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Symptom Management and Palliative Care for Lung Cancer

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Disclosures

The presenter has no relevant financial relationships to disclose.

Temel, NEJM, 2010, p. 733-42

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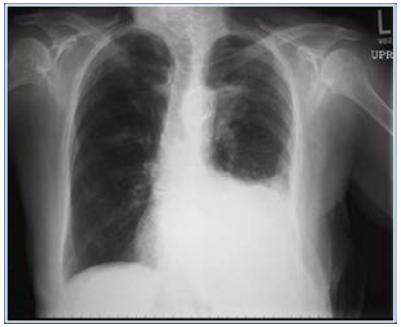
Goal for today's session

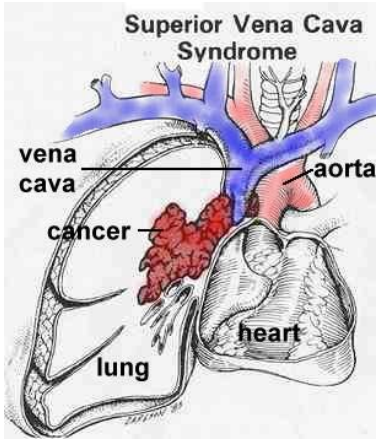
Recognize and be able to manage pulmonary manifestations of lung cancer and toxicities from its therapies

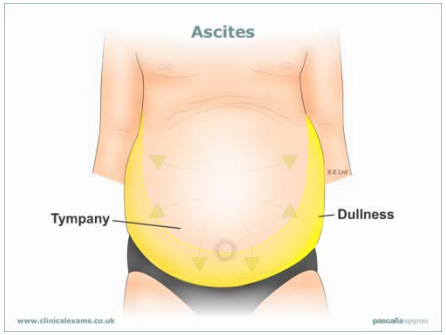
Identify elements of palliative care that can be used in caring for patients with lung cancer

Disease-related Manifestations of Lung CA

- Airway obstruction
- Pleural effusion
- Ascites
- Superior Vena Cava Syndrome
- Complications
  - Pneumonia
  - Anemia
  - Pulmonary emboli
  - Cachexia
  - Deconditioning

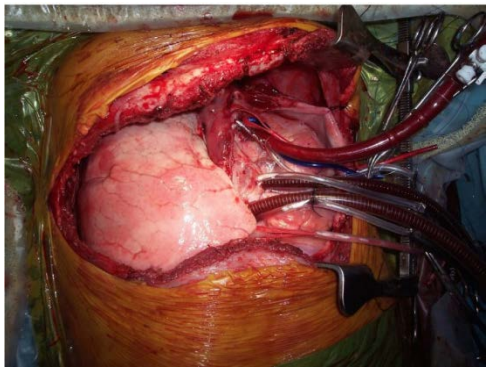


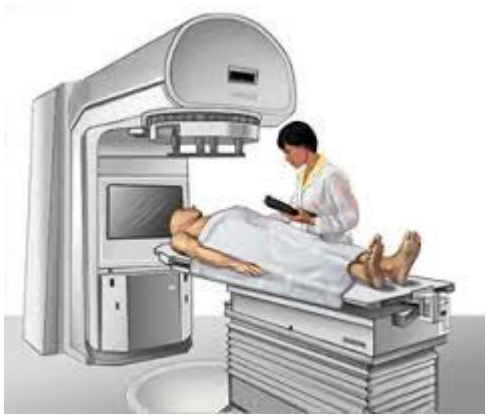




Treatment-related Manifestations of Lung CA

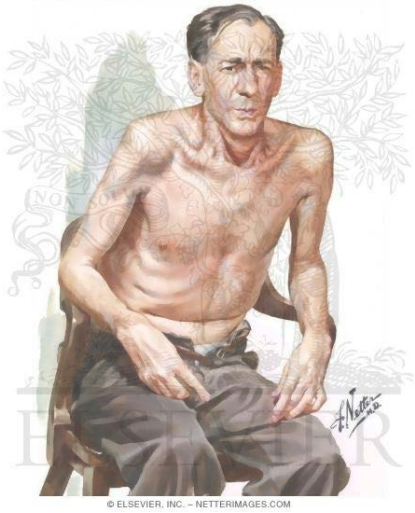
- Surgery
  - Pneumonectomy
  - Lobectomy
- Radiation
  - Pneumonitis
  - Fibrosis
- Chemotherapy
  - Pneumonitis
  - Fibrosis
  - Cardiomyopathy

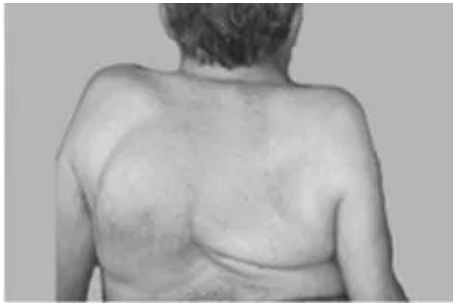




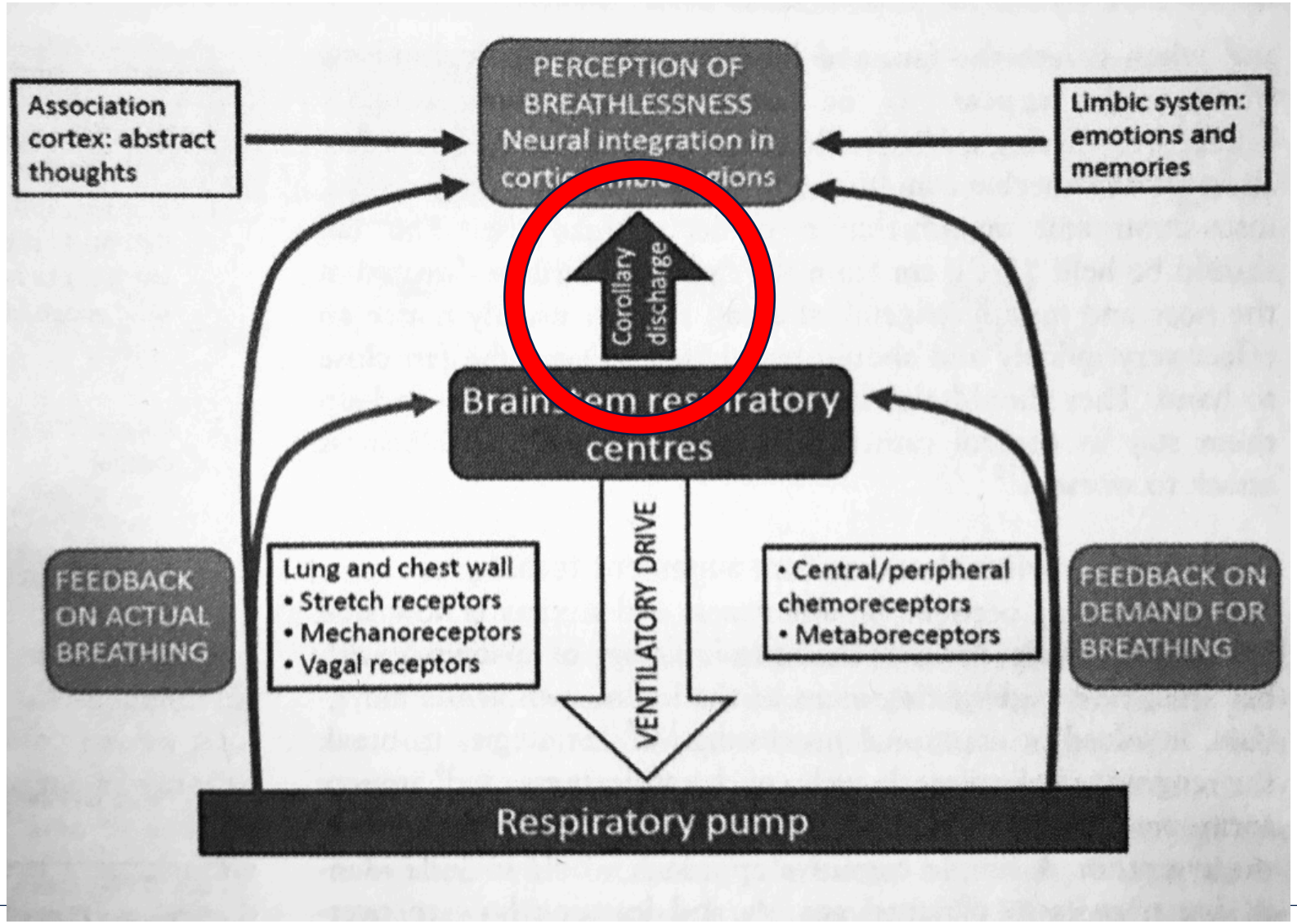
Comorbid Conditions with Lung CA

- COPD
- CHF
- Asthma
- Environmental exposures
- Pneumothorax
- Chest wall deformity
- Anxiety, panic, depression, obsessive, hyperventilation
- Terrified
- Isolation, dependence
- “Death rattle” / terminal secretions





Final Common Pathway of Dyspnea

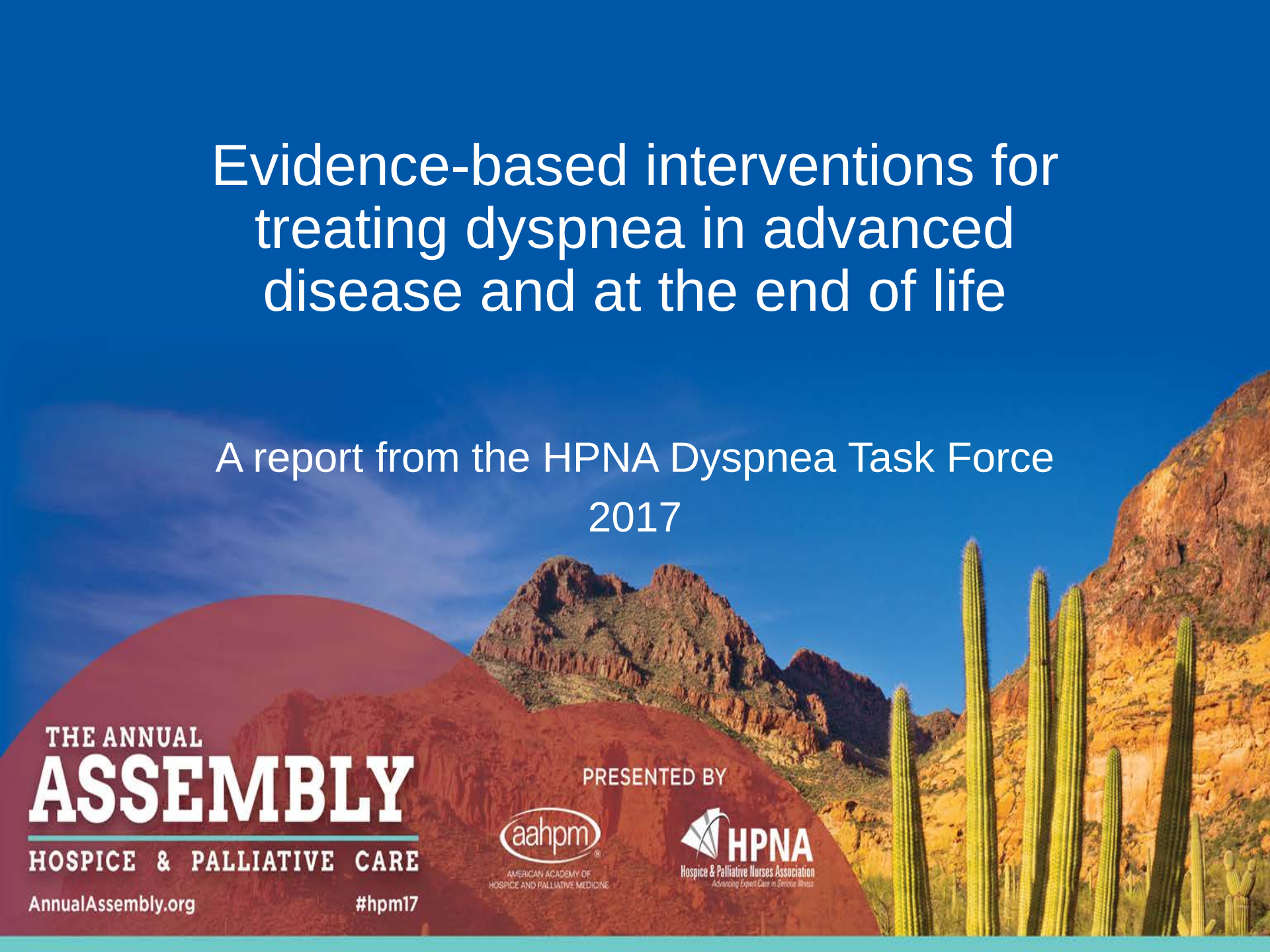


Chin & Booth, 2016, p. 393-400

Evidence-based interventions for treating dyspnea in advanced disease and at the end of life

A report from the HPNA Dyspnea Task Force

2017

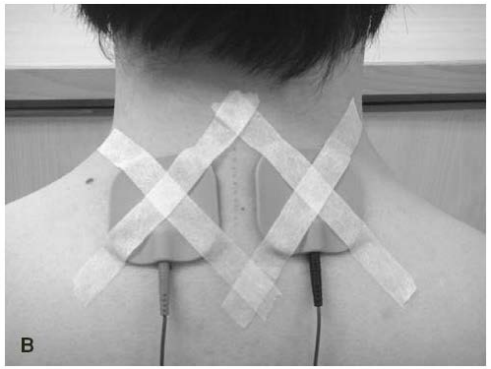


Level 1 Interventions for Dyspnea

“Recommended for practice”

- Long acting beta adrenergic agonist combined with long-acting muscarinic antagonist
- Immediate release oral morphine for cancer and COPD
- Oxygen for patients with hypoxemia (PaO_2 < 55 mmHg)
- Pulmonary rehabilitation for patients with COPD
- Specialist dyspnea service for patients with multiple at-risk diagnoses

Level 2 Interventions for Dyspnea



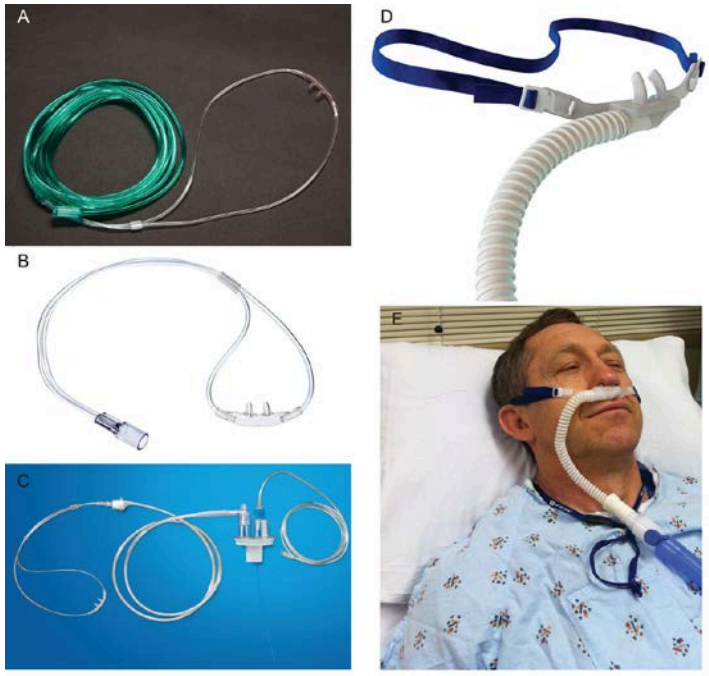
“Likely to be effective”

- Short-acting beta adrenergic agonist
- Short-acting muscarinic antagonist
- Sustained release once-daily morphine, not available in US
- Subcutaneous morphine in lung cancer
- Immediate release oral morphine in heart failure
- Acupressure
- Acupoints with transcutaneous electrical nerve stimulation
- Fans
- Mindfulness
- Internet-based dyspnea self-management in COPD

Level 3 Interventions for Dyspnea

Benefits balanced with harm

- Non-invasive ventilation for cancer patients with hypercarbia
- High flow nasal oxygen for patients with cancer with persistent dyspnea
- Acupuncture
- Co-enzyme Q10



Jeffrey J Ward Respir Care 2013;58:98-122

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Level 4 Interventions for Dyspnea

”**Effectiveness not established”**

- Nebulized furosemide
- Immediate release oral morphine in interstitial lung disease
- Nebulized fentanyl
- Oral transmucosal fentanyl
- Oxygen for cancer patients with and without hypoxemia
- Heliox28 gas mixture for patients with lung cancer and dyspnea on exertion
- Benzodiazepines for patients with variety of diagnoses

Level 5 Interventions for Dyspnea

”Effectiveness unlikely”

- Nebulized morphine
- Epidural methadone
- Oxygen for patients near death with no signs of respiratory distress

Level 6 Interventions for Dyspnea

”Not recommended for practice”

- Oxygen for patients who are not hypoxemic

Nonpharmacologic Dyspnea Strategies

Professional
- Pulmonary rehab
- Breathlessness Intervention
- Pacing/Energy conservation
- Cognitive Behavior Therapy (CBT)
- Music/distractive auditory stimuli
- Chest wall vibration
- Noninvasive ventilation
- Education
- Walking aid: rollator/cane
- Dyspnea Plan
- Neuromuscular electrical stimulation

Self-Management
- Posture: braced forward lean
- Pursed lip breathing
- Abdominal breathing
- Fan/air movement
- Exercise

Complementary
- Relaxation / Mindfulness-based stress reduction
- Biofeedback
- Spinal movement
- Acupuncture/ acupressure
- Yoga/tai chi

AMERICAN THORACIC SOCIETY DOCUMENTS

An Official American Thoracic Society Workshop Report: Assessment and Palliative Management of Dyspnea Crisis

Richard A. Mularski, Lynn F. Reinke, Virginia Carrieri-Kohlman, Mark D. Fischer, Margaret L. Campbell, Graeme Rocker, Ann Schneidman, Susan S. Jacobs, Robert Arnold, Joshua O. Benditt, Sara Booth, Ira Byock, Garrett K. Chan, J. Randall Curtis, DorAnne Donesky, John Hansen-Flaschen, John Heffner, Russell Klein, Trina M. Limberg, Harold L. Manning, R. Sean Morrison, Andrew L. Ries, Gregory A. Schmidt, Paul A. Selecky, Robert D. Truog, Angela C. C. Wang, and Douglas B. White; on behalf of the ATS Ad Hoc Committee on Palliative Management of Dyspnea Crisis

THIS OFFICIAL WORKSHOP REPORT OF THE AMERICAN THORACIC SOCIETY (ATS) WAS APPROVED BY THE ATS BOARD OF DIRECTORS, JUNE 2013

AMERICAN THORACIC SOCIETY

Patient Information *Series*

Sudden Breathlessness Crisis

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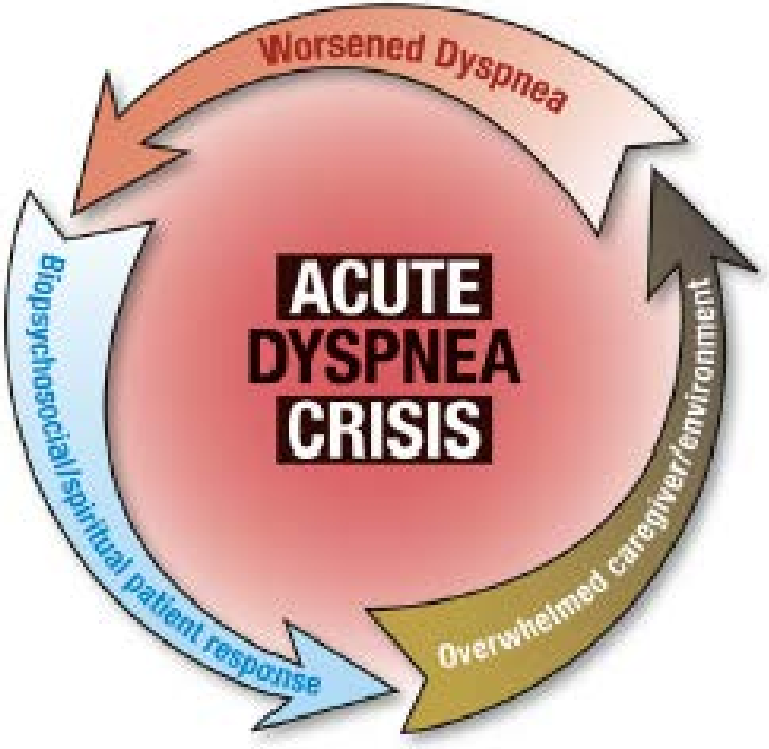
Dyspnea Crisis

sustained and severe resting breathing discomfort that occurs in patients with advanced, often life-limiting illness and overwhelms the patient and caregivers' ability to achieve symptom relief.



From ATS Dyspnea Crisis workshop report, 2013

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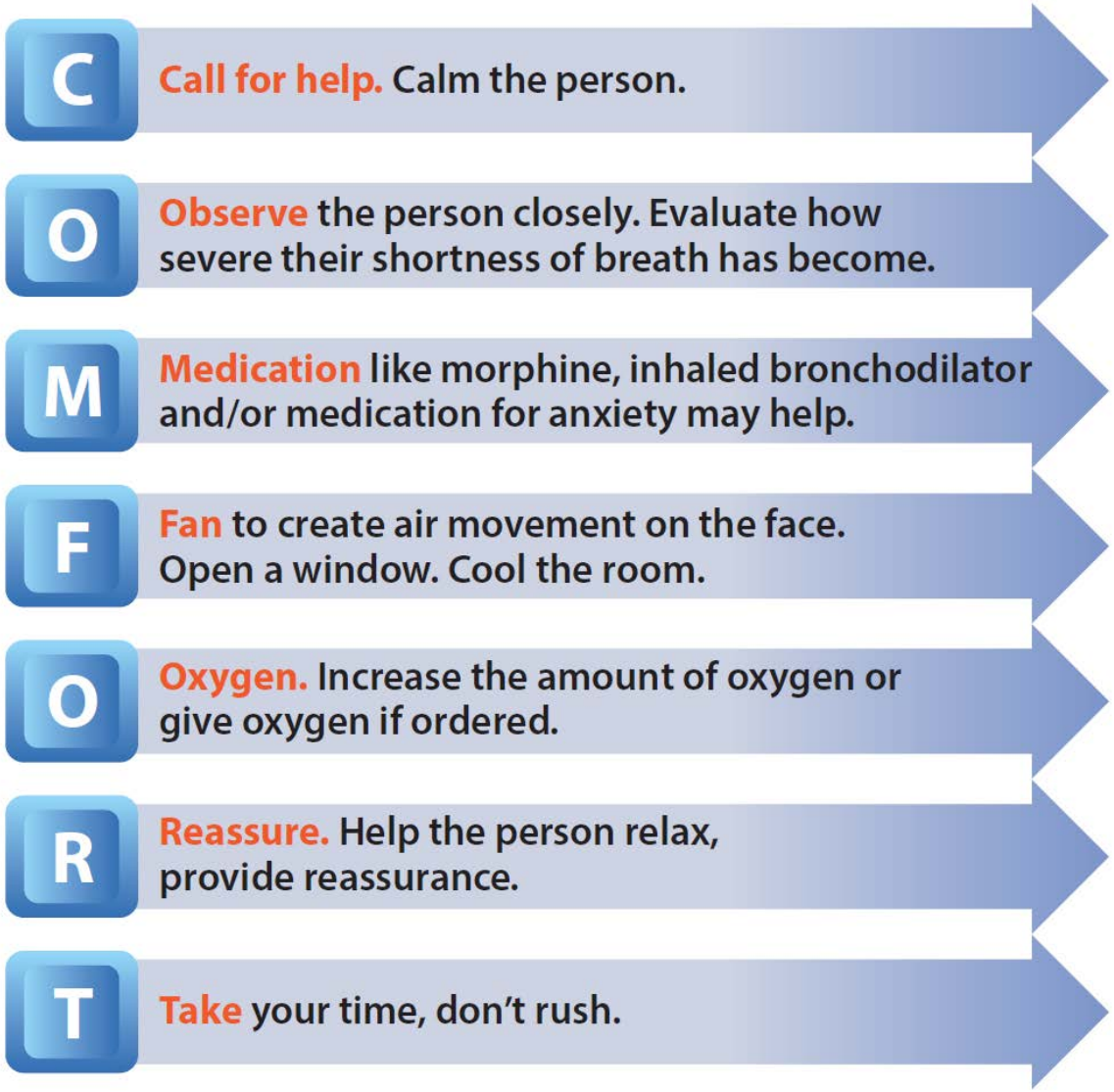
Sudden Breathlessness Crisis



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What is Palliative Care?

Palliative care is specialized care for people with serious illnesses. It focuses on providing relief from the pain, symptoms and distress of serious illness. It is a team-based approach to care involving specialty-trained doctors, nurses, social workers and other specialists focused on improving quality of life.

https://getpalliativecare.org
https://www.capc.org/

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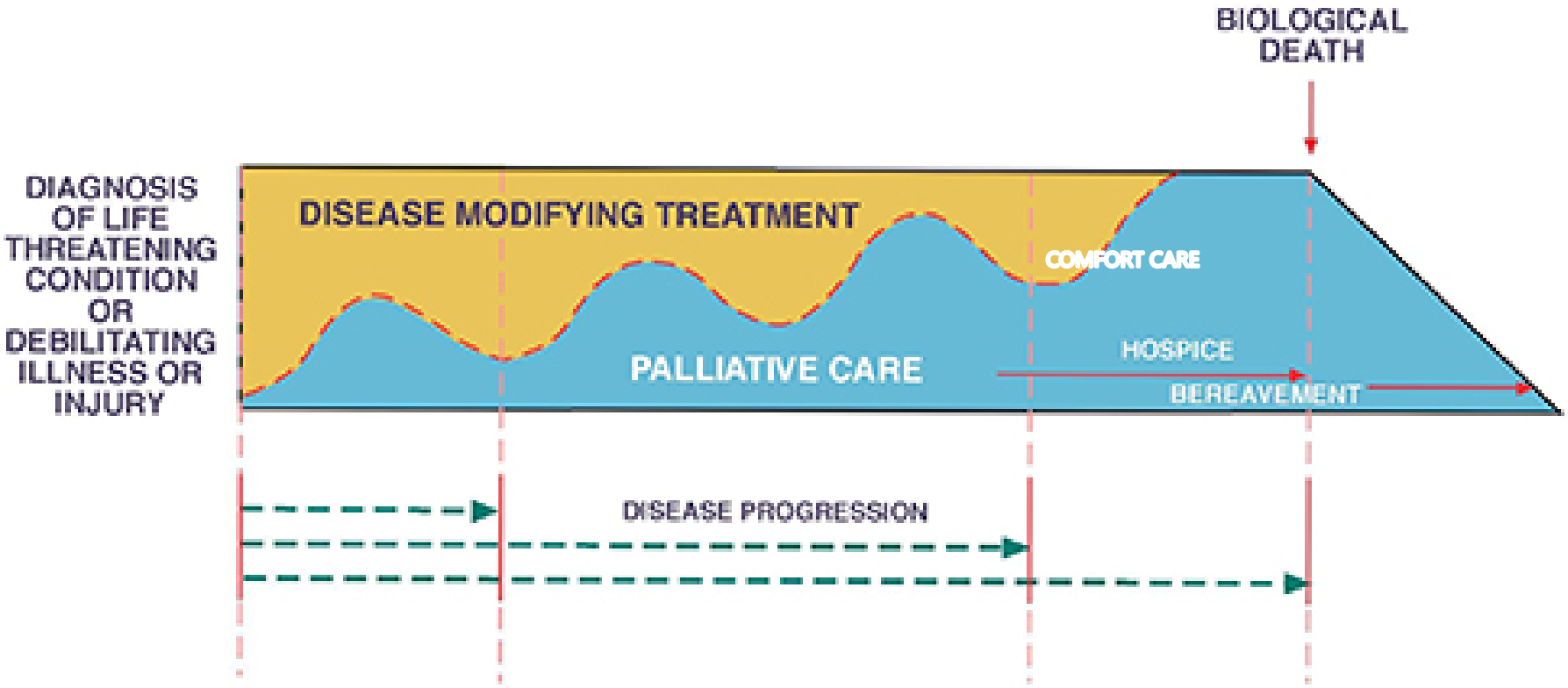
What is Palliative Care?

Timing of Palliative Care



Aspects of Care	Pulm Rehab	PC
Holistic approach	++	+++
Interdisciplinary approach	++	+++
Patient centered	+++	+++
Based on patient preferences	+	+++
Family Support	++	+++
Focus on Disease modification	++	+
Principles applicable throughout disease	++	++
Focuses on Symptom Mgt and QOL	+++	+++
Focuses on Maximizing Functional Status	+++	++
Promotes Self Management Strategies	+++	+
Psychological support	++	+++
Bereavement counseling	0	+++
Formal exercise training	+++	0
Promotes advance directives	++	+++
Spiritual Dimension	0	+++
Retiker, CRD 2012		

Interprofessional Team

Psychological Aspects of Care

Mental Status: Confusion, Delirium	Mood: Depression & Anxiety	Trauma
Stress & Adjustment	Substance Abuse	Anticipatory Grief
Demoralization	Non-ordinary States	Bereavement

Social Aspects of Palliative Care

- Family & Friend Support
- Caregiver Well-being, Availability
- Housing & Living Arrangements
- Work & Home Life
- Finances
- Insurance, Access to care
- Health Literacy
- Community Resources

Spiritual Aspects of Palliative Care

- Meaning
- Hope vs. Despair
- Connection vs. Isolation
- Regrets & Reconciliation
- Forgiveness
- Existential questions, concerns
- Religious belief system & concerns

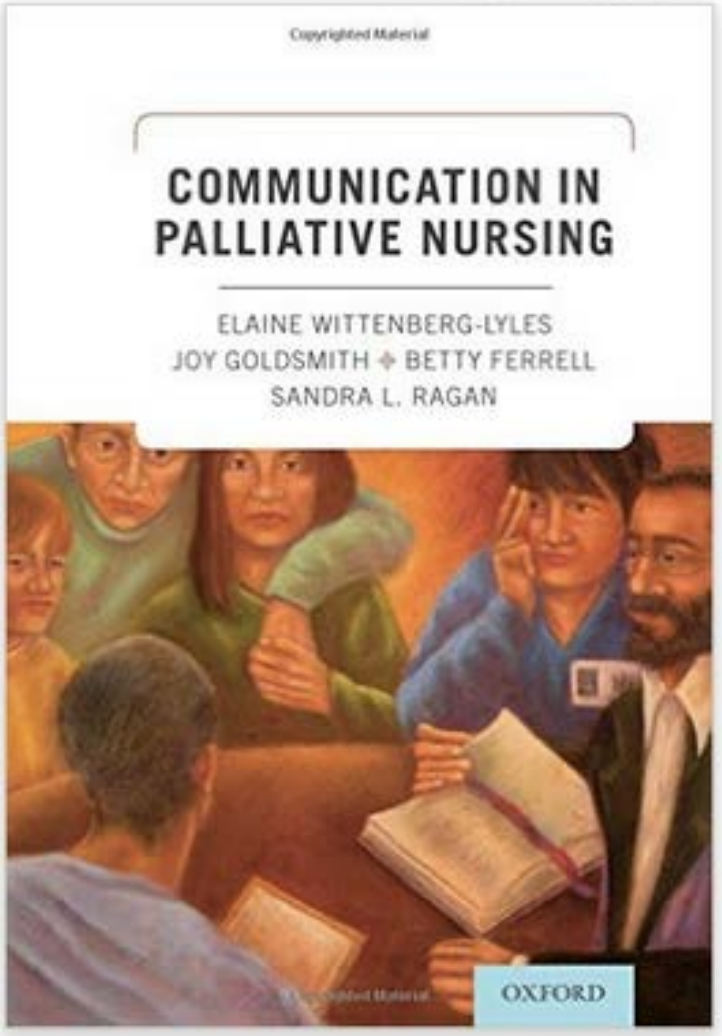
Cultural Aspects of Palliative Care

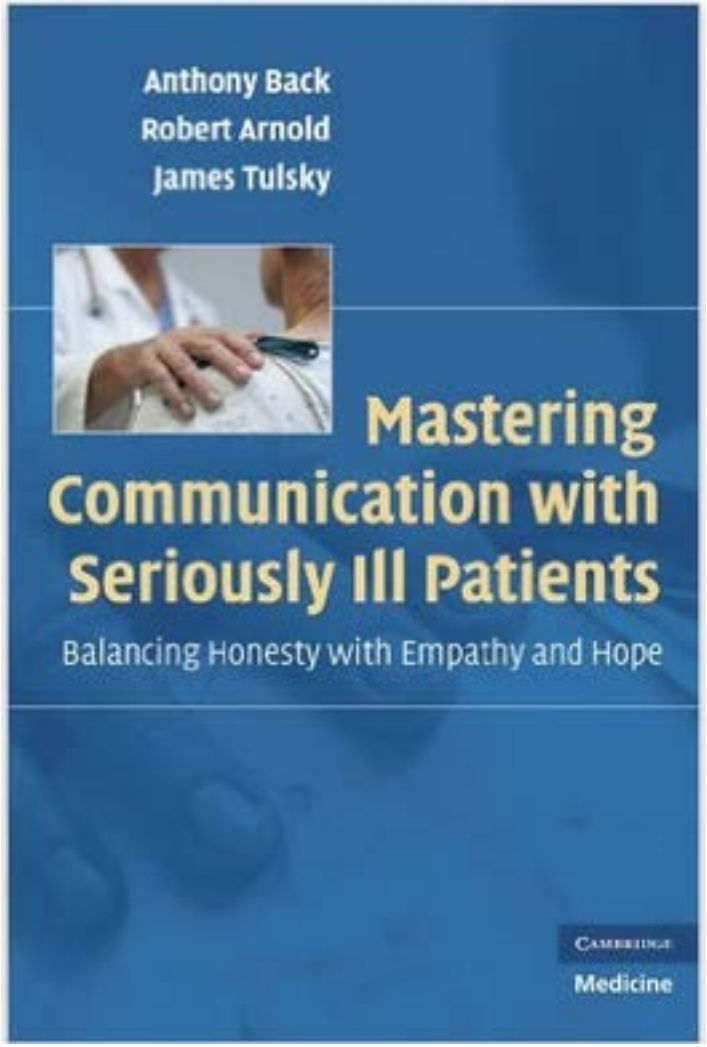
- Age & Gender
- Racial & Ethnic Identity
- Language Spoken
- Communication Style
- Family Structure
- Information & Decision-Making
- Experience of Health Care System
- Rituals

“When you think about what lies ahead, what worries you the most?”

VitalTips app; www.vitaltalk.org

Communication Resources





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Take Home Points:

1. *Prepare and practice the strategies for dyspnea management before a crisis occurs*
2. *Seek out the input of multiple professions and appreciate the value of each unique perspective*
3. *Palliative care is a resource for seriously ill patients, not just terminal patients*
4. *Save time and improve understanding by addressing emotion before information*

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Thank you

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