

The Complexity of Cancer Related Symptoms: Implications for Supportive Care Intervention

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Meanings of Symptoms in the Context of Cancer

- Indicator of pathology
- Source of discomfort and distress
- Reminder of disease
- Impaired capacity to engage in daily activities
- Reduced quality of life
- Socially isolating



Some Dimensions of Symptom Research

- Understanding symptom experiences, indicators, contributing factors, and impacts
- Evaluating supportive care interventions
- Achieving practice change
- Identifying service improvements



Understanding symptom experiences

Understanding Nausea in Advanced Cancer: Clinical and Patient Perspectives

Investigators: Patsy Yates, Zandy Clavarino, Geoff Mitchell, Peter Hudson, Grant Cameron, Peter Martin

Funding Source: NHMRC



Findings: Patient Experience

(n=110)	Past 24 hours		Past week	
	Mean (SD)	Range	Mean (SD)	Range
Worst nausea	4.12 (3.38)	0-10	6.85 (2.52)	0-10
Average nausea	3.03 (2.66)	0-10	4.70 (4.70)	0-10
Total nausea interference			3.77 (2.44)	0-10

****The median time patients had been experiencing nausea was seven weeks (range 1-468 weeks).**

Factors Contributing to Nausea: Clinician Perspectives

Factor	Condition present		Condition present and identified as contributing to nausea	
	Valid Responses	% (n)	Valid Responses*	% (n) of those with condition present and identified as contributing to nausea
VISCERAL FACTORS				
Abdominal distension	97	42.3 (41)	27	96.2 (25)
GI stasis or obstruction	94	29.8 (28)	20	100.0 (20)
Constipation	95	55.8 (53)	32	87.5 (28)
GI cancer or metastases	95	56.8 (54)	34	91.2 (31)
GI co-morbidities	88	14.8 (13)	5	80.0 (4)
PHARMACOLOGICAL AND BIOMEDICAL FACTORS				
Taking opioids	95	92.6 (88)	46	34.8 (16)
Taking other medications assoc. with nausea	84	34.5 (29)	12	50.0 (6)
Hypercalcaemia	92	5.4 (5)	4	100.0 (4)
Hyponatraemia	91	13.2 (12)	3	0.0 (0)
Other biochemical abnormalities	87	42.5 (37)	14	71.4 (10)
Alcohol history	93	10.8 (10)	3	33.3 (1)
CNS FACTORS				
Brain tumour or metastases	96	5.2 (5)	3	66.7 (2)
Headache from other causes	96	5.2 (5)	4	25.0 (1)
OTHER FACTORS				
Pain	96	88.5 (85)	43	60.5 (26)
Other symptoms associated with nausea	86	30.2 (26)	9	77.8 (7)
Dizziness	94	29.8 (28)	14	64.3 (9)
Infection	94	26.6 (25)	14	71.4 (10)
Other disease factors associated with nausea	94	19.1 (18)	9	55.6 (5)
Other co-morbidities associated with nausea	92	14.1 (13)	4	25.0 (1)
Other treatments	89	5.6 (5)	2	50.0 (1)

Findings: Patient-identified factors contributing to nausea

Factor	X (SD) (Range: 1=not at all — 5= very much)	Factor	X (SD) (Range: 1=not at all — 5= very much)
Eating certain foods	2.43 (1.56)	Depression	1.76 (1.17)
Food/cooking odour	2.41 (1.54)	Thinking about nausea	1.72 (1.24)
Anxiety	1.89 (1.31)	Difficulty swallowing	1.55 (1.11)
Movement	1.89 (1.25)	Fear	1.52 (1.02)
Stress	1.86 (1.28)	Hot weather	1.51 (1.09)
Other odour	1.82 (1.41)	Sleep	1.45 (1.02)

Findings

- Contributing factors rated by at least 25% of patients
 - **certain foods (41%)**
 - **food/cooking odours (40%)**
 - **stress (28%)**
 - **anxiety (27%)**
 - **movement (25%)**

Nausea Management in Advanced Cancer?

- Mechanistic approach:
 - Supported by two prospective audits
 - Success claimed in 80-90% of cases
- Empirical approach:
 - Supported by one audit
 - Success claimed in 80-90% of cases
- Response rates in controlled studies = 23-36%
- Similar results for empirical and mechanistic approaches (Glare et al 2004)

Summary

- Nausea in advanced cancer is a complex multi-faceted problem
- There are likely to be multiple causes of nausea in this population
- Patients identify certain dietary, emotional and environmental factors as important contributors to nausea
- Clinicians identify patients at risk as being those with a range of abdominal or GI conditions, pain and other symptoms, and those taking certain medications
- Some discrepancy in clinician and patient ratings of nausea

Symptom Clusters in Advanced Cancer

Investigators: P. Yates, S. Aranda, A. Clavarino,
C. Miaskowski, G. Beadle, H. Skerman

Funding Source: NHMRC

Background

- Patients present with multiple symptoms
 - Are there common pathophysiological mechanisms?
 - Would inquiry about one symptom help to focus symptom assessment?
 - Does the presence of particular clusters have more adverse effects for the patient?
 - Does treatment of one symptom relieve or prevent another in the cluster?
 - Does understanding symptom clusters help to target therapies more effectively?
 - Would understanding such relationships reduce polypharmacy?

Symptom Experience

- At least 40% of patients experienced 11 or more of the 32 symptoms in the past week at baseline
- The presence of symptoms remained fairly stable across time (from T1 to T3).
- Most symptom means were fairly stable across symptom dimensions- **frequency, severity and distress**

Symptom Clusters

– GI symptoms

- Nausea
- Lack of appetite
- Constipation

– Respiratory symptoms

- Cough
- Shortness of breath

– Emotional symptoms

- Worrying
- Feeling sad
- Feeling irritable

– Fatigue symptoms

- Lack of energy
- Feeling drowsy

Summary

- Symptoms do appear to present in clusters
- Symptom clusters appear stable over the four months
- Further investigation of the nature and impact of symptom clusters is required
- Further investigation is required to test hypotheses regarding causal mechanisms and targeted intervention strategies

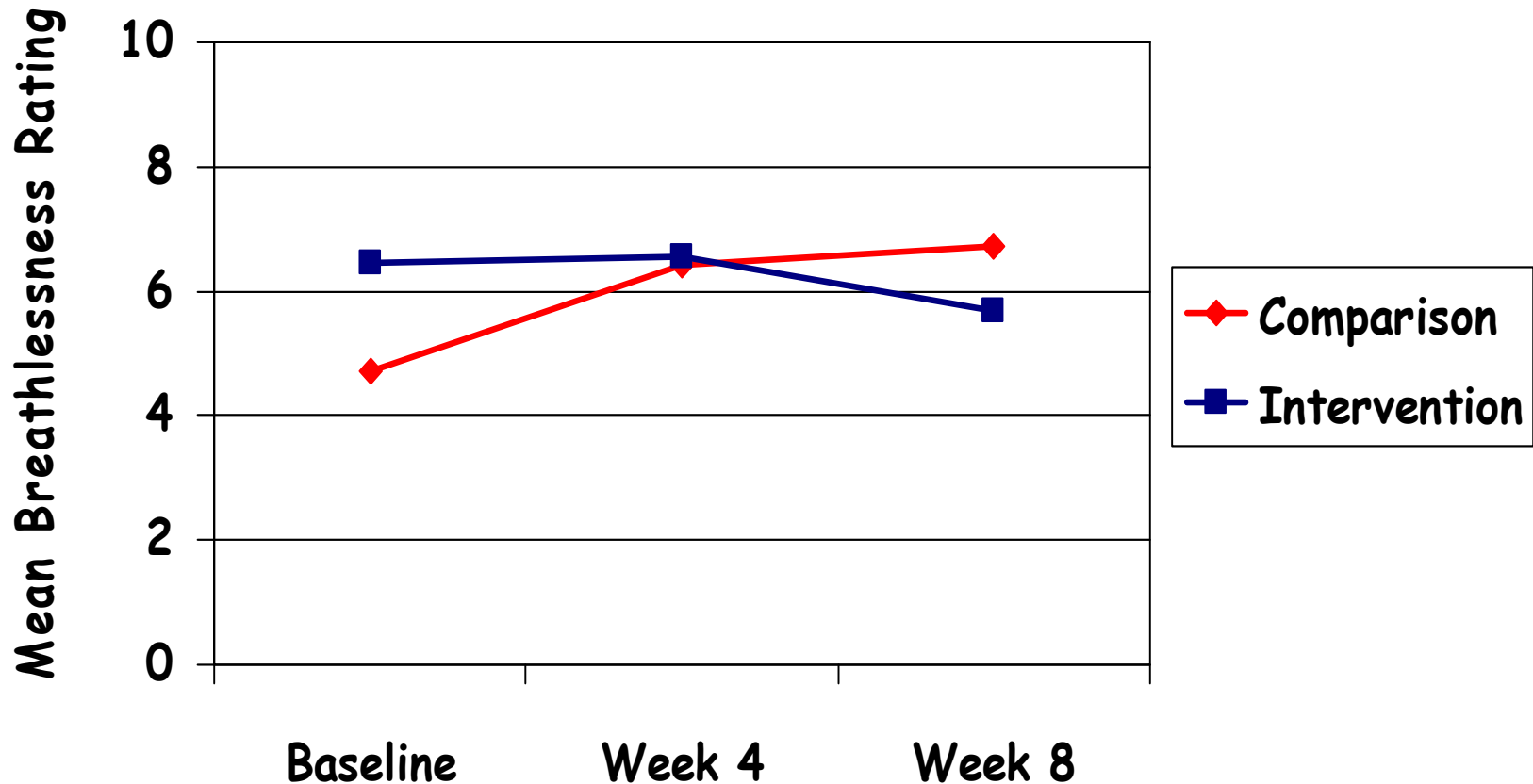
Evaluating Integrated Approaches to Symptom Management

Evaluating integrated interventions for managing breathlessness in patients with cancer of the lung

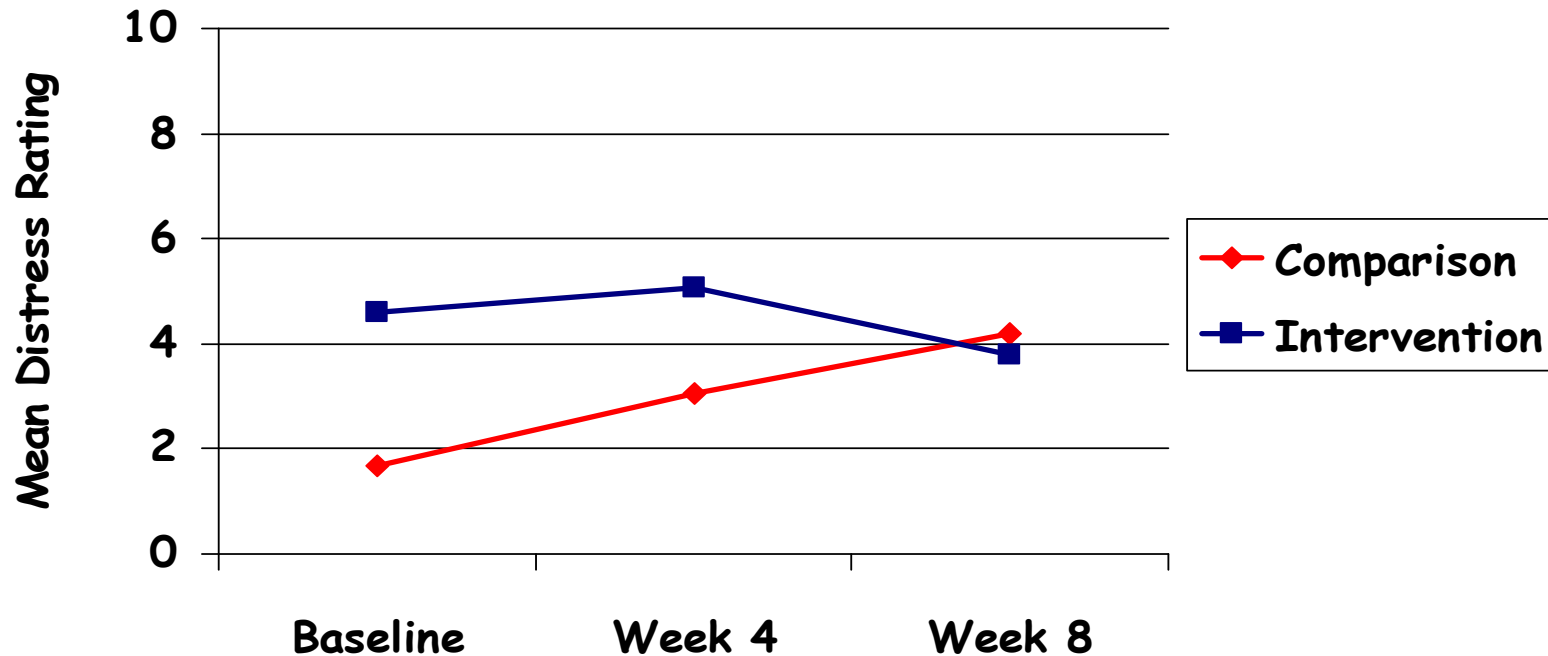
Investigators: Libby White; Patsy Yates; Sheree Smith

Funding Source: Wesley Research Institute

Evaluating Integrated Approaches to Symptom Management



Evaluating Integrated Approaches to Symptom Management



Integrated Breathlessness Intervention

Understanding and managing factors contributing to dyspnoea

- Modified Dyspnoea Assessment Guide

Improving breathing efficiency

- Pharmacological approaches
- Breathing exercises

Reducing Distress

- Postural positions
- Other distress reducing tips for daily use

Relaxing

- Progressive muscle relaxation
- Distraction

Activity Pacing

- Activity pacing

Strategies for the caregiver

- Advice and encouragement

Recognising when to seek support

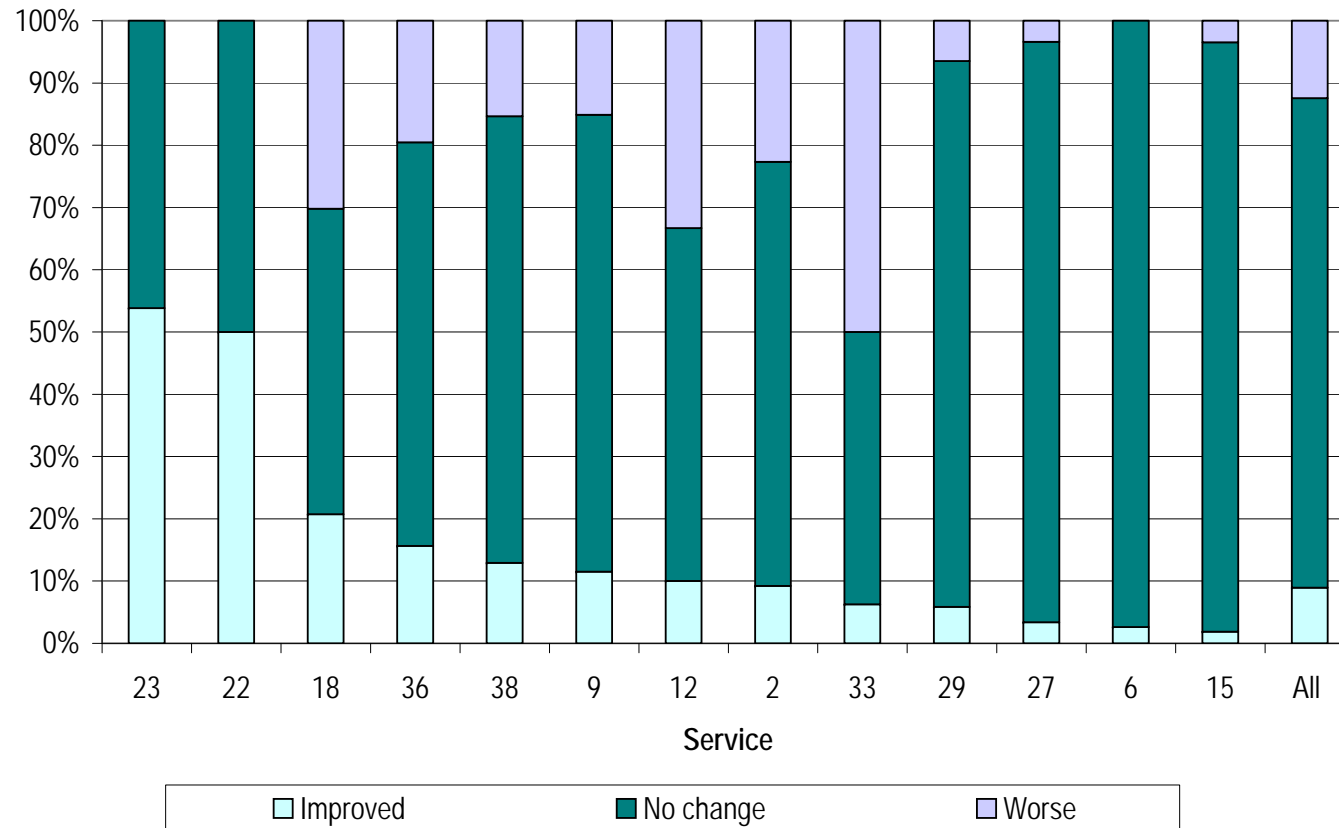
- Prompt sheet

- Based on conceptual framework by Corner et al (2006)
- Builds on the work of Bredin et al (1999)
- Includes a range of psycho-educational strategies for delivering the intervention:
 - tailoring,
 - multiple modes
 - Reinforcement
 - skills and resources for more demanding situations

Identifying Service Improvements



PCOC Benchmarking Workshop – July 2008



Identifying Service Improvements

- National and state initiatives aimed at improving models for delivering cancer and palliative care
 - Implementing evidence in practice: NICS programs
 - Reducing variation : Palliative Care Outcomes Collaboration
 - Promoting continuity of care: MDTs; CanNets

Conclusions

- Symptoms are complex, multidimensional phenomena, with potentially multiple impacts
- Approaches to symptom management
 - need to be based on an understanding of contributing factors and personal meaning for individuals
 - need to be targeted to specific aetiologies, and tailored to individual circumstances
 - need to be multidimensional and incorporate multilevel strategies