SYMPTOM MANAGEMENT IN PALLIATIVE CARE
Schwarting Senior Symposium
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OBJECTIVES
- List key concepts to treat nausea and vomiting.
- Discuss the use of non-pharmacological therapy to treat pain, anxiety, and dyspnea.
- Choose appropriate treatment or therapy based on a patient’s symptoms and clinical presentation.

NO CONFLICT OF INTERESTS
THIS PRESENTATION WILL INCLUDE USE OF SOME OFF-LABEL APPLICATION OF MEDICATIONS

DISCLOSURES

What are the most common symptoms in advanced illnesses?

SYMPTOMS IN ADVANCED ILLNESSES

NON-OPIATES FOR PAIN
- Acetaminophen
- NSAIDs
- Steroids
- Bisphosphonates
- Gabapentin/ Pregabalin
- SNRI / TCAs
- Nerve blocks
- XRT
PEGFILGRASTIM INDUCED BONE PAIN

- 510 pts U Rochester - Breast CA/Lung CA
- Naproxen 500 mg po bid vs placebo D1-8
- Naproxen reduced pain from 3.4/10 to 2.5/10
- Loratadine 10 mg daily -ppx
- Histamine release and IL-6/8 is probably involved in the inflammatory process for pegfilgrastim induced bone pain

CIPN

- Chemotherapy induced peripheral neuropathy (CIPN) in 40-70% of patients
- New dose limiting factor
- Persists long after treatment
- Can disable the patient

WHAT WORKS FOR CIPN?

- In RCTs, amantadine and amitriptyline do not work.
- In RCT, Glutamine supplements do not work. (Jacobson SD, J Supp Oncol 2003)
- In RCT, lamotrigine (Lamictal) does not work (Rao D, Cancer 2008)
- In RCT, gabapentin (Neurontin) does not work. (Rao D, Cancer 2007)
- Vitamin E does not work and increases mortality in large studies.
- In RCT, topical baclofen-amitryptiline-ketamine (BAK) gel works slightly, with NO harm. (Support Care Canc 2011)
- In RCT, duloxetine (Cymbalta) lowers pain by 1.0 point (CALGB 150601, Smith E, et al. JAMA 2012). “Frequently reported adverse events were fatigue, insomnia, nausea, somnolence, and dizziness. Most of the events were moderate, with severe effects reported by 7% of patients.
- Not much to recommend.

METHADONE + HALDOL

- Methadone 2.5-15 mg/day + Haldol 1.5 mg/day (NMDA pathway activation, prevention of opioid hyperalgesia)
- Complete conversion to methadone and haloperidol was associated with a drop of median pain score from 5 to 0.

PPX BOWEL REGIMEN

“The hand that writes the opioid prescription writes the bowel regimen (or does the disimpaction).”

TURN THE TIDE

www.turnthetiderx.org
NAUSEA AND VOMITING

Gastric stasis:
- Gastric ca, hepatomegaly or ascites, paraneoplastic neuropathy
- Opioids, ondansetron
- Dyspepsia, gastritis, diabetic gastroparesis

Biochemical:
- Hypercalcemia, liver mets, obstructive uropathy, bowel obstruction,
- Drugs/chemo, organ failure, infections

NAUSEA AND VOMITING

- Raised ICP- brain/meningeal mets/tumors
- Vestibular- mets, opioids, motion sickness
- Bowel dysmotility- bowel primary, secondaries, ascites, adhesions, constipation
- Other- anxiety
Adults with refractory chronic cough (>8 weeks’ duration) without active respiratory disease

Randomly assigned to receive gabapentin (maximum tolerable daily dose of 1800 mg) or matching placebo for 10 weeks.

Primary: (Leicester cough questionnaire [LCQ] score) from baseline to 8 weeks of treatment

Leicester cough monitor, which consists of a recording device and an external free-field microphone.
**DEPRESSION**

- Simply ask: Are you depressed?
- Remember: not a perfect test, but it is do-able.

![Image of depression test](image)

**DEMOlarIZATION**

Hopelessness and helplessness caused by a loss of purpose and meaning in life (with loss of anticipatory pleasure)

- Single, isolated or jobless
- Poorly controlled physical sx
- Present in 13-18% of time in progressive disease or cancer
- Apathy (treat fatigue)
- Medical illness (anemia, low cortisol, hypercalcemia, high IL-6 levels, etc.)
SPIRITUAL ASSESSMENT

- Is religion or spirituality important to you?
- Would you like to see a chaplain?
  - 87% of patients want us to know their spiritual needs; 6% of us ask.
  - People who get spiritual care from chaplains use hospice more, ICU less.

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FATIGUE

- 84 pts with Cancer related fatigue in advanced cancer
- Dex 4 mg bid vs placebo
  - Improvement in fatigue at day 15 was significantly lower in the dexamethasone than in the placebo group (P = .008)
  - Total quality-of-life scores also significantly better for the dexamethasone group at day 15 (P = .03)
  - Frequency of adverse effects was not significantly different between groups (41 of 62 vs 44 of 58; P = .14)

94 of 62 vs 44 of 58; P = .14

PRURITUS

- Gabapentin works for some pruritus but not all
  - Cholestatic itching
  - Gabapentin up to 2400 mg a day
  - Placebo was better.

Hepatology 2006;44:1317-1323

CHOLESTATIC PRURITUS

- Gabapentin does NOT work
  - Options include the
    - anion exchange resin cholestyramine
    - the PXR agonist rifampicin
    - the μ-opioid antagonist naltrexone
    - the serotonin reuptake inhibitor sertraline
    - and paroxetine

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Anesthesiology 2013, Vol.119, 1215-1221

Hepatology 2007;45(3):666-674
CIPN

- Nerve conduction velocity and amplitude are BOTH improved in acupuncture patients

Mindfulness

Mindfulness – moderate impact on
- Anxiety
- Depression
- Pain

Mindfulness in BC

- 320 patients
- Stage 0-III post-treatment BCS
- Six-week MBSR (BC) program vs. usual care
- Psychological
- Physical
- Cognitive symptoms
- QOL

Communication & Hope

- EOL care discussions are important as:
  - 30 day cutoff changes 50% to 19% hospital death
  - Patient beliefs did not change chemo use last 30 days of life, but did increase hospice use.
COMMUNICATION

- Paternalism
- Autonomy
- Shared Decision Making

PATERNALISM

AUTONOMY

SHARED DECISION MAKING

JHM COMMUNICATION TATTOO

SO EASY!
CASE 1

EK is a 56 yo male with metastatic pancreatic cancer who was treated with FOLFIRINOX and after the second cycle developed severe nausea and vomiting, warranting hospitalization. Ondansetron was given every 4 hours as needed with minimal effect. What other agents would be good alternatives for n/v? Which receptors do those meds mediated through?

CASE 2

Ms. TM is a 61 yo woman with hx of left breast ca s/p mastectomy and chemo with Adriamycin, Cytoxan and Taxol; she has been in remission for 6 years and develops acute CHF exacerbations over the next few years. Her meds are optimized with an ACEI, diuretics, and beta blockers. Oxycodone 5 mg po tid prn is used about 1-2 times daily with better controlled. What other non-pharmacological options of care would you recommend?

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