



Palliative Care Quiz Feedback

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Acknowledgement:

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Palliative Care Quiz

1. Which of the following statements most accurately represents the aim of a hospice?	Allow patients to plan and prepare for dying	A
	Improve quality of life	B
	Provide somewhere for people to die in comfort	C
	Remove dying people from expensive secondary care facilities	D
2. A patient receiving palliative care is not getting adequate pain relief with codeine 60 mg and paracetamol 1 G QID on step two of the analgesic ladder. Which of the following options is the most appropriate?	Increase dose of codeine	A
	Replace codeine with dihydrocodeine	B
	Replace codeine with morphine	C
	Replace paracetamol with an NSAID	D
3. When is the best time to initiate adjuvant medications for pain relief?	When breakthrough pain is occurring	A
	When opiate addiction is suspected	B
	When opiate tolerance occurs	C
	When there are specific indications	D
4. A patient is taking oral morphine immediate release 20 mg four hourly. What dose of oral morphine immediate release should she take for any breakthrough pain?	5 mg	A
	10 mg	B
	15 mg	C
	20 mg	D
5. A patient on oral morphine immediate release has taken additional oral morphine for breakthrough pain. When should she take her normal four hourly dose?	At the normal time	A
	Four hours after the breakthrough dose	B
	Two hours after the breakthrough dose	C
	When the breakthrough dose starts to wear off	D
6. A patient is receiving good pain relief from immediate release oral morphine 20 mg every 4 hours. What dose of long acting morphine sulphate would be most appropriate for him?	20 mg 12 hourly	A
	40 mg 12 hourly	B
	60 mg 12 hourly	C
	80 mg 12 hourly	D
7. Which of the following complications of opioid therapy tends to persist throughout treatment?	Cognitive impairment	A
	Constipation	B
	Drowsiness	C
	Nausea	D
8. A Māori male is receiving palliative care. For a complication of his therapy the most effective option involves the use of suppositories. You have heard that this is offensive to Māori and do not want to insult your patient. What is the best course of action?	Give your patient the options	A
	Consult a Kaumātua	B
	Strongly advise the most effective option	C
	Ask your Maori friend	D
9. Which of the following drugs is LEAST likely to be effective in neuropathic pain?	Amitriptyline	A
	Carbamazepine	B
	Fluoxetine	C
	Gabapentin	D
10. A patient with rectal cancer is getting pain from tenesmus. Which of the following is the most appropriate adjuvant medication?	Amitriptyline	A
	Dexamethasone	B
	Diazepam	C
	Domperidone	D

Feedback

We are sorry you did not return a quiz to us. Please let us know if there is any way we can make our case studies more useful to you. We want our resources to be helpful with your day-to-day clinical practice. We would be pleased to receive any suggestions that you have.

We have recommended that GPs

- Adopt a systematic whole person approach to total pain assessment and management,
- Administer regular analgesia in accordance with the WHO analgesic ladder,
- Use appropriate adjuvant therapies as specifically indicated at any time during the illness,
- Liaise with the Palliative Care team as soon as it becomes apparent that this will be advisable at some time during the illness, and
- Maintain involvement with the patient throughout their illness.

Panel discussion comments were realistic in that no quiz can represent the depth of issues that arise in palliative care. Clinicians also need to be comfortable addressing the wide range of spiritual, psychological and social issues they will be faced with.

If you have any questions please email these to us and we will answer via the 'Your Questions Answered' section of our web site.

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Quiz feedback

Comments by Dr Carol McAllum, St Joseph's Mercy Hospital, Auckland.

Reviewing the responses to this quiz reinforces my belief that general practitioners (GPs) are very well suited to continue caring for patients during the palliative phase of their lives. The GP's unique set of skills, and setting, enables ongoing care for patients in circumstances that text books and education never allude to.

Because GPs may care for 3 or 4 palliative patients a year, it can take a few years to be comfortable with the range of management options available - by which time, there may be more! For this reason I personally favour working alongside GPs, being available when needed, to supplement and integrate their management options with what we currently know.

		You	Your peers	bpac panel
1. Which of the following statements most accurately represents the aim of the hospice?	Allow patients to plan and prepare for dying		20%	
	Improve quality of life		74%	✓
	Provide somewhere for people to die in comfort		6%	
	Remove dying people from expensive secondary care facilities		0%	

Comments:

- Different hospices offer different services - and so, in different regions of New Zealand, some or all of these options might apply.
- Hospices provide palliative care. In 2001 New Zealand (and in December 2005, Australia) recognised palliative medicine as an independent discipline.
- Palliative care goes beyond care for those close to dying. "Palliative care is an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness.....and is applicable in the course of illness, in conjunction with other therapies....." (WHO, 2002).
- The best thing is for general practitioners to contact their nearest hospice and ask what the services and referral criteria are.

		You	Your peers	bpac panel
2. A patient receiving palliative care is not getting adequate pain relief with codeine 60 mg and paracetamol 1 G QID on step two of the analgesic ladder. Which of the following options is the most appropriate?	Increase dose of codeine		2%	
	Replace codeine with dihydrocodeine		4%	
	Replace codeine with morphine		93%	✓
	Replace paracetamol with an NSAID		1%	

Comments:

- Pharmacologically, low dose morphine is as effective an analgesic as codeine, but with fewer side effects (Twycross, 2002).
- Codeine is about 1/10th as potent as morphine (Twycross, 2002).
- Usual dose of codeine is 30-60 mg q4h, equivalent to approximately 3-6 mg morphine q4h.
- Higher doses of codeine can be given, but morphine is probably more effective an analgesic with fewer side effects at equivalent doses.

		You	Your peers	bpac panel
3. When is the best time to initiate adjuvant medications for pain relief?	When breakthrough pain is occurring		13%	
	When opiate addiction is suspected		0%	
	When opiate tolerance occurs		2%	
	When there are specific indications		85%	✓

Comments:

- Adjuvant medications include anti-convulsants, low dose tricyclic antidepressants, steroids, ketamine and non-steroidal anti-inflammatory agents.
- Specific indications for adjuvant medications include bone pain, nerve pain, liver pain and raised intracranial pressure. Note that these pains do not exclusively warrant adjuvant medications they may in-part be opioid responsive.
- Adjuvant non-pharmacological interventions can include for example, radiotherapy, chemotherapy and TENS.

		You	Your peers	bpac panel
4. A patient is taking oral morphine immediate release 20 mg four hourly. What dose of oral morphine immediate release should she take for any breakthrough pain?	5 mg		6%	
	10 mg		10%	
	15 mg		1%	
	20 mg		83%	✓

Comments:

- Using 1/6th of the total 24-hour dose of morphine as the dose for breakthrough pain is recommended practice (Hanks, 2001). This has been empirically determined.
- No random controlled studies have been done to establish the appropriate dose for breakthrough pain (Hanks, 2001).
- When the 24-hour dose of morphine is up-titrated, the PRN breakthrough dose needs to be up-titrated.

		You	Your peers	bpac panel
5. A patient on oral morphine immediate release has taken additional oral morphine for breakthrough pain. When should she take her normal four hourly dose?	At the normal time		97%	✓
	Four hours after the breakthrough dose		1%	
	Two hours after the breakthrough dose		1%	
	When the breakthrough dose starts to wear off		1%	

Comments:

- Breakthrough pain is a transient increase in pain, on a background of relatively stable and controlled baseline pain. The patient will recognise it as their 'usual' pain. Any other pain is a new pain, and merits assessment.
- If several doses of breakthrough pain relief are needed each day, a review of the 24 hour dose is required.

		You	Your peers	bpac panel
6. A patient is receiving good pain relief from immediate release oral morphine 20 mg every 4 hours. What dose of long acting morphine sulphate would be most appropriate for him?	20 mg 12 hourly		1%	
	40 mg 12 hourly		4%	
	60 mg 12 hourly		93%	✓
	80 mg 12 hourly		2%	

Comments:

- The total 24-hour dose of ‘immediate release’ (or ‘short acting) oral morphine is equivalent to the total 24-hour dose of ‘sustained release’ (or long-acting) oral morphine.

$$\begin{array}{l} \text{Morphine immediate release} \\ 20 \text{ mg q4h} \end{array} = \begin{array}{l} \text{morphine sustained release} \\ 60 \text{ mg q12h.} \end{array} = 120\text{mg in 24 hrs}$$

		You	Your peers	bpac panel
7. Which of the following complications of opioid therapy tends to persist throughout treatment?	Cognitive impairment		0%	
	Constipation		99%	✓
	Drowsiness		0%	
	Nausea		1%	

Comments:

- Constipation is the most predictable and persistent side effect of opioid therapy. Some opioids may be less constipating than others.
- Cognitive impairment and drowsiness if present on opioid initiation or dose increase, usually improves in 2 to 3 days. Sometimes they don’t improve so review then.
- A common practice is to initiate anti-emetic therapy and aperients with the first prescription of morphine. The aperients need to continue, and be up-titrated as morphine increases, but not all patients will need ongoing anti-emetics. “One third of all patients prescribed morphine never need an anti-emetic.” (Twycross, 1994)

		You	Your peers	bpac panel
8. A Māori male is receiving palliative care. For a complication of his therapy the most effective option involves the use of suppositories. You have heard that this is offensive to Māori and do not want to insult your patient. What is the best course of action?	Give your patient the options		95%	✓
	Consult a Kaumātua		3%	
	Stongly advise the most effective option		1%	
	Ask your Māori friend		1%	

Comments:

- The Treaty of Waitangi endorses integration of Māori cultural needs into all our health care services.
- All people in New Zealand benefit from such cultural awareness.
- It is not possible for health practitioners to know all cultural mores and needs of all cultural groups.
- Culture is not synonymous with ethnicity. There are risks in stereotyping individuals. We need to be careful in applying our understanding of practices to members of a given group. Individual variation is the norm, not the exception (McCaffrey, 1998). There is no better way to get guidance than to ask the patient/whānau involved.

		You	Your peers	bpac panel
9. Which of the following drugs is LEAST likely to be effective in neuropathic pain?	Amitriptyline		1%	
	Carbamazepine		1%	
	Fluoxetine		97%	✓
	Gabapentin		1%	

Comments:

- Neuropathic pain is often difficult to manage and incompletely morphine responsive.
- Amitriptyline analgesic action appears to be independent of its anti-depressant action - with speed of onset between 1 and 7 days (Drug and Therapeutics Bulletin, 2000).
- If amitriptyline is insufficiently effective, it is worth introducing an anti-epileptic agent.
- Gabapentin became available on special authority this year, with the restriction that it is used where the patient has “...tried and failed, or has been unable to tolerate, treatment with a tricyclic antidepressant AND an anticonvulsant agent.” Vocationally registered general practitioners, or medical practitioner on recommendation of a specialist, can apply for this (PHARMAC, 2005).

	You	Your peers	bpac panel
10. A patient with rectal cancer is getting pain from tenesmus. Which of the following is the most appropriate adjuvant medication?	Amitriptyline	3%	✓
	Dexamethasone	87%	
	Diazepam	8%	
	Domperidone	2%	

Comments:

- Tenesmus is usually related to local tumour in an unresected rectum +/- involvement of the presacral plexus.
- There are no controlled studies to establish the best agent.
- Dexamethasone can be effective if there is a local pressure effect due to oedema.
- Amitriptyline may give some relief if there is nerve involvement.
- Diazepam's effect would be mediated by its anxiolytic and muscle relaxant properties.

Quiz feedback - GP Panel

The factual knowledge represented in this quiz is important and it is essential for patients that their clinicians apply this knowledge with confidence. However, no quiz can represent the depth of issues that arise in palliative care. Clinicians also need to be comfortable addressing the wide range of spiritual, psychological and social issues they will be faced with.

Those first few discussions as someone comes to terms with knowing that cure is unlikely can be uncomfortable for clinicians. And may be so uncomfortable that some may choose not to be involved in palliative care provision. Those who do, learn much about the human condition and their own humanity. They are inspired by the love, caring and strength they encounter.

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