

Integrative Health in Palliative Care

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Wednesday, January 28 4 p.m. - 5 p.m. ET

Center to
Advance
Palliative Care™

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Objectives:

After participating in this workshop, participants should be able to:

1. Discuss the unifying person-centered care approaches of integrative medicine and palliative care.
2. Examine the interactions of symptom clusters in Integrative palliative care and how to best approach their treatment.
3. Identify integrative modalities that effectively expand the toolbox of conventional treatments for the relief of suffering in serious illness.

Ice Breaker

Quiz: How familiar are you with integrative medicine?
(not at all-little-somewhat-very)



What is Integrative Health?

"Integrative healthcare reaffirms the importance of compassionate, relationship centered care, focuses on the whole person, is informed by evidence, and embraces all appropriate therapeutic approaches and healthcare professionals to achieve optimal health and healing."

OSHER CENTER FOR INTEGRATIVE HEALTH



Examples of Integrative Therapies:

- Nutrition and movement / supplements
- Mindfulness, meditation, prayer, meditative movement
- Acupuncture, acupressure, massage
- Music therapies both expressive and receptive

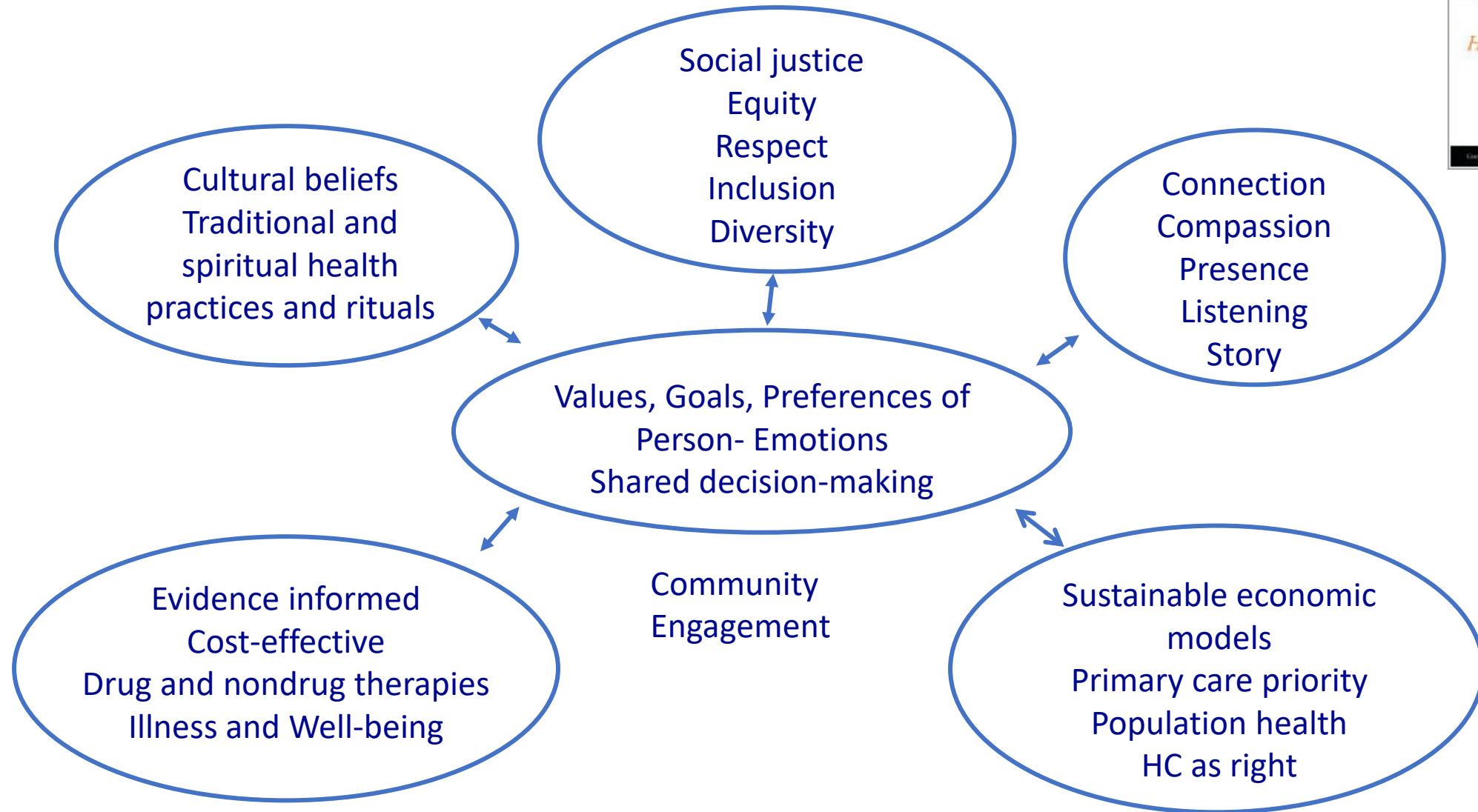
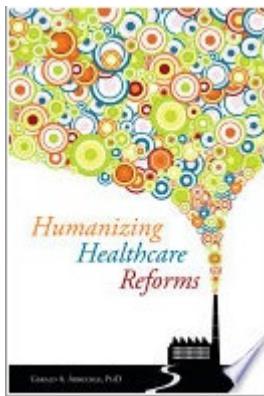
Bell BK, Liu R, Cheng S, **Marchand L.** TOP TEN TIPS PALLIATIVE CARE CLINICIANS SHOULD KNOW ABOUT INTEGRATIVE PALLIATIVE CARE. *J Palliat Med.* 2023 Dec; 26(12):1719-1727

Question

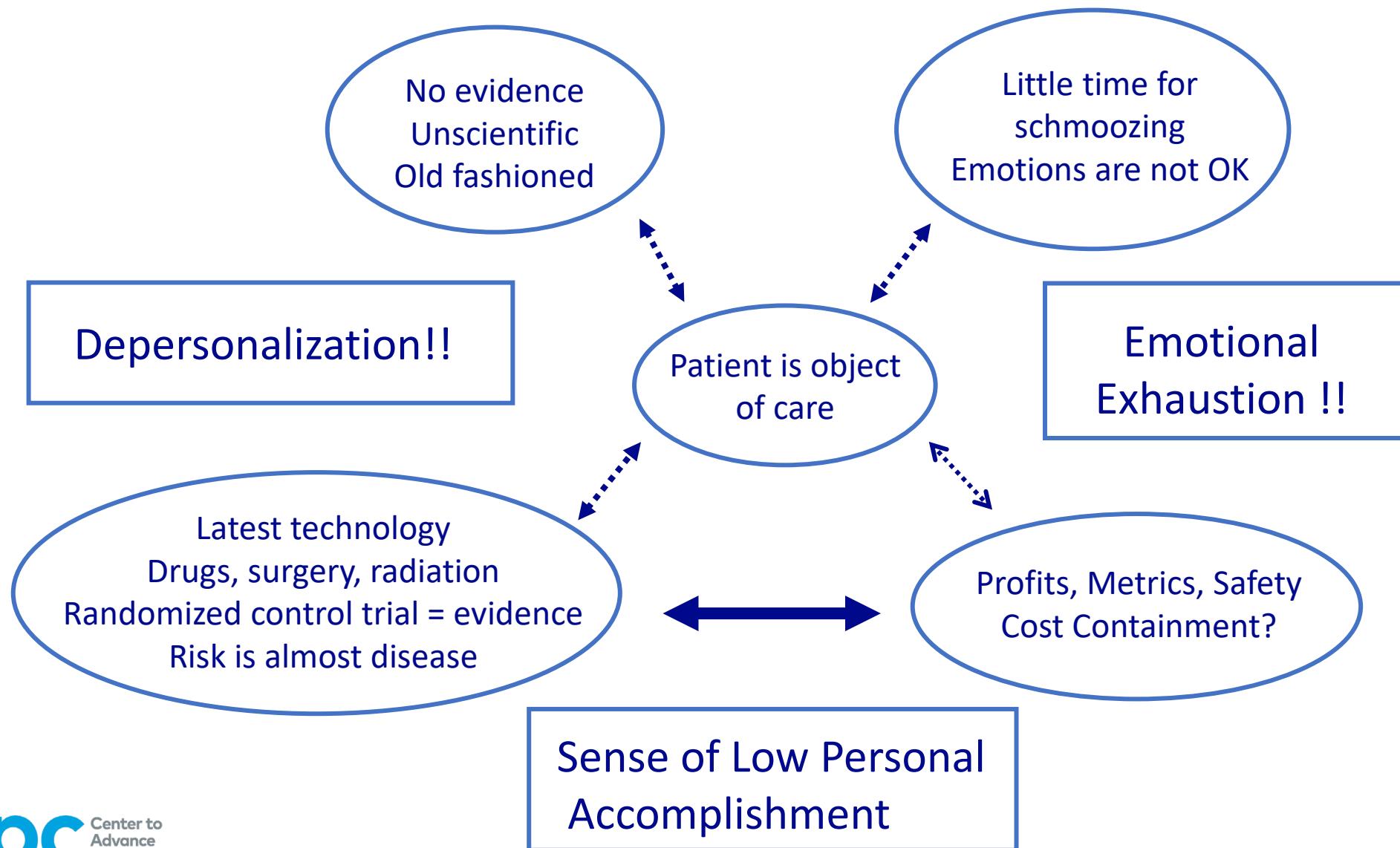
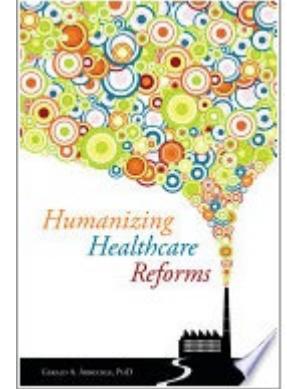
What integrative therapies do you already recommend to your patients?



Integrative Person-Centered Approach



Western Medicine Approach



Common Themes (Integrative Health & Palliative Care)

- Well-being and quality of life; healing is valued; nurturing of hope.
- Empowerment and person-centered care; relationship centered, shared decision-making; compassionate care. Meaning and purpose in living fully. Decreasing fear.
- Using modalities that are aligned with patient values and preferences
- Whole person care: physical, psychosocial, spiritual, cultural

Marchand, L. Palliative and End of Life Care. In Rakel D and Minichiello VJ eds. *Integrative Medicine 5th edition*. Philadelphia: Elsevier Publishers, 2022.

Adler S, **Marchand L**, Heap N. Integrative Palliative Care: Enhancing the Natural Synergy between Integrative Health and Palliative Medicine. Editorial. *J Alternative and Complementary Medicine*. Volume 25, Number 3, 2019, pp. 257–259.

Common Themes (Integrative Health & Palliative Care)

- Avoiding poly-pharmacy: medications and supplements/ interactions an issue
- Using appropriate non-pharmacological and pharmacological therapies; allow for reduced doses of medication causing adverse effects
- Attentiveness to cultural traditions, beliefs, lifestyle, internet information, advice from community, friends and family
- Use of full interdisciplinary team not just the conventional clinical team

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Patient Case

Marie is a 65-year-old woman who was recently diagnosed with metastatic triple negative breast cancer to bone, lung and brain.

- She presented to her PCP with R hip pain and found to be a metastatic lesion.
- After more imaging and biopsy, she was diagnosed with metastatic breast cancer with primary lesion in her L breast.
- She was referred to an oncologist and breast surgeon for further w/u and treatment.
- She was treated with targeted treatments and was stabilized for a time before she got worse.
- She was referred to palliative care shortly after the time of dx for goals of care discussion, symptom management and advance care planning.

Patient Case

- How does Marie see her situation?
- What resources does she have for her care?
 - (physical, emotional, spiritual and social)
- What is most important to her and what is she hoping for at this time?
- What does she already do to improve her QOL and well-being?
- What is she worried or concerned about?
- What is her location?
 - (rural vs urban; resources available)

Patient Case (Cont'd)

- Her main symptoms are fatigue, nausea, pain, and anxiety.
- She lives in a rural community about one hour away from the city where she receives her oncology care and palliative care.
- She lives with her husband who has significant heart disease and is compromised as a caregiver.
- They have two adult children, and only one lives nearby.
- They belong to a nearby church.
- She worries about her ability to care for herself and her husband. She feels very isolated and concerned about her QOL. At this point QOL is most important to her rather than length of life.

Symptom Clusters



- Symptoms are often multiple and affect a person's physical, emotional, spiritual and social wellbeing.
- Integrative therapies address the whole person and symptom clusters.
- Integrative therapies address the whole person and treating one symptom often improves other symptoms.

Marchand L, Lewin D, Kozak L. Addressing Symptom Clusters with Complementary and Integrative Health Therapies in Palliative Care Populations: A Narrative Review.. *OBM Integrative and Complementary Medicine* 2021;6(1):16; doi:10.21926/obm.icm.2101007. Published 2-22-2021. (Link: <https://www.lidsen.com/journals/icm>, ISSN 2573-4393) at: <http://www.lidsen.com/journals/icm/icm-06-01-007>

Symptoms exist in clusters and affect each other



Interactions of pain, anxiety, dyspnea and nausea

- Data from 38 inpatient PC teams in the Palliative Care Quality Network (PCQN) Data from 2012-2016
- Patients with pain had higher rates of anxiety, nausea, and dyspnea. ($p<.0001$)
- Improvement with pain was associated with improvement in anxiety ($p<.0001$) and dyspnea ($p<.03$).
- **Conclusion: pain improvement associated with other symptom improvement.**

Bischoff KE et al. Identifying opportunities to improve pain among patients with serious illness. J Pain and Symptom Management; 55(3) March 2019: pp 881-889.

Interactions of pain, anxiety, dyspnea and nausea

- Patients with mod-severe pain more likely to report mod-severe anxiety and nausea, but less likely to report mod-severe dyspnea.
- Patients with mod-severe nausea 3.7 times more likely to have pain compared with mild-no nausea.
- Patients on comfort care more likely to have improved pain.
- Improved anxiety 2.9x more likely to have improved pain.
- Improved dyspnea 1.4x more likely to have improved pain.

Bischoff KE et al. Identifying opportunities to improve pain among patients with serious illness. J Pain and Symptom Management; 55(3) March 2019: pp 881-889.

Symptom Clusters in Serious Illness

- High symptom burdens decrease QOL. (Avis, 2017)
- Anticipating predictable symptom clusters can lead to addressing them proactively and comprehensively. (Hsu, 2017)
- Symptom clusters change with disease progression and treatment choices. (Albusoul, 2017)
- Renal disease for example includes the symptom cluster of fatigue, pain and depression. (Jhamb, 2019)

How did integrative PC improve Marie's QOL?

Marie was in a choir at church. Music important to her wellbeing.

At her cancer center, she was able to have an integrative consultation with an integrative health clinician, as well as psychological support, patient navigation assistance with financial matters, nutritional support.

Her church community and other friends and family supported her with food and rides to the city through a Caring Bridge website.

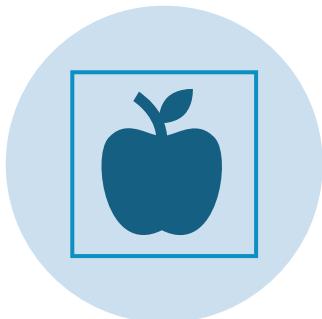
How did integrative PC improve Marie's QOL?

- Marie was **not** interested in energy therapies such as Reiki believing they were a waste of time and money. She **was** interested in her church community praying for her.
- She received acupuncture every 2 weeks in the city for her nausea, pain, fatigue and anxiety. She found this very helpful.
- She found Taichi on a You tube channel relaxing and helpful for her fatigue and anxiety.
- She took a number of supplements she thought from internet information might help her, and her oncology pharmacist helped with determining any interactions with her medications. She reduced the number after discussion with an integrative clinician.

10 tips for PC clinicians incorporating IM in their PC



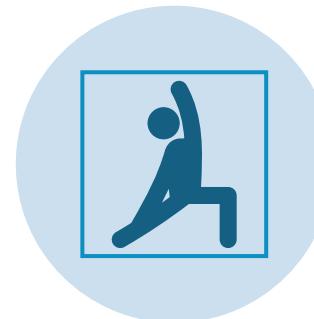
1. Acupuncture Is an Effective Treatment for Fatigue, Dyspnea, Nausea, and Pain



3. A Nutrient-Rich, Anti-Inflammatory Diet Can Reduce Myofascial Pain, Improve QOL, and Decrease Risk of Malnutrition and Cachexia

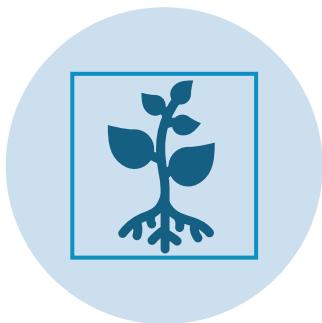


2. Mindfulness Techniques, Including Mindfulness-Based Stress Reduction, Meditation, Deep Breathing, and Guided Imagery Are Effective Tools to Relieve Pain, Anxiety, Depression, and Insomnia Related to Serious Illness



4. Movement Therapies Such as Walking, Yoga, Qigong, Tai Chi, and Strength Training Are Effective Tools to Improve Serious Illness-Related Fatigue, Cachexia, Anxiety, Depression, and Dyspnea

10 tips for PC clinicians incorporating IM in their PC



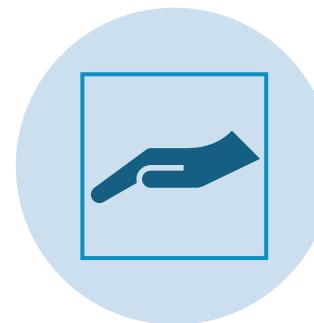
5. Cannabis Is an Evidence-Based Adjunctive Therapy for the Treatment of Pain, Nausea, Insomnia, Anxiety, and Depression



7. Psychotherapeutic Modalities Such as Life Review, Dignity Therapy, and Psychedelic-Assisted Psychotherapy Are Beneficial Tools That Can Reduce Anxiety and Depression and Enhance Wellbeing Among Individuals Approaching End of Life

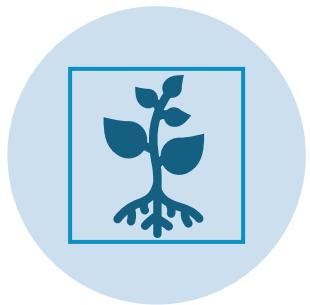


6. While There Is a Role for the Judicious Use of Supplements in the Setting of Serious Illness, Nutraceutical Polypharmacy Carries Risks, Confers Little Benefit, and Should Be Avoided



8. Massage Therapy (With or Without Aromatherapy) Is Highly Valued by Patients and Alleviates Pain, Depression, Anxiety, and Fatigue

10 tips for PC clinicians incorporating IM in their PC



9. Music Therapy
Significantly Improves Pain and QOL for Individuals with Serious Illness



10. Energy Medicine Therapies Including Reiki, Therapeutic Touch, and Healing Touch Can Improve Pain, Anxiety, and QOL

Many of these therapies are at low cost and readily available in local communities, national online healing circles, support groups, professional societies patient information, UpToDate type databases, etc. Not mentioned here are nature-based therapies such as forest bathing and pet therapy.

Resources

1. Marchand, L. Palliative and End of Life Care. In Rakel D and Minichiello VJ eds. *Integrative Medicine 5th edition*. Philadelphia: Elsevier Publishers, 2022.
2. Bell BK, Liu R, Cheng S, Marchand L. TOP TEN TIPS PALLIATIVE CARE CLINICIANS SHOULD KNOW ABOUT INTEGRATIVE PALLIATIVE CARE. *J Palliat Med*. 2023 Dec; 26(12):1719-1727
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**QUESTIONS?
Take aways?**