medically assisted hydration in palliative care patients.

### Data collection and analysis

We identified six relevant studies for this update. These included three RCTs (222 participants), and three prospective controlled trials (360 participants). Two review authors independently assessed the studies for quality and validity. The small number of studies and the heterogeneity of the data meant that a quantitative analysis was not possible, so we included a description of the main findings.

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## **Main results**

One study found that sedation and myoclonus (involuntary contractions of muscles) scores were improved more in the intervention group. Another study found that dehydration was significantly higher in the non-hydration group, but that some fluid retention symptoms (pleural effusion, peripheral oedema and ascites) were significantly higher in the hydration group. The other four studies (including the three RCTs) did not show significant differences in outcomes between the two groups. The only study that had survival as an outcome found no difference in survival between the hydration and control arms.

## **Authors' conclusions**

Since the last version of this review, we found one new study. The studies published do not show a significant benefit in the use of medically assisted hydration in palliative care patients; however, there are insufficient good-quality studies to inform definitive recommendations for practice with regard to the use of medically assisted hydration in palliative care patients.

## **PLAIN LANGUAGE SUMMARY**

### **Medically assisted hydration to assist palliative care patients**

#### **Background**

It is common for palliative care patients to have reduced fluid intake during their illness. Management of this condition includes discussion with the patient, family and staff involved, and may include the provision of fluids with medical assistance. This can be performed using a small plastic tube inserted into a vein or under the skin, or via a tube inserted into the stomach. It is unknown whether this treatment helps people to feel better or live longer.

#### **Study characteristics**

We searched the international literature for randomised controlled trials looking at the effects of medically assisted hydration in adults receiving palliative care. Randomised controlled trials allocate patients to one of two or more treatment groups in a random manner and provide the most accurate information on the best treatment. We conducted the searches in April 2013 and March 2014.

#### **Key results and quality of evidence**

We found only six studies looking at this issue. The studies did not show a significant benefit in the use of medically assisted hydration in palliative care patients; however, there are insufficient good-quality studies to make any definitive recommendations. . As a result, it is not possible to define the benefits and harms of this treatment clearly.