Symptom Assessment in Palliative Care

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Sumary

SYMPTOM ASSESSMENT

- Is it really necessary?
- What for?
- Which symptoms?
- How to conduct the assessment?
- Is there any other area of assessment in PC?
- Main problems
- The future

Symptom assessment in PC: Is it really necessary?

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 problems, physical, psychosocial and spiritual.

National Cancer Control Programmes: Policies and Managerial Guidelines, 2nd Ed. Geneva: WHO, 2002

Symptom assessment in PC: what for?

- This is the first step to successful symptom management
- It helps to establish the impact of illness in each patient
- It is one way to evaluate the efficacy of treatment and quality of care
- It improves the communication by sharing information among patient, family and staff

Symptom assessment in PC: which symptoms?

Problem

There is no consensus

Some solutions

- **Do not forget most prevalent symptoms**
- **Use the cluster associations**
- **Use a check list and validated tools**

PC patients report an average of 11 symptoms

Symptom assessment in PC: which symptoms?

Síntomas / Fecha							Síntomas / Fecha						
GENERAL	astenia						RES	disnea					
	diaforesis						PI	tos					
	edema						RA	hemoptisis					
	fiebre						TO	afonia					
	pérdida pesO						RIO	estertores					
	síncope												
	vértigo/mareo												
DIGESTIVO	xerostomía												
	sialorrea						GE	hematuria					
	disgeusia						NI	incontinencia					
	anorexia						TO	metrorragia					
	plenitud precoz						U	nicturia					
	dispepsia						RI	polaquiuria					
	nauseas						NA	poliuria					
	vómitos						RIO	tenesmo					
	eructos							urgencia					
	disfagia							disuria					
	estreñimiento							hematuria					
	fecaloma						OTROS	hemorragia					
	diarrea							mala olor					
	incontinencia fecal							prurito					
	tenesmo rectal						NEU	insomnio					
	secreción rectal						RO	ansiedad					
	melenas						PSI	tristeza					
	rectorragia						CO	confusión					
	hematemesis						LO	alucinaciones					
	hipo						GI	somnolencia					
DOLOR							CO	mioclonias					
CAGE								convulsiones					
BARTHEL								paresia					
Pfeiffer								plejia					

Symptom assessment in PC: which symptoms?

Edmonton Symptom Assessment System

Please circle the number that best describes:

No pain	0 1 2 3 4 5 6 7 8 9 10	Worst possible pain
Not tired	0 1 2 3 4 5 6 7 8 9 10	Worst possible tiredness
Not nauseated	0 1 2 3 4 5 6 7 8 9 10	Worst possible nausea
Not depressed	0 1 2 3 4 5 6 7 8 9 10	Worst possible depression
Not anxious	0 1 2 3 4 5 6 7 8 9 10	Worst possible anxiety
Not drowsy	0 1 2 3 4 5 6 7 8 9 10	Worst possible drowsiness
Best appetite	0 1 2 3 4 5 6 7 8 9 10	Worst possible appetite
Best feeling of wellbeing	0 1 2 3 4 5 6 7 8 9 10	Worst possible feeling of wellbeing
No shortness of breath	0 1 2 3 4 5 6 7 8 9 10	Worst possible shortness of breath
Other problem	0 1 2 3 4 5 6 7 8 9 10	

Patient's Name _____

Date _____ Time _____

Complete by *(check one)*
- ☐ Patient
- ☐ Caregiver
- ☐ Caregiver assisted

BODY DIAGRAM ON REVERSE SIDE

Symptom assessment in PC: which symptoms?

MEMORIAL SYMPTOM ASSESSMENT SCALE

Name Date

Section 1

Instructions: We have listed 24 symptoms below. Read each one carefully. If you have had the symptom during this past week, let us know how OFTEN you had it, how SEVERE it was usually and how much it DISTRESSED or BOTHERED you by circling the appropriate number. If you DID NOT HAVE the symptom, make an "X" in the box marked "DID NOT HAVE."

DURING THE PAST WEEK Did you have any of the following symptoms?	DID NOT HAVE	IF YES How OFTEN did you have it?				IF YES How SEVERE was it usually				IF YES How much did it DISTRESS or BOTHER you?				
		Rarely	Occasionally	Frequently	Almost Constantly	Slight	Moderate	Severe	Very Severe	Not at all	A Little Bit	Somewhat	Quite a Bit	Very Much
Difficulty concentrating		1	2	3	4	1	2	3	4	0	1	2	3	4
Pain		1	2	3	4	1	2	3	4	0	1	2	3	4
Lack of energy		1	2	3	4	1	2	3	4	0	1	2	3	4
Cough		1	2	3	4	1	2	3	4	0	1	2	3	4
Feeling nervous		1	2	3	4	1	2	3	4	0	1	2	3	4
Dry mouth		1	2	3	4	1	2	3	4	0	1	2	3	4
Nausea		1	2	3	4	1	2	3	4	0	1	2	3	4
Feeling drowsy		1	2	3	4	1	2	3	4	0	1	2	3	4
Numbness/tingling in hands/feet		1	2	3	4	1	2	3	4	0	1	2	3	4
Difficulty sleeping		1	2	3	4	1	2	3	4	0	1	2	3	4
Feeling bloated		1	2	3	4	1	2	3	4	0	1	2	3	4
Problems with urination		1	2	3	4	1	2	3	4	0	1	2	3	4
Vomiting		1	2	3	4	1	2	3	4	0	1	2	3	4
Shortness of breath		1	2	3	4	1	2	3	4	0	1	2	3	4
Diarrhea		1	2	3	4	1	2	3	4	0	1	2	3	4
Feeling sad		1	2	3	4	1	2	3	4	0	1	2	3	4
Sweats		1	2	3	4	1	2	3	4	0	1	2	3	4
Worrying		1	2	3	4	1	2	3	4	0	1	2	3	4
Problems with sexual interest or activity		1	2	3	4	1	2	3	4	0	1	2	3	4
Itching		1	2	3	4	1	2	3	4	0	1	2	3	4
Lack of appetite		1	2	3	4	1	2	3	4	0	1	2	3	4
Dizziness		1	2	3	4	1	2	3	4	0	1	2	3	4
Difficulty swallowing		1	2	3	4	1	2	3	4	0	1	2	3	4
Feeling irritable		1	2	3	4	1	2	3	4	0	1	2	3	4

How to conduct the assessment?

- Preliminary considerations:
  - Symptom assessment is more than write a number
  - PC patients are polysymptomatic and easy fatigued
  - There are many barriers: cognitive impairment, etc.
  - Validated scales can supplement clinical interviews but not replace them
- Self vs observer assessment
- Assessment chronology: initial - follow up – final
- Dimensions of assessment
- Psychosocial factors affecting the assessment
- Which is the best assessment tool?

Dimensions of assessment

Intensity and impact
Localization
Chronology
Modulating factors
Etiology
Type / Main characteristics
Relation with daily life activities
Emotions and thoughts about the symptom

Symptom assessment in PC: which tool?

- **Scales focused on one symptom**
  - BPI
  - Fatigue Inventory
  - Constipation Assessment Scale and Bristol Scale
  - Dyspnea scales: *(Pall Med 2007;21:177-91)*
    - Walking test
    - *Borg Sclae*
    - *The chronic respiratory questionnaire*
    - *Cancer dyspnoea scale*
    - *NYA Clasification*
- **Scales focused in multiple symptoms**

  ESAS
  MSAS
  STAS
  CAMPAS

- **One-dimensional scales**
  - NRS
  - VRS
  - VAS
- **Multidimensional scales:**
  - BPI
  - Mc Gill
  - MPAC

How to conduct the assessment?

Table 3. Multidimensional Symptom Assessment

Initial	
Level 1: Screening	1. Assess for cognitive impairment (delirium, dementia)
	2. Screen as many symptoms as possible (self-assessment or interview)
	3. Include common symptoms that can be clinically managed, that is, pain, dyspnea, anorexia, nausea, anxiety, depression, constipation (10-15 at most for sicker patients)
	4. Avoid asking about symptoms (signs) that can be objectively identified, for example, wheezing, leg swelling
	5. Define the most important symptoms to be managed from the patient's perspective
	6. Define the level of severity and/or distress "How severe?" "How distressful/bothersome?"
	7. If a patient is confused or too sick refer to a caregiver
Level 2: Multidimensional	1. Ask about other symptom dimensions: for example, duration, frequency
	2. Determine the extent of symptom relief and associated aggravating and alleviating factors
Level 3: Psychosocial	1. Assess activity and mobility
	2. Assess mood, sleep, and anxiety
	3. Family (caregiver) issues; plan a family conference
	4. Explore social, existential, and financial problems
	5. Determine overall QoL
Follow-up	1. Daily follow-up of identified symptoms and their distress
	2. Ask for new symptoms
	3. Healthier patients may repeat an extensive questionnaire. For example, every 72 hours
	4. Ask about symptom relief and change in overall QoL
Final	1. Use extensive questionnaires for healthier patients
	2. Limit follow-up to identified symptoms for sicker patients
	3. Assess distress and improvement
	4. Review psychosocial issues

Kirkova J et al.American Journal of Hospice & Palliative Medicine 2010; 27(1):75-83

Symptom assessment in PC: Main problems

- Lack of consensus
- Different content
- Different aims
- None of the identified systems is widely applied

Palliative Medicine 2008; **22:** 895–903

Pain assessment tools in palliative care: an urgent need for consensus

Palliative Medicine 2009; **23:** 295–308

Classification of pain in cancer patients – a systematic literature review

Holen J et al. JPSM 2006
80 pain measurement tools

Hjermstad M et al. (EPCRC) 2008
11 new tools

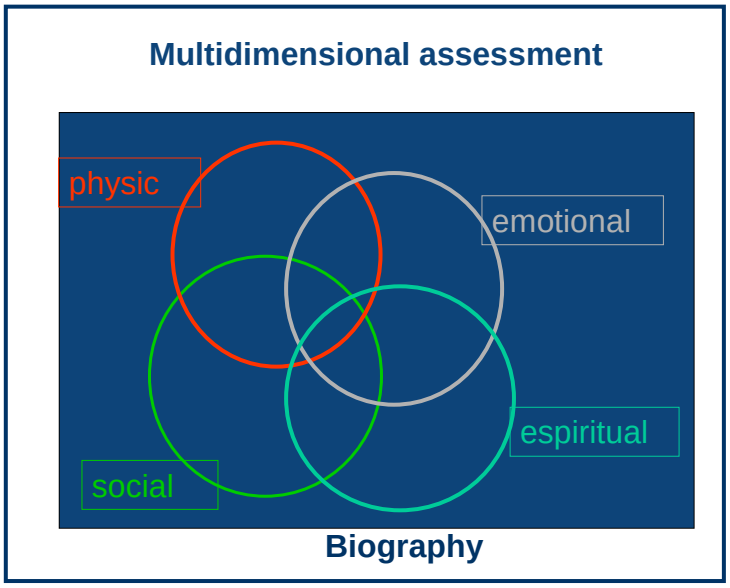
Symptom assessment in PC: Main problems

Assessment tools – physical symptoms

RSCL [1]	MSAS-SF [2]	PNPC [3]	ESAS [4]	SDS [5]	EORTC QLQ-30 [6]	NACPRO [7]	MDASI [8]	BHI [9]	EORTC QLQ-C15-PAL [10]
Lack appetite	Lack appetite		Lack appetite	Lack appetite	Lack appetite	Lack appetite	Lack appetite	Lack appetite	Lack appetite
Tiredness		(±) Fatigue		(±) Fatigue	(±) Fatigue	Tiredness	(±) Fatigue	Tiredness	Tiredness
Sore muscles									
Lack energy	Lack of energy				(±) Lack of energy				(±) Lack of energy
Low back pain									
Nausea	Nausea		Nausea	Nausea	Nausea	Nausea	Nausea	Nausea	Nausea
Difficult Sleeping	Difficult Sleeping	Difficult Sleeping		Difficult Sleeping		Difficult Sleeping	Difficult Sleeping		Difficult Sleeping
Headaches						Headaches			
Vomiting	Vomiting				Vomiting	Vomiting	Vomiting		
Dizziness	Dizziness					Dizziness			
Dec. sexual interest	Dec. sexual interest	Dec. sexual interest							
Abdominal aches									
Constipation	Constipation			(±) Constipation	Constipation	Constipation			
Diarrhoea	Diarrhoea			(±) Diarrhoea	Diarrhoea	Diarrhoea			

From Ferraz Gonçalves
Delphi process

Symptom assessment in PC: other areas of assessment?



Symptom assessment in PC: The future

- Do we need a standardized approach for cancer pain classification and assessment?
- Do we need a similar system across settings: Clinic, teaching, research and policy?

International meeting on pain classification and assessment (Milan, 9-10 Sept 2009) by EAPC RN,EPCRC and Mario Negri Institute

Delphi Process to develop a screening tool (short, not time consuming, but able to detect the main problems) in the first encounter by Dr. Ferraz Gonçalves

For your information

www.eapcnet.org

www.manderson.org/departments/prg/

www.capc.org

www.hospicare.com

www.palliative.org

www.secpal.com

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SOCIEDAD ESPAÑOLA de CUIDADOS PALIATI
secpal
Palexco/5-8 mayo
A Coruña/2010

12th Congress of
the European Association for Palliative Care
Lisbon - 19 -21 May 2011

assigned to the
Portuguese Association of Palliative Care APCP

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12th CONGRESS of the EUROPEAN ASSOCIATION for PALLIATIVE CARE
Palliative care reaching out