Background

Death rattle (DR) is a common symptom in dying patients [1], yet experiences regarding DR differ among relatives and health professionals. Two scales exist to measure DR intensity: the Victoria Respiratory Congestion Scale (VRCS) and the Death Rattle Intensity Scale (DRIS) but validity and reliability of these scales is unclear. Finally, little is known about the effects of non-pharmacological interventions on DR intensity or DR related distress.

Aim(s)

This mini review aims 1) to explore the current experiences and needs of patients, family and health professionals in terms of DR sound and its management, 2) to map validity of current measurement tools for DR intensity and DR related distress and 3) to describe the effectiveness of non-pharmacological interventions in DR management.

Methods

A literature search was conducted in PubMed with the free-text term "death rattle" on January 3rd 2023 and included papers published in the last 10 years. Extracted data included: study design, setting, population, in- and exclusion criteria, sample size, objectives, and all results concerning experiences, measurement tools and non-pharmacological interventions of DR.

Results

Ten studies were included. For patients' experiences, no significant correlation was found between DR intensity and respiratory distress Most relatives experience high levels of distress and a strong need for DR care improvement. Health professionals are often influenced in their decision making to prescribe or administer medication by external pressure, even if they think it is not beneficial for the patient. No studies were found reporting on standardized measurement tools to evaluate experiences regarding DR. DRIS is not a useful tool for detecting distress levels related to DR in bereaved family members A Thai validation was the first to show criterion-related validity and reliability of the Thai VRCS to objectively assess DR intensity. Both repositioning and explaining DR to relatives are seen as useful first-line non-pharmacological interventions by health professionals. Severity of DR does not improve when suctioning is performed before starting anticholinergics. No other studies reporting on effectiveness of non-pharmacological interventions were found.

Discussion

The key question that needs discussion in clinical practice remains "Why are we treating DR and for whom?". Choices to intervene seem to be based on helping relatives rather than the patient as it is unclear if and to what extent patients experience distress by DR. Therefore, nonpharmacological interventions for DR management are recommended. At last, we need to keep in mind that DR intensity is not optimal to measure perceived DR related distress.

Implications and future perspectives

Future studies are needed regarding 1) who experiences DR related distress 2) the effectiveness of non-pharmacological interventions and 3) the validity and reliability of measurement tools for DR intensity and DR related distress.

References

1. Lokker et al., 22(2):571-5, 2014.