Community-Based Primary Palliative Care Community of Practice Series 2

GI Problems in Palliative Care

Project ECHO
Palliative Care - Canada
BY Pallium Canada

Facilitator: Dr. Nadine Gebara

Presenters: Golda Tradounsky and Jill Tom

Date: February 1, 2023

Territorial Honouring

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness and their families.

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The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Health Canada Santé Canada

LEAP Core

- Interprofessional course that focuses on the essential competencies to provide a palliative care approach.
- Taught by local experts who are experienced palliative care clinicians and educators.
- Delivered online or in-person.
- Ideal for any health care professional (e.g., physician, nurse, pharmacist, social worker, etc.) who provides care for patients with life-threatening and progressive life-limiting illnesses.
- Accredited by the CFPC and Royal College.

Pallium Canada

LEAP CORE

Learn more about the course and topics covered by visiting

www.pallium.ca/course/leap-core

Objectives of this Series

After participating in this series, participants will be able to:

- Augment their primary-level palliative care skills with additional knowledge and expertise related to providing a palliative care approach.
- Connect with and learn from colleagues on how they are providing a palliative care approach.

Overview of Sessions

Session #	Session Title	Date/ Time
Session 1	Pain: Beyond the Basics	Nov 9, 2022 from 1-2pm ET
Session 2	Communication: Part 1	Nov 23, 2022 from 1-2pm ET
Session 3	Communication: Part 2	Dec.7, 2022 from 1-2pm ET
Session 4	Palliative Care and Substance Use Disorders	Jan 18, 2023 from 1-2pm ET
Session 5	GI Symptoms in Palliative Care	Feb 1, 2023 from 1-2pm ET
Session 6	Delirium	Feb 15, 2023 from 1-2pm ET
Session 7	Spiritual Care and Rituals around Death and Dying	Mar 1, 2023 from 1-2pm ET
Session 8	Palliative Sedation	Mar 15, 2023 from 1-2pm ET
Session 9	What's in store for Palliative Care in Canada: Policy, Advocacy and Implementation	Mar 29, 2023 from 1-2pm ET
Session 10	Grief and Bereavement: Beyond the Basics	Apr 12, 2023 from 1-2pm ET
Session 11	Practical Tips: Lessons from the Front Line	Apr 26, 2023 from 1-2pm ET

Welcome & Reminders

- Please introduce yourself in the chat! Let us know what province you are joining us from, your role and your work setting.
- Your microphones are muted. There will be time during this session when you can unmute yourself for questions and discussion.
- You are welcome to use the chat function to ask questions and add comments throughout the session.
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session.
- This 1-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada for up to **11 Mainpro+** credits.

Disclosure

Relationship with Financial Sponsors:

Pallium Canada

- Not-for-profit
- Funded by Health Canada

Disclosure

This program has received financial support from:

- Health Canada in the form of a contribution program.
- Generates funds to support operations and R&D from Pallium Pocketbook sales and course registration Fees.

Facilitator/ Presenters:

- Dr. Nadine Gebara: Nothing to disclose.
- Dr. Golda Tradounsky: Honorarium from Pallium for facilitating LEAP sessions.
- Jill Tom: Nothing to disclose.

Disclosure

Mitigating Potential Biases:

- The scientific planning committee had complete independent control over the development of course content.

Introductions

Facilitator:

Dr. Nadine Gebara, MD CCFP- PC
Clinical co-lead of this ECHO series
Palliative Care Physician at Toronto Western Hospital, University Health Network
Family Physician at Gold Standard Health, Annex

Panelists:

Dr. Haley Draper, MD CCFP- PC
Clinical co-lead of this ECHO series
Palliative Care Physician at Toronto Western Hospital, University Health Network
Family Physician at Gold Standard Health, Annex

Dr. Roger Ghoche, MDCM CCFP-PC, MTS
Palliative Care and Rehabilitation Medicine, Mount Sinai Hospital- Montreal

Elisabeth Antifeau, RN, MScN, CHPCN(C), GNC(C)
Regional Clinical Nurse Specialist (CNS-C), Palliative End of Life Care
IH Regional Palliative End of Life Care Program
Pallium Canada Master Facilitator & Coach, Scientific Consultant

Introductions

Panelists (continued):

Thandi Briggs, RSW MSW
Care Coordinator, Integrated Palliative Care Program
Home and Community Care Support Services Toronto Central

Claudia Brown, RN BSN
Care Coordinator, Integrated Palliative Care Program
Home and Community Care Support Services Toronto Central

Rev. Jennifer Holtslander, SCP-Associate, MRE, BTh
Spiritual Care Provider

Support Team

Aliya Mamdeen
Program Delivery Officer, Pallium Canada

Diana Vincze
Palliative Care ECHO Project Manager, Pallium Canada

Introductions

Presenters:

Dr. Golda Tradounsky, MD CFPC (PC)

- Graduated medicine from University of Montreal in 1995.
- Finished Family Medicine Residency at University of Montreal in 1998.
- Did a one-year residency in palliative care with McGill University in 2003.
- Clinician at Mount Sinaï Hospital since 1998.
- Head of the Palliative Care Services at Mount Sinaï Hospital in Montreal, Canada, since 2004, which involves homecare services, a consultation service for the community and a palliative care unit.
- Educational Director of Palliative Care McGill University (undergraduate and postgraduate education) from 2007 to 2014, and again since November 2019.

Jill Tom, BSN CHPCN ©

Nurse Clinician for palliative Home Care
Mount Sinai Hospital, Montreal

GI Problems
In Palliative Care

Session Learning Objectives

Upon completing the session, participants will be able to:

Constipation	• Assessment and Treatment
Nausea	• Assessment and treatment
Bowel Obstruction	• Assessment and treatment

Constipation - Assessment

History:

- Patient feels constipated!
- Abdominal discomfort, bloating
- Stool is hard, has to strain or dis-impact themselves
- Feeling of incomplete evacuation
- Diarrhea (overflow) with incontinence
- Anorexia
- Delirium
- Urinary retention, UTI

Constipation - Assessment

It is not enough to ask about frequency

It is not enough to ask about size and texture

Constipation - Assessment

- Physical exam
  - Abdomen: ***Look, Auscultate, Palpate.***
  - Rectal exam: anus for fissures and hemorrhoids; rectum for stool and masses which can obstruct.

- Investigation: abdominal x-ray (each quadrant rated 0-3/3, sum up all quadrants: > 6/12 is constipation).

Constipation - Treatment

STOOL IN THE RECTUM	NO STOOL IN THE RECTUM
Start with local measures:	Start per os laxatives:
• Suppositories Dulcolax & glycerine	• Osmotics: prunes, PEG (lax-a-day, restoralax), lactulose, milk of magnesia
• Water based enema	• Stimulants: sennoside (senna tea), bisacodyl
• Oil based enema	• Opioid blocker: methylnaltrexone, nalexegol
• Disimpaction +/- oil enema	• Serotonin 4 stimulant: prucalopride
Then start per os laxatives	DO NOT GIVE FIBER IN PALLIATIVE PATIENT!!
Continue laxatives, titrate up or down, hold temporarily, but **do not STOP!!**	Continue laxatives, titrate up or down, hold temporarily, but **do not STOP!!**

Nausea - Pathophysiology

- Chemoreceptor trigger zone.
- Stimulation of GI tract (irritation of mucosa or distension of bowels).
- Increased intra-cranial pressure.
- Stimulation of labyrinth.
- Cortex: anxiety, depression, high levels of pain.

Nausea – Pathophysiology & Assessment

- **Chemoreceptor trigger zone:** medications, infections, uremia, liver failure, electrolyte abnormalities (hyponatremia, hypercalcemia), cancer toxins.

History: elicit new medications, delirium, possible infectious sources.

Investigate with blood work, infection work up, delirium work up.

Nausea – Pathophysiology & Assessment

- **<u>GI stimulation:</u>** NSAIDs, iron pills, thrush, gastroparesis, constipation, bowel obstruction, distended liver…

Assessment: good history, physical assessment including looking at mouth, abdominal exam, rectal exam. Investigation may include abdominal X-ray, CT-scan of abdomen.

Nausea – Pathophysiology & Assessment

- **<u>Increased intracranial pressure:</u>** tumours, bleeds.

History: increased headache and nausea in the morning.

Assessment: neuro exam, (looking at eye fundus for papilledema), changes in mentation.
Investigation with CT-scan.

Nausea – Pathophysiology & Assessment

- **Stimulation of labyrinth:** opioids, cerebellar tumours, neuroacoustic tumours.

History: vertigo, then nausea.

Exam: nystagmus, reproduce nausea with head movements, cerebellar signs.

Investigation: CT or MRI of brain.

Nausea – Pathophysiology & Assessment

- **Cortex:** diagnosis of exclusion.

Listen to the patient's recalling of what provokes the nausea.

REMEMBER: **many causes can occur at the same time.**

Nausea – Treatment

- If there is an underlying cause that can be corrected, correct it **and** treat the nausea symptomatically simultaneously.

Type of anti-emetic	Examples of anti-emetic	Treatment of pathophysiology
Anti-dopaminergic	Haloperidol, metoclopramide, olanzapine, methotrimeprazine	CRTZ, GI tract, Intracranial pressure, cortex
Anti-serotonergic	Ondansetron, olanzapine	CRTZ, GI tract, Vomiting Center
Anti-histaminic	Dimenhydrinate	Labyrinth, Vomiting Center
Anti-cholinergic	Scopolamine, methotrimeprazine	Labyrinth, Vomiting Center
Others	Dexamethasone, THC	As add-on, CB1 receptors at Vomiting Center

GI Obstructions

Types

- Mechanical: benign or malignant
- Functional (no cramping)

Types

- Gastric outlet (++Nausea, projectile vomiting, same colour as what was swallowed)
- Small bowel (++ Nausea, vomiting bile, small abdo distension, ++cramping)
- Large bowel (no passage of gas & stool, ++ abdo distension, cramping, - nausea

GI Obstructions - Assessment

- History: around nausea, vomiting, abdo distension, passage of stool and gas, pain.
- Exam: look, auscultate and palpate abdomen, Do rectal exam.
- Investigation: CT- scan abdo.

GI Obstructions – Treatment

- Surgical candidate (longer prognosis, benign cause, one site of obstruction, albumin levels normal, no ascites, no prior RoTx to abdo).
- Stent.
- Medical/palliative treatment.

GI Obstructions – Medical/palliative Treatment

- NPO
- All medications are SQ or transdermal
- Dexamethasone
- Hyoscine butyl bromide
- Octreotide
- Anti-emetic, opioid
- H2-blocker, PPI
- D&G supp
- Parenteral hydration optional (IV or SQ)

Case-Based Discussion

Mrs. K

- 60-year-old female with metastatic colorectal cancer dx 2019; mets to liver and lungs.
- Failed multiple lines of chemo, no longer receiving active treatments.
- PmHx: Irritable bowel syndrome; colon polyps; anxiety;
- PPS 50%, recently started on opioids: dilaudid 0.5mg PO Q2H PRN
- Allergies: NKDA

Mrs. K’s social situation

- Divorced.
- Lives alone in a government subsidized housing.
- Has 2 children who live out of town.
- Limited income and support.

Mrs. K

What are the symptoms?

What are the different possible diagnoses?

What is the strategy for managing symptoms?

Where do you start?

History:

- Has been having diarrhea with occasional incontinence over the past 48 hours, prior to this no bowel movement for 5 days.
- Decreased appetite for 3 days with episodes of nausea, but no vomiting
- Has been passing gas
- Has abdominal pain 6/10 at the moment, 8/10 at its worst and feels that she has her pain under control when its 3-4/10
- Describes pain as cramping sensation.
- Expressed that she fears that she will die suffering in pain, therefore has been taking more pain medications
- Started taking dilaudid 0.5mg PO PRN 10 days ago but feels that her pain is not well managed therefore has been taking 10 doses of dilaudid 0.5mg per 24 hours in the past 5 days.
- Has not been taking her laxatives as she was having BM previously **

Mrs. K physical exam

- Abdominal distention noted.
- Bowel sounds normal in all 4 quadrants.
- On palpation, enlarged liver (size unchanged from previous palpation); new mass felt on mid left abdominal quadrant.
- No hemorrhoids, no fissures.

What are the challenges you currently face?

Mrs. K treatment plan

- Education on usage of opioids and constipation
- Address Mrs. K fear of suffering and pain. As well as when to use opioids.
- Start PEG (laxaday) regularly
- Start stimulant regularly.
- PRN suppository and enema
- close monitoring with visits and phone calls.

Outcome

- After several days of lactulose 15ml PO BID (Laxaday not effective); sennoside (twice daily) for 2 days, pt was starting to have BM.
- New abdominal mass was no longer felt, Bowel sounds normal.
- Mrs. K is now taking daily sennoside and laxaday.
- Abd Pain 3/10 and needs to take 1-2 doses of dilaudid daily.
- Appetite is fair and no longer has nausea.

Session Wrap Up

- Please fill out our feedback survey, a link has been added into the chat.
- A recording of this session will be emailed to registrants within the next week.
- We hope to see you again at our next session taking place on **February 15, 2023 from 1-2pm ET** on the topic of **Delirium in Palliative Care.**
- Thank you for your participation!

Thank You

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