Palliative Care

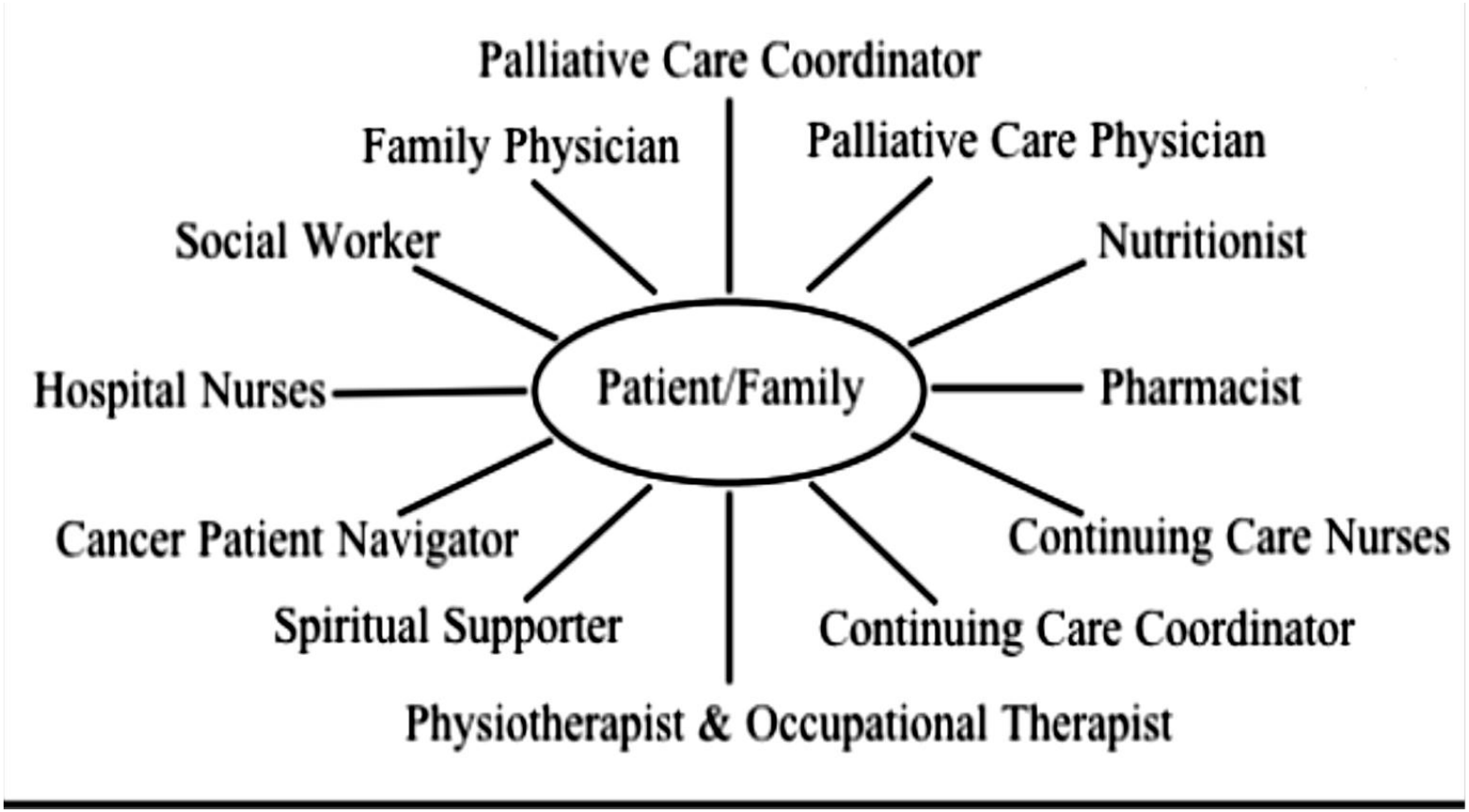
Definition

- improves the quality of life of patients and their families incase of threatening illness, through the prevention and relief of suffering.
- by assessment and treatment of pain and other problems, physical, an psychological
- It is the medicine of palliating (relieving) symptoms

Approach to palliative medicine

- Is applicable early in the course of illness, in conjunction with other therapies that are intended to **prolong life** such as chemotherapy or radiotherapy and includes those investigation needed to better understand and **manage distressing clinical complications.**

- Uses a team approach to provide resources and support system to help patients live as actively as possible until death.



Symptomatic Management

- Most common symptoms:
  - Pain
  - Altered mental status
  - Dyspnea
  - Nausea and vomiting
  - Constipation

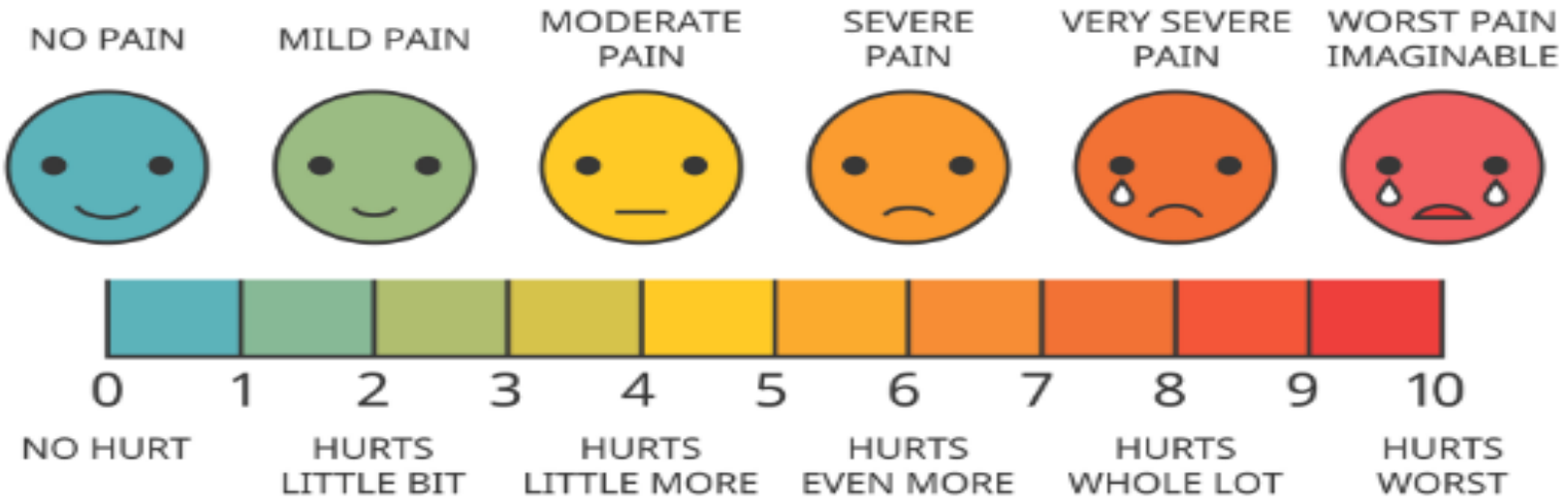
PAIN

- Unpleasant sensation, a physical suffering or discomfort caused by illness or injury
- No patient should live or die with unrelieved pain.
- Types:
  1. Somatic: sharp, localized (dermatomal) caused by irritation of nociceptors. E.g., skin cut.
  2. Visceral : dull, nonlocalzing ; inflammation of visceral peritonium e.g cholecystitis pain refered to rt should tip.
  3. Neuropathic pain: lacerating, burning due to inflammation of peripheral nerves, resulting from direct damage to the nervous system from a primary tumour or metastases, or from cancer treatment, such as chemotherapy neuropathy.

Assessment Of Pain

- History and physical examination
- Evaluate severity, nature, **functional deficit** and **psychological state**
- Different pain pathways needs different analgesia.
- e.g. Neuropathic pain responds to Amitriptyline or Gabapentin better than opioids.

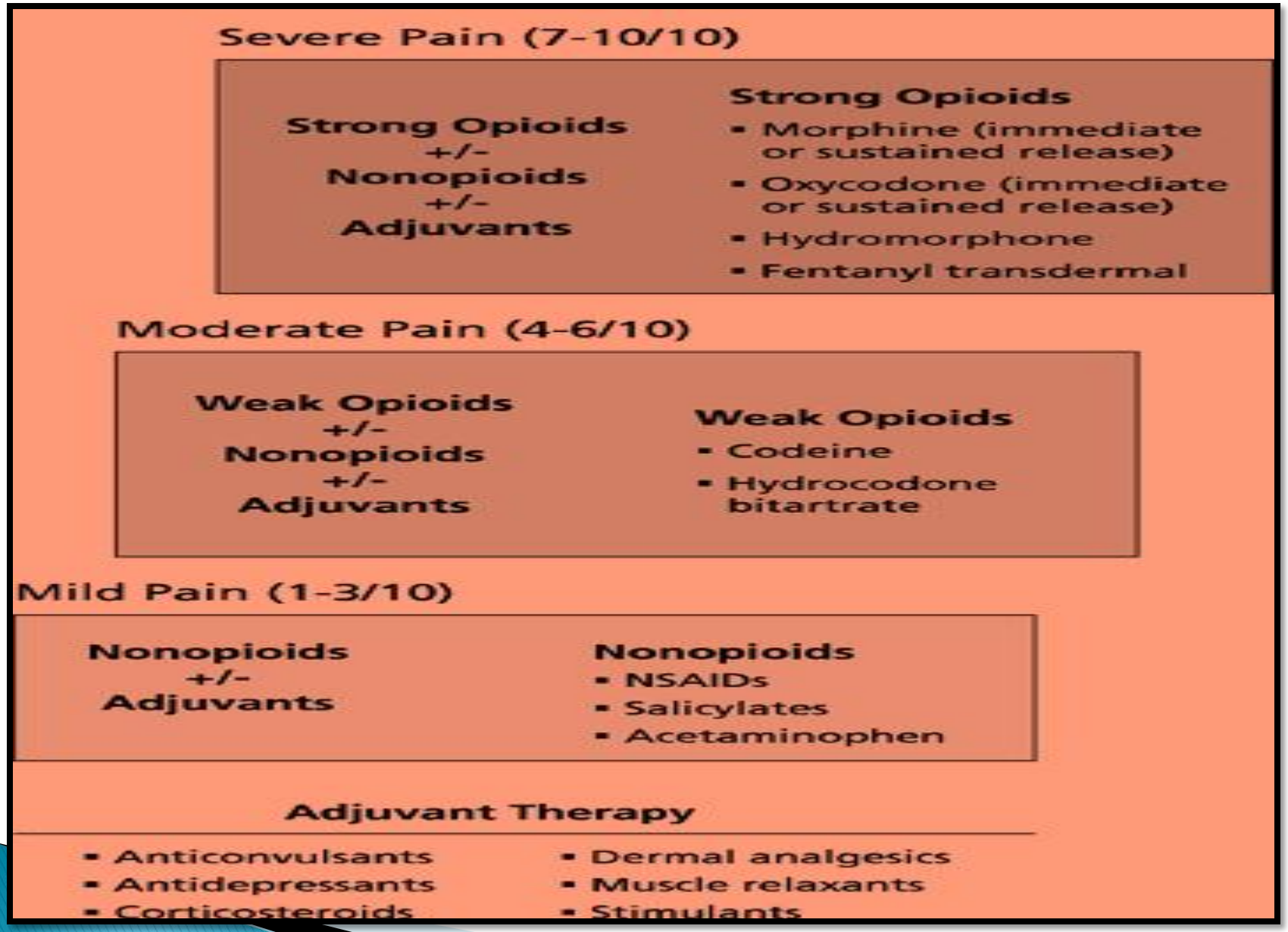
Pain measurment scale

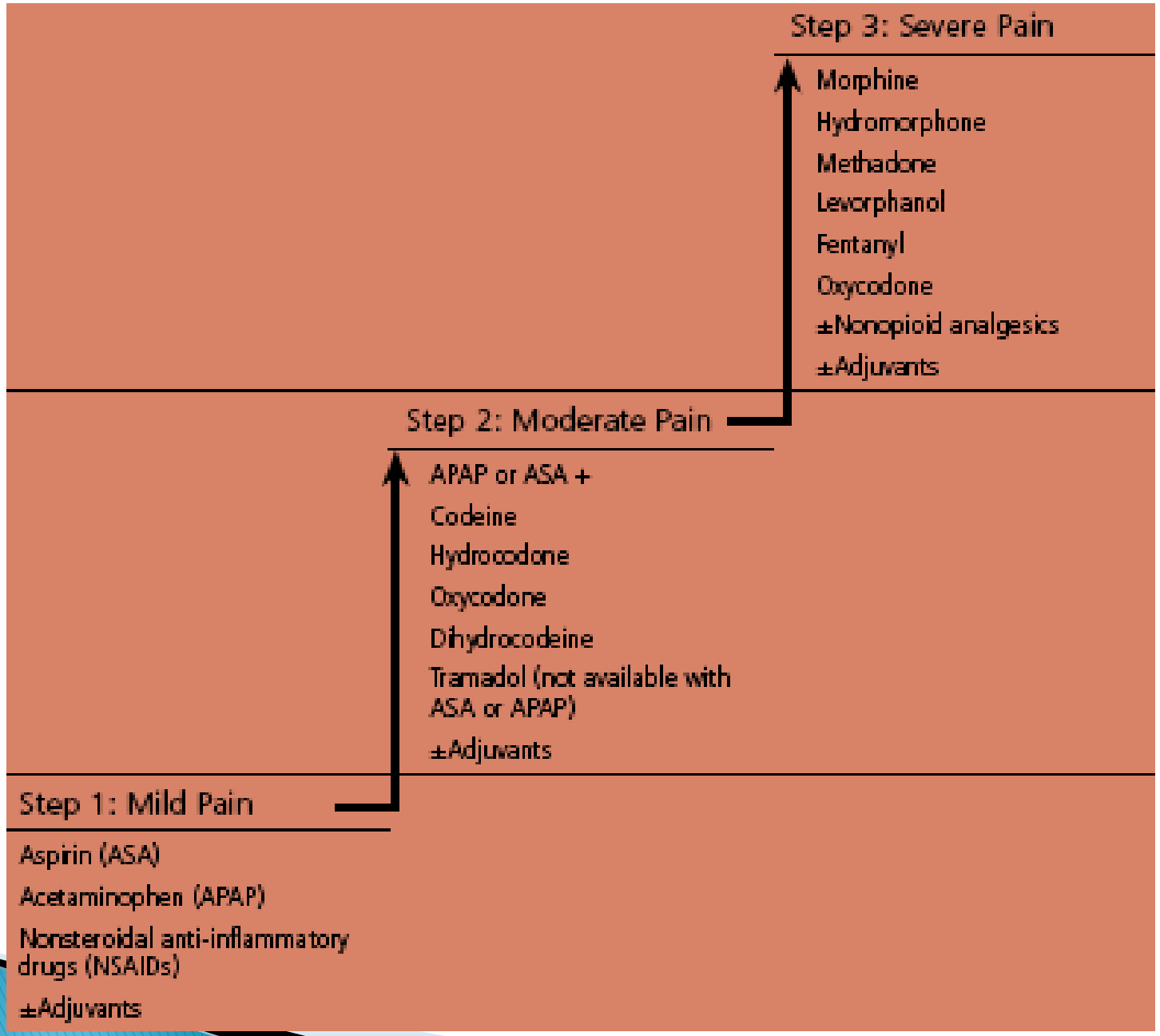


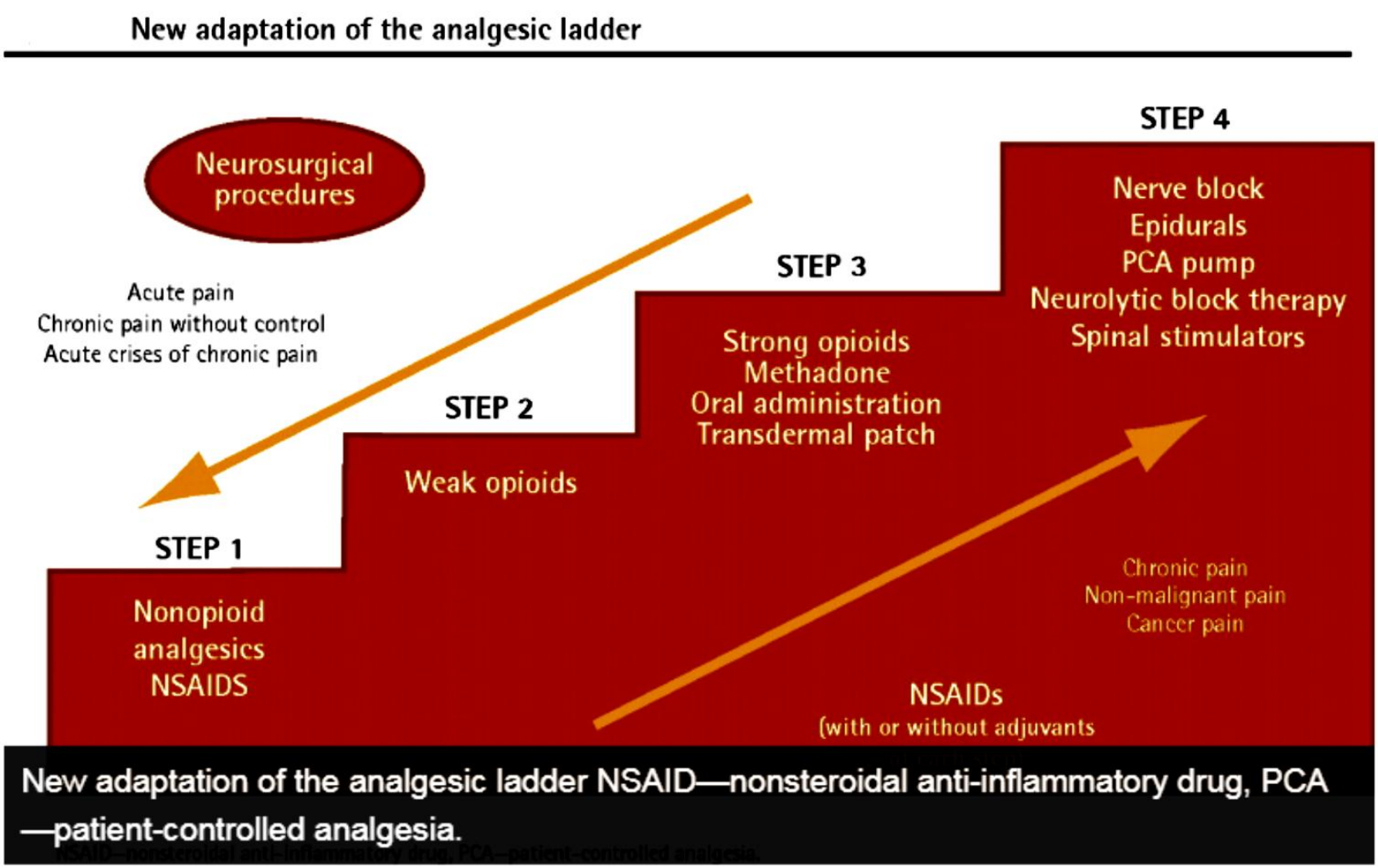
Management Of Pain

- Start low doses and slow increments
- Aim to modify pathological process
- Obey 5 rules:
  1. By the mouth
  2. By the clock (continuous relief)
  3. By the ladder (WHO analgesia ladder)
  4. For the individual; no standard doses for all pts
  5. Re-assess; doses, side effects

WHO ANALGESIC LADDER




Step 3: Severe Pain
Morphine
Hydromorphone
Methadone
Levorphanol
Fentanyl
Oxycodone
±Nonopioid analgesics
±Adjuvants
Step 2: Moderate Pain
APAP or ASA +
Codeine
Hydrocodone
Oxycodone
Dihydrocodeine
Tramadol (not available with ASA or APAP)
±Adjuvants
Step 1: Mild Pain
Aspirin (ASA)
Acetaminophen (APAP)
Nonsteroidal anti-inflammatory drugs (NSAIDs)
±Adjuvants



New adaptation of the analgesic ladder NSAID—nonsteroidal anti-inflammatory drug, PCA—patient-controlled analgesia.

Morphine

- It is the standard opioid for cancer pain
- Addiction is not a problem in the palliative care setting nor respiratory depression with correct titration of doses.
- Aim to control pain with minimum S/E.
- Start with low doses 2.5-5-10mg / 4hr PO/IV
- Increase dose 30-50%
- Change to modified release preparation(12hr) of Morphine after calculating 24hr need of oral morphine.
- Prescribe 1/6th of total dose as oral solution for Breakthrough pain.

Oral morphine dose	Equivalent opioid dose	Conversion factor from oral morphine to other opioid
Oral morphine 10mg	≈SC morphine 5mg	Divide by 2
Oral morphine 10mg	≈SC diamorphine 3mg	Divide by 3
Oral morphine 10mg	≈Oral oxycodone 5mg	Divide by 2
Oral morphine 10mg	≈SC oxycodone 2 to 3mg	Divide by 4
Oral morphine 60 to 90mg	≈Fentanyl patch 25 microgram/hour	See: Fentanyl
Oral morphine 30mg	≈SC alfentanil 1mg (1000micrograms)	Divide by 30 See: Alfentanil
Oral morphine 5 to 10mg	≈Oral hydromorphone 1.3mg*	Divide by 5 to 7.5
Immediate release oxycodone		**Conversion factor from oral to SC**
Oral oxycodone 5mg	≈SC oxycodone 2 to 3mg	Divide by 2
Choosing and changing opioids in palliative care Table 2. Version 3 March 2014		

Morphine Side Effects

- Drowsiness and hallucination.
- Respiratory depression.
- Nausea and vomiting (always prescribe anti emetic).
- Constipation.
- Dry mouth.
- Opioid overdose:
- antidote :

  opioid antagonist Naloxone

Altered Mental Status

- Delirium is a common symptom (acute confusion)
- Causes: opioid titration, psychoactive drugs e.g. Benzodiazepines, disease progression , brain metastasis, metabolic (hypercalcimia)
- should carefully consider the patient's prognosis and functional status, prior written advance directives, and the opinion of the surrogate decision maker
- Mx: close observation, sedation, treat underlying cause

Breathlessness

pulmonary		Airway resistance poor compliance
Lung tumor		consolidation
pneumonia		Pulmonary odema
Pleural effusion		Pulmoary fibrosis
Lymphangits carcinomatoses		COPD/ASTHMA

Management Of Dyspnea in cancer patient

- Oxygen supplement
- Treat underlying cause for example:
  - Thoracentesis for pleural effusion
  - Antibiotic for pneumonia
  - Bronchodilators for bronchspasm.

- Morphine is effective in treating cancer related dyspnea ((decrease respiratory drive so decreasing sense of breathlessness))

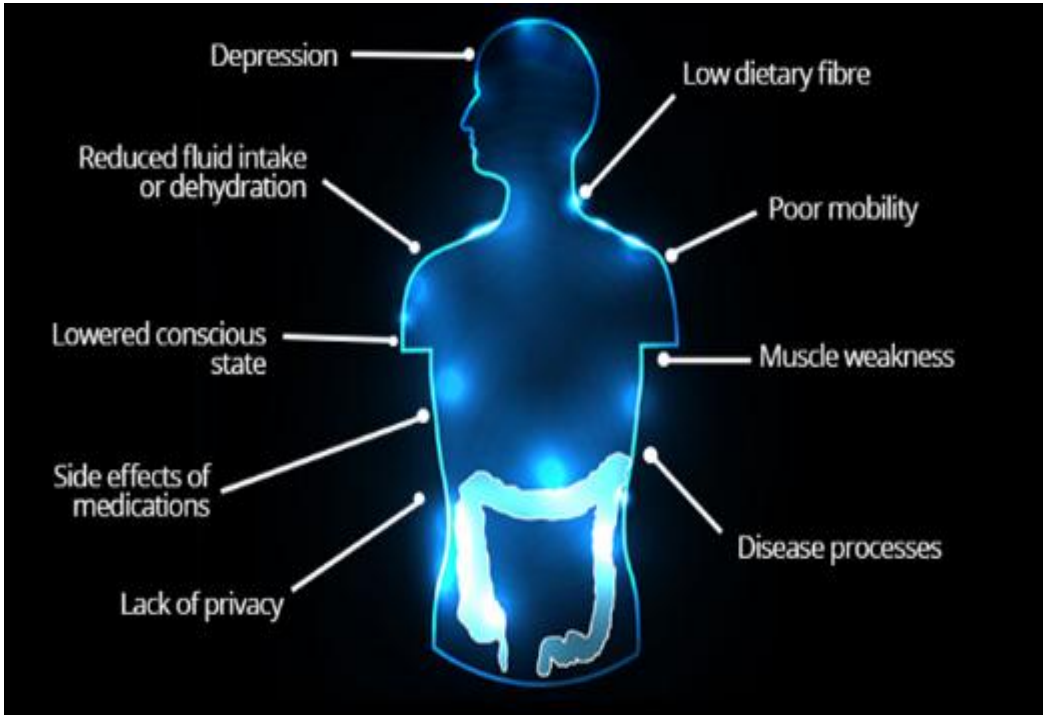
Nausea And Vomiting

- Causes: drugs, chemotherapy, G.I. obstruction, sever pain, cough, oral thrush, ureamia, infection, metabolic(electrolytes disturbances) and increase ICP.
- **mx**
- Consider likely **cause**
- base antiemetic choice on mechanism of nausea and site of drug action.
- Strong opioid should be on regular anti emetics

Cause dictates drug choice	
Cause	**Drug**
Gastric stasis (vagal)	prokinetic: • metoclopramide • domperidone (minimal extrapyramidal effects)
Intestinal obstruction (complete) [vagal, CTZ]	antihistamine: • cyclizine multiple receptor blockade • methotrimeprazine(levomepromazine)
Intestinal obstruction (partial) [vagal, CTZ]	prokinetic: • metoclopramide steroid: • dexamethasone
Uraemia, hypercalcaemia, opioids (CTZ)	anti-dopaminergic: • haloperidol multiple receptor blockade • methotrimeprazine(levomepromazine)
Radiotherapy to head, raised intracranial pressure (VC)	antihistamine: • cyclizine steroid: • dexamethasone
Motion sickness (vestibular)	antihistamine: • cyclizine antimuscurinic: • hyoscine patch

Constipation

- Causes:
  - Dehydration
  - Opioids use
  - Poor nutrition
  - Hypercalcemia
- MX:
  - Good hydration
  - High fiber diet
  - Laxative, stool softner



The Last Days And Weeks Of Life

- Comfort should be the main concern.
- Think stopping unnecessary blood tests, medications and interventions.
- If going home is priority for the patient should be arranged.

- Thank you