



Slovensko združenje
paliativne in hospic oskrbe

Obravnavo simptomov v paliativni oskrbi

Maja Ebert Moltara, dr. med.

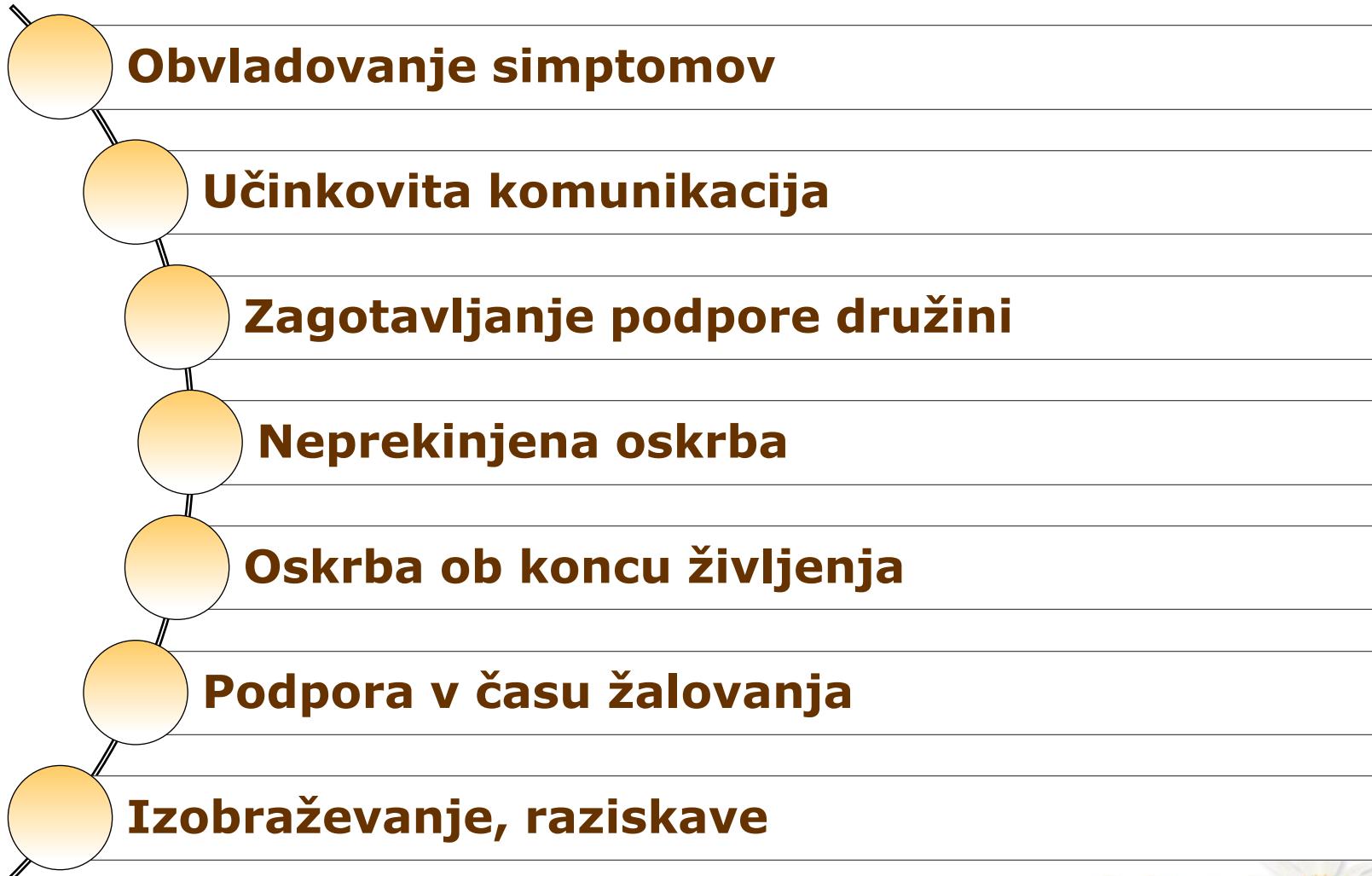
Dodatna znanja iz paliative
“Korak za korakom”

20.10.2016





KLJUČNI DELI PALIATIVNE OSKRBE





NAJPOGOSTEJŠI SIMPTOMI

Symptom prevalence in palliative care patients

Symptom	Cancer		AIDS		Heart disease		Chronic obstructive pulmonary disease (COPD)		Renal disease	
	Number of patients	Percentage with symptom	Number of patients	Percentage with symptom	Number of patients	Percentage with symptom	Number of patients	Percentage with symptom	Number of patients	Percentage with symptom
Pain	10,379	35 to 96	942	63 to 80	882	41 to 77	372	34 to 77	370	47 to 50
Depression	4378	3 to 77	616	10 to 82	80	9 to 36	150	37 to 71	956	5 to 60
Anxiety	3274	13 to 79	346	8 to 34	80	49	1008	51 to 75	72	39 to 70
Confusion	9154	6 to 93	?	30 to 65	343	18 to 32	309	18 to 33		
Fatigue	2888	32 to 90	1435	54 to 85	409	69 to 82	285	68 to 80	116	73 to 87
Breathlessness	10,029	10 to 70	504	11 to 62	948	60 to 88	372	90 to 95	334	11 to 62
Insomnia	5606	9 to 69	504	74	146	36 to 48	150	55 to 65	351	31 to 71
Nausea	9140	6 to 68	689	43 to 49	146	17 to 48			362	30 to 43
Constipation	7602	23 to 65	689	34 to 35	80	38 to 42	150	27 to 44	483	29 to 70
Diarrhea	3392	3 to 29	504	30 to 90	80	12			19	21
Anorexia	9113	30 to 92	504	51	146	21 to 41	150	35 to 67	395	25 to 64

Original figure modified for this publication. Solano JP, Gomes B, Higginson IJ. A comparison of symptom prevalence in far advanced cancer, AIDS, heart disease, chronic obstructive pulmonary disease and renal disease. *J Pain Symptom Manage* 2006; 31:58. Table used with the permission of Elsevier Inc. All rights reserved.





OBRAVNAVA SIMPTOMOV V PALIATIVNI OSKRBI

- 1
- 2

- ZAZNATI

- OCENITI IZRAŽENOST





Ocena intenzitete simptomov ...

ONKOLOŠKI
INSTITUT
LJUBLJANA

AMBULANTA ZA ZGODNJO PALIATIVNO OSKRBO

**EDMONTONOV
VRASALNIK
SIMPTOMOV**

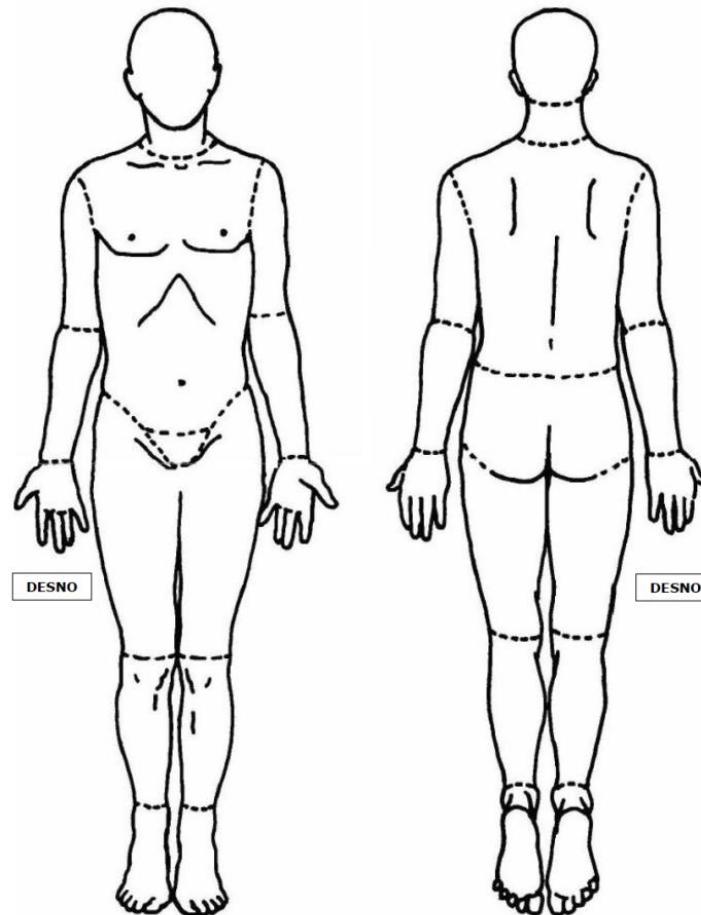
VRIŠI MESTO BOLEČINE:

Prosim, obkrožite številko, ki najboljše opisuje vaše **TRENUTNO POČUTJE**.

Brez bolečin	0	1	2	3	4	5	6	7	8	9	10	Najhujša možna bolečina
Brez utrujenosti (Utruenost = izguba energije)	0	1	2	3	4	5	6	7	8	9	10	Najhujša možna utrujenost
Brez zaspanosti	0	1	2	3	4	5	6	7	8	9	10	Najhujša možna zaspanost
Brez slabosti	0	1	2	3	4	5	6	7	8	9	10	Najhujša možna slabost
Brez izgube apetita	0	1	2	3	4	5	6	7	8	9	10	Najhujša možna izguba apetita
Brez občutka dispneje (dispnea = občutek težkega dihanja)	0	1	2	3	4	5	6	7	8	9	10	Najhujši možen občutek dispneje
Brez depresije (depresija = občutek brezupja)	0	1	2	3	4	5	6	7	8	9	10	Najhujša možna depresija
Brez anksioznosti (anksioznost = občutek nervoznosti)	0	1	2	3	4	5	6	7	8	9	10	Najhujša možna anksioznost
Najboljše blagostanje (blagostanje = vaše celokupno počutje)	0	1	2	3	4	5	6	7	8	9	10	Najslabše možno blagostanje
Brez (ostale težave, npr. zaprtje)	0	1	2	3	4	5	6	7	8	9	10	Najhujše možno

Izpolnil (obkroži ustrezno)

- pacient
- negovalec (družina)
- negovalec (zdravstveni delavec)
- pacient ob pomoči negovalca





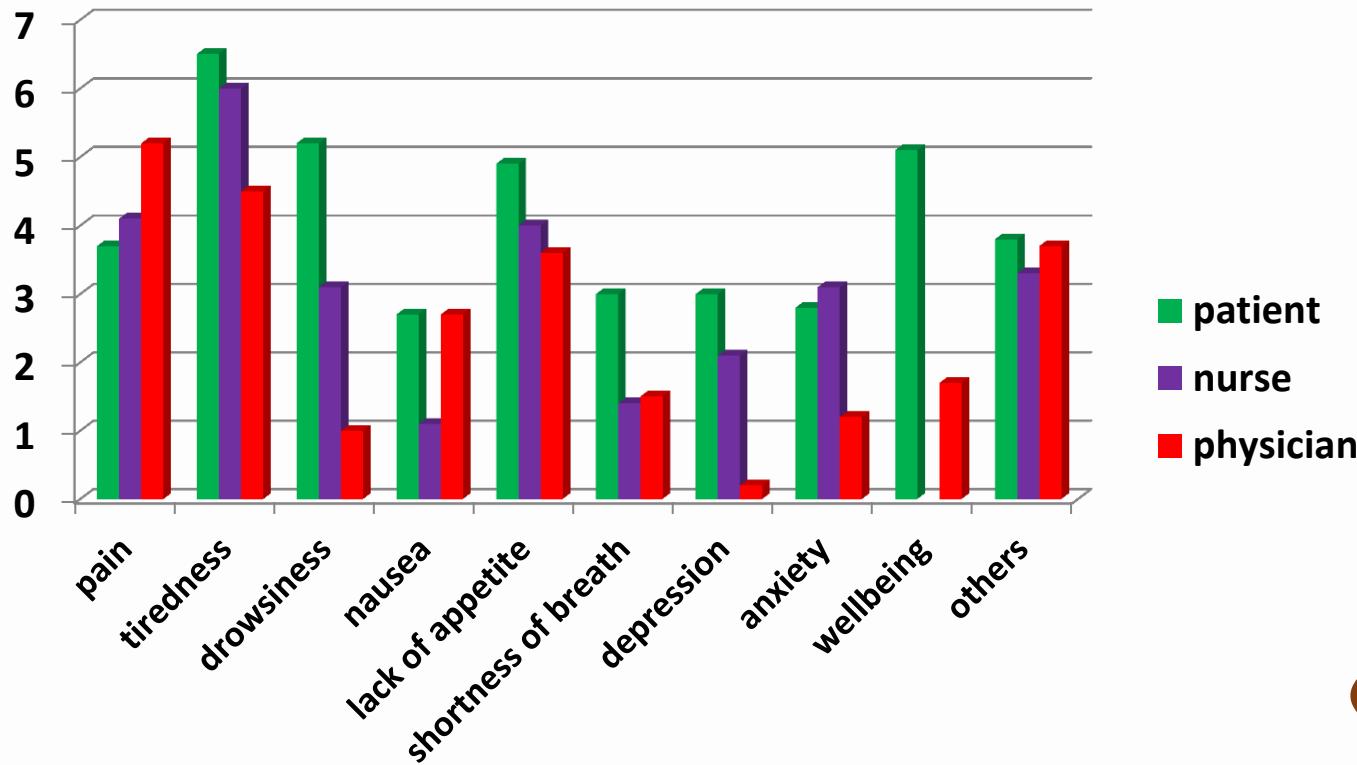
OBRAVNAVA SIMPTOMOV V PALIATIVNI OSKRBI

- ZAZNATI
- OCENITI IZRAŽENOST
- OVREDNOTITI (POD/PRE CENJENOST)





Beleženje simptomi na OI – KDO IZPOLNjuje VPRAŠANIK? ...



SVOJCI

Clinicians can fail to recognize 50-80% of patient concerns during consultation
(Ruland et al, *J Am Med Inform Assoc*, 2010)





OBRAVNAVA SIMPTOMOV V PALIATIVNI OSKRBI

- 1 • ZAZNATI
- 2 • OCENITI IZRAŽENOST
- 3 • OVREDNOTITI (POD/PRE CENJENOST)
- 4 • PROGNOZA





POMEMBNA JE OCENA PREŽIVETJA, PROGNOZA ...

PPS v2 (Paliativna lestvica telesne zmogljivosti)						
PPS (%)	Mobilnost	Aktivnost	Prisotnost bolezni	Samooskrba	Vnos hrani	Nivo zavesti
100%	Polna	Normalna, brez znakov bolezni	Brez bolezni	Polna	Normalen	Polna
90%	Polna	Normalna, minimalni znaki bolezni	Blaga prisotnost bolezni	Polna	Normalen	Polna
80%	Polna	Normalna s trudom, minimalni znaki bolezni	Blaga prisotnost bolezni	Polna	Normalen ali zmanjšan	Polna
70%	Zmanjšana	Zmanjšana, nesposobnost za normalno delo ali službo	Blaga prisotnost bolezni	Polna	Normalen ali zmanjšan	Polna
60%	Zmanjšana	Zmanjšana, nesposobnost za hobije ali hična opravila	Pomembna prisotnost bolezni	Občasno potrebuje pomoč	Normalen ali zmanjšan	Polna ali zmedenost
50%	Večino presedi ali preleži	Nesposobnost vsakršnega dela, znaki napredovale bolezni	Razširjena bolezen	Pogosto potrebuje pomoč	Normalen ali zmanjšan	Polna ali zaspanost ± zmedenost
40%	Večino preleži	Nesposobnost vsakršnega dela, znaki napredovale bolezni	Razširjena bolezen	Večinoma potrebuje pomoč	Normalen ali zmanjšan	Polna ali zaspanost ± zmedenost
30%	Vezan na posteljo	Nesposobnost vsakršnega dela, znaki napredovale bolezni	Razširjena bolezen	Popolna pomoč	Zmanjšan	Polna ali zaspanost ± zmedenost
20%	Vezan na posteljo	Nesposobnost vsakršnega dela, znaki napredovale bolezni	Razširjena bolezen	Popolna pomoč	Samo požirki po žičkah	Polna ali zaspanost ± zmedenost
10%	Vezan na posteljo	Nesposobnost vsakršnega dela, znaki napredovale bolezni	Razširjena bolezen	Popolna pomoč	Samo ustna nega in vlaženje ust	Zaspanost ali koma ± zmedenost
0%	Smrt	-	-	-	-	-

Ocena preživetja glede na PPS v2

PPS (%)	Preživetje						
50%	Običajno ~ 90 dni	40%	Običajno ~ 50 dni	30%	Običajno ~ 30 dni	20%	Običajno ~ 20 dni

PaP ocena (Paliativna prognostična ocena)		
Dispneja	Ne	0
	Da	1
Anoreksija	Ne	0
	Da	1,5
Ocena telesne zmogljivosti po Karnofskem (%)	30%	0
	10-20%	2,5
	>12	0
Zdravnikova ocena preživetja (v tednih)	11-12	2
	7-10	2,5
	5-6	4,5
	3-4	6
	1-2	8,5
Levkociti ($10^9 / L$)	≤8,5	0
	8,6-11,0	0,5
	>11,0	1,5
Limfociti (%)	20-40%	0
	12-19,9%	1
	<12%	2,5
Seštevek:		
Verjetnost 30 dnevnega preživetja (%)		
0-5,5	>70%	
6-11	30-70%	
11,5-17,5	<30%	

Lestvica telesne zmogljivosti po Karnofskem (%)	
100%	normalna aktivnost, brez simptomov
90%	normalna aktivnost, blajsi simptomi
80%	normalna aktivnost s trudom, simptomi
70%	nesposobnost opravljanja normalnih aktivnosti, še sposobnost skrbeti zase
60%	potrebna občasna pomoč, skrbi za osebne potrebe
50%	potrebna znatna pomoč in pogosta medicinska oskrba
40%	nesposoben, posebna oskrba in pomoč
30%	težka nesposobnost, potrebna neprestana oskrba
20%	zelo prizadet, potrebna je aktivna neprestana oskrba
10%	proces umiranja
	smrt

PPI indeks (Paliativni prognostični indeks)		
PPS ocena	>50-%	0
	30-50%	2,5
	10-20%	4
Delirij	Ne	0
	Da	4
Dispneja ob mirovanju	Ne	0
	Da	3,5
Edemi	Ne	0
	Da	1
Vnos hrane per os	Normalen	0
	Zmanjšan → sen grizljaj	1
	Zmanjšan → Sen grizljaj	2,5
Seštevek:		
Ocena preživetja (v tednih)		
≤4,0	>6 tednov	
4,5-6,0	<6 tednov	
>6,0	<3 tedne	





THE UNIVERSITY
of EDINBURGH

Identifying patients with advanced conditions for supportive and palliative care using a clinical indicators tool: SPICT™

G Higton^{1,2}, D Crawford¹, S Murray², K Boyd^{1,2}

¹ Palliative Care Service, Royal Infirmary of Edinburgh

² Primary Palliative Care Research Group, The University of Edinburgh



Background

- Systematic identification of patients with advanced conditions who are at risk of dying within 12 months is a prerequisite for effective end of life care.
- Interventions to improve the current and future care of these people and their families depend on better and earlier identification.
- Prognostication requires clinical judgement based on multiple sources of evidence and is an informed estimate that a patient's health is deteriorating.

"The physician's goal is to formulate an individualised prognosis for the patient starting with a generalised prognosis and modifying it using clinical observations, performance status, symptoms, co-morbidities, will-to-live and knowledge of illness trajectories."

Glare P. Journal of Palliative Medicine
2008;11(1):84-103.

Supportive and Palliative Care Indicators Tool (SPICT™)

The SPICT™ is a guide to identifying people at risk of dying within the next 12 months.

Look for two or more general indicators of deteriorating health.

- Performance status poor or deteriorating, with limited reversibility. (needs help with personal care, in bed or chair for 50% or more of the day).
- Two or more unplanned hospital admissions in the past 6 months.
- Weight loss (5 - 10%) over the past 3 - 6 months and/or body mass index < 20.
- Persistent, troublesome symptoms despite optimal treatment of any underlying condition(s).
- Lives in a nursing care home or NHS continuing care unit, or needs care to remain at home.
- Patient requests supportive and palliative care, or treatment withdrawal.

Look for any clinical indicators of advanced conditions

Cancer	Heart/ vascular disease	Kidney disease
Functional ability deteriorating due to progressive metastatic cancer.	NYHA Class II/IV heart failure, or extensive, untreatable coronary artery disease with: <ul style="list-style-type: none"> breathlessness or chest pain at rest or on minimal exertion. 	Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.
Too frail for oncology treatment or treatment is for symptom control.	Severe, inoperable peripheral vascular disease.	Kidney failure complicating other life limiting conditions or treatments.
Dementia/ frailty	Respiratory disease	Stopping dialysis.
Unable to dress, walk or eat without help.	Severe chronic lung disease with: <ul style="list-style-type: none"> breathlessness at rest or on 	Liver disease
Choosing to eat and drink less; <small>other than medications or nutrition</small>		Advanced cirrhosis with one or more complications in past year: <ul style="list-style-type: none"> diuretic resistant ascites

Methods

SPICT™ has been developed using three integrated, participatory approaches within an overall quality improvement framework:

- Literature review:**
 - Consensus documents and research studies describing clinical indicators of advanced illness and a limited prognosis
- Peer review:**
 - Publication in the British Medical Journal¹
 - Open website access to SPICT™
 - Partnership working with collaborators using SPICT™ in primary and secondary care;
 - electronic anticipatory care plan in London (*Coordinate My Care*)
 - hospital electronic patient record in Coventry (www.c-a-s-t-l-e.org.uk)
 - primary care registers (NHS Scotland)
- Prospective, case finding study in SE Scotland:**





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Look for any clinical indicators of advanced conditions

Cancer

Functional ability deteriorating due to progressive metastatic cancer.

Too frail for oncology treatment or treatment is for symptom control.

Dementia/ frailty

Unable to dress, walk or eat without help.

Choosing to eat and drink less; difficulty maintaining nutrition.

Urinary and faecal incontinence.

Unable to communicate meaningfully; little social interaction.

Fractured femur; multiple falls.

Recurrent febrile episodes or infections; aspiration pneumonia.

Neurological disease

Progressive deterioration in physical and/or cognitive function despite optimal therapy.

Speech problems with increasing difficulty communicating and/or progressive dysphagia.

Recurrent aspiration pneumonia; breathless or respiratory failure.

Heart/ vascular disease

NYHA Class III/IV heart failure, or extensive, untreatable coronary artery disease with:

- breathlessness or chest pain at rest or on minimal exertion.

Severe, inoperable peripheral vascular disease.

Respiratory disease

Severe chronic lung disease with:

- breathlessness at rest or on minimal exertion between exacerbations.

Needs long term oxygen therapy.

Has needed ventilation for respiratory failure or ventilation is contraindicated.

Kidney disease

Stage 4 or 5 chronic kidney disease (eGFR < 30ml/min) with deteriorating health.

Kidney failure complicating other life limiting conditions or treatments.

Stopping dialysis.

Liver disease

Advanced cirrhosis with one or more complications in past year:

- diuretic resistant ascites
- hepatic encephalopathy
- hepatorenal syndrome
- bacterial peritonitis
- recurrent variceal bleeds

Liver transplant is contraindicated.

Assess and plan supportive & palliative care

- Review current treatment and medication so the patient receives optimal care.
- Consider referral for specialist assessment if symptoms or needs are complex and difficult to manage.
- Agree current and future care goals/ plan with the patient and family.
- Plan ahead if the patient is at risk of loss of capacity.
- Handover: care plan, agreed levels of intervention, CPR status.
- Coordinate care (eg. with a primary care register).

- slab performans status dve ali več neplanirane hospitalizacije v zadnjih 6 mesecih
- izguba teže v zadnjih mesecih
- težko obvladljivi simptomi potrebuje stalno oskrbo

SPICT™, September 2012





OBRAVNAVA SIMPTOMOV V PALIATIVNI OSKRBI

- 1 • ZAZNATI
- 2 • OCENITI IZRAŽENOST
- 3 • OVREDNOTITI (POD/PRE CENJENOST)
- 4 • PROGNOZA
- 5 • VZROK - REVERZIBILNI/IREVERZIBILNI





PRISTOP K OBRAVNAVI BOLNIKA s simptomom

SIMPTOM
(občutek težkega dihanja)

Iskanje vzrokov

REVERZIBILNI VZROKI

vzročno zdravljenje

- 1. Splošno stanje bolnika**
- 2. Prognoza bolezni**
- 3. Spremljajoča obolenja**
- 4. Trenutni simptomi**
- 5. Oceni učinkovitost – invazivnost zdravljenja**
- 6. Želje bolnika in svojcev**

IREVERZIBILNI VZROKI

simptomatsko zdravljenje

Olajšanje težav





PRISTOP K OBRAVNAVI BOLNIKA s simptomom

SIMPTOM
(občutek težkega dihanja)





OBRAVNAVA SIMPTOMOV V PALIATIVNI OSKRBI

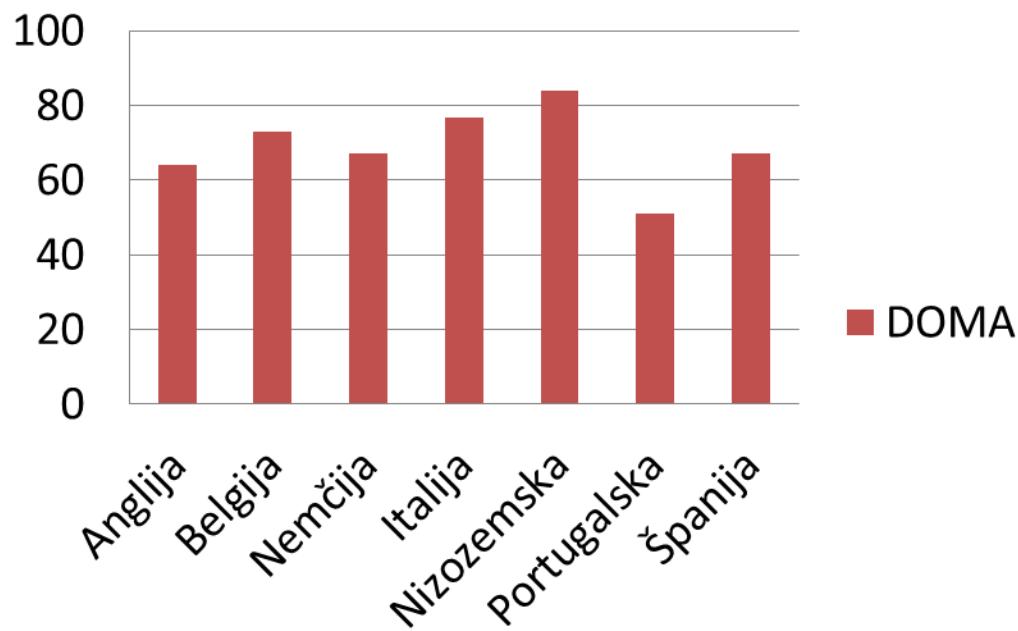
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- 5 • VZROK - REVERZIBILNI/IREVERZIBILNI
- 6 • DOMA/BOLNICA





Preferences for place of death if faced with advanced cancer: a population survey in England, Flanders, Germany, Italy, the Netherlands, Portugal and Spain

B. Gomes^{1*}, I. J. Higginson¹, N. Calanzani¹, J. Cohen², L. Deliens^{3,2}, B. A. Daveson¹,
D. Bechinger-English¹, C. Bausewein^{4,1}, P. L. Ferreira⁵, F. Toscani⁶, A. Meñaca⁷, M. Gysels⁷,
L. Ceulemans⁸, S. T. Simon^{9,10}, H. R. W. Pasman³, G. Albers³, S. Hall¹, F. E. M. Murtagh¹,
D. F. Haugen^{11,12}, J. Downing¹³, J. Koffman¹, F. Pettenati⁶, S. Finetti⁶, B. Antunes^{5,1} & R. Harding¹
on behalf of PRISMA





5 faktorjev, ki so neodvisni napovedni dejavniki, da bo nekdo doma umrl

Relative's aware of incurability at one week prior to death or more
(ref. never or aware for < one week)

Patient's discussion of preference for place of death with family (ref. no)

Hospital days (ref. 0 to 7 days)

8 to 14 days

15 to 28 days

29+ days

GP home visits (ref. 0 or 1 visit)

2 visits

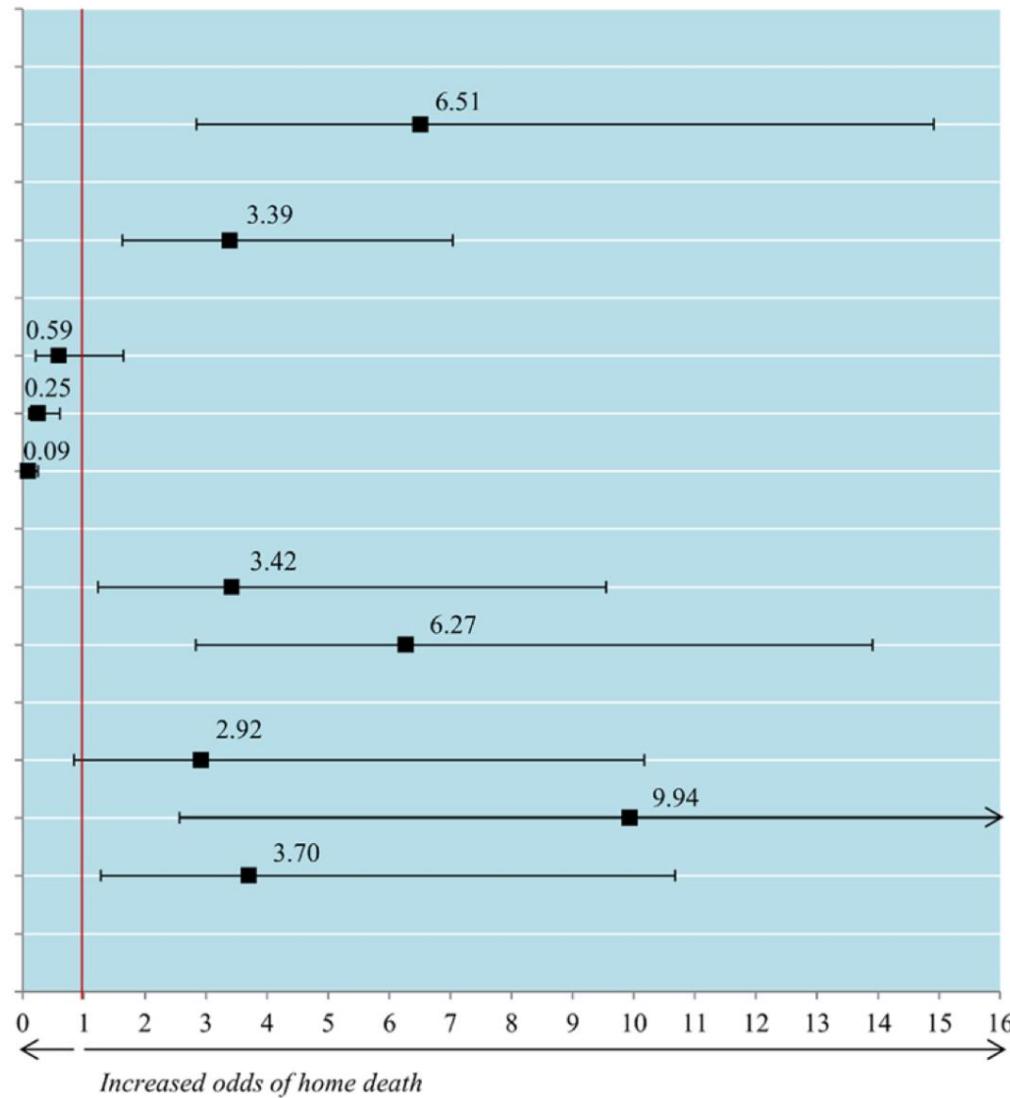
3+ visits

Relative's work arrangements
(ref. 0 to 3 days off work)

4 to 14 days off work

15+ days off work

not working



Obravnavo simptomov v paliativni oskrbi





VZROKI ZA OBISK SNMP (2012)

Darja Žnidaršič, SNMP Ljubljana

	število	delež
Bolečina	124	42%
Slabost in bruhanje	35	12%
Težko dihanje	31	11%
Zapora urina	27	9%
Nemir in zmedenost	23	8%
Oslabelost	9	3%

Ostalo (manj kot 1%):

kolcanje, epileptičen napad, zaprtje, anemija, globoka venska tromboza spodnjih okončin, krvavitev iz prebavil, epistaksa, makrohematurija, ascites, predoziranje opiatnega analgetika, alergična reakcija.

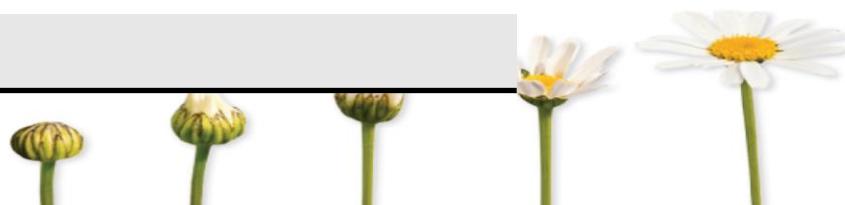




VZROKI ZA OBISK SNMP (jun- avg 2014)

Darja Žnidaršič, SNMP Ljubljana

vzrok	Število	%
težko dihanje	41	26.2
bolečina	24	15.3
motnje požiranja	25	16
oslabelost	14	9
vročina	10	6.4
motnje zavesti	8	5
bruhanje	5	3
nemir	4	2
retenca urina	2	1
hemoptiza	2	1
težave s PEG	2	1
potrditev smrti	19	12
Ostalo*		





CELOSTNA OBRAVNAVA





Hvala!

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