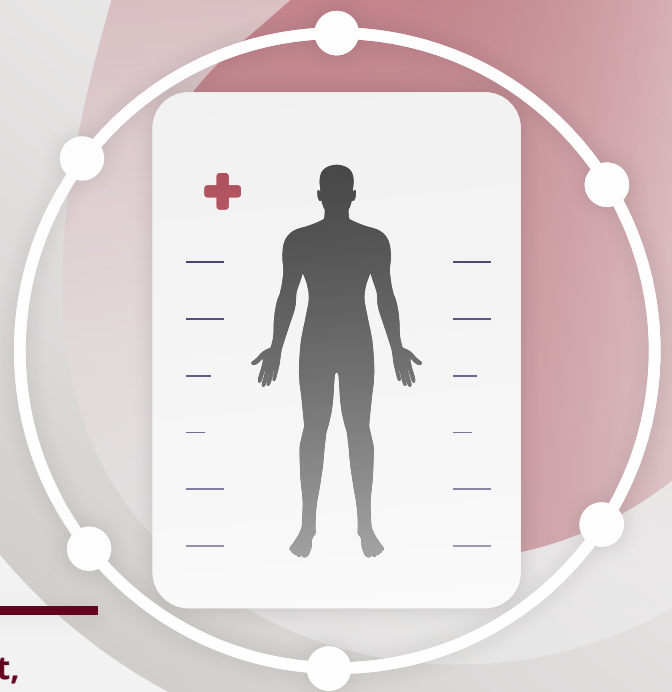


Symptom Management Principles

A systematic approach to symptom assessment, includes the impact on function and quality of life



Consider these principles after:

- You have an understanding of the patient preferences, goals and values
- The identified symptom has been identified as requiring treatment - (i.e.) it is having a significant impact on the patient's function and quality of life
- Contributing etiologic factors are considered and managed as appropriate

- 1 Remember the Bio-psycho-socio-spiritual components of many symptoms, particularly pain (e.g. Total pain syndrome) – See “Chronic Pain Tips” for a more detailed discussion on the bio-psycho-socio-spiritual origins of pain.**
- 2 A strong practitioner/patient therapeutic alliance is essential –** This includes careful longitudinal assessment and treatment of comorbid anxiety and depression and other modifiable factors that are contributing to the symptom.
- 3 Empower patients using educational materials –** Educational materials corresponding to each of the common cirrhosis symptoms can be found on the patient section of the Cirrhosis Care Alberta website.
- 4 Empower patients with a realistic expectation of how reversible the symptom is –** This will vary among symptoms and between patients, but is important to setting realistic goals for any therapeutic trials.
- 5 Balance the risk of the intervention against the potential benefits –** Any symptom management needs to be consistent with the patient's values, goals, wishes and focus of care.
- 6 Always consider Non-pharmacological therapy first where it is appropriate.**

7 Consider the following for pharmacological therapies

- Hepatic and renal impairment impact a patient's tolerance and response to medications.
- In the absence of routine randomized controlled trials, the majority of the pharmacological recommendations contained in the Symptom Management section of the CCAB website are based on limited available evidence combined with expert opinion (input from hepatology, palliative care specialists, specialist pharmacists) with starting doses modified for cirrhosis.
- Prescribing practices vary from location to location.
- As a basic tenant of management, start low, go slow, ask for assistance when unclear and use familiar medications when possible. See Opioid principles for special considerations around the use of opioids.

8 Reassess the symptom frequently once therapy is started- After initiating therapy, the reassessment interval will need to be individualized for each patient depending upon the severity of the symptom

9 Establish Role clarity around screening and management of symptoms

- With multiple health care practitioners involved in the patient's circle of care (e.g. primary care, specialist, palliative care), it is important to take time to determine the roles, responsibilities and tasks performed by each provider. Clear documentation and communication minimizes the risk of confusion on the part of the patients as well as practitioners. If there is any lack of clarity, it is best to pick up the phone. We're in this together.

10 With Refractory symptoms or uncertainty, consult specialty palliative care or other specialty care (e.g. gastroenterology, hepatology, psychiatry, pain management) as appropriate

11 Palliative care includes care across the trajectory of a life-limiting illness

- Palliative care extends beyond care in the last few weeks and days of death. An early palliative care approach improves quality of life, reduces symptom burden, reduces the inappropriate use of therapies that are inconsistent with the patient's values and reduces caregiver distress and bereavement. The expertise of these practitioners is applicable across the spectrum of a chronic illness.
- Visit: <https://www.albertahealthservices.ca/info/Page14778.aspx> for Palliative Care Referral services

Helpful Links:

- **Patient Handout?** – if we want to include, develop similar to <https://www.ckmcare.com/Resources/Details/143>
- **Palliative Care Referral Services:** <https://www.albertahealthservices.ca/info/Page14778.aspx>
- **Grief Support Program:** <https://www.albertahealthservices.ca/assets/programs/ps-1026229-grief-support-calgary-brochure.pdf>
- **EMS Palliative Care and EOL Access:**
 - <https://www.albertahealthservices.ca/info/Page14557.aspx>
 - <https://www.albertahealthservices.ca/info/Page14899.aspx>
- **Death at Home:** <https://www.albertahealthservices.ca/info/Page15828.aspx>
- **Bereavement Care Resources:** <https://www.albertahealthservices.ca/info/Page15628.aspx>