

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

دست گلچهره کاتب حکیم

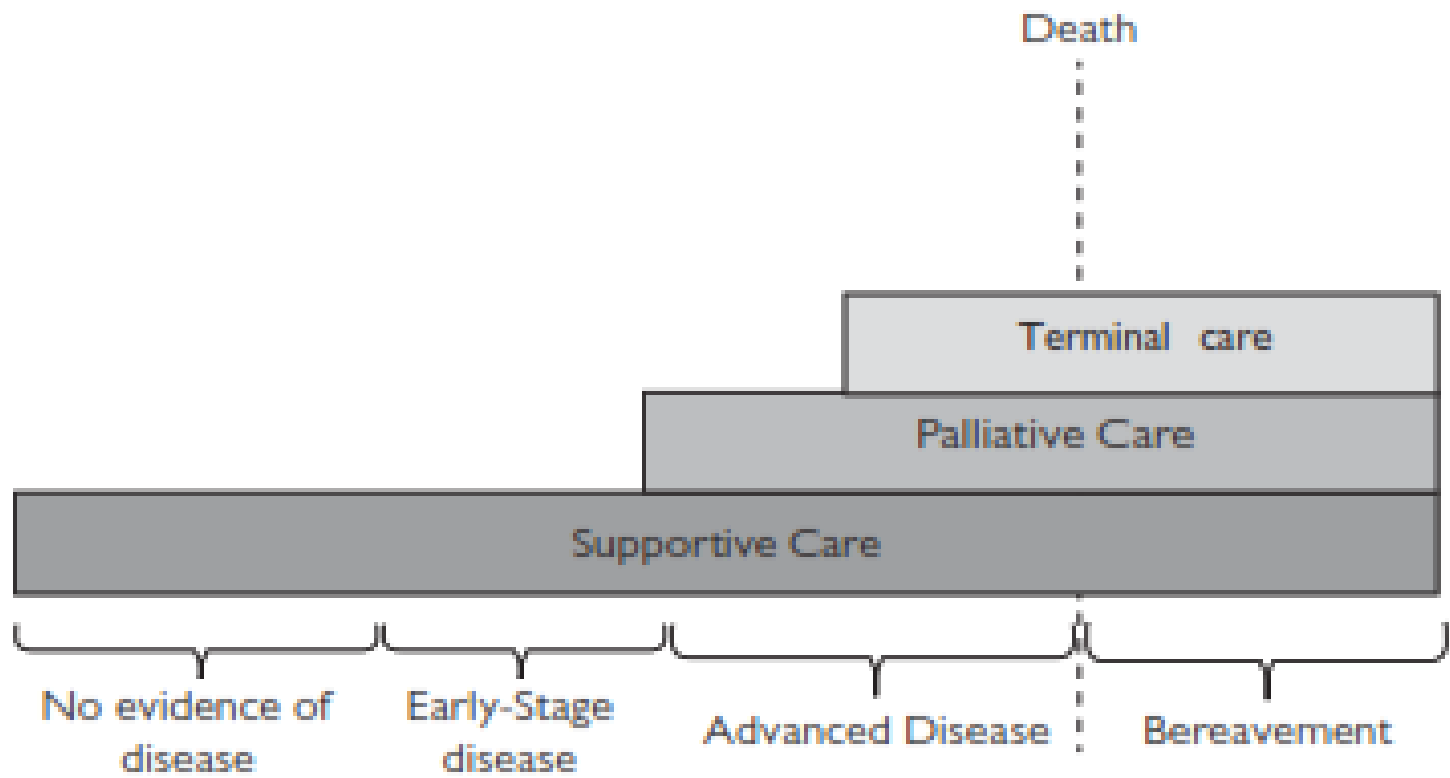
Supportive & palliative care



WHO Definition

Palliative care is an approach that improves the **quality of life** of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other **physical, psychosocial** and **spiritual** problems





Multidimensional Assessment

It is extremely important to perform a comprehensive and multidimensional assessment in all patients with advanced illness with multiple symptoms.⁸⁻¹⁰ The multidimensional assessment should help in the recognition of the contribution of the different dimensions to the patient's symptom expression, and thereby assist in the planning of care. Good symptom assessment precedes effective symptom treatment.

Symptom assessment is very important because symptoms directly affect patients' distress level, quality of life (QOL), and survival.¹ Symptoms can be related to the disease itself, its treatment, and comorbid illnesses.¹ Multiple physical, psychological, and spiritually distressing factors affect QOL, a multidimensional construct with specific emotional, physical, and social aspects² (Figure 2.1).



Table 2.1 Multidimensional Assessments of Patients with Advanced Illness Evaluated by Supportive/Palliative Care Teams

Dimension	Assessment
a. History	Stage of the cancer/illness Recent chemotherapy and/or radiotherapy or other disease-modifying therapy Self-rated symptoms scales Characteristics, intensity, location, aggravating factors of distressful symptoms
b. Performance status History of falls Use of assistant walking devices	Karnofsky Performance Scale or Eastern Co-operative Oncologic Group Scale scores
c. Activities of daily living (ADL) and instrumental activities of daily living (IADL)	Assessment of ADL (bathing, dressing and undressing, eating, transferring from bed to chair, and back, voluntarily control urinary and fecal discharge, using the toilet, and walking) Assessment of IADL (light housework, preparing meals, taking medications, shopping for groceries or clothes, using the telephone, and managing money)

d. Assessment of distressful physical symptoms (pain, fatigue, anorexia, nausea, dyspnea, insomnia, drowsiness, constipation)	Edmonton Symptom Assessment System (ESAS) Abdominal X-ray to assess constipation vs. bowel obstruction (consider abdominal CT scan)
e. Assessment of psychosocial symptoms: anxiety/depression	Anxiety/depression (ESAS) Identification of mood disorder during interview
f. Family/caregiver's distress	Assessment for family/caregiver distress during the interview
g. Cultural and financial status	Sociocultural and financial issues evaluation
h. Assessment of delirium	Memorial Delirium Assessment Scale (MDAS) Mini-Mental State Examination (MMSE) Confusion Assessment Method (CAM)
i. Assessment of spiritual distress/spiritual pain of the patient and caregiver	Spiritual Assessment SPIRITual History; FICA Self-rated spiritual pain (pain deep in the soul/being that is not physical) Identification of spiritual distress during interview.
j. Assessment for chemical coping	CAGE questionnaire
k. Evaluation of medications and possible interactions (polypharmacy)	
l. Physical examination	

Edmonton Symptom Assessment System:
(revised version) (ESAS-R)

Please circle the number that best describes how you feel NOW:

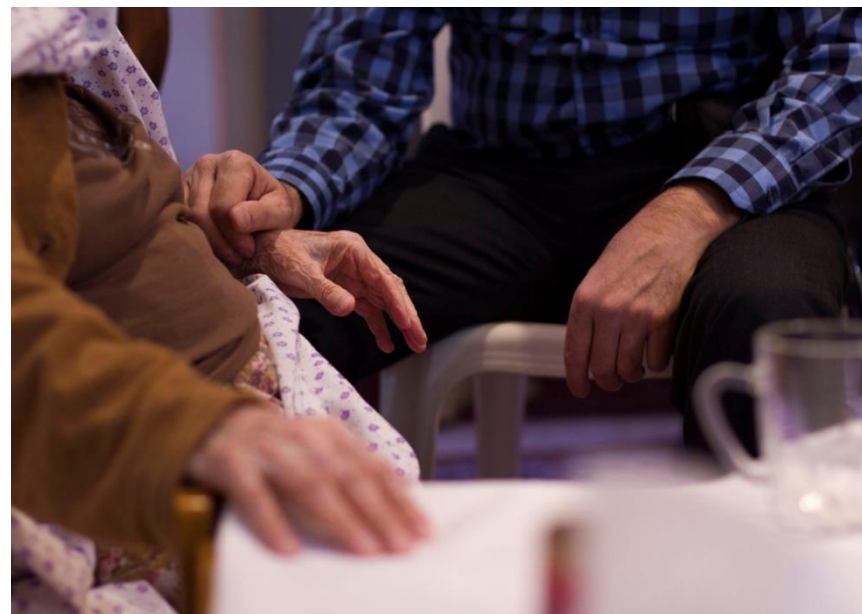
No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
No Tiredness (Tiredness = lack of energy)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
No Drowsiness (Drowsiness = feeling sleepy)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Lack of Appetite
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
No Depression (Depression = feeling sad)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
No Anxiety (Anxiety = feeling nervous)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
Best Wellbeing (Wellbeing = how you feel overall)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing
No _____ Other Problem (for example constipation)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible _____

Patient's Name _____

Date _____ Time _____

Completed by (check one):

- Patient
 Family caregiver
 Health care professional caregiver
 Caregiver-assisted



Palliative care programs
developed with three main characteristics:



- Multidimensional assessment and management of severe physical and emotional distress



- Emphasis on caring not only for the patients but also for their families.



- Interdisciplinary care by multiple disciplines in addition to physicians and nurses



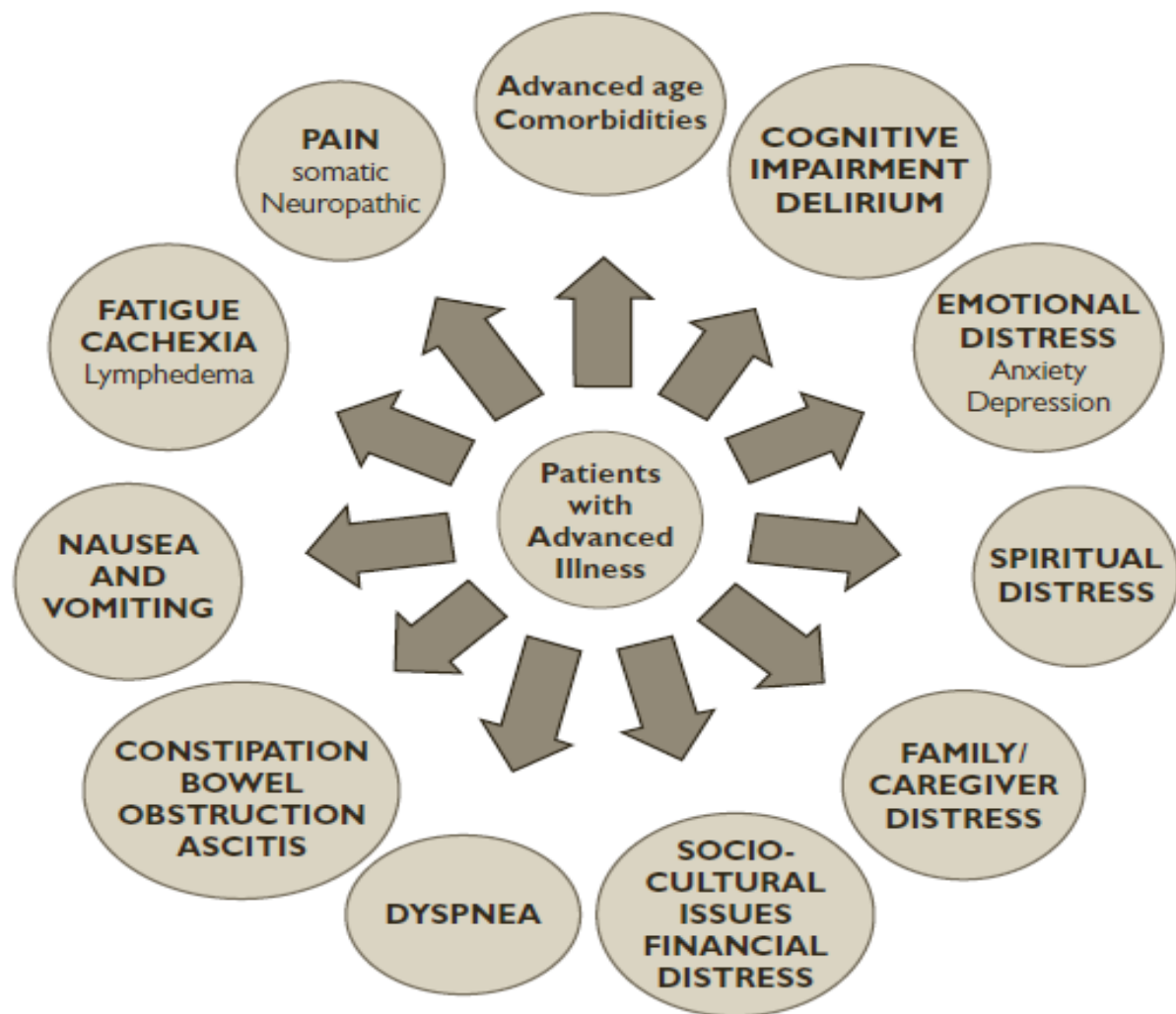


Figure 2.1. Multiple symptoms and factors associated with quality of life in patients with advanced illness.

مراقبت‌های پرستاری

مراقبت از زخم بستر، انجام سونداز، تعبیه لوله معده، انجام پانسمان و ...



خدمات پزشکی تسکینی (کنترل درد و علائم آزار دهنده)

کنترل تخصصی علائم جسمی آزار دهنده ناشی از بیماری و درمان از قبیل درد، تهوع و استفراغ، مشکلات تنفسی، زخم‌ها و ...

مراقبت معنوی

معنایابی و معنا بخشی به زندگی انسان بر اساس الگوهای دینی



مراقبت روان‌شناختی

مشاوره فردی، گروه‌درمانی، خانواده‌درمانی و ویزیت روان‌پزشکی

ارائه آموزش‌های مورد نیاز به بیمار و خانواده

ارتقاء سطح اطلاعات بیمار و خانواده و آموزش مهارت‌های مراقبتی



مدیریت تخصصی فرآیند مراقبت از بیمار

ارزیابی و مدیریت جامع شرایط و نیازمندی‌های بیمار و مشاوره تخصصی به بیمار و خانواده

مددکاری اجتماعی

حل مشکلات درمانی، خانوادگی، اقتصادی و اجتماعی بیماران
برگزاری کلاس‌ها و اردوهای تفریحی ورزشی



خدمات توان‌بخشی

(کنترل لنف ادم، فیزیوتراپی، کاردرمانی و ...)

خدمات فیزیوتراپی و کاردرمانی سرطان شامل پیشگیری، تشخیص و درمان لنف ادم، اختلال عملکرد و مشکلات حرکتی

تأمین تجهیزات پزشکی

امانت تجهیزات پزشکی مورد نیاز بیماران در منزل



مشاوره تلفنی توسط پزشک

پاسخگویی به مشکلات بیماران و خانواده آن‌ها

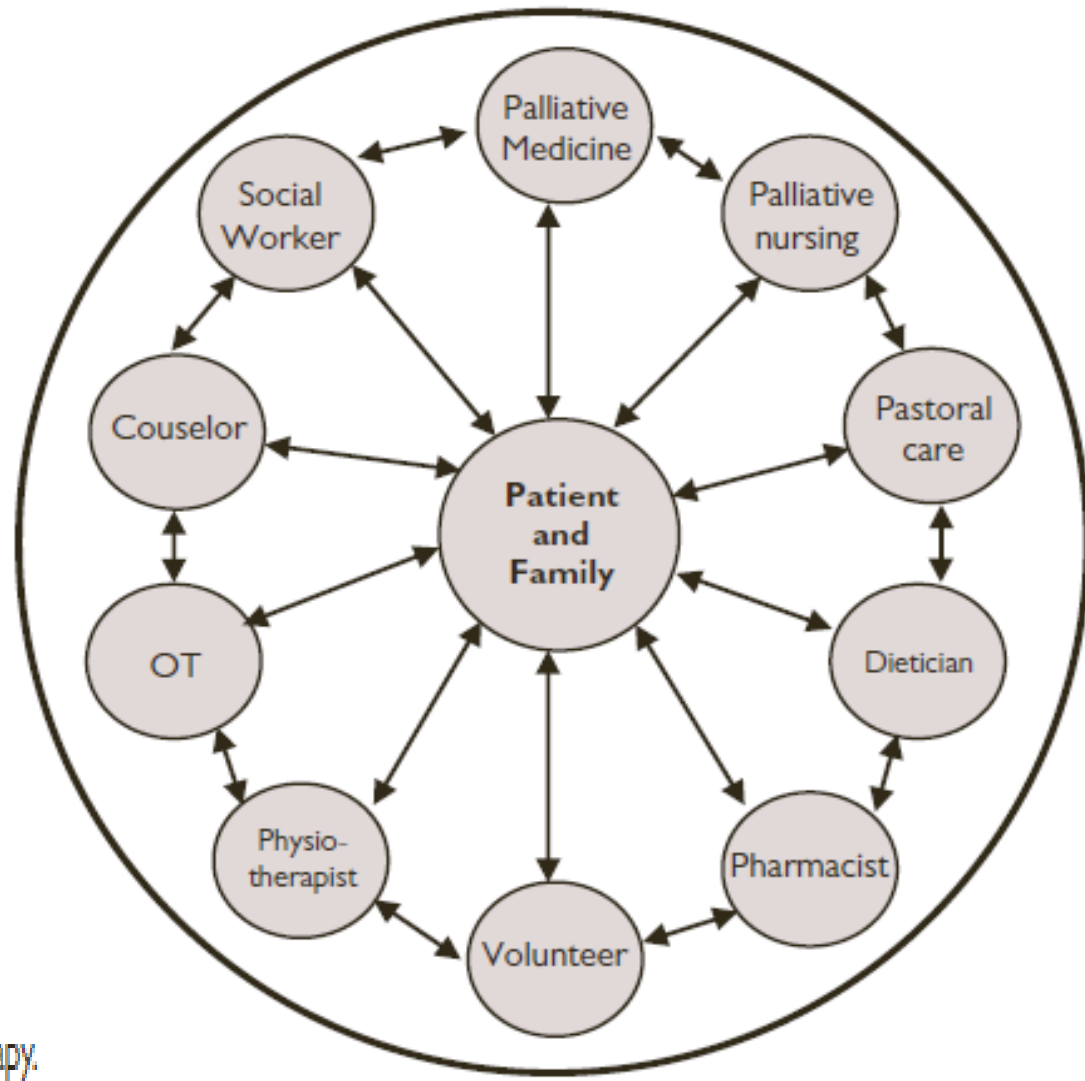
مشاوره تغذیه

اصلاح رژیم غذایی و آموزش تغذیه مناسب در دوران درمان و نقاهت



مشاوره ژنتیک و پیشگیری

شناسایی سندروم‌های ارثی، غربالگری منظم، آموزش و مشاوره پیشگیری



OT = occupational therapy.

Places Of Care



Conclusion

Caring for patients with advanced illnesses involves relieving distressing physical, psychosocial, and spiritual problems and empowering patients and their families to retain control while balancing the benefits and risks of treatments.

Recognizing these patients' distressing symptoms as multidimensional complexes and using appropriate and validated assessment tools help physicians manage these symptoms to improve patients' QOL and decrease caregiver burden.

Clinical Pearls

- Multiple distressing symptoms directly affect patients' level of distress, quality of life (QOL), and survival.
- Patients receiving palliative care present with multiple symptoms that require simultaneous assessment of these symptoms and management.
- A comprehensive multidisciplinary assessment provides a complete evaluation of patients with advanced and terminal illness and their caregivers.
- Patients should be assessed not only for physical symptoms that cause physical distress, but also for symptoms that cause emotional and spiritual distress.

THANK YOU

DR.POONEH PIRJANI

Education Research Manager of MACSA



موسسه نیکوکاری کنترل سرطان ایرانیان

مکسا