Stage 2: Block 11 Oncology & Palliative Care

Principles & Symptom Patterns In Palliative Care

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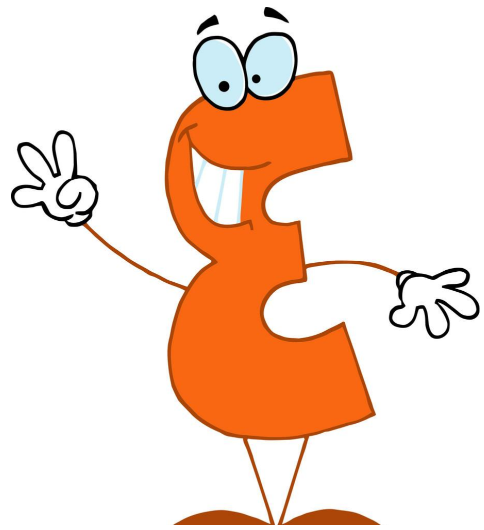
SCENARIO

- Joe is a 12 years old boy with osteosarcoma of right proximal tibia with lung metastasis. He was initially diagnosed with localised disease about 3 years ago and was recommended to go for above knee amputation.
- However, he defaulted treatment.
- He presented again with huge mass at right tibia with multiple lung metastases. He progressed after 2 cycles of palliative chemotherapy and not fit for another line of chemotherapy.

- Mr T, a 75 years old man has metastatic rectrosigmoid cancer, who has failed 2 lines of targeted therapy. He has HPT and CKD stage 2. He has symptoms of pain and requires morphine.

- Currently, he is admitted to ward for pneumonia with worsening renal impairment. His condition deteriorated despite the initial supportive management. His renal function continued to worsen.



- Madam M has metastatic colon cancer. Previously, she had 2 lines of chemotherapy but had progression of disease.
- ECOG declined over time from 0 to 2.
- Currently, she is only interested in supportive care rather than another course of treatment.

What to do?

1

Should they be referred to palliative care team?

2

What benefit will the referral be to them?

Outline of lecture

Definition of Palliative Care

Principles of Palliative Care

Symptoms Prevalence

Principles of management

what is Palliative Care ?

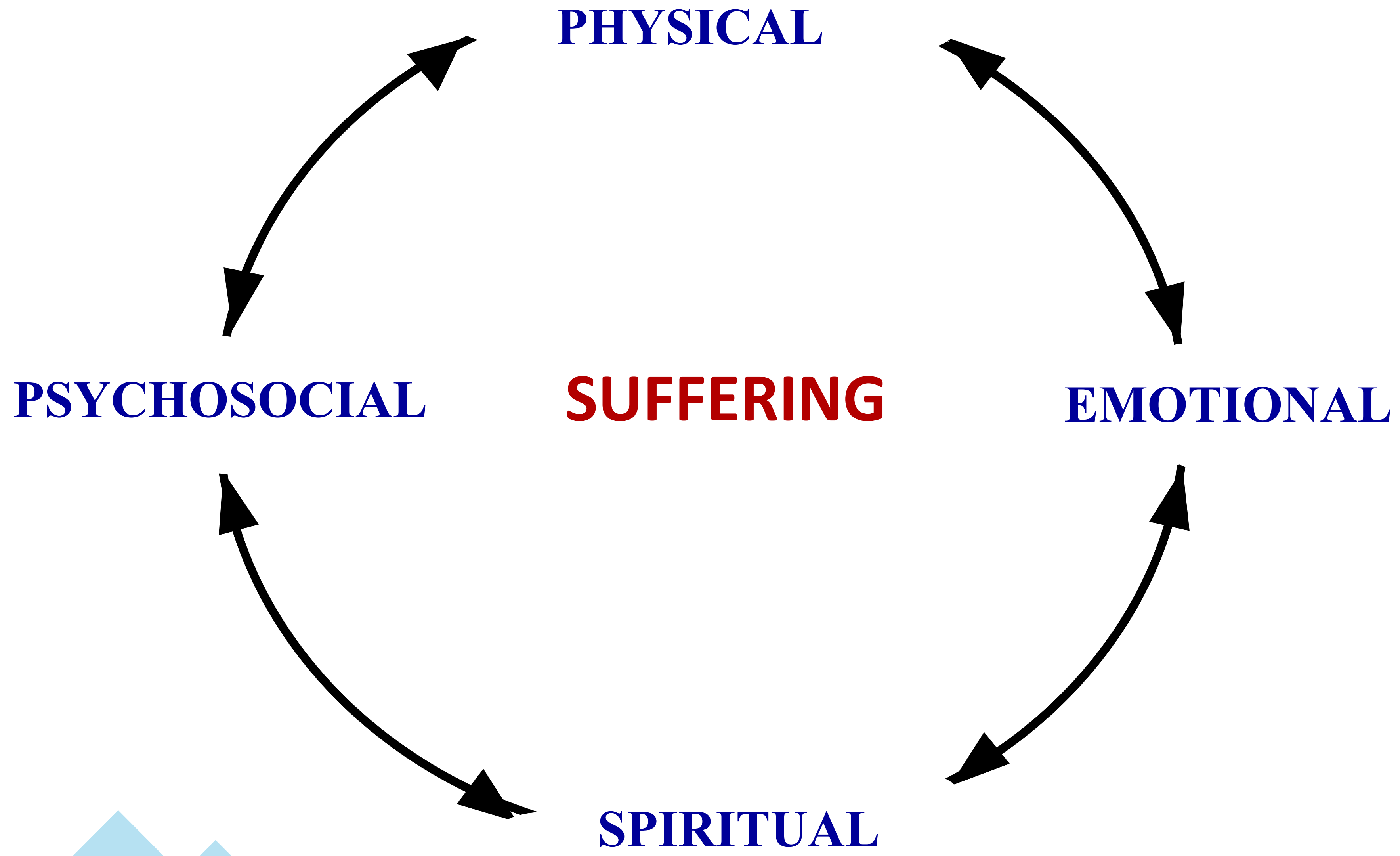
- Palliative comes from the Latin word “**Pallium**” which means a cloak.

- Palliative care can be likened to provide someone with a cloak -- to keep them comfortable in times of distress / suffering.

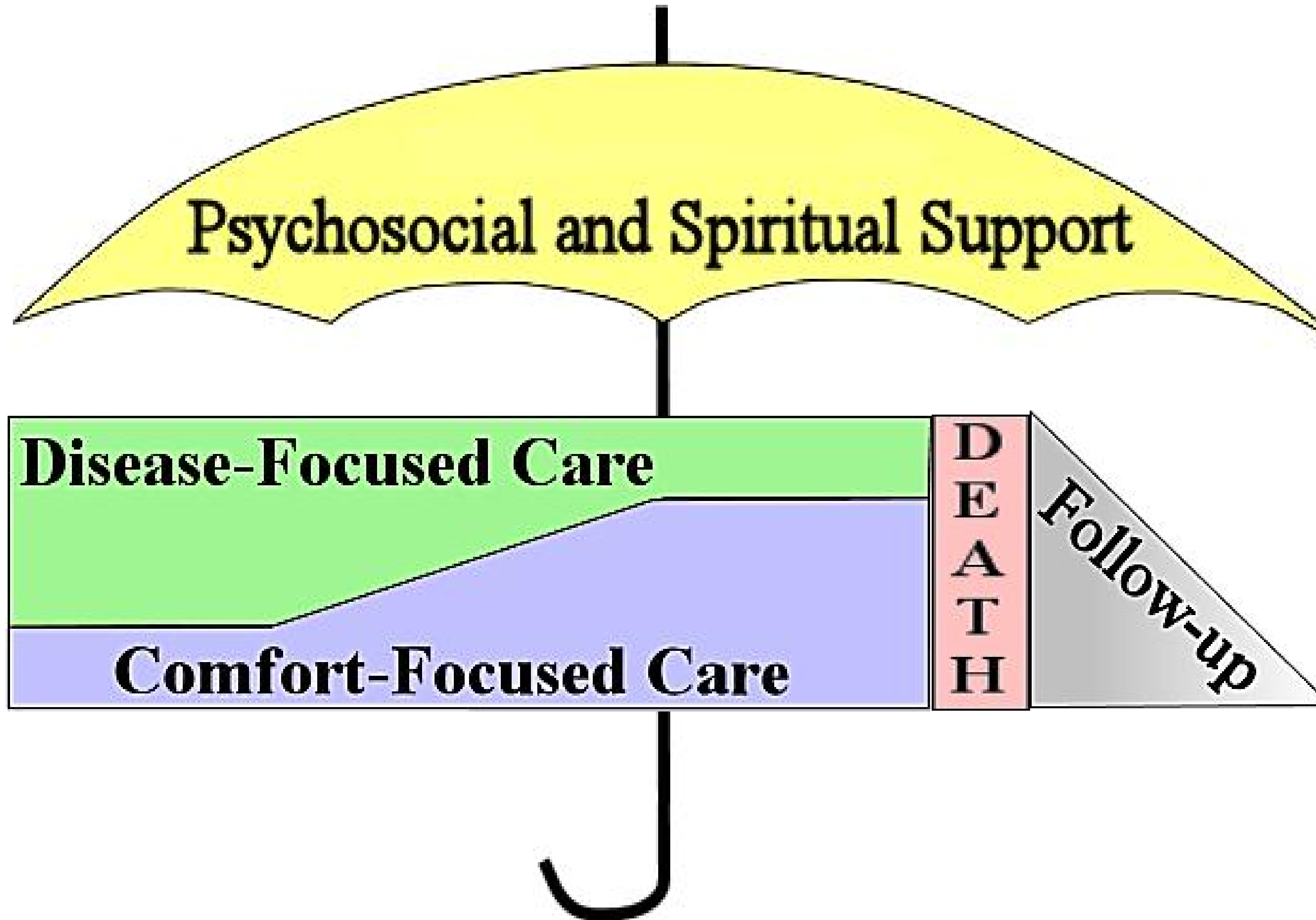
PALLIATIVE CARE:

World Health Organization ***Definition***

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.


PHYSICAL
PSYCHOSOCIAL
SUFFERING
EMOTIONAL
SPIRITUAL

MODEL OF PALLIATIVE CARE



Explaining the term PC

- Palliative care is a specialised medical care provided by a team of specialists to improve quality of life of patients with serious illnesses through reducing pain, symptoms and suffering.

Palliative Care

- Provides relief from pain and other distressing symptoms,
- Affirms life and regards dying as a normal process,
- Intends neither to hasten or postpone death,
- Integrates the psychological and spiritual aspects of patient care,
- Offers a support system to help patients live as actively as possible until death

- Offers a support system to help the family cope during the patient’s illness and in their own bereavement,

- Uses a team approach to address the needs of patients and their families, including bereavement,

- Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better

who are being referred to Palliative?

- Most patients with cancer are being referred but patient with end organ damage can also be referred.

- Any patient with life limiting illness, any patients with an incurable, progressive and fatal illness.

- Not age specific

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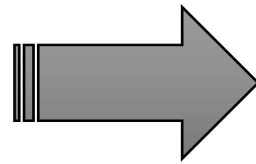
are patients referred?

- For symptoms management
- For psychosocial support
- For end of life care
- For bereavement support

Common Conditions



- Cancer
- Organ failure – heart, kidney, lung, liver
- Neurological conditions – MND
- Geriatric conditions – dementia, frailty
- HIV
- ICU patients
- Pediatric illnesses

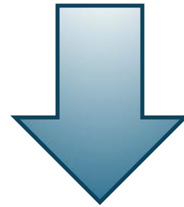
Concept

- Holistic approach
  - Holistic means the patient is viewed as a person with physical, psychological, social, spiritual and cultural gifts and needs which are special to that person.
  - Each of these aspects must be taken into account.

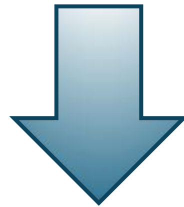
(Anne Merriman, 2006)

Patient centered

- The patient's wish is the focus of care



Teamwork and partnership



Appropriate ethical considerations

- Beneficence : Do good
- Non-maleficence : Do no harm
- Autonomy : Patient's right to decide
- Justice : Fairness

Continuum of care :

- Involves a network of resources and services that provide holistic and comprehensive support for the patient and family caregivers.
- Such as at home / hospital / community

4 Pillars of a Palliative approach

- Communication
- Symptom management
- Psychosocial support
- Care of the dying patient

Symptoms

Comparative Study > Palliat Med. 2003 Jun;17(4):310-4. doi: 10.1191/0269216303pm760oa.

Symptoms in 400 patients referred to palliative care services: prevalence and patterns

Jean Potter [1], Faeqa Hami, Tamsin Bryan, Columba Quigley

Affiliations + expand

PMID: 12822846 DOI: 10.1191/0269216303pm760oa

- Prevalence of symptoms in patients at first referral to the different components of palliative care services were identified by a retrospective case note study of 400 patients

- 95% (380/400) of patients referred had a cancer diagnosis.

- The 5 most prevalent symptoms overall were pain (64%), anorexia (34%), constipation (32%), weakness (32%) and dyspnoea (31%), which is similar to other published reports

Symptom Prevalence Across Common Terminal Illnesses

(All numbers represent a percentage)

Symptoms	Cancer	AIDS	Heart Disease	COPD	Renal Disease
Pain	35-96	63-80	41-77	34-77	47-50
Confusion	6-93	30-35	18-32	18-33	---
Dyspnea	10-70	11-62	60-88	90-95	11-62
Nausea	6-68	43-49	17-48	---	30-43
Constipation	23-65	34-35	38-42	27-44	29-70
Diarrhea	3-29	30-90	12	--	21
Anorexia	30-92	51	21-41	35-67	25-64

Solano JP, Gomes B, et al. A comparison of symptom prevalence in far advanced cancer, AIDS, heart disease, COPD and renal disease. Journal of Pain and Symptom Management. Jan 2006; 31(1); 58-69

Causes of Symptoms

- Disease / Illness
- Complications of disease / illness
- Side effect of treatment / Chemo / RT
- Comorbidities
- Acute events – ACS / Infection etc

What Is Pain?

- "An unpleasant sensory and emotional experience associated with or resembling that associated with actual or potential tissue damage."

(International Association for the Study of Pain, Revised Definition of Pain 2020)

- **"Pain is what the patient says it is"**

(Robert Twycross, Palliative Care Specialist, Author)

Cancer Pain

- Believed that pain will intensify as the disease progresses
- For patients with advanced disease, the incidence of pain is thought to be between 60% and 90%
- May never be completely free of pain – may have to change their lifestyles to ensure

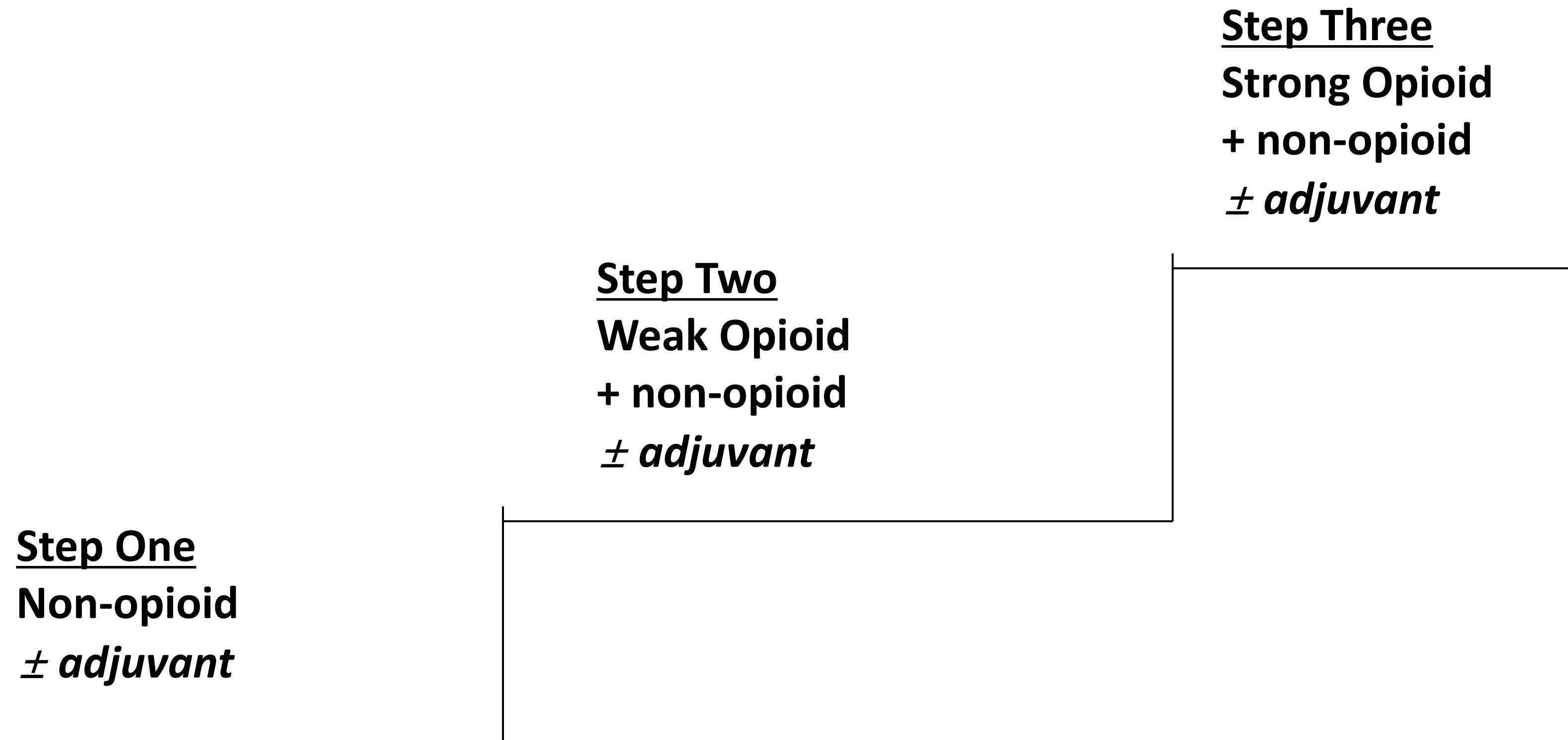
Common Types of Pain

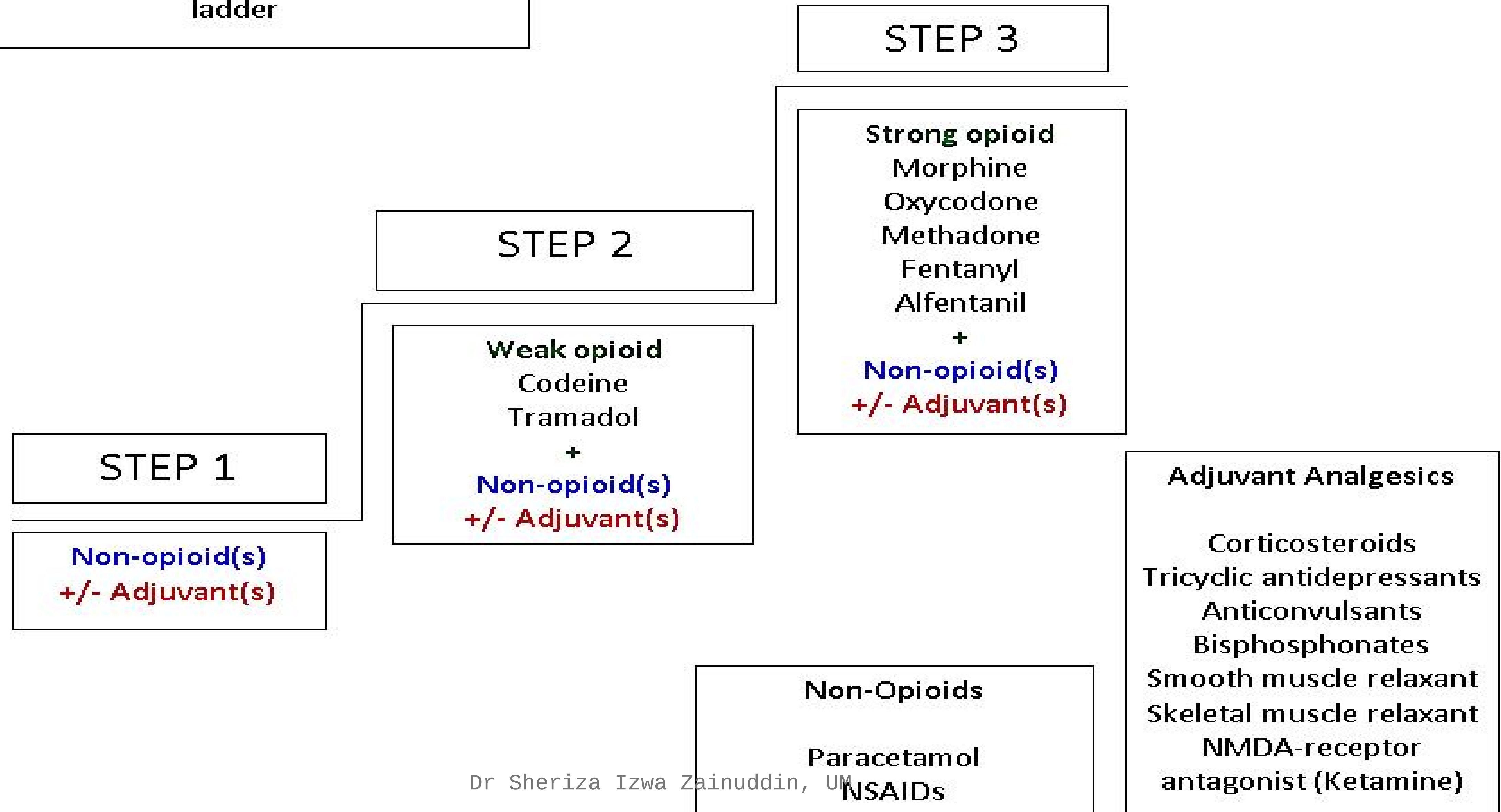
- Acute pain
- Chronic pain
- Nociceptive pain
- Neuropathic pain – opioids 1st line Tx
- Somatic pain
- Visceral pain
- Breakthrough pain

Pain assessment aims to determine:

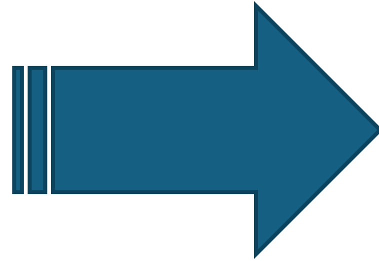
- Nature and pathophysiology of pain
- Severity of pain
- Impact of pain on functions and quality of life
- Response to interventions

World Health Organization Ladder




WHO Ladder
– By the mouth, by the clock, by the ladder
STEP 3
Strong opioid
Morphine
Oxycodone
Methadone
Fentanyl
Alfentanil
+
Non-opioid(s)
+/- Adjuvant(s)
STEP 2
Weak opioid
Codeine
Tramadol
+
Non-opioid(s)
+/- Adjuvant(s)
STEP 1
Non-opioid(s)
+/- Adjuvant(s)
Adjuvant Analgesics
Corticosteroids
Tricyclic antidepressants
Anticonvulsants
Bisphosphonates
Smooth muscle relaxant
Skeletal muscle relaxant
NMDA-receptor antagonist (Ketamine)
Non-Opioids
Paracetamol
NSAIDs

5 Principles Use of Analgesics



- By Mouth
- By the Clock
- By the Ladder
- For the Individual
- Attention to Detail

Considerations

- Factors to consider when choosing one opioid over another:
  - Type of pain
  - Renal Function
  - Pain stability
  - Cost

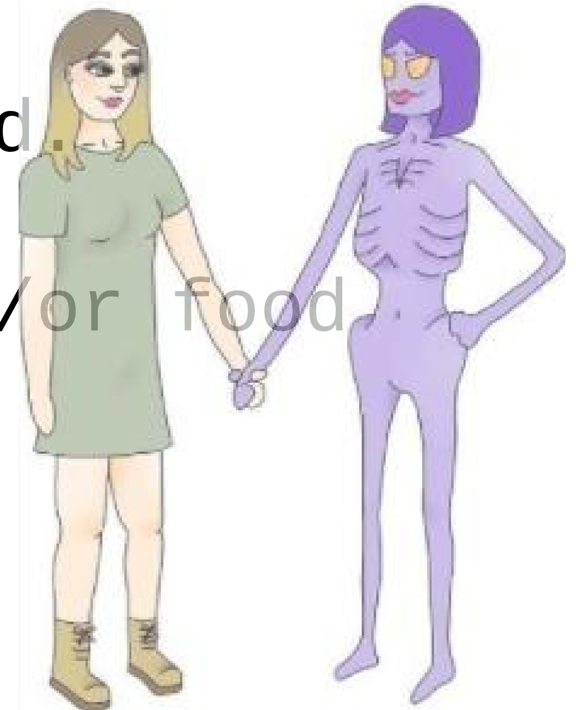
OPIOIDS Used

- Codeine (weak)
- Tramadol (weak) – rarely used in PC
- Morphine (strong)
- Oxycodone (strong)

- Fentanyl (strong)
- Alfentanil (strong)
- Methadone (strong – specialist use only)

Anorexia / Decreased swallowing

- Teach family natural progression of disease and dying process: little interest in food.
- Change consistency of foods or fluid.
- Assess ability to swallow pills and/or food bolus.
- Change medication delivery form.



- Assess patient’s baseline and previous treatment.

- If no BM in 2-3 days, assess bowel sounds, rectal exam for impaction.

- Treatment :
  - Senna
  - Lactulose
  - Bisacodyl suppository or tablets
  - Enema

Constipation….

Disimpaction should be a one time event!!

When patient is unable to swallow, stop active constipation treatment.

Dyspnea

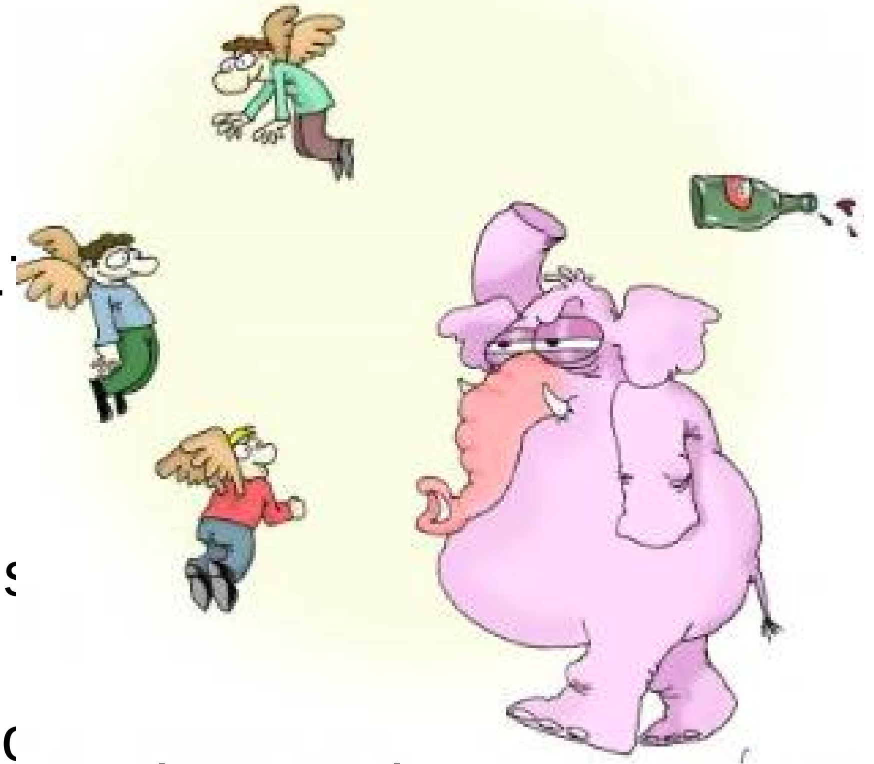
- An unpleasant awareness of difficulty breathing
- A subjective sensation - difficult to measure
- Associated with anxiety
- Reported in 50% patients with advanced cancer (Saunders)
- Ranked No. 9 of 25 distressing symptoms in terminal illness (Dunlop)
- Subjective report by patient is only reliable indicator (similar to pain).

- Is present in up to 70% of terminally ill, 90% in lung cancer before death.
- Increased dyspnea is common in elderly: physiology, increased PE risk.
- Assessment parameters:
  - Effect on functional status
  - Respiratory rate, depth, presence of apnea, agonal respirations
  - Use of accessory muscles, elevated JVP
  - Presence of pain with breathing
  - Breath sounds

Dyspnea Management

- Use oxygen only if symptom improvement noted.
- Cognitive-behavioral skills, relaxation, pursed-lip breathing.
- Personal energy conservation, fans, open windows, air conditioning
- Elevate head, encourage forward sitting posture.
- Calm environment, music, smoke free
- Thoracentesis for relief of pleural effusion, promote lung inflation
- Paracentesis if severe ascites
- Medications: opioids

Delirium



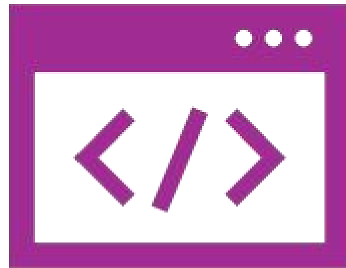
- Very common at the end of li
- Characterised by:
  - Fluctuating disturbance in cons
  - Changes in cognition,
  - Evolution of changes over a sho
  - Evidence that this is the result of an underlying medical condition.
- There are numerous potential causes of delirium at the end of life.

Terminal Delirium

- Is delirium that occurs in some patients during their last few days / hours of life

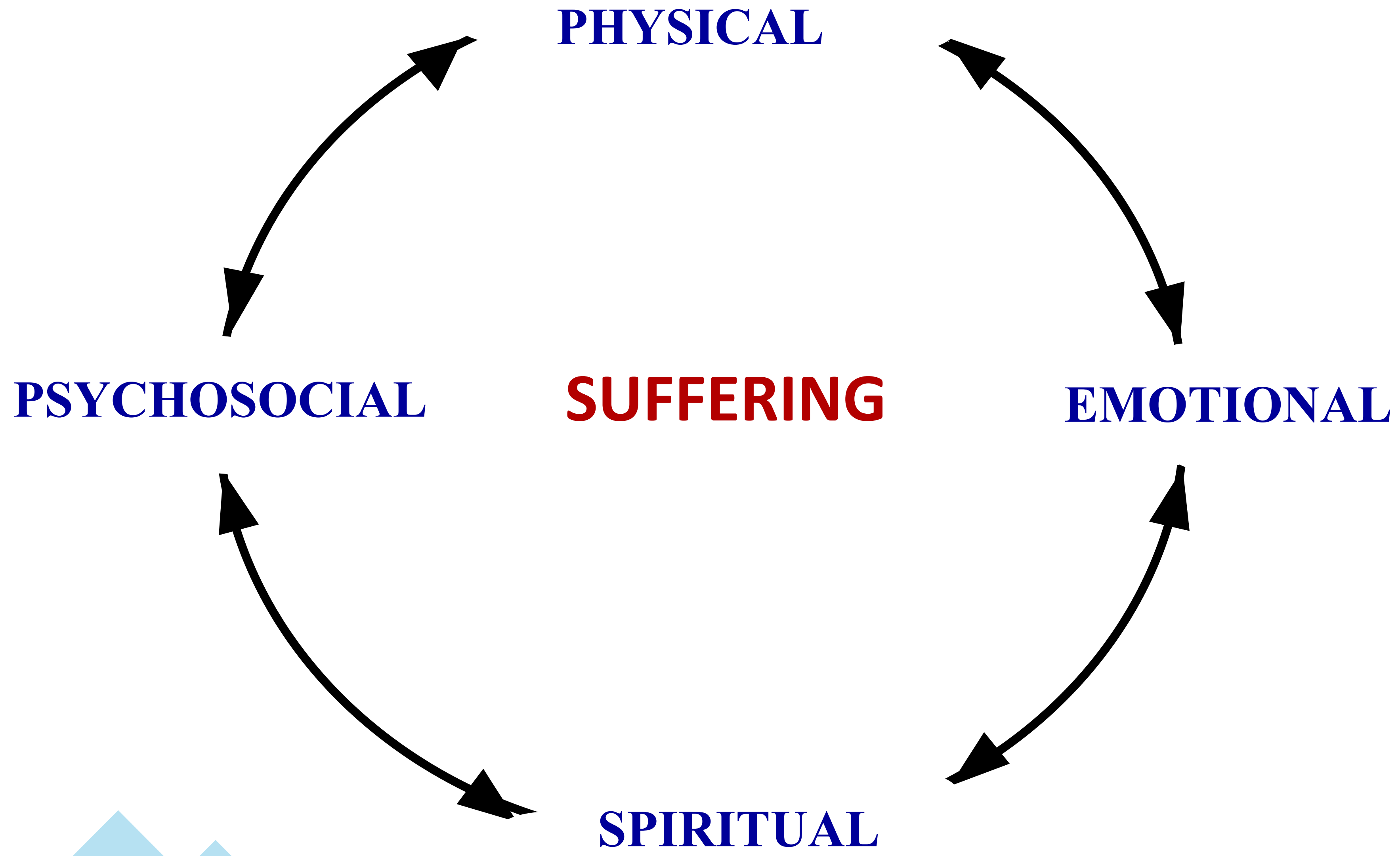
- Communication with patient and family members
  - Initiate discussion with family and patient
  - Discuss goals of care
  - Elicit wishes and concern
  - Shared decision making
  - Respect dignity and values of patient and family

Assessment



Is it different?

What aspects are focus on?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Palliative Care Needs Assessment

Screening question: Is the patient suffering?

Physical needs
(symptoms/ functio

Unresolved physical symptoms
Complex functional needs
Complex nursing needs

Pain, Breathlessness, Nausea/ vomiting,
Fatigue, Constipation, Insomnia

Bathing, Grooming, Toileting, Ambulatin

Psychological Nee
(emotions/ cogniti

Persistent psychological distress
Information needs
Advance care planning

Screen for distress, assess coping mech
Explore ideas, concerns, expectations

Social Needs

Caregiver stress
Family Conflict
Community palliative needs

Arrange family meeting

- Assess family ideas, concerns and exp
- Explore caregiver stress and coping
- Explore family dynamics

Spiritual Needs

Spiritual distress
End of life discussion and care
Grief and bereavement

PAIN

Spiritual

- Feelings of meaninglessness
- Guilt
- Regret
- Unresolved religious questions

Physical

- Pain caused or related to the disease itself
- Pain related to therapy
- Incidental/benign pain
- Other symptoms

Social

- Interpersonal relationships
- Family problems
- Legal problems
- Environment
- Culture
- Socio-economic
- Gender role and sexuality
- Family Beliefs
- Language barriers
- Culturally insensitive management

Psychological

- Depression
- Anger
- Mood and morale
- Personality
- Anxiety
- Self esteem
- Fear
- Past experience
- Communication

Take Home Message

QUESTIONS

for your attenti on