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# EVIDENCE-BASED PALLIATIVE CARE APPROACHES TO NON-PAIN PHYSICAL SYMPTOM MANAGEMENT IN CANCER PATIENTS

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**OBJECTIVE:** *To review effective approaches for non-pain symptom management for cancer patients focusing on treatment of nausea and vomiting, constipation, diarrhea, anorexia/cachexia, fatigue, and dyspnea.*

**DATA SOURCES:** *Peer-reviewed articles, clinical practice guidelines, professional organization position statements.*

**CONCLUSION:** *Oncology nurses are key advocates for optimal symptom management. Maximizing palliation of symptoms improves quality of life and prolongs survival.*

**IMPLICATIONS FOR NURSING PRACTICE:** *To provide an evidence-based approach to symptom management, oncology nurses require a deep understanding of symptom pathophysiology while anticipating side effects, educating patients and caregivers, considering psychosocial/spiritual factors, exploring treatment expectations, and clarifying goals of treatment.*

**KEY WORDS:** *symptom management, cancer, nursing, evidence-based.*

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Cancer pain is a frequent focus of symptom management review articles; however, non-pain physical symptoms in cancer can be equally distressing.<sup>1–3</sup> This review examines non-pain physical symptoms that commonly occur in patients undergoing cancer treatment and highlights clinical approaches to treating nausea and vomiting, constipation, diarrhea, anorexia/cachexia, fatigue, and dyspnea. Additionally, we discuss the interplay between physical and psychosocial factors influencing such symptoms and provide an interdisciplinary, evidence-based approach to non-pain symptoms based on a review of relevant literature and clinical experiences. Therefore, this review will provide a general approach to symptom assessment and management, with a focus on clinically relevant management strategies for each non-pain physical symptom, emphasizing implications for the oncology nurse.

### MULTISTEP APPROACH TO SYMPTOM MANAGEMENT

For the practicing oncology nurse, it is important to be familiar with a general approach toward the management of all symptoms. The first step in expert symptom management is to identify symptom etiology. Understanding etiology directs the overall symptom workup and treatment. Understanding symptom pathophysiology sets the stage for developing a rationale, evidence-based approach to management. This important first step allows the nurse to critically assess symptom etiology so that options are based on therapeutic efficacy while minimizing suffering and financial toxicity. Similar to the pain assessment approach as shown in Table 1, one can obtain a comprehensive symptom assessment and collaborate with the team to begin the development of an individualized plan.<sup>4</sup>

Another objective is to align the patients' goals with the treatment plan. Oncology nurses frequently have a "big picture" understanding of the patient's values, home life, and support system. The whole patient must be considered when developing a holistic workup and treatment plan (Figure 1). Nurses serve on the frontline, engaging and advocating for patients' needs. Moreover, nurses may be the most experienced and skilled clinicians on the team to assess patients' prior medication experiences, cultural, and financial

**TABLE 1.**  
**A General Approach to Symptom Assessment Borrowing the "PQRST" Model from Pain Assessment**

<b>P</b>	Palliative factors	What makes the symptom better?
	Provocative factors	What makes the symptom worse?
<b>Q</b>	Quality	Describe the symptom
<b>R</b>	Radiation/region	Where is the symptom? What parts of your body are affected?
<b>S</b>	Severity	How does this symptom compare to previous experiences? Can you rate this symptom on a 0 to 10 basis?
<b>T</b>	Temporal factors	Does the intensity change with time?

Data from Mahler et al.<sup>4</sup>

considerations, and address patients' practical needs for education and caregiver communication.

Once an intervention has been rationally selected based on symptom etiology, it is important to frame the intervention as a "time-limited trial" targeting the symptom. This requires that a patient understand which symptom is being targeted, how it will be palliated, which side effects may be expected, the interval in which the intervention will be tried, and how the intervention effectiveness will be determined. When starting an intervention, it is equally important to clarify what the patient and caregivers are hoping the intervention will achieve, and to inquire and document the goals of the intervention with as much detail as possible so that these goals can be revisited (eg, "I am hoping that the total peripheral nutrition will give me enough strength to get out of bed in 2 weeks for my daughter's graduation."). This avoids future conversation(s) regarding non-beneficial interventions and grounds these conversations in timeframes and patient-specific goals. This method also avoids the "shot gun" approach of multiple simultaneous interventions that contribute to polypharmacy, unwanted side effects, and ambiguity regarding which intervention was most effective.

Lastly, it is important to anticipate and diversify the approach to symptom management. Nurses must anticipate side effects when possible and educate patients on preventative approaches (eg, scheduled stimulant laxative use to prevent opioid-induced constipation). Furthermore, pharmacologic interventions in isolation may not be the

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