

Basic Certificate in Palliative Care
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Week-08
Lecture 01: Introductory Dialogue

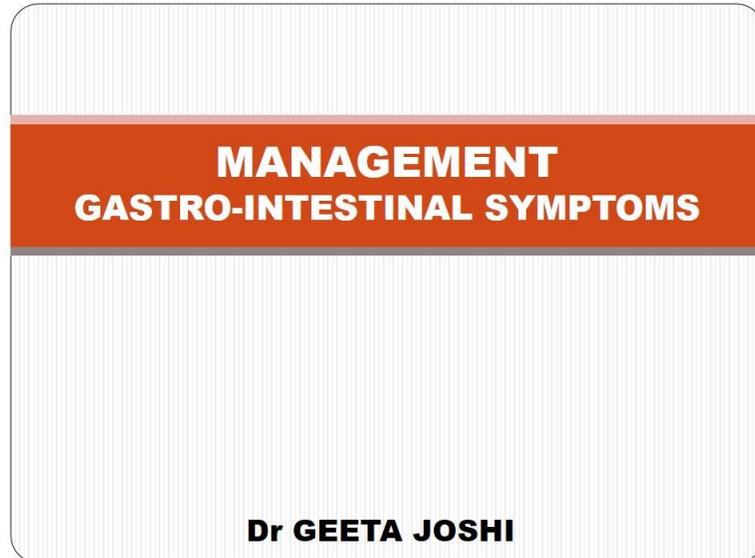
Week number eight lecture number one.

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Hello everyone, hello friends. In this week our topic is symptoms management. symptom Management in palliative care is very very important. In spite of all the treatment palliative care patient do have very distressing symptoms if they are not relieved again, their daily routine is affected, their diet is affected, and their overall well-being is affected. So, symptoms which may be a small symptoms like Nausea and hiccups or very distressing symptoms like dyspnea and delirium.

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Here in this week, we are going to teach you about various symptom management starting with first lecture of gastrointestinal symptoms, the symptoms arising from gastrointestinal track which will include nausea vomiting, constipation, diarrhea, hiccups, etc. Each symptom needs to be studied in detail with and each system symptom has when you are managing it there are two types of management. Can you say that two types. I want simple pharmacological yeah, yeah, yeah, yeah, pharmacological and non pharmacological. So, in pharmacological we'll be using various drugs and in non-pharmacological other methods which can relieve the symptom to certain extent and of course psychosocial support is always part of any Management in palliative care.

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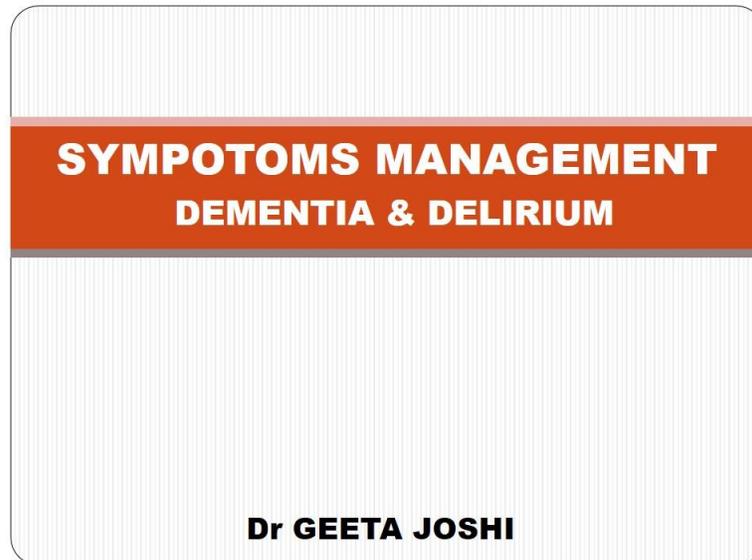
SYMPTOM MANAGEMENT RESPIRATORY SYSTEM

Dr GEETA JOSHI

The second lecture is on respiratory system. Again this is related to trachea, lung, and thoracic cage and patient may have very very distressing symptoms like dyspnea, breathlessness where he's not able to breathe choking sensation may be there.

Other symptoms we'll be discussing under this heading are cough, hemoptysis and persistent cough. Again, some some non-pharmacological methods has better results in this like suppose in dyspnea management non-pharmacological methods are very very useful as a supporting system to the pharmacological method. One new thing you will learn in this is that tablet morphine is prescribed for dyspnea management and as a doctor also you might not have heard about this treatment and when you'll go through this lecture you'll definitely find it interesting and your knowledge about the management will improve.

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The third lecture is on symptoms related to central nervous system. These are dementia and delirium. Dementia usually related to old age but it becomes pathological when it affects the routine of the patient or his daily life of the patient. Delirium very commonly found in palliative care patient particularly cancer patient, particularly head and neck cancer patients where their intake is very much affected and it can be sometimes resolved which simple treatment of giving IV fluids or improving the electrolyte imbalance and giving few drugs.

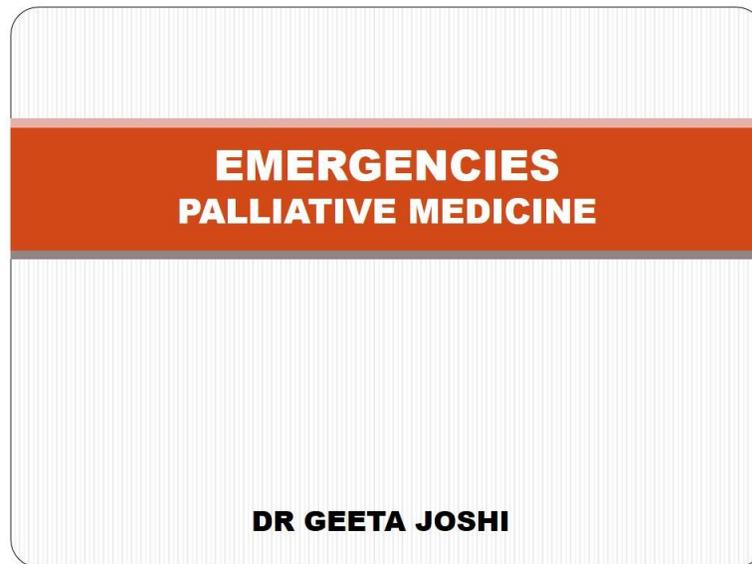
In terminal phase of the disease, this delirium may be irreversible and a physician should be able to identify this terminal delirium and here the change treatment changes a bit where you may have to opt for terminal sedation of the patient. So again very good presentation and you will learn a lot out of it.

You said that dementia generally happens to old people like me, not across 70 years and I think that is why I generally forget so many things nowadays, maybe you know. No, there is a difference between dementia and normal aging. Normal aging you forget the things often only only the things you will forget are the people and name you will forget are the one whom you are not say meeting every day, you are meeting them rarely, occasionally. Then it is normal. But in dementia you will forget the name of the people in your family in your home, your near ones and all such thing and that happens very frequently then it is dementia. So I think it is your forgetfulness is age related and non

dementia. Okay, I got it that means in computer language certain files are being deleted, deleted and therefore I just don't remember thank you, yeah.

Another lecture in this week you will be handling emergencies in palliative medicine.

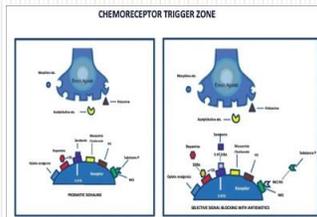
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There are certain emergency situation which can threaten the life of the patient and many of them are reversible. So, a prompt diagnosis, immediate treatment and proper approach a maybe multi-specialist approach is required to manage such emergencies. The emergencies which we'll be describing under this lecture are superior vena cava compression, spinal cord compression, hypercalcemia and bleeding, massive bleeding. So, these are the emergencies you will be come to know that how to handle them and how to diagnose them.

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RECENT ADVANCES MANAGEMENT OF NAUSEA AND VOMITING



DR GEETA JOSHI

Coming to last lecture in this week it is a recent advances in management of nausea and vomiting. Some portion of this lecture is revision for you as this is already talked in the first lecture of geriatric symptoms where we are treating nausea vomiting but here few new points are added particularly for chemotherapy induced nausea vomiting. 80% of the patient who are on palliative care they might be receiving chemotherapy simultaneously and they are having nausea vomiting because of chemotherapy and for symptom management they are referred to palliative care physician. So you should know the recent new drugs which has come into the market since last decade or so which are very very useful in treatment of nausea vomiting and because of that the compliance to chemotherapy has improved as far as patients are concerned. So, it is, this is very important topic briefly describe about the recent advances in management of nausea and vomiting.

So, that is the end of week eight. Okay, so coming to the theme part of it, yeah, what I understand Dr Geeta Joshi that just like pain management symptom management also reduces the pain. It, it sort of brings peace of mind to the people and thus it increases the quality of life. Yeah, so can we coin something which is related with quality of life and symptom management like treat the symptoms, treat the symptoms and improve the quality of life, yes. Treat, treat the symptoms improve quality of life. Thank you. Thank you friends.