

# Clinical Guidelines in Palliative Care

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NSCPM module 6 28.04.2017

## Content

- Purpose, Implementation and Grading of Evidence
- General Clinical Guidelines for PC
- Specific Clinical Guidelines/Recommendations/White paper within PC

## Aim

- The development and implementation of evidence-based clinical practice guidelines **is one of the promising and effective tool for improving the quality of care**

## Successes and failure in the implementation of e-b guidelines in clinical practice

- **Rigoures procedure in design and preparation**
  - “Owned and operated” by the profession itself
  - Evidenced-based recommendations ranked
- **Built into normal channels and structures for improving care**
- **Spread via variety of strategies**
  - Scientific journal, support materials, local consensus discussions, contact with colleagues, outreach visits by peers
- **Specific strategies to handle possible obstacles to implementation**
  - “Diagnostic analysis” of the target group and setting

- Groi, R. Medical care **2001** 39(8):II-46-II-56

# Grading of evidence-based informations

- Recommendations Assessment, Development and Evaluation (GRADE) system<sup>2</sup>

- 28. Guyatt GH, Oxman AD, Vist GE, Kunz R, Falck-Ytter Y, Alonso-Coello P, et al. GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. *BMJ* 2008; 336(7650): 924-6.
- 29. Guyatt GH, Oxman AD, Kunz R, Vist GE, Falck-Ytter Y, Schunemann HJ, et al. What is "quality of evidence" and why is it important to clinicians? *BMJ* 2008; 336(7651): 995-8.
- 30. Guyatt GH, Oxman AD, Kunz R, Falck-Ytter Y, Vist GE, Liberati A, et al. Going from evidence to recommendations. *BMJ* 2008; 336(7652): 1049-51.

- Oxford Centre for Evidence Based Medicine Levels of Evedence

- A RCTs
- B1 single-drug dose prospective studies.....
- D cohort, case series, retrospective, single-pat report

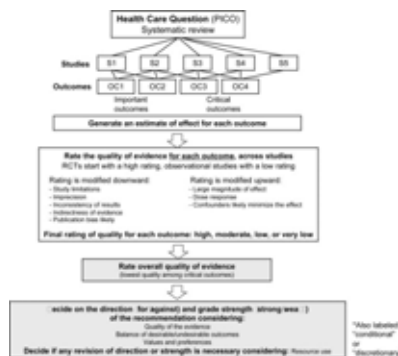


Fig. 1 Schematic view of GRADE's process for developing recommendations. *Abbreviation* : RCT, randomized controlled trials.

Gordon Guyatt , Andrew D. Oxman , Elie A. Akl , Regina Kunz , Gunn Vist , Jan Brozek , Susan Norris , Yngve Falc...

**GRADE guidelines: 1. Introduction—GRADE evidence profiles and summary of findings tables**

*Journal of Clinical Epidemiology*, Volume 64, Issue 4, 2011, 383 - 394

<http://dx.doi.org/10.1016/j.jclinepi.2010.04.026>

## General Clinical Guidelines for PC

NCP

NCCN

ICSI

Ottawa

Scottish

Nordic guidelines

## National Consensus Project

for quality palliative care 2004/2009/2013

- <http://www.nationalconsensusproject.org>



- Foreword - Definitions of philosophy, patients, etc
- Clinical Guidelines
  - Structure and process of care, physical, psychological, psychiatric, spiritual, religious, existential, social, cultural aspects of care, care of imminently dying patients, ethical and legal aspects
- Conclusion
- *Broad definition of PC, principles rather than treatment recommendations*

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

# Palliative Care

Version 1.2017 — March 15, 2017

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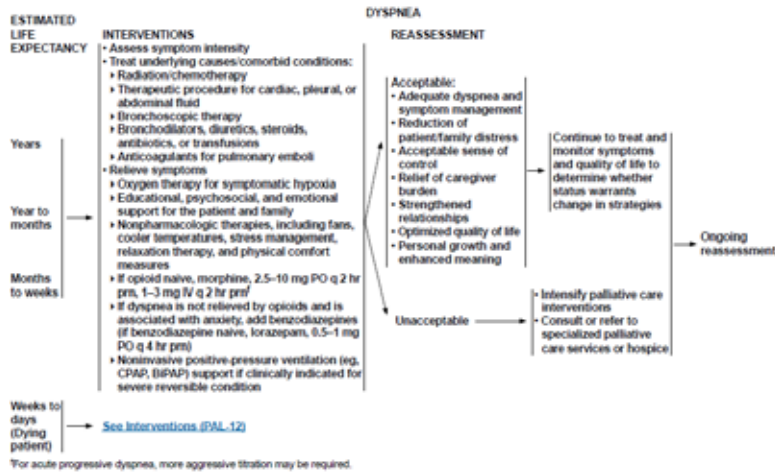
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**Clinical Trials:** NCCN believes that the best management for any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged. To find clinical trials online at NCCN Member Institutions, [click here: nccn.org/clinical\\_trials/physician.html](#).  
**NCCN Categories of Evidence and Consensus:** All recommendations are category 2A unless otherwise specified. See [NCCN Categories of Evidence and Consensus](#).

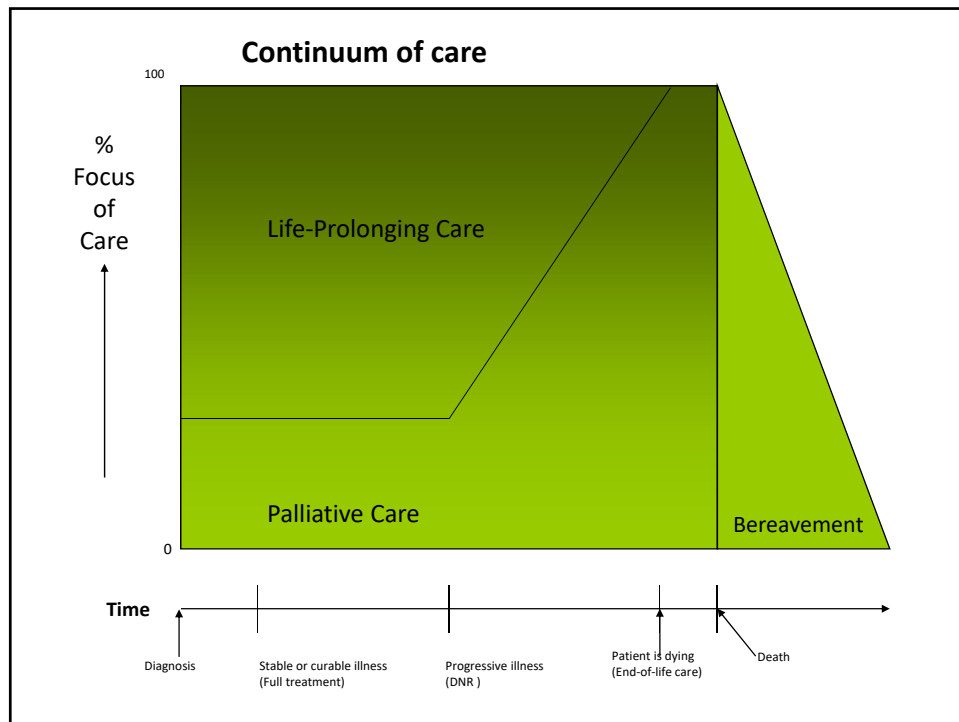
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# Algorithm



- Institute for Clinical Systems Improvement Minnesota, USA, 3rd edition/2009/2012/2013
- This guideline will assist primary and specialty care providers in identifying and caring for adult patients with a serious (potentially life-limiting, life-threatening or chronic, progressive) illness who may benefit from palliative care.



# Physical Aspects and Care

## 4. Physical Aspects of Care

### Recommendation:

- The physical aspects of the patient's serious illness should be an integral component of the palliative care plan (*Low Quality Evidence, Strong Recommendation*).

The control of physical symptoms is an important part of the palliative care plan. Common symptoms include, but are not limited to, pain, anorexia and cachexia, constipation, delirium, diarrhea, dyspnea and secretion, fatigue, agitation, nausea and vomiting, cough, fever, gastroesophageal reflux disease, hiccups, ascites and pleural effusions, skin and wound care, pruritus, sleep disturbances and insomnia, urinary incontinence and urinary retention.

[The work group recognizes that there is not a single order set that covers all patient situations. Multiple sources are available to assist in symptom management. Some possible resources include but are not limited to:

The Institute for Palliative Medicine: <http://www.palliativemed.org>

[http://www.stoppain.org/palliative\\_care/content/symptom/pain.asp](http://www.stoppain.org/palliative_care/content/symptom/pain.asp)

Fast Facts: <http://www.EPERC.mcu.edu/EPERC/FastFactsandConcepts>

## Other PC guidelines

- **Ontario, Canada**
- <https://www.cancercare.on.ca/ocs/clinicalprogs/pallcareprog/>



- **Scottish**
- <http://www.palliativecarescotland.org.uk/news/news/new-guidelines-on-palliative-care-in-scotland-published/>





2003



ANNUAL REPORT 2015-16

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<http://www.g-i-n.net/>

Our mission is to lead,  
strengthen and support  
collaboration in guideline  
development, adaptation  
and implementation.

#### **International Guideline Library**

The International Guideline Library contains  
more than 6,000 guidelines, evidence reports  
and related documents at November 2016,  
which have mainly been developed or  
endorsed by organisational members of G-I-N.

Email alerts are sent to our  
members to highlight new  
guidelines, relevant literature  
and Cochrane reviews which  
have been added to the library.

## Nordic countries Palliative Care Guidelines

Nationellt vårdprogram för  
palliativ vård 2012–2014



Norsk forening for  
palliativ medisin  
DEN NORSKE LEGEFORENING

**DMCG-PAL**

Dansk Multidisciplinær Cancer Gruppe for Palliativ Indsats



Käypä hoito



**LANDSPÍTALI**

Klínískar leiðbeiningar um  
líknaðmeðferð

## Vårdprogram

### Inledning

Mål med vårdprogrammet - den palliativa  
vårdens värdegrund  
Begrepp och termer i palliativ vård  
Dialog med de svårt sjuka oc de närstående  
Närstående  
Behovet av palliativ vård – epidemiologi  
Den palliativa vårdens organisation  
Att arbeta strukturerat med palliativ vård  
Kvalitetsindikatorer  
Kvalitetsregister  
Omvårdnad i livets slutskede  
Döende ur olika sjukdomsperspektiv  
Andnöd och rosslingar  
Akuta förvirringstillstånd – delirium  
Ängest  
När döden är nära  
Illamående och kräkningar  
Farmakologisk smärtlindring i livets slutskede


## 12.1 Kvalitetsindikatorer inom palliativ vård

Socialstyrelsen har i det nationella kunskapsstödet för  
god palliativ vård 2013 (5) pekat på följande  
kvalitetsindikatorer för palliativ vård:

Täckningsgrad för Svenska palliativregistret  
Två eller fler inskrivningar i slutenvård de sista 30  
dagarna i livet  
Förekomst av trycksår (grad 2–4)  
Dokumenterad individuell vidbehovsordination av  
ångestdämpande läkemedel  
Dokumenterad individuell vidbehovsordination av  
opioid  
Dokumenterad munhälsobedömning  
Samtal om vårdens innehåll och riktning  
(brytpunktssamtal)  
Smärtanalys och regelbunden skattning av  
smärtintensitet  
Regelbunden användning av  
symtomskattningsinstrument


## PC guidelines in Nordic countries

- Sweden 2010/2012-14/2016
  - Nationellt vårdprogram för palliativ vård
  - <http://www.cancercentrum.se/syd/vara-uppdrag/rehabilitering-och-palliativ-var/palliativ-var/vardprogram/>
- Danmark 1999/2014
  - Kliniske Retningslinjer 2014
  - [www.dmcgpal.dk](http://www.dmcgpal.dk)
- Norway 2006, updated 2015
  - Nasjonalt handlingsprogram med retningslinjer for palliasjon i kreftomsorgen, 04/2010
  - [www.legeforeningen.no/spesial/Norsk-forening-for-palliativ-medisin/Veiledere/nasjonalt-handlingsprogram-for-palliasjon/](http://www.legeforeningen.no/spesial/Norsk-forening-for-palliativ-medisin/Veiledere/nasjonalt-handlingsprogram-for-palliasjon/)
- Finland 2008, updated 2012
  - <http://www.kaypahoito.fi/web/kh/etusivu>
- Iceland 2009, updated 2017
  - [www.landspitali.is/lisalib/getfile.aspx?temid=23471](http://www.landspitali.is/lisalib/getfile.aspx?temid=23471)




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Hospital of Iceland

2013




FM = Full treatment  
FME = DNR order and other possible treatment restrictions  
LLM = End-of-life care  
Recommending LCP when dying



[ICSI Palliative Care Guidelines translated and adapted into Icelandic 2009](#)

Pat's electronic medical notes



Patients at PC-Unit have FME or LLM

## EAPC Specific Clinical Guidelines/Recommendation/White paper

- EAPC Recommendation on Sedation 2009
- EAPC White Paper on Standards and Norms 2009
- EAPC Opioid Guidelines 2012
- EAPC White Paper on Dementia
- EAPC Pragmatic report on depression in PC
- EAPC on cachexia in advanced cancer patients
- EAPC White Paper on outcome measurement in palliative care: Improving practice, attaining outcomes and delivering quality services
- EAPC Advanced Care Planning 2016
- EAPC Taskforce on Spiritual Care in Palliative Care :Research Priorities in Spiritual Care: An International Survey of Palliative Care Researchers and Clinicians
- EAPC on euthanasia and physician-assisted suicide 2016

## Morphine and alternative opioids in cancer pain: the EAPC recommendations

BJC 2001; 84(5), 587–593

Hanks GW, et al

[www.eapcnet.org](http://www.eapcnet.org)

publication

## EAPC's publications on cancer pain

[www.eapcnet.eu](http://www.eapcnet.eu)

- Morphine and alternative opioids in cancer pain: the EAPC recommendations
- Strategies to Manage the Adverse Effects of Oral Morphine: An Evidence-Based Report
- Pain Measurement Tools and Methods. Recommendations of an Expert Working Group of the EAPC
- Breakthrough pain – state of the art and the need for structured research. Episodic (breakthrough) pain, Consensus conference of an expert working group of the EAPC
- Low-dose methadone has an analgesic effect in neuropathic pain: a double-blind randomized controlled crossover trial
- Gabapentin in the treatment of neuropathic pain
- Breakthrough pain characteristics and syndromes in patients with cancer pain. An international survey.
- The pathophysiology of cancer induced bone pain: current understanding

Lancet Oncology 2012; 13:e58-68: Caraceni A, Hanks G, Kaasa S et al.  
Use of opioid analgesics in the treatment of cancer pain: evidence-based  
recommendations from the EAPC.



## EVIDENCE-BASED GUIDELINES FOR THE TREATMENT OF CANCER PAIN

EUROPEAN CLINICAL GUIDELINES

## EAPC guideline on cancer pain treatment

### Search strategy and selection criteria

We did a systematic search for English language randomised and non-randomised trials and meta-analyses that involved human adults with chronic cancer pain and contained data on efficacy, side-effects, or both, of the treatment considered and described relevant outcomes associated with each topic. We electronically searched Medline, Embase, and the Cochrane Central Register of Controlled Trials from the inception of each database to July 31, 2009. The search terms were text words and MeSH/EMTREE terms specifically relevant to each outcome. We also manually searched the references list of identified papers. See appendix for further search details.

	Relative analgesic ratio	Strength of the recommendation for use
Oral morphine to oral oxycodone	3.3-5	Strong
Oral oxycodone to oral hydromorphone	1-4	Strong
Oral morphine to oral hydromorphone	3-5	Weak
Oral morphine to TD buprenorphine*	75-1	Weak
Oral morphine to TD fentanyl†	300-1	Strong

TD=transdermal. \*Example: 60 mg oral morphine to 25 µg/h TD buprenorphine (equivalent to 0-8 mg per 24 h). †Example: 60 mg oral morphine to 25 µg/h TD fentanyl (equivalent to 0-6 mg per 24 h).

Table 2: Relative analgesic ratios for opioid switching

### WHO step II opioids

### WHO step III opioids of first choice

### Opioid titration

### The role of methadone

### The role of transdermal opioids

### Opioid switching

### Relative opioid analgesic potencies

### Alternative systemic routes of opioid administration

### Opioids for breakthrough pain

### Treatment of opioid-related emesis

### Treatment of opioid-related constipation

### Treatment of opioid-related CNS symptoms

### Use of opioids in patients with renal failure

### Role of paracetamol and NSAIDs in addition to step III opioids

### Role of adjuvant drugs for neuropathic pain (antidepressants and anticonvulsants)

### Spinal route of opioid administration

## Examples from EAPC Guidelines on Cancer Pain

- **RECOMMENDATION15:** Both paracetamol and NSAIDs added to opioids improve analgesia and reduce opioid consumption. Paracetamol should be considered as first choice drug in combination with WHO Step II or WHO Step III opioids.
- **QUALITY OF EVIDENCE High**
  - Consistent evidence from RCTs and one meta-analysis
- **STRENGTH OF RECOMMENDATION STRONG POSITIVE**
  - High quality evidence; consistent with clinical opinion
  - Evidence: Cochrane review Till 2003 , Stockler 2004, Duarte Souza 2007 + Nabal et al 2011

## The role of paracetamol and NSAIDs in addition to WHO step III opioids in the control of pain in advanced cancer. A systematic review of the literature. Nabal et al Pall Med 2011

- MEDLINE and EMBASE 2002-2010
- Cochrane Central Register of Controlled Trials databses
- Records 803, included 12 studies (RTC + 1 meta-analysis)
- The evidence from the available clinical trials is of limited amount and quality, but it weakly supports the proposal that the addition of an NSAIDs to WHO **Step III** opioids can improve analgesia or reduce opioid dose requirement. There is insufficient evidence to support the use of paracetamol in combination with Sep III opioids.

## White paper on palliative care in dementia – recommendations from the EAPC

*Palliative Medicine*  
2014, Vol. 28(3) 197–209

or

[www.eapcnet.eu](http://www.eapcnet.eu)

## White paper on palliative care in dementia

- Palliative Medicine and the EAPC have published the white paper which:
- **defines palliative care in dementia** in 11 domains, some of which are unique to dementia as a separate domain (for example, applicability of palliative care and prognostication)
- **defines optimal palliative care** grouped by domain, in a set of 57 **recommendations** for practice, policy, and research
- **supports each recommendation with explanatory text** based on evidence from
  - the literature – **265 references back up the explanations** – and
  - consensus through a Delphi study with experts from across the globe
- Further, the white paper:
- Provides a model of dementia **progression** and suggested **prioritising** of care goals
- Provides a **research agenda** with:
  - decision making and treating symptoms prioritised by the experts
  - recommendation of comparative research across Europe's rich variety of care models, with particular attention to home care and hospital settings
  - recommendation of further research into how to give shape to palliative care in dementia across dementia stages

## EAPC recommended framework for the use of sedation in palliative care

Palliative Medicine 2009; 23(7): 581–593  
Cherny N, Radbruch L, + The Board of the EAPC

Sedation is used in palliative care in several settings:

- (1) transient sedation for noxious procedures;
- (2) sedation as part of burn care;
- (3) sedation used in end of life weaning from ventilator support;
- (4) sedation in the management of refractory symptoms at the end of life;
- (5) emergency sedation;
- (6) respite sedation;
- (7) sedation for psychological or existential suffering.

## Euthanasia and physician-assisted suicide: A white paper from the European Association for Palliative Care

*Palliative Medicine* 2016, Vol. 30(2) 104–116

Lukas Radbruch, Carlo Leget, Patrick Bahr, Christof Müller-Busch, John Ellershaw, Franco de Conno and Paul Vanden Berghe; on behalf of the board members of the EAPC

EAPC does respect individual choices for euthanasia and PAS but stresses the importance of refocusing attention onto the responsibility of all societies to provide care for their older, dying and vulnerable citizens. A major component in achieving this is the establishment of palliative care within the mainstream healthcare systems of all European countries supported by appropriate finance, education and research.

*The EAPC position paper states that euthanasia is not a part of palliative care. Certainly, even the best palliative care model or service cannot prevent patients sometimes asking for hastened death. However, there is a fundamental difference in the approach to these patients between euthanasia and palliative care.*



## Clinical-practice recommendations for the management of bowel obstruction in patients with end-stage cancer

Support Care Cancer 2001; 9:223-233  
Ripaponti C, et al  
[www.eapcnet.org](http://www.eapcnet.org)  
publication

Somatostatin analogues compared with placebo and other pharmacologic agents in the management of symptoms of inoperable malignant bowel obstruction: A Systematic Review

Obita GP, et al. Journal of Pain and symptom management 2016;52(6): 901-919

Octreotide for malignant bowel obstruction: Twenty years after.  
Mercadante S et al. 2012. Critical reviews in Oncology/hematology 83

Pharmacological treatment of malignant bowel obstruction in severely ill and dying patients (English version)  
Klein, C et al. 2012. Der Schmerz 5.



- **Clinical practice guidelines on cancer cachexia in advanced cancer patients with a focus on refractory cachexia**

EUROPEAN CLINICAL GUIDELINES

[www.eapcnet.org](http://www.eapcnet.org)

## The management of constipation in palliative care: clinical practice recommendations

<http://pmj.sagepub.com/cgi/content/abstract/22/7/796>

Palliative Medicine 2008; 22(7): 796–807

Larkin PJ, et al

### Klinisk retningslinje om farmakologisk behandling af obstipation hos voksne kræftpatienter i palliativ fase

27.02.2017

<http://www.dmcgpal.dk/files/kliniske-retningslinjer/kliniskeretningslinjerobstipation.pdf>

UpToDate®

palliative care adult



Search Results for "palliative care adult"

All Adult Pediatric Patient Graphics

#### Overview of comprehensive patient assessment in palliative care

... life-threatening illness, and their families. Palliative care aims to relieve suffering in all stages of disease and does not have to be limited to end of life care. Palliative care may be provided along with curative ...

[Identifying patients who need a palliative care assessment](#)

[Gaps in general medical assessment in palliative care patients](#)

[Summary](#)

[Healthcare delivery modes \(Algorithms\)](#)

#### Palliative care: The last hours and days of life

... Swedish interview study with 66 adult palliative care patients, a "good death" was associated with living with the prospect of imminent death, preparing for death, and dying comfortably (ie, quickly and with ...

[Honoring preferences for end of life care](#)

[Management of specific symptoms](#)

[Summary and recommendations](#)

#### Palliative care and hospice outside of the United States

... provide palliative care. Charitable hospices for adults in England receive approximately 30 percent of their funds from the government or the National Health Service. In Singapore, palliative care was originally ...

[Perceptions of end of life](#)

[History](#)

[Summary](#)

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Search Search Manager Medical Terms (MeSH) Browse

+ Title, Abstract, Keywords palliative care [Go](#) [Save](#)

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All Results (2771) [Cochrane Database of Systematic Reviews : Issue 4 of 12, April 2017](#)

☒ Cochrane Reviews (81) Issue [updated daily](#) throughout month

☐ All There are 81 results from 9803 records for your search on 'palliative care' in Title, Abstract, Keywords in Cochrane Reviews

☐ Review

☐ Protocol

Pages 1 - 25 | 26 - 50 | 51 - 75 | 76 - 81 Sort by [Relevance: high to low](#)

☐ Other Reviews (172)

☐ Trials (2316)

☐ Methods Studies (50)

☐ Technology Assessments (57)

☐ Economic Evaluations (84)

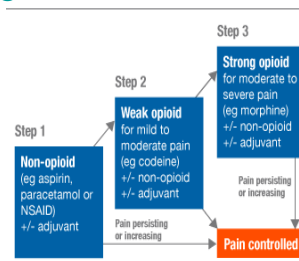
☐ Cochrane Groups (1)

☐ **Palliative care** interventions in advanced dementia  
Edel Murphy, Katherine Froggatt, Sheelah Connolly, Eamon O'Shea, Elizabeth L Sampson, Dymna Casey and Declan Devane  
Online Publication Date: December 2016 [Review](#)

## Other types of clinical guidelines

- <http://www.palliativedrugs.org>

- WHO's analgesic ladder



- “Liverpool Care Pathway”
- or The Best Care of the dying person

www.palliativedrugs.com

[Topic](#) Constipation

Content **Constipation**

For further information please enter the formulary and select the term "Constipation" from the symptom menu of the website search facility.

Documents (click 'Title' to view)

Title	Organisation	Donated by	Year added	Notes
<a href="#">Constipation patient leaflet</a>	Roscommon Hospital, Ireland	Geraldine Keane Campbell	2012	page 1 of 2
<a href="#">Constipation patient leaflet</a>	Roscommon Hospital, Ireland	Geraldine Keane Campbell	2012	page 2 of 2
<a href="#">Bowel protocol worksheet</a>	British Columbia Cancer Agency, Canada	Dr Pippa Hawley	2012	1 page
<a href="#">Routine bowel care order form</a>	Capital Health Integrated Palliative Care Service, Canada	Dr Paul McIntyre	2011	1 page
<a href="#">Patient information leaflet on constipation</a>	Mater Health Services, Australia	Karen Willcocks	2010	2 pages
<a href="#">Constipation management flow chart</a>	Rowans Hospice, Portsmouth, UK	Dr Katie Jerram	2009	1 page
<a href="#">Constipation guidelines</a>	St. Richard's Hospice, Worcester, UK	Dr Jane Grundy and Dr Emma Husbands	2009	17 pages
<a href="#">Methylnaltrexone for refractory opioid induced-constipation</a>	Duchess of Kent House, Reading, UK	Dr Paul Howard	2008	3 pages
<a href="#">Management of constipation in palliative care</a>	Lothian Palliative Care Guidelines Group, Edinburgh, UK	Dr Kirsty Boyd	2003	3 pages

## Guidelines for a palliative approach in residential aged care

Australia, 2004/2006

<http://www.agedcare.pallcare.org.au>

*Principles rather than treatment  
recommendations*

## Summary

- **Development of guidelines are a comprehensive work** – not one man's work
- Guidelines should be used to inform clinicians of the **quality of the underlying evidence** and whether recommendations are strong or weak
- **Implementation are important**
- **Many PC clinical guidelines are accessible on the web – use them!**