

Video transcript:

Using the modified Barthel score short form to assess Activities of Daily Living as part of the core outcome measures for palliative care

The Barthel score is a measure of the patient's ability to perform ten common activities of daily living.

There are different versions of the measure, but here we are referring to the modified Barthel short form, including:

Bowel function

Bladder function

Grooming

Toilet use

Feeding

Transferring between bed and chair

Mobility

Dressing

Use of stairs

Bathing

Who can use the measure?

The scores are assigned by a health care professional during or following observation of a patient's ability to undertake the tasks.

They can also be assigned during or following discussion with the patient and/or patient's family or carer; this is important if face to face assessment is not feasible.

This modified Barthel short form should be completed at the time of a clinical assessment, and should take into account the patient status over the past 24-48 hours.

When to measure the modified Barthel short form?

Frequency of recording the measure should be completed at or near the first assessment by the palliative care team, at change in Phase of Illness, and then at, or towards the end of the episode of care.

The total score is calculated by adding up all of the scores generated for each task of the Index.

The highest score of 20 indicates complete independence, with the lowest score of 0 indicating that the patient is completely dependent.

Note that a high score means better function, and a lower score means worse function – this may be the reverse of what you expected. Other measures (for example, the Integrated Palliative care Outcome Scale) show higher scores for worse symptoms or concerns.

Also note that scores differ for each item:

For example – Bowel, and bladder function, toilet use, feeding, dressing and use of stairs are all scored from 0 (zero) to 2 (two).

Transfer, and mobility are scored from 0 (zero) to 3 (three)

With grooming, and bathing scored at either 0 (zero) or 1 (one).

What should I consider when using the modified Barthel short form?

The measure incorporates the following general advice:

The modified Barthel score short form should be used as a record of what a patient does, NOT as a record of what a patient could do.

The main aim is to establish degree of independence from any help, physical or verbal, however minor and for whatever reason.

The need for supervision means that the patient is not independent.

A patient's performance should be established using the best available evidence. Direct observation, or asking the patient, friends or relatives, and nurses will be the usual source, but common sense is important.

Unconscious patients should score '0' throughout, even if not yet incontinent.

Middle categories imply that the patient supplies over 50% of the effort.

Use of aids to be independent is allowed.

How reliable is the score?

The measure has been validated, is reliable, and complements the use of the other core palliative care outcome measures, such as palliative Phase of Illness, Australia-modified Karnofsky Performance Score, and the integrated Palliative care Outcome Scale.

The modified Barthel short form can be particularly helpful with discharge planning and has proved useful as a practical tool when assisting with improvements to a patient's quality of life. When the modified Barthel short form is used alongside the Australia-modified Performance Scale (or AKPS), it gives us an indication of the patient's functional and daily activities, and of the resources that might be needed to care for, and support each patient on an individual level.

References:

We acknowledge and thank those who developed the Barthel score short form. Please see the references below for full details:

Gupta A. Measurement Scales Used in Elderly Care. Milton Keynes: Radcliffe Publishing; 2008.

Collin C, Wade DT, Davies S, Horne V. The Barthel ADL Index: a reliability study. *Int Disabil Stud.* 1988;10(2):61-3.

Wade DT, Collin C. The Barthel ADL Index: a standard measure of physical disability? *Int Disabil Stud.* 1988;10(2):64-7.

Palliative Phase of Illness:

Masso M, Allingham SF, Johnson CE, Pidgeon T, Yates P, Currow D, et al. Palliative Care Problem Severity Score: Reliability and acceptability in a national study. *Palliative Medicine.* 2016;30; (5):479-85.

Mather H, Guo P, Firth A, Davies JM, Sykes N, Landon A, et al. Phase of Illness in palliative care: Cross-sectional analysis of clinical data from community, hospital and hospice patients. *Palliative Medicine*, 2018 Feb; 32(2): 404-412.

Australia-modified Karnofsky Performance Scale (AKPS):

Abernethy AP, Shelby-James T, Fazekas BS, Woods D, Currow DC. The Australian modified Karnofsky Performance Status (AKPS) scale: a revised scale for contemporary palliative care clinical practice. *BMC Palliative Care.* 2005;4(1):7.

The Integrated Palliative care Outcome Scale (IPOS):

Murtagh FEM, Ramsenthaler C, Firth A, et al. A Brief, Patient- and Proxy-Reported Outcome Measure in Advanced Illness: Validity, Reliability and Responsiveness of the Integrated Patient Outcome Scale (IPOS). *Palliative Medicine*, 2019. 33(8):1045-1057.