PRINCIPLES OF SYMPTOM MANAGEMENT

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WHO DEFINITION OF PALLIATIVE CARE

“...an approach that improves the quality of life of patients and their families facing the problem 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”
based on the late Dame Cicely Saunders’s concept of total pain
- physical and/or psychological symptoms
- distress & impact on quality of life
- social / cultural / spiritual / religious context
- medical background, co-morbidities, past medical history, medications, allergies, examination, previous investigation results

IDENTIFICATION & IMPECCABLE ASSESSMENT
- clues in environment regarding symptom issues
- handover from referrer
- common to have pre-formulated ‘idea’ of specific set of physical symptom(s) to focus on
mindful that patient & clinician’s ‘agendas’ or ‘concerns’ may not align
- what is most important for individual patient?
- always try to address main symptom concern for patient
  - however also assess for ‘red flags’
if symptom significant for patient and/or carers or family members, it should be acknowledged

collateral history often helpful

frame that understanding of symptom issue(s) within individual patient’s psychosocial context

“ASK & YOU WILL DISCOVER…”
empathic, non-judgmental listening, having time and patience, significance of presence

- empathy
- compassion
- respectful
- patience

“GOOD COMMUNICATION SKILLS…”
onset / timing / constant / intermittent / similar or identical symptoms in past
precipitating / exacerbating / relieving factors
specific characteristics of particular symptom(s)
  eg. site on body & extent for pruritus
association with other symptoms (timing may be important)

severity (including over time) & impact on functioning & quality of life

previous therapies & response(s)?

physical examination

GENERIC MODEL OF PHYSICAL SYMPTOM ASSESSMENT
SYMPTOMS MAY FOLLOW PATTERNS

- reality usually >1 symptom & myriad of symptoms can pose diagnostic, management challenges
- symptom constellation often categorisable
  - eg respiratory, gastrointestinal, infective symptoms
  - often follows ‘patterns’ suggestive of a particular medical issue / diagnosis
why useful?

- generally processing information, trying to understand likely underlying cause(s) for symptoms
- usually appropriate to attempt treatment of easily reversible medical conditions which require ‘low burden’ therapy
  - however ensure consistent with goals of care / preferences of patient
DIFFERENTIAL DIAGNOSES

DEFINITIVE, PRESUMPTIVE, LIKELY or PROBABLE DIAGNOSIS

SYMPTOM 1

SYMPTOM 2

SYMPTOM 3

SYMPTOM 4

SYMPTOM 5
60 year old retired teacher with metastatic non-small cell lung cancer with right hilar disease

Chemotherapy ceased 6wks ago

Main symptom: 1mth central nausea with occasional small vomits, worsening over past 2wks

Associated ↓ appetite & oral intake, mild fatigue, bowels regular, no pain issues

MR XYZ
precipitated by smells of food esp. wife’s cooking, small house with limited windows

had not said anything to wife or family who are extremely concerned & anxious about ↓ po intake

worried that wife (a chef) would be offended, normally he would hover close to kitchen waiting for her food to be served
discussion with Mr XYZ & family, more understanding afterwards

encouraged to sit in his little garden outdoors rather than remain indoors when wife cooking

also given option of antiemetic for central nausea

nausea & eating improved
6 weeks later follow-up visit, discover that Mr XYZ unwell, breathless & productive cough (greenish phlegm) in past 4-5 days, fevers past 2 days

wife reports he complained of mild dysphagia & noticed Mr XYZ coughing with fluids for past week
EXAMINATION

- BP 120/85, HR 110, T38.2, SpO2 90% room air, RR 28
- cachexia, mildly dry mucous membranes
- right lung base bronchial breath sounds & crackles
- nil signs of peripheral fluid overload or DVT
- admission to hospital
likely issue / diagnosis

- constellation of symptoms & signs:
  - likely aspiration pneumonia, RLL pneumonia
  - blood tests, sputum m/c/s and/or CXR
  - oral antibiotics, bronchodilators, oxygen
  - Mr XYZ clinically improving with therapy
PATIENT PREFERENCES

- speech pathology recommend thickened fluids
- discussion with Mr XYZ & family:
  - Mr XYZ who prefers to continue on thin fluids for quality of life, accepting risk of recurrent aspiration pneumonia
  - thus allow comfort feeding
68 year old married woman with end-stage kidney disease secondary to diabetic nephropathy, on haemodialysis 3x / week despite optimal renal medical management, still has symptom issues lives with family, some conflict, ‘cranky’ at home
- worsening of chronic symptoms:
  - generalised pruritus since >10mths ago
  - painful burning in both feet esp. at night for ~8mths
  - restless feeling in legs at night since 3 months ago
  - associated insomnia for at least 2 months
  - no effect: various creams, steroids, anti-histamine

FRUSTRATED, ANGRY...
- uraemic pruritus
- peripheral neuropathy secondary to diabetes or renal failure
- restless leg syndrome
- significantly affected quality of life, functioning, relationships
- liaise with nephrologist
  - already seen dermatologist in past ("unhelpful")
- clinical psychologist
- diversional therapist
- medication trial?

HOW WILL YOU HELP?
reasonable to use either gabapentin or pregabalin
some evidence suggest may be helpful (mindful variable quality of evidence)
discussion with Mrs ABC & her family:

- realistic expectations of possible benefits, monitor for side effects

- commenced gabapentin 100mg 3 times a week, after haemodialysis; liaised with doctors & nurses

- f/u visit, significant improvement in symptoms, tolerating well, better relationships

STRATEGY EMPLOYED
good symptom management require good assessment & prioritization of medical / symptom issues
Medical / Symptom Issue #1

Medical / Symptom Issue #2

Medical / Symptom Issue #3
consider appropriateness of further Ix and/or Tx of underlying reversible condition(s) responsible for symptoms

- symptoms often multifactorial
- patient-focused concerns / centred care
- good communication skills, presence
- apply clinical knowledge & experience
- select specific pharmacological agent(s) & dosing most suited for individual patient, considering co-morbidities & circumstances*
- assess response(s) and tolerability (adverse effects) of treatment on ongoing basis
- recognise dynamic nature of symptoms & medical condition in general
importance of communication and/or collaboration with other healthcare professionals
- multidisciplinary team involvement whenever available & appropriate – provision of holistic care
management NOT always pharmacological !!!

- relaxation techniques
- meditation
- dietary modification
- energy conserving techniques
- cupping
- aromatherapy
- art therapy
- Tai-chi
- reiki
- dignity therapy
- acupressure
- music therapy
- acupuncture
- hot packs
- ice packs