



PRACTICE-CHANGING UPDATES

ARTICLES

1 [Hydration and symptoms in the last days of life.](#) FULL ARTICLE ACCESS

Lokker ME, van der Heide A, Oldenmenger WH, van der Rijt CCD, van Zuylen L.

BMJ Support Palliat Care. 2019 Aug 31.

PMID: 31473651

Oral fluid intake at the end of life is often reduced. Consensus about the most appropriate management for terminally ill patients with limited oral fluid intake is lacking. This multicentre, prospective, observational study analysed the extent to which amount of fluid intake preceding and during the dying phase, relates to the occurrence of death rattle and terminal restlessness. Data on the above as well as that of opioid use in patients expected to die within a few days or hours was collected. No association between either death rattle occurrence or terminal restlessness, and fluid intake in the days before dying, was found. Higher fluid intake in the 48-25 hours before death however, may be associated with occurrence of terminal restlessness in the last 24 hours of life. Results suggest that caution with fluid intake for prevention of death rattle may be unnecessary and that active provision of artificial fluid to dying patients may not be beneficial.

TECHNOLOGY AND MEDICINE

ARTICLES

1 [Virtual reality videos used in undergraduate palliative and oncology medical teaching: results of a pilot study.](#) FULL ARTICLE ACCESS

Taubert M, Webber L, Hamilton T, Carr M, Harvey M.

BMJ Support Palliat Care. 2019 Sep;9(3):281-285.

PMID: 30808627

Virtual reality (VR)-immersive environments have demonstrated efficacy in medical teaching. This was reviewed in the context of palliative and oncology medical teaching, with 72 students at Velindre Cancer Hospital's Palliative Care Department using a VR headset to watch a pre-recorded 360°, 27minute presentation on nausea and vomiting in palliative care settings, and a radiotherapy treatment experience from a patient's point of view. Numerical scoring average for ability to concentrate was an average of 8.44 (range 7-10), while that for whether the VR format suited their learning style was 8.31 (range 6-10). 97.2% stated they would recommend VR to a colleague. The study videos were made available on YouTube and found to have been viewed in Africa- further proving the potential value of this teaching format due to its global reach.



TABLE OF CONTENTS

PRACTICE-CHANGING UPDATES		View Summary	View Article
1	Hydration and symptoms in the last days of life. <small>FULL ARTICLE ACCESS</small>		
TECHNOLOGY AND MEDICINE		View Summary	View Article
1	Virtual reality videos used in undergraduate palliative and oncology medical teaching: results of a pilot study. <small>FULL ARTICLE ACCESS</small>		
PALLIATIVE MEDICINE		View Summary	View Article
1	Systematic review of basic oral care for the management of oral mucositis in cancer patients and clinical practice guidelines. <small>FULL ARTICLE ACCESS</small>		
2	Fan Therapy for the Treatment of Dyspnea in Adults: A Systematic Review.		
3	Updates in opioid and nonopioid treatment for chronic breathlessness.		
4	Management of Diabetes Mellitus in Adults at the End of Life: A Review of Recent Literature and Guidelines.		
5	Effect of acupuncture on constipation in patients with advanced cancer.		
6	Hospital end-of-life care in haematological malignancies. <small>FULL ARTICLE ACCESS</small>		
7	Using business/law negotiation techniques in response to a 'difficult' family		
8	Clinicians' Perceptions of Futile or Potentially Inappropriate Care and Associations with Avoidant Behaviors and Burnout.		



PALLIATIVE MEDICINE

ARTICLES

1 [Systematic review of basic oral care for the management of oral mucositis in cancer patients and clinical practice guidelines.](#) FULL ARTICLE ACCESS

Hong CHL, Gueiros LA, Fulton JS, Cheng KKF, Kandwal A, Galiti D, Fall-Dickson JM, Johansen J, Ameringer S et. al

Support Care Cancer. 2019 Oct;**27(10):3949-3967.**

PMID: 31286232

A systematic review conducted by the Multinational Association of Supportive Care in Cancer/ International Society for Oral Oncology (MASCC/ISOO) to update clinical practice guidelines (CPG) on basic oral care (BOC) interventions to prevent and/ or treat oral mucositis (OM). Study findings were assigned an evidence level and added to the database used for the 2013 MASCC/ISOO CPG. Guideline recommendations were based on evidence levels. The updated guidelines include: use of multi-agent combination oral care products is beneficial for OM prevention during chemotherapy, head and neck radiation therapy (H&N RT) and haematopoietic stem cell transplantation (Level 3 evidence). Chlorhexidine should not be used to prevent OM in patients undergoing H&N RT (Level 3 evidence). No guideline was possible for professional oral care, patient education, saline, and sodium bicarbonate.

2 [Fan Therapy for the Treatment of Dyspnea in Adults: A Systematic Review.](#)

Qian Y, Wu Y, Rozman de Moraes A, Yi X, Geng Y, Dibaj S, Liu D, Naberhuis J, Bruera E.

J Pain Symptom Manage. 2019 Sep;**58(3):481-486.**

PMID: 31004769

Use of a handheld or electric fan has been proposed as a part of clinical interventions used to relieve dyspnoea, but consensus on its efficacy is lacking. A systematic review of databases from 1/1/46 to 31/9/18 was performed to determine fan therapy efficacy in dyspnoea management. 10 records met inclusion criteria, with 80% of studies conducted in the hospital setting. 46% of subjects had cancer and the most common non-malignant disease was chronic obstructive pulmonary disease. The most common duration of fan therapy was 5 minutes. 60% of studies showed significant improvement in dyspnoea with fan therapy. The limited evidence available suggests fan therapy may be effective in alleviating dyspnoea.

3 [Updates in opioid and nonopioid treatment for chronic breathlessness.](#)

Abdallah SJ, Jensen D, Lewthwaite H.

Curr Opin Support Palliat Care. 2019 Sep;**13(3):167-173.**

PMID: 31335450

Disease-directed therapies in the treatment of chronic breathlessness in patients with advanced, non-malignant disease are often insufficient, making pharmacological and nonpharmacological, breathlessness-specific interventions for select patients crucial. This review reports some evidence supporting use of low-dose opioids (≤ 30 mg morphine equivalents/ day) for relief of breathlessness in the short term, but more studies are needed to evaluate its efficacy in the long term. Nonopioid therapies such as inspiratory muscle training, fan-to-face therapy, L-menthol and inhaled nebulized furosemide show some promise for relieving breathlessness in advanced disease. There is insufficient evidence to support use of anxiolytics, benzodiazepines or cannabis for chronic breathlessness.



4 [Management of Diabetes Mellitus in Adults at the End of Life: A Review of Recent Literature and Guidelines.](#)

Sharma A, Sikora L, Bush SH.

J Palliat Med. 2019 Sep;22(9):1133-1138.

PMID: 30892135

The risk of developing diabetes mellitus (DM) increases with age. More persons can therefore be expected to have comorbid DM and be prone to unpleasant symptoms associated with poor glycaemic control at the end of life (EOL). This literature review examined evidence-based recommendations on DM management at the EOL. Selected diabetes management articles (DMA) and CPG websites were chosen based on various inclusion and exclusion criteria. The review concludes the absence of high-quality evidence for a more standardised approach to DM management at the EOL, with treatment recommendations being primarily based on expert opinion.

5 [Effect of acupuncture on constipation in patients with advanced cancer.](#)

Wang PM, Hsu CW, Liu CT, Lai TY, Tzeng FL, Huang CF.

Support Care Cancer. 2019 Sep;27(9):3473-3478.

PMID: 30675666

Constipation is a common and distressing symptom for patients with advanced cancer. This non-randomised, pre-post design study investigated the effect of a short-term acupuncture intervention on constipation in patients with advanced cancer- 30 of whom were recruited from a hospice unit, with those in the intervention group receiving an 8min acupuncture treatment daily for 3 consecutive days in addition to routine care. The 3 acupoints used were Zhongwan (CV12), Guanyuan (CV4) and Tianshu (ST25). Significant improvement in constipation symptoms, Bristol stool form scale scores, comfort level during defaecation and colonic motility were noted in patients who received acupuncture intervention, vs control. This suggests the potential of short-term acupuncture in alleviating constipation symptoms in patients with advanced cancer.

6 [Hospital end-of-life care in haematological malignancies.](#) FULL ARTICLE ACCESS

Beaussant Y, Daguindau E, Chauchet A, Rochigneux P, Tournigand C, Aubry R, Morin L.

BMJ Support Palliat Care. 2018 Sep;8(3):314-324.

PMID: 29434048

A nationwide register-based study investigating patterns of care in the last months of life, of all patients ≥ 20 years, hospitalised in France from 2010-2013 and having died from various haematological malignancies. Of 46 629 patients, 24.5% had chemotherapy in the last month of life, 48.5% blood transfusion, 12.3% were under invasive ventilation and 18.1% died in intensive care units. Variations in management between different malignancies was noted- chemotherapy use in the last month of life ranged from 8.6% in patients with chronic myeloid leukaemia to 30.1% in those with non-Hodgkin's lymphoma. Invasive ventilation was used in 10.2% of patients with acute leukaemia but 19.0% of those with Hodgkin's lymphoma. 5.5% of haematology patients died in palliative care units. Integration of a palliative care approach to standard haematologic care, taking into account differences between haematological malignancies rather than a homogenous patient group, is needed.



7 [Using business/law negotiation techniques in response to a 'difficult' family](#)

Lauren T, Randy SH

Prog Palliat Care. 2019;27(1)

PMID: pending

Effective communication between clinicians, patients and families at the end of life is associated with better clinical outcomes. A large body of literature on key skills needed for effective communication is available, but this article specifically describes the benefits of communication skills more commonly used in business or law negotiations. It demonstrates via the analogy of buying a house, how four key business/law negotiation techniques, namely- determining one's reservation and aspiration value, separating people from their positions, separating positions from interests, and logrolling of interests – can be applied to a difficult family meeting in a home hospice patient.

8 [Clinicians' Perceptions of Futile or Potentially Inappropriate Care and Associations with Avoidant Behaviors and Burnout.](#)

Chamberlin P, Lambden J, Kozlov E, Maciejewski R, Lief L, Berlin DA, Pelissier L, Yushuvayev E, Pan CX, Prigerson HG.

J Palliat Med. 2019 Sep;22(9):1039-1045.

PMID: 30874470

Futile or potentially inappropriate care (PIC) for dying inpatients leads to negative outcomes for patients and clinicians. With rising end-of-life health care costs and physician burnout, it is important to understand the causes of futile/ PIC, how it impacts care and relates to burnout. 349 clinicians at 2 academic hospitals in New York City completed an online questionnaire on the frequency at which they observed or provided PIC and whether they later demonstrated compensatory or avoidant behaviours. This was also compared with data from a validated screen to assess burnout. 91.3% of clinicians felt they had or possibly had provided PIC in the last 6 months- the most common reason being at the insistence of the patient's family. Both witnessing and providing PIC were associated with compensatory and more so, avoidant, behaviours- the latter being toward patient, family and colleagues- and all of which were significantly associated with burnout.

SELF-LEARNING MODULES

Check out the Palliative Medicine [Self-Learning Modules](#) on the AMS website!

Unlimited attempts, with 5 CME points awarded on successful completion of each module.

