GI Symptoms in Palliative Care

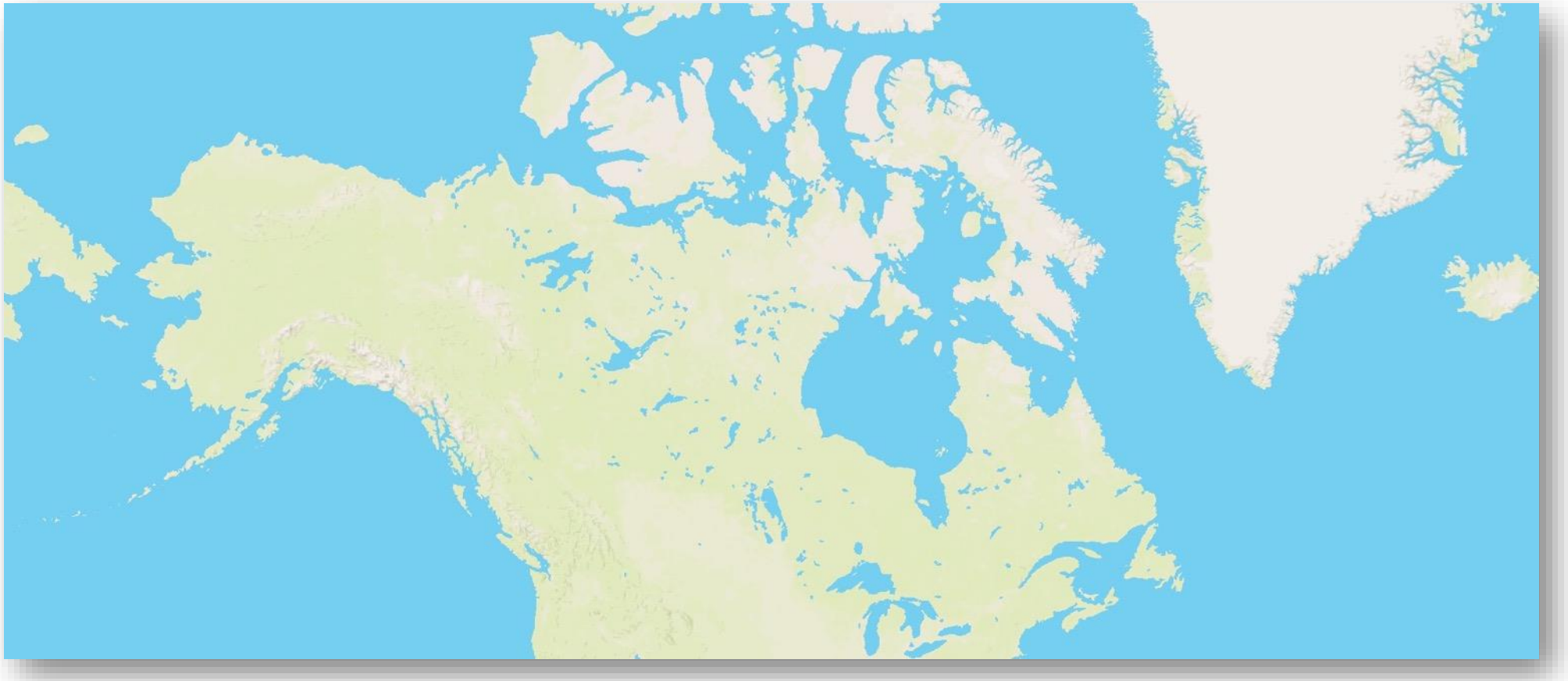
Project ECHO
Palliative Care - Canada
BY Pallium Canada

Facilitator: Diana Vincze, Pallium Canada

Presenters: Golda Tradounsky

Date: July 12, 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.

Stay connected: www.echopalliative.com

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

Project ECHO Palliative Care - Canada BY Pallium 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

Welcome & Reminders

- For comments, use the chat function to introduce yourself.
- For questions, use the Q&A function to be addressed by presenters at the end of the presentation.
- 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.

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:

- Diana Vincze: Nothing to disclose.
- Dr. Golda Tradounsky: Honorarium from Pallium for facilitating LEAP sessions.

Disclosure

Mitigating Potential Biases:

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

Introductions

Facilitator

Diana Vincze
Palliative Care ECHO Project Manager, Pallium Canada

Presenter

Dr. Golda Tradounsky, MD CFPC (PC)

- 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.

Support Team

Aliya Mamdeen
Program Delivery Officer, Pallium Canada

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, naloxegol
• 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

- **<u>Chemoreceptor trigger zone</u>:** 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

- **GI stimulation:** 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

- **Increased intracranial pressure:** 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

- **<u>Stimulation of labyrinth:</u>** 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

- **<u>Cortex</u>:** 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)

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.
- Thank you for your participation!

Thank You

Project ECHO
Palliative Care - Canada
BY Pallium Canada

Stay Connected
www.echopalliative.com