Palliative care in respiratory disease

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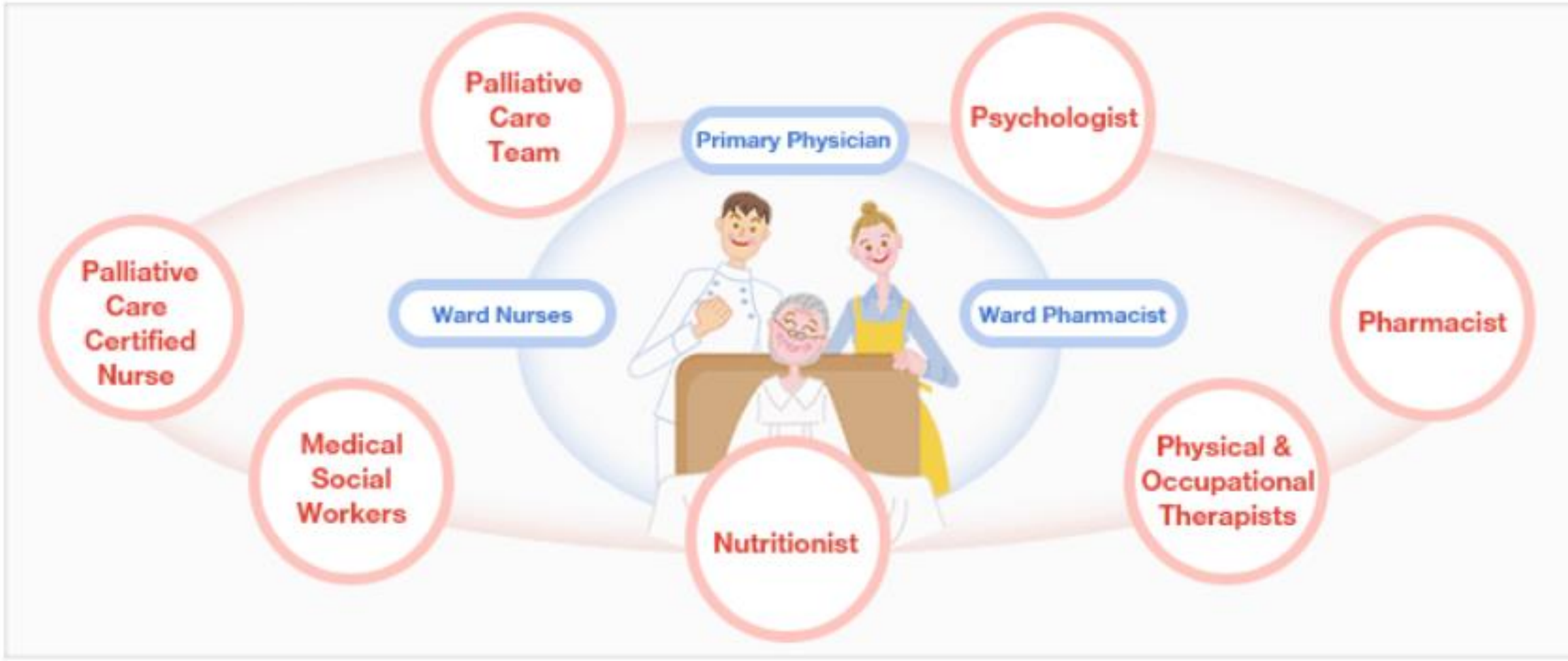
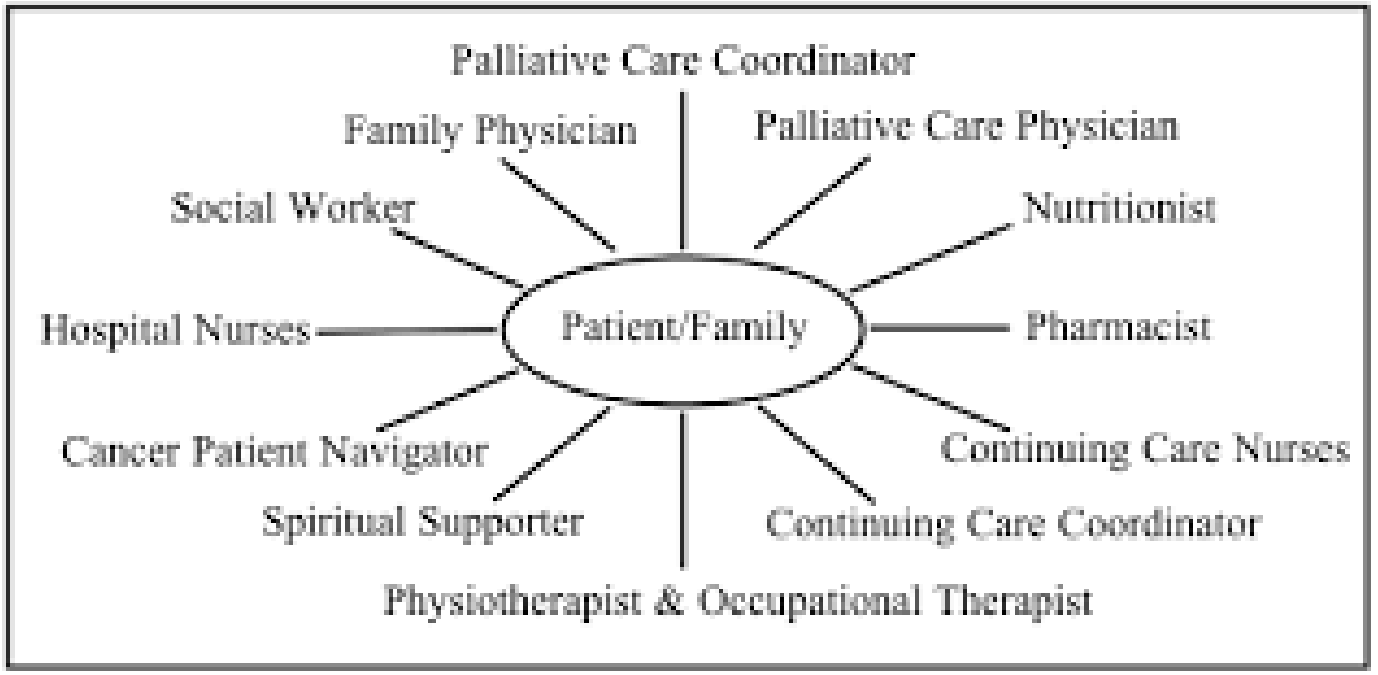
What is palliative care

- **TASKS:**
  - Patients and families understand treatment options.
  - Learn the patient's personal goals and desires.
  - Improve communication / medical coordination

- Eases symptoms and side effects.
  - Treat pain, fatigue, shortness of breath, sleep issues…
  - Decrease anxiety, depression, and stress (family and caregivers).
  - Decision making.

Who is on a palliative care team?




Palliative Care Coordinator
Family Physician
Palliative Care Physician
Social Worker
Nutritionist
Hospital Nurses
Patient/Family
Pharmacist
Cancer Patient Navigator
Continuing Care Nurses
Spiritual Supporter
Continuing Care Coordinator
Physiotherapist & Occupational Therapist

Who benefits from palliative care

- All patients with serious illness regardless of age, prognosis, disease stage, or treatment choice.
- It is ideally provided early and throughout the illness, together with life-prolonging or curative treatments.
- patients don’t have to choose between treatment illness and palliative care; they can have both.
- Improve the quality of life (patients / family),
  - Reducing mental and physical distress
  - Life span
  - early referral to hospice for intensive symptom management and stabilization

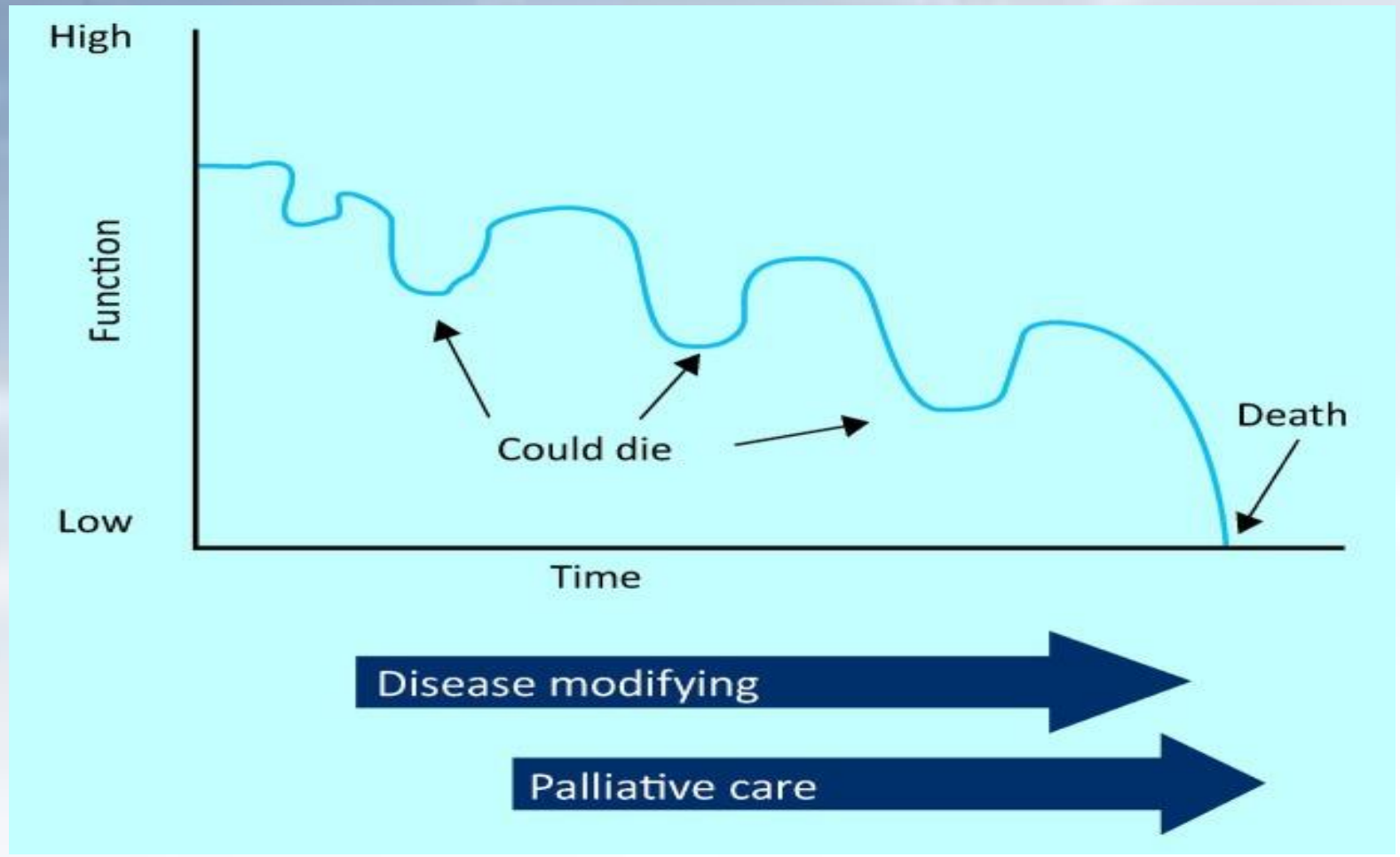
Which pulmonary diseases need PC?

- Chronic progressive lung diseases:
  - Chronic obstructive pulmonary disease (COPD)
  - Interstitial lung disease (ILD)
  - Cystic fibrosis (CF)

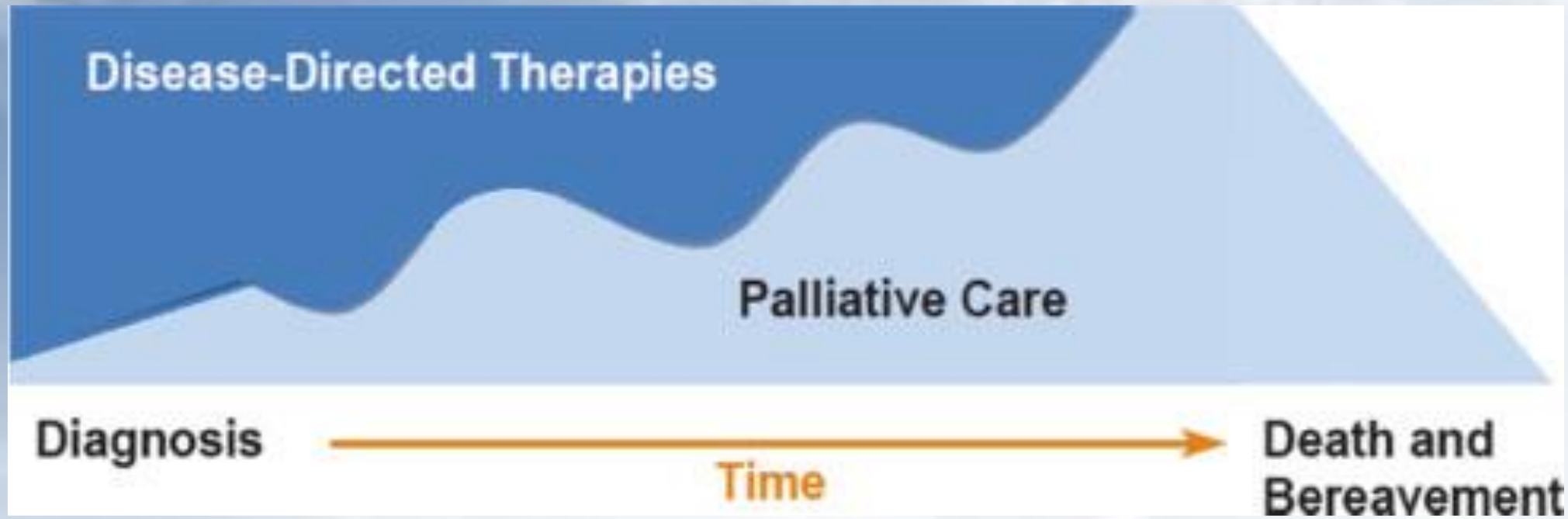
- Lung cancer

- One of the main barriers is a mistaken concept that palliative care is a separate stage at the end of life when all disease–modifying options have been exhausted.

- Exacerbations of COPD - bronchodilators, antibiotics, corticosteroids, oxygen and NIV.
- Exacerbations of CF - antibiotics, mucolytic drugs and sputum clearance techniques.
- Complications (pneumothorax or hemoptysis require emergency interventions).



When we should start



Palliative care along the disease trajectory

How to manage dyspnea in palliative care?

- Identify / treat any underlying cause-
  - (pleural tap, radiotherapy, bronchodilator and steroids in metastasis).

- Anxiety-
  - Reassurance by family and staff
  - Breathing exercises (long, slow breaths),
  - Appropriate positioning (Upright)
  - Relaxation training.

- Opioids - No effect on respiratory rate, effort, oxygenation or pC02.
  - Nebulized morphine: Rapidly effective and produces fewer systemic side effects.
  - The starting dose is **2.5-5 mg morphine (injectable solution) via nebulizer 4/24**.

- **Benzodiazepines** for relaxation training and guided imagery.
  - Clonazepam 0.01mg/kg orally q8-12h
  - Diazepam 0.05-0.1 mg/kg orally q4-6h
  - Midazolam 8-30 micrograms/kg/hr subcutaneously

- **Oxygen**

  headache, nausea, or confusion in the setting of dyspnea may indicate **hypoxia**.

How to manage cough in palliative care?

- Irritation to the upper or lower airway, pleura, pericardium and diaphragm.
  - Thick secretions - Nebulized saline 0.9-7%.
  - Physiotherapy
  - Bronchospasm – salbutamol (4-8 puff/4h)

  - Persistent dry cough – Opioids (CNS).
  - **codeine** orally 0.25-0.5mg/kg/dose q6-8h
  - Morphine

How to manage secretions in palliative care?

- Clearance:
  - Nebulized hypertonic saline 0.9-7% every 6 hours
  - Carbosystein 750 mg TDS
- Suppression:
  - Hyoscine hydrobromide 1mg patch TD
- End of life:
  - Hyoscine hydrobromide 400mg SC Q4 h, 1.2-2.4 mg CSCI

Palliative care and hospice care: Not one and the same

- Hospice care is provided to patients near the end of life, with a high risk of dying in the next six months and who will no longer benefit from or have chosen to forego further disease-related treatment.

- The interdisciplinary team provides quality medical care to make the patient as comfortable as possible, while supporting loved ones during the dying process and with bereavement support after death.

THE FACTS

- Palliative care improves the quality of life of patients and that of their families
  - physical, psychological, social or spiritual.
  - The quality of life of caregivers improves as well.

- Needed palliative care: 40 million/ year; 78%- low-middle income countries.
  - Worldwide,14% receive PC.

- Restrictive regulations for morphine deny access to adequate palliative care.
- Early delivery of palliative care reduces unnecessary hospital admissions and the use of health services.
- Palliative care involves a range of services delivered by a range of professionals that all have equally important roles to play – including physicians, nursing, support workers, paramedics, pharmacists, physiotherapists and volunteers — in support of the patient and their family.

- Despite the strong evidence, most patients don’t receive palliative care.

- Unfortunately, many patients who could benefit from palliative care don’t receive it. Why? Most patients don’t know about it, and many doctors don’t recommend it.

Thanks for your attention

- Suggestions for policy changes and resource allocation include the following:

- 1. There is a very real workforce shortage of palliative care physicians. Encouraging more physicians to become trained in palliative care and providing resources for expanding training programs in palliative care are potential steps to increase the number of palliative care–trained physicians and nurses. The U.S. House of Representatives recently passed the Palliative Care and Hospice Education and Training Act, which is a promising legislative action supporting palliative care education.

- 2. A team-based approach in which any member of the healthcare team can recommend referral to palliative care should be employed. This can range from nurses at the bedside to the respiratory therapists in the hospital during a COPD exacerbation or in the pulmonary function laboratory where the respiratory therapists observe firsthand the breathlessness and anxiety that performing pulmonary function tests can elicit.

- 3. Other tactics for increasing access to palliative care include increasing the number of physicians and nurses trained in primary palliative care. Educational resources, such as VITALtalk or the Center to Advance Palliative care, offer online courses on the benefits of and indications for palliative care, conducting end-of-life discussions, and symptom management. Acquiring primary palliative care skills may help in ameliorating the lack of specialty palliative care services in this population to some degree.

- 4. Development of clinical practice guidelines for palliative care specifically targeted to patients with pulmonary diseases.

Positive impact on lung cancer patients.

- photo man with bald woman - research shows the benefits of palliative care for cancer patientsA 3-year study of lung cancer patients at Massachusetts General Hospital identified the positive impact of palliative care.
- Among patients receiving traditional oncology treatments, those who started palliative care (such as pain relief measures) soon after diagnosis fared better than those who only received traditional treatments.
- Additionally, patients receiving palliative care “reported less depression and happier lives as measured on scales for pain, nausea, mobility, worry and other problems”.
- Furthermore, even though fewer of them opted for aggressive chemotherapy as their illnesses progressed, this group typically lived 3 months longer than the group getting standard care.