



Supporting the patient early

Gilbert B. Zulian, MD

FMH internist, oncologist, geriatrician, *palliativist*

Division of Palliative Medicine, Geneva University Hospitals, Switzerland

« I have neither interest nor conflict to declare »

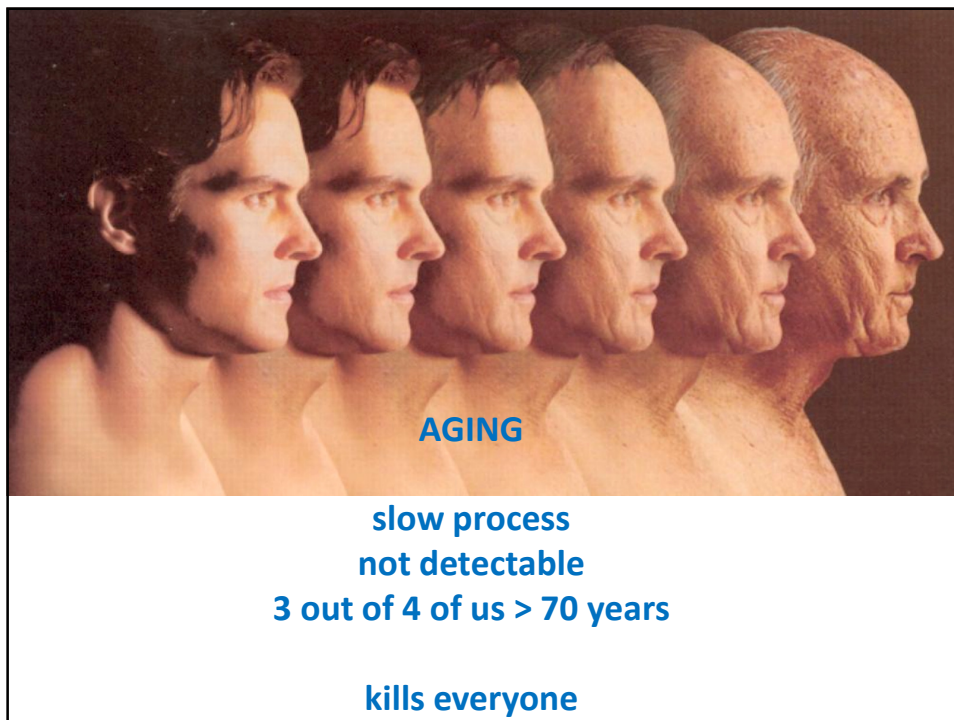
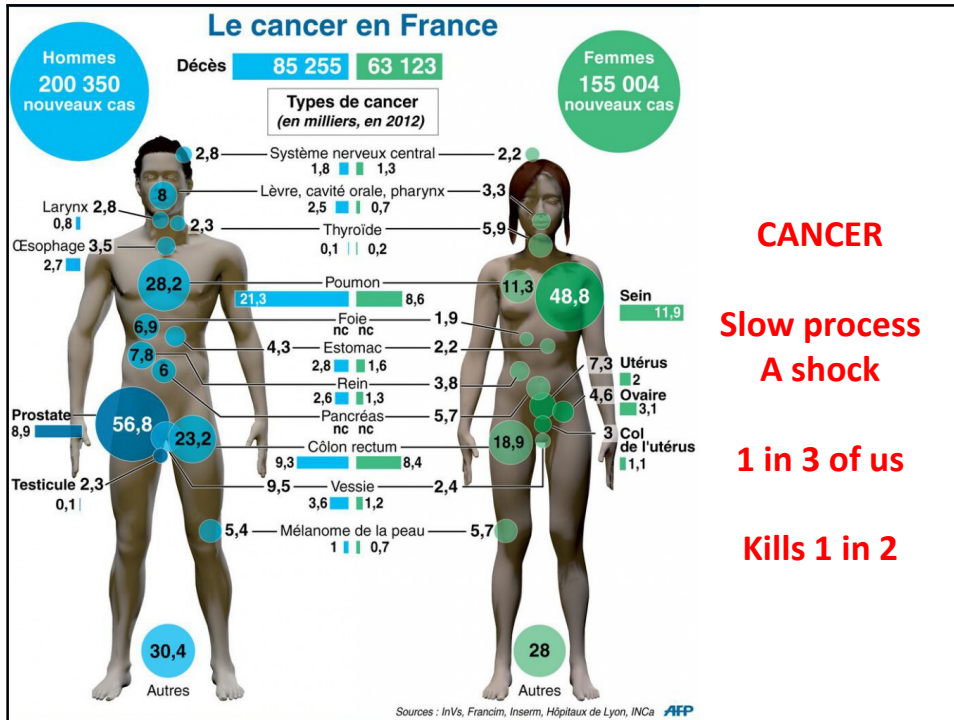
aging, cancer, care, carer, death, dependence, future, life, palliative, supportive, symptoms



Driving
Attention
Identification
Walking

Watching
Attention
Identification
Sitting







The course of the cancer patient...

- Diagnostic procedures (travel, endoscopy, biopsy, blood tests, X-ray tests, CGA, ...)
- Surgical procedures, radiation therapy, drug therapy
- Direct toxicities* : fatigue, nausea, vomiting, infections, anemia, hair loss, mucositis, skin rash, anxiety, stress, anorexia, depression, insomnia, ...
- Indirect toxicities** : hospitalisation, social exclusion, familial upheaval, financial needs, death, ...

*ECOG, Karnofsky, WHO

**QoL

The course of the cancer patient...

- Patients therefore deserve active support throughout their remaining life
- What does this mean for elderly cancer patients undergoing tests and treatments ?



**Help, counseling, appropriate care
and impeccable symptom control to address
physical, emotional, spiritual, and social needs**

<http://www.cancer.org/index>



THE OFFICIAL SPONSOR OF BIRTHDAYS!

➤ Click on :

« Find support and treatment »

then

« Treatment and side effects »

then

« Dealing with side effects »



THE OFFICIAL SPONSOR OF BIRTHDAYS!

<http://www.cancer.org/treatment/treatmentsandsideeffects/palliativecare/index>

Palliative care (or supportive care) is care that focuses on relieving symptoms caused by serious illnesses like cancer. It can be given at any point during a person's illness to help them feel more comfortable.

- No matter what it's called, palliative or supportive care has long been recognized as an important part of cancer treatment. For decades it was simply considered to be part of cancer treatment. But more recently, it's getting much more attention and study. It has grown into a specialized field of knowledge as well as being a standard part of care given by doctors and cancer care teams.
- Palliative or supportive care is given throughout the cancer experience, whenever the person is having symptoms that need to be controlled. This can be from the time of diagnosis until the end of life. It's appropriate at any age and at any stage in any serious illness.
- Palliative or supportive care is also about giving patients options and having them take part in decisions about their care. It's about assuring that all their care needs are addressed – their physical, emotional, spiritual, and social needs.



THE OFFICIAL SPONSOR OF BIRTHDAYS!

Benefits of palliative care

- There are many studies that show the benefits of palliative care. Studies have shown that patients who had hospital-based palliative care visits spent less time in intensive care units and were less likely to be re-admitted to the hospital after they went home. Studies have also shown that people with chronic illnesses like cancer who get palliative care have less severe symptoms. They have better quality of life, less pain, less shortness of breath, less depression, and less nausea. Their medical care tends to better align with their values, goals, and preferences. Their families also feel more satisfied.
- Palliative care may also increase survival. A 2010 study of lung cancer looked at patients who were given palliative care alongside cancer treatment. The patients who received palliative care along with cancer treatment lived nearly 3 months longer than the patients who received the cancer treatment without the palliative care.



War of words, of concepts



Supportive care *versus* Palliative care

- **Supportive care:** Treatment given to prevent, control, or relieve complications and side effects and to improve the patient's comfort and quality of life.
<http://www.medicinenet.com/script/main/art.asp?articlekey=5598>
- **Supportive care:** Care given to improve the quality of life of patients who have a serious or life-threatening disease. The goal of supportive care is to prevent or treat as early as possible the symptoms of a disease, side effects caused by treatment of a disease, and psychological, social, and spiritual problems related to a disease or its treatment. Also called comfort care, palliative care, and symptom management.
<http://www.cancer.gov/publications/dictionaries/cancer-terms?cdrid=46609>
- **Supportive care:** interventions that help the patient achieve comfort but do not affect the course of a disease. Called also palliative care or treatment.
<http://medical-dictionary.thefreedictionary.com/supportive+care>

WHO Definition of Palliative Care

<http://www.who.int/cancer/palliative/definition/en/>

Palliative care is 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.

Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patients illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

WHO Definition of Palliative Care

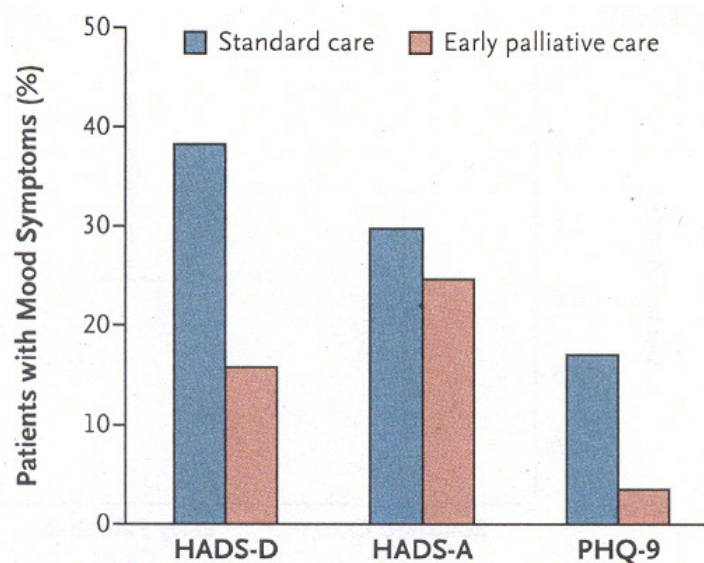
<http://www.who.int/cancer/palliative/definition/en/>

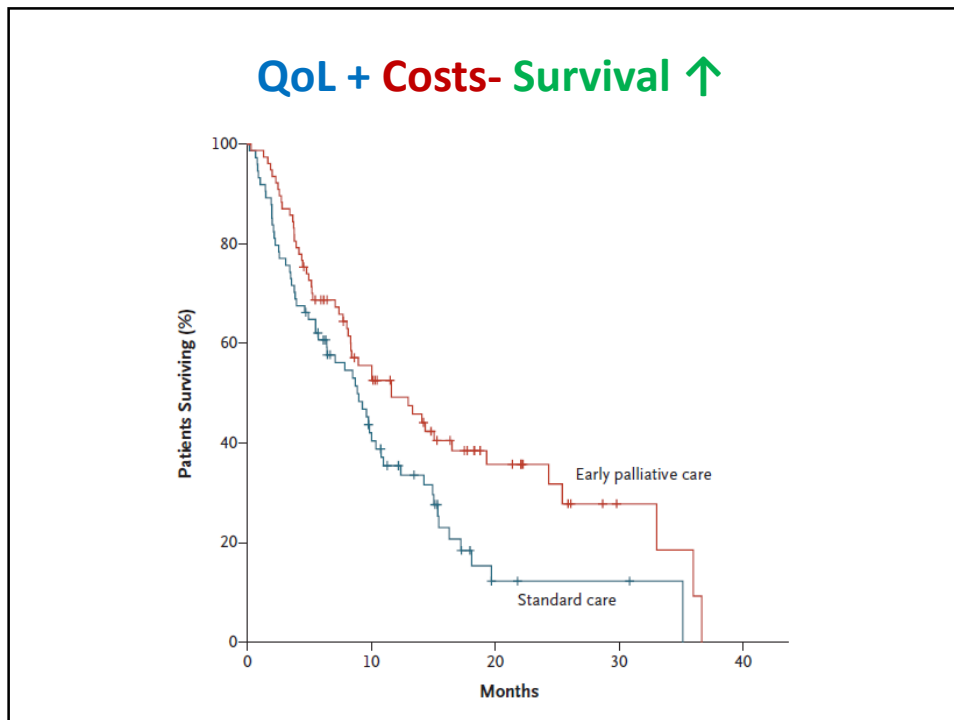
Palliative care:

- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patients illness and in their own bereavement;
- uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated;
- will enhance quality of life, and may also positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

Early palliative care for metastatic NSCLC.

[N Engl J Med 2010;363:733-42](#)





dependence

- Physical
- Psychological
- Affective
- Familial
- Social
- Spiritual
- Financial
- Religious
- Cultural
- Medical
- Political
- Geographical
- ...



support

- Nutrition (albumine...)
 - Physical exercise (2 x 30' ...)
 - Haematological support (transfusion, drugs ...)
 - Infection (drugs ...)
 - Nausea/vomiting (drugs ...)
 - Thrombosis (drugs ...)
 - Psychology (psychologist...)
 - Social and finance (SW, family...)
 - Spirituality / religion (chaplain...)
 - ...
- patient – physician - others

needs of patients with lung cancer

Eur J Oncol Nursing 2013,17,449-64

patients expectations

- Information about diagnosis and treatment
- Decision-making choices
- Sensitivity, support and reassurance from health professionals
- Constant presence of **family members** during diagnosis and treatment
- Assistance with fatigue, nutrition, depression/anxiety and pain
- Internet support
- Access to counseling and **support groups**
- Palliative care information
- Spiritual support

The Edmonton Symptom Assessment System in palliative care patients. J Pain Symptom Manage 2011;41:456-468.



Edmonton Symptom Assessment System:
(revised version) (ESAS-R)

Please circle the number that best describes how you feel NOW:

No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
No Tiredness (Tiredness = lack of energy)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
No Drowsiness (Drowsiness = feeling sleepy)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Lack of Appetite
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
No Depression (Depression = feeling sad)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
No Anxiety (Anxiety = feeling nervous)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
Best Wellbeing (Wellbeing = how you feel overall)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing
No Other Problem (for example constipation)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible

Patient's Name _____

Date _____ Time _____

Completed by (check one):

- Patient
 Family caregiver
 Health care professional caregiver
 Caregiver-assisted

Needs of carers

J Gerontological Social Work 2014;57:531-55

1643 studies, 108 selected

Emotional responses: fear, uncertainty, helplessness, inadequacy, guilt, financial and health problems, self-esteem loss, feelings of abandonment, being overwhelmed,

Social consequences: loneliness, isolation

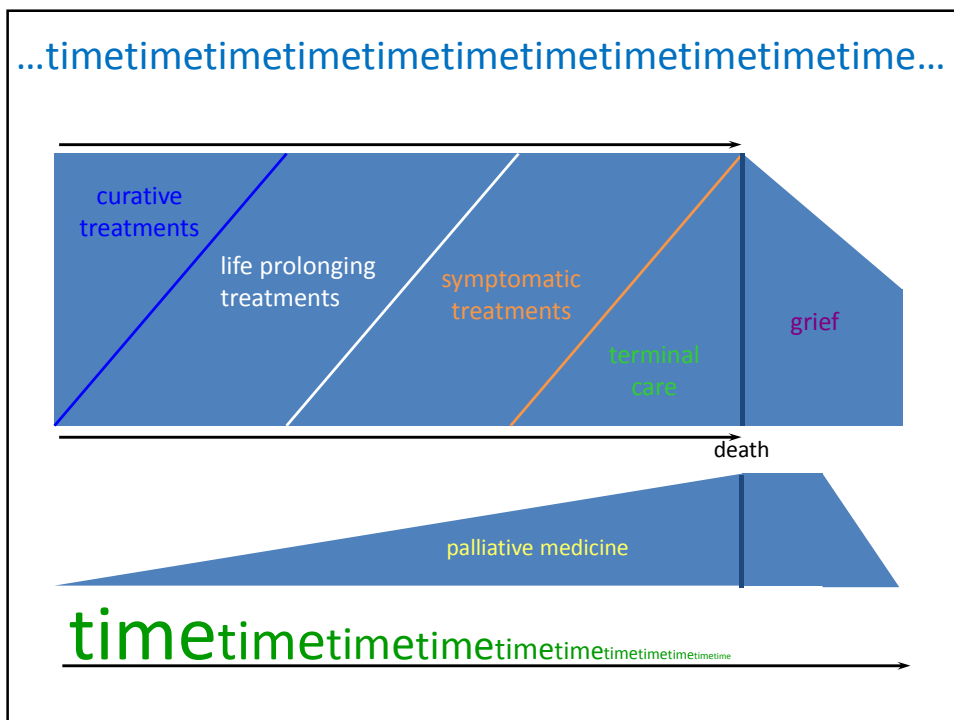
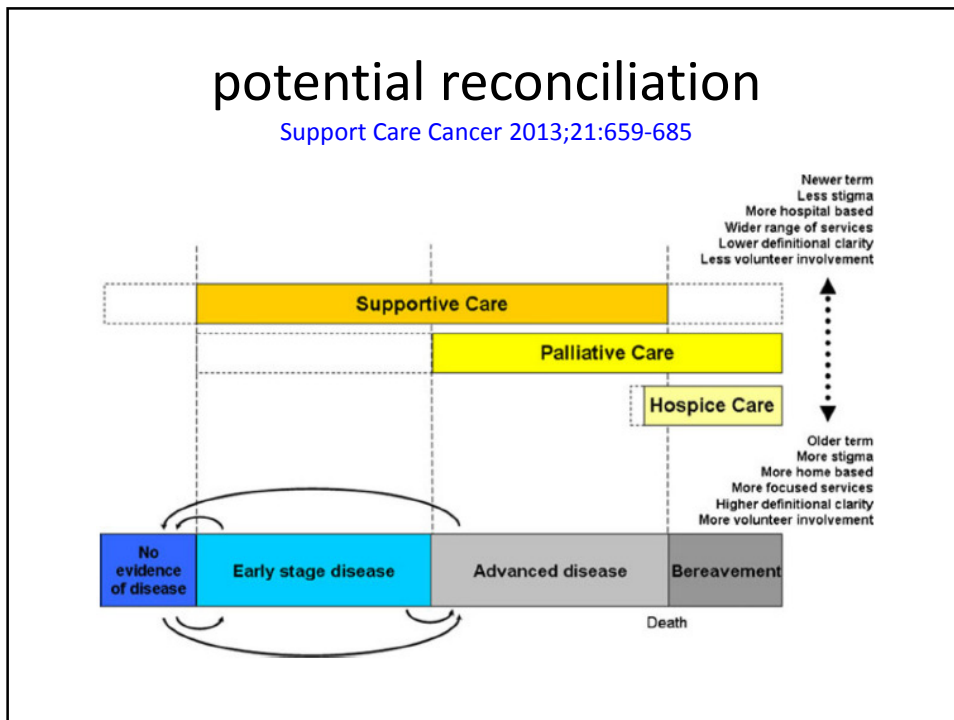
Role change: space restriction, lack of time, from spouse to caregiver, to become an informer, explanations provider

Need for information: lack of useful information, how to manage symptoms, inappropriate communication

Transition over time: stress, life dislocation (at diagnosis, at home after tt, at relapse, at the end), life reconstruction after cure

Positive experiences: meaning, personal strength, becoming stronger, closeness, personal growth, shift in family's environment

Depression, insomnia, fatigue: quality-of-life decrease



Thomas Adams, 1583-1652, writer and theologian
In The Happiness of the Church (1618)

« Prevention is much better than
cure because it can save the
labour of being sick »

Thanks for your attention and keep smiling, please

25