

Brief intro...(why this is personal!)



In memory of Kimberly Ann Dupré
9/27/1967 – 7/29/2013



The Value of Palliative Care

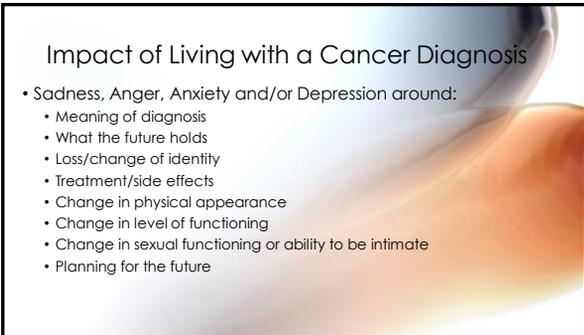
in metastatic breast cancer

Michael Dupré, MS, RN, ANP-C



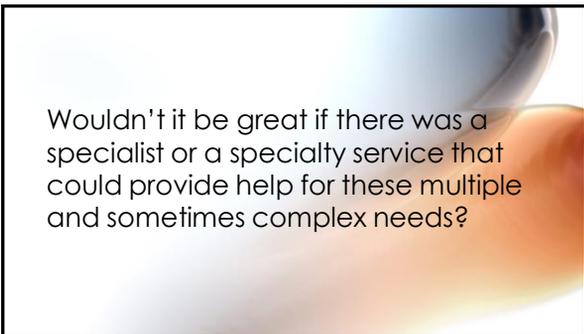
Impact of Living with a Cancer Diagnosis

- Stress arising from:
 - Disruption of daily life
 - Inability to work same schedule or work at all
 - Financial challenges
 - Practical challenges (change in schedule, managing appointments, paying bills, childcare, transportation, caregiving needs)
 - Emotional challenges
 - Physical challenges
 - For patients: pain, fatigue, neuropathy, nausea, other cancer-related symptoms and treatment side effects
 - For caregivers: providing care, helping meet the changing needs of the patient



Impact of Living with a Cancer Diagnosis

- Sadness, Anger, Anxiety and/or Depression around:
 - Meaning of diagnosis
 - What the future holds
 - Loss/change of identity
 - Treatment/side effects
 - Change in physical appearance
 - Change in level of functioning
 - Change in sexual functioning or ability to be intimate
 - Planning for the future



Wouldn't it be great if there was a specialist or a specialty service that could provide help for these multiple and sometimes complex needs?

What is Palliative Care?

Center to Advance Palliative Care (CAPC):

"Palliative care, also known as palliative medicine, focuses on people living with serious illness. It provides relief from the symptoms and stress of a serious illness--whatever the diagnosis. The goal is to improve quality of life for both the patient and the family."

Put another way (less is more)

"Palliative care is an extra layer of support for you and your family."



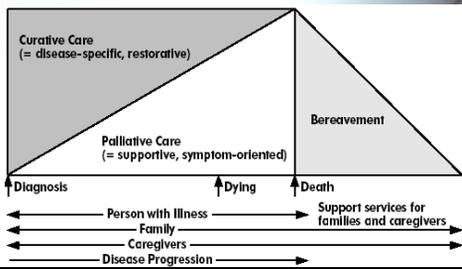
Overcoming the Stigma/Debunking the Myths:

- Palliative care is only for end-of-life.
- It is frequently care provided by a hospice team.
- It is associated with death and dying.
- Palliative care is only for metastatic disease.
- It is only for pain management.

Some Palliative Care Facts

- Palliative care is specialized medicine, and more than just hospice. Hospice is simply a form of palliative care.
- Studies have shown that patients who receive palliative care live longer with improved quality of life.
- Palliative care focuses on symptom management and psychosocial support, spiritual support, and goals of care.

Palliative Care Across the Continuum



Palliative care is for everyone*



*At any time

Palliative care helps you live your life and not live your cancer



Some ways palliative care can accomplish this:

- Comprehensive management of physical symptoms related to the cancer or treatments.
- Nutritional guidance
- Emotional support and tools for you, loved ones and caregivers to enhance coping
- Treatment of depression and anxiety related to cancer diagnosis
- Resources to address practical needs (caregiving, transportation, financial assistance)

Symptom management (physical)

- Pain
- Neuropathy
- Shortness of breath
- Nausea
- Bowel issues
- Fatigue
- Appetite issues
- Sleep disturbance



Symptom management (emotional)

- Emotional pain (existential pain)
- Grief, stress, anger, fears, worries
- Depression
- Anxiety
- Psychosocial support for patient and family/caregivers

Goals of care

Why put yourself through all of this?!?
Some ways in which palliative care can help:

- Clarification of what to expect from illness and goals of treatment.
- Support and advocacy of personal values and priorities to enable you and your loved ones to live as well as possible with a cancer illness.
- Facilitated communication with your health care providers as well as with loved ones and caregivers.
- Advance care planning to establish healthcare wishes and priorities, and provide valuable information to your healthcare team in the event you are unable to speak for yourself, to designate healthcare representatives and plan for the future.
- Guidance and support around treatment decisions and goals of care.



Imagine: Palliative care as part of the cancer treatment experience

- You can receive palliative care at any age and at any stage of your cancer diagnosis
- Reduce symptom burden
- Enhance emotional well-being of patients, loved ones and caregivers
- Increase function and quality of life
- Facilitate more robust communication and care coordination amongst the healthcare team.





Case study #1

- Patient RK
- 37 years old
- History of autism (low functioning, unable to communicate effectively verbally)
- Metastatic breast cancer with painful bone mets to the hips
- Lives in a group home; limited health literacy of home employees
- Poorly-controlled pain, confined to wheelchair, combative when caregivers try to move her to and from bed and wheelchair.

Fentanyl 25mcg transdermally (change patch every 72 hours), scheduled ibuprofen 600mg twice daily, alternating with scheduled acetaminophen 650mg twice daily (timed to be given 30 minutes before she is gotten out of bed to chair for 3 meals and returned to bed at night).

Case Study #2

- Patient DD
- 48 years old
- Metastatic breast cancer with multiple spinal mets, currently on hormone therapy with stable tumor markers.
- Presented with chronic pain syndrome due to complications from multiple cancer-related spinal surgeries.
- Difficulty tolerating opiates, sensitivity to multiple meds, multiple referrals to specialists, no real solutions found.
- Recently had her husband also diagnosed with a rare and rapidly progressing cancer. She has become his caregiver.

Lyrica 75mg twice daily, Methadone 5mg twice daily, supportive counseling through social work including involvement in cancer support groups
