

CADTH RAPID RESPONSE REPORT: REFERENCE LIST

Hypodermoclysis for Frail Patients and Patients in Long Term Care: Clinical Effectiveness, Cost-Effectiveness, and Guidelines

Service Line: Rapid Response Service

Version: 1.0

Publication Date: July 6, 2020 Report Length: 7 Pages



Authors: Ke Xin Li, Danielle MacDougall

Cite As: Hypodermoclysis for Frail Patients and Patients in Long Term Care: Clinical Effectiveness, Cost-Effectiveness, and Guidelines. Ottawa: CADTH; 2020 Jul. (CADTH rapid response report: reference list).

Disclaimer: The information in this document is intended to help Canadian health care decision-makers, health care professionals, health systems leaders, and policy-makers make well-informed decisions and thereby improve the quality of health care services. While patients and others may access this document, the document is made available for informational purposes only and no representations or warranties are made with respect to its fitness for any particular purpose. The information in this document should not be used as a substitute for professional medical advice or as a substitute for the application of clinical judgment in respect of the care of a particular patient or other professional judgment in any decision-making process. The Canadian Agency for Drugs and Technologies in Health (CADTH) does not endorse any information, drugs, therapies, treatments, products, processes, or services.

While care has been taken to ensure that the information prepared by CADTH in this document is accurate, complete, and up-to-date as at the applicable date the material was first published by CADTH, CADTH does not make any guarantees to that effect. CADTH does not guarantee and is not responsible for the quality, currency, propriety, accuracy, or reasonableness of any statements, information, or conclusions contained in any third-party materials used in preparing this document. The views and opinions of third parties published in this document do not necessarily state or reflect those of CADTH.

CADTH is not responsible for any errors, omissions, injury, loss, or damage arising from or relating to the use (or misuse) of any information, statements, or conclusions contained in or implied by the contents of this document or any of the source materials.

This document may contain links to third-party websites. CADTH does not have control over the content of such sites. Use of third-party sites is governed by the third-party website owners' own terms and conditions set out for such sites. CADTH does not make any guarantee with respect to any information contained on such third-party sites and CADTH is not responsible for any injury, loss, or damage suffered as a result of using such third-party sites. CADTH has no responsibility for the collection, use, and disclosure of personal information by third-party sites.

Subject to the aforementioned limitations, the views expressed herein do not necessarily reflect the views of Health Canada, Canada's provincial or territorial governments, other CADTH funders, or any third-party supplier of information.

This document is prepared and intended for use in the context of the Canadian health care system. The use of this document outside of Canada is done so at the user's own risk.

This disclaimer and any questions or matters of any nature arising from or relating to the content or use (or misuse) of this document will be governed by and interpreted in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein, and all proceedings shall be subject to the exclusive jurisdiction of the courts of the Province of Ontario, Canada.

The copyright and other intellectual property rights in this document are owned by CADTH and its licensors. These rights are protected by the Canadian *Copyright Act* and other national and international laws and agreements. Users are permitted to make copies of this document for non-commercial purposes only, provided it is not modified when reproduced and appropriate credit is given to CADTH and its licensors.

About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

Funding: CADTH receives funding from Canada's federal, provincial, and territorial governments, with the exception of Quebec.

Questions or requests for information about this report can be directed to requests@cadth.ca



Research Questions

- 1. What is the clinical effectiveness of hypodermoclysis in frail patients who are at risk of dehydration or who are dehydrated in any setting?
- 2. What is the clinical effectiveness of hypodermoclysis in geriatric patients who are at risk of dehydration or who are dehydrated in long term care?
- 3. What is the cost-effectiveness of hypodermoclysis in frail patients who are at risk of dehydration or who are dehydrated in any setting?
- 4. What is the cost-effectiveness of hypodermoclysis in geriatric patients who are at risk of dehydration or who are dehydrated in long term care?
- 5. What are the evidence-based guidelines regarding the use of hypodermoclysis in frail patients or patients in long term care?

Key Findings

One systematic review and one randomized controlled trial were identified regarding the clinical effectiveness of hypodermoclysis in geriatric patients who are at risk of dehydration or who are dehydrated in long term care. No evidence was identified regarding the clinical effectiveness or cost-effectiveness of hypodermoclysis in frail patients who are at risk of dehydration or who are dehydrated in any setting. No evidence was identified regarding the cost-effectiveness of hypodermoclysis in geriatric patients who are at risk of dehydration or who are dehydrated in long term care. No evidence-based guidelines were identified regarding the use of hypodermoclysis in frail patients or patients in long term care.

Methods

A limited literature search was conducted by an information specialist on key resources including Ovid MEDLINE, Ovid EMBASE, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concept was hypodermoclysis. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 01, 2015 and June 29, 2020. Internet links were provided, where available.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

Population

Q1,3,5: Patients in any setting (e.g., acute, long term care, or palliative care) who are frail (as noted by the authors or according to a frailty scale or index) who are at risk of dehydration or who are dehydrated



| | Q2,4-5: Geriatric patients (i.e., age 65 and older) receiving long term care who are at risk of or who are dehydrated |
|---------------|--|
| Intervention | Hypodermoclysis (i.e., subcutaneous infusion of fluids, interstitial infusion) |
| Comparator | IV infusion, oral rehydration, no hypodermoclysis (usual care or a control group) |
| Outcomes | Q1: Clinical effectiveness (e.g., change in hydration, quality of life and comfort, safety [e.g., adverse events], change in delirium) |
| | Q2: Cost-effectiveness (e.g., quality adjusted life years, incremental cost-effectiveness ratios) |
| | Q3: Recommendations regarding the use of hypodermoclysis in long term care, the use of hypodermoclysis in frail patients, the recommended location for the subcutaneous line for hypodermoclysis injection, or the recommended infusion method (e.g., gravity, pump) for hypodermoclysis |
| Study Designs | Health technology assessments, systematic reviews, randomized controlled trials, non-randomized studies, economic evaluations, evidence-based guidelines |

Results

One systematic review¹ and one randomized controlled trial² were identified regarding the clinical effectiveness of hypodermoclysis in geriatric patients who are at risk of dehydration or who are dehydrated in long term care. No evidence was identified regarding the clinical effectiveness of hypodermoclysis in frail patients who are at risk of dehydration or who are dehydrated in any setting. No relevant health technology assessments, non-randomized studies, economic evaluations, or evidence-based guidelines were identified.

References of potential interest that did not meet the inclusion criteria are provided in the appendix.

Health Technology Assessments

No literature identified

Systematic Reviews and Meta-analyses

Geriatric Patients in Long Term Care - Frailty Not Specified

 Forbat L, Kunicki N, Chapman M, Lovell C. How and why are subcutaneous fluids administered in an advanced illness population: a systematic review. *J Clin Nurs*. 2017 May;26(9-10):1204-1216.
 <u>PubMed: PM27982484</u>

Randomized Controlled Trials

Geriatric Patients in Long Term Care - Frailty Not Specified

 Esmeray G, Senturan L, Doventas A. A study on efficacy of hydration administered by subcutaneous infusion in geriatric patients. *Turk Geriatri Dergisi*. 2018;21(3):438-445. http://geriatri.dergisi.org/uploads/pdf/pdf_TJG_1067.pdf



Non-Randomized Studies

No literature identified

Economic Evaluations

No literature identified.

Guidelines and Recommendations

No literature identified.



Appendix — Further Information

Previous CADTH Reports

- Body site choice in fluid or medication administration using needleless, indwelling, subcutaneous catheters: clinical effectiveness and guidelines. (CADTH rapid response report: summary of abstracts). Ottawa (ON): CADTH; 2020 Feb. https://cadth.ca/body-site-choice-fluid-or-medication-administration-using-needleless-indwelling-subcutaneous. Accessed 2020 Jun 30
- Prevention of dehydration in geriatrics in long-term care: guidelines. (CADTH rapid response report: summary of abstracts). Ottawa (ON): CADTH; 2017 Jun. https://cadth.ca/prevention-dehydration-geriatric-patients-long-term-care-guidelines-0.
 Accessed 2020 Jun 30
- Prevention of Dehydration in Geriatric Patients in Long-Term Care: Guidelines. (CADTH rapid response report: summary of abstracts). Ottawa (ON): CADTH; 2014. https://cadth.ca/prevention-dehydration-geriatric-patients-long-term-care-guidelines.
 Accessed 2020 Jun 30
- Volume and Site Preferences for Hypodermoclysis: A Review of Clinical Practice Guidelines. (CADTH Rapid response report: Health Technology Inquiry Service).
 Ottawa (ON): CADTH; 2010. https://cadth.ca/volume-and-site-preferences-hypodermoclysis-review-clinical-practice-quidelines-0. Accessed 2020 Jun 30

Systematic Review - Mixed Population

 Duems-Noriega O, Arino-Blasco S. Subcutaneous fluid and drug delivery: Safe, efficient and inexpensive. Rev Clin Gerontol. 2015 25 May;25(2):117-146. doi:10.1017/S095925981500012X

Non-Randomized Studies - Alternative Population

- 8. Coelho TA, Wainstein AJA, Drummond-Lage AP. Hypodermoclysis as a Strategy for Patients With End-of-Life Cancer in Home Care Settings. *Am J Hosp Palliat Care*. 2020 Jan 06.
 - PubMed: PM31902225
- Dayan D, Menahem S, Shvartzman P. When they stop drinking-examining end-of-life hydration practices and death rattle occurrence. Support Care Cancer. 2020 Apr 23. PubMed: PM32328774

Additional References

- Food Fluid & Nutritional Care (FFNC) Policy Review Group. Food, Fluid and Nutritional Care Policy. (Clinical Policy). Dundee (UK): NHS Tayside. 2018. https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?ldcService=GET_SEC-URE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1 &dDocName=prod_224033. Accessed 2020 Jun 30.
- Hypodermoclysis (HDC) Administration. (Corporate Policy & Procedures Manual).
 Edmonton (AB): Covenant Health. 2017. http://extcontent.covenanthealth.ca/Policy/VII-B-315.pdf. Accessed 2020 Jun 30



12. Best Practices for Nutrition, Food Service and Dining in Long Term Care Home: A Working Paper of the Ontario LTC Action Group. Toronto (ON): Dietitians of Canada. 2019.

https://www.dietitians.ca/DietitiansOfCanada/media/Documents/Resources/2019-Best-Practices-for-Nutrition,-Food-Service-and-Dining-in-Long-Term-Care-LTC-Homes.pdf. Accessed 2020 Jun 30