Introduction to Palliative Care

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This session will be recorded

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Please also note:

- The information in this presentation and the video recording is up to date as of the date it was recorded 20th November 2020,
- It has not been updated to include any subsequent advances in practice, and the information presented in this video does not replace hospital, health centre, or governmental guidelines.

My care My comfort
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What is Palliative Care?
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An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.'

(WHO, 2002)

Children's Palliative Care

Palliative care for **children** is the active total **care** of the child's body, mind and spirit, and also involves giving support to the family. It begins when illness is diagnosed, and continues regardless of whether or not a child receives treatment directed at the disease.

(WHO, 1998A)

Global Issues

- Almost 57 million patients and families need* palliative care annually
- Almost 26 million near the end of life (45%), over 31 million prior to the last year of life (55%), including nearly 4 million children.
- Approximately 7 million patients received palliative care in 2017 (up from 3 million in 2011) with only about 12% of the need being met globally.
- Almost 69% of people needing palliative care suffer from non-communicable diseases like cancer, dementia, stroke, heart-liver-kidney failure, lung diseases, or injuries
- Almost 25% suffer from communicable diseases like HIV, TB, and even COVID-19

Global Issues

- 64% of countries have no or very limited provision of palliative care and only 15% of countries have good integration into health care systems

- Over three-quarters of adults and over 97% of children needing palliative care live in low or middle-income countries

- 83% of the world's countries have low to non-existent access to opioids for pain relief and only 7% have adequate access

- **Need for palliative care is expected to increase 87% by 2060**
- **Global Atlas for Palliative Care 2nd Edition**

The Situation in Ethiopia

- Although there is no national cancer registry- In Addis Ababa a cancer registry was started in 2011 (AFCRN.org)
- The top three cancers for adults are breast cancer (30.2%), cancer of the cervix (13.4%), and colorectal cancer (5.7%). (Solomon and Mulegeta 2019).
- The three most common cancers in children are leukaemia, lymphoma and retinoblastoma (Woldeamanuel *et al.* 2013).
- In 2018, 690,000 people were living with HIV, 3 000 people were newly and 11 000 people died from an AIDS-related illness (UNAIDS)
- The number of Non-Communicable Diseases are growing rapidly.

Approach to Palliative Care

- Symptom relief – provide comfort first, Quality
- Goals of care – what is possible? What is valued by patient? By family?
- Patient-focused – care for the whole patient
- Family-centered – remember siblings
- Communication and rapport building
- Teamwork – multidisciplinary
- Decision-making

Policy

- Palliative care part of national health plan, policies, related regulations
- Funding / service delivery models support palliative care delivery
- Essential medicines

(Policy makers, regulators, WHO, NGOs)

Drug Availability

- Opioids, essential medicines
- Importation quota
- Cost
- Prescribing
- Distribution
- Dispensing
- Administration

(Pharmacists, drug regulators, law enforcement agents)

Implementation

- Opinion leaders
- Trained manpower
- Strategic & business plans – resources, infrastructure
- Standards, guidelines

Education

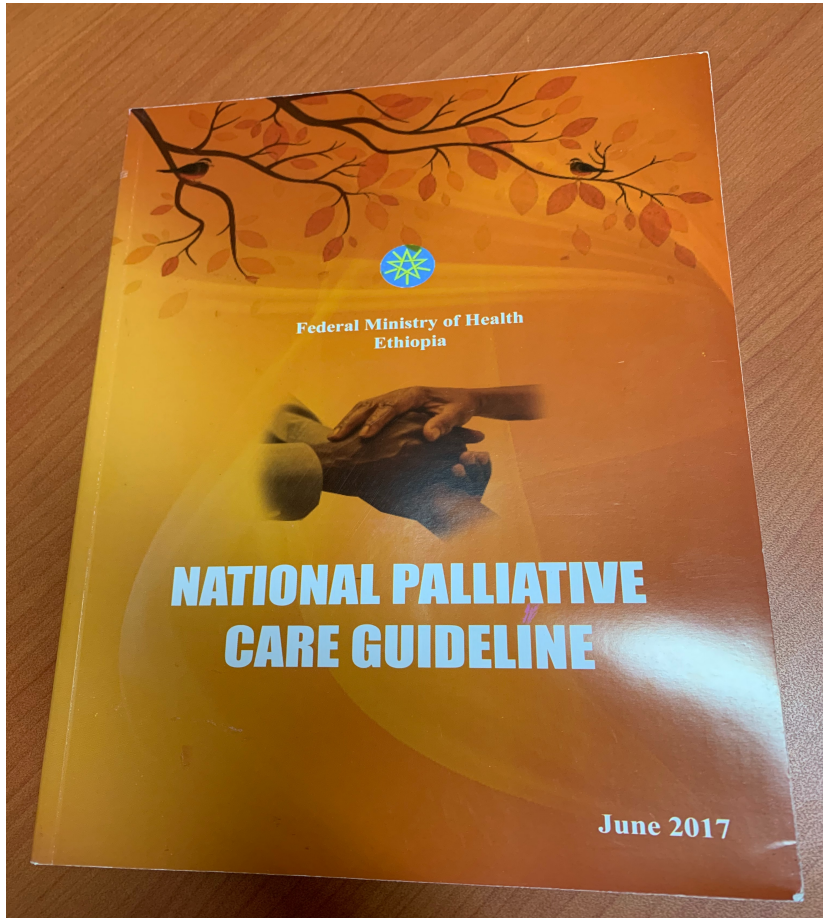
- Media & public advocacy
- Curricula, courses – professionals, trainees
- Expert training
- Family caregiver training & support

(Media & public, healthcare providers & trainees, palliative care experts, family caregivers)

Four Pillars of Public Health Model for Palliative Care Set-up (Stjernsward 2007)

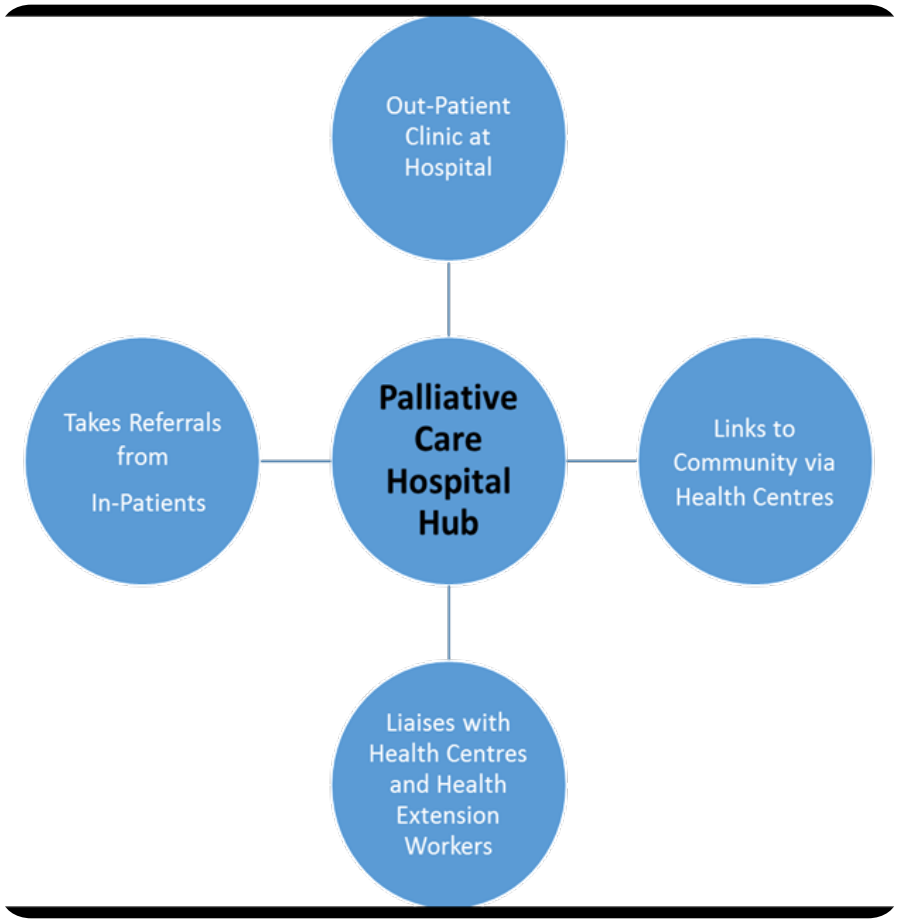
5th pillar… Research

Current Progress in Ethiopia



Policy

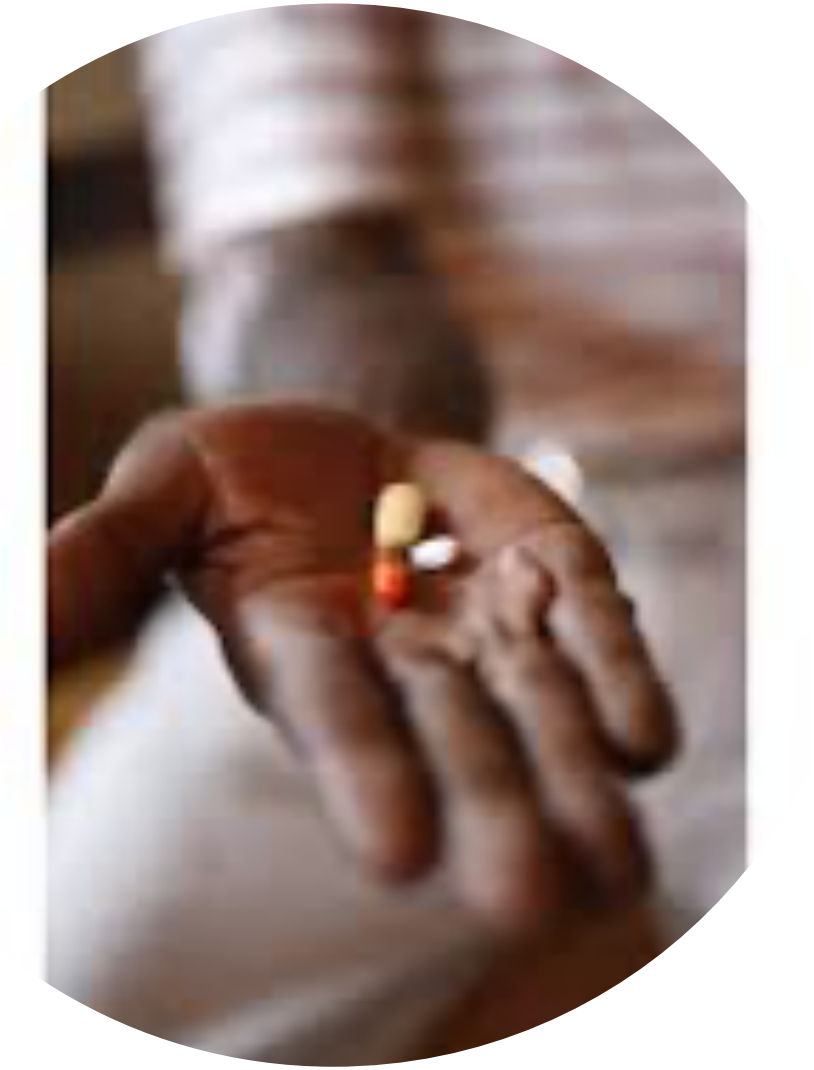
- National Palliative Care Guidelines June 2017
- Ethiopian Hospital Transformation Guidelines-Sept 2016
- Primary Health Care Guidelines-Sept 2017



Current Progress in Ethiopia

- **Implementation**
- Hub and spoke approach

- 12 Hospitals in Addis Ababa and 12 in regions trained with varying success in implementation



Current Progress in Ethiopia

Drug Availability

- Previously morphine was manufactured in the country-plans to restart manufacturing
- Palliative Care Essential Drug list in guidelines

Current Progress in Ethiopia

Education

- 3-day pain and palliative care course
- Hub training course
- Social worker training
- ER and anesthesiologists training
- Health centre training
- Children’s palliative care training

VISION:

Access to evidence-based, quality palliative care

for all in need

in Ethiopia

50 lemons for one person is a burden……

But they are treasures for 50 people

Summary

- Palliative care is a patient centered model of care
- Palliative care improves the quality of life of patients and families who face life-threatening illness
- Prevention and relief of physical, psychological, emotional and spiritual suffering

Palliative care in the ED

Objectives

- Describe pain assessment methods
- Describe the WHO analgesic ladder for pain managment
- Discuss some palliative care emergencies
- Mention a technique for breaking bad news

PAIN

- Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.
- The fifth vital sign.

PAIN Characterization

'PQRST'

- **P**recipitating and relieving factors
- **Q**uality
- **R**adiation
- **S**ite and **S**everity
- **T**iming and **T**reatment history

(Beating Pain, 2nd Ed. APCA (2012)

Measuring pain

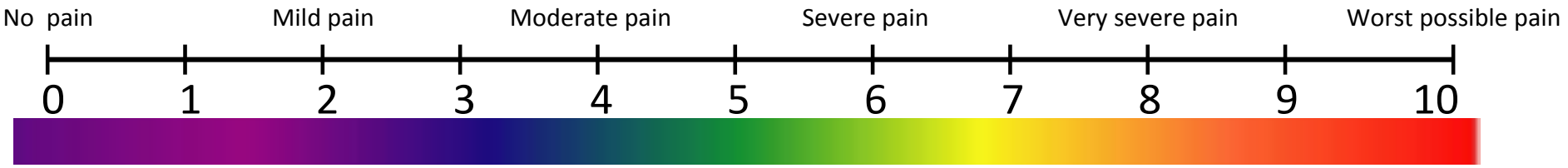
- Pain scales may enhance the ability of patients to communicate the severity of their pain to health care professionals.
- Patients can usually accurately indicate the severity of their symptom by using a scale.
- Scales also allow the clinician to objectively assess the effect of medications.

Pain Assessment Scales

- Categorical or verbal rating scale
- Numeric Pain Rating Scale
- Visual analogue scale (VAS)
- The hand scale/Palms pain scale or Five-finger score (O-5)
- For children: Wong-Baker FACES Scale: >3yrs

  Observation-FLACC Scale: for children who can’t talk

Numeric pain rating scale



- Pain levels from 0-10 can be explained verbally to the patient using a scale in which 0 is no pain and 10 is the worst possible pain imaginable.
- Patients are asked to rate their pain from 0 to 10.
- Record the pain level to make treatment decisions, and for follow-up plans.

Approach to Pain Management

(Treat, Care & Priscrbe)

Treat the reversible

- Infections
- Wounds
- Constipation – if the main cause of pain is constipation then giving opioids may make it worse
- Bone metastases with radiotherapy if available

Pain management

(Treat, Care & Priscrbe)

Care

- Find the most comfortable position for the patient.
- Listen to the patient’s concerns and explain what is happening or religious/cultural practices
- Music, gentle massage or breathing techniques
- Hot or cold compresses.

Pain management

(Treat, Care & Priscrbe)

Prescribe

Analgesics commonely used in palliative care:

1. Non-opioids: paracetamol (acetaminophen) and the non-steroidal anti-inflammatory drugs (NSAIDs)

2. Opioids: codeine, tramadol and morphine

HOW TO GIVE ANALGESICS: PRINCIPLES

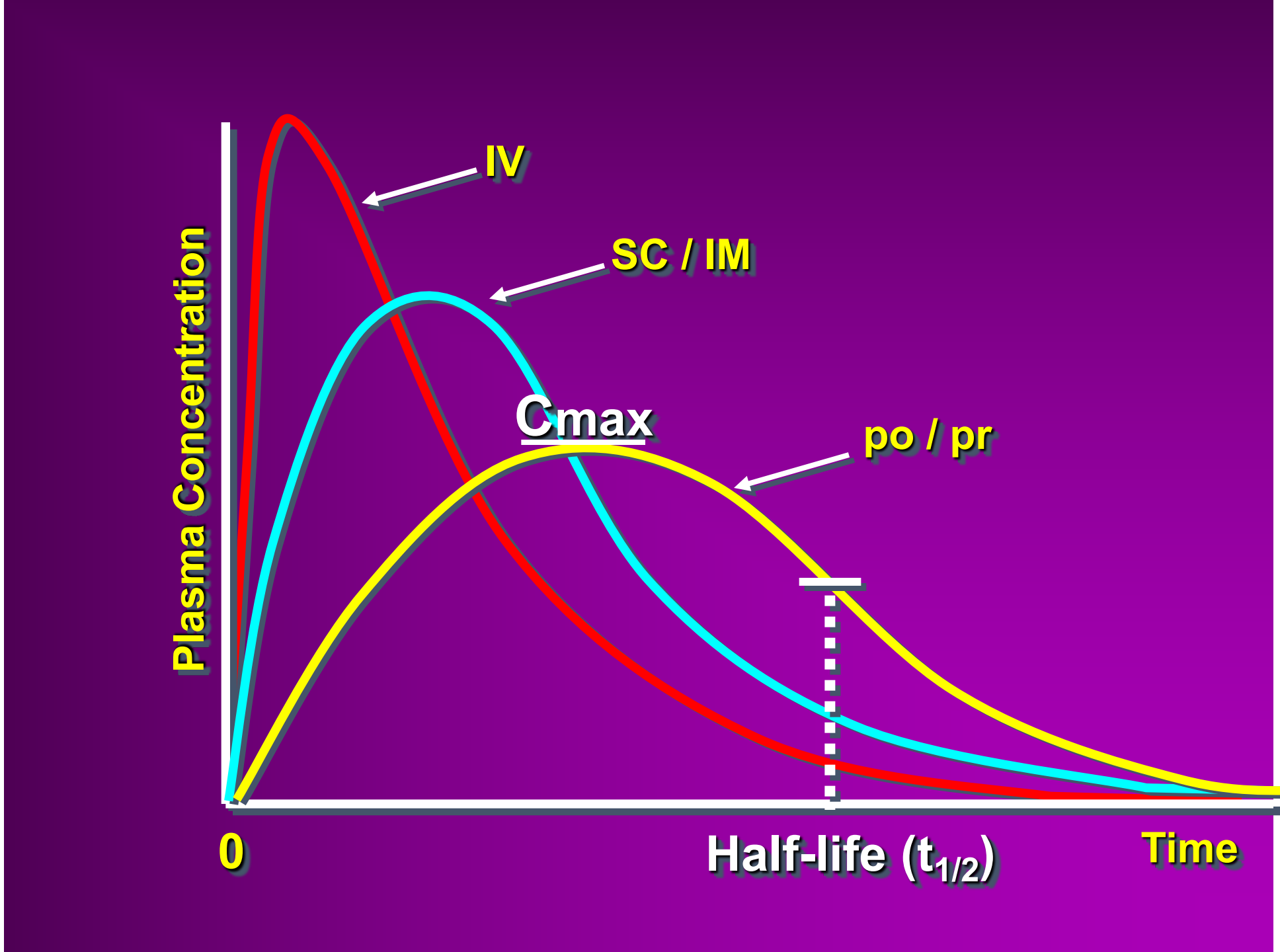
- By the mouth

- by the clock

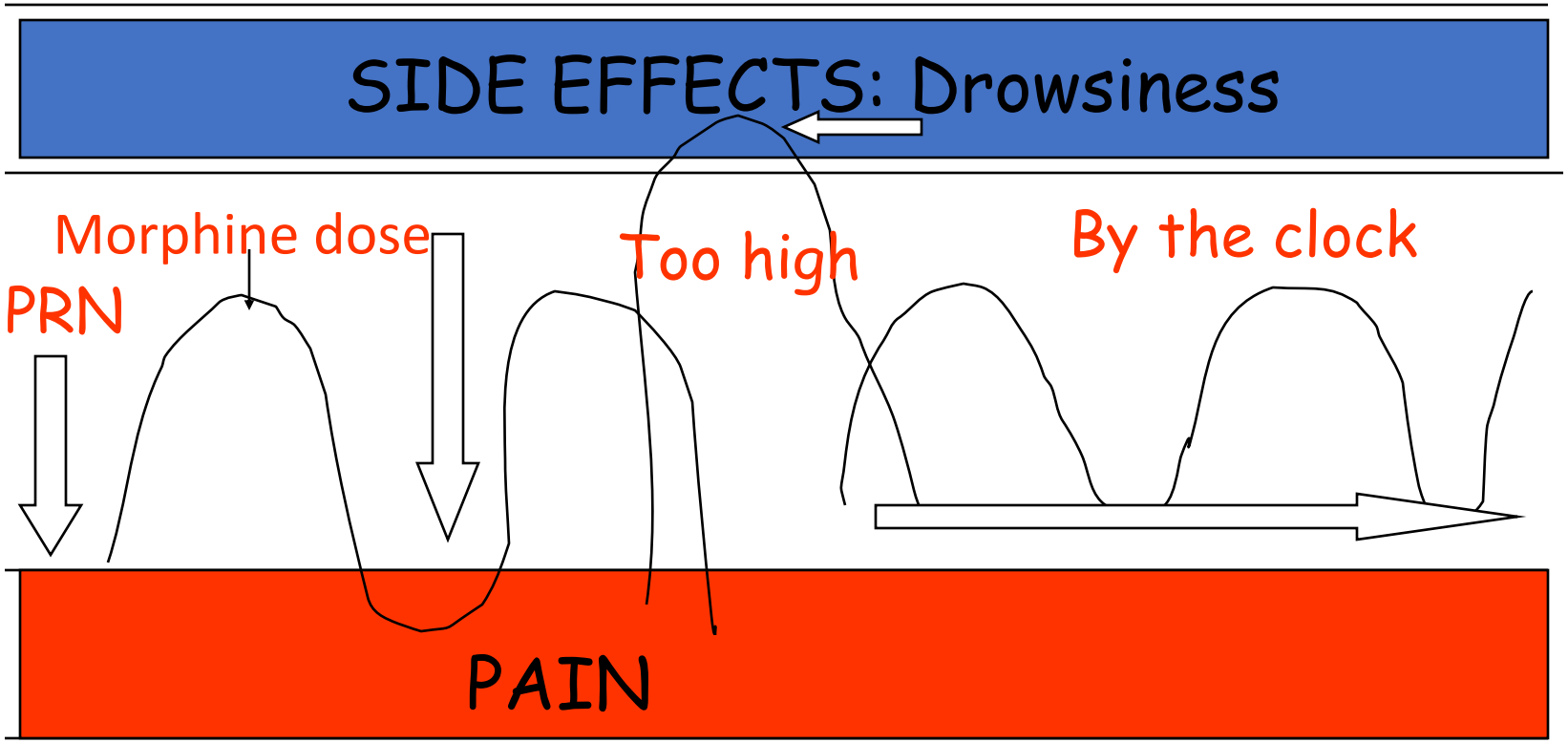
- by the ladder (analgesic)

- by the patient

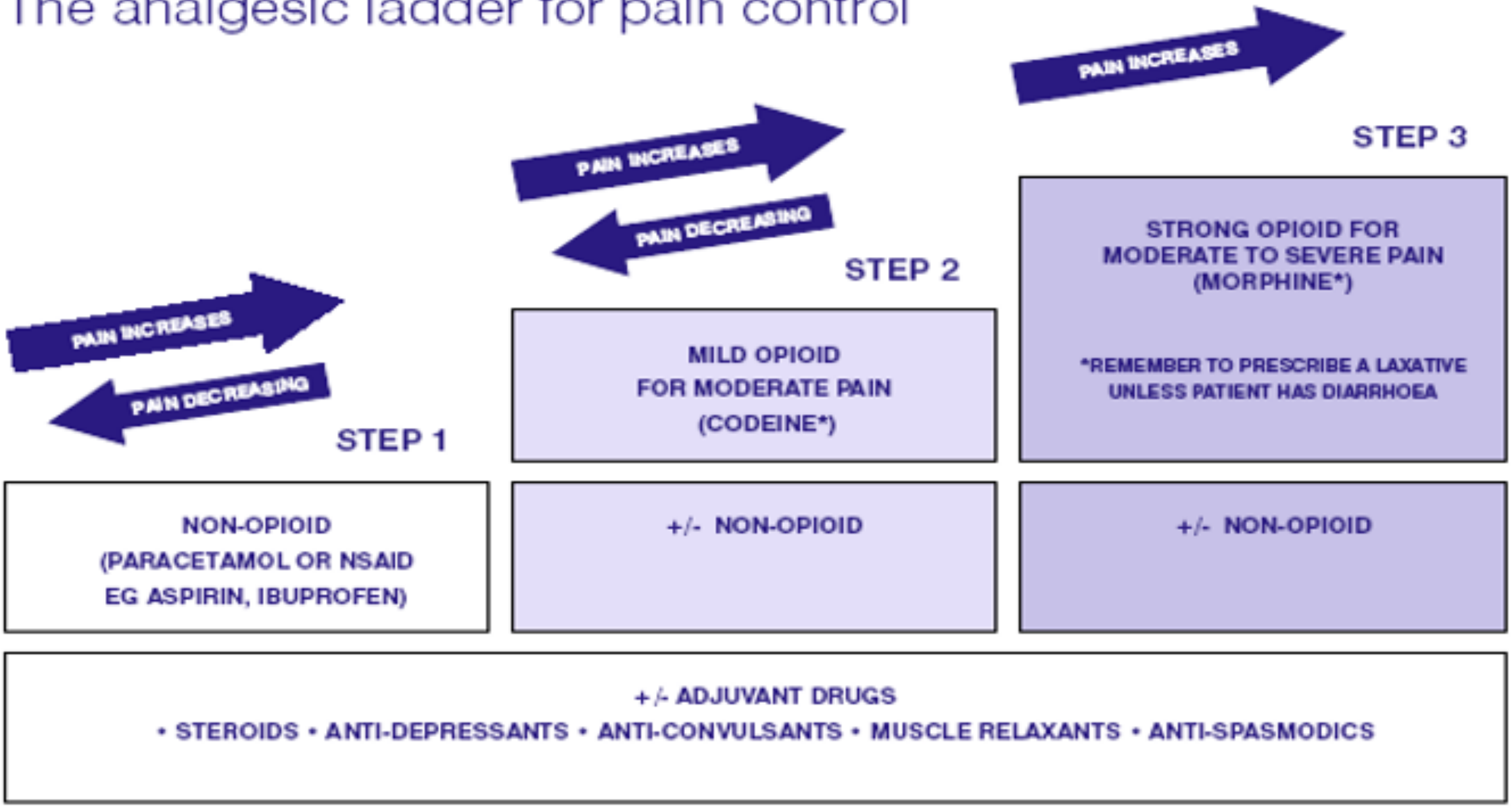
- Titrate to needs of patient


IV
SC / IM
Cmax
po / pr
Plasma Concentration
0
Half-life ($t_{1/2}$)
Time

PRN vs By the clock vs High dose



The analgesic ladder for pain control



Give analgesics • by the mouth • by the clock • by the ladder

Step 1 – mild pain: non-opioids

Paracetamol

- Most available and least expensive over the counter analgesia.
- It has peripheral analgesic effect but lacks anti-inflammatory effect.
- Cautious with dosing to prevent hepatoxicity

Step 1 – mild pain: non-opioids

NSAIDs

- Have a key role in the managment of pain associated with inflammation as in soft tissue infiltration and bone metastases.
- They differ in their effect on platelet function.
- For dosage and side effects see the national palliative care guideline annex available at www.ethiopianpalliativecare.com.

Step 2 – moderate pain: weak opioids

Tramadol

- Available with out much restriction unlike Codeine
- Use with caution in epileptic cases, especially if patient is taking other drugs that lower the seizure threshold

Codeine

- Is an analgesic, antitussive and anti-diarrheal agent

Step 2 – moderate pain: weak opioids

Low-dose morphine

- It is associated with fewer side effects compared to other weak opioids.

- Other use: for the management of shortness of breath.

Step 3 – severe pain: strong opioids

Morphine

- "Gold standard" against which other opioid analgesics are measured
- The correct dose is the one which controls pain while causing minimum side effects.
- The lowest dose in elderly and cachectic patients: 2.5mg/4hourly to normal adults of 5 mg/4hourly.
- Morphine has no ceiling effect.

Step 3 – severe pain: strong opioids

Morphine

- When used correctly: patients don’t become dependent or addicted, tolerance is uncommon, and respiratory depression doesn’t usually occur
- Cautious use in patients with hepatic and renal failure as well as old age groups.

Side effects of opiods

- Constipation (almost always co-prescribe laxative)
- Nausea – usually tolerant to this after a few days, if problematic haloperidol 1-2mg daily is effective, or metoclopramide 10mg tid)
- Sedation (start low, titrate up)
- Respiratory depression
- Less commonly: pruritus, bad dreams, hallucination

Adjuvants

- Can be used at any step of the analgesic ladder.
- Severe swelling or inflammation e.g. steroids
- Nerve damage pain (neuropathic pain) e.g. amitriptyline
- Abdominal cramp and colic e.g. hyoscine butylbromide
- Poor appetite- e.g. steroids

Palliative Care Emergencies

Spinal Cord Compression

- Metastasis to the spinal column occurs in 3-5% of malignancies.
- Common in Ca Lung, Breast, Prostate, Lymphoma and Multiple Myeloma
- Commonest site is T-spine (esp lung, breast) and L-spine (prostate ca)
- Onset :Sudden, Slow or subtle at first

Symptoms of spinal cord compression

- Back pain in the middle (thoracic) or upper (cervical) spine
- Progressive lower (lumbar) spinal pain
- Tingling or numbness in lower limbs/trunk
- Weakness: “off their legs”

Symptoms of spinal cord compression

- Hesitancy in micturition & loss of bowel sensation
- Loss of sphincter tone
- Sensory loss in dermatomal pattern
- Absent or brisk reflexes

Goals of treatment

- Pain control
- Preservation or improvement of neurologic function
- Avoidance of complications

Treatment

- High dose steroids
  - 16mg dexamethasone
- Radiotherapy
- Surgery
- There is no risk that movement will worsen the neurologic status unless the patient has an unstable spine.

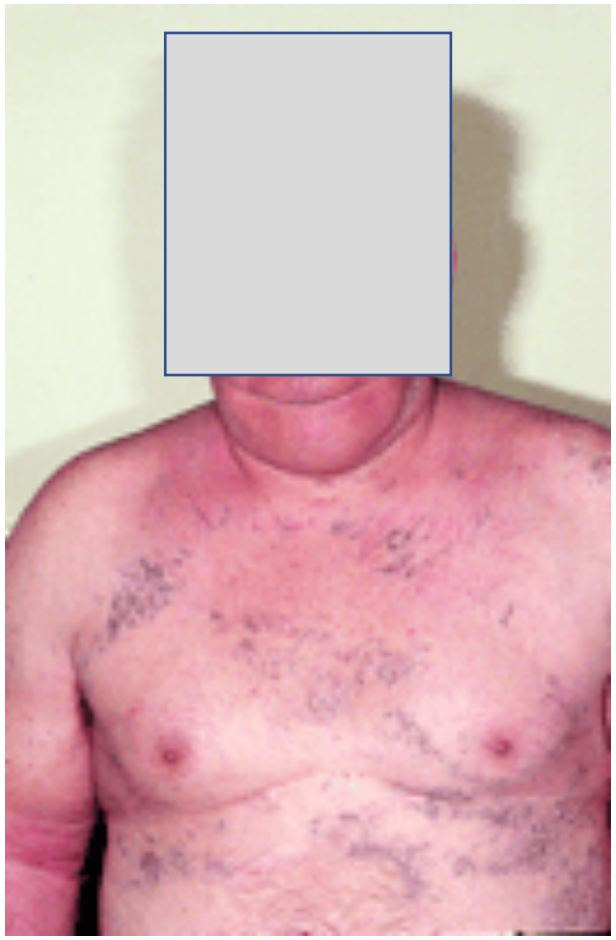
Superior Vena Cava Obstruction (SVCO)

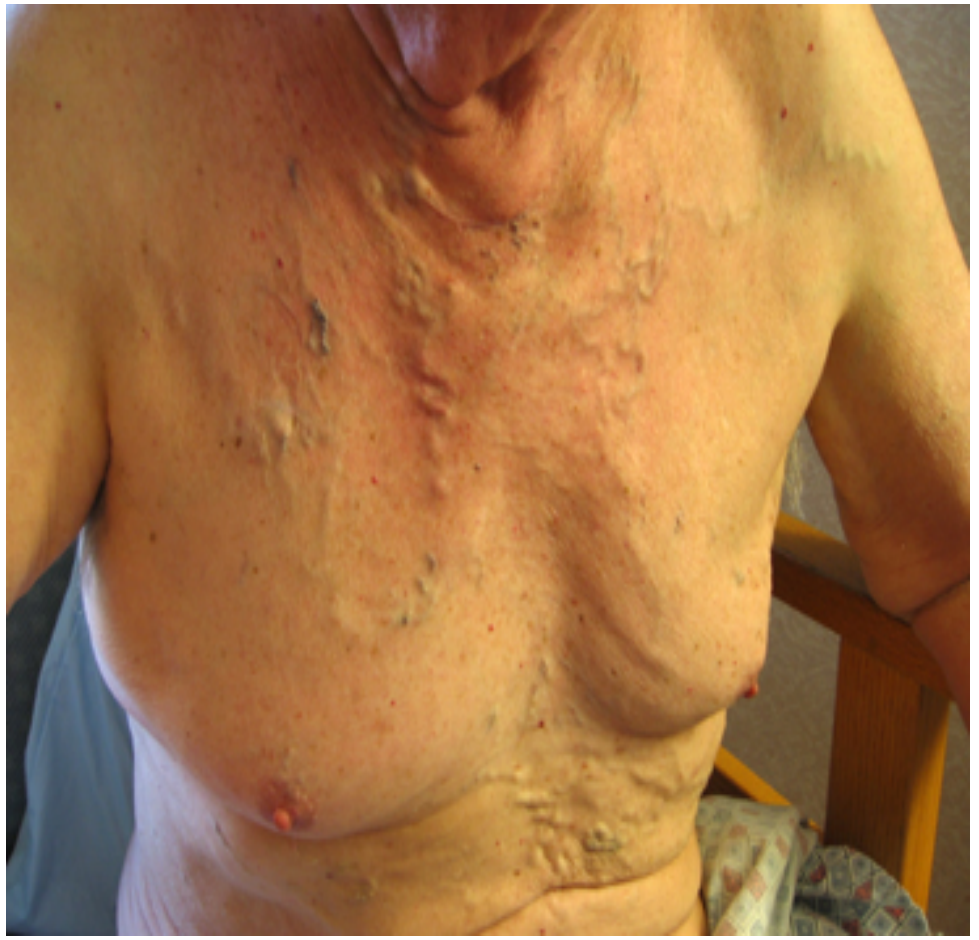
- Superior vena cava (SVC) syndrome results from any condition that leads to obstruction of blood flow through the SVC.
- Common in malignancies such as lung ca and lymphomas.

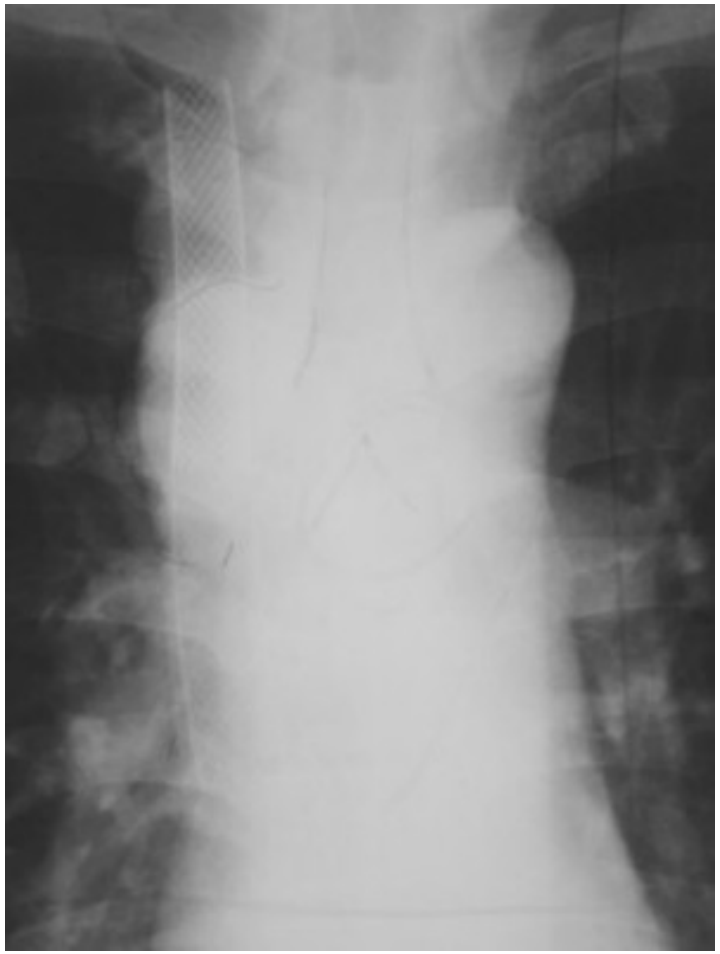
SVCO Symptoms

- Shortness of breath / stridor/Cough
- Headache/Dizziness
- Dysphagia
- Extreme anxiety / fear of suffocation

Superior Vena Caval Obstruction







SVCO Management

- Symptom relief:

- Upright position

- Oxygen

- Steroids

- Urgent referral to Oncology for possible

  Radiotherapy or Chemotherapy

Haemorrhage

- A terminal event when close to death
- From malignancies, end-stage Haematological disorders, Coagulation disorders
- Stay with the patient till settled
- Sedation: diazepam 10mg PO/PR or Midazolam
- Malignant ulcer: local pressure, coloured towels

Management of Haemorrhage

- Adrenaline-soaked gauze
- Consider transfusion
- Review drugs
- Vit K/ Tranexamic Acid

Breaking Bad News

- Bad news has been defined as information which adversely and seriously affects an individual’s view of his or her own future.

How do we break bad news?

SPIKES

- SETTING up the interview
- Assessing the patient's PERCEPTION
- Obtaining the patient's INVITATION
- Giving KNOWLEDGE and information to the patient
- Addressing the patient's EMOTIONS with EMPATHETIC response.
- Having a STRATEGY AND SUMMARISING

How many chairs do we need in Ethiopia?

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Thank you

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