Symptom Management in Palliative Care

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PRESENTATION PLAN

• Need for Palliative Care
• Definition of Palliative Care
• Palliative Care Principles
• Symptom Management
• Most Common Symptoms in Palliative Care
• Symptom Management in Palliative Care
WHY A PALLIATIVE CARE IS NEEDED?
The increase in cancer incidence, the increase in the lifespan of cancer diagnosed individuals and the aggressive treatment in recent life have increased the necessity of PALLIATIVE CARE.
PALLIATIVE CARE W.H.O. (1986);

“This is the whole care of patients with a disease that does not respond to treatment. Control of pain, other symptoms, as well as social, psychological and spiritual problems is important. The goal of palliative care is to "provide the best possible quality of life for the patient and his / her family".
OLD PALLIATIVE CARE MODEL

Curative Care  Palliative Care  Care in this Process
Grief

Diagnosis  Death
PALLIATIVE CARE W.H.O. (2002);

When patient and his / her family encountered with the problems threatening their life, it is defined as an approach that improves the quality of life of the patient and his / her family by preventing the suffer from pain with early identification, careful evaluation and treatment of pain, other physical, psycho-social, spiritual problems.
CARE

PALLIATIF CARE

Hospice care

Death

Support Care, Grief Process

TERMINAL PERIOD CARE
NEW PALLIATIVE CARE MODEL

Treatment-oriented care

Care for extending the lifespan

Raising the quality of life to the highest level

Care before death

Family support care

Care during the grief

Palliative Care

Diagnosis

Death
WHAT ARE the PALLIATIVE CARE PRINCIPLES?
PALLIATIVE CARE PRINCIPLES

- Information needs of the patient and his/her family
- Individual evaluation of each patient and family
- Management of the physical symptoms of the patient
- Expressing the emotional and behavioral needs of the patient
- Strengthening the quality of life
- Support for families (social, psychological, and religious)
- Economic and condition-related support
- Providing the resting support to the family (respite care)
- Care during death
- Grief process
W.H.O. bases palliative care on four title

1. Symptom management
2. Team work
3. Relations and communication
4. Support for patient relatives during the diseases and after death
SYMPTOM MANAGEMENT
BASIC FEATURES OF SYMPTOM MANAGEMENT

• Subjective: begins with identification / evaluation of the symptom experience by the individual.
• Experiential: are activities initiated to reduce symptoms and prevent symptoms in symptoms experiences.
• Deliberate / Purpose: the experience and Symptom perception allows to do some activities for purpose.
• It is a dynamic process: the reaction of individual to used strategies or acceptance should be assessed.
• It's multi-dimensional.
• It has positive and negative results.
SYMPTOM MANAGEMENT
PRINCIPLES

➢ Pay attention to the patient's symptoms.

➢ Decide which symptom to be taken first.

➢ Try to understand the pathophysiology of the symptom.

➢ Have information about medication, dose adjustment, timing, direction of administration.
Consider the age of the patient, fragility, the cost of the medication, and anticipated side effects.

Cut off drugs that are not effective and necessary.

Re-evaluate frequently.
Oncology nurses have a predominant role in **Symptom Management** since they communicate more frequently and constantly with patients and their families than the other health personnel.
Symptom management is a matter of creativity in patient care and the ability to make important differences in the quality of life of patients.
WHAT ARE THE MOST COMMON SYMPTOMS IN PALLIATIVE CARE?
- Symptom %
- Pain 84
- Fatigue 69
- Anorexia 66
- Drying in the mouth 57
- Constipation 52
- Being Full Quickly 51
- Dyspnea 50
- >10% Weight Loss 50
- Sleep Problems 49
- Depression 41
- Cough 38
- Nausea 36
- Edema 28
- Taste change 28

- Symptom %
- Anxiety 24
- Vomiting 23
- Confusion 21
- Dizziness 19
- Dyspepsia 19
- Dysphagia 18
- Burping 18
- Abdominal Swelling 18
- Memory Problems 12
- Sedation 10
- Hiccup 9
- Itching 9
- Diarrhea 6
- Tremor 5
- Fainting 3
MOST COMMON SYMPTOMS

- Pain
- Fatigue
- Anorexia
- Drying in the mouth
- Constipation
- Being Full Quickly
- Dyspnea
PAIN

• According to the Taxonomy Committee of the International Association for the Study of Pain (IASP);

Pain is an unpleasant emotional sensation and behavior that is related to the past experience of someone, is or not depend on tissue damage and originating from a particular part of the body.
• Studies show that 60-90% of patients with advanced stage cancer have moderate to severe pain.
• However, adequate pain relief provides adequate relief in 90% of cancer patients.
Pain is what the patient says. If the patient says, there is pain.
PAIN EVALUATION

ABCDE MODEL

A. “Ask” Ask for the pain regularly.
B. “Believe” Believe notifications of the patient and his family about pain
C. “Choose” Choose appropriate pain control methods for the patient, the family and the condition
D. “Deliver Interventions” Implement initiatives on time and in coordination
E. “Empower” Empower the patient and family
• Evaluating the Severity and Characteristic of pain
• Psychosocial Assessment
• Physical and Neurological Examination
• Diagnostic Evaluation
AVAILABLE SCALES

SINGLE DIMENSIONAL SCALE

• Verbal descriptive scale
• Numerical evaluation scale
• Visual Comparing Scale
• Facial Pain Scale
Multi-dimensional scales

McGill Pain Scale
Dartmouth Pain Questionnaire
Reminder Pain Assessment Cards
Pain Detection Profile
West Haven-Yale Multi-dimensional Pain Chart
PAIN MANAGEMENT

• Preventive strategies
• Therapeutic approaches
• Anticancer treatments
  – Pharmacological treatments
  – Nonpharmacologic treatments
PHARMACOLOGICAL TREATMENTS

The staging Treatment method recommended by WHO

1. Stage
   - ASA
   - PARASETAMOL
   - NSAİ

2. Stage
   - CODEINE
   - TRAMADOL
   - PETIDINE

3. Stage
   - MORPHINE
   - HYDROMORPHONE
   - Fentanyl
NON-PARMACOLOGICAL TREATMENTS

Physical Methods

- Hot-Cold compresses
- Massage, pressure and vibration
- Exercise
- Position change
- Acupuncture
Cognitive-Behavioral Methods

- Relaxation and Dreaming
- Hypnosis
- Attracting attention in another direction
- Patient education
- Psychological support
- Support Groups and Religious Counseling
**FATIGUE**

• **Fatigue** is the subjective feeling of exhaustion, weakness and reduction in energy.

• It is a common, persistent and subjective feeling of fatigue associated with cancer or cancer treatment that inhibits the functions that are always performed. This feeling is not temporary and can not be eased by resting.
It is stated that the incidence of fatigue in cancer patients varies between 25-99%.

Fatigue affects an individual's daily life activities.
FATIGUE EVALUATION

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<tr>
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<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Fatigue has increased compared to before treatment without causing changes in normal activities.</td>
<td>Medium and some activities make it difficult to actualize.</td>
<td>Severe or unable to perform some activities</td>
<td>Bed-dependent or insufficient</td>
</tr>
</tbody>
</table>

2. Edmonton Symptom Checklist
3. Brief Fatigue Scale
4. Visual Fatigue Scale
FATIGUE MANAGEMENT

• Patient / His-Her Family Education
• General Initiatives
• Customized Initiatives
• Pharmacological Approaches
• Non-pharmacological approaches
Patient / His-Her Family Education

- It should be emphasized that treatment-related fatigue is not a sign of progression of the disease.
- It should be emphasized that daily fatigue assessment and recording should be performed.
General Initiatives

- Unnecessary activities should be restricted.
- Activity level should be determined.
- Priorities should be determined
- Daily activities should be planned
- Participation in occupation activities should be encouraged.
PHARMACOLOGICAL APPROACHES

- The usage of psychostimulants may be considered after detecting fatigue-related causes.
- Anemia should be treated.
- The usage of sleeping medicines may be considered.
NON-PHARMACOLOGICAL APPROACHES

- Activities should be increased as much as possible
- Psychosocial initiatives should be planned
- Attendance should be provided to renewable therapies.
- Nutritional counseling should be provided
- Sleep therapy should be planned
- Family communication should be supported
Anorexia/ Lack of appetite
**Lack of appetite**: can be defined as not being hungry, decreasing the need for basic calories, not wanting to eat, and / or lack of mouth taste.

Anorexia causes adverse effect on the quality of life.
ANOREXIA/
CACHEXIA

- Disease process
- Age
- Metabolic anomalies
- Pain
- Fatigue
- Swallowing difficulty
- Sedation
- Nausea-vomiting
- Treatment protocol
- Lack of appetite
- Constipation / Diarrhea
- Oral problems (dryness in the mouth, mucositis)
- Accompanying diseases
ANOREXIA/CACHEXIA

- Age
- Metabolic anomalies
- Pain
- Fatigue
- Swallowing difficulty
- Sedation
- Treatment protocol
- Nausea - vomiting
- Lack of Appetite
- Constipation / Diarrhea
- Dryness in the mouth - mucositis
- Accompanying diseases
- Age
- Disease process
• **Anorexia Assessment**

• Following up Percentage Change in Weight:
  
  - (over weekly 1-2%, monthly 5, 6 % monthly 15%  !!!!!)
  
• Following up Albumin value
  
  - ( under 3 g/dl )
  
• Body mass index
  
  - (Weight / height $^2$= under 22!!!!!!)
  
• Subjective Global Assessment(SGA)
• **Anorexia Management**
  • Preventive follow-up and comprehensive evaluation
  • Management of all symptoms that may affect the nutritional status
  • Nutritional support
  • Nutrition education for patients and their relatives
• **Anorexia Management**
• PHARMACOLOGICAL APPROACHES
  • The most commonly used drugs
  • Megace
  • Reglan
  • Marinol
  • Steroids
Anorexia Management

Non-pharmacological Approaches
Nutrition Support
Enteral and Parenteral Nutrition
  * Nasogastric Probe
  * Nasodudional Probe
  * Gastrostomy
  * Total Parenteral Nutrition
Psychosocial Support
Exercise
Yoga
CONSTIPATION
Constipation

Constipation; Is defined as a decrease in the passage of the feces, which is characterized with a hard and rigid transition of the feces. Some researchers consider that constipation is a less frequent defication and others think that it is a difficulty in defecation.

Because constipation is a subjective symptom, the definition is different for each individual and is difficult to be defined.
The rate of constipation in cancer patients is between 50% and 95% however this rate is observed 60% -87% in patients who take opioid.
Constipation Risk Factors

• The cancer itself
• Previously usage of laxative
• Drugs used in symptom management
Primer / External Factors

Advanced age
Weakness in nutrition
Insufficient fluid intake
Decrease in movement
- Metabolic effects
- Hypercalcemia
- Hyperglycemia
- Hypoparathyroidism
- Dehydration
- Hypokalemia
- Structural abnormalities
- Intestinal obstruction
- Pelvic tumor
- Radiation fibrosis
- Painful anorectal conditions
- Surgical complications

(Smith S 2001)
RATING

• 1. It requires usage of softener or dietary changes.
• 2. It requires laxative.
• 3. It requires enema or manual removal of solidified feces.
• Obstruction or Toxic megacolon.
CONSTIPATION MANAGEMENT

PHARMACOLOGICAL APPROACHES

- Starting laxative while starting opioids and continue as long as the patient is taking opioid
- Stimulant laxative
- Osmotic laxative
- Prokinetic agents
CONSTIPATION MANAGEMENT NON-PHARMACOLOGICAL APPROACHES

• Increasing liquid intake
• Increased fiber intake
• Action
• Exercise
DYSPNEA
DYSPNEA

• Dyspnea is defined as a subjective and difficult breathing sensation.

• It is a symptom that affects 45-90% of cancer patients and impairs their quality of life.

• (American Thoracic Society, 1999)
DYSPNEA

- CANCER TREATMENT
- Chemotherapy-related fibrosis
- Radiation damage
- After surgery
- Effect of the Disease
- Primary-metastatic parenchymal involvement
- Breathing way tumor-obstruction
- Acid
- Phrenic nerve palsy
- Pleural involvement
Other(dyspnea)

• Anemia
• Accompanying Disease (Chronic lung disease - chronic heart failure)
• Psycho social factors
• Anxiety
DYSPNEA ASSESSMENT

• The expression of the person is very important.
• Patients use definitions such as "respiratory distress, difficulty in breathing, drowning".
• Encountering with rapid superficial respiration, apnea periods and cheyne-stoke respiration.
• Respiratory rate
• O2 saturation measurement
• Blood gas measurement

Thomas JR, von Gunten CF. Management of Dyspnea. The Journal Of Supportive Oncology, 1;1;2003)
### DYSPNEA MANAGEMENT

If possible, the underlying cause should be treated - if not, palliative treatments are performed.

<table>
<thead>
<tr>
<th>Pleural effusion</th>
<th>Position</th>
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<tbody>
<tr>
<td>Acid drainage</td>
<td>Suggestion</td>
</tr>
<tr>
<td>Sedatives</td>
<td>Organize activity level</td>
</tr>
<tr>
<td>Oxygen</td>
<td>Opening window</td>
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<tr>
<td>Bronchodilator</td>
<td>Relaxation</td>
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<tr>
<td>Diuretic</td>
<td>Behavioral methods</td>
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<tr>
<td>Aspiration</td>
<td>Reducing anxiety</td>
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DYSPNEA MANAGEMENT

Mechanism of action of opioids in the Dyspnea Treatment;

* Suppression of central motive
* Reduction of oxygen consumption while resting and exercising
* Changing and reducing the central perception of breathing shortness
* Pulmonary vasodilatation
Consequently

- Systematic evaluation and continuous diagnosis of symptoms in symptom management is very important.
- As a result of this diagnosis, nurses' awareness will increase,
- The symptoms will be defined on time and correctly,
- Targeted initiatives can be planned and implemented to relieve the symptoms and improve patient results.
Consequently

Since focusing on a single symptom is not enough to remove the negative effects of multiple symptoms on the quality of life, it is necessary to focus on the symptoms simultaneously.
THANK YOU.