



# Palliative Medicine

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# Symptoms to Palliate

## Generally

Pain

Nausea / vomiting

Breathlessness

Anorexia

Fatigue

Immobility

Confusion

Depression

Constipation

## End of life

Terminal agitation

Noisy breathing /  
'bubbling'

Hiccups

Diarrhoea

Psychological distress

Cough

Bleeding

# Plan

Overview of pain

Present a case

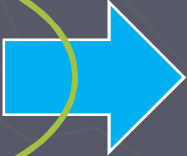
Look at options of management

Tie in evidence and best practice

Psychological



Physical



Social



Spiritual



# pain

Pain History /assessment

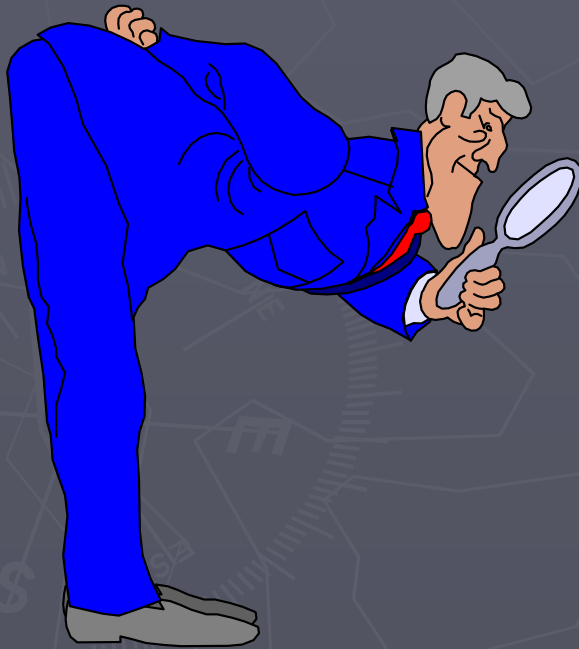
How many pains –

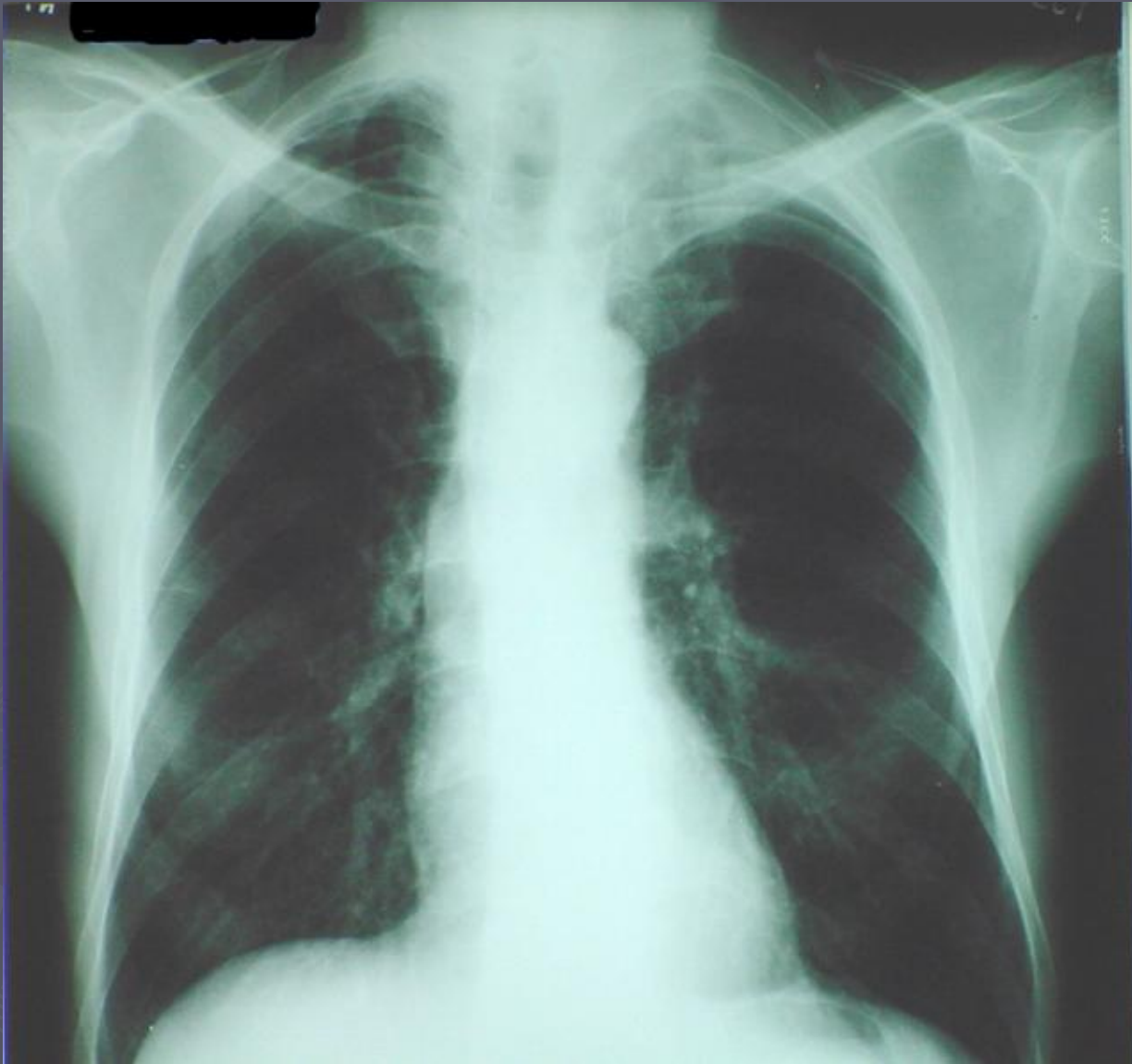
- ? % pts have a single pain
- ? % three + pains

Likely cause of pain

Treatment plan

Regular frequent review







Se:3  
Im:7

[H]

[A]

C7



T3

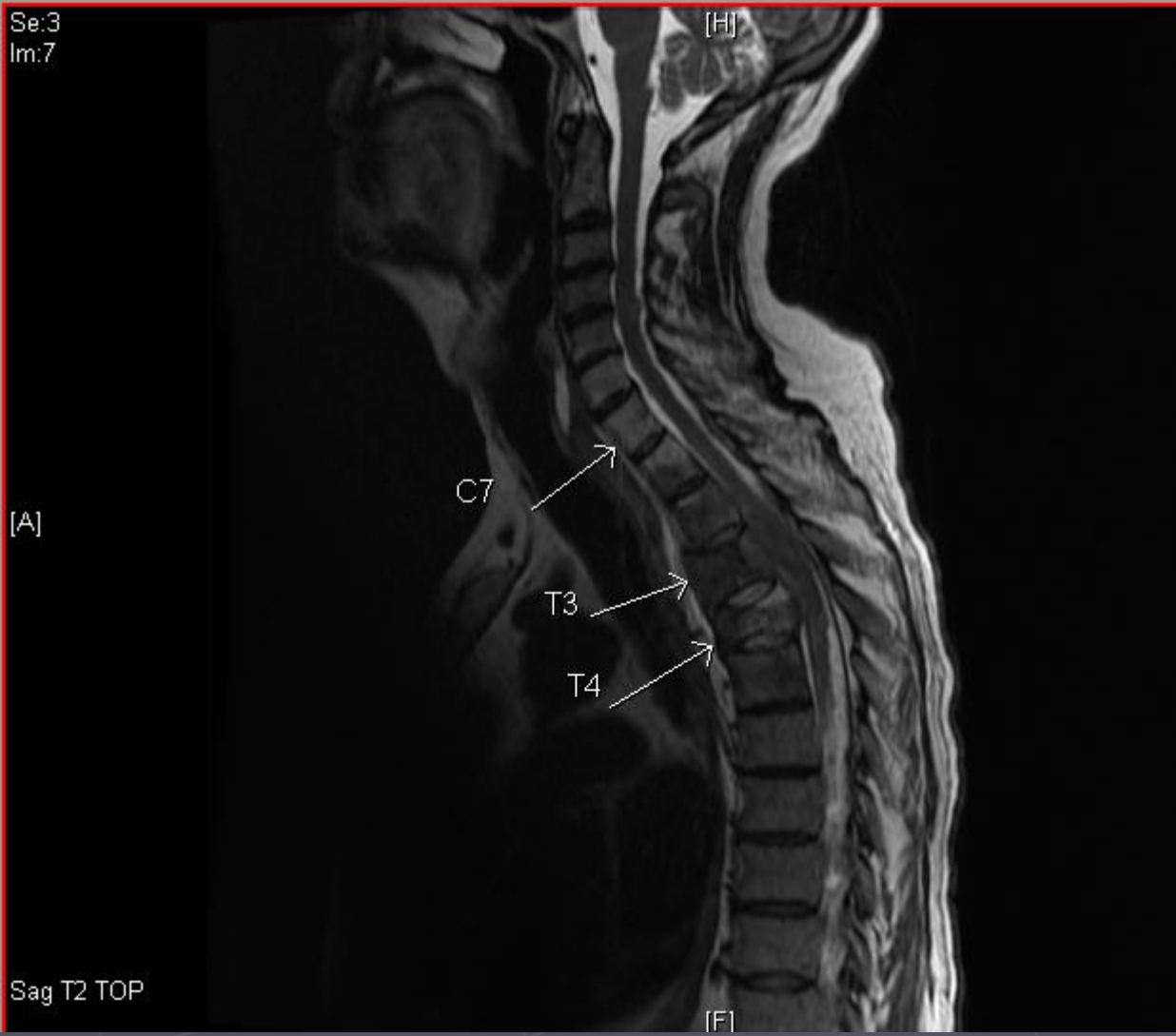


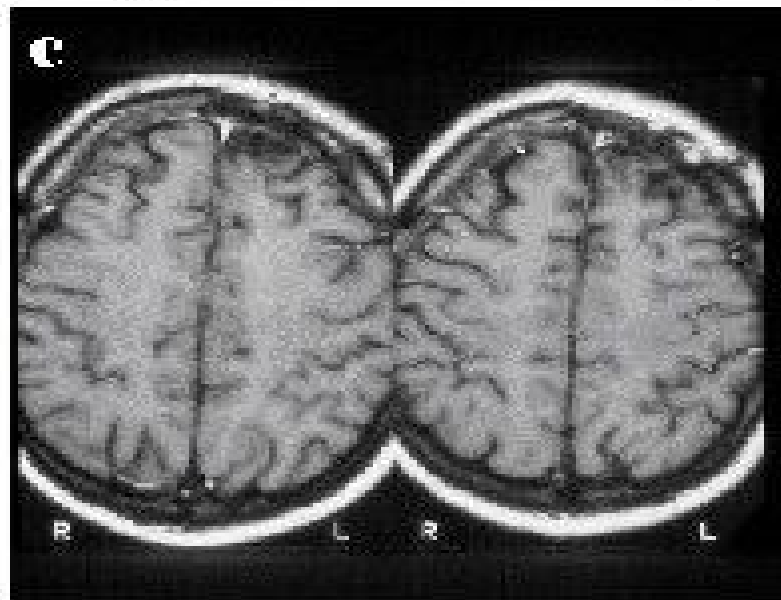
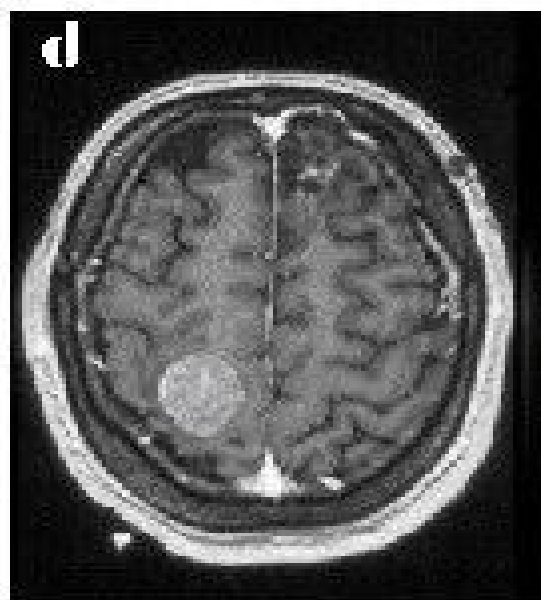
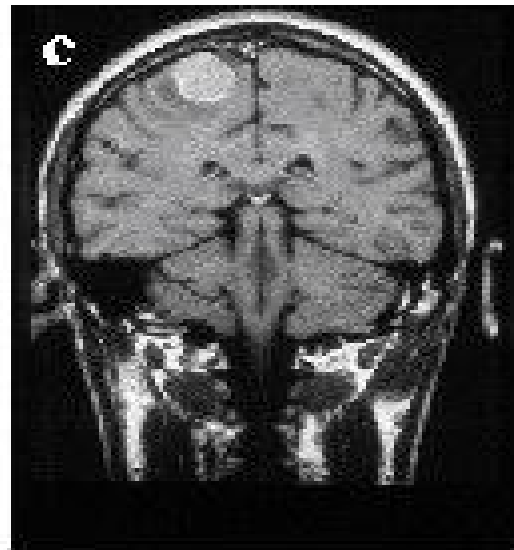
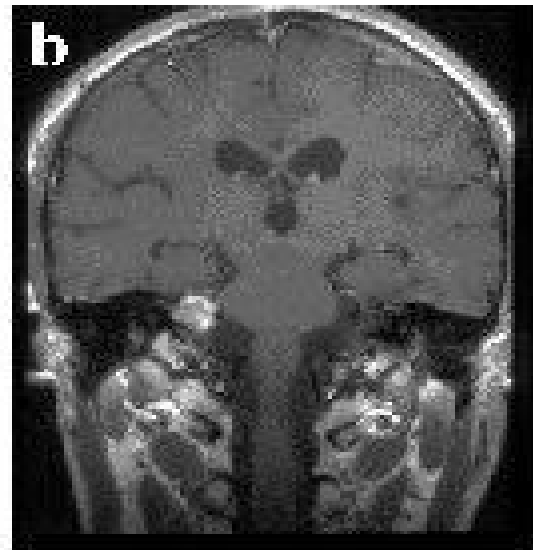
T4



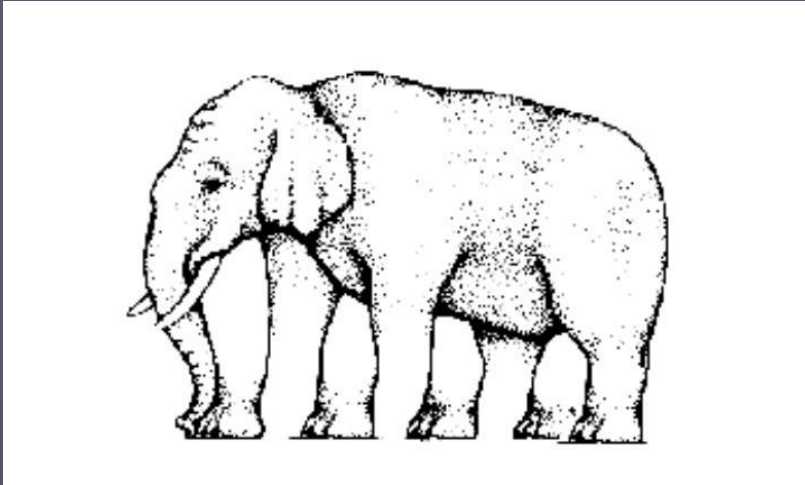
Sag T2 TOP

[F]





# Pain assessment



**Precipitating /relieving factors**

**Quality of pain (sharp/dull /  
burning / colicky)**

**Radiation**

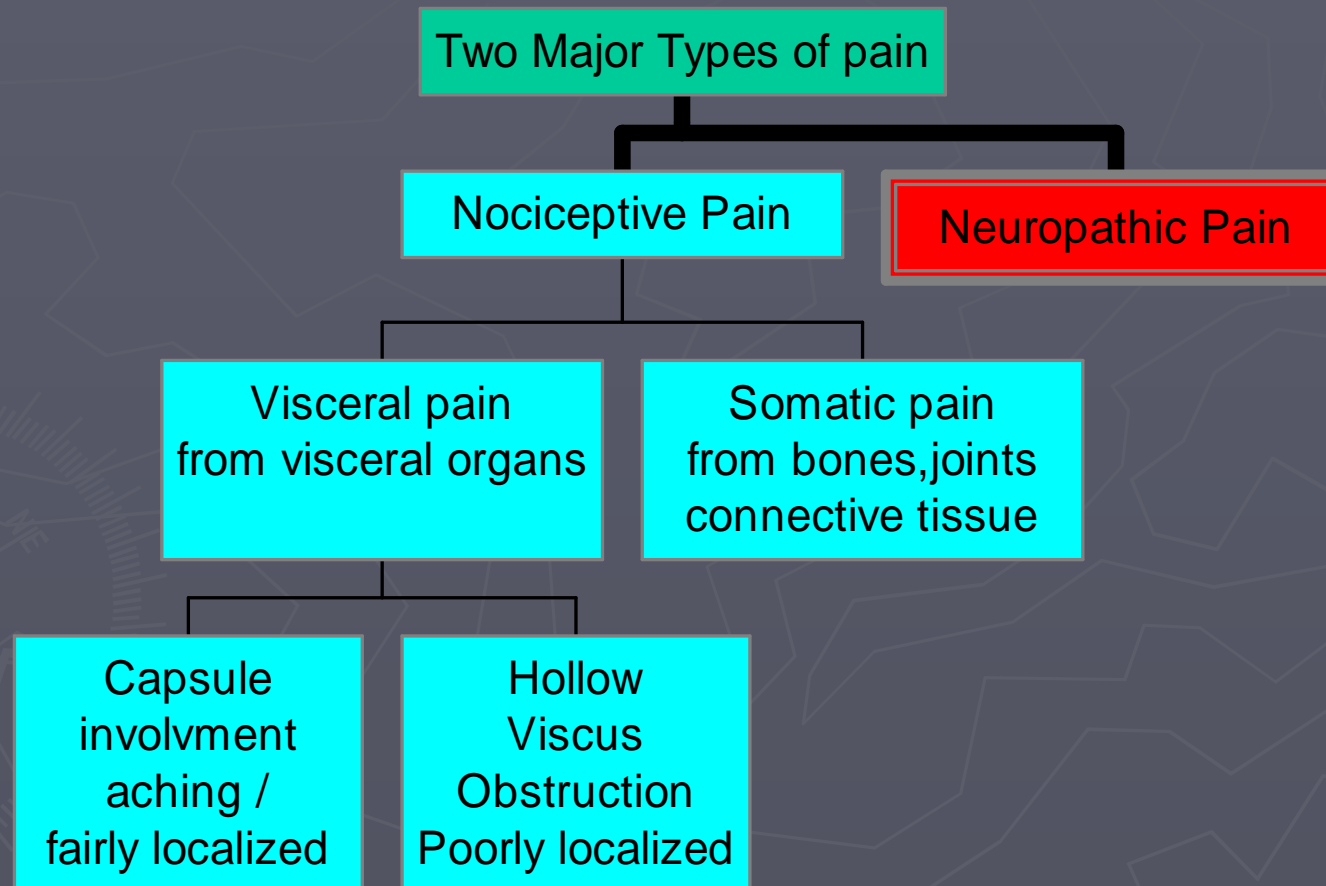
**Site**

**Severity**

**Time course (continuous /  
intermittent - predictable)**

**associated features**

# Pain Types



# Neuropathic pain

## Quality:

numbness  
burning/stinging  
quality  
lightening/stabbing  
lancinating  
allodynia

## Causes:

Nerve compression  
Surgical incisional  
Post herpetic neuralgia  
Diabetic neuropathy  
Chemo/radiotherapy  
Phantom limb  
Post CVA

# W.H.O. Analgesic Ladder



Clock

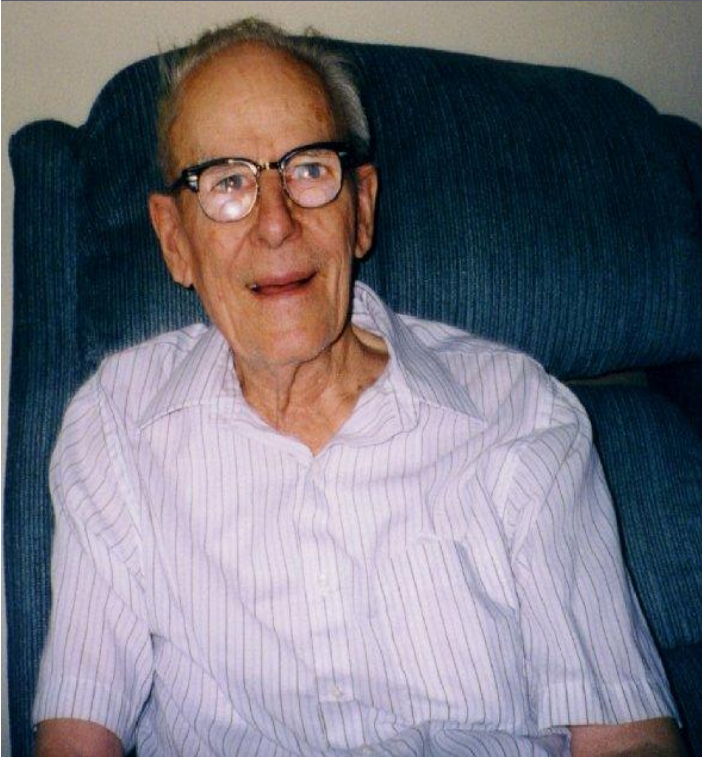
**Strong-opioid + Non-opioid +/- Adjuvant**

**Weak opioid + Non-opioid +/- Adjuvant**

**Non-opioid +/- Adjuvant**

*Pain persists or increases* ↑

# Scenario 1-Mr Roberts



Carcinoma prostate

Currently taking

Cocodamol 30/500mgs QDS

Lansoprazole

Codanthramer

Ache in arm

# Case Study One

What is the dominant type of pain described?

What “drug” treatment options are there?

What side effects might you have to be cautious about?

What non-drug treatments might be available?

# Did you know?

8 x 30mg codeine = 240mg codeine in 24 hours

240mg codeine = 24mg morphine in 24 hours

= 12mg MST bd

# How to convert to oral morphine

Drug to be changed	Dose	24 hour dose	Calculation	Equivalent 24 hour morphine dose	Exact 12 hourly dose
Codeine	60 mg qds	240mg	÷ by 10	24mg in 24 hours	12mg bd.....
Tramadol	50 mg qds	200mg	÷ by 5	40mg in 24 hours	20mg bd

# Case Study One

What is the dominant type of pain described?

What “drug” treatment options are there?

What side effects might you have to be cautious about?

What non-drug treatments might be available?



What if pain only on movement?

*What would you suggest?*

Toxicity from incident pain.

# Mr Roberts cont...

Arm treated, few months later is seen...

Metastatic Ca prostate - bone

Pain ++, taking MST 70mgs BD

*what do you want to ask ?*

# Mr Roberts cont...

Metastatic Ca prostate - bone mets

Pain ++, taking MST 70mgs BD

*what do you want to ask ?*

Pain assessment

Analgesia - how effective ?

Duration of action ?

70mgs bd + prns 10mgs 5 times a day  
and awakes during night for 2x 10mg  
doses.

*What do you suggest ?*

*What dose of MST ?*

*What PRN dose ?*

*Anything else ?*

**BOWELS**

$$\begin{array}{rcl} \text{MST 70mgs bd} & = & 140 \text{ mgs} \\ \text{oral morph 10mgs x 7} & = & 70 \text{ mgs} \\ \text{Total} & = & 210\text{mgs} \end{array}$$

divide by 2 to give bd dose and inc prn.  
Divide daily dose by 6 = 30mgs.

# Scenario 2-Mr Brown

Known metastatic ca prostate

Spinal mets

Increasing band like pain across chest

On MST 60mgs bd and oramorph 10 mgs as needed

What are your thoughts?

Se:3  
Im:7

[H]

[A]

C7



T3

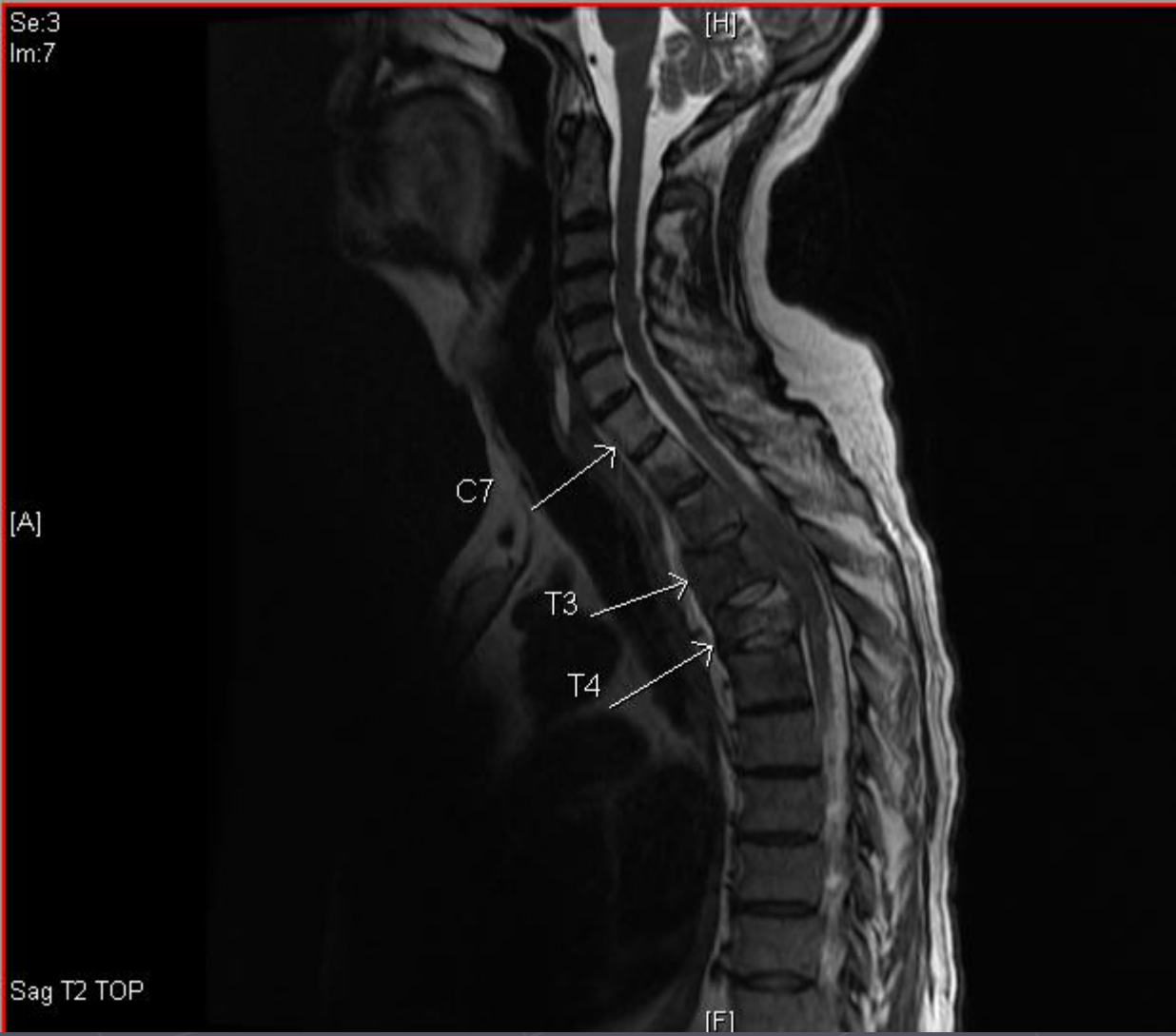


T4



Sag T2 TOP

[F]



# Case Study Two

What is the dominant type of pain described?

What “drug” treatment options are there?

What side effects might you have to be cautious about?

What other treatments might be available?

## Efficacy and adverse events for anticonvulsants and antidepressants in the treatment of neuropathic pain.

Drug	NNT*	NNH ** (minor adverse events)	Side effects
Tricyclic antidepressants • Amitriptyline	2	2.7	Sedation, dry mouth, confusion
Anticonvulsants • Gabapentin • Pregabalin • Carbamazepine	4.3 2.3 2.5	2.5 (not yet analysed) 3.7	Sedation, tremor, confusion Sedation, tremor, confusion Sedation, nausea & vomiting
Selective serotonin reuptake inhibitors	7		nausea & vomiting, tremor, dizziness
Serotonin -noradrenaline reuptake inhibitors	5		GI upset, sedation, confusion

## Case Study two cont..

Mr Brown's preferred place of care is home. He has deteriorated over the past month, is bedbound and requiring oxygen via nasal specs.

On Friday he is having problems swallowing, he's taking MST 90mg bd, Voltarol 50mg tds, Gabapentin 600mg tds.

# Case Study Three

How are we to manage his pain if the oral route fails over the weekend?

Is there anything that else that needs to be done

# District Nurses



OUT OF HOURS what happens ?

# Availability of Medication.



# General principles for treatment of pain

Explanation

Treat reversible causes

Non opioid

Opioid

Adjuvant

- Corticosteroids
- Antidepressants
- Anti-epileptics
- Muscle relaxants
- Antispasmodics
- Bisphosphonates

Non pharmacological –  
TENS, Heat pad

Psychological

Orthopaedic/ surgical procedures

Lifestyle modification

