HEPMP HIGHER EDUCATION OF PAIN MEDICINE IN WESTERN

BALCAN COUNTRIES SEPTEMBER 13-17, 2018

UNIVERSITY OF FLORENCE, DEPARTMENT OF HEALTH SCIENCES

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Man F.L. 47 years old

1990: limphoma non Hodgkin disease treated with chemotherapy, radiotherapy and splenectomy

June 2014

pain in left emithorax - « Axial Computerized Tomography: neoformation of the left lung, in contact with mediastinum, pleural effusion - « fine niddle biopsy: adenocarcinoma

August 2014 diagnostic videothoracoscopy: mucinous adenocarcinoma with pleural effusion, treated with pleural talc and chemotherapy (Cisplatin Pemetrexed)

September 2015 persistent cough

November 2015 fiberoptic bronchoscopy: intraluminal vegetation with full obstruction of left higher bronchus, treated with bronchial disobstruption and systemic therapy (Nivolumab)

April 2016 Progression disease - endobronchial disobstruction

June 2016 Progression disease - © endobronchial disobstruction

August 2016: severe dyspnea - © endobronchial stent

October 2016. TC total body: progression desease on left lung with pulmonary atelectasis and complete obstruction of left upper lobar bronchus -

disobstruction

Decembre 2016: high fever - 6 hospitalization

- October 2016 Outpatient visit in palliative setting for severe pain not controlled by fentanyl, oxycodone, paracetamol and steroids
- © opioid rotation in intravenous morphine

January 2017: TC total body: Progression disease, bronchial obstruction, pleural nodularity with involvement of mediastinum, pericardium and anterior thoracic wall

rapid increase of intravenous morphine and adjuvant drugs

February 2017: hospice recovery for advanced disease, short life expectancy, worse performance status, physical distress, familiar and patient distress.

Communication about prognosis, goals of care, patient's value, preference to treatment....

The patient died on March 2018

Despite information about advanced disease and the end of treatments intended to cure the disease and prolonging life, his mother had expectations about intensive care and cardiopulmonary rehabilitation in the last 30 days of patient's life.....

CONCLUSIONS

AND OF LIFE discussion characteristic, as timing, involved parents and location, family's diagnostic and prognostic awareness, are associated with less aggressive care, palliation of symptoms and support for families.

CONCLUSIONS

Providing psycosocial and spiritual support to patients and their family members is a key component of palliative care

CONCLUSION

Recent studies reported better emotional support among surviving family members of Hospice patients...

Mack JW, J Clin Oncol .2012 Kao CY, J Pain Sumptom Manage , 2014 Stain RA, J Clin Oncol. 2013 Smith TJ, J Palliat. Med .1998 Teno J.M, JAMA 2004