**Palliative care for patients with gastrointestinal diseases**

Associate Professor Pisaln Mairiang, MD
Department of Medicine, Khon Kaen University

**Scope**
- Management of GI symptoms in patient with end of life care
- Palliative treatment of gastrointestinal diseases

**Management of GI symptoms in patients with end of life care**

- Nausea and vomiting
- Anorexia and cachexia
- Constipation
- Diarrhea
- Oral mucosal problem

**Algorithm for managing N/V in palliative care**

**Nausea vomiting**

62% of terminally ill patients developed nausea and vomiting
40% having symptoms in the last 6 weeks of life

**Regimens**
- Ondanetron 8 mg q8h
- Metoclopramide 10-20 mg oral q6h
- Promethazine (Phenergan) 25-50 mg oral q6h
- Haloperidol (Haldol) 0.5-2 mg oral q6h
- Dexamethasone 1-4 mg oral q6h
- Cyclizine 50 mg oral q6h
- Octreotide 50 mg tid IV or infusion
Supportive treatment

- Provide liquids frequently
- Provide patient relaxation techniques
- Mouth care
- Hydration and electrolyte replacement

Anorexia

- Check for underlying causes
  - Nausea and vomiting
  - Constipation
  - Dehydration
  - Depression
  - Pain
  - Oral candidiasis
  - GI conditions: gastritis, abdominal distension, ascites
  - Malignancy

Algorithm for managing anorexia

- Evaluation patients
  - GI conditions
    - Gastritis
    - Abdominal distension
    - Ascites
    - Constipation
  - Depression
  - Anti-depression
  - Consult psychiatrist
  - Prednisone for short term
  - Mestrol acetate
  - Malignancy

Regimens

- Methylprednisolone 16 mg oral bid for 5 days
- Dexamethasone 0.75 mg qid until death
- Megestrol acetate 160 mg at evening meal can gradually increase to 800 mg/day

Supportive treatment

- Removed of unpleasant odors
- Treat pain optimally
- Wine or whisky prior to meals
- Small and frequent meals
- Menu planning as wish

Constipation

- 50% in advanced cancer patients
- 85% in patients taking high dose opioids
- Can lead to severe distress and discomfort

Algorithm for managing constipation

- Constipation?
  - PE or PR
  - Impact feces
    - Hard stool
      - Evacuation or enema
    - Soft stool
      - Bisacodyl or senna
  - Empty rectum
    - GI obstruction?
      - Treat accordingly
      - Lactulose or stimulant suppositories (bisacodyl supposition)
- Preventive: stool softening docusate sodium

Algorithm for managing diarrhea

- Acute
  - Infective
    - No infective
      - Drug induced
    - Eneral feedings related
  - On antibiotics
  - No antibiotics
  - Work up for C. difficile
  - Stool examination and culture
    - Specific treatment
    - Antidiarrheal drugs
- Chronic
  - Disease related
    - Modify regimens
    - GIT related Malabsorption maldigestion
  - Secretory diarrhea

Regimens

- Lactulose 20-30 ml / day
- Bisacodyl 5-15 mg oral 10 mg PR
- Docusate sodium 1-2 capsules oral
- MOM 30-60 ml bid
- Senna 2-4 tablets oral
- Fleet enema 1 enema prn

Diarrhea in palliative care patients

Diarrhea occurs in about 6% of terminally ill cancer
5-10% of Hospice care
Malnutrition, dehydration, electrolyte imbalance
and pressure sore are the problem related to diarrhea

Regimens

- Octreotide 100-300 mcg sc tid
- Cholestyramine 4-12 g oral tid
- Codeine sulfate 15-60 mg oral qid
- Loperamide 4 mg oral ทุก 4-6 ชั่วโมง
- Tincture opium 6-12 ml oral ทุก 4-6 ชั่วโมง

Oral mucosal problems

70% of hospice care suffer from xerostomia
34% stomatitis
40-70% of patients undergoing chemotherapy have mucositis

Regimens

- Sucralfate suspension oral rinses as needed
- Viscous lidocaine as needed

Palliative treatment of gastrointestinal diseases

Esophageal stent

Endoscopic stenting for esophageal cancer

1. Boston Scientific’s Polyflex Esophageal Stent,
2. Ultraflex Esophageal NG Stent System,
3. WallFlex Fully Covered Esophageal Stent,
4. WallFlex Partially Covered Esophageal Stent.

ESOPHAGEAL STENT FOR FISTULA
Nasojejunal tube feeding

Indication:
- By pass obstruction
- Gastroparesis
- Severe vomiting
- Pancreatitis

Self expandable metal stent for hilar cholangiocarcinoma and pancreatic cancer

Nasobiliary plastic stent placement
Celiac nerve block


Summary

- GI symptoms are commonly presented in patients with end of life care
- Quality of life can be improve by medical and nonmedical measures
- Endoscopic treatments are alternative choices for treatment patient with GI failure, GI obstruction and obstructive jaundice

Thank you for attention