

Symptom control and palliative care

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The distinction between palliative and curative treatment is not always clear-cut and will become increasingly blurred as professional and public attitudes towards the management of cancer change. Twenty years ago cancer was perceived as a disease that was either cured or it was not; patients either lived or died. There was little appreciation that, for many patients, cancer might be a chronic disease. Nowadays, it is appreciated that many patients will have multiple different treatment options during their cancer journey. Five-year survival is not necessarily tantamount to cure. With the development of targeted therapies that regulate, rather than eradicate, cancer this state of affairs is likely to continue. The aim of treatment will be growth control rather than the extirpation of every last cancer cell. Patients will live with their cancers, perhaps for years. They will die with cancer, but not necessarily of cancer. Patients fear the symptoms, distress and disruption associated with cancer almost as much as they fear the disease itself. Palliative treatment has as its goal the relief of symptoms. Sometimes this will involve treating the underlying problem, as with palliative radiotherapy for bone metastases; sometimes it will not. Sometimes it may be inappropriate to treat the cancer itself, but that does not imply that there is nothing more to be done – it simply means that there may be better ways to assuage the distress and discomfort caused by the tumour. Palliative medicine in the twenty-first century is about far more than optimal control of pain: its scope is wide and its impact immense (Table 12.7). The most important factor in the successful palliative management of a patient with cancer is early referral. Transition between curative and palliative modes of management should be seamless. Common problems that may be effectively palliated include:

- /uni25CF Cerebral metastases : stereotactic radiosurgery for small lesions is highly effective, although limited to patients who are likely to survive long enough to benefit.
- /uni25CF Effusions : pleural and ascitic drains may control these chronic problems. In the case of pleural effusion pleurodesis may prevent reaccumulation.
- /uni25CF Thrombosis : increased coagulability and pressure on blood vessels make this a common problem in oncology.
- /uni25CF Hypercalcaemia : bisphosphonates may control the patient's calcium level and regular infusions will be necessary when the underlying tumour process is not controlled by other means.
- - - /uni25CF Fatigue : this is often a difficult symptom, which is partly due to the tumour and partly due to its treatment. Encouraging aerobic exercise, even at a low level, can improve fatigue and also stimulate appetite.
- /uni25CF Weight loss : patients often lose their appetite and consequently lose weight. Eating little and often with food supplements as necessary may be effective in mitigating weight loss.
- /uni25CF Fever : recurrent fevers are a feature of certain tumours such as lymphoma and renal cell cancer. Tumour fever must be distinguished from infection and this can often only be done by exclusion.
- /uni25CF Paraneoplastic syndromes : these are varied and often difficult to recognise. Management of the underlying malignancy may not necessarily resolve the syndrome.

included within palliative and supportive care. Holistic needs Pain, anorexia, fatigue, dyspnoea, etc. assessment Treatment-related toxicity Symptom relief Drugs Surgery Radiotherapy Complementary Acupuncture therapies: Homeopathy Aromatherapy, etc. Psychosocial Psychological support interventions Relaxation techniques Cognitive behavioural therapy Counselling Group therapy Music therapy Emotional support Physical and practical Physiotherapy support Occupational therapy Speech therapy Information and Macmillan knowledge Maggie's centres Nutritional support Dietary advice Nutritional supplements Social support Patients Relatives and carers Financial support Ensure uptake of entitlements Grants from charities, e.g. Macmillan Spiritual support

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