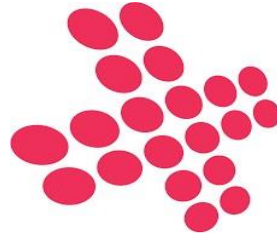


KANCERSKI BOL

Optimalni menadžment bola

Prof. dr sci. med. Darko Golić

**UKC REPUBLIKE SRPSKE
KLINIKA ZA ANESTEZIJU, INTENZIVNO LIJEČENJE I TERAPIJU BOLA**



Hronična bol/20.09.2019.

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“ BOL je neprijatno senzorno ili emocionalno iskustvo udruženo sa aktuelnim ili potencijalnim tkivnim oštećenjem, ili opisano terminima takvog oštećenja.“

BOL je neizostavan simptom kod pacijenata oboljelih od kancera stoga je adekvatna procjena i upravljanje bolom od presudnog značaja za poboljšanje kvaliteta života i ishoda ove bolesti.

Menadžment sigurnog i efikasnog upravljanja kancerskim bolom

- Razumjevanje *važnosti kontrole bola*
- *Prevazilaženje barijera* za adekvatno upravljanje bolom
- *Pravljenje strategije za procjenu* i upravljanje bola povezanog sa kancerom
- Upravljanje bolom kod pacijenata koji su u *riziku od zloupotrebe suspstanci*
- Upravljanje *bolom kod pacijenata preživjelih od kancera*

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Prevalenca bola kod oboljelih od kancera

- 64% pacijenata sa uznapređovalim ili metastatskim kancerom
- 59% pacijenata koji trenutno primaju lijek protiv kancera
- 1/3 pacijenata ima bol i nakon završenog kurativnog liječenja



RAZVITI ADEKVATNE STRATEGIJE ZA KONTROLU KANCERSKOG BOLA

BARIJERE ZA ADEKVATAN MENADŽMENT BOLA

- DRUŠTVENI STAV PREMA UPRAVLJANJU BOLOM
- SISTEMSKE I REGULATORNE BARIJERE
- KLINIČKE BARIJERE
- BARIJERE KOD PACIJENATA
- RASNE I SOCIO-EKONOMSKE RAZLIKE

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SMJERNICE ZA PROCJENU BOLA

https://www.nccn.org/professionals/physician_gls/pdf/pain.pdf

- PROCJENA LOKACIJE, INTENZITETA I SENZORNOG KVALITETA BOLA
- PROCJENA ETIOLOGIJE I PATOFIZIOLOGIJE BOLA
- IDENTIFOVANJE ONOGA STO PACIJENT OČEKUJE KAO CILJNI BOLNI REZULTAT ILI FUNKCIONALNI ISHOD

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Evaluacija parametara:

- procjena značaja bola
- procjena bola kod kognitivno očuvanog pacijenta (NRS)
- Procjena bola kod kognitivno neočuvanog pacijenta (agitacija, gimasiranje, konfuzija, iritabilnost, nemir)
- karakteristike bola
- odgovor na trenutni režim analgezije
- vođenje dnevnika bola



PRIMJENITI MULTIMODALNI PLAN UPRAVLJANJA

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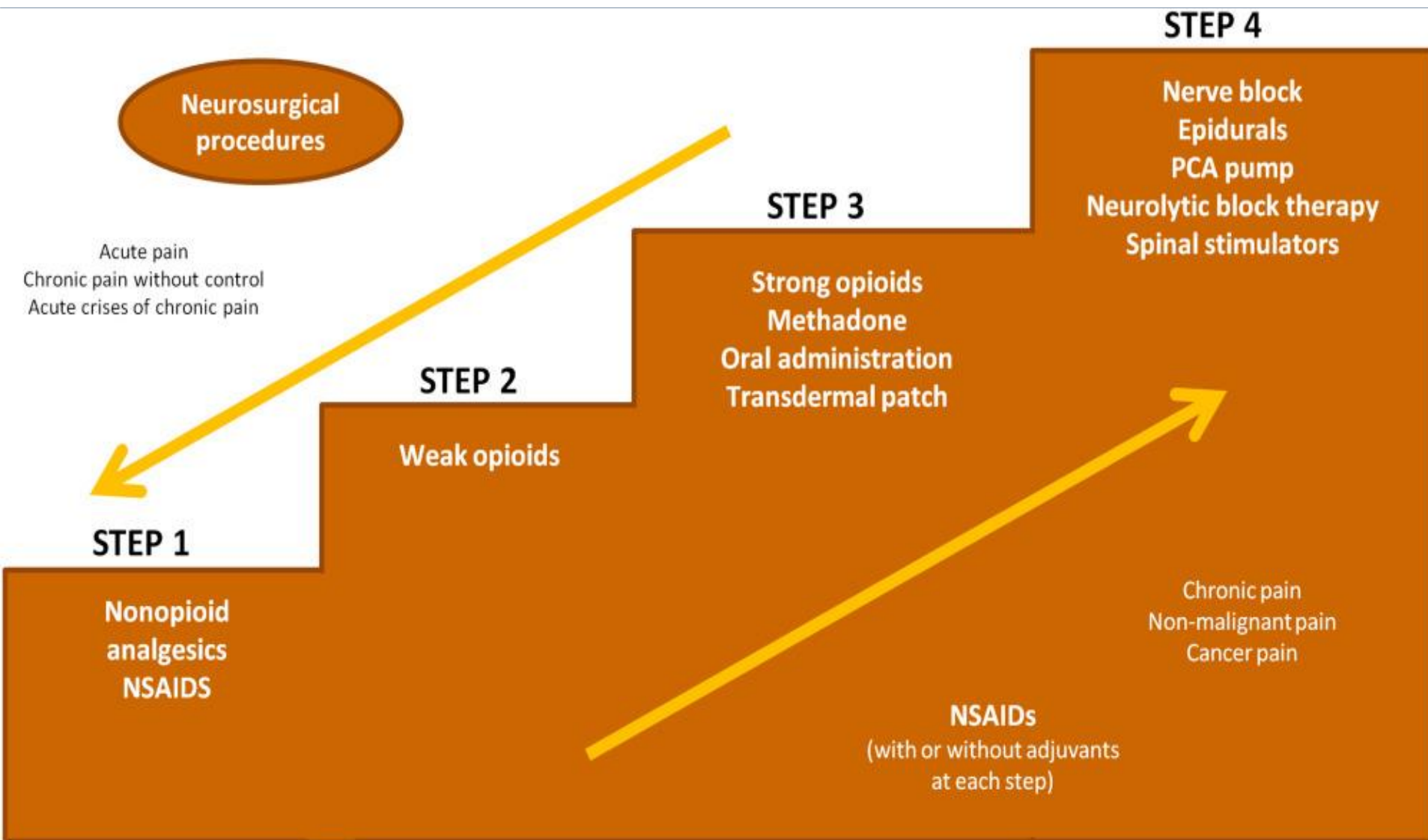
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OKVIR ZA MENADŽMENT BOLA

Ljestvice SZO:

1. Upotreba analgetika bez recepta
2. Upotreba slabih opioda
3. Upotreba jačih opioda
4. Nefarmakološke opcije liječenja

.....dodatni analgetici, integrativne terapije i intervencije



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NE-OPIOIDNI LIJEKOVI I MJERE LIJEČENJA

- **ACETAMINOPHEN/PARACETAMOL**

- **NSAIL**

- **ADJUVANTNI LIJEKOVI:**

antidepresivi:

- Duloxetine
- Venlafaxine
- Triciklični antidepresivi

antikonvulzivni lijekovi:

- Gabapentin
- Pregabalin

- **RADIOTERAPIJA**

- **NEUROAKSIJALNE INTERVENCIJE:**

epiduralna/intratekalna administracija lijekova
blokade nerava

- **INTEGRATIVNE TERAPIJSKE PROCEDURE**
akupunktura
psihološke mjere podrške (pažljivost, savjesnost)
- **CANNABIS ILI MEDICINKSA MARIHUANA**



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OPIOIDI

- Sigurna i efikasna upotreba opioida u terapiji bola zahtjeva:
 - poznavanje farmakologije opioida
 - titriranje opioida sa trenutnim oslobađanjem
 - titriranje dugodjelujućih opioida
 - predviđanje i liječenje neželjenih efekata opioidne terapije

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Farmakologija opioida

- Opioidni receptori: μ , κ , δ
- Genetske varijacije receptora → promjenljiv odgovor na opioide
- Transmukozni Fentanyl –neposredno oslobađanje
- Oralni opioid sa trenutnim oslobađanjem- 60 do 90 min (4h)

„Naučiti pacijente da strateški koriste lijekove protiv bolova onda kada je to najpotrebnije „

Izbor opioida

Kod pacijenta čiji bol nije adekvatno kontrolisa ne-opioidnom th:

1. koristiti opioide iz koraka 2 (kodein)
2. započeti sa opioidima iz koraka 3 (morfin, hidromorfin, oksikodon)

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POČETNA DOZA OPIOIDA

- UZETI U OBZIR
 - pacijentovo prethodno izlaganje opioidima
 - trenutni lijekovi koje pacijent uzima (pojačavanje efekta)
- IZBOR OPIOIDA
 1. MORFIN : 5 mg/4h
 2. OKSIKODON : 2,5 -5,0 mg/4h
- OD IZUZETNOG ZNAČAJA PROCJENA DOZE NAKON 24h:
 - pravilna titracija doze ključna za terapijski efekat !

DODATAK OPIOIDA SA PRODUŽENIM OSLOBAĐANJEM

- Razmotriti:
 - kod svakog pacijenta koji ima neadekvatnu kontrolu bola
 - ako je potrebno 6 ili više doza dnevno

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UPOTREBA OPIOIDA KOD DISFUNKCIJE KRAJNJIH ORGANA

- aktivni metaboliti Morfina i Kodeina se izlučuju renalno (kontraindikovani kod pacijenata sa bubrežnom insuficijencijom)
- Hidromorfin prva zamjena (↓doze i duži interval...6-8h)
- Metadon nema aktivnih metabolita (eliminacija putem fecesa) lijek izbora kod pacijenata za bubrežnom insuficijencijom

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NEŽELJENI EFEKTI OPIOIDA

OČEKIVANE :

- mučnina/povraćanje 40%
- zatvor (tokom 7 dana)
- sedacija (prvih dana)

NEOČEKIVANE:

- respiratorna depresija
- neuroekscitacija
- uznemirenost ili delirij

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ROTACIJA OPIOIDA

- Neadekvatan pristup opioidima
- Loša kontrola bola uprkos povećanju doze
- Nesigurna interakcija medikamenata i lijekova
- Potreba za promjenom puta primjene
- Promjena u funkciji krajnjih organa

PRILIKOM ROTACIJE IZRAČUNATI EKVIVALENTNU DOZU,
ZATIM SMANJITI DOZU ZA 25-50%

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RIZIK OD ZLOUPOTREBE UZIMANJA OPIOIDA

- Lična istorija zloupotrebe supstanci (alkohol, nedozvoljeni lijekovi)
- Porodična istorija zloupotrebe supstanci
- Lična istorija psihijatrijskih bolesti (anksioznost, depresija, poremećaj hiperaktivnosti, deficit pažnje)
- Lična istorija preadolescentnog seksualnog zlostavljanja

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Upotreba opioida kod preživjelih od kancera

- Pažljivo odmjeriti korist i rizik (*cost benefit*)
- Odabrati pacijente koji nisu reagovali na konzervativnije mjere liječenja
- Jasno shvatiti razliku između: tolerancije na opioide, fizičke zavisnosti, zloupotrebe i zavisnosti .

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ZAKLJUČAK

- Uprkos višestrukim efikasnim i bezbjednim opcijama bol je i dalje prisutan
- Unaprijediti znanja iz kontrole bola
- Odagnati mitove i zablude
- Bol procijenti prilikom svake posjete
- Kliničar i pacijent zajedno učestvuju u pravljenju plana
- Multimodalni pristup liječenju

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HVALA NA PAŽNJI

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