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Clinical And Sociodemographic Profile Of Older Adults Treated At A Reference Palliative Care Service In Belém, Pará, Brazil

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Abstract:

Background: *To characterize the clinical, sociodemographic, and functional profile of elderly cancer patients receiving palliative care, aiming to support care strategies and contribute to health policy planning. Descriptive, cross-sectional study with a quantitative approach. The study was conducted at the palliative care outpatient clinic of João de Barros Barreto University Hospital, Federal University of Pará, located in Belém, Pará, Brazil.*

Materials and Methods *The study included 30 patients aged 60 years or older, randomly selected from those registered at the outpatient clinic. Data collection was performed through individual interviews using a structured questionnaire addressing sociodemographic, clinical, and functional variables. Functional status was assessed using the Karnofsky Performance Scale (KPS) and the Eastern Cooperative Oncology Group (ECOG) scale. Data were organized and analyzed descriptively, with results presented in tables and charts.*

Results: *Most participants were aged between 60 and 79 years, predominantly female, married, with low educational level and Catholic religious affiliation. Adenocarcinoma was the most frequent diagnosis, with prostate, lung, and gastrointestinal cancers being the most prevalent. Most patients were in stage IV of the disease. Functional assessment revealed a predominance of intermediate performance status, with KPS scores between 60% and 70% and ECOG 2 classification, indicating moderate functional impairment.*

Conclusion: *The findings demonstrate that elderly cancer patients receiving palliative care predominantly present advanced disease and significant functional limitations, highlighting the importance of early integration of palliative care, systematic functional assessment, and strengthening public health policies to expand access and improve the quality of care, particularly in regions with limited availability of specialized services.*

Key Word: *Palliative care; Aged; Neoplasms; Functional assessment; Oncology.*

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I. Introduction

Advances in medicine and pharmacology have enabled the development of more technologically sophisticated treatments, which, in turn, have led to a reduction in infectious diseases, as well as decreases in morbidity and mortality rates, thereby increasing overall life expectancy (Rodrigues & Passos, 2022; Pereira et al., 2024).

According to the World Health Organization (WHO) (2025), one in every four men aged between 60 and 79 years worldwide has or will develop some type of cancer. Among women, these figures are even more alarming. Cancer has become a global phenomenon, accounting for more than 22% of deaths over the past 15 years. The WHO also estimates that by 2030, approximately 21 million people will die from some form of cancer (WHO, 2025).

In Brazil, data from the National Cancer Institute (INCA, 2025) attribute this increase in cancer incidence in the country and worldwide primarily to population aging. According to the institute, this phenomenon is related to the aging process and the reduced regenerative capacity of cells, making older adults more susceptible to tumor development (INCA, 2025).

Population aging poses significant challenges to health care systems and social security. However, aging does not necessarily mean becoming ill (Alcântara & Bolela, 2021; Silva, Ribeiro, & Borges et al., 2022). In the absence of preexisting diseases, the aging process may be associated with good health status. Furthermore, advances in medicine and technology have enabled improved quality of life for individuals who have access to adequate public or private health services. Therefore, investing in preventive actions throughout the life course is essential to ensure healthy aging (Silva et al., 2020; Alcântara & Bolela, 2021; Borges et al., 2023).

During the aging process, several factors may affect older adults' health, including chronic and degenerative diseases such as cancer. This condition represents the second leading cause of mortality in Brazil and worldwide, making it a major public health issue (Santos et al., 2020). Its impact on health care services is substantial, as it requires specialized care to ensure appropriate follow-up for oncology patients. With increased longevity, the prevalence of chronic-degenerative diseases has also risen, making the indication for palliative care increasingly common (Brazil, 2020; Alves et al., 2025).

The WHO (2025) and the International Association for Hospice and Palliative Care (IAHPC) (2025) define palliative care as an interdisciplinary approach aimed at preventing and relieving suffering whether physical, psychological, social, and/or spiritual thereby improving the quality of life of patients facing life-threatening illness. This approach should be initiated as early as possible, from the time of diagnosis (IAHPC, 2018; Chenani & Madadizadeh, 2020; Borges et al., 2023).

In Brazil, according to the Ministry of Health (2025), approximately 625,000 people require palliative care. However, it is important to note that most palliative care services are concentrated in the Southeast and South regions of the country, leaving few or no services available to meet the needs of the population in other regions (Cordeiro et al., 2022). In the state of Pará, for instance, there are only two palliative care centers located in the capital city, which limits access for individuals living in remote areas or in the interior of the state.

In this context, aiming to expand access to palliative care, the National Palliative Care Policy (PNCP) was launched in 2024, integrated with the initiatives of the More Access to Specialists Program (PMAE). This policy seeks to expand and enhance care provided within Specialized Health Care to patients and families dealing with severe and potentially life-threatening illnesses (Brazil, 2024). Its main objective is to prevent and minimize suffering through early identification, appropriate assessment, and pain management, as well as the management of other health conditions. The primary focus is to ensure rapid and streamlined access to specialized examinations and consultations, based on referrals made by the Family Health Strategy teams (Brazil, 2024).

Considering the importance of early identification of patients who require palliative care since evidence indicates better outcomes and improved quality of life when this approach is initiated early (Pereira et al., 2024; IAHPC) it is essential to identify the clinical and sociodemographic profile of patients. Understanding their realities enables palliative care teams to design more appropriate and effective care strategies (Coelho et al., 2023; Barbosa, Silva, & Dumas, 2025).

In light of the above, this study is a descriptive, cross-sectional investigation based on the analysis of data collected through questionnaires. Its objective was to outline the clinical and sociodemographic profile of 30 patients aged 60 years or older who were treated at the palliative care outpatient clinic of the João de Barros Barreto University Hospital (HUJBB), Federal University of Pará (UFPA), located in the city of Belém, state of Pará, Brazil. This study made it possible to identify the main needs of these patients, contributing to the improvement of care strategies and providing support for public policies aimed at expanding and ensuring equitable access to palliative care in the region.

II. Material And Methods

Study Design

This research is characterized as a descriptive, cross-sectional study, conducted through the analysis of data collected using structured questionnaires containing six groups of objective questions and one group of subjective questions.

The objective questions aimed to collect sociodemographic data from the patients, such as age, sex, religion, among others. In addition, functional assessment scales were applied, including the Karnofsky Performance Scale (KPS), which classifies individuals according to their degree of functional impairment based on 11 descriptions associated with percentage scores ranging from 10 to 100. Another parameter analyzed was the Eastern Cooperative Oncology Group (ECOG) performance status, which evaluates the impact of the disease on patients' daily activities, with scores ranging from 0 to 5. A score of 5 indicates death, while a score of 0 indicates that the patient is fully active.

The study was conducted with 30 older adults aged 60 years or older, registered at the palliative care outpatient clinic of the João de Barros Barreto University Hospital (HUJBB–UFPA). Participants were randomly selected and could include both newly admitted and long-term patients, provided they met the inclusion criteria.

Interviews were conducted individually in a private consultation room to ensure that the older adults felt comfortable and safe. Companions were allowed to be present, provided they did not interfere with the participant's responses. Subsequently, the Informed Consent Form (ICF) was presented, explaining the purpose of the study, its stages, and confirming the participant's willingness to take part. After consent was obtained, a questionnaire containing seven blocks of questions, including objective questions and two subjective questions, was administered.

The medical resident responsible for the project conducted the reading of the informed consent form and the questionnaire to the participants and recorded the responses, without interfering with or influencing their answers.

Inclusion and Exclusion Criteria

The study included 30 older adults aged 60 years or older who were registered at the palliative care outpatient clinic of UNACON-HUJBB, had preserved cognitive function to answer the questionnaire with or without assistance from the medical residente and voluntarily agreed to participate by signing the Informed Consent Form (ICF).

Exclusion criteria included individuals under 60 years of age, those with severe cognitive impairment that prevented comprehension and response to the questionnaire, older adults who refused to participate or did not sign the ICF, and patients whose companions interfered with their responses during the interview, thereby compromising the reliability of the collected data.

Statistical Analysis

The collected data were entered into a Microsoft Excel 2019 spreadsheet and subsequently organized into tables and graphs using the same software.

Ethical Aspects

All stages of the research were initiated only after approval by the Hospital Research Ethics Committee. Furthermore, all procedures were conducted in accordance with ethical principles, ensuring respect for human dignity and ethical considerations throughout all phases of the study.

III. Result And Discussion

The sample consisted of 30 patients treated at a palliative care outpatient clinic of a university hospital in Belém, Pará, Brazil. Regarding age distribution, there was a predominance of individuals aged 60 to 69 years, corresponding to 12 participants (40%), followed by those aged 70 to 79 years, with 10 patients (33.3%), and 80 to 85 years, with 8 participants (26.7%). These results are presented in detail in Table 1.

With respect to sex, a higher proportion of women was observed, totaling 17 patients (56.7%), while men accounted for 13 participants (43.3%). Regarding marital status, most patients were married, representing 20 individuals (66.7%). Divorced participants accounted for 5 patients (16.7%), followed by single individuals with 3 patients (10%), and widowed individuals with 2 patients (6.6%).

In terms of educational level, there was a predominance of individuals with elementary education, totaling 18 patients (60%). Illiterate participants and those with secondary education showed the same frequency, with 5 participants each (16.7%). Higher education was less frequent, observed in only 2 patients (6.6%). Regarding religion, the majority of participants declared themselves Catholic, corresponding to 19 individuals (63.3%), while 11 patients (36.7%) reported following the Evangelical religion.

Table 1. Sociodemographic data obtained through interviews with patients treated at a palliative care outpatient clinic of a university hospital in Belém, Pará, Brazil.

VARIABLES	TOTAL NUMBER OF PARTICIPANTS (N = 30)	%
Age		
60-69	12	40%
70-79	10	33,3%
80-85	8	26,7
Sex		
Female	13	56,7%
Male	17	43,3%
Marital Status		
Single	3	10%
Married	20	66,7%
Divorced	5	16,7%
Widowed	2	6,6%
Educational Level		
Illiterate	5	16,7%
Elementary education	18	60%
Secondary education	5	16,7%
Higher education	2	6,6%
Religion		
Catholic	19	63,3%
Evangelical	11	36,7%

The results of the present study reveal a sociodemographic and clinical profile consistent with that reported in the national literature on older oncology patients receiving palliative care. The predominance of individuals aged 60 to 79 years reinforces the association between population aging and the increased incidence of advanced chronic diseases, particularly cancer, as previously described in Brazilian studies (Silva et al., 2021; Oliveira et al., 2023).

Regarding sex, a higher proportion of women was observed, a finding similar to that reported by Silva et al. (2021), who highlight greater female longevity and higher utilization of health services by this group. In contrast, other studies have reported a slight predominance of men in oncological palliative care, particularly due to the higher incidence of aggressive neoplasms among males, such as prostate and lung cancer (Souza et al., 2020). These differences may reflect regional characteristics and the specific profile of the evaluated service.

With respect to marital status, most participants were married, corroborating the findings of Oliveira et al. (2023), who emphasize that the presence of a spouse may facilitate access to and adherence to palliative care, in addition to serving as an important source of social and emotional support. The low educational level identified, with a predominance of elementary education, is also consistent with national studies indicating that limited schooling is a common characteristic among older adults treated within the Brazilian Unified Health System (SUS), directly influencing disease understanding and therapeutic decision-making processes (Pereira et al., 2022).

As shown in Table 2, among the 30 participants included in the study, adenocarcinoma was the most frequent primary diagnosis, affecting 19 patients (63.4%), followed by carcinoma, identified in 7 cases (23.3%). Sarcomas accounted for 3 patients (10%), while neuroendocrine tumors were less prevalent, with only 1 case (3.3%).

Regarding cancer site, the prostate was the most common primary location, representing 9 cases (30%). Lung and gastric cancers showed the same frequency, with 4 patients each (13.3%). Soft tissue, rectal, and breast cancers were observed in 3 participants each (10%). Less frequent tumor sites included the uterus, oral cavity, bladder, and intestine, with 1 case each (3.3%).

Concerning disease staging, most patients were classified as having stage IV disease, totaling 19 individuals (63.3%), while 11 patients (36.7%) showed no evidence of metastasis at the time of assessment.

Table 2. Main diagnoses leading patients to palliative care.

VARIABLES	TOTAL NUMBER OF PARTICIPANTS (N = 30)	%
Primary Diagnosis		
Adenocarcinoma	19	63,4%
Carcinoma	7	23,3%
Sarcoma	3	10%
Neuroendocrine tumor	1	3,3%
Cancer Site		

Prostate	9	30%
Lung	4	13,3%
Gastric	4	13,3%
Soft tissue	3	10%
Rectum	3	10%
Breast	3	10%
Uterus	1	3,3%
Oral cavity	1	3,3%
Bladder	1	3,3%
Intestine	1	3,3%
Disease Stage		
Without metastasis	11	36,7%
Stage IV	19	63,3%

The results related to diagnoses and patient functionality indicate a clinical profile characteristic of older oncology patients receiving palliative care, in line with findings previously described in the national literature. The predominance of adenocarcinoma as the main diagnosis observed in this study reinforces its high prevalence among advanced-stage neoplasms, particularly in older adults, as also identified by Cordeiro et al. (2021) and Alcântara and Bolela (2021) in Brazilian hospital settings.

The distribution of tumor sites, with a higher frequency of prostate cancer, followed by lung and gastrointestinal tract cancers, is consistent with the epidemiological patterns described by Alcântara and Bolela (2021), who emphasize the high incidence of neoplasms associated with aging and cumulative exposure to risk factors throughout life. Although head and neck cancer was more prevalent in that study, the authors highlight that the distribution of cancer types in palliative care may vary according to the service profile, referral flow, and predominant specialties within each institution.

The high proportion of patients with stage IV disease observed in Table 2 confirms that admission to palliative care still occurs predominantly at advanced stages of illness. This finding is consistent with that reported by Cordeiro et al. (2021), who identified that most patients were in advanced or end-of-life stages at the time of palliative assessment, indicating a pattern of late referral. According to the authors, this reality limits the potential benefits of early palliative care, which could more effectively contribute to symptom control and care planning.

The assessment of functional status in older oncology patients receiving palliative care, conducted using the Karnofsky Performance Scale (KPS) and the Eastern Cooperative Oncology Group (ECOG) performance status, revealed a predominance of intermediate levels of functional performance (Table 3). Regarding the KPS, the highest concentration of patients presented scores of 60% and 70%, each representing 9 participants (30%). A score of 80% was identified in 5 patients (16.7%), while 50% was observed in 4 individuals (13.3%). Extreme scores were less frequent, with 40% and 90% each corresponding to 1 patient (3.3%).

With respect to the ECOG scale, most participants were classified as ECOG 2, totaling 18 patients (60%), followed by ECOG 1 in 9 individuals (30%). ECOG 3 was observed in 3 participants (10%). The combined analysis of both scales demonstrated consistency between the instruments, as patients classified as ECOG 1 showed functional equivalence corresponding to KPS scores between 70% and 80%, whereas those classified as ECOG 2 exhibited performance compatible with KPS scores between 50% and 60%. Patients classified as ECOG 3 corresponded to more severely compromised functional levels, equivalent to KPS scores between 30% and 40%.

Table 3. Functional assessment of older oncology patients receiving palliative care using the KPS and ECOG scales.

KPS (%)	Total number of participants (N = 30)		
40%	1		
50%	4		
60%	9		
70%	9		
80%	5		
90%	1		
ECOG			**KPS equivalence**
1	9		between 70 e 80%
2	18		between 50 e 60%
3	3		between 30 e 40%

Functional assessment using the Karnofsky Performance Scale (KPS) and the Eastern Cooperative Oncology Group (ECOG) performance status demonstrated a predominance of intermediate functional performance, with a higher concentration of patients scoring KPS 60–70% and ECOG 2. These findings are similar to those reported by Oliveira et al. (2023), who identified moderate functional decline as a prominent characteristic among older oncology patients receiving outpatient palliative care. According to the authors, this level of functional status indicates significant limitations in daily activities while still preserving a certain degree of autonomy, reinforcing the importance of interventions aimed at maintaining functionality and quality of life.

The consistency observed between the KPS and ECOG scales in this study is also widely described in the literature, with both instruments considered valid and complementary tools for functional assessment in palliative oncology (Pereira et al., 2022). The predominance of ECOG 2 suggests a substantial impact of the disease and its treatment on functional capacity, a factor associated with increased demand for multidisciplinary support and advance care planning, as discussed by Souza et al. (2020).

The equivalence observed between KPS and ECOG scores in this study further reinforces the combined applicability of these scales in clinical palliative practice. According to Cordeiro et al. (2021), functional assessment instruments are essential to support therapeutic decision-making, estimate prognosis, and guide the planning of individualized interventions, particularly in patients with advanced disease and multiple care needs.

Moreover, the presence of patients with KPS ≤50% and ECOG 3 highlights a subgroup with high functional dependence and a greater need for continuous multiprofessional support. According to Alcântara and Bolela (2021), low functional scores are associated with greater care complexity, higher risk of recurrent hospitalizations, and poorer clinical outcomes, reinforcing the importance of systematic functional monitoring in the palliative care context.

Thus, the findings of this study corroborate the literature by demonstrating that older oncology patients receiving palliative care predominantly present advanced disease and significant functional impairment. These results reinforce the need for early integration of palliative care into oncological treatment, as well as the routine use of functional assessment scales to guide patient-centered care, as advocated by Cordeiro et al. (2021) and Alcântara and Bolela (2021).

The analysis of responses to the subjective questions revealed heterogeneous perceptions among participants regarding palliative care. A substantial proportion of patients reported a positive perception, primarily associating palliative care with benefits related to symptom control, such as pain relief and reduction of physical discomfort, often accompanied by a perception of emotional support and multiprofessional care. These participants reported overall improvement in the care received, emphasizing comprehensive attention and the humanization of care. Conversely, a considerable number of older adults demonstrated a lack of conceptual understanding of palliative care, despite recognizing practical benefits arising from follow-up, particularly in symptom relief, team-based support, and multidisciplinary care.

In some cases, even without fully understanding the meaning of palliative care, patients reported that the approach contributed to a better understanding of care planning, indicating that the bond established with the health care team facilitates the gradual construction of knowledge and acceptance of the therapeutic process. These findings indicate that although the term “palliative care” is still poorly understood by some patients, its practice is widely recognized as beneficial, reinforcing the importance of clear communication, health education, and the strengthening of an interdisciplinary approach in the palliative care setting.

Therefore, the results highlight the importance of a comprehensive assessment of older oncology patients, considering sociodemographic, clinical, and functional aspects to support individualized palliative care strategies. Additionally, they underscore the need for public policies and care practices that promote early referral to palliative care, aiming to minimize suffering and preserve functionality for as long as possible.

IV. Conclusion

The present study made it possible to outline the clinical, sociodemographic, and functional profile of older oncology patients treated at a palliative care outpatient clinic in the Northern region of Brazil, highlighting persistent challenges as well as important advances in the care provided to this population. The results demonstrated a predominance of advanced-stage neoplasms, particularly adenocarcinomas, as well as moderate to significant functional impairment, reflected by intermediate scores on the KPS and ECOG scales. These findings reinforce that referral to palliative care still occurs largely at a late stage, limiting the potential benefits of this approach when initiated earlier.

Functional assessment proved to be a central element in care planning, as the identified levels of functionality indicate the need for continuous follow-up, integrated multiprofessional care, and strategies focused on maintaining residual autonomy and quality of life. The consistency observed between the KPS and ECOG scales in this study confirms their applicability in clinical practice and reinforces their relevance as essential tools to support therapeutic decision-making, estimate prognosis, and guide patient-centered care.

In the regional context, these findings are particularly relevant in light of inequalities in access to palliative care services, especially in Northern Brazil, where service availability remains limited and concentrated in major urban centers. In this regard, this study contributes by highlighting the care reality of a reference service, providing support for the improvement of clinical practices and for the planning of public policies aimed at expanding access, promoting equity, and strengthening the palliative care network.

From a future perspective, there is a clear need for earlier integration of palliative care into oncological treatment, as recommended by the World Health Organization and the National Palliative Care Policy, as well as for strengthening Primary Health Care and Specialized Care as entry points and continuity of care. Furthermore, investments in health workforce training and the systematic use of functional assessment instruments may contribute to more timely and effective interventions.

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