

# Managementul simptomelor la pacientii non oncologici

Dr Mariana Pernea  
Oct 2018 Brasov

# Centru Hospitalier Ardeche Nord

- 250 paturi medico- chirurgicale
- 160 locuri in casa de batrini aferenta

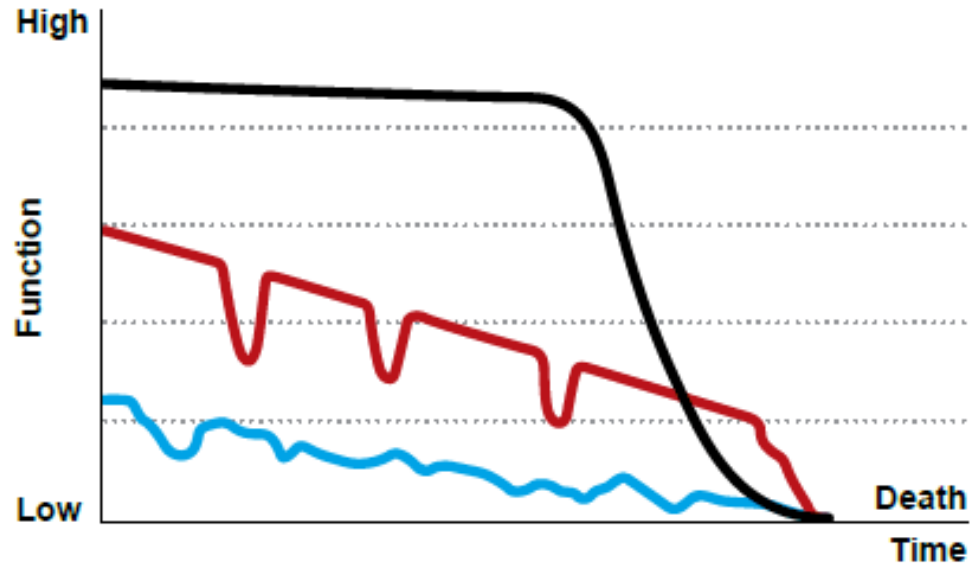




# Sumar

- Evolutie clinica aparte in cazul bolilor non oncologice
- Particularitati in tratamentul simptomatic:  
insuficienta renala si durerea  
dispnea in BPCO si insuficienta cardiaca  
greața in insuficienta renala severa  
durerea la persoane virstnice  
deglutitie deficitara, hypersalivatie ( maladii neurologice avansate)

# Evolutia clinica in boli non oncologice versus cancer



Source: Murray, S.A. et al<sup>1</sup>

- Cancer (n=5)
- Organ failure (n=6)
- Physical and cognitive frailty (n=7)
- Other (n=2)

# PERFORMANCE STATUS (PS)

KARNOFSKY

ECOG

100-90



0

90-70



1

70-50



2

50-20



3

<20



4



# Dispnea

## Patologii:

- insuficienta cardiaca ireversibila
- Insuficienta respiratorie cronica terminala (BPCO)
- Insuficienta renala terminala

## Problematica:

- dificultate a gasi momentul oportun pentru a incepe tratamentul opioid
- aprehesiune vis a vis de morfina in dispnee

**Tratam:** vizeaza dispnea in repaus

## **Morfina**

- mecanism de actiune : diminua sensatia de sufocare si frecventa respiratorie
- doza: 1 mg x 2 – 3 /zi
- Crestere progresiva ( de 25% pe saptamina)
- si doza stabila , produs LP





Dispnea

- **Benzodiazepine:**

Lorazepam 0,5 mg x3/j

Seresta 5mgx3/j

Midazolam 5mg/j in sc

- **Confuzie** cu agitare in hypercapnie terminala: neuroleptic ( Haloperidol sau levomepromazina)

# Tratamentul durerii si insuficienta renala



« Start slow and go slow »

Argumente:

- morfina are M6G metabolit activ care se elimina renal
- Oxycodona 20% se elimina ca si atare prin urina; metabolit activ (oxymorfon) cu eliminare renala
- Hidromorfon: H3G cu eliminare renala

**Metaboliti inactivi:** Fentanyl, Metadona

# In practica



- Fentanyl si Metadona sunt privilegiate
- Pentru opioidele cu metaboliți activi :
  - doza initiala redusa de 50%
  - administrare la intervale mai lungi de 4h  
( 8 sau 6h)

# Greata in insuficienta renala

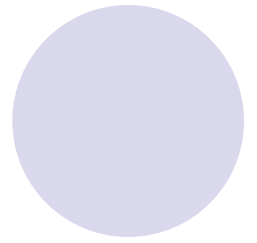
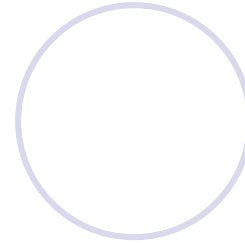
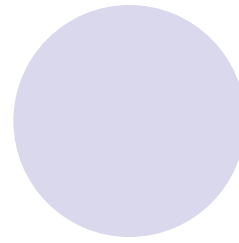
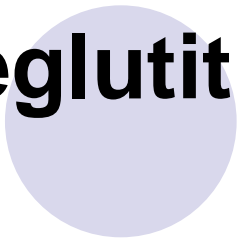
Simptom sever aproape omniprezent

- Levomepromazina
- A debuta cu dose de 6,25 mg x 2à 3/j

# Durerea la persoane virstnice

- Recomandari: tratament progresif:
  - *Paracetamol* 1gx3/j peste 65- 70 ani
  - *Palierul 2* cu precautie
    - Tramadol 12,5 mgx3a 4x/j
  - *Palierul 3*
    - Morfina : a incepe cu doza de 2mg x 3/zi

# Deglutitie deficitara



A nu uita:

- schimbarea caii de administrare a medicamentelor
- alimentatie placere/confort

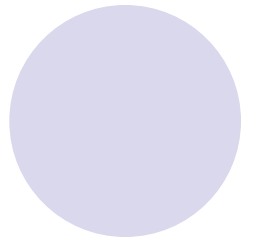
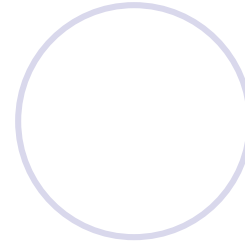
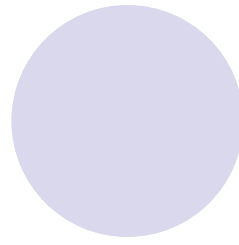
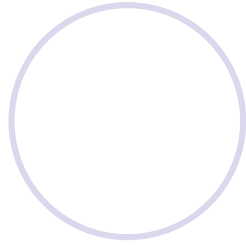
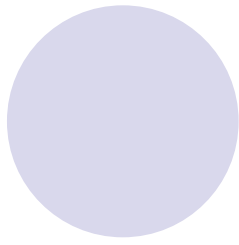
# Hypersalivatie



Scopolamina hydrobromide :

patch 1mg /72h, sau injectabil en faze  
avansate amp 1mg , doza: 0,5 ampx3/j

Scobutil sau Atropina







**Mulumesc pentru atentie**

# Bibilografie:



- R Twycross, PCF4 , 2011
- Manuel de Soins palliatifs, 4 ème édition  
Ed Dunod
- Revue Douleur, Elsevier, juin 2018