

AMADER GRAM PALLIATIVE CARE CLINICAL PRACTICE GUIDELINES

THE GOALS OF GOOD PALLIATIVE CARE:

To have as many as possible of 12 common symptom scores be in the mild range (4 or less) on 10-point Likert scales (Pain, tiredness, nausea, depression, anxiety, drowsiness, lack of appetite, shortness of breath, constipation, sleep quantity, sleep quality, feeling physically unwell). With moderate (5,6) pain scores, to lower these to a maximum of 4.

Critical background: “Survival is linked to symptom control, and pain management contributes to broad quality of life improvement”.

(https://www.nccn.org/professionals/physician_gls/pdf/pain.pdf)

GENERAL APPROACH-PSYCHOLOGICAL SUPPORT.

Conduct visit in a quiet and private area.

Identify all major health problems.

Assess patient’s common symptoms and their intensities at every visit.

Assess family members’ /caregivers’ distress.

Tell patient and accompanying family members that you will do everything you can to relieve the patient’s symptoms.

Always schedule a follow-up visit to avoid any patient and family sense of abandonment.

Offer to hear about personal, spiritual or cultural concerns of the patient.

PATIENT EDUCATION

Share each of the following messages with each patient:

Pain can be controlled.

All symptoms need attention because they collectively work together to increase distress. Addressing pain, sleep, and GI-related symptoms will usually help with all common symptoms except shortness of breath.

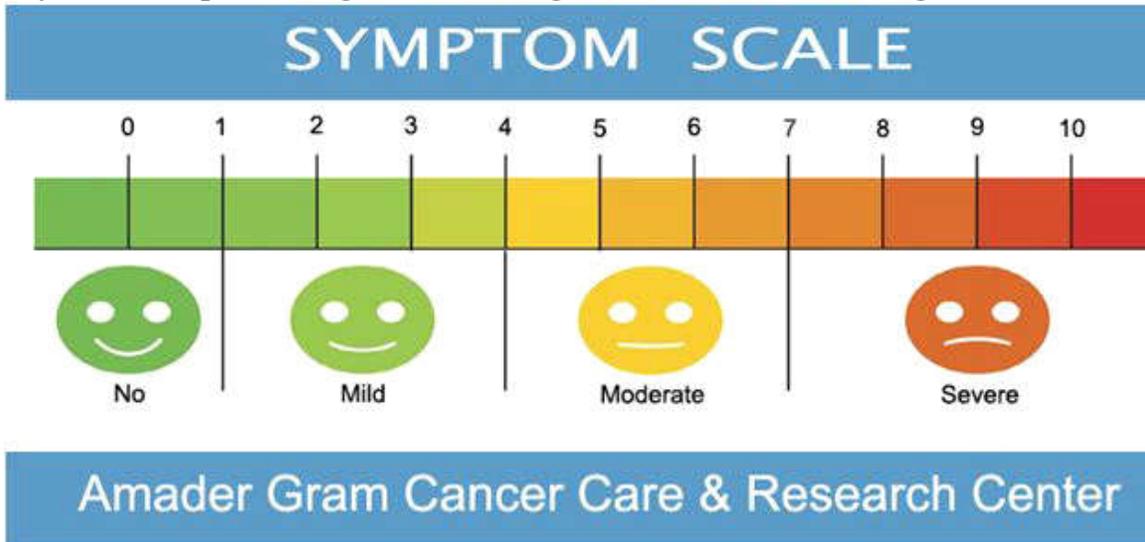
Bring a written list of your concerns/worst symptoms to your doctor appointment.

Make a written note about specific plans for making you feel better.

ADULT CANCER PAIN

ASK: Does the patient report having any pain?

If yes: Score pain using the following combined visual analogue



Symptoms to monitor:

- Pain
- Tiredness
- Nausea
- Depression
- Anxiety
- Drowsiness
- Appetite
- Well-being
- Shortness of breath
- Sleep quantity
- Constipation
- Sleep quality

www.ag-palliativecare.net
Phone: 01730-013709

Definitions-

Mild pain: Score 1-4

Moderate pain: Score 5-6

Severe pain: Score 7-10

THE GOAL

The goal should be to achieve and maintain freedom from pain with usual, and maximal pain scores in the mild range. To reach this goal drugs should be given “by the clock”, that is every 3-6 hours, rather than “on demand”. Improving pain control lessens anxiety, depression, sleep disturbances, and feelings of physical un-wellness.

This WHO three-step approach which follows emphasizes administering **the right drug in the right dose at the right intervals.**

MANAGEMENT

The World Health Organization guideline step-ladder approach is recommended as follows:

<u>Mild Pain</u>	<u>Moderate Pain</u>	<u>Severe Pain</u>
Paracetamol	Weak Opioids	Strong opioid
±Nonopioid	+Nonopioid	+Nonopioid
± Adjuvants	± Adjuvants	± Adjuvants

Paracetamol (Napa,Xcel) 500mg tablet; Suspension 125mg in 5 ml)
Starting doses are 1 gm every 6 hours

Nonopioid, NSAIDS: Non-steroidal anti-inflammatory drugs

Starting doses are listed If these drugs are taken for more than several days around the clock, they can cause stomach ulceration. If such treatment is used for longer period than a few days, consideration should be given to adding anti-ulcerant drugs also.

Diclofenac (Mobifen,Voltaren) 50 mg. One tablet every 8 hours with food.

Ketorolac Trimethamine (Minolac,Rolac 10mg) 10 mg every 8 hours

Meloxicam 15mg. One-half to one full tablet once daily.

Tanoxicam 20mg. One tablet daily

Dexibuprufen 300mg. One tablet every 8 hours.

Weak opioid

Tramadol 50mg, 100mg tablets;100mg/1ml/injectable. (Anadol, Lucidol,Tendia,Winpain)Starting dose is 50 mg every 8 hours.

Pentadol 50mg, 75mg, 100mg(Tapenta) Starting dose 50 mg every 8 hours.

Strong Opioid

Morphine is available in oral doses as

Sustained release tablets of 15mg

Instant/immediate releasetablets of 10mg.

Syrup form: One tablespoon has 5mg morphine

Ininjectable form with 15mg in a 1 ml vial.

Fentanyl (Duragesic) patches are available in 25 and 50 mcg/hour doses Fentanyl patches can be used when patients are clearly needing regular doses of morphine to which they are tolerant. To calculate an appropriate dose patch to start with, first determine the total oral morphine dose a patient is taking in 24 hours. Then divide this number in half to get the mcg/hour size fentanyl patch which is equivalent in strength. So if the patient is taking 60 mg of morphine per day (in 24 hours), the dose of fentanyl should be half this or 30mcg/hour patch (since there is no patch this size—a 25 mcg/hour patch should be chosen).

Breakthrough pain (sudden increased pain of 2 or more units on the 10-point scale):

Three options:

1. One capsule Tramadol 50mg (because immediate release morphine is not available).
2. Buccal Fentanyl tablet (Opi-Fen) 100 mg. tablet.
3. Instant/immediate release morphine dose of 10mg.

Whenever regular morphine administration is anticipated, it should be given

together with a laxative drug such as Laxena, two tablets at bedtime, to prevent constipation.

Adjuvant drugs are commonly used along with/without opioids.

For neuropathic pain (that is pain caused by nerve compression or injury):

Antidepressant agents such as:

Amitriptyline 10mg, 25mg, 50mg at bedtime. Starting doses 25mg. (Amit)

Imipramine 25mg, 50mg at bedtime. Starting dose 25mg.

If patient has hypertension or cardiovascular disease, or is a geriatric individual: use SSRI agents like

Sertalin 25mg, 50mg. Starting dose in am 25mg.

Antispasmodic agents:

Hyoscinebutylbromide 10mg, 20mg. Starting dose 10mg every 8 hours.

Muscle relaxants:

Baclofen 5mg, 10mg. Starting dose 5mg every 8 hours.

Diazepam 5mg. Starting 5mg at bedtime.

SLEEP

Half of Bangladeshi adults with advanced cancers report moderate to severe quality of their sleep and inadequate sleep. Improving sleep quantity and quality also improves feelings of tiredness, un-wellness, and drowsiness. tablets

Environmental measures in the sleeping area (decreasing noise, comfortable temperature for examples) and omitting caffeine intake in the evening are the first steps to encourage.

Use of Bromazepam 3mg. (Lexotenil, Laxyl) may be particularly useful as an adjuvant drug for pain and for decreasing anxiety. Starting dose: 1.5 mg (Half a tablet) at bedtime.

Alternatives are
Lorezepam 0.5-1 mg at bedtime.

Midazolam 15mg. at bedtime.
Doxipin 3mg, 6mg. Starting dose 3mg at bedtime.

POOR APPETITE/CONSTIPATION/FEELINGS OF UNWELLNESS/ NAUSEA

Over half of Bangladeshi adults with advanced cancers report moderately poor or worse appetite, and constipation. These symptoms contribute to feelings of nausea.

Are treatable physical causes like mucositis, xerostomia or bowel blockage with constipation present?

Are any medications contributing to these symptoms (e.g.morphine)

Are thyroid or calcium or other metabolic abnormalities like uremia present, which could contribute to these symptoms.

Increase liquid intake

Is an increase in physical activity possible?

Take a laxative drug such as Laxena, two tablets at bedtime, for constipation.

For opioid induced constipation Bisacodyl 5mg. Starting dose 10mg at bedtime.

ANXIETY

Over half of Bangladeshi adults with advanced cancers report moderate anxiety (a score of 5 or 6 on a 10-point scale). Greater self-reported anxiety is rare.

Use of low dose medication in such patients who also have moderate pain scores (5-6) is helpful in keeping the needed doses of analgesic

medications low.

Lorazepam (a short acting benzodiazepine) 1mg tablets. (Lozicum)

Starting dose: 0.5-1 mg once a day.

Bromazepam 3mg tablets. (Lexotenil, Laxyl) may be preferred in patients with poor sleep. Starting dose: 1.5 mg (Half a tablet) at bedtime.

DEPRESSION

About 15% of Bangladeshi adults with advanced cancers report moderate to severe depression (a score of 6 or higher on a 10-point scale).

The two most important management steps are:

Optimize control and management to lessen physical symptoms.

Assure the patient that you (the doctor) will do everything possible to help him/her feel better.

For moderate to severe depression that persists over time after following the two steps above, consider using anti-depressant medication.

Be clear that the timeline for benefit from such drugs is long.

Be certain of the dose.

Give only a limited number of doses to start treatment and schedule a follow up visit within two weeks.

DISCLAIMER

Amader Gram and the authors of these guidelines have made every effort to assure that the names, doses and schedules of the drugs listed in these guidelines are correct and applicable to Bangladeshi men and women. There may however be some errors and exceptions which have been missed or not noted. Professional health care givers are urged to check the details of any drugs they are not familiar with by consulting the Bangladesh National Formulary (BNF) and the on-line Drug Information and Management System (DIMS). To help assure that the guidelines are as appropriate and accurate as possible please share any particular concerns by writing an email to info@amadergram.org. Amader Gram and the authors cannot be responsible for problems which follow from use of the drugs listed here, in whatever forms, schedules or doses.

AUTHORS

Rumana Dowla

Tahmina Ferdousy

Richard R. Love

N M Nazmul Kabir Prodhan

Shamsun Nahar

FURTHER DETAILED GUIDELINES SOURCES

https://www.nccn.org/professionals/physician_gls/pdf/palliative.pdf

https://www.nccn.org/professionals/physician_gls/pdf/pain.pdf

Copyright: Amader Gram, 2017