# Palliative Care – Symptom Assessment and Management

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With Thanks to
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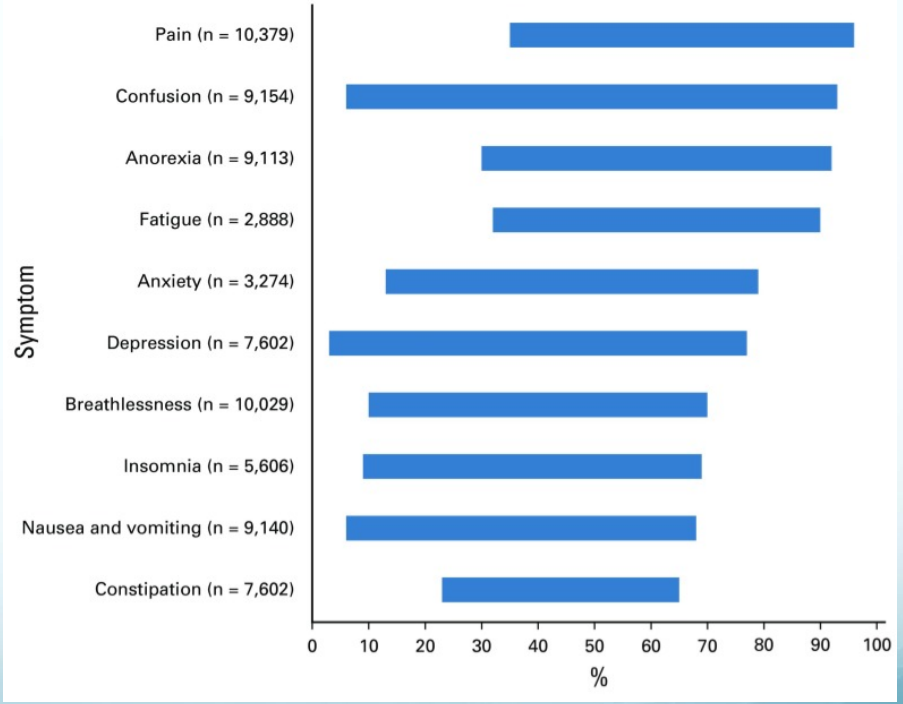
# Common Symptoms

# Symptom Assessment

- Disease related
  - Progression or complication
- Treatment related
- Psychosocial
- Unrelated conditions
- Treatment/Management - ‘Goals Focused’

# Symptom Assessment Score

**Please select a number between 0 and 10 that most closely matches how you feel.**

- **A score of 0 means the symptom is absent.**
- **A score of 10 means you are having the worst possible experience with that symptom.**

| Symptom | Absent → Worst Distress | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Difficulty sleeping | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Appetite problems | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Nausea | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Bowel problems | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Breathing problems | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Fatigue | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

# Symptom Management

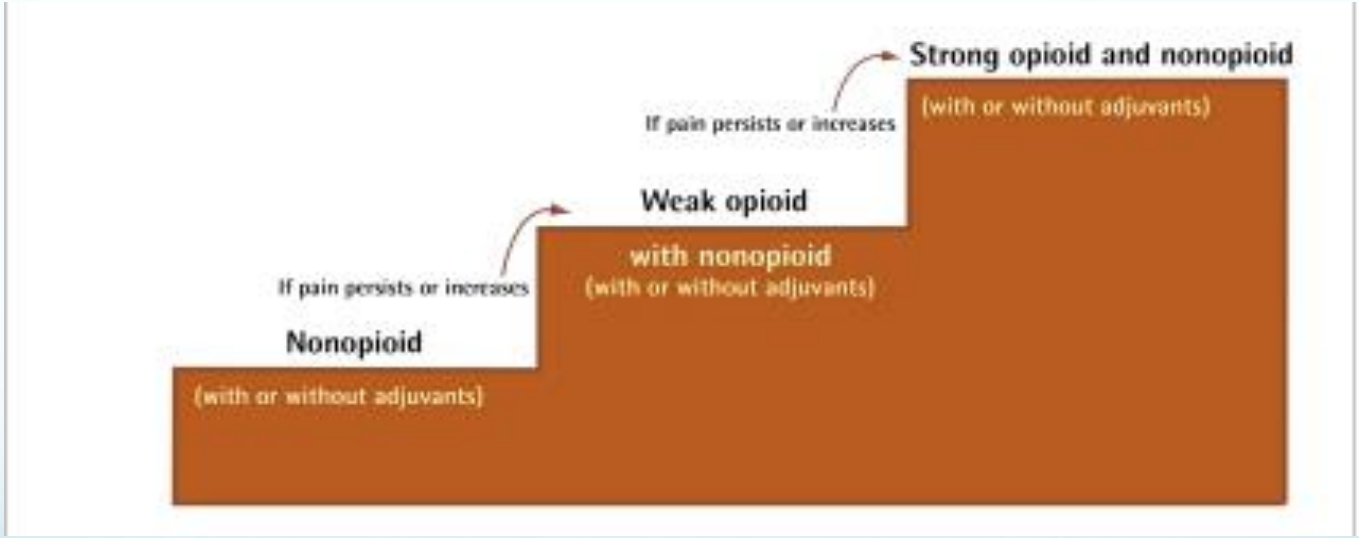
# Jane

- 63 year old woman, married with adult son and daughter
  - Breast cancer diagnosed 2013
    - ER/PR negative, HER2 positive
    - R lumpectomy and axillary clearance
    - 2/14 nodes positive
    - Adjuvant chemotherapy and radiotherapy
  - Co-morbidities
    - Type 2 DM
    - Non alcoholic steato-hepatitis

# Jane

- Now presents with 3 week history of pain
  - Right Chest wall and back
  - Constant ache, exacerbated by movement
  - Wakes at night with pain
- CXR confirms right 6$^{th}$ rib lesion and T5 lesion
- Bone scan shows widespread bone mets

# WHO Analgesic Ladder



# Which opioid?

- Weak opioids
  - Codeine
  - Tramadol
  - Buprenorphine – sl, patch
- Strong opioids
  - Morphine – po, sc, im, iv, epidural
  - Oxycodone – po, sc, iv
  - Fentanyl – po (lozenges), patch
  - Hydromorphone – po, sc, im, iv
  - Methadone – po, sc, im

# Management

- Regular paracetamol
- Morphine syrup 2.5-5mg 1 hourly prn

# Management

- Review 3 days later
  - 4-5 doses per day
  - =20-25mg morphine/24 hours
- Commenced MS Contin 10mg bd

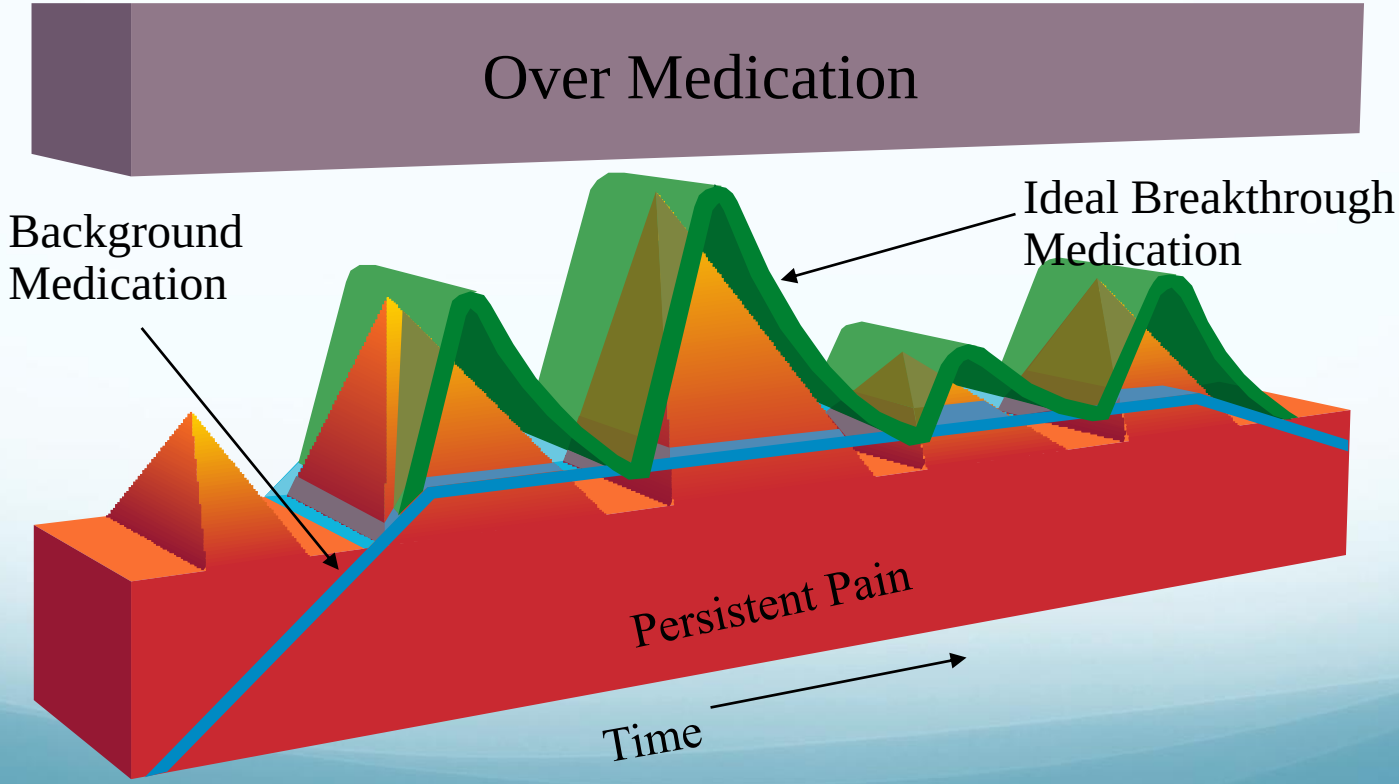
# 1 month later…

- Jane is now on a background of MS Contin 30mg BD. What is the most appropriate breakthrough analgesic dose?

# Breakthrough dosing

- **1/12 – 1/6** of daily background as breakthrough dose
- One hourly prn
- If breakthrough required for **3 doses** in succession without adequate relief, suggest medical review
- If using **3+ breakthroughs** per day, consider increasing background dose

# Treating Cancer Pain–Ideal



- Jane continues to experience pain that is not relieved by this regime?

# Switching between opioids

- **Consider when**
  - Adverse drug effects
  - Impaired renal function – morphine contraindicated
  - Different route of administration
  - Potential benefit of one opioid over another

# Switching between opioids

- Dose reduce on rotation
  - Reduce equianalgesic dose of new opioid by 25-50%
  - Call for advice

# Approximate Equianalgesic Doses of Various Opioids

| Opioid | Oral Dose |
|---|---|
| Morphine | 30 mg |
| Oxycodone | 20 mg |
| Hydromorphone | 6 mg |
| Codeine | 240 mg |

# Approximate Equianalgesic Doses of Various Opioids

| Opioid | Oral | Parenteral |
|---|---|---|
| Morphine | 30 mg | 10 mg (IV,SC,IM) |
| Oxycodone | 20 mg | 10 mg (IV,SC) |
| Hydromorphone | 6 mg | 1.5-2 mg (IV, SC) |
| Fentanyl | ----- | 150 – 200 mcg (IV/SC) |
| Codeine | 240 mg | ----- |

# Opioid bioequivalence

- Fentanyl 12 mcg/hour patch

  = 45-60 mg oral morphine/24 hours

- Fentanyl patch **should not** be started on an **opioid naïve** patient

Australian Medicines Handbook

# Conversion of transdermal fentanyl patches to morphine

| Fentanyl Delivery rate (mcg/hour) | Parenteral morphine dose equivalent (mg/24 hours) | Oral morphine dose equivalent (mg/24 hours) |
|---|---|---|
| 12 | 15-30 | 45-60 |
| 25 | 30-40 | 60-100 |
| 50 | 60-80 | 120-200 |
| 75 | 90-120 | 180-300 |
| 100 | 120-160 | 240-400 |

# Drugs for neuropathic pain

- Pregabalin
- Gabapentin
  - Dose reduce in
    - Renal impairment
    - Elderly
- Amitriptyline
- Duloxetine

# Pain Management

- Medications
- Chemotherapy
- Radiotherapy
- Physiotherapy
- Surgery
- Intervention
  - Regional nerve blocks
  - Spinal/epidural
- Massage
- Hypnosis
- Meditation
- Acupuncture
- Relaxation therapy
- Aromatherapy

# Jane

- Jane now has better pain control, but now has developed **constipation**

- Firm stools, every 2-3 days

# Constipation

- Intestinal transit
- Poor intake
- Immobility
- Opioids
- $5HT_3$ antagonists
- Anticholinergic
- Generalised weakness

# Opioid induced constipation

- Stool softening plus stimulant
  - Coloxyl and Senna 1-2 BD

- Osmotic laxatives
  - Movicol 1-2 sachets BD-TDS
  - Lactulose 20ml BD-TDS

# Escalation!

- Suppositories/Enemas
  - Bisacodyl suppositories
  - Microlax enemas


- Movicol Jug
  - 6 sachets in 1L water

# What about Targin®?

- Combination prolonged-release oxycodone and naloxone
- Contraindicated in moderate-to-severe liver dysfunction

# Targin®

- Normal liver function:

  -Naloxone antagonises the effects of oxycodone in the gastrointestinal tract.

  -Naloxone removed by extensive first pass metabolism by the liver, so does not affect analgesia

# What about Targin®?

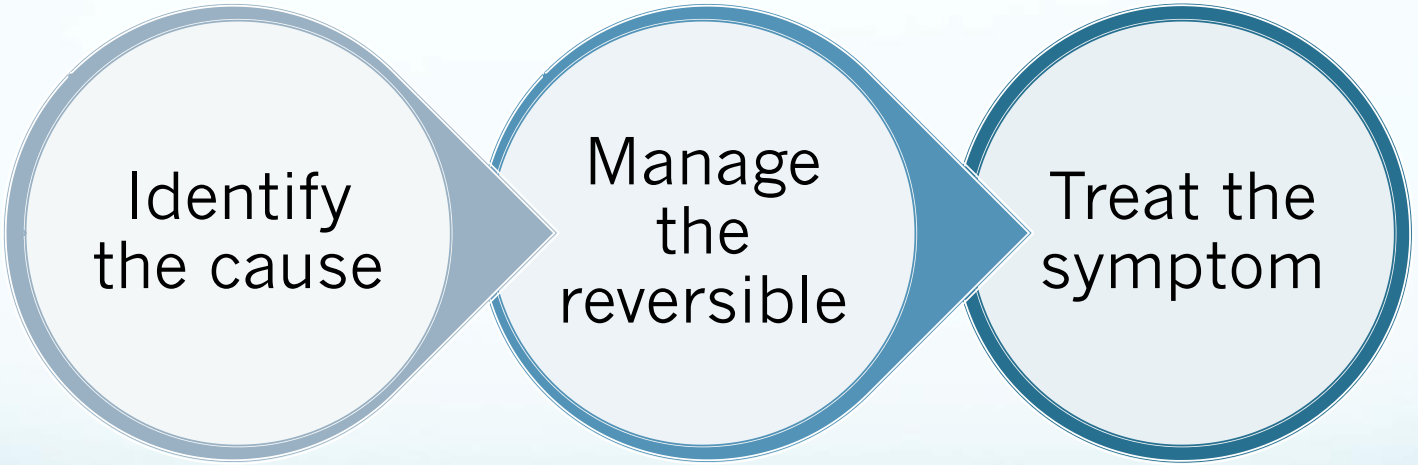
- abnormal liver function impairs first pass metabolism
- Naloxone bypasses first pass metabolism
- Ends up in systemic circulation
- Poor pain control
- Narcosis on switching from Targin to other opioids

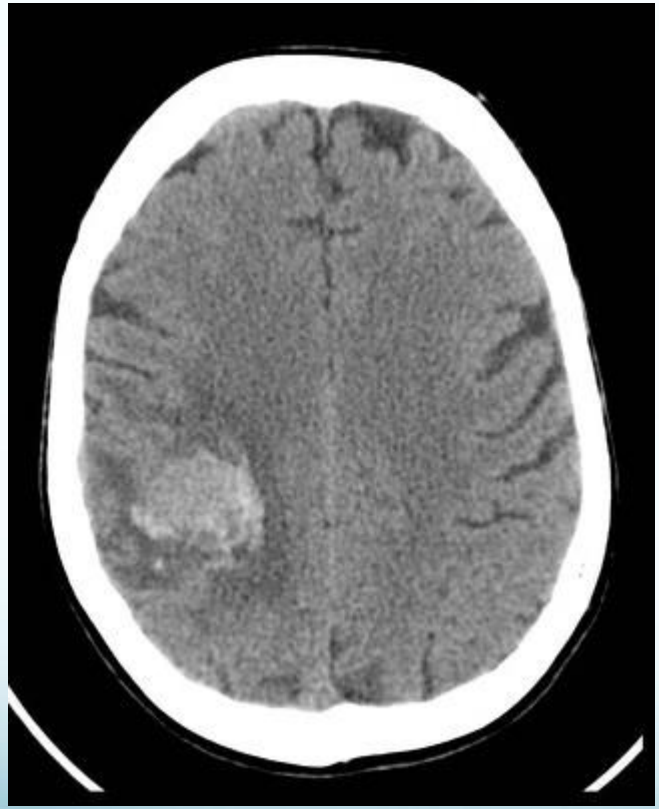
# Jane

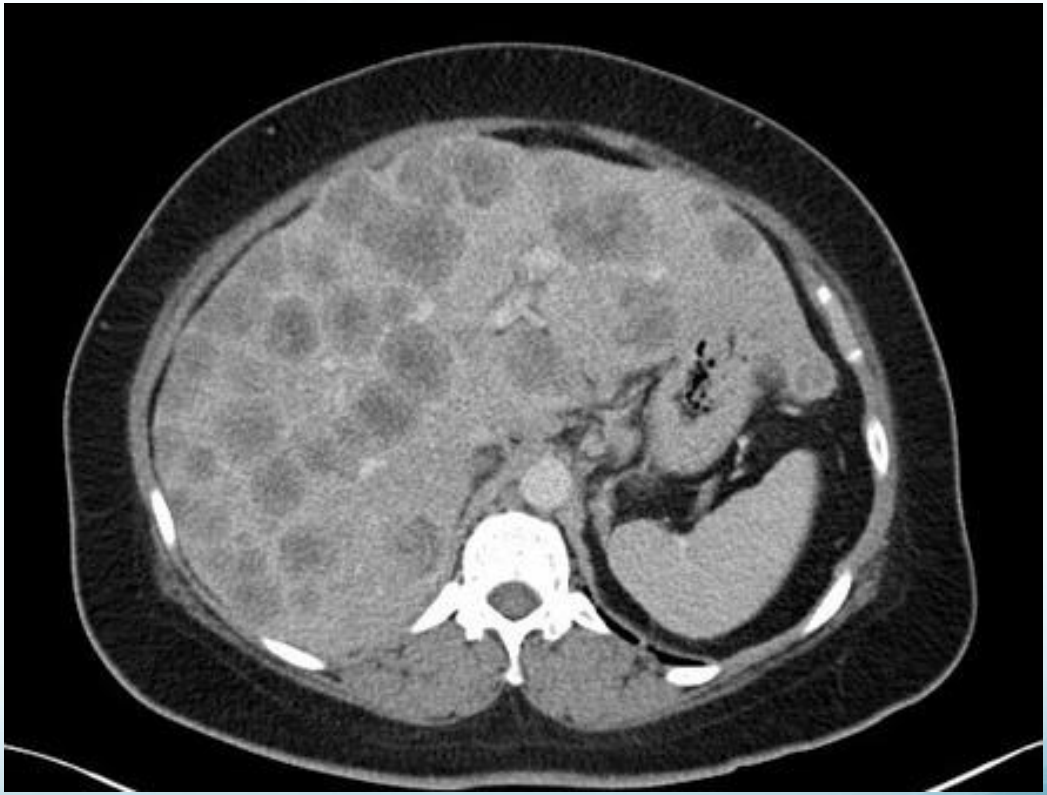
- Now returns with increasing, and persistent **nausea**, with occasional **vomiting**

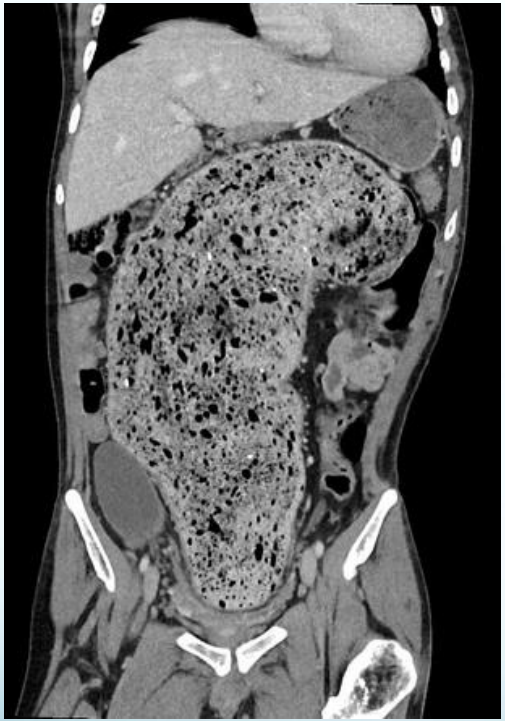
- Sight or thought of food problematic

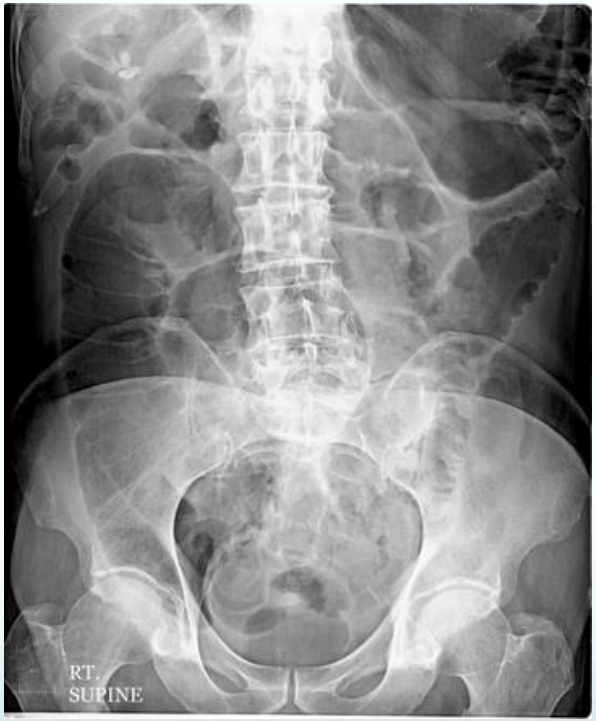
# Nausea

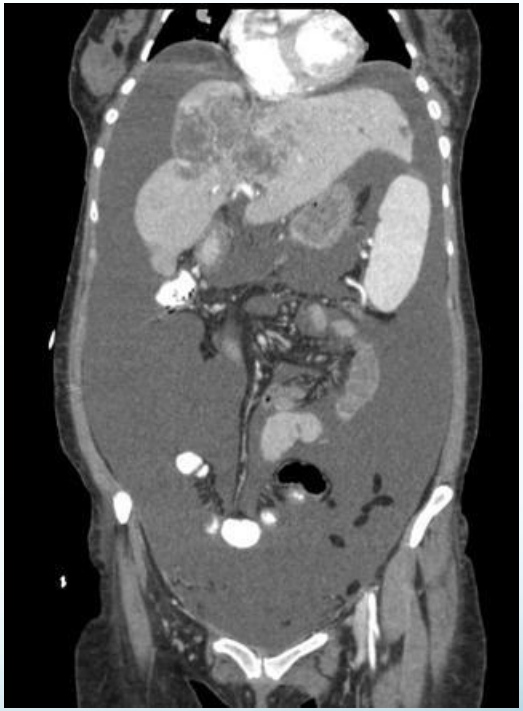

Identify the cause
Manage the reversible
Treat the symptom







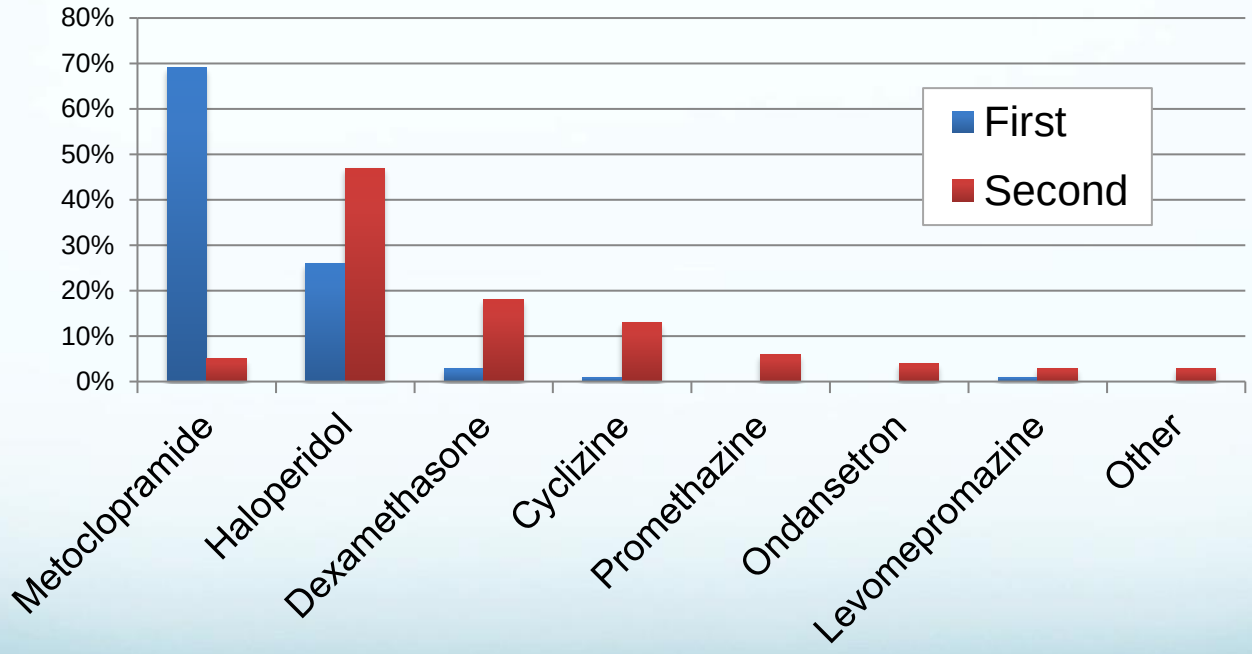

RT.
SUPINE



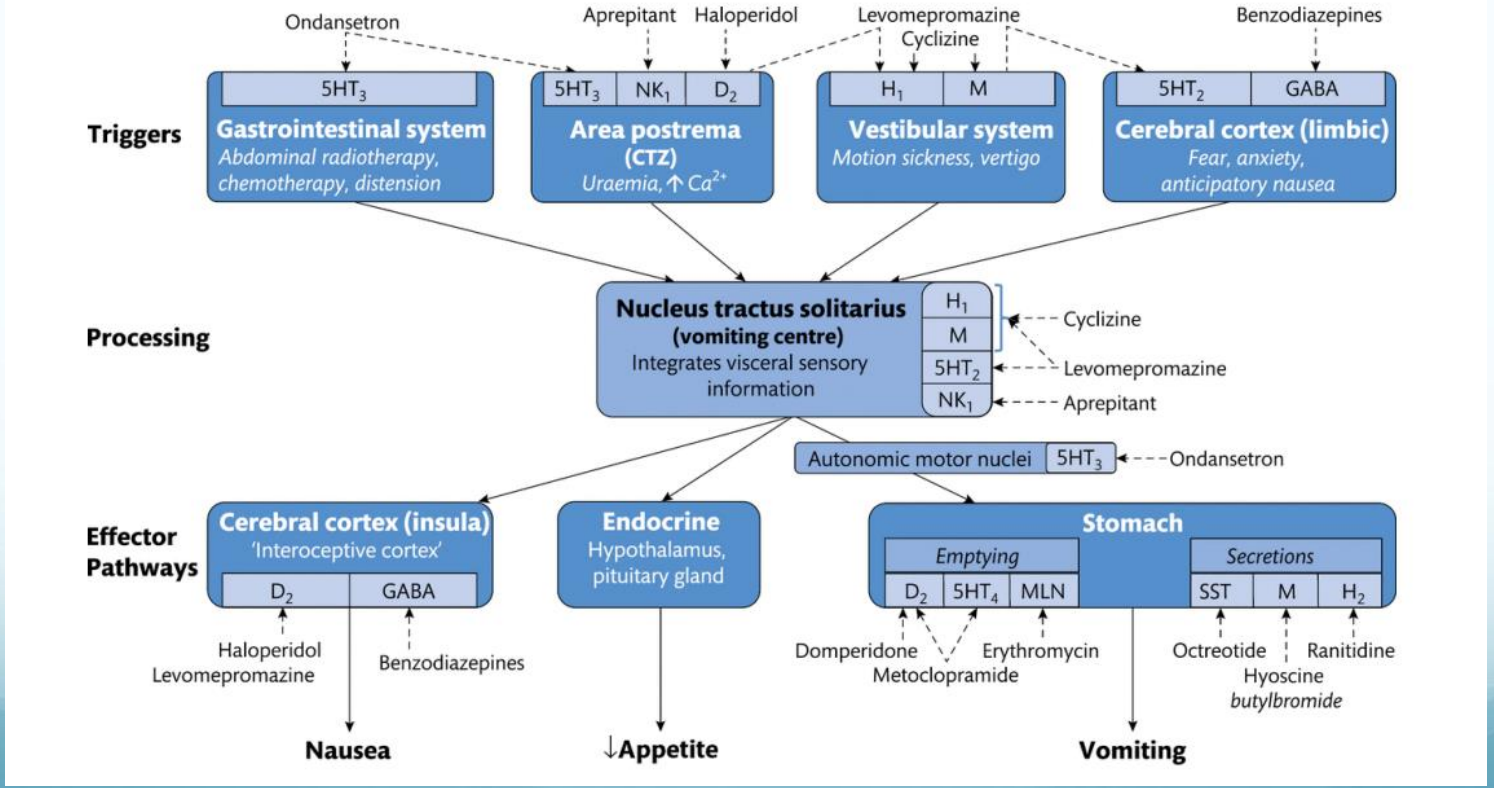
# Non Pharmacological:

- Avoid triggers (smell/food), Small meals, Cold drinks
- Limit Medication
- Mouth Care!
- Ginger (?evidence)
- Distraction
- Breathing techniques/relaxations techniques
- Control malodour- fungating wounds/stomas/ulcers
- Manage Anxiety

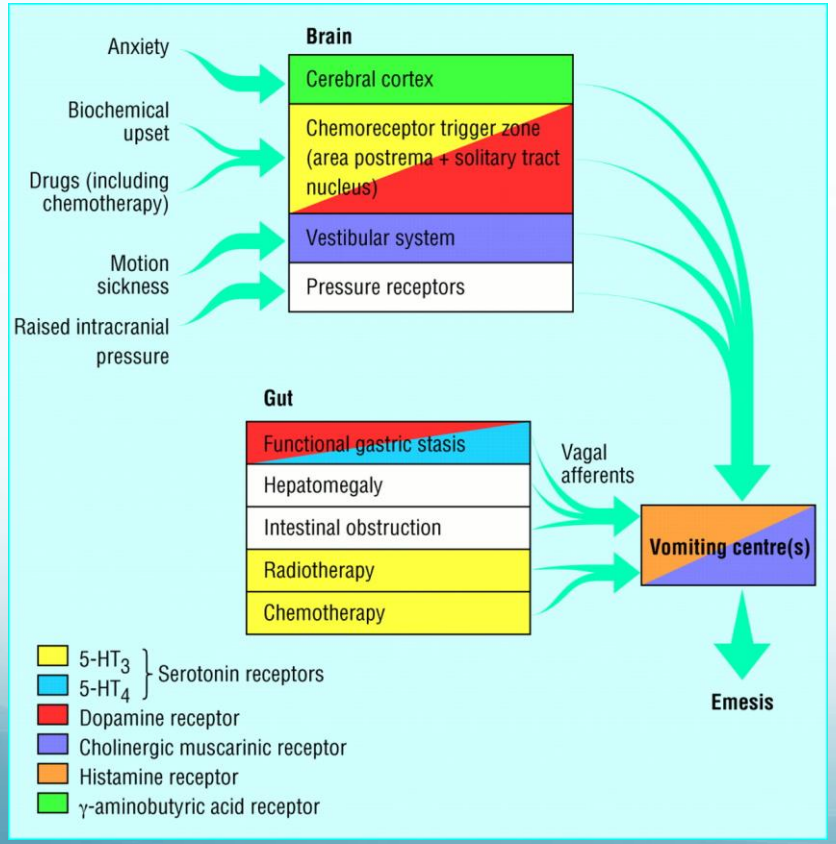
# Prescribing preferences



# Physiology


Ondansetron
Aprepitant
Haloperidol
Levomepromazine
Cyclizine
Benzodiazepines
Triggers
5HT3
Gastrointestinal system
Abdominal radiotherapy, chemotherapy, distension
5HT3
NK1
D2
Area postrema (CTZ)
Uraemia, ↑ Ca2+
H1
M
Vestibular system
Motion sickness, vertigo
5HT2
GABA
Cerebral cortex (limbic)
Fear, anxiety, anticipatory nausea
Processing
Nucleus tractus solitarius
(vomiting centre)
Integrates visceral sensory information
H1
M
5HT2
NK1
Cyclizine
Levomepromazine
Aprepitant
Autonomic motor nuclei
5HT3
Ondansetron
Effector Pathways
Cerebral cortex (insula)
'Interoceptive cortex'
D2
GABA
Haloperidol
Levomepromazine
Benzodiazepines
Nausea
Endocrine
Hypothalamus, pituitary gland
↓Appetite
Stomach
Emptying
D2
5HT4
MLN
Domperidone
Metoclopramide
Erythromycin
Secretions
SST
M
H2
Octreotide
Hyoscine butylbromide
Ranitidine
Vomiting

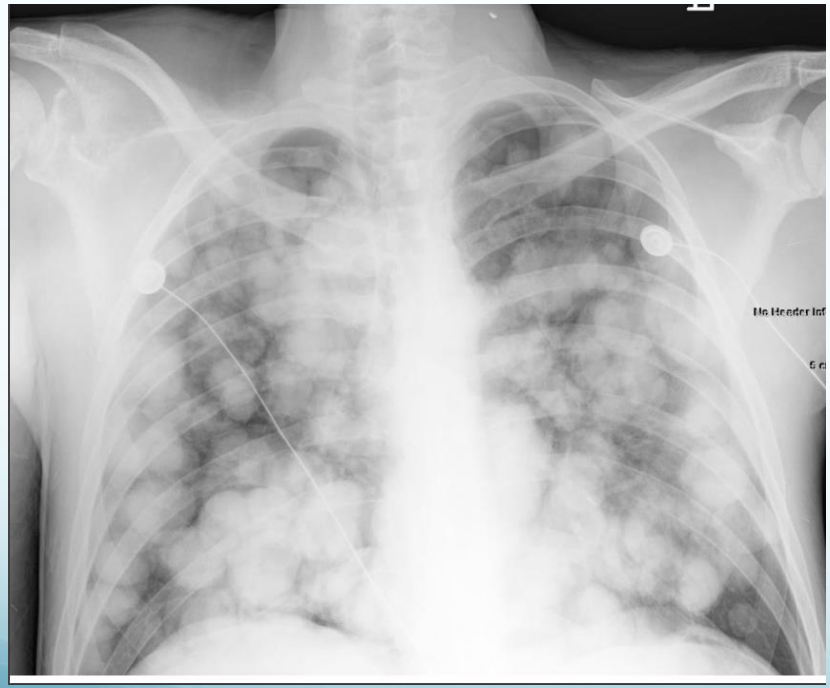
# Antiemetic Choice

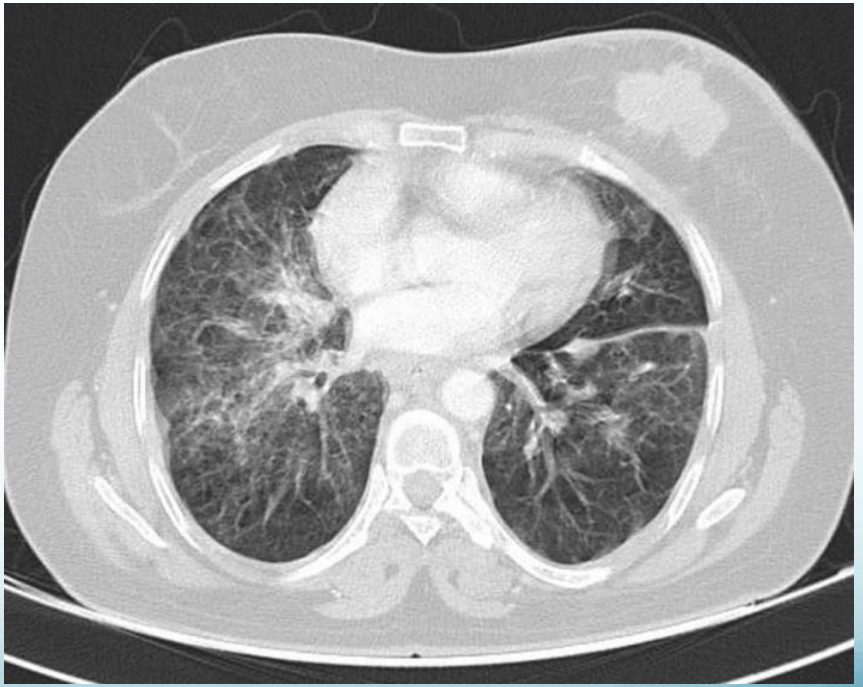


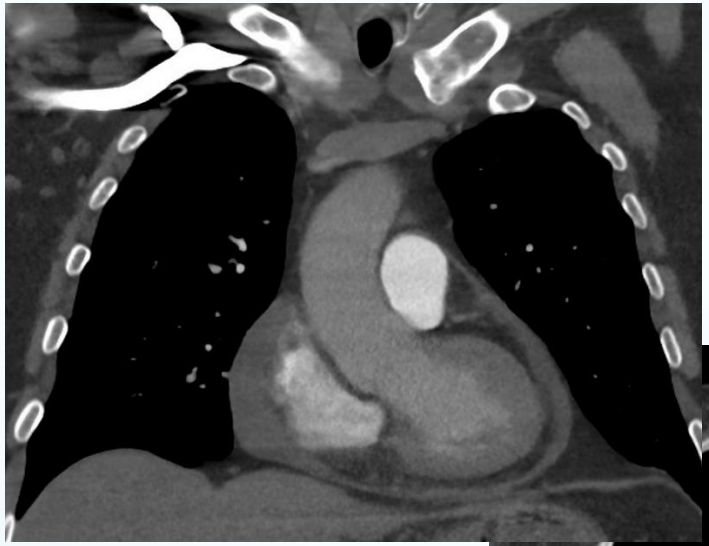

| Dominant Cause | Treatment |
|---|---|
| Drug/toxin | Haloperidol<br>levomepromazine |
| Chemo/Radiotherapy | Ondansetron/haloperidol<br>Dexamethasone |
| Vestibular involvement | Prochlorperazine<br>promethazine |
| Gastric stasis/ileus | Metoclopramide |
| Mechanical Obstruction | Haloperidol/Cyclizine<br>Dexamethasone |
| Gastritis | Metoclopramide + PPI |
| Cause unknown | Haloperidol |
| CNS disease/Raised ICP | Dexamethasone<br>Cyclizine |
| Anxiety | Clonazepam |

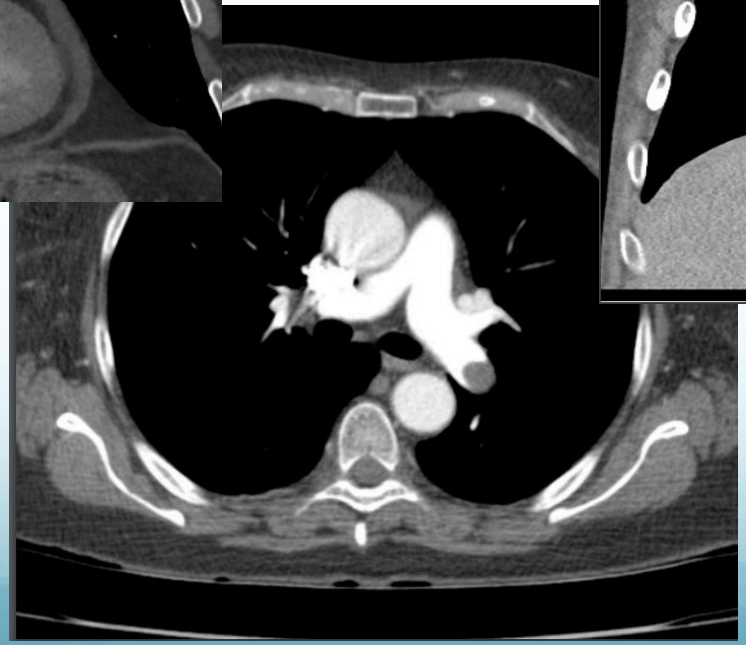
# Jane

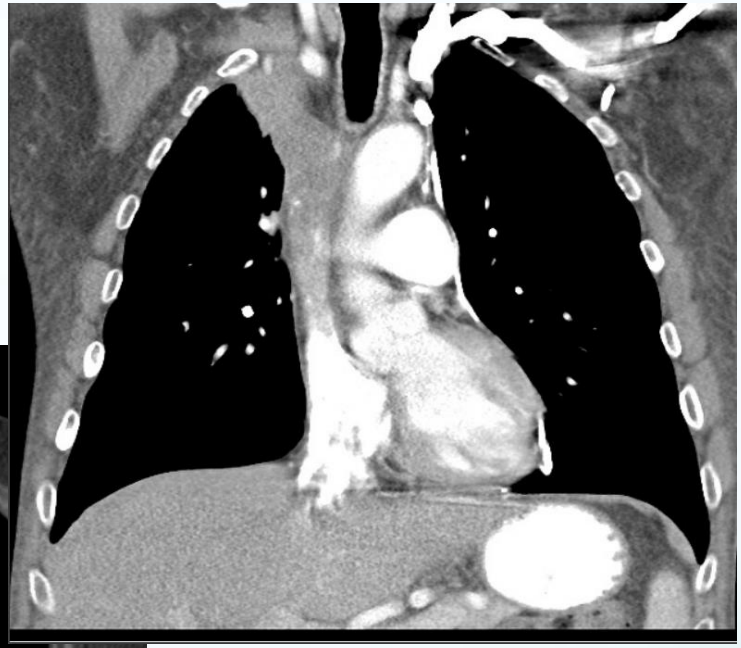
- Jane's disease is progressing despite multiple lines of chemotherapy
- Deteriorating function
- Progressive **shortness of breath**
  - Walking to bedroom











# Common causes of dyspnoea in palliative care

| CANCER PATIENTS | OTHER: |
| --- | --- |
| Lung Metastases | Anaemia |
| Pleural/Pericardial Effusion | Atrial Fibrillation |
| Lymphangitis Carcinomatosis | COPD/ILD |
| PE | CCF |
| | MND |

# Dyspnoea

- Treat underlying cause if possible

- Non-pharmacological
  - Oxygen (SpO2<90%)
  - Fan
  - Position
  - Pacing activity/Aids
  - Breathing techniques

# Dyspnoea

- Pharmacological
  - Opioids
    - Morphine 1-2.5mg PO 1 hourly PRN

      or
    - Usual breakthrough dose
  - Benzodiazepines
    - Clonazepam drops 1-2 sublingual 6 hourly PRN