Symptom Management and Palliative Care for Lung Cancer

DorAnne Donesky, PhD, ANP-BC, ACHPN
Professor of Clinical Nursing
Dept of Physiological Nursing
Disclosures

*The presenter has no relevant financial relationships to disclose.*
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\textsubscript{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
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
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/distinctive 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


This official workshop report of the American Thoracic Society (ATS) was approved by the ATS Board of Directors, June 2013

Patient Information Series

Sudden Breathlessness Crisis
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
Sudden Breathlessness Crisis

C
Call for help. Calm the person.

O
Observe the person closely. Evaluate how severe their shortness of breath has become.

M
Medication like morphine, inhaled bronchodilator and/or medication for anxiety may help.

F
Fan to create air movement on the face. Open a window. Cool the room.

O
Oxygen. Increase the amount of oxygen or give oxygen if ordered.

R
Reassure. Help the person relax, provide reassurance.

T
Take your time, don’t rush.
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/
What is Palliative Care?
Timing of Palliative Care
<table>
<thead>
<tr>
<th>Aspects of Care</th>
<th>Pulm Rehab</th>
<th>PC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holistic approach</td>
<td>++</td>
<td>+++</td>
</tr>
<tr>
<td>Interdisciplinary approach</td>
<td>++</td>
<td>+++</td>
</tr>
<tr>
<td>Patient centered</td>
<td>+++</td>
<td>+++</td>
</tr>
<tr>
<td>Based on patient preferences</td>
<td>+</td>
<td>+++</td>
</tr>
<tr>
<td>Family Support</td>
<td>++</td>
<td>+++</td>
</tr>
<tr>
<td>Focus on Disease modification</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>Principles applicable throughout disease</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>Focuses on Symptom Mgt and QOL</td>
<td>+++</td>
<td>+++</td>
</tr>
<tr>
<td>Focuses on Maximizing Functional Status</td>
<td>+++</td>
<td>++</td>
</tr>
<tr>
<td>Promotes Self Management Strategies</td>
<td>+++</td>
<td>+</td>
</tr>
<tr>
<td>Psychological support</td>
<td>++</td>
<td>+++</td>
</tr>
<tr>
<td>Bereavement counseling</td>
<td>0</td>
<td>+++</td>
</tr>
<tr>
<td>Formal exercise training</td>
<td>+++</td>
<td>0</td>
</tr>
<tr>
<td>Promotes advance directives</td>
<td>++</td>
<td>+++</td>
</tr>
<tr>
<td>Spiritual Dimension</td>
<td>0</td>
<td>+++</td>
</tr>
</tbody>
</table>

Retiker, CRD 2012
Interprofessional Team
# Psychological Aspects of Care

<table>
<thead>
<tr>
<th>Mental Status: Confusion, Delirium</th>
<th>Mood: Depression &amp; Anxiety</th>
<th>Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress &amp; Adjustment</td>
<td>Substance Abuse</td>
<td>Anticipatory Grief</td>
</tr>
<tr>
<td>Demoralization</td>
<td>Non-ordinary States</td>
<td>Bereavement</td>
</tr>
</tbody>
</table>
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

1. Communication in Palliative Nursing
   - Elaine Wittenberg-Lyles
   - Joy Goldsmith
   - Betty Ferrell
   - Sandra L. Ragan
   - Oxford

2. Mastering Communication with Seriously Ill Patients
   - Anthony Back
   - Robert Arnold
   - James Tulsky
   - Cambridge Medicine
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*
Thank you

DorAnne Donesky, PhD, ANP-BC, ACHPN
doranne.donesky@ucsf.edu