Symptom Management in Palliative Care

Kristin Fox, APRN, ACHPN
Palliative Care Nurse Practitioner
St. Joseph Hospital

It all starts with Listening

- Active Listening
  - The average person listens with 25% efficiency
  - Active listening is the capacity direct attention to the person speaking take in
    the information, process it and respond thoughtfully.
  - Actively listening also employs observing the non verbal cues given by the
    speaker to fully understand the message.
  - Active listening is the absorption and retention of the information given to
    you.

Communication

- “A” - Are all parties heard
- “S” - So what is important to the patient now
- “K” - Keep asking “tell me more”
- Ask tell ask
- Use open ended questions (Have I understood correctly? Is there anything
  else I should know?)
- Provide empathy and reflection
  - N Name; U understand; R Respect; S Support; Explore
- Give information “Hope” “Worried”
- Communicate and collaborate with the whole team
Poor Communication

- A Vivid Example

- Poor Communication - Bing video

Barriers to Effective Communication

<table>
<thead>
<tr>
<th>Patient Barriers</th>
<th>Provider Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language</td>
<td>Language including use of “jargon”</td>
</tr>
<tr>
<td>Culture</td>
<td>Cultural barriers</td>
</tr>
<tr>
<td>Concentration</td>
<td>Understanding patient history</td>
</tr>
<tr>
<td>Distraction – emotions</td>
<td></td>
</tr>
<tr>
<td>Reactions, response to what is said</td>
<td></td>
</tr>
<tr>
<td>Medication effect</td>
<td></td>
</tr>
<tr>
<td>Health Literacy</td>
<td></td>
</tr>
<tr>
<td>Lack of confidence</td>
<td></td>
</tr>
<tr>
<td>What they have to say is not important</td>
<td></td>
</tr>
<tr>
<td>Not feeling safe</td>
<td></td>
</tr>
</tbody>
</table>

Results of Poor Communication

- Inadequate informed consent
- Poor quality of care
- Poor patient outcomes
- Wasted resources
- Higher healthcare costs
Symptom Management

- Assessment is key
  - Physical assessment
  - Record review (history, medications)
  - When did symptom start
  - How long does symptom last
  - What does symptom feel like
  - Give symptom a number (0 = none, 10 = worst), use a visual scale
  - What makes symptom better or worse (think environment, medications and adjuvants)
  - Compliance with therapy
  - Equipment functioning

Not just pain...

- Other symptoms to consider
  - Fatigue
  - Nausea
  - Depression
  - Anxious
  - Sleepiness
  - Appetite
  - Feeling of well being
  - Shortness of breath
  - Others??

SHORTNESS OF BREATH
Shortness of Breath

• Assessment
• Cause
  • Heart Failure
  • COPD
  • Cancer
  • Liver disease
  • Anemia
  • Anxiety, panic, fear
• Acute vs Chronic
• Goals Of Care

Shortness of Breath Assessment

• Assessment is key
  • Physical assessment
  • Record review (history, medications)
  • When did symptom start
  • How long does symptom last
  • What does symptom feel like
  • Give symptom a number (0 = none, 10 = worst), use a visual scale
  • What makes symptom better or worse
    • Think environment, medications and adjuvants
  • Compliance with therapy
  • Equipment functioning

What the patient experiences

• Uncomfortable
• Tired
• Gasping
• Not getting enough air
• Anxiety, Fear
• Decreased appetite, weight loss
• Breathing too fast
• Decreased ability to concentrate, increased forgetfulness,
What we can do

• Positioning – HOB elevated, Use wedge pillow, recliner, lean forward, small table in front.
• Relaxation techniques – there is an app for that Calm, Breathe
• Pursed lip breathing, paced activities
• Small fan – directed across face
• Assess for oxygen therapy if not on, assess if working correctly
• Refer for home care, PT for energy conservation, Nursing for medication management
• Goals of Care discussion

What else

• Review Medications and compliance
• Diuretics?
• Other cardiac medications?
• Inhalers? Are they using correctly, Do they feel like they help?
• Nebulizers?
• Steroids?
• Maximize treatment of underlying cause in collaboration with PCP, pulmonology, cardiology, oncology. Work as an advocate for patient.
• Morphine concentrate, Roxicodone concentrate Sl prn SOB – unclear mechanism of action, some providers hesitant to prescribe.

CONSTIPATION
Constipation

• Assessment
• Cause
  • Medications opioids but others
  • Dementia
  • Cancer
  • Immobility
  • Poor fluid intake
  • History of “Bowel Issues”
• Acute vs Chronic
• Goals Of Care

Constipation Assessment

• Assessment is key
  • Physical assessment including a rectal exam if not neutropenic
  • May need radiology exam to rule out bowel obstruction
  • Record review (history, review all medications but especially meds that could be contributing as opioids antimuscarinics, ondansetron, iron, anti-cancer drugs and Parkinson’s medications)
  • When did symptom start
  • How long does symptom last
  • What does symptom feel like
  • Give symptom a number (0=none, 10 = worst), use a visual scale
  • What makes symptom better or worse (think environment, medications and adjuvants)
  • Compliance with therapy

How Do Constipated Patients Feel?

• Rectal pain with bowel movement
• Rectal bleeding
• Nausea, vomiting
• Decreased appetite
• Bloating
• Dyspepsia
• Abdominal pain, cramping
• Overflow diarrhea
• Anxiety, confusion
Complications of Constipation

• Hemorrhoids
• Anal fissures
• Rectal prolapse
• Fecal impaction
• Bowel obstruction

What can we do?

• Assess
  • Physical assessment including a rectal exam if not neutropenic
  • Assess medications that could be contributing as opioids antimuscarinics, ondansetron, iron, anti-cancer drugs and Parkinson’s medications
• To fiber or not
• To Mobilize
• Encourage fluids
• Regular bowel regime
• Good hygiene – wet wipes, use of witch hazel, treat hemorrhoids

Medications - Stimulant Laxatives

• Stimulate the colon to push the stool out
• Can cause burping, nausea, abdominal cramping and diarrhea
• Senna S – natural laxative with stool softener, one every night to start with any opioid. Can be increased up to 4 tablets twice a day.
• Bisacodyl – Stimulant, tablets 10-12 hours for BM or suppository 10 60 minutes or chews 30 minutes to 6 hours
• Ex Lax (Rennosides 15mg), produces BM in 6-12 hours. Tablets or chocolate pieces.
### Medications – Osmotic Laxatives

- **limits water absorption in the colon**
  - **Mira Lax** – Polyethylene glycol – flavorless, BM in 24-72 hours, use with caution in renal failure
  - **Magnesium citrate** - contraindicated in renal failure (Creatinine clearance <30), BM in 1-4 hours
  - **Sorbitol** - produces BM in 15 – 60 minutes, sickly sweet taste, caution in elderly
  - **Lactulose** - sweet, works well for liver patients, caution in diabetic, caution in elderly, produces BM in 24 – 48 hours.
  - **Fleet saline enema** – increases water in colon, avoid in renal failure, caution in cardiac patients, can produce a BM in 1-5 minutes.
  - **Docusate sodium** – stool softener, BM in 12-72 hours.

### Medications - Lubricant Laxatives

- **Mineral oil enema (Fleet has a product)**
- **Glycerin Suppository**
- **Frozen Petroleum Jelly balls (pea sized rolled in sugar, frozen) 1-3 balls per day** – not scientifically proven evidence, can cause lipoid pneumonia, if aspirated.
- **Mineral oil 15 – 45 ml/ day divided dosing every 8-24 hours, not scientifically proven evidence, can cause lipoid pneumonia, if aspirated**

### Some others...

- **Methylnaltrexone (restilor)** – PO or SC, opioid antagonist. BMM with in four hours.
- **Lubiprostone (amitiza)** – Laxative, increase fluid, Used in IBS-c, and opioid induced constipation, non cancer. PO, twice a day. BM with in 24 hours.
- **Naldemedine (symproic)** – mu opioid antagonist, PO, once a day, non cancer pain.
- **Naloxogol (movantik)** – mu opioid antagonist, BM with in 6-12 hours, PO, once a day.
Other non medication treatments

• Prunes, other dried fruits apricots
• Prune juice, warmed, pat of butter
• White grape juice, pear juice
• Smooth Move tea
• Heating pad to abdomen
• Squatty Potty [https://www.youtube.com/watch?v=piXlXT9CE](https://www.youtube.com/watch?v=piXlXT9CE)
• Acupuncture / acupressure
• Chinese herbal medicine – caution for drug interactions
• Warmed milk and molasses enema

NAUSEA

Nausea

• Assessment – the usual plus...
  • Does it occur independent of vomiting?
  • Is there dyspepsia
  • Impact on QOL
  • Is there wretching
• Cause – Can be multifactorial
  • Disease (cancer, kidney failure, heart disease)
  • Treatment (chemo, radiation, medications)
• Constipation
• Acute vs Chronic
• Goals Of Care
Nausea Assessment

• Assessment is key – assess if the patient experiences motion sickness
• Physical assessment
• Record review (history, review all medications but especially meds that could be contributing antibiotics, antidepressants, aspirin, ibuprofen, naproxen, chemotherapy, Opioids, Vitamins and mineral supplements.)
• When did symptom start
• How long does symptom last
• What does symptom feel like
• Give symptom a number (0 = none, 10 = worst), use a visual scale
• What makes symptom better or worse (think environment, medications and adjuvants)
• Compliance with therapy

Complications of Nausea

• Aspiration pneumonia
• Dehydration
• Malnutrition
• Weight loss
• Electrolyte abnormalities
• Gastritis, Esophagitis, tear of esophageal mucosa
• Damage to the enamel of the teeth

Effect of Nausea on Quality of Life

• Increased Fatigue
• Decreased socialization
• Decreased ability to complete ADLs and IADLs
• Negative emotional impact
• Weight loss
• Food aversions
• Negative impact on appearance and attractiveness
What can we do?

• Loose clothing
• Open windows
• Avoid offending odors (perfumes, after shave, scented candles, essential oils)
• Serve food cool, room temperature
• Small frequent meals, snacks
• Avoid liquids with meals
• Avoid cooking strong smelling foods
• Cool cloths to neck, forehead and wrists

Alternative treatments for nausea

• 86 10 mg to 25mg three times a day (nausea not vomiting)
• Ginger 1000mg/day
• Matricaria Chamomilla – steep 1 tablespoon (2 grams) of dried chamomile in 1 cup (240 ml) of hot water for 5–10 minutes
• Elettaria cardamomum – follow dosing instructions on package
• Pomegranate and Spearmint syrup – three times a day after meals
• Spearmint / Peppermint essential oil
• Lemon- hard lemon candies
• Peppermint soft or hard candies

Medications to treat nausea

• Ativan – benzodiazepine, enhances neurotransmitters in brain
• Benadryl – antihistamine– nausea associated with motion sickness
• Scopolamine patch – antihistamine, nausea associated with motion sickness
• Meclizine – nausea associated with motion sickness
• Compazine – not good with elderly, antipsychotic
• Haldol – antipsychotic, assess QTC prior to use
• Reglan – GI motility
• Phenergan – antihistamine – nausea associate with motion sickness
• Zofran, good for chemo induced nausea, surgery, radiation, oral dissolving tablets
• Olanzapine – given at night Day 1-4 of chemo to prevent nausea, can be dose reduced to 5 mg if too sedating. Now standard chemo prevention
Other medications

- PPIs (omeprazole, pantoprazole)
- Pepcid chewable

ANOREXIA and CACHEXIA

Definitions for Clarity

- **Anorexia** – loss of appetite that results in weight loss, malnutrition
- **Cachexia** – “hypercatabolic state that is defined by an accelerated loss of skeletal muscle in the context of a chronic inflammatory response, is best described in the setting of cancer but is also seen in other advanced chronic illnesses including AIDS, heart failure, and chronic obstructive pulmonary disease (COPD)” (UpToDate, 11/5/2021)
  Unintentional weight loss, reduced caloric intake, muscle loss, anemia, inflammation and insulin resistance are common.
How do patients with Anorexia and or Cachexia Feel?

- Malaise
- Weakness
- Fatigue
- Discomfort
- Lack of motivation
- Depression
- Distorted body image
- Caregivers suffer with helplessness and guilt

Cachexia syndromes

- Cancer Cachexia – cytokine activation that leads to protein degradation.
- Cardiac Cachexia "changes in catecholamines, cortisol, natriuretic peptides, and proinflammatory cytokines, including TNF-alpha, IL-1, and IL-6" (UpToDate, 11/5/21) and other hormones contribute to insulin resistance, nutrition deficiencies and fat malabsorption.
- Pulmonary Cachexia Syndrome – poorly understood. New research into myostatin (negative regulator of muscle development) Elevated in stable COPD. Also contributing, advanced age, changes in metabolism, fatigue.

Assessment

- Physical assessment
  - Serial weights
  - Check for loss of ac fat
  - Muscle wasting temporal region, deltoids, quadriceps
  - Edema
  - Ashtin
- Nutritional assessment (multiple malnutrition screening tools) Use your dieticians.
- Record review [history, medications]
- When did symptom start
- How long does symptom last
- What does symptom feel like
- Give symptom a number (0=none, 10 = worst), use a visual scale
- What makes symptom better or worse Think environment, medications and adjuvants
What Can We Do?

- Encourage socialization at meals
- Meal pleasure versus calories
- Small frequent calorie dense foods
- Easy to prepare
- Rest before meals
- Manage other symptoms: Pain, nausea, constipation
- Maximize treatment of disease process causing the syndrome
- Goals of Care conversations

Medications

- **Megace** – Cost is high, benefit limited, start low increase. If no benefit after 2 weeks stop, complications of edema and thromboembolism.
- **Glucocorticoids** – cheaper, less side effects than megace. Difficult in diabetic, research mainly in cancer patients, no clear recommendations for prednisone (20mg – 40mg / day divided) or dexamethasone (3-4 mg / day divided).
- **Anabolic Steroids** – some use with in trials for HIV/AIDS, neuromuscular disorders, COPD and Alcoholic cirrhosis where improvement in body composition and muscle strength, IT effect unknown.
- **Olanzapine** – used in chemo therapy, sometimes continues longer than standard nausea lingers.
- **Mirtazapine** – TCA, provides weight gain, but appetite data is inconclusive.
- **Treatment for Gastroparesis** – metoclopramide
- **Cannabis / Cannabinoids** – More study needed, but antedially, good relief with medically prescribed cannabis products from state dispensaries.

Other treatments

- **Omega 3 Fatty acids** – no benefit on lean body mass
- **Glutamine** – non essential amino acid – reduced complications of radiation esophagitis and weight loss in lung cancer
- **L-Carnitine** – derived from amino acids, a study of pancreatic cancer patients 4 grams per days increase in BMI and quality of life. Trend toward improved survival.
- **NSAID / Cox 2 inhibitors** – Celoxocib 200 mg BID weight gain and improved QOL, Megace plus ibuprofen weight gain improved QOL
Resources

• WHAT IS ACTIVE LISTENING – 6 GREAT TIPS TO LEARN IT BY ANNEKE SCHMIDT, PHD JANUARY 25, 2022 https://skillandcare.com/what-is-active-listening/

• Communication in healthcare: a narrative review of the literature and practical recommendations; Communication in healthcare: a narrative review of the literature and practical recommendations (nih.gov)

• Assessment and management of anorexia and cachexia in palliative care; https://www.google.com/search?q=management+of+anorexia+in+palliative+care&rlz=1C1GCEB_enUS884US887&oq=treatment+for+anorexia+in+palliative+care&aqs=chrome.1.69i57j0i22i30.15873j0j7&sourceid=chrome&ie=UTF-8