Reliving trauma near death: a systematic review

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Background

Little is known as to why some people behave or respond differently at the end of life, withdrawing from care, rhythmically calling out or becoming aggressive. One hypothesis is that these symptoms are reliving previous trauma, but little is known about its impact on the experience of dying. This integrative review set out to address the following research questions: 1) how is previous trauma identified in people who are dying; 2) how is previous trauma associated with the experience of death/dying in people with or without cognitive impairment? and 3) what palliative care interventions are available to people with previous trauma at end of life?

Methods

Quality appraisal conducted using the mixed method appraisal tool (MMAT) and a narrative synthesis undertaken.

Table 1 Part 4 MMAT – Quantitative Descriptive Studies

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<tr>
<th>Reviewer</th>
<th>Screening questions</th>
<th>Qualitative studies</th>
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<tbody>
<tr>
<td>Nikki Johnston</td>
<td>S1</td>
<td>S2</td>
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<td>Rollman et al. 2013</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Casarett et al. 2019</td>
<td>2</td>
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<tr>
<td>Prince-Paul et al. 2016</td>
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<td>3</td>
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Table 2 Part 4 MMAT – Quantitative Descriptive Studies

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<td>Nikki Johnston</td>
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<tr>
<td>Casarett et al. 2019</td>
<td>3</td>
<td>S2</td>
</tr>
<tr>
<td>Roth et al. 2013</td>
<td>3</td>
<td>S2</td>
</tr>
<tr>
<td>Bickel et al. 2019</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Akechi et al. 2004</td>
<td>4</td>
<td>5</td>
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Findings

Of the 1068 studies identified, 8 studies met the inclusion criteria. see Figure 1 Overall the methodological quality of the retained studies was fair see Table 1 & 2. A total of 3 qualitative, 4 quantitative methods and 1 mixed methods study were included, underscoring that this is an emerging clinical field. The studies were conducted in Australia (n=1), Canada (n=1), Japan (n=1), USA (n=4) and USA / Canada (n=1).

The populations included mainly war veterans from the USA and Australia. Noteworthy, the studies conducted from Japan and North America (including USA and Canada) represented individuals who were dying and diagnosed with cancer or receiving palliative care with Post Traumatic Stress Disorder (PTSD) diagnosis.

Bickel (2019) provided evidence to support the hypothesis that individuals with PTSD have increased symptom burden in the final months and days of life. Those with diagnosed PTSD were more likely to be hospitalised in their last 12 months of life and more likely to have received antipsychotics in the last seven days of life. Bickel (2019) concluded that there is evidence of increased symptom burden for individuals with PTSD at the end of life and that PTSD may be a separate risk factor for terminal delirium.

Two studies Roth (2013) Bickel (2019) identified that pain and PTSD-related symptoms can increase suffering at the end of life. Alici et al. (2010) also agrees with Bickel et al. (2020) Roth (2013) and states that previous studies have concluded that PTSD is often underdiagnosed in medical settings, and these results suggest that this may also be true of PTSD-related symptoms near the end of life Akechi et al. (2004) write that one quarter of the terminally ill cancer patients in their study experienced adjustment disorders and/or major depression. The study, however could not report on PTSD as PTSD assessment that was started at the beginning of the study were stopped after the first 100 patients. The authors were not clear about why they stopped, and this feature of the study raises questions about the feasibility of PTSD screening and assessment tools at end of life.

Two studies identified that veterans who were older and living with more comorbidities that included PTSD, were identified to be more vulnerable than non-veterans (O’Connor et al. 2013, Prince Paul et al. 2016). Thus, PTSD screening might need to be further explored as part of the home hospice program.

Conclusion / Implications

This review has identified several important implications for practice and research which include:

1. Further exploration to understand how reliving trauma at end of life manifest & uncover mechanisms of pathogenesis,
2. To develop an understanding of the appropriateness of trauma screening tools and assessment tools for patients reliving trauma at end of life.
3. To develop and test assessment tools and therapies for patients reliving trauma at end of life.
4. To understand pain and other symptoms relating to reliving trauma at end of life.

Therapies

There is a dearth of evidence which has explored interventions among people who are reliving trauma at end of life. Feldman et al. (2014) provide an alternative to existing psychosocial treatments for PTSD that may be effective for people at end of life. Elsewhere, Casarett et al. (2019) studied the effectiveness of increased tetrahydrocannabinol (THC) ratios with cannabidiol (CBD) and PTSD related flashbacks. This study concluded that the evidence to support the use of CBD for PTSD-related symptoms is still limited.

This is a developing area which limits the generalisability of the evidence to specific cohorts, populations, culture, or experiences. However, what the data does indicate is that this is an important clinical area worthy of further research.

References


Prince-Paul et al. 2016


Sunderland, T., & Raffa, R. B. (2014). From knowledge to practice:上市前和上市后药物开发临床试验的转化本

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