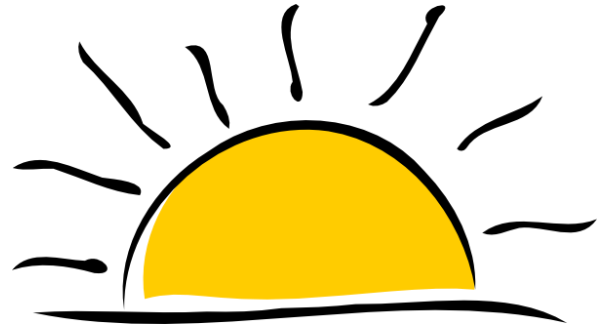


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Understanding Palliative Care



Patients are usually considered to be palliative when they have an incurable or progressive disease that reduces their life expectancy to less than one year. Palliative care is not just for the last few weeks/days of a person's life, it is started when the patient is deemed palliative.

When a patient is palliative, the focus of care shifts and the primary goal becomes improving the patient's quality of life.

This means that we try to keep the patient as comfortable as possible by treating symptoms like pain, nausea, and difficulty breathing. Palliative care does not prolong death and it does not shorten a patient's life.

When palliative care is started for a patient, it is common for some of the patient's medications to be stopped. These include medications that are used to prevent diseases/complications in the long term (over many years) but are no longer beneficial in the short term (over the next 12 months). An example of this would be Lipitor (atorvastatin). Lipitor reduces the 'bad' cholesterol in the body to prevent heart attacks and strokes. The benefit of Lipitor occurs over many years of use. Once a patient is palliative, their life expectancy is lower than the amount of time it would take for Lipitor to benefit them. Moreover, it is possible that the patient may experience side-effects from Lipitor which may reduce their quality of life. For these reasons, Lipitor would be stopped in palliative patients. Medications that are continued in palliative patients are ones that help keep the patient comfortable and prevent worsening of symptoms. An example of a medication that would not be stopped would be a diuretic or water pill that is used to prevent fluid build-up in the lungs. If that water pill were stopped, the patient would likely experience difficulty breathing which would reduce their quality of life.

It is common for palliative patients to experience symptoms as they are approaching the end of their life. The following table lists some of the common symptoms that palliative patients experience and medications that are used to treat those symptoms to make the patient feel more comfortable. It is important to know that palliative patients can have difficulty swallowing. This means palliative patients may receive medications by injection, patches or suppositories rather than a tablet. This allows the patient to receive the medication to keep them comfortable.

Symptom	Palliative Treatments
Pain	For mild pain, things like Tylenol (acetaminophen) and anti-inflammatories, such as Advil (ibuprofen), are often effective. For Moderate to severe pain, opioids are used. These include things like morphine and Dilaudid (hydromorphone). For patients with very severe pain, Duragesic (fentanyl) is used.
Nausea and Vomiting	Nausea can be treated by medications that help to empty the stomach faster, usually given before meals, such as Motilium (domperidone) or Maxeran (metoclopramide). For patients with severe nausea or who are experiencing vomiting, some medications for mood are very effective in low doses for nausea. These include: Haldol (haloperidol), Stemetil (prochlorperazine), and Nozinan (methotrimeprazine).
Difficulty Breathing	Non-medication measures are tried first, such as facing an open window or using a fan. If these fail, then opioids (morphine and hydromorphone) are very effective. Inhaling normal saline (sterile salt water with a specific amount of salt) through a nebulizer (a machine that converts water into an aerosol) can be tried.

Please Note

This is a review of the common medications used in palliative care. If you have any questions in regards to your family member's care please feel free to ask a staff member or contact a pharmacist at Medical Arts Pharmacy 613-933-0670.

Newsletters are available at: medicalartsparmacy.ca

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