Community-Based Primary Palliative Care Community of Practice Series 4

Gastrointestinal Symptoms in Palliative Care

Project ECHO
Palliative Care - Canada
BY Pallium Canada

Facilitator: Dr. Nadine Gebara
Guest Speakers: Dr. Golda Tradounsky
Date: May 28th, 2025

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.

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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 Management in the Delirious Patient	January 22, 2025 from 12 to 1pm ET
Session 2	Communication: Part 1	February 26, 2025 from 12 to 1pm ET
Session 3	Communication: Part 2	March 27, 2025 from 12 to 1pm ET
Session 4	Palliative Care for those Living with Dementia	April 23, 2025 from 12 to 1pm ET
Session 5	Gastrointestinal Symptoms in Palliative Care	May 28, 2025 from 12 to 1pm ET
Session 6	Palliative Care for Adolescents and Young Adults	June 25, 2025 from 12 to 1pm ET
Session 7	Interventions for symptom management; tubes and drains	July 3, 2025 from 12 to 1pm ET
Session 8	Intimacy and Sexually in Advanced Serious Illness	August 27, 2025 from 12 to 1pm
Session 9	Tissue Donation at End of Life	September 24, 2025 from 12 to 1pm ET
Session 10	Supporting Caregivers	October 29, 2025 from 12 to 1pm 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 **10 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/ Presenter:

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

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
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Family Physician at Gold Standard Health, Annex

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

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Spiritual Care Provider

Introductions

Presenter:

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.

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
- Small ***or*** infrequent (> 3 days)

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 (psyllium) 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 vestibular system.
- 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

- **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 vestibular system:</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

- **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, mirtazapine	CRTZ, GI tract, Intracranial pressure, cortex
Anti-serotonergic	Ondansetron, olanzapine, mirtazapine	CRTZ, GI tract, Vomiting Center
Anti-histaminic	Dimenhydrinate, mirtazapine	Vestibular, Vomiting Center
Anti-cholinergic	Scopolamine, methotrimeprazine, mirtazapine	Vestibular, 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: nausea, vomitus, 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, sometimes intrarectal
- Dexamethasone
- Hyoscine butyl bromide (buscopan)
- Octreotide
- Anti-emetic
- Opioid
- H2-blocker, PPI
- D&G supp
- Parenteral hydration optional (IV or SQ)

Questions?

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.
- Join us for our next session on June 25th, 2025, from 12-1pm ET on the topic of **Palliative Care for Adolescents and Young Adults (AYA).**

Thank You

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