

OPIOIDS: NOT JUST FOR PAIN RELIEF IN PALLIATIVE AND END OF LIFE CARE

ASPMN® Webinar
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OBJECTIVES

- 1. Identify symptoms that are aided by the use of opioids.
- 2. Increased knowledge of how opioids work to help in control of additional symptoms plus pain.
- 3. Review possible pain syndromes related to palliative and end of life care. (Chronic, Acute, Malignant and End of Life pain).
- 4. Review the most common opioid routes of administration in end of life care.
- 5. Understand the Ethics of opioid use at End of Life as stated by the position statement of American Society of Pain Management Nurses and Hospice and Palliative Nurses Association.

DEFINITIONS

- **Palliative care:** A model of care for the ill, specializing in the relief of the symptoms and stress of serious illness.
- **End of Life care:** The support and care provided during the interval of time death approaches.

SYMPTOM CONTROL

- ⦿ 1. Pain control (Acute, Chronic, Malignant)
- ⦿ 2. Diarrhea suppression
- ⦿ 3. Dyspnea
- ⦿ 4. Cough suppression
- ⦿ 5. Anxiety at end of life



SYSTEMIC EFFECTS OF OPIOIDS

Limbic system effects:

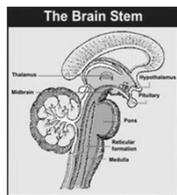
- ❖ Emotions especially pleasure, relaxation and contentment.



SYSTEMIC EFFECTS OF OPIOIDS

Brainstem effects:

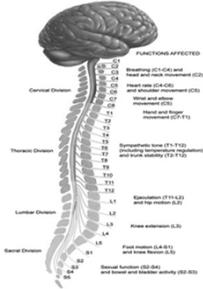
- ❖ Slow breathing, stop coughing and reduce feeling of pain.



SYSTEMIC EFFECTS OF OPIOIDS

Spinal cord effects:

- ❖ Decreases sensation of pain before reaching the brain.
- ❖ Increased opioid sensitivity when exposed to spinal cord pain receptors.



PAIN CONTROL IN PALLIATIVE AND END OF LIFE CARE

Patients may have a history of chronic pain.

Caution and careful assessment to appropriately treat pain.



Acute pain may be related to surgery or trauma.
Often may be hospitalized in ICU.

PAIN CONTROL IN PALLIATIVE AND END OF LIFE CARE

Malignant pain must be aggressively controlled.

End of life associated pain.

May be related to multi-organ failure.



MOST COMMON ROUTES OF ADMINISTRATION IN END OF LIFE CARE

Transdermal

Sublingual or Buccal

IV or subcutaneous

Intranasal/Nebulized

Rectal

BARRIERS TO PROVIDING ADEQUATE PAIN CONTROL AT END OF LIFE

A misperception that pain is a sign of deterioration or disease progression.

Patient or families thoughts that pain is a part of dying and cannot be relieved.

Addiction and abuse issues.



BARRIERS OF HEALTH CARE PROVIDERS TO ADEQUATELY CONTROL PAIN

Do not recognize pain in a dying individual.



Fear of doing harm.

Fear of diversion.

Lack of knowledge in prescribing for end of life.

ETHICAL CONSIDERATIONS

Doctrine of double effect:

"An action that causes a serious adverse effect that has been foreseen – including death- may be morally justified in the intention behind the action was to do good."



THE 4 CONDITIONS TO BE MET IN THE PRINCIPLE OF DOUBLE EFFECT:

The act must be morally good or neutral.

The clinician must intend the good effect.

The bad effect cannot be the means for the good effect being achieved.

Benefits of good effect outweigh the burden of the bad effect

ADJUVANT DRUG CONSIDERATIONS

Benzodiazepines

Neuroleptics

Antiemetics

Palliative sedation



CONCLUSION:

Effective symptom and pain control is a right of patients who require palliative and end of life care.

Effective pain and symptom management at end of life increases the quality of life versus acceleration of death.

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Funding for this initiative was made possible (in part) by Providers' Clinical Support System for Opioid Therapies (grant no. 547971025595) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
