# Dying to Help: Pearls for Symptom Control for the non-PC Physician

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# Objectives

- Describe basis for proper symptom management
- Provide a brief experience to expand participants options regarding symptom relief in advanced illness

# Disclosure

- No conflicts to declare

# Polling!

- Have you been able to access home palliative care services in a timely manner for your patients in your CIUSSS?
- Have you been able to access home palliative care services in a timely manner or your patients from outside CIUSSSs?
- Have you been able to access timely PC consultation from outpatient PC for patients in your office?
- What 1 symptom management question do you hope gets answered today? (Narrative)

# CASE 1 : end stage CHF and COPD

Mrs B 72 yo with CHF, a-fib and COPD has been hospitalized twice in the last year and you are organizing a home diuresis protocol and home oxygen in collaboration with her cardiologist and home care team.  Her mobility has waned significantly in the last 6 months and her partner says she is frequently sleeping poorly in a chair at home.  She complains of asthenia and sleepiness and chronic low level dyspnea.

# Case 2: Peripheral Neuropathy

Mrs V is a 75 yo with hx of longstanding diabeties and multiple myeloma x 10 yrs, now with moderate-severe peripheral neuropathy (burning, numbness, cold, etc). She is increasingly depressed and tearful because she can no longer walk extended distances and perform ADLs without multiple rest periods.

# Case 3: Cancer cachexia-asthenia

Mr. V is an elderly man with end stage prostate cancer and slowly progressive anorexia cachexia.  He suffers from profound asthenia after he and his elderly wife recently contracted Covid though they are getting progressively better, but his daughter (whom he lives with) is burning out offering him care.

# Rule of Multiple Symptoms

- As you approach end of life– multiple symptoms are the rule
- Constellation of asthenia, somnolence, dyspnea, pain, and ultimately delirium extremely common at end of life

# ESAS–Get the constellation of symptoms

**Cancer Care Ontario**
**Action Cancer Ontario**

**Edmonton Symptom Assessment System:**
(revised version) (ESAS-R)

**Please circle the number that best describes how you feel NOW:**

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| No Pain | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | Worst Possible Pain |
| No Tiredness *(Tiredness = lack of energy)* | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | Worst Possible Tiredness |
| No Drowsiness *(Drowsiness = feeling sleepy)* | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | Worst Possible Drowsiness |
| No Nausea | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | Worst Possible Nausea |
| No Lack of Appetite | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | Worst Possible Lack of Appetite |
| No Shortness of Breath | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | Worst Possible Shortness of Breath |
| No Depression *(Depression = feeling sad)* | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | Worst Possible Depression |
| No Anxiety *(Anxiety = feeling nervous)* | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | Worst Possible Anxiety |
| Best Wellbeing *(Wellbeing = how you feel overall)* | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | Worst Possible Wellbeing |
| No _____ Other Problem *(for example constipation)* | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | Worst Possible _____ |

Patient's Name _____

Date _____ Time _____

Completed by (check one):
- ☐ Patient
- ☐ Family caregiver
- ☐ Health care professional caregiver
- ☐ Caregiver-assisted

**BODY DIAGRAM ON REVERSE SIDE**

**ESAS-r**
Revised: November 2010

# Approach

1. Every symptom needs a rescue strategy (ie PRN)

2. Continuous symptoms need continuous strategies and a rescue strategy (REG + PRN)

3. Keep it simple: Choose strategies that overlap symptoms

# Approach

- Assess for each strategy:
  - Understanding, Efficacy, Duration, Side Effects for EACH strategy.
- Get consent to keep the care giver up-to-date and involved (consider conference calls/virtual)
- Consider recording strategy
- Manage Expectations!

# Most Common Symptom:  Asthenia+

- Disease control
  - DON'T OVERDUE IT, (e.g. diuresis, steroids, opioids)
- Exercise
  - Walking, Stairs, Pulmonary rehab
- Counsel Adaptation,
  - it will not go away completely, and will gradually worsen often
- DSIE for home palliative care evaluation and home adaptation

# Opioid Pearls

Opioids are the best ACUTE PAIN reliever for severe pain.
Mild to moderate pain should be treated with non-pharma, Tylenol or co-analgesics (eg. duloxetine)

# Opioid Pearls

Start LOWER than expected and prescribe laxatives, antiemetic agents NOW (e.g. morphine 1-2mg for elderly/frail, PEG 17g, olanzapine 2.5mg prn)

# Opioid Pearls

- Increase short acting opioid daily or q2d by 50% MAX

- Once you get to doses around 15-30mg of oral morphine (3-6mg hydromorphone)  per 24hrs, or begin thinking about Contins

# Peripheral Neuropathy:
# Lack of Evidence of Efficacy above Placebo?

**Only duloxetine shown to have some objective evidence in chemotherapy induced this specific complex**

# Neuropathic Pain Therapies

Common agents:

1. Pregabalin: begin 25mg die-bid and increase by 25-50mg q3-7 days until effect, SEs or max 300mg/d if not effective.
2. Gabapentin: begin 100mg die-bid and increase similarly to max 1200mg/d if no effect.
3. Venlafaxine 37.5mg and increase weekly by same
4. Duloxetine 30mg x 2 weeks then 60mg die

# Topicals

Diclofenac 3% in Foamaderm- BID-TID

Ketamine 7%/ Lidocaine 7% in Transdermal base BID-QID

Morphine 0.1% in Hydrogel BID-TID

Covered with “med/pt d’exception” online RAMQ form

# Asthenia/Somnolence/Depression

Low dose steroids

-pulse (pred 10mg 5 days on 7 days off)

-regular (daily pred 5-20mg)

Dexamethasone 1-2mg daily

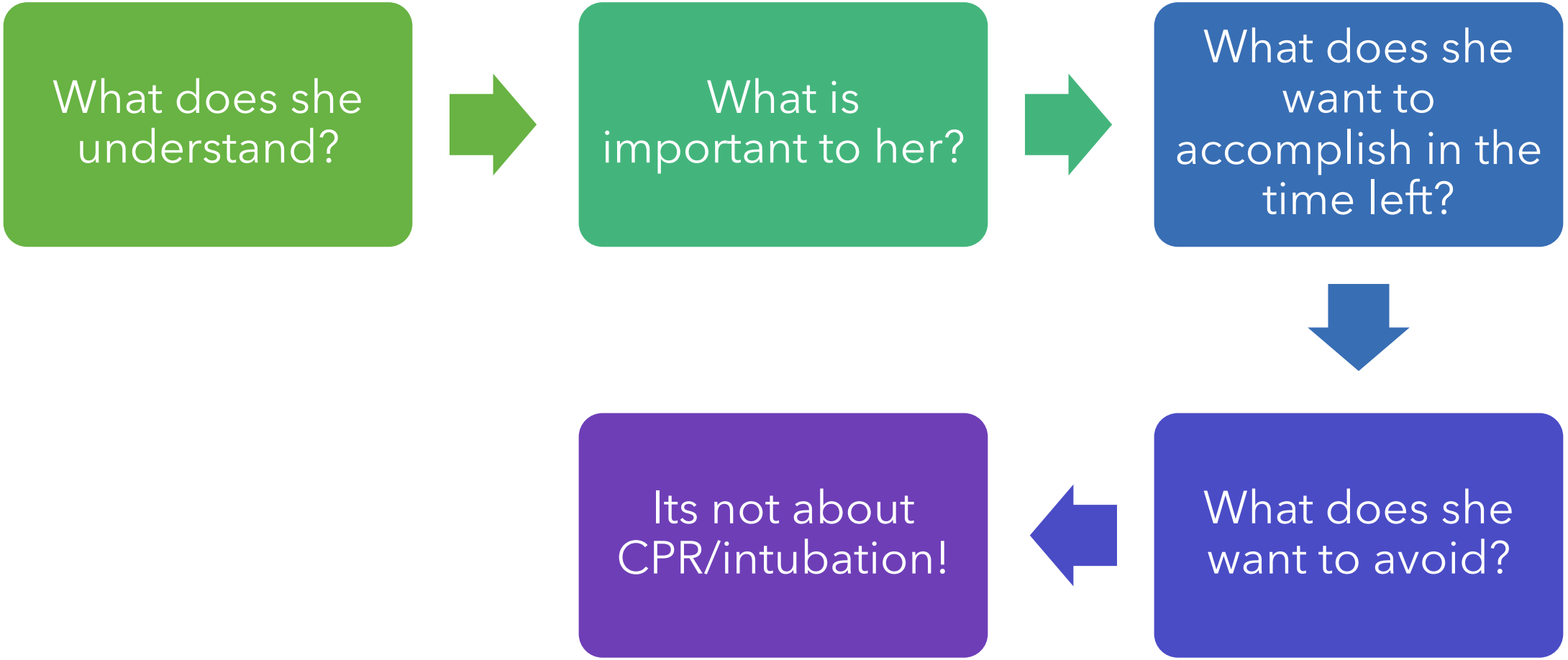
Stimulants

e.g. Methylphenidate 5mg am/noon and increase by 2.5mg per dose each day until effect

# Get in the Home Quick!

- Call SAPA intake
- E-mail through outlook home care nursing
- DSIE for Profils Palliatifs (prognosis less than 1 year)

# GOALS OF CARE: “Getting Real”



| Conversation flow | | Patient-tested language |
|---|---|---|
| **1. Set up the conversation**<br>• Introduce purpose<br>• Ask permission | **Set Up** | *"I'd like to talk about what is ahead with your illness and do some thinking in advance about what is important to you so that I can make sure we provide you with the care you want — **is this okay?**"* |
| **2. Assess illness understanding & information preferences** | **Assess** | *"What is your **understanding** now of where you are with your illness?"*<br>*"How much **information** about what is likely to be ahead with your illness would you like from me?"* |
| **3. Share prognosis**<br>• Frame with a "wish...worry", "hope...worry" statement<br>• Allow silence, explore emotion | **Share** | Prognosis: *"I want to share with you **my understanding** of where things are with your illness..."*<br>Uncertain: *"It can be difficult to predict what will happen with your illness. I **hope** you will continue to live well for a long time but I'm **worried** that you could get sick quickly, and I think it is important to prepare for that possibility."* Time: *"I **wish** we were not in this situation, but I'm **worried** that time may be short as_ (express as a range e.g. weeks to months, months to a year)."* **OR** Function: *"I **hope** that this is not the case, but I'm **worried** that this may be as strong as you will feel"* |
| **4. Explore key topics**<br>• Goals<br>• Fears & worries<br>• Sources of strength<br>• Critical abilities<br>• Trade-offs<br>• Family | **Explore** | *"What are your most important **goals** if your health situation worsens?"*<br>*"What are your biggest **fears and worries** about the future with your health?"*<br>*"What gives you **strength** as you think about the future with your illness?"*<br>*"What **abilities** are so critical to your life that you can't imagine living without them?"*<br>*"If you become sicker, **how much are you willing to go through** for the possibility of gaining more time?" "How much does your **family** know about your priorities and wishes?"* |
| **5. Close the conversation**<br>• Summarize what you've heard<br>• Make a recommendation; check in with patient<br>• Affirm your commitment to the patient | **Close** | *"I've heard you say that ____is really important to you. Keeping that in mind, and what we know about your illness, I **recommend** that we _____. This will help us make sure that your treatment plan reflect what's important to you"*<br>*"How does this plan seem to you?" "I will do everything I can to help you through this."* |
| **6. Document your conversation & 7. Communicate with key clinicians** | | |

-Ariadne L:abs, BC Cancer Care 2015

# Guidelines

- ASCO 2021- Dyspnea
- CTS-COPD 2019
- ASCO-Cachexia