Symptom Control for General Practitioners

Dr Eoin Spillane

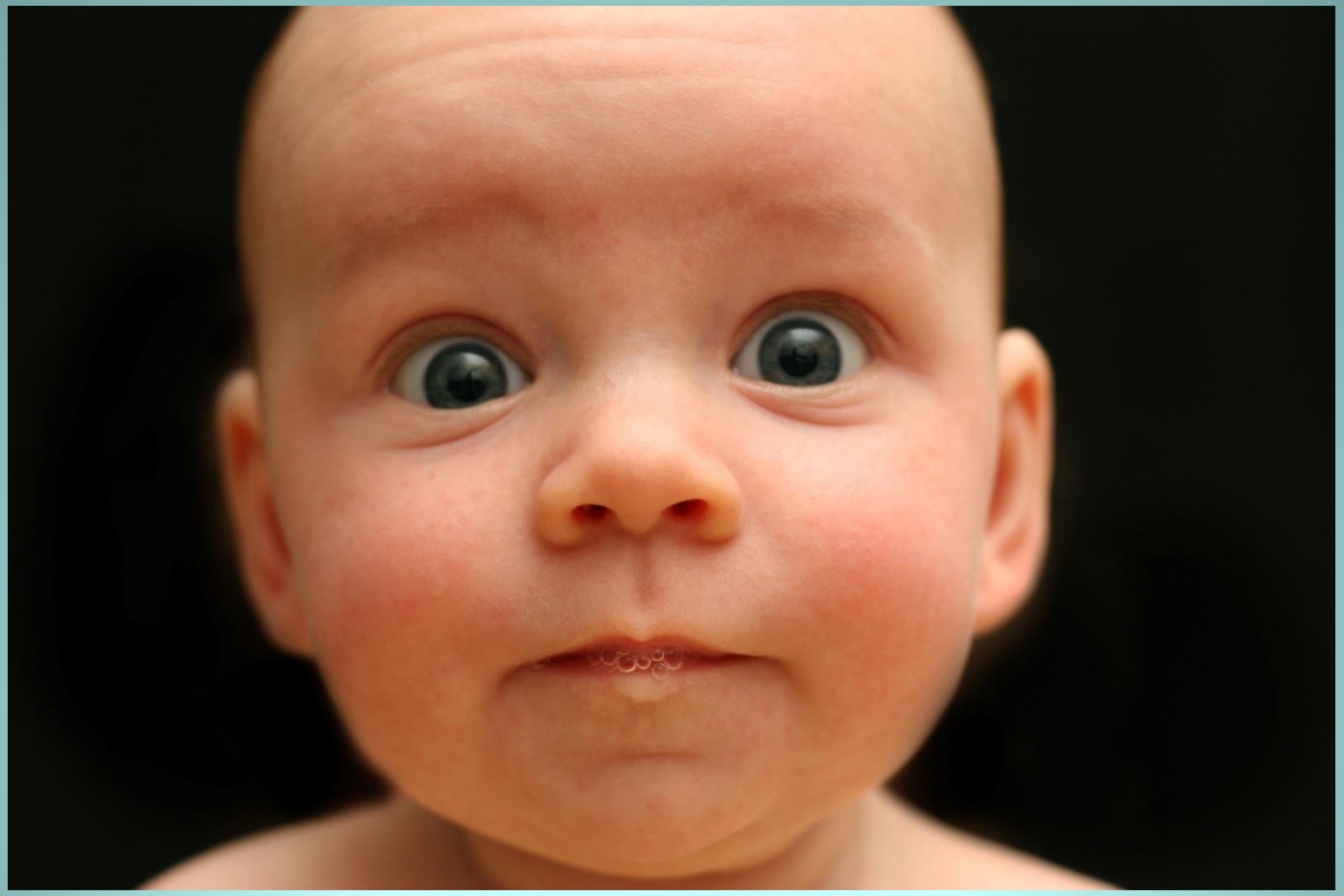
BACKGROUND

- GP for the last 10 years
- Carlton Clinic
- Children's Sunshine Home 2009
- LauraLynn 2011
- Diploma in Palliative Care Cardiff

LEARNING CURVE

A DAUNTING PROSPECT

WHA……?



GP and Paediatric Palliative care

- Paediatric experience
- Two years with Sunshine Home
- Palliative Care experience.....
- Diploma in Palliative Medicine - Cardiff University

Principles of Prescribing

- Know the child/family
- Know the population
- Know the medicine

Know the child/family/carers

- Each child unique
- As GP, we should be in ideal position to know all patients
- May infrequently attend GP (often for minor issues)
- Multiple services involved in care
- Communication between various services/care providers
- Access (domiciliary/wheelchair)
- May be close to end-of–life before GP really gets to know child.

- Family are wonderful source of knowledge and information regarding medications, behaviour patterns etc. Often act as “go-between”.
- Disease Registers
- PCT – ?future role
- Hospice – Long term v’s short stay respite.
- Future role for GP’s in hospice (OOH etc)

Know the population

- Multiple complex needs
- Genetic and metabolic conditions-impossible to know them all
- Barriers to GP services – access/communication/speech/cognitive impairment
- Mobility issues
- Feeding issues
- Neurological issues
- Cardio-pulmonary issues
- Pain
- Social issues

Know the medicine

- Pain
- Nutrition
- GI
- GU
- Musculo-skeletal
- Skin
- Cardio-pulmonary
- Neurology -epilepsy
  - movement disorders

Pain

"It may surprise you to hear that, actually, morphine is the best medicine."

Pain in children with severe neurological disorders

- High risk of under-estimating pain (clinicians)
- Difficulties describing pain – communication/cognitive impairment
- Atypical pain behaviours
- Sources of pain
  - •musculo-skeletal-joint/spasm/position/scoliosis
  - •GI – reflux/constipation/wind
  - •Equipment-wheelchair/feeding tubes
  - •Other – injury/toothache/earache etc

Response to pain

- Changes in facial expression
- Changes in movement and posture
- Teeth grinding, head banging (if not typical behaviour)
- Verbal changes- crying, moaning
- Changes in mood – withdrawal
- Physiological changes-sweating, tachycardia
- Changes in usual patterns – sleep, feeding

Pain Scales

- Multiple types available for different ages and populations
- Limited when cognitive impairment (eg. Visual analogue, self report scales)
- Non-communicating Children's Pain Checklist
- Modified FLACC
- Inferring pain (parents/carers)

Pain Control

- Five guiding principles:

- 1. By the ladder -Paracetamol
  - NSAID
  - Opiates (Tramadol, Codeine, Morphine)
  - Adjuvant analgesics (Carbamazepine, Gabapentin)

- 2. By the clock
  -receive analgesia at regular times
  -prevent breakthrough pain
- 3. By the child
  - each child different
  - no one dose appropriate for all
  - adjust dose until pain relief achieved
- 4. By the mouth
  - oral/enteral route preferred
  - Avoid more painful routes (IM, IV, SC)
  - Transdermal Fentanyl
- 5. Ask for help

Morphine – some points

- Fear of addiction
- Underdose/overdose
- No fixed upper limit
- Expect and treat side effects (reduce dose, change opioid, add drug)

Final Thought

- Future for GP's in paediatric palliative care in Ireland?