Symptoms at End of Life

Leonard Hock, DO, MACOI, CMD
Harbor Palliative Care
Goals and Objectives

• Validate your knowledge of end of life symptom management
• Be able to use simple tools to comfort patients who are near the end of life
• Incorporate pharmacologic and non pharmacologic treatments to comfort patients who have a life limited prognosis
How near End of Life?

- Imminent
- The image of dying
- No response to treatment
- Rapid decline
- Near the end
- Circling the drain
- Nothing more to do
Prognostication

• We get it wrong
• Physicians are optimistic
• Over optimistic by a factor of three
• Drs. Predicted six weeks, patients lived two
• We are better very near the end of life

Christtakis et al. BMJ
2000; 320
Prognosis

- Minutes to hours
- Hours to days
- Days to weeks
- Weeks to months
Minutes to Hours

- Decreased responsiveness
- Breathing pattern changes (Cheyne Stokes, Biots)
- Airway secretions (Death rattle)
- Vasoconstriction (Mottled)
- Hypo perfusion (Cold, Clammy)
Hours to Days

- Delirium
- Debility
- Incontinence
- Poor airway protection, aspiration
- Sallow skin, decreased turgor
- Unstable vital signs, low oxygen sats.
Days to Weeks

- Weakness, muscle loss
- Exhaustion
- Cachexia, emaciation
- Loss of appetite
- Hyper somnolence
- Confusion, forgetfulness
Weeks to Months

- Emotional dynamics
- Second opinions
- Frequent medical visits and hospital admissions
- Changes in sleep, weight, eating
- Polypharmacy
- Polydiagnostics
Symptoms near the End of Life

- Pain
- Total Pain
- Other symptoms
Other Symptoms

• ESAS
  – Edmonton Symptom Assessment Scale

• Measuring total pain or suffering
<table>
<thead>
<tr>
<th>Item</th>
<th>Rating (best)</th>
<th>Rating (worst)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>1 (best)</td>
<td>10 (worst)</td>
</tr>
<tr>
<td>Tiredness</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Nausea</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Appetite</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Breathing</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Depression</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Well being</td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
</table>
Total Pain

- May not be pain at all
- Burdens of suffering
- Vary as life shortens
- Iatrogenic
  - Pill burden
  - Worthless testing
  - Futile interventions
Common Symptoms

- Dyspnea, Respiratory distress
  - Very common
  - Worsens as death nears
  - Treatable

- Delirium
  - Commonly seen
  - Rarely diagnosed
  - Treatable
Dyspnea, Respiratory Distress

• Increased work of breathing

• Changing patterns of breathing

• Airway secretions
Comforting Breathing

- Oxygen
- Suctioning
- Respiratory treatments
- Glycopyrrolate, Robinul
- Morphine
- Discuss with family and caregivers
Delirium Synonyms

- Agitation
- Restlessness
- Out of control
- Crazed
- Delusional
- ICU psychosis
Delirium

- Fluctuating change in mental status
- Attention and inattention
- Alternating levels of consciousness
- Agitated mental state
- Confusion and hallucinations
- Hyper arousal 35%
- Hypo arousal 25%
- Mixed delirium
Delirium worsened by...

- Advanced age
- Cognitive deficits
- Illness
- Dying
- Medications
- Stimulation
- Bowel and bladder distention
Treating Delirium

- **Medication**
  - Remove and reduce polypharmacy
  - Especially anticholinergics

- **Stimulation**
  - Quiet, calm environment
  - “Springer free zone”

- **Bowel and bladder distention**
  - Check and treat
Rx for Delirium

• Haldol
• Other antipsychotics
• Ativan
• Other benzodiazepines
Other Symptoms

• Anorexia
• Nausea
• Anxiety depression
Pearls You Know

- Many symptoms improve very near death
- Decrease cognition and awareness
- Delirium more likely near end of life
- Breathing changes worsen near end of life
- Focus on symptoms not health maintenance
- Don’t use IM medications
- Don’t use Demerol
Thank you

Leonard Hock, DO, MACOI, CMD
Harbor Palliative Care