

HEALTH 9 INSIGHT

ARAB PHARMACEUTICAL & HEALTHCARE
INDUSTRY BUSINESS DEVELOPMENT FORUM
المنتدى العربي التاسع للصناعات الطبية

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PALLIATIVE CARE WHEN AND WHY?

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Definition of Palliative Care

- ❖ Palliative care is active and comprehensive care for people of all ages in severe pain as a result of their state of health affected by one or more serious illness(es), and especially those approaching the end of life. It aims to improve the quality of life of patients, their families and their caregivers.



Definition of Palliative Care (Continued)

❖ Palliative care:

- Include prevention, early identification, overall assessment and management of physical problems, including pain and other painful symptoms, psychological and spiritual distress, and social needs. Whenever possible, these interventions must be evidence-based.
- Provide support to help patients live as fully as possible until death, by facilitating communication, and by helping patients and their families determine the goals of care.
- Is implemented throughout the course of the disease, and adjusted to the needs of patients.
- Is offered with treatments that specifically affect the disease, whenever necessary.
- Can influence positively the evolution of the disease.



Definition of Palliative Care (Continued)

- Did not aim to accelerate or postpone the onset of death; support life and consider death as a natural process.
- Provide support to the family and caregivers during the patient's illness, and during their own mourning.
- Recognize and respect the cultural values and beliefs of the patient and the family.
- Are implemented: at home, in health centers and hospitals, and in all sectors of the health system (primary to tertiary).
- Can be provided by any type of professionals who have received basic training in palliative care.
- Require a specialized approach with a multidisciplinary team for the management of complex cases.



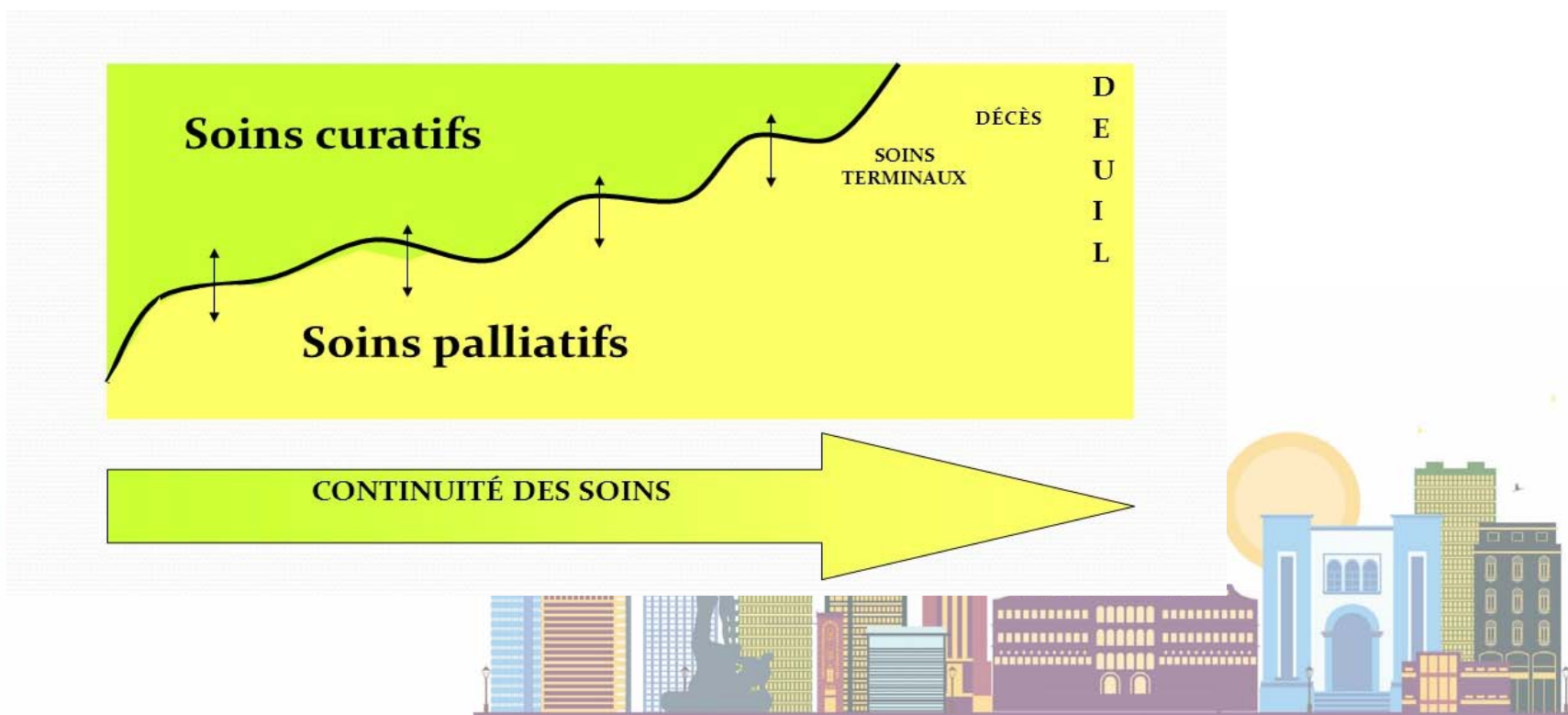
Modalities of Palliative Care

- ❖ Palliative care unit or service at the hospital.
- ❖ Mobile team of palliative care:
 - ❖ At the hospital
 - ❖ At home: In Lebanon, two NGOs: SANAD and BALSAM



When?

- ❖ The soonest after the disease diagnosis



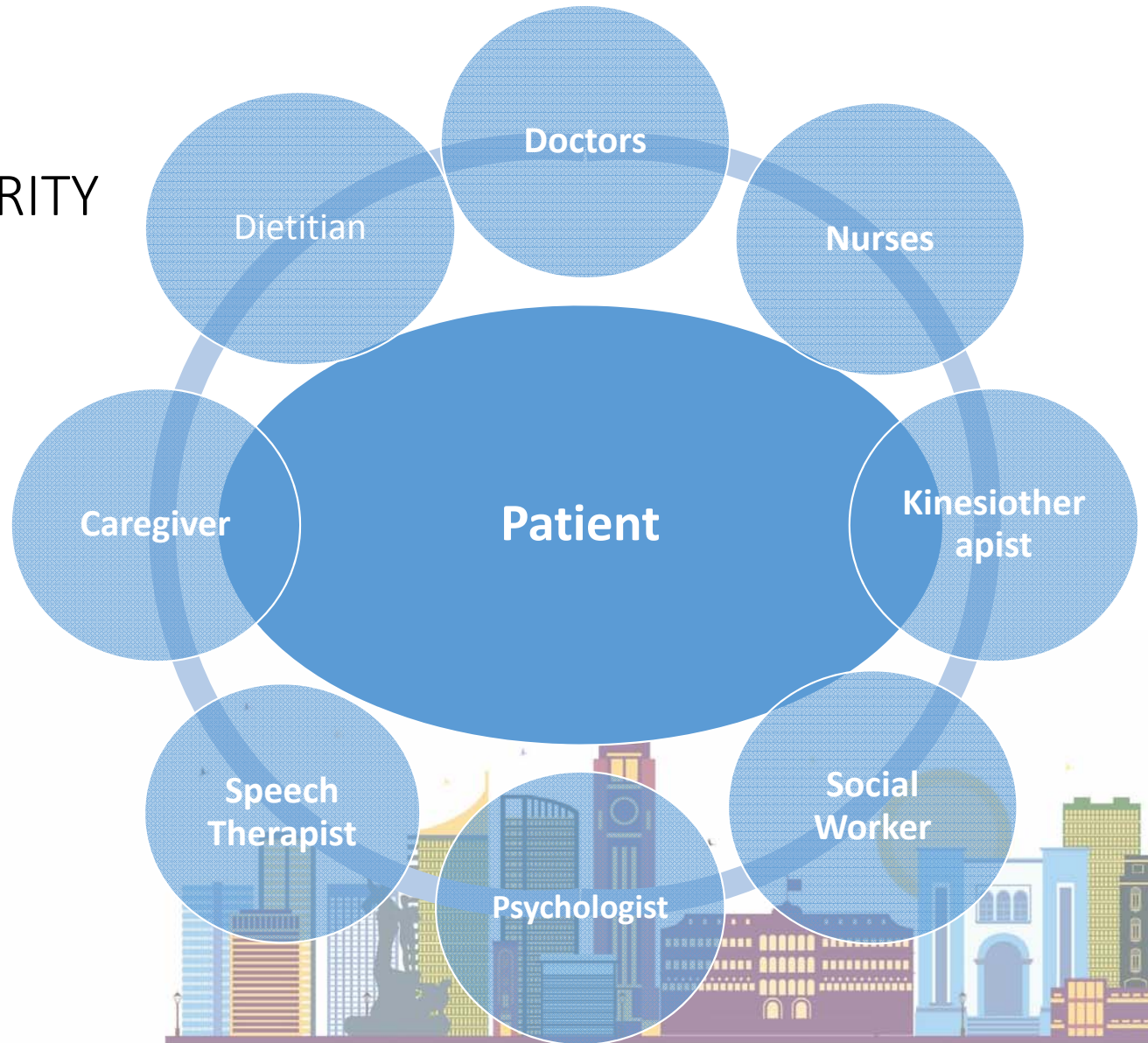
When?

- ❖ Precociously during a progressive incurable disease (advanced cancer, SLA ...)
- ❖ Treatment of pain, with the etiological treatments
Symptomatic and substitute treatment + escort.



MULTIDISCIPLINARITY

Hospital Healing Team

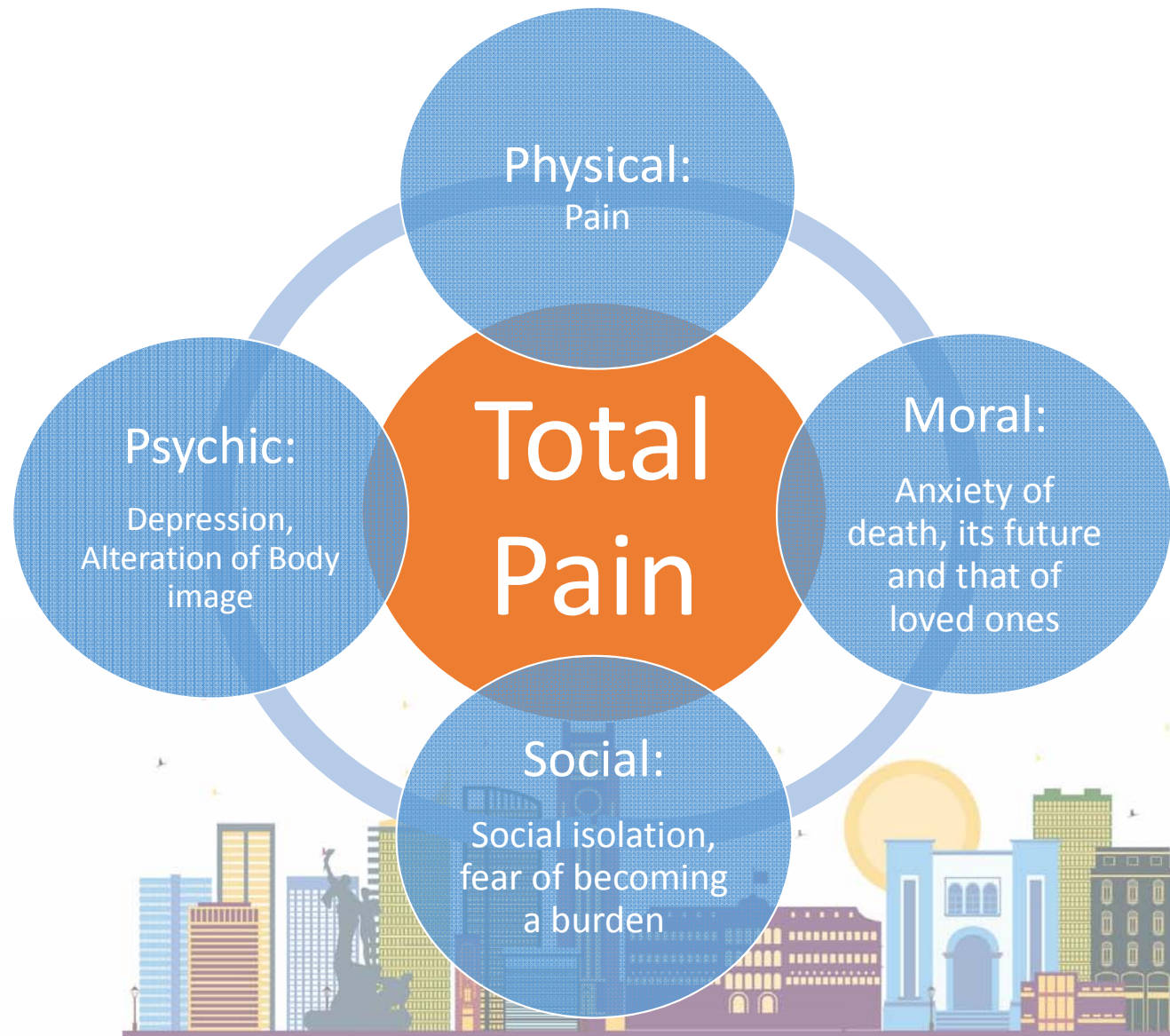


Role of the Healthcare Team

- Ensure continuity of care
- Provide a continuous presence and psychic support to the patient and his family
- Report the presence of pain, dyspnea, discomfort, nausea, and any annoying symptom that may occur in end-of-life patients
- Ensuring patient comfort
- Collaboration, balanced team, give in hand
- Being present, listening, anticipating, relieving
- Be attentive to physical and psychic needs
- Information and training



Total Pain



Which Diseases?

- ❖ Palliative care is required for many diseases. The majority of adults who need it have chronic conditions, such as
 - cardiovascular disease (38.5%),
 - cancer (34%),
 - chronic respiratory diseases (10.3%),
 - AIDS (5.7%) and diabetes (4.6%) (WHO statistics).
- ❖ Many other conditions may require palliative care, such as kidney failure, chronic liver diseases, multiple sclerosis, Parkinson disease, rheumatoid arthritis, neurological diseases, dementia, congenital anomalies or drug-resistant TB.



Pain Relief

PAIN IN PALLIATIVE CARE



Cause of pain in end of life

CANCER

Osteoarthritis and ankylosis

Bedridden and prolonged bed rest

Pain caused by Care

Constipation

End-of-life bedsores

Acute retention of urine

Phlebitis

Infection related to Aspiration pneumonia

Ojik et al (2012), Uberall (2011)

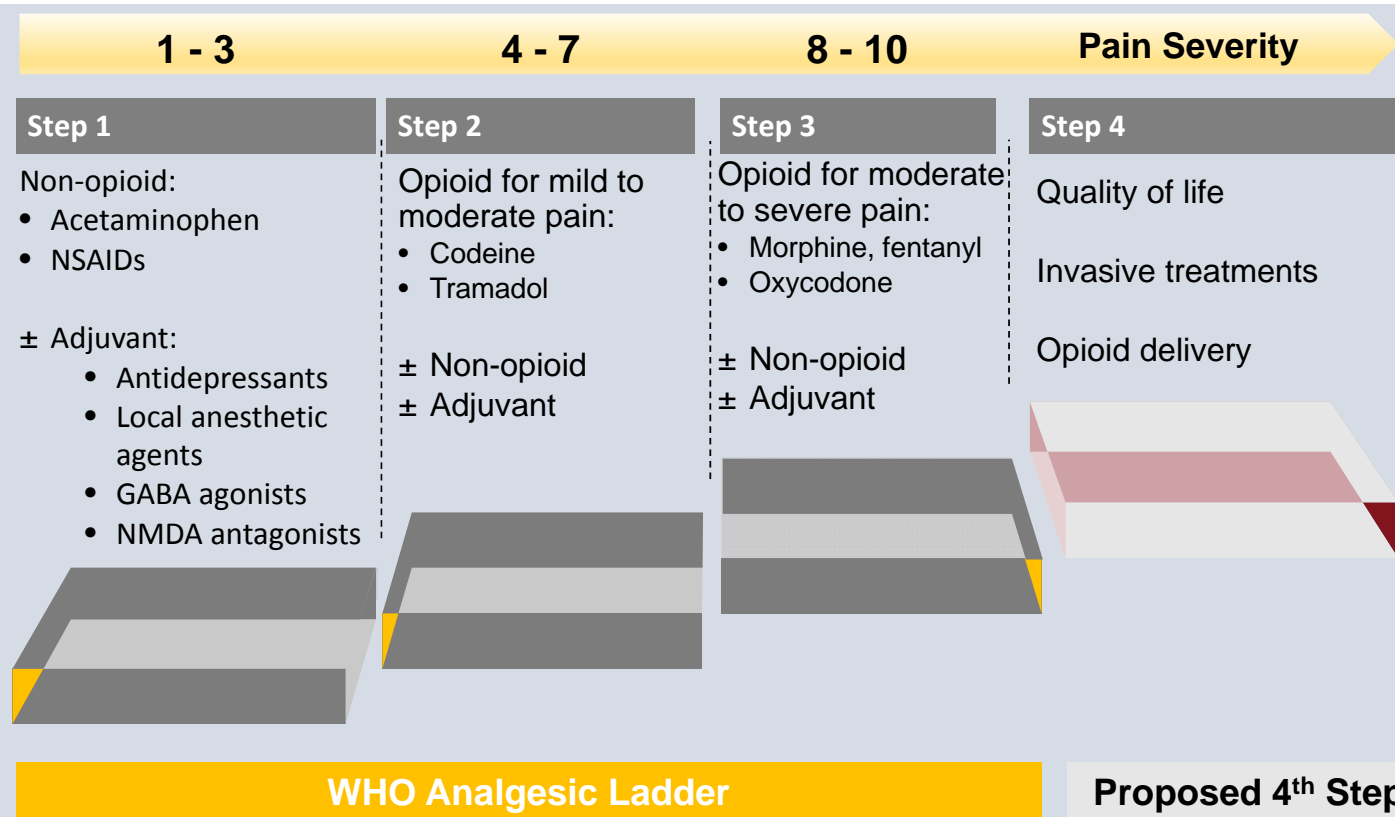




Pharmacological Management



Pharmacological treatment



Availability in Lebanon

Narcotics	Composition	Key routes	Commercial Name
Morphine	Morphine sulfate	oral	MST
	Morphine sulfate	IV	
Fentanyl	Fentanyl citrate	injectable	Fentanyl
		transdermal	Durogesic Patch
		Transmucosal sublingual	Abstral
Sufentanil	Sufentanyl	IV	
Alfentanil	Alfentanil HCL	IV	
Buprenorphine	Buprenorphine HCL	oral	Temgesic
Oxycodone	Oxycodone HCL	oral Injectable	Oxynorm / Oxycontin



Time to Action

To prevent pain :

- Importance of respecting the action time
- Need to schedule Care

Molecule	Time to Action
Meopa	3 minutes
Emla	1 hour
Fentanyl transmucosal	10- 30 minutes
Opioid per os	1 hour
Opioid SC	45 minutes
Opioid IV	immediate



SIDE EFFECTS

- Constipation
- Drowsiness
- Urinary retention
- Mental confusion
- Nausea and vomiting
- Respiratory distress
- Pruritus
- Fever, Nausea and vomiting.
- Bowel obstruction.
- Constipation.
- Bedsores.
- Dyspnea.
- oral fungal infections and other oral problems.
- Confusion and agitation. Congestion

Antidote: Narcan



Dyspnea in palliative care



Dyspnea Care

- **Search for a curable cause** (example If pleural effusion: puncture)
- **If there is no curable cause**
 - Limit water intake
 - Limit or not start oxygen therapy at high flow, useless at the end of life, and causes important uncomfortable dryness of the mucous membranes.



Dyspnea Adjuvant Treatments

- Scoburen (scopolamine) if congestion
- Morphine sulfate/ oxycodone
- Benzodiazepine if anxiety
- Sedation if no improvement



PALLIATIVE CARE

PROBLEMS AND SOLUTIONS



Current Situation

- ❖ According to WHO, 40 million people around the world need palliative care, but do not have access to it.
- ❖ Access to opioids is insufficient in 83% of the world's population.
- ❖ In Lebanon:
 - palliative care is still not reimbursed by health systems: public assistance and private insurance.
 - significant improvement in the availability of opioids (PO, patch and IV), especially recent drugs.
 - The Ministry of Health authorizes the importation of the majority of opioids while maintaining a very strict control over prescriptions.
 - Currently, the pain in Lebanon is very well controlled.



Current wishes

- ❖ Obtain access to **palliative care** by including it in national health policies and systems: public assistance, social security, private and public medical insurance.
- ❖ Integrate **palliative care education** in all medical and paramedical faculties: Physician, nurse, social worker, kinesiotherapist and all medical auxiliaries.
- ❖ This teaching is already underway in the majority of medical schools, and in the teaching of nurses. Remains the palliative care through public assistance, social security, private and public medical insurance.



The palliative care service activity at the HDF

March 2017- October 2018

- **141 patients:**
 - 65 women (46.09%)
 - 76 men (53.90%)
 - average age: 74 years
- **85% of patients died at USP**
- **Average length of stay: 13 days.**



Diseases

Cancer: 72.34%

Lung	26.47%
Pancreas	9.8%
Breast	7.84%
Colon	7.84%
Bladder	4.9%
Prostate	3.9%

Other Diseases: 27.66%

Dementia	30.76%
Ischemic stroke	23.07%
Hemorrhagic stroke	10.25%
Terminal cardiac insufficiency	12.82 %
Parkinson	0.25%



Together we can stop suffering...

