Socioeconomic Inequalities in Community Specialist Palliative Care: Associations Between Deprivation and Symptom Outcomes

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Background

- Socioeconomic inequalities are known to influence health outcomes across the disease trajectory, yet their impact within people receiving specialist palliative care remains poorly understood.
- Inequity in outcomes for those people receiving palliative care services is unknown and may occur either because of a higher symptom burden (following later referral) or for other reasons.

Objective

- To examine whether clinical presentation and outcomes differ by area-level socioeconomic status among people receiving community specialist palliative care.

Methods

Study design and setting:

- **Approach:** Secondary analysis of routine clinical data.
- **Population and setting:** Adults aged ≥18 years from 2 UK urban community specialist palliative care services.
- **Period:** April 2020 – March 2024.

Data collection: Patients compared by area-level Deprivation Quintile from Q1 (most deprived) to Q5 (least deprived) across:

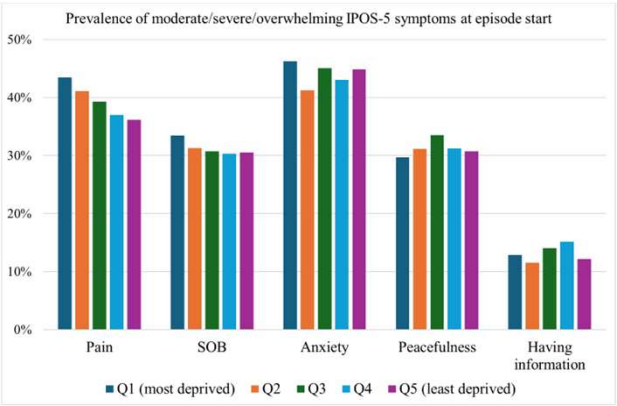
- **Demographics:** Age, sex, ethnicity, living status, and place of care.
- **Clinical status:** Australia-modified Karnofsky Performance Score AKPS, palliative Phase of Illness, Integrated Palliative care Outcome Scale (IPOS).

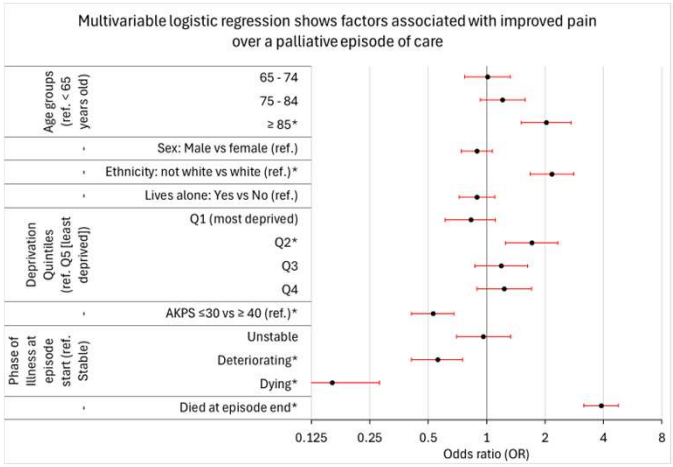
Statistical analysis methods: Descriptive comparative analysis across deprivation quintiles and multivariable logistic regression.

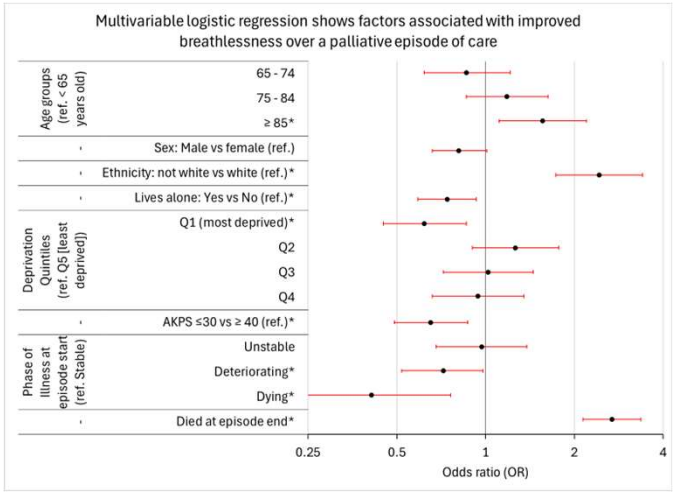
Outcome: symptom improvement (pain/breathlessness): any improvement from moderate/severe/overwhelming.

Results

	Q1	Q2	Q3	Q4	Q5
	N= 3,009	N= 2,864	N= 2,588	N= 2,622	N=2,599
Age (Mean ±SD)	73 ±14	76 ±14	76 ±14	79 ±13	80 ±13
Female	52%	52%	51%	56%	55%
Ethnicity: White	77%	69%	78%	85%	88%
Having Cancer	67%	60%	62%	56%	56%
Living alone	30%	26%	24%	24%	24%
Died at episode end	45%	51%	50%	51%	52%
Episode duration (Mean ±SD)	73 ±97	81 ±107	79 ±107	93 ±127	98 ±135
AKPS ≤ 30	29%	35%	33%	34%	31%
Phase of Illness at Episode start					
Stable	18%	23%	21%	23%	23%
Unstable	19%	23%	20%	19%	18%
Deteriorating	57%	46%	52%	51%	52%
Dying	6%	8%	7%	7%	7%







Conclusion

Pain was more common in the most deprived groups, but improvement was similar across all quintiles. In contrast, patients in the most deprived areas were less likely to improve in breathlessness, highlighting a "health gap" in specialist palliative care. Addressing socioeconomic disparities in access, symptom control, and care delivery is essential for equitable care.

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