



SEPTEMBER 2019

**SYMPTOM RELIEF
IN
ADVANCED DISEASE**

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COMMON SYMPTOMS

CONFUSION 20%

NAUSEA 60%

DEPRESSION 40%

DYSPNOEA 50%

CONSTIPATION 50%

ANOREXIA 65%

WEAKNESS 65%

PAIN 80%

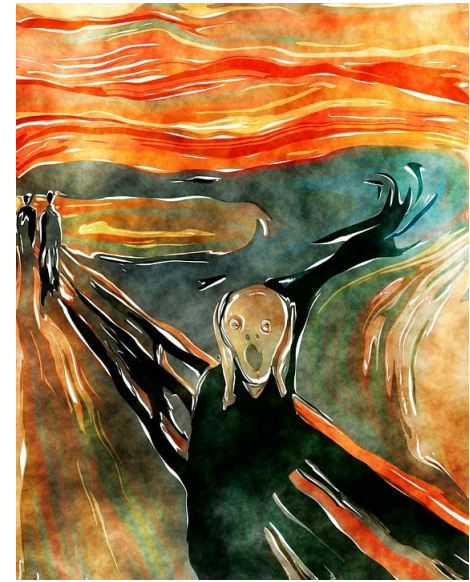
PRINCIPLES OF SYMPTOM MANAGEMENT

- ◎ EFFECTIVE PALLIATIVE CARE
- ◎ ADEQUATE TEAM SKILLS
- ◎ SAFE PLACE TO SUFFER
- ◎ ESTABLISH PARTNERSHIP
- ◎ DON'T WAIT FOR PT TO COMPLAIN
- ◎ ACCURATELY DX CAUSE OF PROBLEM
- ◎ DO NOT DELAY STARTING RX

- ⦿ ADMINISTER DRUGS REGULARLY
- ⦿ TITRATE TO INDIVIDUAL
- ⦿ SET REALISTIC GOALS
- ⦿ RE-ASSESS REGULARLY
- ⦿ TREAT CONCURRENT SYMPTOMS
- ⦿ EMPATHY / UNDERSTANDING /
DIVERSION / MOOD ELEVATION

PAIN

- ◎ WHAT IS IT? – COMPLEX PHENOMENON. UNPLEASANT SENSORY AND EMOTIONAL EXPERIENCE. ASSOCIATED WITH ACTUAL OR POTENTIAL TISSUE DAMAGE.
- ◎ IT'S WHAT THE PATIENT SAYS HURTS. – BUT NOT ALWAYS!!!



CASE 1

- * 60 YR OLD MALE
- * METASTATIC PROSTATE NOV 14
- * INFILTRATION SEMINAL VESICLES
- * COMMENCED TAMOXIFEN AND BICALUTAMIDE
- * XRT

CT UROGRAM 2018

- * LT SIDED HYDRONEPHROSIS
- * MULTIPLE BONY LESIONS
- * ISCHIO RECTAL ABSCESS WITH FISTULA TO SKIN
- * INVOLVEMENT ANAL SPHINCTER

PRESENTATION

- * SEPTEMBER 2019 PALL MED CLINIC
- * INCREASED TEMPS
- * RAISED INFLAMMATORY MARKERS
- * DYSAESTHETIC PAIN RT LEG
- * SENSITIVITY TO OPIOIDS

CURRENT Rx

- * MST 20mgs BD
- * SEVREDOL 10mgs x 4 daily
- * IBUPROFEN 400mgs TID
- * AMITRYPTILINE 20mgs NOCTE
- * PREGABALIN 25mgs BD

Rx Plan

ADMITTED TO SAHS FOR TRIAL OF
KETAMINE IN LIGHT OF SENSITIVITY TO
OPIOIDS
OUTCOME?

TYPES OF PAIN

- * **ACUTE** – well defined onset / associated with subjective & objective physical signs / hyperactivity of autonomic system / responds to analgesics
- * **CHRONIC** – persists over weeks / associated with lifestyle changes and functional ability.

TYPES OF PAIN

- ◎ BACKGROUND – PERSISTENT BASELINE DISCOMFORT. MX REGULAR ANALGESIA.
- ◎ BREAKTHROUGH – TRANSIENT EXACERBATION DUE TO TRIGGER DESPITE STABLE BACKGROUND PAIN.
- ◎ INCIDENT
- ◎ IDIOPATHIC
- ◎ TOTAL

ASSESSMENT

- ◎ PHYSICAL
- ◎ PSYCHOSOCIAL
- ◎ SPIRITUAL

MANAGING PAIN



MILD PAIN

- ◎ NON OPIOID +/- ADJUVANT
- ◎ DRUG OPTIONS – PARACETAMOL / NSAIDS

- ◎ PA RACETAMOL – DOSE 1G TDS TAB/LIQ/DISP/IV
- ◎ NSAID – INHIBIT PROSTAGLANDIN SYNTHESIS. EFFECTIVE IN RX INFLAMMATION ASSOCIATED CONTINUOUS PAIN. NO ONE NSAID PREFERABLE OVER ANOTHER – IBUPROFEN DOSE 400MG TDS
- ◎ DYNASTAT – SELECTIVE COX-2 INHIBITOR. CAN BE GIVEN BY SCIP. DOSE 40-60MGS / 24HRS

SIDE EFFECTS NSAID

- ⦿ GASTRIC
- ⦿ COX2 LOWER GI RISK
- ⦿ INCREASING RISK WITH - AGE / DOSE / SMOKING / WARFARIN / ASPIRIN / STEROIDS /SSRI .

- ⦿ RENAL
- ⦿ MORE MARKED IN MYELOMA

- ⦿ CARDIOVASCULAR
- ⦿ INCREASED STROKE / MI

PARECOXIB

* DOSE

- * 40mgs 24hrs if weight 50kgs or less
- * 80mgs 24hrs max if weight over 50kgs

SIDE EFFECTS

- * Agitation
- * Back pain
- * Arthralgia
- * GI upset / reduced appt / constipation /vomiting
- * Renal impairment / peripheral oedema
- * Hypertension
- * Arrhythmias /MI

MODERATE PAIN

- ◎ NON OPIOID +/- WEAK OPIOID +/- ADJUVANT
- ◎ CODEINE PHOSPHATE – 1/10 POTENCY MORPHINE. MAX DOSE 60MGS QDS. TAB/LIQ. COMBINATION PREPARATION CO-CODAMOL 30/500
- ◎ TRAMADOL- CENTRALLY ACTING WITH BOTH OPIOID AND NON OPIOID PROPERTIES. MAX DOSE 400MG/24HRS . TAB/LIQ/DISP/INJ. IMMEDIATE RELEASE AND MODIFIED RELEASE PREPARATIONS. TOXICITY ONLY PARTIALLY REVERSED BY NALOXONE. CAUTION IN ELDERLY AND EPILEPSY.

SEVERE PAIN

- ◎ OPIOID +/- ADJUVANT
- ◎ ORAL 1ST LINE MORPHINE
- ◎ ORAL 2ND LINE OXYCODONE

- ◎ SUBCUTANEOUS 1ST LINE DIAMORPHINE
- ◎ SUBCUTANEOUS 2ND LINE OXYCODONE

OPIOID CONVERSION

ORAL MORPHINE 30MG

S/C MORPHINE 15MG

S/C DIAMORPHINE 10MG

ORAL OXYCODONE 15MG

S/C OXYCODONE 7.5MG

ORAL HYDROMORPHONE 4MG

S/C HYDROMORPHONE 2MG

S/C ALFENTANIL 1MG

ALTERNATIVE OPIOIDS

- ◎ FENTANYL – LESS SEDATION / COGNITIVE IMPAIRMENT AND CONSTIPATION. SAFE IN MODERATE RENAL FAILURE. LIMITED BY LARGE VOLUMES IN SCIP USE.
- ◎ IMMEDIATE RELEASE FENTANYL PREPARATIONS
- ◎ ABSTRAL S/L TAB
- ◎ ACTIQ S/L LOZ
- ◎ EFFENTORA BUCCAL TAB
- ◎ INSTANYL NASAL SPRAY.

PRESCRIBING NOTES

- ⦿ ORAL ROUTE RECOMMENDED
- ⦿ DOSE TITRATED TO RESPONSE
- ⦿ REVIEW REGULARLY
- ⦿ LAXATIVES
- ⦿ ANTIEMETICS
- ⦿ AVOID DUPLICATION IN ANALGESIA
- ⦿ TRANSDERMAL OPIOIDS FOR STABLE PAIN
- ⦿ PPI COVER IF ON NSAID

PREDICTABLE OPIOID ADVERSE EFFECTS

- ⦿ CONSTIPATION
- ⦿ NAUSEA
- ⦿ SEDATION
- ⦿ DRY MOUTH
- ⦿ OPIOID TOXICITY

AIM

- ◎ COMFORT AT REST - 4HRS
- ◎ STABLE PAIN CONTROL -24HRS
- ◎ MANAGE PSYCHOLOGICAL ISSUES -
1 WEEK

Case 2

- * 50 yr old male
- * Hx Malignant Melanoma
- * XRT
- * Admitted CAH – lethargy / fever / night sweats / pain left leg/ nausea
- * Cellulitis & Swollen Lt Leg

Investigations

- * Doppler – No DVT evident.
- * Enoxaparin reduced to prophylactic 40 mgs nocte
- * CRP Elevated

RX

- * Oxycotin 20mgs BD
- * Oxynorm 5mgs x 4-6 daily
- * Pregabalin 200MGS BD
- * Flucloxacillan 2G IV QID
- * Metronidazole 400mgs TID
- * Benzylpenicillen 2.4G QID

PLAN

- * SCIP – Oxycodone / Levomepromazine / Dexamethasone
- * Pregabalin increased 300mgs BD
- * Ketamine 5mgs QID for trial
- * PRN analgesia reduced
- * Symptoms improved
- * Ketamine titrated to 10 mgs QID
- * SCIP conversion to oral Rx

SEVERE PAIN

- ◎ IS PAIN CONTROL URGENT
- ◎ IS PAIN WORSENER BY PASSIVE MOVEMENT –
EXCLUDE SCC, PATHOLOGICAL #

ADJUVANT AGENTS

* **GABAPENTINE / PREGABALIN**

- * *Pre-synaptic channel blocker*
- * Neuropathic pain
- * Itch
- * Sweating
- * Hiccup
- * Refractory cough

DOSE

- * Gabapentine 300mgs Nocte Titrated every 3/7-600mgs TID
- * Pregabalin 75mgs BD Titrated every 3/7 – 300mgs BD

SIDE EFFECTS

- * Drowsiness 10%
- * Dizziness
- * Ataxia

- * Confusion / Amnesia
- * Tremor
- * Arthralgia
- * Vomiting / Constipation

Amitriptyline

- * *Serotonin & Noradrenaline reuptake inhibitor*
- * Neuropathic pain
- * Sweating
- * Urgency
- * Bladder spasm
- * Anxiety / Panic disorder

DOSE

- * 10mgs nocte
- * 25mgs nocte after 3/7
- * Increase 25mgs x weekly to max 150mgs

Side effects

- * Sedation
- * Delirium
- * Postural hypotension
- * Hyponatraemia
- * Associated with x2 incidence of femoral fractures in elderly

KETAMINE

- * A derivative of PCP – Anaesthetic agent with analgesic properties in sub-anaesthetic doses.
- * NMDA receptor channel blocker
- * Opioid-like and anti-inflammatory effects
- * CD

DOSE

- * Titrate to response 10mgs -100mgs QID PO
- * Oral sol 50mgs/5mls
- * 1:1 conversion SC-PO
- * Lower maintenance dose possible after 4/52
- * Dilute in N Saline as irritant – use large vol in SCIP

SIDE EFFECTS

- * Neuropsychiatric – delusions, memory loss, abuse.
- * Urinary tract – frequency, urgency, dysuria, incontinence and haematuria. Symptoms settle after few weeks of stopping.
- * Hepatobiliary – abdominal pain, deranged LFT's, dysfunction sphincter of Oddi.

MEDICAL EMERGENCIES

SCC

3% CANCER PTS

10% SPINAL METS

HIGH INDEX SUSPICION

MYELOMA /PROSTATE /BREAST
/BRONCHUS



- **BACK PAIN**
- **WEAKNESS IN LEGS**
- **VAGUE SENSORY SYMPTOMS**
- **BRISK REFLEXES**
- **URINARY HESITANCY / RETENTION**
- **BLADDER /ANAL DYSFUNCTION LATE PRESENTATION**

INVESTIGATIONS

- **WHOLE SPINE MRI – WITHIN 1/52 FOR BACK PAIN SUGGESTIVE SPINAL METS**
- **WHOLE SPINE MRI – WITHIN 24 HRS IF ASSOCIATED NEUROLOGICAL SIGNS OR SYMPTOMS.**

TREATMENT

- DXAMETHASONE 16MGS DAILY WHILE AWAITING XRT
- XRT - RADIOSENSITIVE TUMOUR /MULTIPLE LEVELS COMPRESSION / UNFIT FOR MAJOR SX / PT CHOICE
- SX DECOMPRESSION – XRT RESISTANT TUMOUR (SARCOMA OR MELANOMA), UNSTABLE SPINE /CERVICAL LESION /SOLITARY VERTEBRAL MET / MAJOR STRUCTURAL COMPRESSION

PROGNOSIS

- 30% SURVIVE 1 YEAR
- 70% RETAIN FUNCTION IF AMBULANT PRE RX
- RECOVERY BETTER IN INCOMPLETE BLOCK
- LOSS OF SPHINCTER CONTROL IS POOR PROGNOSTIC SIGN

MANAGEMENT

- MOBILITY
- SKIN CARE
- BOWEL INTERVENTION
- URINARY SYSTEM MANAGEMENT
- PSYCHOLOGICAL SUPPORT

SVCO

- DUE TO COMPRESSION OF SVC BY MEDIASTINAL LN IN RT MAIN BRONCHUS
- NG BRONCHUS 75%
- LYMPHOMA 15%
- BREAST/COLON/OESOPHAGUS 10%

SYMPTOMS

- BREATHLESSNESS -LARYNGEAL OEDEMA
- HEADACHE – CEREBRAL OEDEMA
- VISION
- DIZZINESS
- SWELLING FACE / NECK / ARMS

SIGNS

- ENGORGED CONJUNCTIVAE
- PERIORBITAL OEDEMA
- NON PULSATILE NECK VEINS
- DILATED COLATERAL VEINS CHEST / ARMS

MANAGEMENT

- PT SITS UPRIGHT
- OXYGEN 60%
- FUROSEMIDE 40MGS
- INTRALUMINAL STENT
- XRT
- CHEMO RX – SCC /LYMPHOMA /
TESTICULAR

PROGNOSIS

- WITHOUT RX DAYS
- WITH RX 1-3 MONTHS
- RECURRENCE MORE DIFFICULT TO CONTROL

HAEMORRHAGE

- UNDERLYING TUMOUR
- MEDICATION
- GENERALISED CLOTTING DEFICIENCY –
THROMBOCYTOPAENIA / HEPATIC
INSUFFICIENCY / ANTI-COAGULATION

NON-ACUTE HAEMORRHAGE

- PALLIATIVE XRT – SUPERFICIAL TUMOURS
- ENHANCED COAGULATION – TRANEXAMIC ACID 1G TDS OR ETAMSYLATE 500MG QDS
- TOPICAL – ADRENALINE 1:1000 SOAKS / TRANEXAMIC ACID

ACUTE HAEMORRHAGE

- MALIGNANT EROSION OF MAJOR ARTERY
- RAPIDLY TERMINAL EVENT
- GREEN TOWEL TO REDUCE VISUAL IMPACT
- SEDATION
- FAMILY AWARENESS

CONVULSIONS

- PRESENT WITH GENERALISED OR FOCAL EPILEPSY
- BRAIN PRIMARY OR SECONDARY TUMOURS
- METABOLIC
- INFECTIVE

MANAGEMENT

- CORRECT POSITIONING OF PT
- SEDATION
- MIDAZOLAM S/L
- STESOLID PR
- PHENOBARBITAL IM

MYOCLONIC TWITCHING

- TERMINAL EVENT
- CEREBRAL IRRITABILITY
- URAEMIA
- UNABLE TO TAKE ANTICONVULSANTS

- MIDAZOLAM 20-100MGS SCIP
- CLONAZEPAM 1-4MGS SCIP
- PHENOBARBITAL 200-600MGSS SCIP

HYPERCALCAEMIA

- 10% CANCER PTS
- INCREASED OSTEOCLASTIC ACTIVITY
- REDUCED URINARY EXCRETION

- CORRECTED CA LEVEL 2.6MMOL/L
- SYMPTOMATIC 3.0MMOL/L
- FATAL 4.0MMOL/L

TUMOUR MEDIATED CAUSES

- BONE METS
- PARATHYROID HORMONE RELATED HORMONE
- CYTOKINES

COMMON TUMOURS

- SCC BRONCHUS
- BREAST
- PROSTATE
- MYELOMA

SYMPTOMS

- DROWSINESS
- CONFUSION
- WEAKNESS
- NAUSEA
- VOMITING
- THIRST
- POLYURIA
- CONSTIPATION

MANAGEMENT

- FLUID REPLACEMENT
- BISPHOSPHONATES
- PAMIDRONATE 30 – 9MGS IN 500ML
SALINE 2-4HRS
- ZOLEDRONIC ACID 4MG IN 100ML
SALINE 15MIN

OUTCOME

- CA LEVELS FALL AFTER 48 HRS AND FOR NEXT 6 DAYS
- 80% PTS SURVIVE LESS THAN 1 YEAR

