

Living Well: Managing Symptoms and Side Effects

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Today's Agenda

- Define and clarify what palliative care is and who can benefit
- Where palliative care comes in for those with breast cancer
- Frequently encountered symptoms
- Frequently asked questions
- Your questions

What is palliative care?

- Specialized medical care for people living with a serious illness that focuses on relief from the symptoms and stress of a serious illness
- The goal is to improve quality of life for both the patient and the family
- Palliative care is provided by a specially-trained interdisciplinary team who work together with a patient's other healthcare providers to provide an extra layer of support
- It is appropriate at any age and at any stage in a serious illness,
- It can be provided along with disease-directed treatment

Fact:

→ Treating the pain, symptoms, and stress of cancer and its aftermath is as important as treating the cancer



It's really not that complicated.....

→ When a serious illness strikes, we want:

- To treat the disease
 - Make it go away for as long as we can
 - Slow it down
 - Minimize it impinging on our ability to do what matters most to us
- Maintain good functioning and **quality of life**
- Have coordination and connection of care
- Have support to help us make informed decisions

Where Palliative Care Comes In

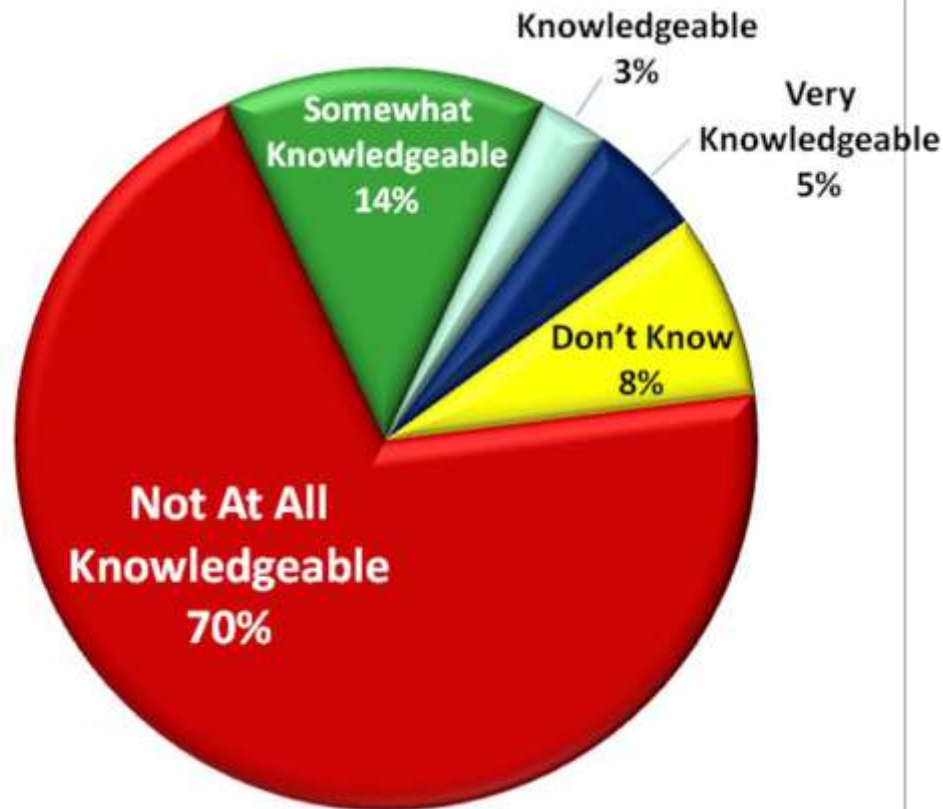
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Oncology and Palliative Care

→ ASCO Clinical Practice Guideline Update 2017

“Patients with advanced cancer, whether inpatient or outpatient, **should receive dedicated palliative care services, early in the disease course, concurrent with active treatment.** Referring patients to interdisciplinary palliative care teams is optimal, and services may complement existing programs. Providers may refer caregivers of patients with early or advanced cancer to palliative care services.”

Public Awareness of Palliative Care is Low



Q: How knowledgeable, if at all, are you about palliative care?

National survey of 800
adults age 18+
June 2011
commissioned by CAPC,
ACS & ACS CAN

Once informed about palliative care:

- **92%** would be likely to consider palliative care for themselves or their families
- **92%** believed patients should have access to palliative care nationwide
- **95%** said patient & family education re: palliative care as part of treatment is important

National survey of 800 adults age 18+: June 2011, commissioned by CAPC & ACS-CAN

Palliative Care and Breast Cancer

- In metastatic breast cancer, quality of life is most affected by the symptoms patients experience
- Metastatic breast cancer traditionally has a significant symptom burden due to the disease process and treatments
- New disease-directed therapies and early integration of palliative care into the collaborative management of metastatic breast cancer can lead to improved outcomes and greater quality of life throughout the disease

Commonly Encountered Symptoms in MBC

Cancer Pain

- Role of opioids in treating cancer pain is shifting
- Especially for patients with longer term cancer survivorship (with or without disease)
- Increased use of non-opioid medications
- Increased use of non-pharmacologic modalities

Peripheral Neuropathy

- Associated with certain chemotherapy treatments
- May go away slowly after stop getting chemotherapy
- Persist in subset of patients
- Best quality data from clinical trial using duloxetine
- Agents used for other types of neuropathic pain are often used for Chemotherapy-associated peripheral neuropathy
- Very limited data on CBD or marijuana due to research regulations

Hot Flashes

- Venlafaxine data very compelling
 - Can't be taken with tamoxifen
- Acupuncture shows some promising results
- Gabapentin can also be of value
- Can contribute to sleep disturbance and issues with concentration

Insomnia

- Often secondary to other issues: mood, pain, medications
- Behavioral based interventions can be effective: “Sleep Hygiene”
- Increased recognition of importance of blue light and sleep disturbance: screen settings and filtered lenses on eyeglasses
- Medications often lose potency and cause dependence
- Make sure all providers know about any herbal preparations used for insomnia
- Caffeine intake

Fatigue

- High frequency
- Multifactorial causes and interrelated with sleep, pain, mood
- Difficult to discern fatigue, depression, delirium, psychomotor slowing
- Managing expectations; focus limited energy on highest priority activities
- Light exercise; frequent short bouts of mild activity, Yoga
- Cochrane Collaboration review of 18 drugs in 4000 participants in 1645 publications resulted in no specific drug recommendations for treatment of fatigue
- Stimulants are sometimes used (methylphenidate, modafinil) or increased dietary caffeine
- Short courses of corticosteroids
- American Ginseng has been studied, but not for patients on anticoagulation

Mood: Depression and Anxiety

- There are times when feeling sad, demoralized or worried is normal and needs to be acknowledged
- Having cancer changes your life and the need for support is huge!
- Medications are for times when mood interferes with ability to enjoy life and function in your important roles
- Generally try to avoid benzodiazepines for anxiety
- Some medicines for depression/anxiety are used to treat other symptoms (venlafaxine for hot flashes, duloxetine for neuropathy)
- SSRI antidepressants or SNRI antidepressants are usually first line treatments, but can interact with tamoxifen

Concentration and Memory

- Among the symptoms patients find most frustrating; Still not well understood
- probably interaction between multiple factors including chemotherapy, hormonal changes/menopause, mood, fatigue, other health issues
- Behavioral based strategies developing compensatory strategies
- Psychoeducation of patients/families
- Relaxation and mindfulness-based relaxation techniques
- Physical exercise
- Occupational Therapy/Cognitive rehabilitation: individual or group
- Brain Training Programs
- EEG biofeedback
- Limited Data on CNS Stimulants (such as those used for ADHD) or Donepezil (an acetylcholinesterase inhibitor used to treat Alzheimer-type dementia)

Eating: Weight loss and weight gain

- Many factors affect loss of appetite
 - Medications are often the culprit
 - Difficult to stimulate appetite in ways that result in helpful weight gain
- Weight gain can add to sleep and fatigue issues, mood and self-image and may impact recurrence risk or other health risks
- THC can stimulate appetite, but causes most psychomimetic side effects

Body Image and Body Changes

- Changes in appearance
- Changes in sensation
- Hypervigilance
- Trusting intuition

Sexual Issues

- Body Changes and Hormonal changes
- Intersect with mood, fatigue, pain
- Vaginal mucosal atrophy- dryness and painful intercourse, personal lubricants and topical lidocaine preparations
- Patient and Partner often need to explore new means of expressing intimacy, love and affection
- May be beyond the expertise of many palliative care teams
- Referrals to specialists with expertise in sexual issues for patients with medical illnesses can be invaluable

Palliative Care FAQs

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Palliative Care:

Who is it for?

- People in need of **relief from the pain, symptoms, and stress** of a serious illness
- Patients and families who want the **best quality of life** they can have while living with a serious illness

When is the right time for it?

- Palliative care is based on **need, not prognosis**
- It is appropriate at ***any age and at any stage and can be provided along with disease-directed treatment***

What is the impact of palliative care?

- Relieves pain & symptoms
- **Patients may live longer**
- Better family support
- Reduces hospitalizations & emergency department visits
- Reduces unnecessary tests, procedures

Who provides palliative care?

- Palliative care is provided by a team of palliative care specialists, including palliative care doctors, nurses, and others
 - Additional Team: social workers, physical therapists, occupational therapists, speech therapists, dietitians, music therapists, art therapists, child life therapists, chaplains
- Palliative Care Team works together with your cancer care team
- It can be provided in a variety of settings including the hospital, rehabilitation facility, outpatient clinic, cancer center and at home

Who initiates discussions of Palliative care?

Patient Initiated

- Most people ask their doctor for the referral to palliative care
- You don't have to wait for your doctor to bring it up

Clinician Initiated

- Palliative care teams are specialists, so the primary care or cancer care team must bring in the team
- Palliative Care teams work in partnership with your cancer care team and primary care providers

How and when do you ask for a referral to palliative care?

- If you are suffering with pain, other symptoms or stress due to the cancer or its treatment, you should ask your doctor for a palliative care referral
- Explain that you could benefit from an extra layer of support
- The patient, family or doctor can find a local team through the Provider Directory on [GetPalliativeCare.org](https://www.getpalliativecare.org)

What resources are there to learn more about palliative care?

→ **GetPalliativeCare.org**

- clear and comprehensive website on palliative care for patients and families
- Provides:
 - A definition, a 5-question self-assessment to understand if it's right for you, information on how to get it – with tips on how to talk to your doctor about it
 - **Real stories through free podcasts**, including people living with metastatic breast cancer
 - **Webinars** on managing specific symptoms, living with different serious illnesses
 - A **Provider Directory** searchable by state, and now with community based listings
 - **“What You Should Know”** – a downloadable handout

Key Takeaways

- We are living longer than ever before with metastatic breast cancer and other serious illnesses
- Patients* often have symptoms that need to be addressed by specialists, and are not always addressed by their oncologist or primary doctor
- *The cancer and the symptoms* can and should be treated
- Palliative care improves outcomes for patients**
- Patients and family members can ask for palliative care

*during treatment and some cancer survivors with long-term effects

Visit
www.GetPalliativeCare.org
to learn more

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