

# Can gerontological literature inform allied health best practice in palliative aged care? A systematic review

Ms Zhi Wen Ewe Yeo<sup>1</sup>, Professor Jennifer Tieman<sup>1,2</sup>, Professor Stacey George<sup>1,3</sup>, Dr Olivia Farrer<sup>1,2</sup>

<sup>1</sup>Flinders University, College of Nursing and Health Sciences (CNHS), Adelaide, Australia, <sup>2</sup>Research Centre for Palliative Care, Death and Dying (RePaDD), Flinders University, Adelaide, Australia, <sup>3</sup>Adelaide Primary Health Network (PHN), Adelaide, Australia

Theme 28

**BACKGROUND:** As the population ages, palliative and end of life care will be core business for aged care particularly in the community setting where ~70% older adults wish to live and die. Allied health are well positioned to deliver care that promotes independence and quality of life as health deteriorates but a recent scoping review found a paucity of evidence to inform allied health best practice in aged and palliative care.

This systematic review aimed to explore allied health input in the management of health deterioration on frailty and functional outcomes within the gerontological literature, where there may be evidence that could be extrapolated to have relevance in a reablement aged and palliative care context.



Farrer O, Tieman J. What Evidence Exists to Support Palliative Allied Health Practice in Aged Care: A Scoping Review. *Healthcare (Basel)*. 2024 Oct 3;12(19):1973

**AIM:** This review aims to fill an evidence gap by synthesising evidence on:

- the types of allied health interventions being delivered to older adults with pre-existing frailty and co-morbidity in an aged care setting and,
- how are older adult health outcomes impacted by these interventions.

Subsequently, 'What comparisons can be drawn from a gerontological context to inform the delivery of allied health best practice in palliative aged care?'

**METHODS:** A systematic narrative literature review was conducted in Medline, Scopus, PubMed, and the Cumulative Index to Nursing and Allied Health Literature (CINAHL).

Prospero ID CRD42024591050.

Eligible papers reported intervention studies delivered in an older person's home or aged care facility, by at least one of Dietitian, Physiotherapist, Occupational Therapist or Speech Pathologist.

To ensure comparability in physiotherapy outcomes, articles were excluded if they did not use

the Short Physical Performance Battery (SPPB) measurement tool which comprises three key tests for function and balance in frailty.

The Academy of Nutrition and Dietetics Quality Criteria Checklist (ANDQCC) for Primary Research was used to assess the quality of the included articles.

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( TITLE-ABS-KEY( "gerontology" OR "geriatric*" OR "frailty" ) AND TITLE-ABS-KEY( "allied health" OR "allied health pract*" OR "allied health professional*" OR "dietitian" OR "dietician" OR "physical therap*" OR "physiotherap*" OR "occupational therap*" OR "speech path*" OR "speech and language path*" OR "speech-language path*" OR "speech language path*" ) AND TITLE-ABS-KEY( "role" OR "intervention" OR "prevent*" ) AND TITLE-ABS-KEY( "aged" OR "elder*" OR "older adult*" OR "older people" OR "senior" OR "old" OR "65 years" OR "70 years" OR "75 years" OR "80 years" OR "85 years" OR "90 years" ) AND NOT TITLE-ABS-KEY( "nurs*" OR "student*" OR "doctor*" OR "undergrad*" OR "paed*" OR "child*" OR "general pract*" OR "surgeon" OR "physician" ) ) AND PUBYEAR > 2013 AND PUBYEAR < 2025 AND ( LIMIT-TO( DOCTYPE, "ar" ) ) AND ( LIMIT-TO( LANGUAGE, "English" ) )
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**RESULTS:** Of the 26 included papers, the sample size ranged from 21 – 299 participants, and interventions from 10 weeks to 2 years, with frailty and/or comorbid older adults, mean age >72.5yrs.

Interventions typically included nutrition supplementation or social eating strategy, activities of daily living strategy program; or a combination of these. Most were personalized to the participant and delivered in the home environment.

Key outcome measures regardless of the allied health profession were physical function (n=19), activities of daily living (ADL, n=8) and nutrition (n=10) and quality of life n=14.

The interventions generally demonstrated an improvement or maintenance of function in all studies and had high applicability to a reablement approach for all older adults in aged care, including palliative care and months leading up to end of life.

**DISCUSSION:** Regular and early input seems to be key, and particularly so in management of malnutrition which is difficult to reverse once someone is frail and malnourished. In summary, the literature suggests an individualised strategy for exercise, nutrition and ADL programs delivered in the home, will have greater impact for quality-of-life outcomes. These activities are received well by comorbid frail older adults. More research exploring interprofessional care models is needed to promote the combined value of allied health in palliative and aged care.

## REFERENCES:

Australian Institute of Health and Welfare. *Older Australians* 2 July 2024 Available from: <https://www.aihw.gov.au/reports/older-people/older-australians/contents/demographic-profile>.

Palliative Care Australia, *National Palliative Care Standards for All Health Professionals and Aged Care Services*. 2022. Available from: <https://palliativecare.org.au/publication/national-palliative-care-standards-for-all-health-professionals-and-aged-care-services/>

Royal Commission into Aged Care Quality and Safety, *A Summary of the Final Report* 2021. Available from: <https://www.royalcommission.gov.au/aged-care/final-report>