Palliative Care and Symptom Management in Older Patients with Cancer

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KEYWORDS

• Geriatrics • Cancer • Symptom management • Palliative care

KEY POINTS

- Palliative care (PC) should be part of the care of older patients with cancer throughout the trajectory of the disease.
- Its focus on symptom management and maximization of function is essential in maintaining quality of life.
- Pain, a frequent symptom in all patients with cancer, presents specific barriers for evaluation and treatment in older patients with cancer.
- Nonpain symptoms are multiple, frequent, and debilitating. They need to be addressed comprehensively.
- Nonpharmacologic interventions should be considered first in the treatment of older adults in order to minimize drug-drug interactions and serious side effects.
- Timely referral to PC could decrease patient and caregiver distress.

PALLIATIVE CARE IN GERIATRIC ONCOLOGY

Medical care for older patients with cancer is complicated by many factors, including the heterogeneity of their health status, polypharmacy, frailty, dementia, delirium, and functional impairment. They are best served by a multidisciplinary approach with palliative care (PC) playing an integral role, primarily focusing on symptom control and quality of life. Older patients with cancer benefit from a palliative approach that prioritizes the patient's individual goals, and strives to maintain the patient's independence

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and physical, emotional, and spiritual health. For most older patients living with cancer, both life-prolonging and palliative treatments can be necessary and appropriate. PC should not be associated only with terminal care, and should be part of older patients' cancer care throughout the trajectory of their disease with various levels of involvement as the disease progresses. In some cases, introduction of PC may have an even greater impact at earlier time points when the focus is on cure. Closer to, during, and after death, attention to the caregivers may increase in importance. National organizations' guidelines recommend that PC be routinely integrated into comprehensive cancer care.[1,2]

SYMPTOM MANAGEMENT

Symptom management, whether related to the disease or to the treatment, influences the quality of life of patients with cancer. For older adults, serious illness is frequently characterized by a high prevalence of untreated symptoms that result in progressive functional dependence. The focus on symptom management and maximization of function provide the patients and their caregivers with relief from one of the largest sources of stress. Advanced age is also associated with physiologic changes that affect the pharmacokinetics and pharmacodynamics of medications, further complicating the treatment of cancer-related symptoms. Age-related physiologic changes must be considered when making treatment decisions in older adults.[3] In addition, cognitive impairment, functional difficulties, and caregiver issues play a role in errors and compliance. To prescribe appropriately for symptom management, clinicians must consider not only the pharmacologic properties of the drugs but also clinical, epidemiologic, social, cultural, and economic factors.[3]

ASSESSMENT AND MANAGEMENT OF PAIN

Pain is difficult to evaluate and manage. Many barriers exist to the optimal evaluation and adequate treatment of pain in older patients with cancer. These barriers include cognitive and functional impairments, underreporting, bias in prescribing, comorbid conditions, and polypharmacy, as well as drug administration in institutional living settings.[4] The consequences of poorly managed pain extend to behavioral domains (ie, depression, anxiety, and substance abuse), cardiovascular domains (ie, hypertension, increased incidence of deep vein thrombosis caused by impaired mobility), delirium, insomnia, functional impairment, and increased health care use.

Pain is one of the most common symptoms experienced by patients with cancer. Up to two-thirds of all older patients develop pain as a result of the cancer or as a consequence of its treatment.[5] Treatment-related pain, such as chemotherapy-induced peripheral neuropathy, is most likely to affect the elderly. Pain may also be caused by non–cancer-related painful comorbidities, which are more frequent in the elderly patients, such as degenerative disk disease or osteoporosis-related fractures. The assessment of pain in patients with cancer should involve a comprehensive evaluation with a thorough physical examination and pain review (**Box 1**). In addition, clinicians need to be familiar with common cancer pain syndromes (eg, plexopathies, peripheral neuropathy) in order to identify the correct cause.[6]

There are several assessment tools for the evaluation of pain in the elderly (**Box 2**). Pain scales should be used even if the patient has mild or moderate cognitive impairment. As dementia progresses, the ability to self-report pain decreases. For these patients clinicians should anticipate the kinds of conditions that may cause pain and patient behaviors that may indicate pain (eg, agitation, restlessness, irritability, facial expressions, labored breathing, or withdrawal), and possibly use surrogate reports