II Fórum de Cuidados Paliativos do CREMEB

Salvador, 2 de dezembro de 2017

Cuidados Paliativos e UTI: evidências e desafios

Daniel Neves Forte

MEDICINA

USP

HOSPITAL SÍRIO-LIBANÊS

ANCP

ACADEMIA NACIONAL DE CUIDADOS PALIATIVOS

Cuidado Paliativo e UTI

Cuidado Paliativo e UTI ??????

The Changing Role of Palliative Care in the ICU

Rebecca A. Aslakson, MD, PhD[1,2]; J. Randall Curtis, MD, MPH[3]; Judith E. Nelson, MD, JD[4]

(*Crit Care Med* 2014

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TABLE 2. Barriers to Better Integration of Palliative Care and Critical Care (56–58)

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1

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Organização Mundial da Saúde

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O cuidado total ativo de **pacientes cuja doença não é responsiva ao tratamento curativo**. O controle da dor, outros sintomas, e da psicológica, social e problemas espirituais é primordial.

Clarke, Lancet 2007

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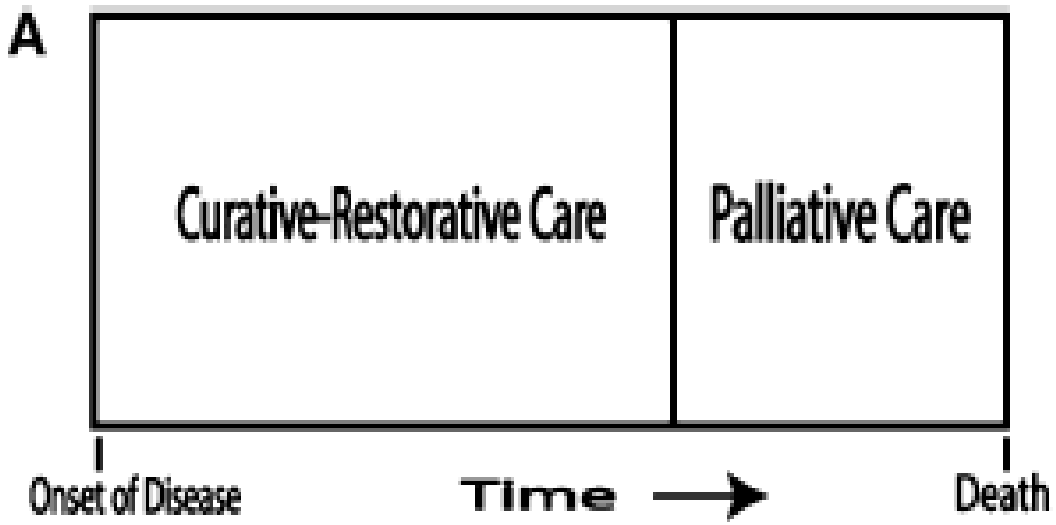

Lanken, 2008

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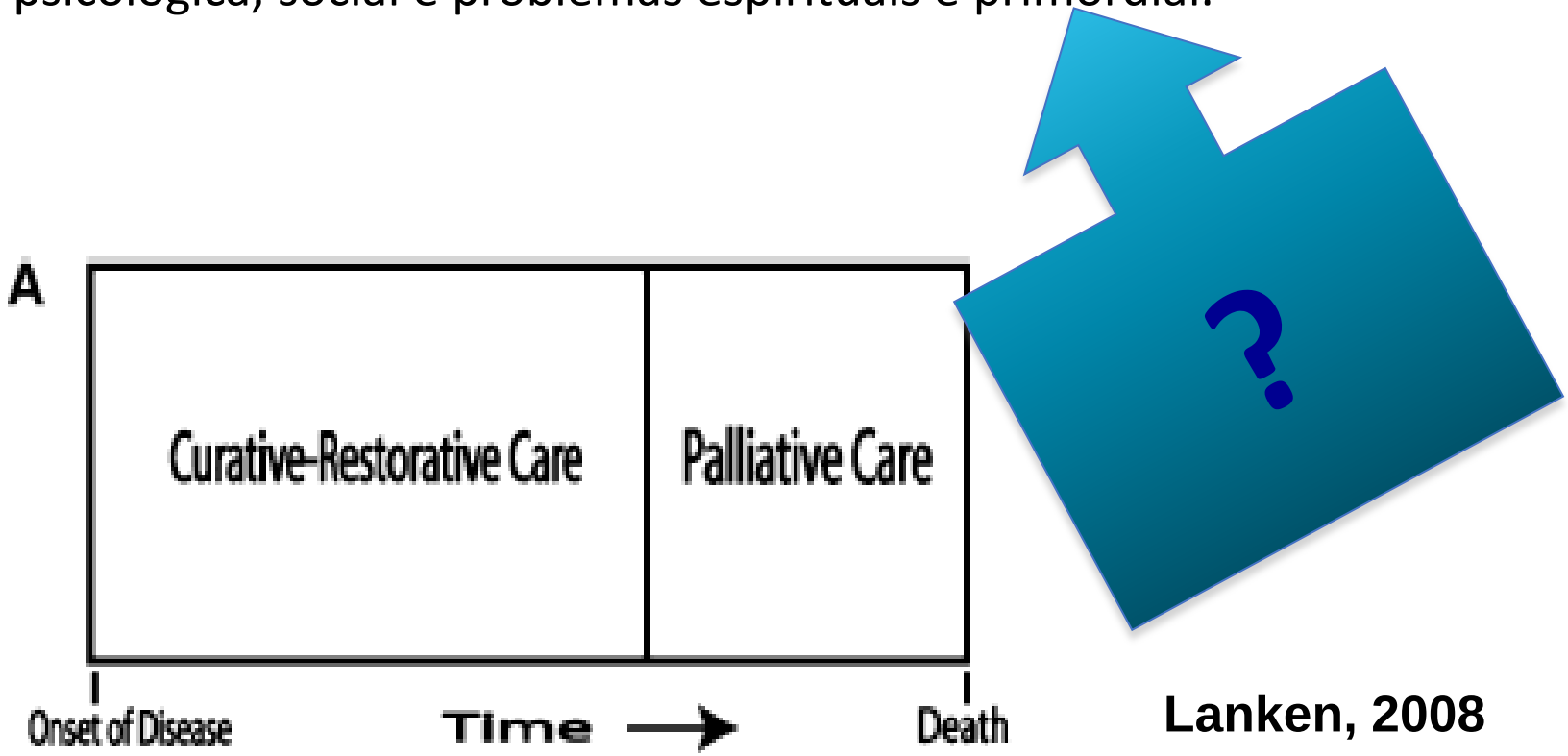

Lanken, 2008

2002 Organização Mundial da Saúde Definição Cuidados Paliativos

www.who.int

2002 Organização Mundial da Saúde
Definição Cuidados Paliativos

"Abordagem que busca

qualidade de vida...

www.who.int

2002 Organização Mundial da Saúde
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"…prevenção e alívio do sofrimento…

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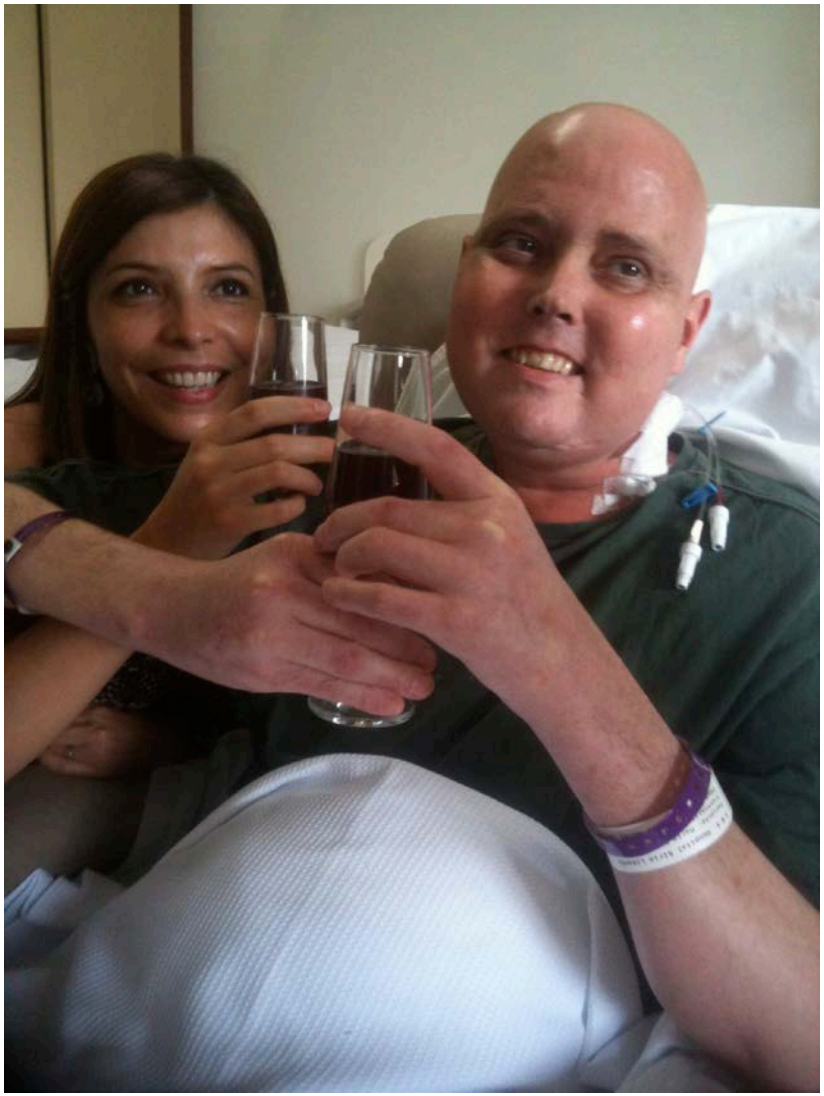

www.who.int

Definição Cuidados Paliativos
Organização Mundial da Saúde

“**pacientes e familiares**…”

www.who.int

o corpo e a pessoa

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o corpo e a pessoa

BIOLOGICO

o corpo e a pessoa

BIOLOGICO

RISCOS

o corpo e a **pessoa**

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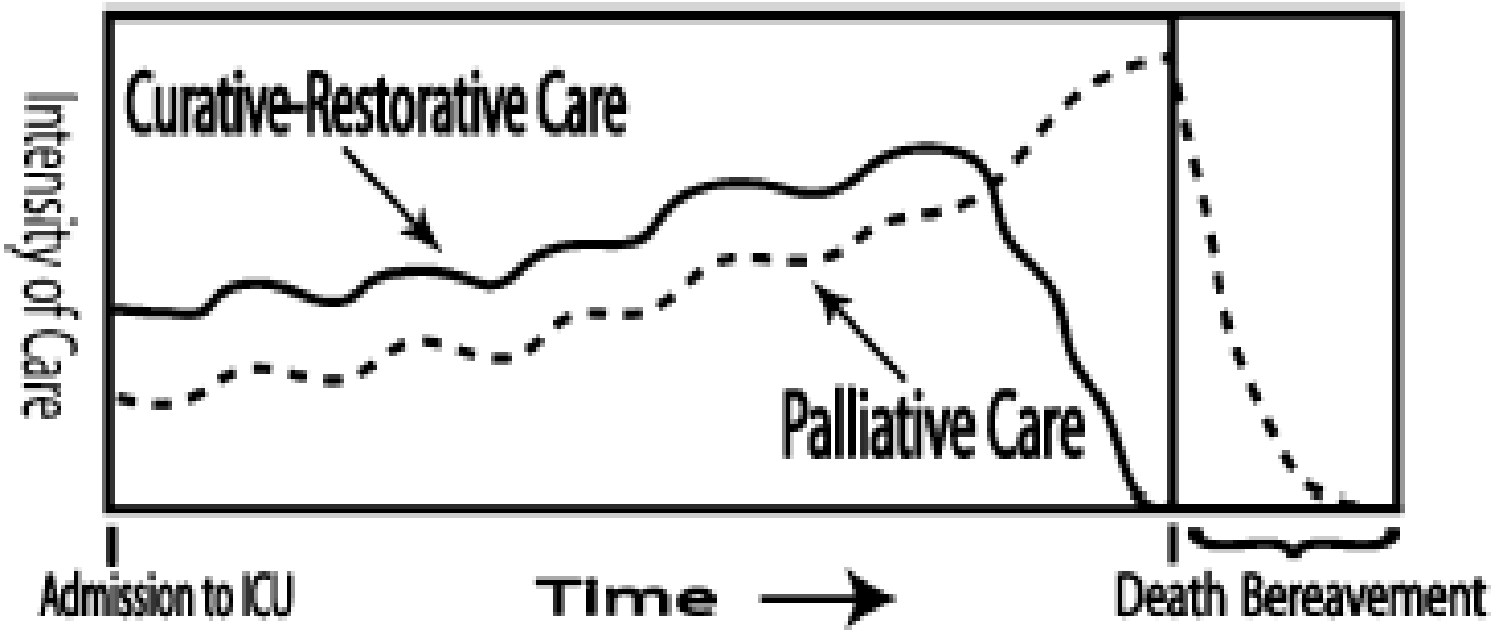
valores

Definição Cuidados Paliativos Organização Mundial da Saúde

"…doenças que ameacem a vida…"

www.who.int

Cuidado paliativo



Consenso cuidados paliativos

Organização Mundial de Saúde 2002
American Thoracic Society 2008
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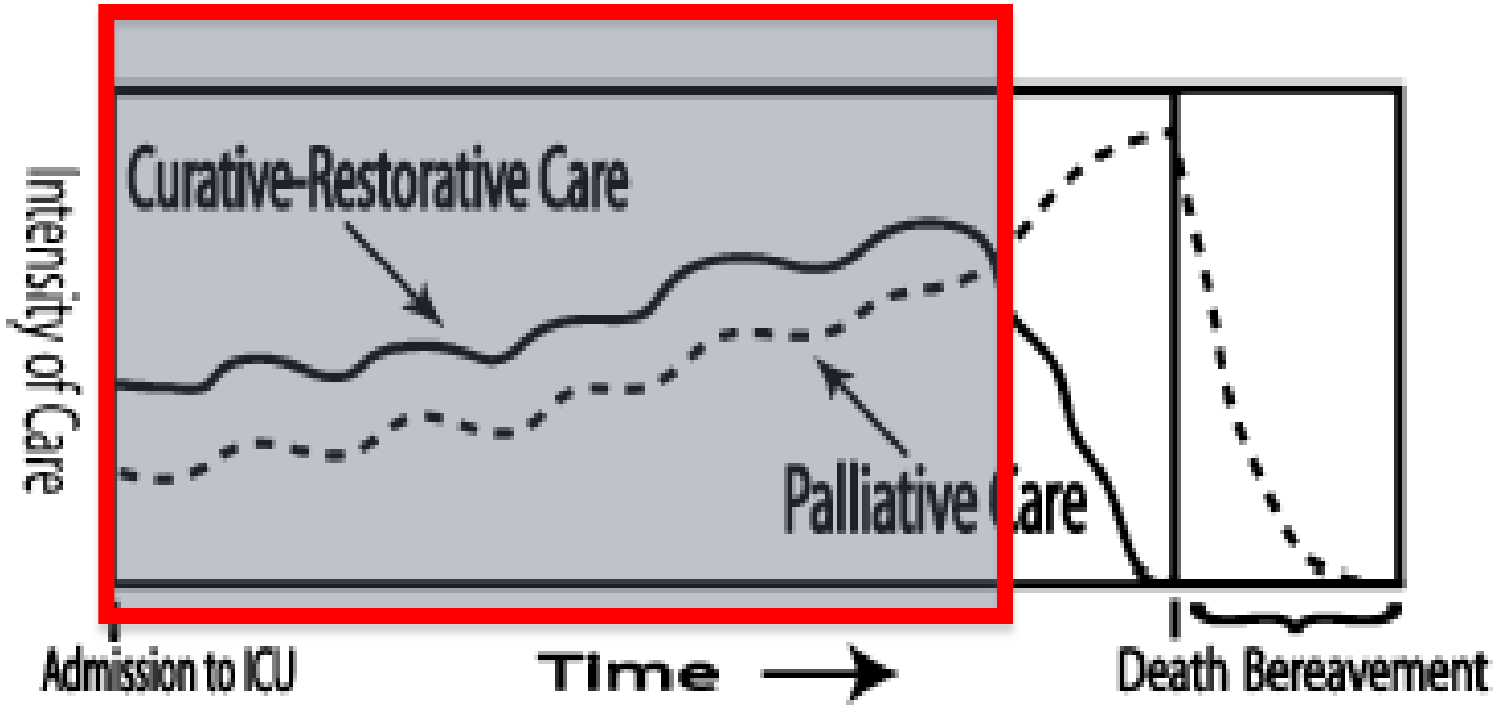

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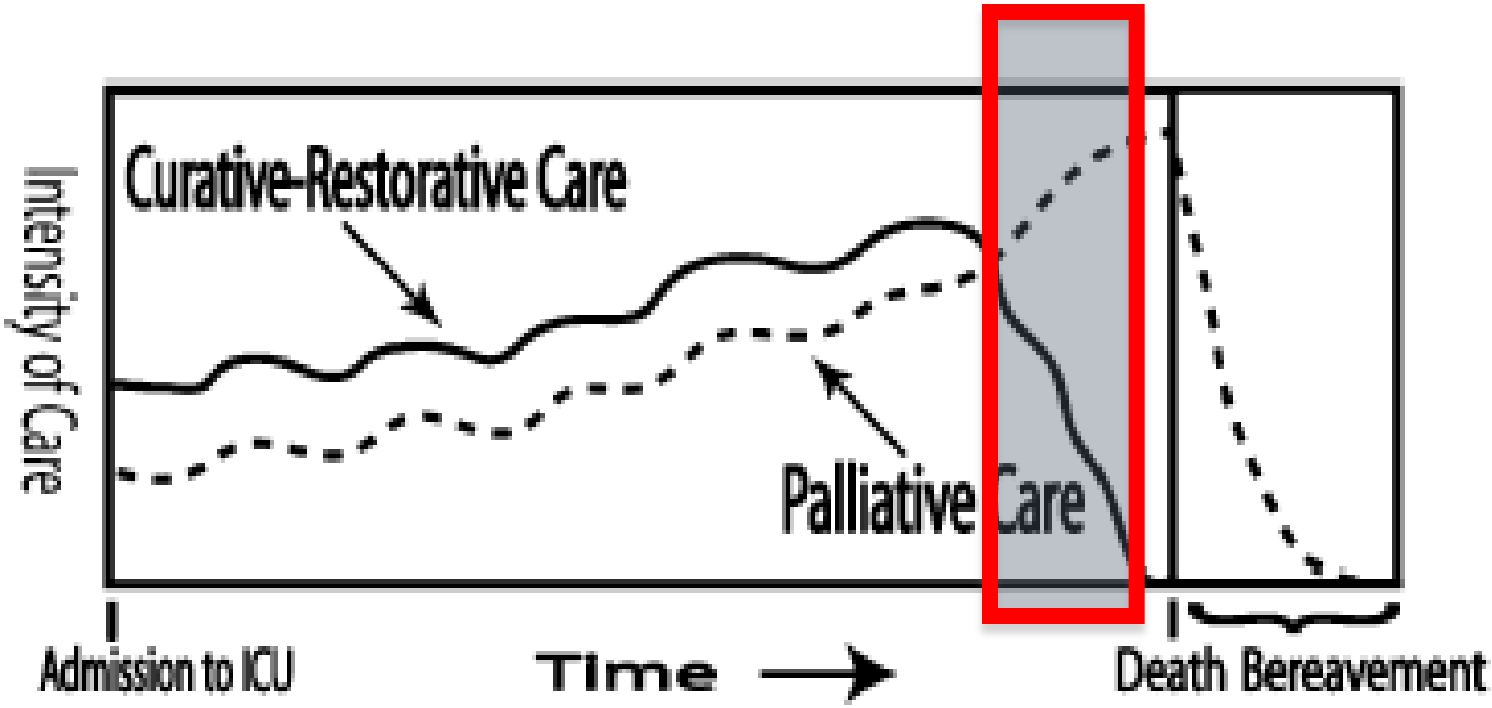

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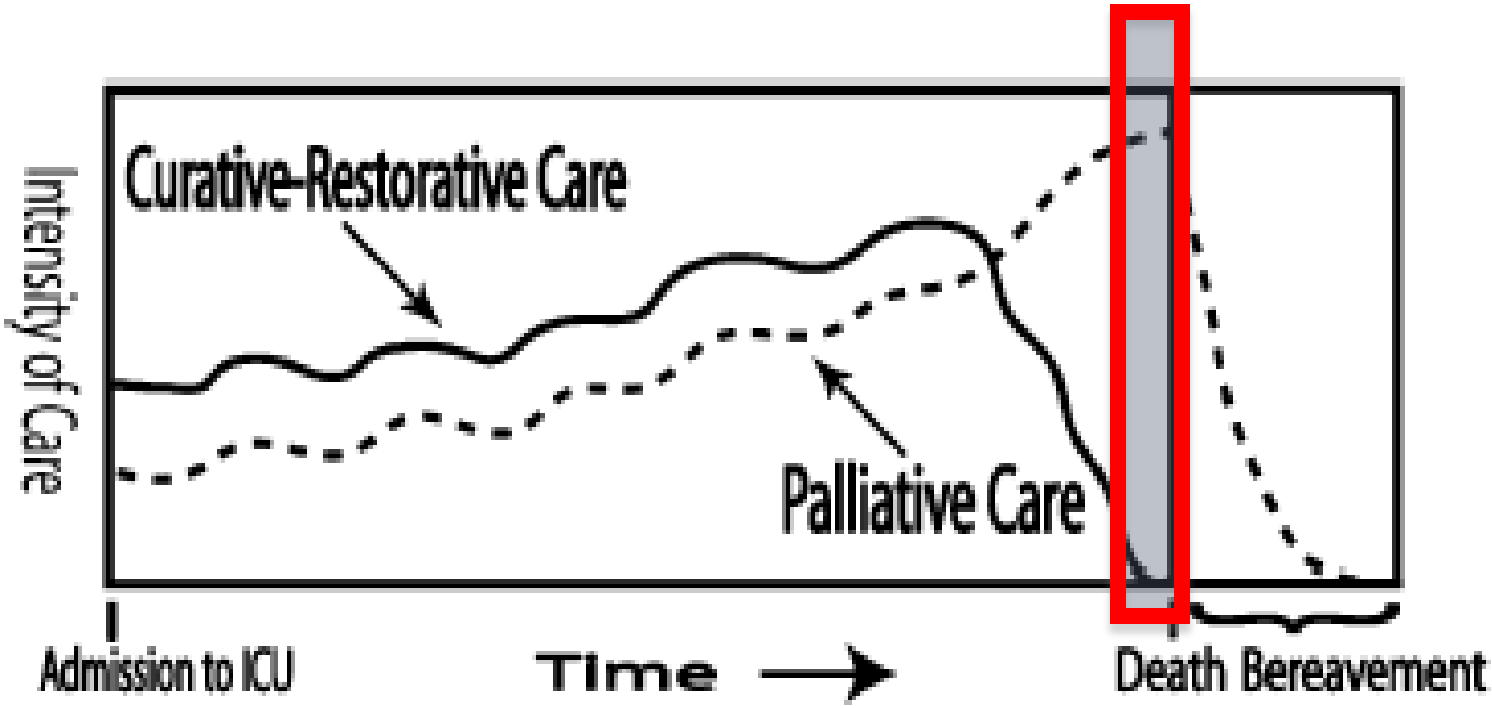

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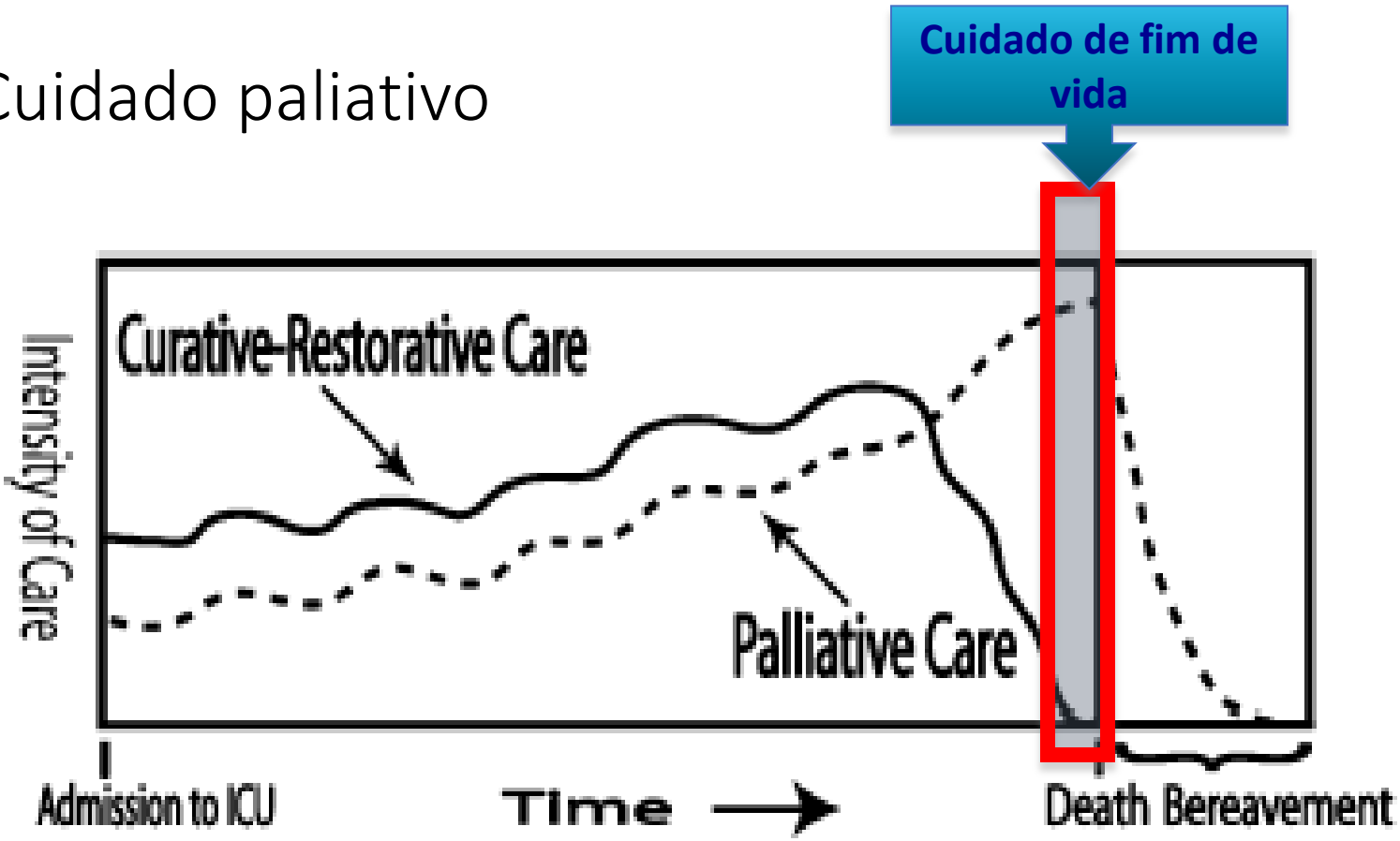

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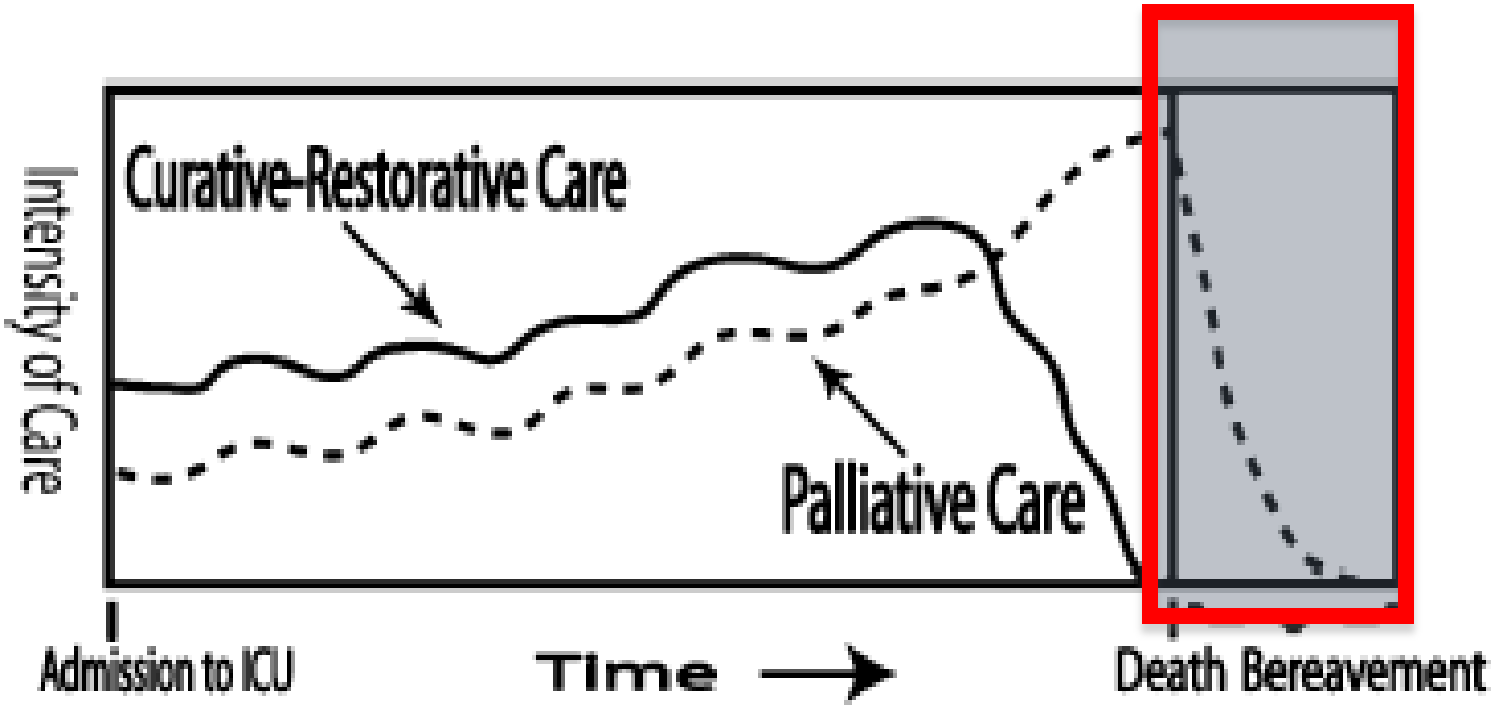

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REVIEW ARTICLE

CRITICAL CARE MEDICINE

Simon R. Finfer, M.D., and Jean-Louis Vincent, M.D., Ph.D., *Editors*

Dying with Dignity in the Intensive Care Unit

Deborah Cook, M.D., and Graeme Rocker, D.M.

N Engl J Med 2014;

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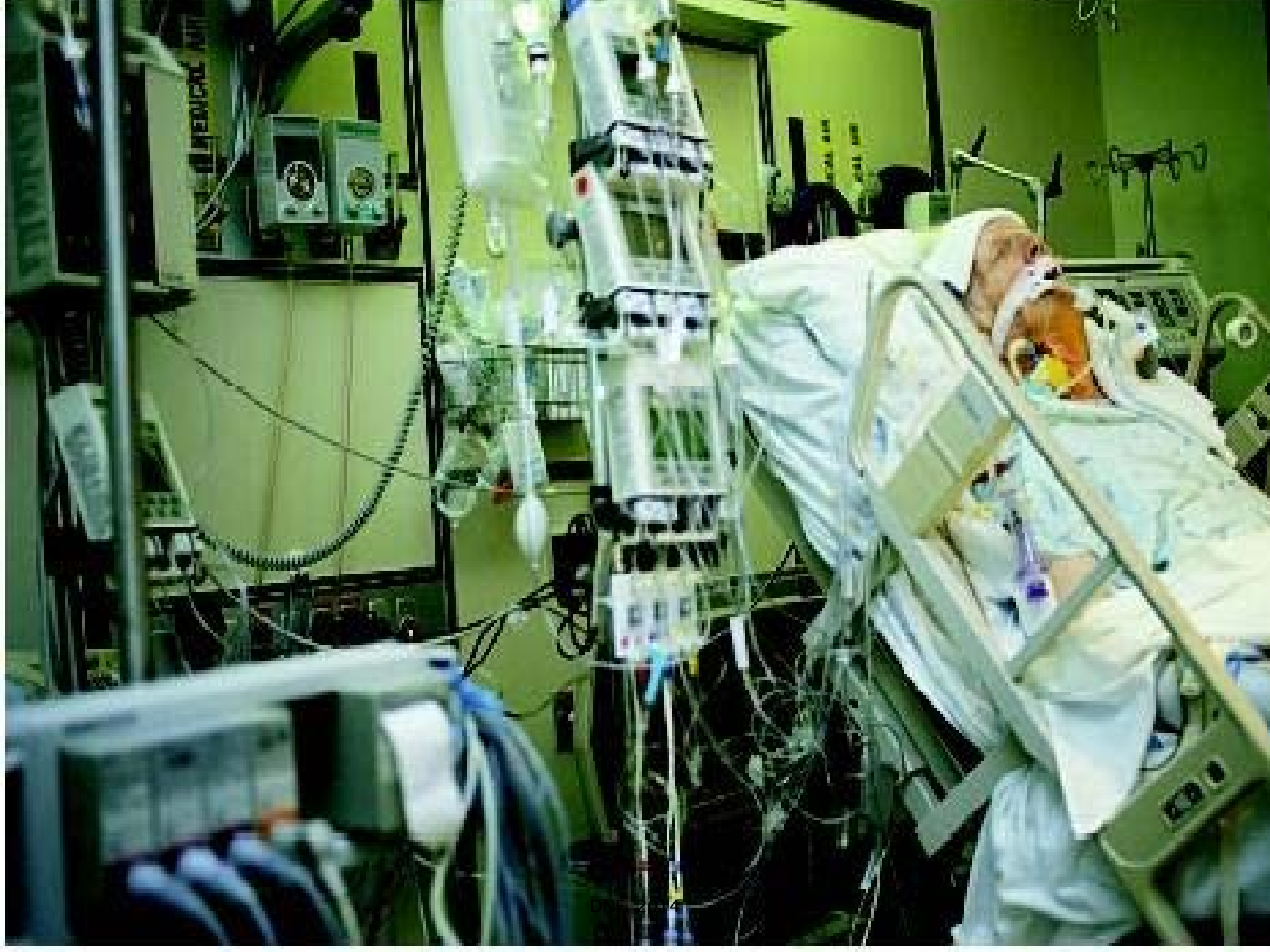
REVIEW

Clinical review: The role of the intensivist and the rapid response team in nosocomial end-of-life care

Andrew K Hilton[1], Daryl Jones[1,2] and Rinaldo Bellomo*[1,2]

Critical Care 2013,


U.T.I.



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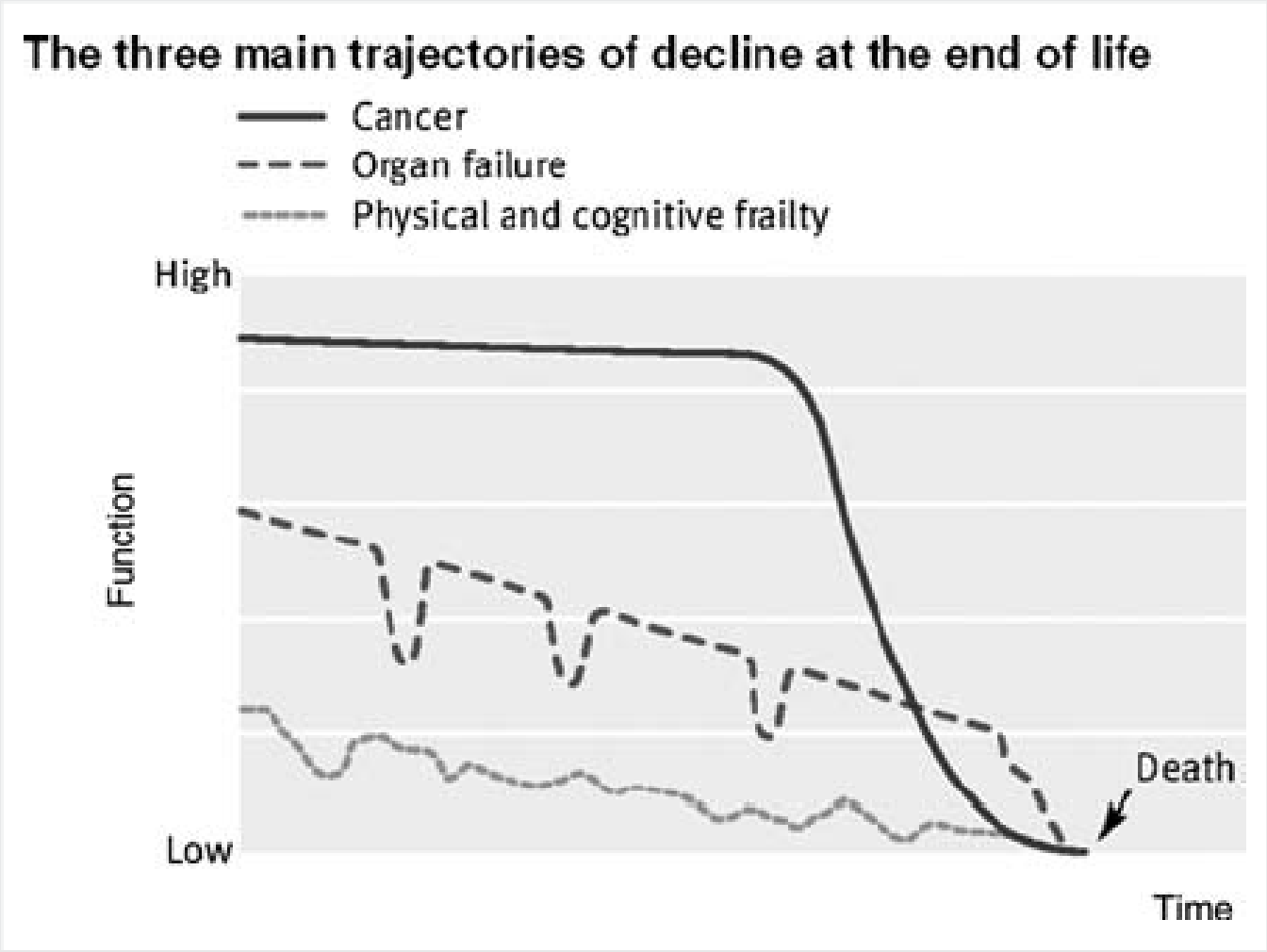
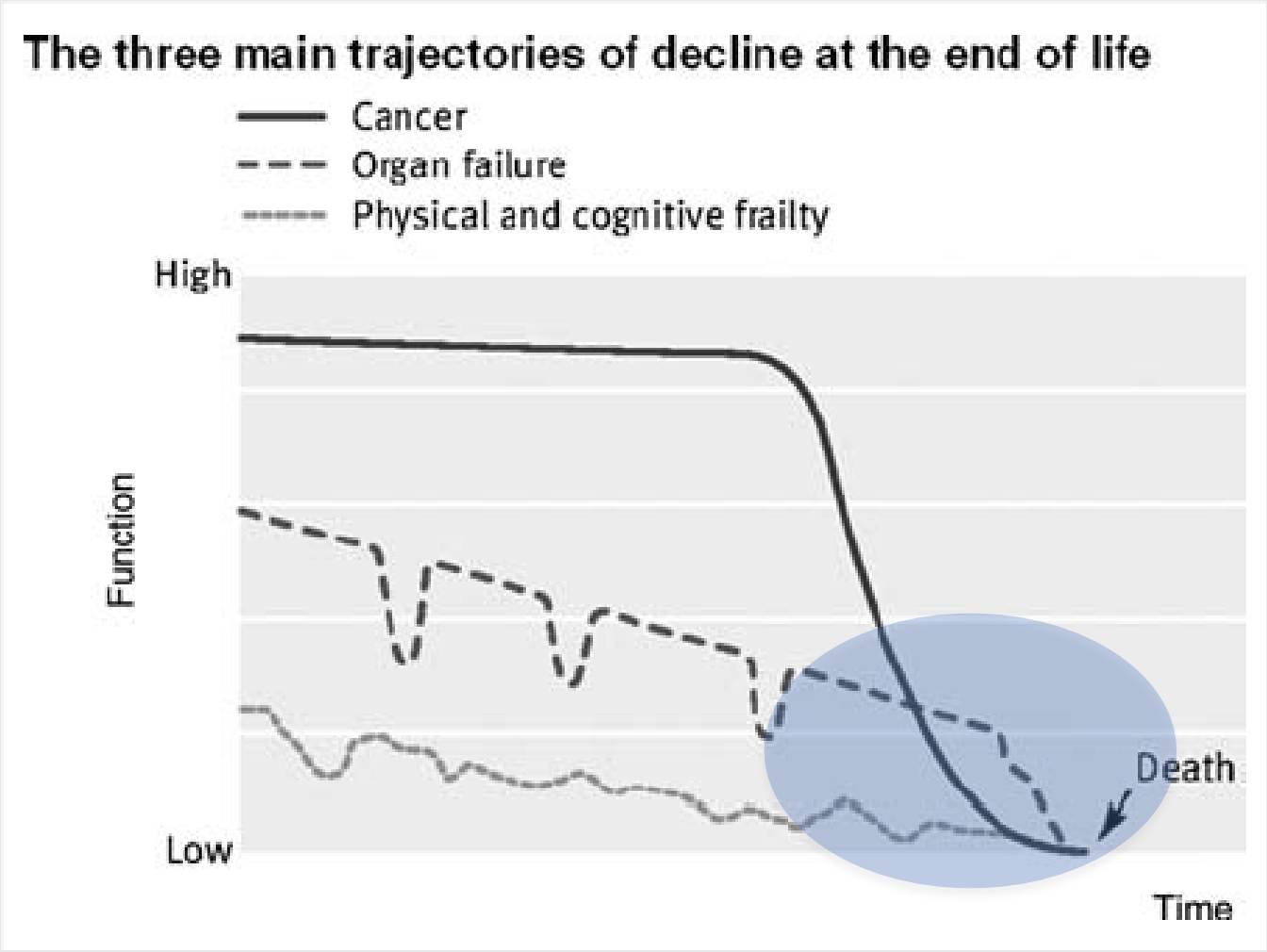


Figure 1 Trajectories of decline. (Reproduced with permission from BMJ Publishing Group Ltd., Murray and Sheikh.[12])

Jaarsma, Eur J Heart Failure, 2009



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Diagnóstico de fase terminal em doença grave e incurável

Hilton *et al. Critical Care* 2013, 17:224
http://ccforum.com/content/17/2/224

CRITICAL CARE

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- diagnóstico de processo de morte
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- discordâncias e consensos

Extent and determinants of error in doctors' prognoses in terminally ill patients: prospective cohort study

Nicholas A Christakis, Elizabeth B Lamont

BMJ VOLUME 320 19 FEBRUARY 2000

- No geral, erro de 5x para mais

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- 20% acurados
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BMJ VOLUME 320 19 FEBRUARY 2000

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- 63% muito otimistas
- 20% acurados
- 17% muito pessimistas
- Fatores associados com maior acurácia
    - maior tempo de prática
    - menor tempo de vínculo

Prognóstico: julgamento clínico

Vieses da intuição

vieses de memória
vieses de confirmação
vieses de seleção/enquadramento

Kahneman, *in* ”Rápido e devagar”,2011

JOURNAL OF PALLIATIVE MEDICINE
Volume 15, Number 2, 2012

DOI: 10.1089/jpm.2011.0192

Original Articles

Systematic Review of Cancer Presentations with a Median Survival of Six Months or Less

Shelley R. Salpeter, M.D.,[1,2] Dawn S. Malter, M.D., Ph.D.,[3] Esther J. Luo, M.D.,[4] Albert Y. Lin, M.D.,[2,5] and Brad Stuart, M.D.[1]

TABLE 1. GENERAL CANCER PRESENTATIONS

General cancer presentations		*Survival benefit of treatment*
Solid cancers in general		
Any locally advanced or metastatic solid cancer with 1 or more of the following presentations:	Karnofsky Performance Status (KPS) < 60 or Eastern Cooperative Cancer Group (ECOG) performance status > 2	No evidence of survival advantage with treatment of underlying cancer
	Serum calcium > 11.2 mg/dL (> 2.8 mmol/L)	No survival benefit with treatment of hypercalcemia or underlying cancer
	Episode of extremity venous thromboembolism or pulmonary embolism	No evidence of survival benefit with treatment of thromboembolic disease in terminal cancer
	Any brain metastasis with KPS < 70	Radiosurgical resection: no survival benefit for patients with KPS < 70, multiple lesions or extracranial metastases
	≥2 brain metastases plus extracranial metastases	Radiation therapy: no survival benefit
	Spinal cord compression with decreased ability to walk	Decompressive surgical resection: no evidence of survival benefit for those with comorbid illness, neurologic conditions, organ dysfunction or brain metastases
		Radiotherapy or surgical laminectomy: no survival benefit
	Malignant pericardial effusion	No survival benefit with any treatment of pericardial effusion or underlying cancer

Salpeter, J Pall Med 2012

Intensive Care Med
DOI 10.1007/s00134-016-4563-5

ORIGINAL

The effects of performance status one week before hospital admission on the outcomes of critically ill patients

Fernando G. Zampieri[1,2], Fernando A. Bozza[3,4], Giulliana M. Moralez[3,5], Débora D. S. Mazza[6], Alexandre V. Scotti[7], Marcelo S. Santino[8], Rubens A. B. Ribeiro[9], Edison M. Rodrigues Filho[10], Maurício M. Cabral[11], Marcelo O. Maia[12], Patrícia S. D'Alessandro[13], Sandro V. Oliveira[14], Márcia A. M. Menezes[15], Eliana B. Caser[16], Roberto S. Lannes[17], Meton S. Alencar Neto[18], Maristela M. Machado[19], Marcelo F. Sousa[20], Jorge I. F. Salluh[3,21] and Marcio Soares[3,21*]

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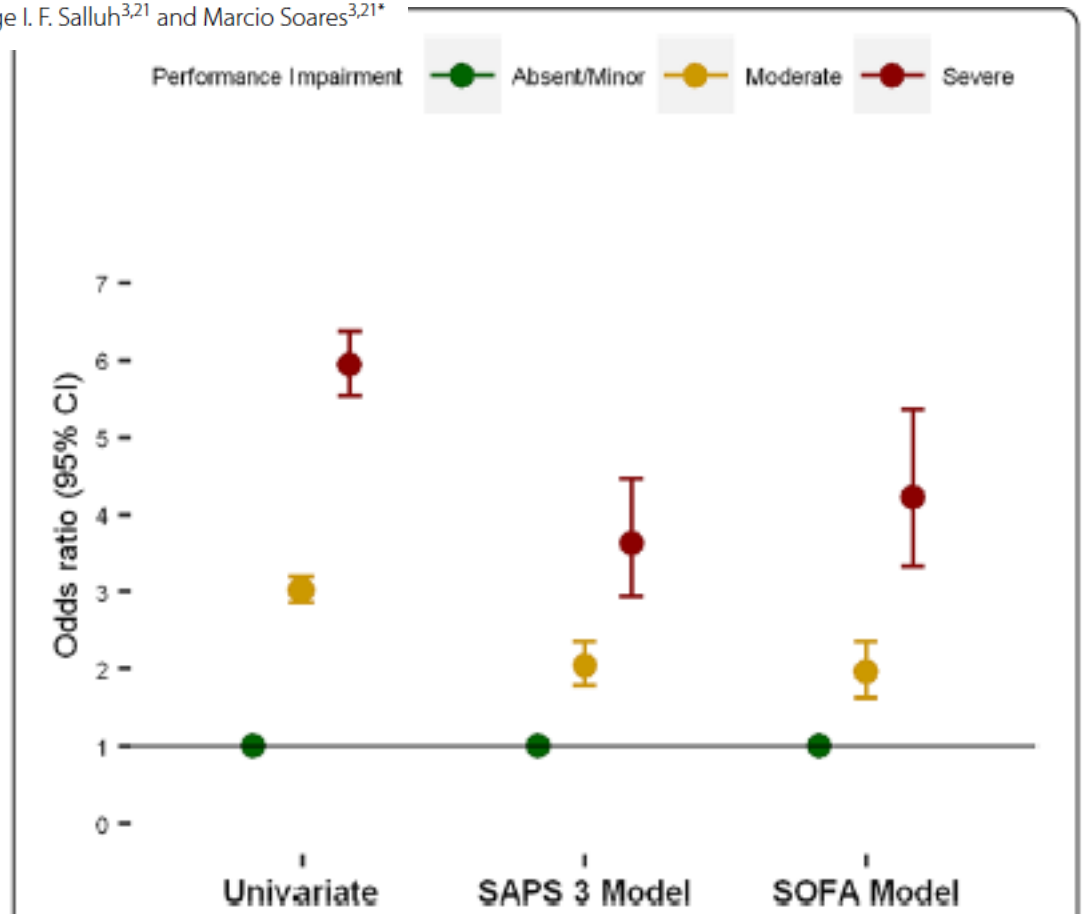

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3

The NEW ENGLAND JOURNAL of MEDICINE

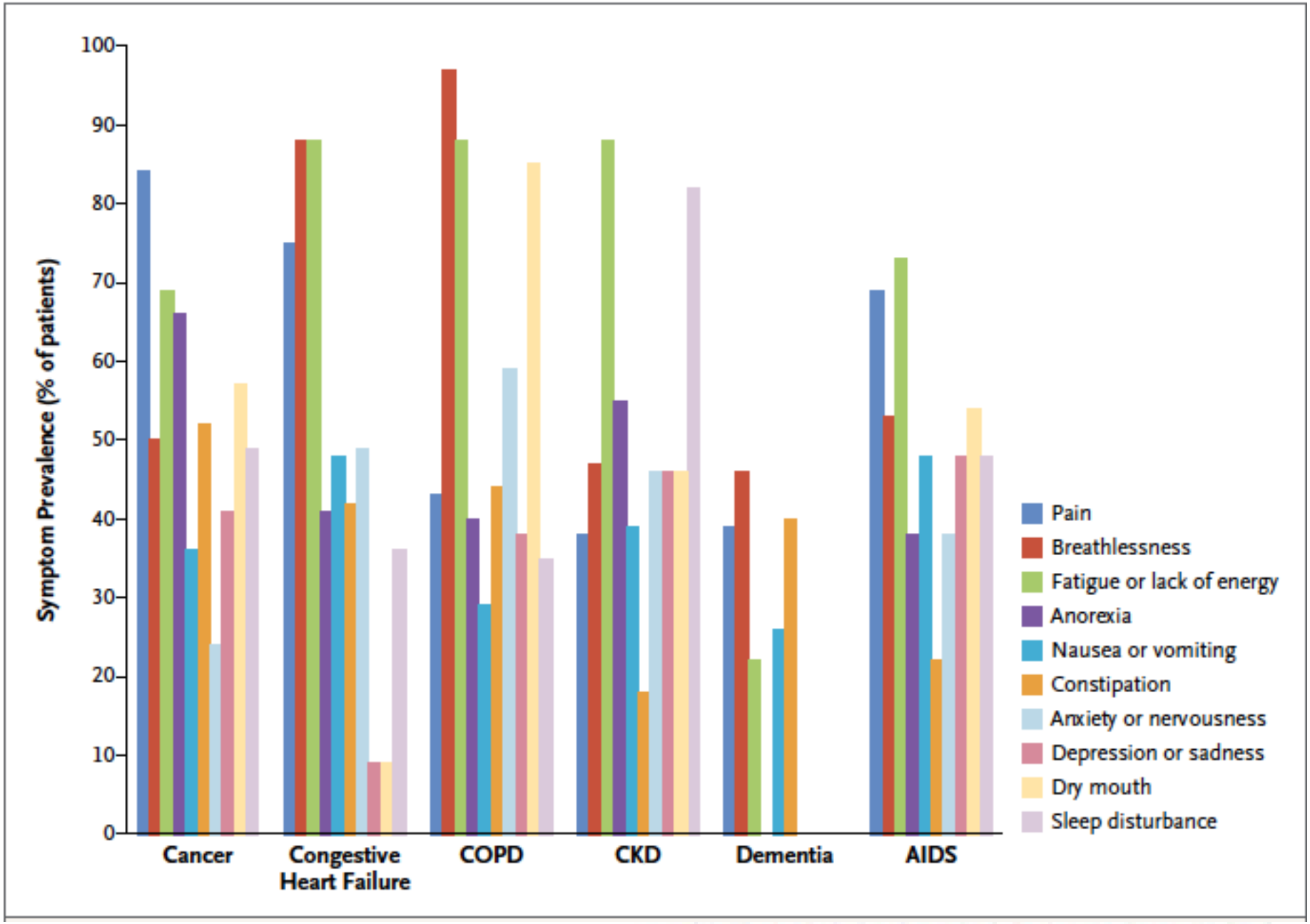
REVIEW ARTICLE

Edward W. Campion, M.D., *Editor*

Palliative Care for the Seriously Ill

Amy S. Kelley, M.D., M.S.H.S., and R. Sean Morrison, M.D.

N Engl J Med 2015;373:747-55.



N Engl J Med 2015;373:747-55.

Dor em pacientes graves

ORIGINAL ARTICLE

Determinants of Procedural Pain Intensity in the Intensive Care Unit

The Europain® Study

Kathleen A. Puntillo[1], Adeline Max[2], Jean-Francois Timsit[3], Lucile Vignoud[4], Gerald Chanques[5,6],

American Journal of Respiratory and Critical Care Medicine Volume 189 Number 1 | January 2014

- 28 países, 192 UTIs, 3851 pacientes

Dor em pacientes graves

Table 2: Differences in Pain Intensity from before the Procedure to during the Procedure

Procedure	N (%)	Preprocedural Pain Intensity Median (IQR)	Pain Intensity During the Procedure Median (IQR)	Difference Median (IQR)	*P* Value*
Chest tube removal	292 (6.1)	2 (0–4)	5 (3–7)	2.5 (0.5–4)	<0.0001
Wound drain removal	75 (1.6)	2 (0–4)	4.5 (2–7)	2 (0–4.5)	<0.0001
Arterial line insertion	199 (4.1)	1 (0–2.5)	4 (2–6)	2.75 (0–5)	<0.0001
Endotracheal suctioning	767 (15.9)	1 (0–4)	4 (1–6)	1.5 (0–4)	<0.0001
Tracheal suctioning	302 (6.3)	1 (0–3.5)	4 (1–6)	1 (0–4)	<0.0001
Peripheral intravenous insertion	315 (6.5)	1 (0–3)	3 (1–5.5)	1 (0–3)	<0.0001
Peripheral blood draw	328 (6.8)	0.5 (0–3)	3 (1–5)	1 (0–3)	<0.0001
Turning	873 (18.1)	1.75 (0–4)	3 (0.25–6)	1 (0–2.5)	<0.0001
Respiratory exercises	439 (9.1)	2 (0–4)	3 (1–5)	1 (0–2)	<0.0001
Positioning	371 (7.7)	1 (0–4)	3 (0–5)	1 (0–2)	<0.0001
Wound care	301 (6.3)	2 (0–4)	3 (1–6)	0.5 (0–2)	<0.0001
Mobilization	526 (10.9)	1 (0–3)	2 (0–5)	0 (0–2)	<0.0001

Puntillo, Am J Resp Crit Care Med 2014

Dor em pacientes graves

Opióides na UTI

Ex: paciente recebendo 5ml/h de fentanil puro

Opióides na UTI

Ex: paciente recebendo 5ml/h de fentanil puro

5ml/h= mcg/h

Opióides na UTI

Ex: paciente recebendo 5ml/h de fentanil puro

5ml/h= 250 mcg/h

Opióides na UTI

Ex: paciente recebendo 5ml/h de fentanil puro

5ml/h= 250 mcg/h = 6.000 mcg/d

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5ml/h= 250 mcg/h = 6.000 mcg/d

100mcg fentanil EV ~ 10 mg morfina EV

Opióides na UTI

Ex: paciente recebendo 5ml/h de fentanil puro

5ml/h= 250 mcg/h = 6.000 mcg/d

100mcg fentanil EV ~ 10 mg morfina EV

recebendo ~ 600 mg morfina EV/dia

OPIÓIDES

Equivalência Analgésica

	Parenteral	Oral	Duração
Morfina	10mg	30 mg	2-4h
Tramadol	100mg	150mg	6h
Codeína	-	300mg	3- 6 (media 4h)
Hidromorfona #	-	6 mg	24h
Oxicodona #	-	20 mg	8-12h
Metadona *	10mg	20 (10)mg ***	4-12h
Fentanil	~100 mcg	--	0,5-1h

Hank et al, Oxford Textobook of Palliative Medicine
Fink et al, Textbook of Critical Care

OPIÓIDES

Equivalência Analgésica

	Parenteral	Oral	Duração
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Tramadol	100mg	150mg	6h
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Hidromorfona #	-	6 mg	24h
Oxicodona #	-	20 mg	8-12h
Metadona *	10mg	20 (10)mg ***	4-12h
Fentanil	**~100 mcg**	**--**	**0,5-1h**

Hank et al, Oxford Textobook of Palliative Medicine
Fink et al, Textbook of Critical Care

VOLUME 34 · NUMBER 6 · FEBRUARY 20, 2016

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

Symptom Monitoring With Patient-Reported Outcomes During Routine Cancer Treatment: A Randomized Controlled Trial

Ethan Basch, Allison M. Deal, Mark G. Kris, Howard I. Scher, Clifford A. Hudis, Paul Sabbatini, Lauren Rogak, Antonia V. Bennett, Amylou C. Dueck, Thomas M. Atkinson, Joanne F. Chou, Dorothy Dulko, Laura Sit, Allison Barz, Paul Novotny, Michael Fruscione, Jeff A. Sloan, and Deborah Schrag

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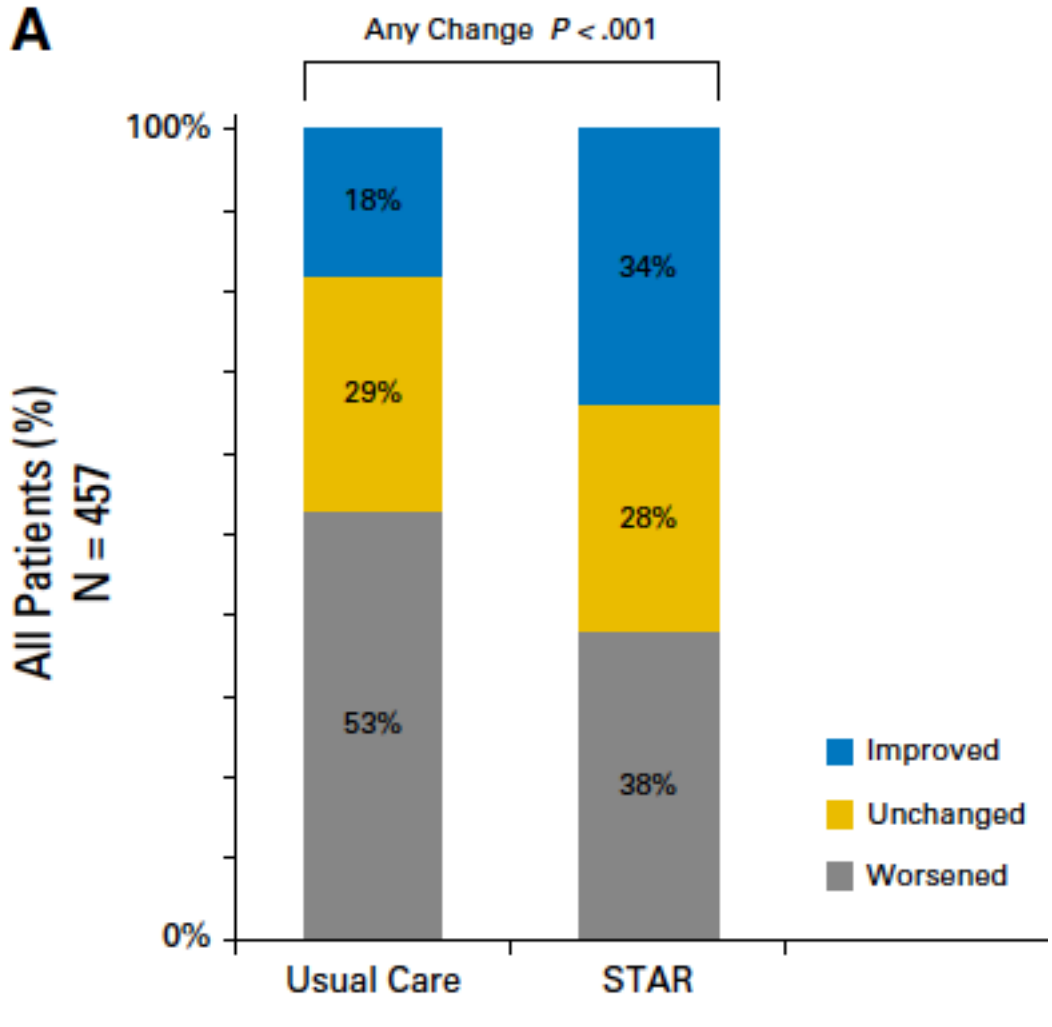


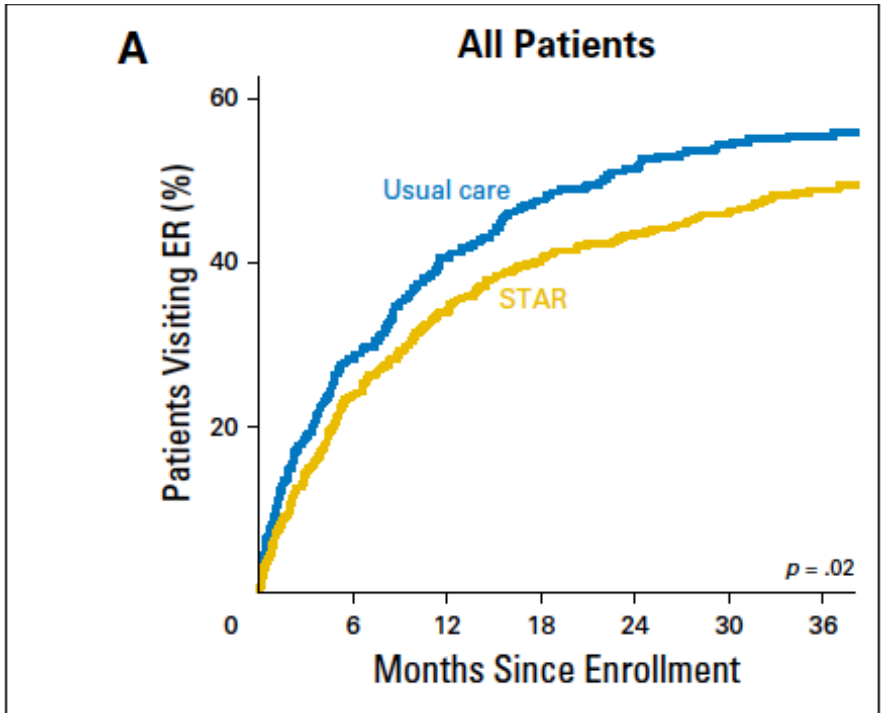
VOLUME 34 · NUMBER 6 · FEBRUARY 20, 2016

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

Symptom Monitoring With Patient-Reported Outcomes During Routine Cancer Treatment: A Randomized Controlled Trial

Ethan Basch, Allison M. Deal, Mark G. Kris, Howard I. Scher, Clifford A. Hudis, Paul Sabbatini, Lauren Rogak, Antonia V. Bennett, Amylou C. Dueck, Thomas M. Atkinson, Joanne F. Chou, Dorothy Dulko, Laura Sit, Allison Barz, Paul Novotny, Michael Fruscione, Jeff A. Sloan, and Deborah Schrag



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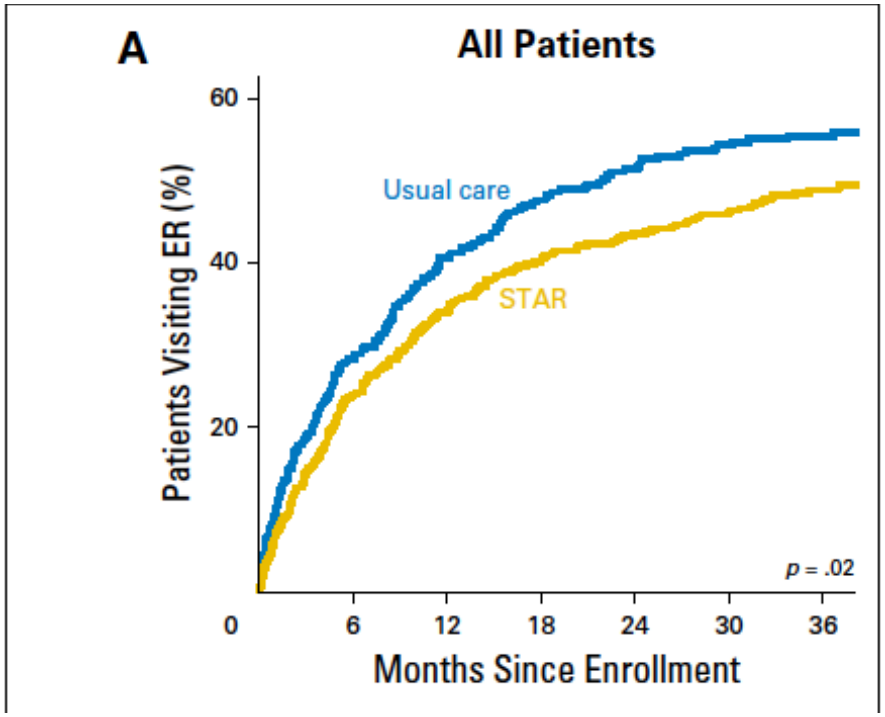

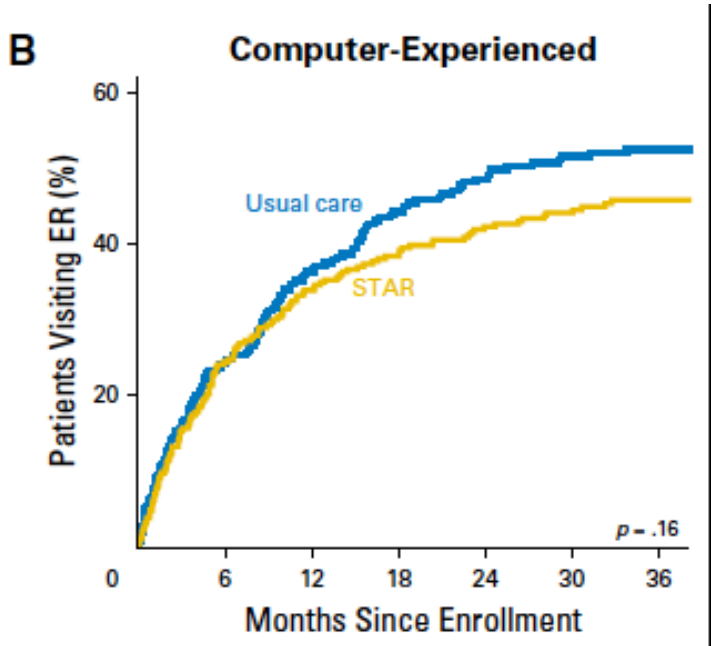

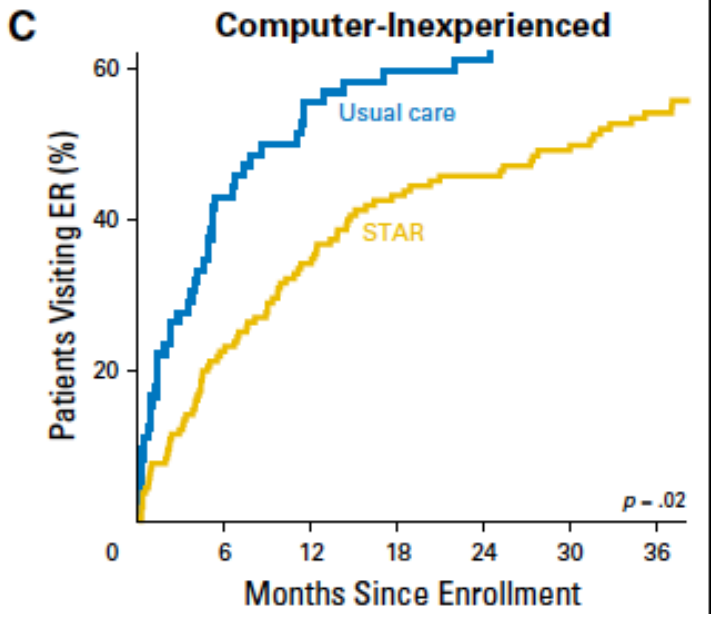

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Table 3. Overall and Quality-Adjusted Survival at 12 Months

Patients	N	STAR (95% CI)	Usual Care (95% CI)	*P* (Univariable)*	*P* (Multivariable)*
Overall survival, % alive at 1 year					
All patients	766	75.1 (70.7 to 79.0)	68.6 (63.2 to 73.6)	.03	.05
Subgroup analysis, % alive at 1 year					
Computer inexperienced	227	74.2 (66.6 to 80.9)	59.7 (47.5 to 71.1)	.03	.02
Computer experienced	539	75.5 (70.1 to 80.4)	71.1 (65.1 to 76.7)	.25	.45
Quality-adjusted 12-month survival, months					
All patients	757†	8.7 (8.3 to 9.0)	8.0 (7.6 to 8.4)	.002	.004
Subgroup analysis, months					
Computer inexperienced	220†	8.3 (7.8 to 8.8)	7.2 (6.3 to 8.2)	.03	.02
Computer experienced	537†	8.8 (8.5 to 9.2)	8.2 (7.7 to 8.6)	.02	.046

American College of Chest Physicians Consensus Statement on the Management of Dyspnea in Patients With Advanced Lung or Heart Disease

Donald A. Mahler, Paul A. Selecky, Christopher G. Harrod, Joshua O. Benditt, Virginia Carrieri-Kohlman, J. Randall Curtis, Harold L. Manning, Richard A. Mularski, Basil Varkey, Margaret Campbell, Edward R. Carter, Jun Ratunil Chiong, E. Wesley Ely, John Hansen-Flaschen, Denis E. O'Donnell and Alexander Waller

Chest 2010;137;674-691
DOI 10.1378/chest.09-1543

American Thoracic Society Documents

An Official American Thoracic Society Statement: Update on the Mechanisms, Assessment, and Management of Dyspnea

Mark B. Parshall, Richard M. Schwartzstein, Lewis Adams, Robert B. Banzett, Harold L. Manning, Jean Bourbeau, Peter M. Calverley, Audrey G. Gift, Andrew Harver, Suzanne C. Lareau, Donald A. Mahler, Paula M. Meek, and Denis E. O'Donnell; on behalf of the ATS Committee on Dyspnea

THIS OFFICIAL STATEMENT OF THE AMERICAN THORACIC SOCIETY (ATS) WAS APPROVED BY THE ATS BOARD OF DIRECTORS, October, 2011

An integrated palliative and respiratory care service for patients with advanced disease and refractory breathlessness: a randomised controlled trial

Irene J Higginson, Claudia Bausewein, Charles C Reilly, Wei Gao, Marjolein Gysels, Mendwas Dzingina, Paul McCrone, Sara Booth, Caroline J Jolley, John Moxham

Lancet Respir Med 2014;

An integrated palliative and respiratory care service for patients with advanced disease and refractory breathlessness: a randomised controlled trial

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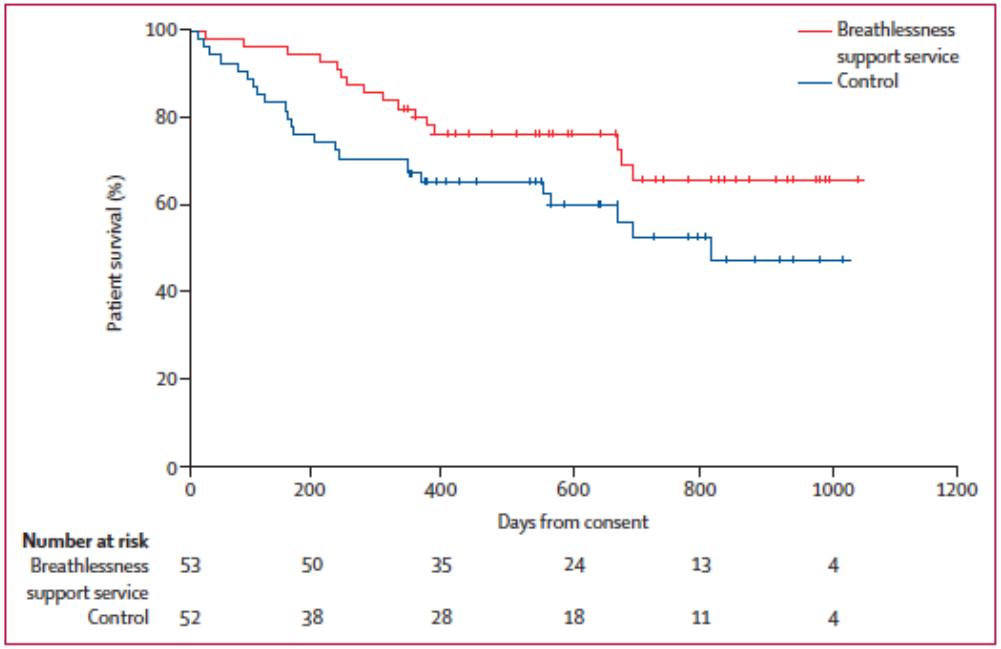
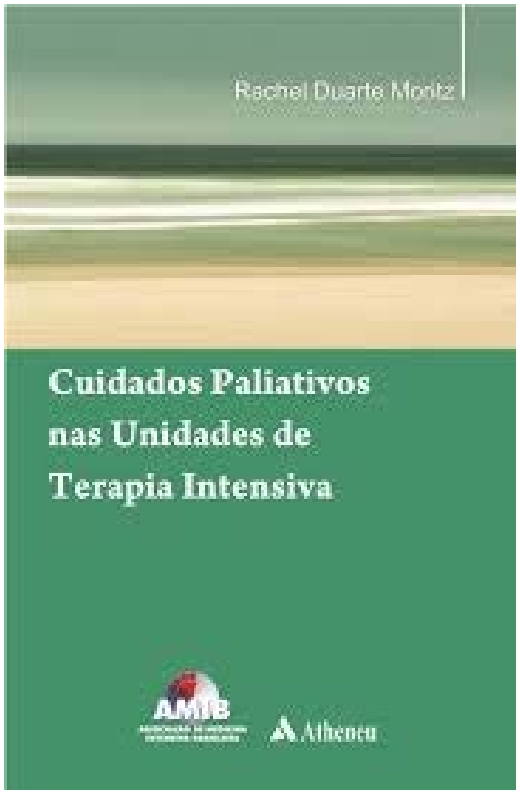
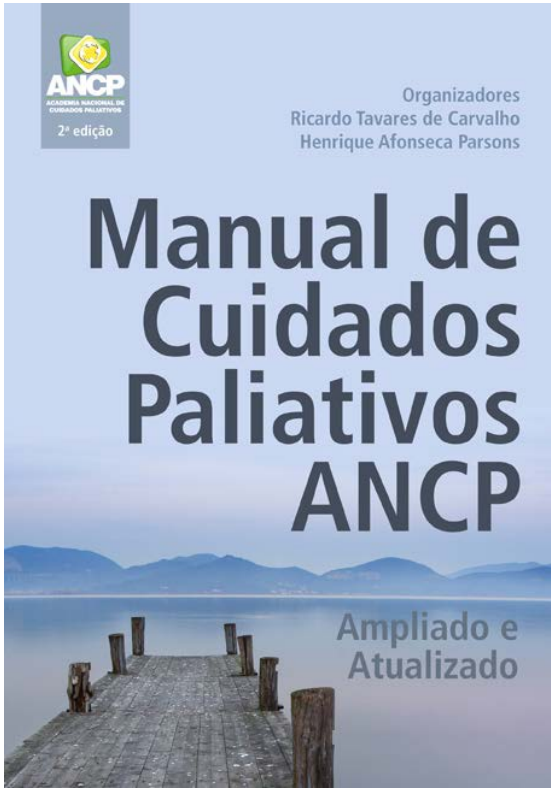
Lancet Respir Med 2014;



SINTOMAS FÍSICOS

- Dor
- Dispnéia
- Náuseas e vômitos
- Fadiga
- Inapetência
- Boca seca (xerostomia)
- Sialorreia
- Constipação
- Diarréia
- Outros





Dor

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Cicely Saunders


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empática

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

A Communication Strategy and Brochure for Relatives of Patients Dying in the ICU

Alexandre Lautrette, M.D., Michael Darmon, M.D., Bruno Megarbane, M.D., Ph.D., Luc Marie Joly, M.D., Sylvie Chevret, M.D., Ph.D., Christophe Adrie, M.D., Ph.D., Didier Barnoud, M.D., Gérard Bleichner, M.D., Cédric Bruel, M.D., Gérald Choukroun, M.D., J. Randall Curtis, M.D., M.P.H., Fabienne Fieux, M.D., Richard Galliot, M.D., Maité Garrouste-Orgeas, M.D., Hugues Georges, M.D., Dany Goldgran-Toledano, M.D., Mercé Jourdain, M.D., Ph.D., Georges Loubert, M.D., Jean Reignier, M.D., Fayçal Saidi, M.D., Bertrand Souweine, M.D., Ph.D., François Vincent, M.D., Nancy Kentish Barnes, Ph.D., Frédéric Pochard, M.D., Ph.D., Benoit Schlemmer, M.D., and Elie Azoulay, M.D., Ph.D.

N Engl J Med 2007;356:469-78.

Table 4. Outcomes Assessed on Day 90.

Variable	Control Group (N=52)	Intervention Group (N=56)	P Value
IES score			0.02
Median	39	27	
Interquartile range	25–48	18–42	
Presence of PTSD-related symptoms (IES score >30) — no. (%)	36 (69)	25 (45)	0.01
HADS score			0.004
Median	17	11	
Interquartile range	11–25	8–18	
Symptoms of anxiety — no. (%)	35 (67)	25 (45)	0.02
Symptoms of depression — no. (%)	29 (56)	16 (29)	0.003
Saw a psychologist after death of patient — no. (%)	6 (12)	4 (7)	0.41
Received newly prescribed psychotropic drugs after death of patient — no. (%)	12 (23)	6 (11)	0.05

N Engl J Med 2007;356:469-78.

Table 4. Outcomes Assessed on Day 90.

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N Engl J Med 2007;356:469-78.

ORIGINAL ARTICLE

Randomized Trial of Communication Facilitators to Reduce Family Distress and Intensity of End-of-Life Care

J. Randall Curtis[1,2], Patsy D. Treece[1], Elizabeth L. Nielsen[1], Julia Gold[3], Paul S. Ciechanowski[4], Sarah E. Shannon[2], Nita Khandelwal[5], Jessica P. Young[1], and Ruth A. Engelberg[1]

American Journal of Respiratory and Critical Care Medicine Volume 193 Number 2 | January 15 2016

Original Investigation

Effect of Palliative Care–Led Meetings for Families of Patients With Chronic Critical Illness
A Randomized Clinical Trial

Shannon S. Carson, MD; Christopher E. Cox, MD, MPH; Sylvan Wallenstein, PhD; Laura C. Hanson, MD, MPH; Marion Danis, MD; James A Tulsky, MD; Emily Chai, MD; Judith E. Nelson, MD, JD

JAMA. 2016;316(1):51-62.

Dealing With Conflict in Caring for the Seriously Ill

"It Was Just Out of the Question"

Anthony L. Back, MD
Robert M. Arnold, MD

JAMA. 2005;293:1374-1381

Annals of Internal Medicine | PERSPECTIVE

Discussing Treatment Preferences With Patients Who Want "Everything"

Timothy E. Quill, MD; Robert Arnold, MD; and Anthony L. Back, MD

Ann Intern Med. 2009;151:345-349.

CHEST Topics in Practice Management

Practical Guidance for Evidence-Based ICU Family Conferences*

J. Randall Curtis, MD, MPH, FCCP; and Douglas B. White, MD, MA

Definição Cuidados Paliativos
Organização Mundial da Saúde

“trabalho em equipe…”

www.who.int

Currículo de comunicação– Especialização em em Cuidados Paliativos Hospital Sírio-Libanês

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3. Validar emoções
4. Falar sobre más notícias
5. Informar sobre prognóstico
6. Conversar sobre dignidade e valores
7. Discutir objetivos do cuidado
8. Realizar conferências familiares
9. Intermediar conflitos
10. Conversar sobre espiritualidade
11. Conversar com gestores

4º barreira à integraçao de CP em UTI - brasileira

4º barreira à integraçao de CP em UTI - brasileira

- Crença de que cuidado paliativo é igual a bom senso

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Janmaat VT, Steyerberg EW, van der Gaast A, Mathijssen RH, Bruno MJ, Peppelenbosch MP, Kuipers EJ, Spaander MC.
Cochrane Database Syst Rev. 2017 Nov 28;11:CD004063. doi: 10.1002/14651858.CD004063.pub4. [Epub ahead of print] Review.
PMID: 29182797

2. Using Electronic Health Records for Quality Measurement and Accountability in **Care** of the Seriously Ill: Opportunities and Challenges.
Curtis JR, Sathitratanacheewin S, Starks H, Lee RY, Kross EK, Downey L, Sibley J, Lober W, Loggers ET, Fausto JA, Lindvall C, Engelberg RA.
J Palliat Med. 2017 Nov 28. doi: 10.1089/jpm.2017.0542. [Epub ahead of print]
PMID: 29182487

3. End of Life **Care** in Imprisoned Persons.
Klock Z, Liantonio J.
J Pain Symptom Manage. 2017 Nov 24. pii: S0885-3924(17)30648-6. doi: 10.1016/j.jpainsymman.2017.11.017. [Epub ahead of print] No abstract available.
PMID: 29180059
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4. Integration of complementary medicine in supportive cancer **care**: A call for Middle-Eastern collaborative research.
Ben-Arye E, Samuels N, Silbermann M.
J Pain Symptom Manage. 2017 Nov 24. pii: S0885-3924(17)30650-4. doi: 10.1016/j.jpainsymman.2017.11.019. [Epub ahead of print] No abstract available.
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nbosch MP, Kuipers EJ, Spaander MC.
Cochrane Database Syst Rev. 2017 Nov 28;11:CD004063. doi: 10.1002/14651858.CD004063.pub4. [Epub ahead of print] Review.
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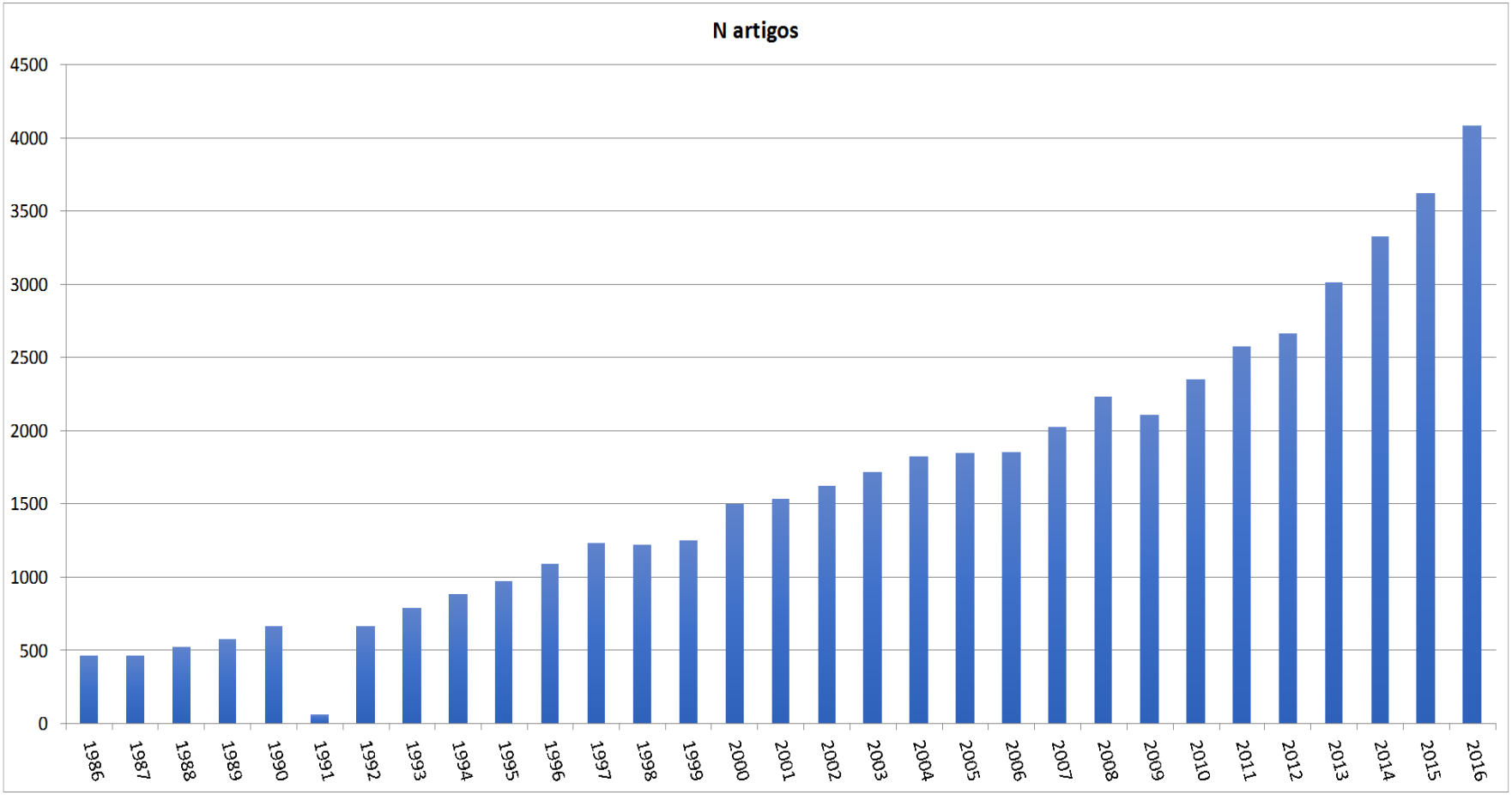
Pub med: artigos publicados sobre Cuidados paliativos/ano



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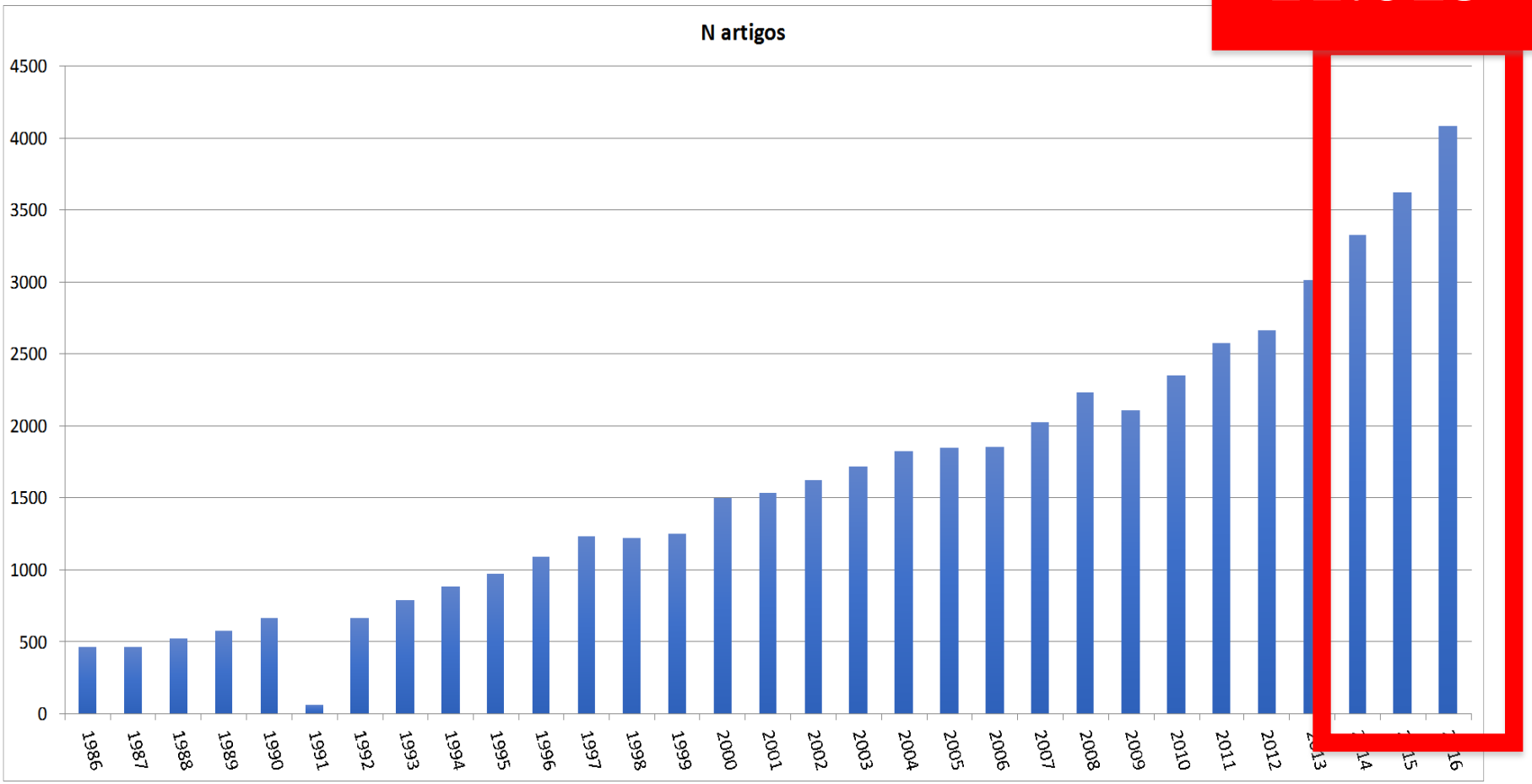


N Engl J Med 2015

REVIEW ARTICLE

Edward W. Campion, M.D., *Editor*

Palliative Care for the Seriously Ill

Amy S. Kelley, M.D., M.S.H.S., and R. Sean Morrison, M.D.

N Engl J Med 2015

REVIEW ARTICLE

Dan L. Longo, M.D., *Editor*

Comfort Care for Patients Dying in the Hospital

Craig D. Blinderman, M.D., and J. Andrew Billings, M.D.*

N Engl J Med 2014

REVIEW ARTICLE

CRITICAL CARE MEDICINE

Simon R. Finfer, M.D., and Jean-Louis Vincent, M.D., Ph.D., *Editors*

Dying with Dignity in the Intensive Care Unit

Deborah Cook, M.D., and Graeme Rocker, D.M.

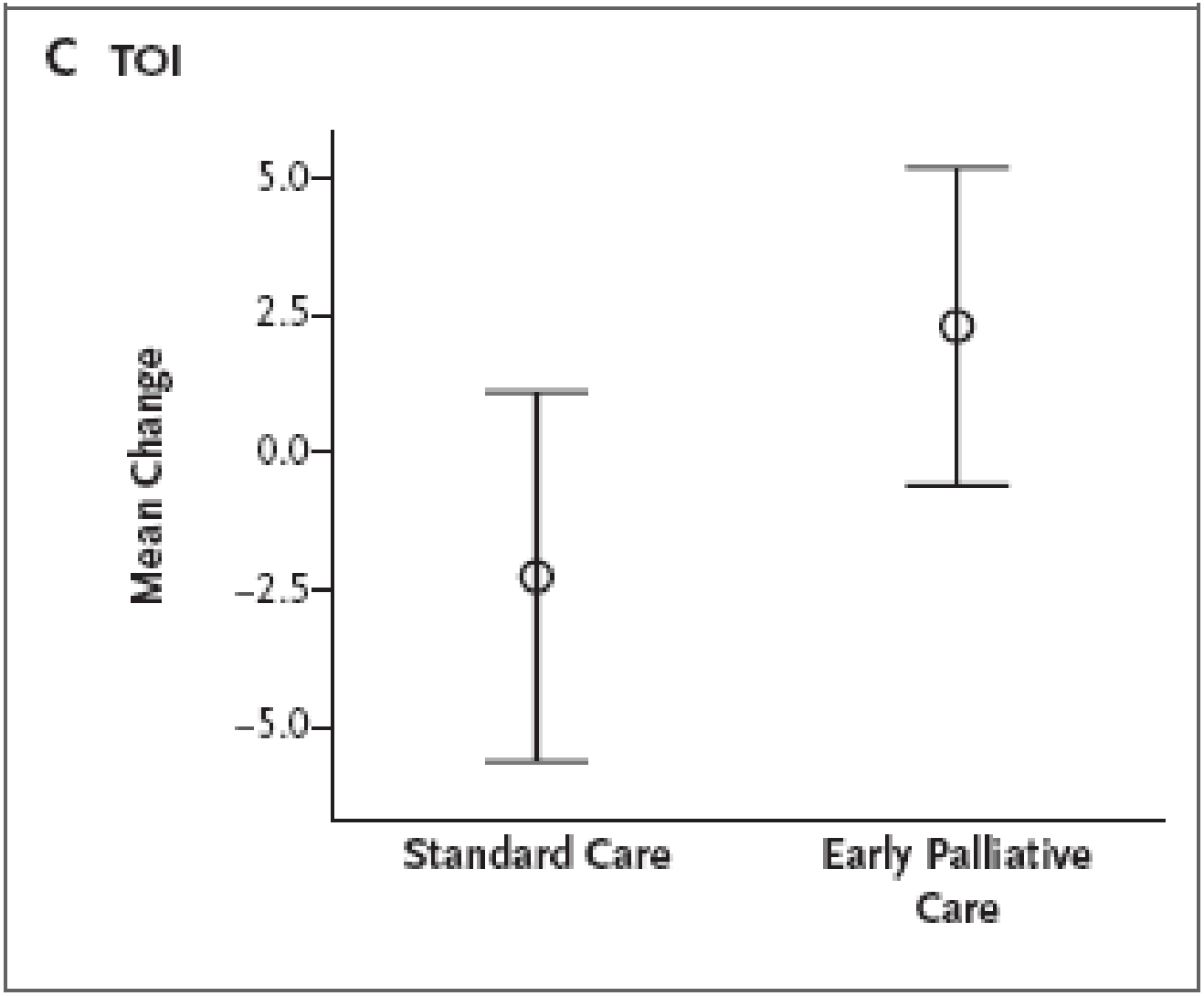
The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A., Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H., Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N., Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H., J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.

N Engl J Med 2010;363:733-42.



DNF, 2014

N ENGL J MED 363;8

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

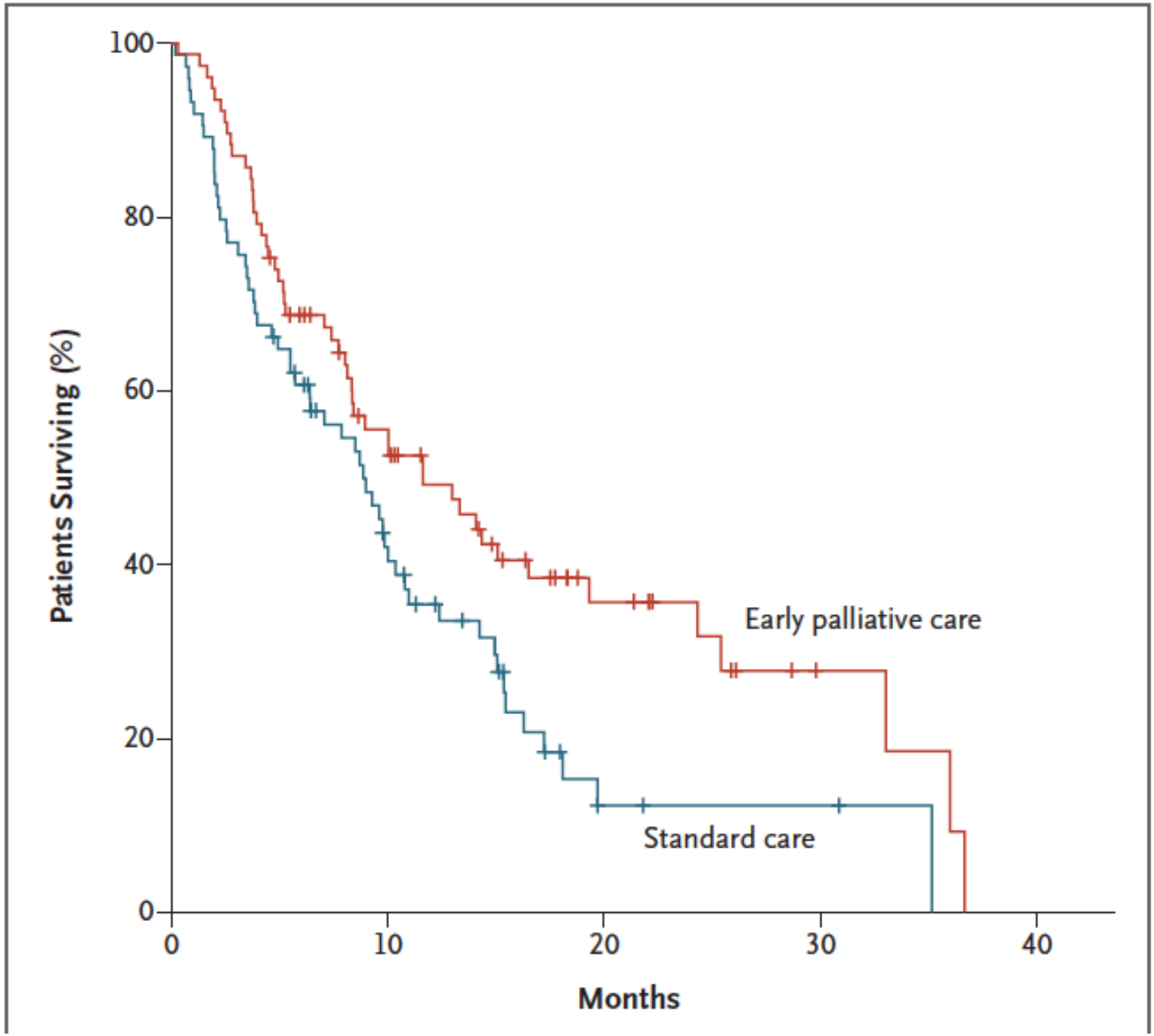
Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

- Fim de vida “agressivo” :

  54% [30/56] vs. 33% [16/49], P =0.05

- QT nos últimos 60 dias de vida:

  70% [47/67] vs. 52% [32/61], P=0.05



Temel, NEJM 2010

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Early Palliative Care for Patients with Metastatic Non–Small-Cell Lung Cancer

Jennifer S. Temel, M.D., Joseph A. Greer, Ph.D., Alona Muzikansky, M.A., Emily R. Gallagher, R.N., Sonal Admane, M.B., B.S., M.P.H., Vicki A. Jackson, M.D., M.P.H., Constance M. Dahlin, A.P.N., Craig D. Blinderman, M.D., Juliet Jacobsen, M.D., William F. Pirl, M.D., M.P.H., J. Andrew Billings, M.D., and Thomas J. Lynch, M.D.

N Engl J Med 2010;363:733-42.

Early palliative care for patients with advanced cancer: a cluster-randomised controlled trial

Camilla Zimmermann, Nadia Swami, Monika Krzyzanowska, Breffni Hannon, Natasha Leighl, Amit Oza, Malcolm Moore, Anne Rydall, Gary Rodin, Ian Tannock, Allan Donner, Christopher Lo

www.thelancet.com **Published online February 19, 2014**

The Project ENABLE II Randomized Controlled Trial to Improve Palliative Care for Patients with Advanced Cancer

Marie Bakitas, DNSc, ARNP, FAAN[1,2,3], Kathleen Doyle Lyons, ScD, OTR[4], Mark T. Hegel, PhD[4], Stefan Balan, MD[5,6], Frances C. Brokaw, MD, MS[2,6], Janette Seville, PhD[4], Jay G. Hull, PhD[7], Zhongze Li, MS[8], Tor Tosteson, ScD[8], Ira R. Byock, MD[1,2], and Tim A. Ahles.

JAMA. 2009

JAMA | Original Investigation

Association Between Palliative Care and Patient and Caregiver Outcomes

A Systematic Review and Meta-analysis

Dio Kavalieratos, PhD; Jennifer Corbelli, MD, MS; Di Zhang, BS; J. Nicholas Dionne-Odom, PhD, RN; Natalie C. Ernecoff, MPH; Janel Hanmer, MD, PhD; Zachariah P. Hoydich, BS; Dara Z. Ikejiani; Michele Klein-Fedyshin, MSLS, BSN, RN, BA; Camilla Zimmermann, MD, PhD; Sally C. Morton, PhD; Robert M. Arnold, MD; Lucas Heller, MD; Yael Schenker, MD, MAS

- Melhora qualidade de vida
- Melhora contrle de sintomas
- Reduz uso de recursos de saúde

Benefícios da abordagem de CP na UTI

Outcome	Selected Relevant Studies
↓ Intensive care unit/hospital length of stay	Campbell et al;[11] Campbell et al;[32] Norton et al;[13] Curtis et al[48]
↓ Use of nonbeneficial treatments	Campbell et al;[11] O'Mahony et al;[14] Pierucci et a[33]
↓ Duration of mechanical ventilation	Payen et al[38]
↑ Family satisfaction/comprehension	Azoulay et al[34]
↓ Family anxiety/depression, posttraumatic stress disorder	Lautrette et al[35]
↓ Conflict over goals of care	Lilly et al[27]
↓ Time from poor prognosis to comfort-focused goals	Campbell et al[11]
↑ Symptom assessment/patient comfort	Erdek and Pronovost;[36] Chanques et al[37]

↓, decreased; ↑, increased.

Nelson JE, Crit Care Med 2010

Competências Centrais em Cuidados Paliativos: Um Guia Orientador da EAPC sobre Educação em cuidados paliativos – parte 1

EUROPEAN JOURNAL OF PALLIATIVE CARE, 2013; 20 (2)

- Abordagem de CP
- CP gerais
- CP especializados

The NEW ENGLAND JOURNAL of MEDICINE

Generalist plus Specialist Palliative Care — Creating a More Sustainable Model

Timothy E. Quill, M.D., and Amy P. Abernethy, M.D.

Representative Skill Sets for Primary and Specialty Palliative Care.

Primary Palliative Care

- Basic management of pain and symptoms
- Basic management of depression and anxiety
- Basic discussions about
  - Prognosis
  - Goals of treatment
  - Suffering
  - Code status

Specialty Palliative Care

- Management of refractory pain or other symptoms
- Management of more complex depression, anxiety, grief, and existential distress
- Assistance with conflict resolution regarding goals or methods of treatment
  - Within families
  - Between staff and families
  - Among treatment teams
- Assistance in addressing cases of near futility

The Changing Role of Palliative Care in the ICU

Rebecca A. Aslakson, MD, PhD[1,2]; J. Randall Curtis, MD, MPH[3]; Judith E. Nelson, MD, JD[4]

(*Crit Care Med* 2014

The Changing Role of Palliative Care in the ICU

Rebecca A. Aslakson, MD, PhD[1,2]; J. Randall Curtis, MD, MPH[3]; Judith E. Nelson, MD, JD[4]

(*Crit Care Med* 2014

- Cuidado Paliativo e UTI ??????

The Changing Role of Palliative Care in the ICU

Rebecca A. Aslakson, MD, PhD[1,2]; J. Randall Curtis, MD, MPH[3]; Judith E. Nelson, MD, JD[4]

(*Crit Care Med* 2014

- Cuidado Paliativo faz parte da UTI

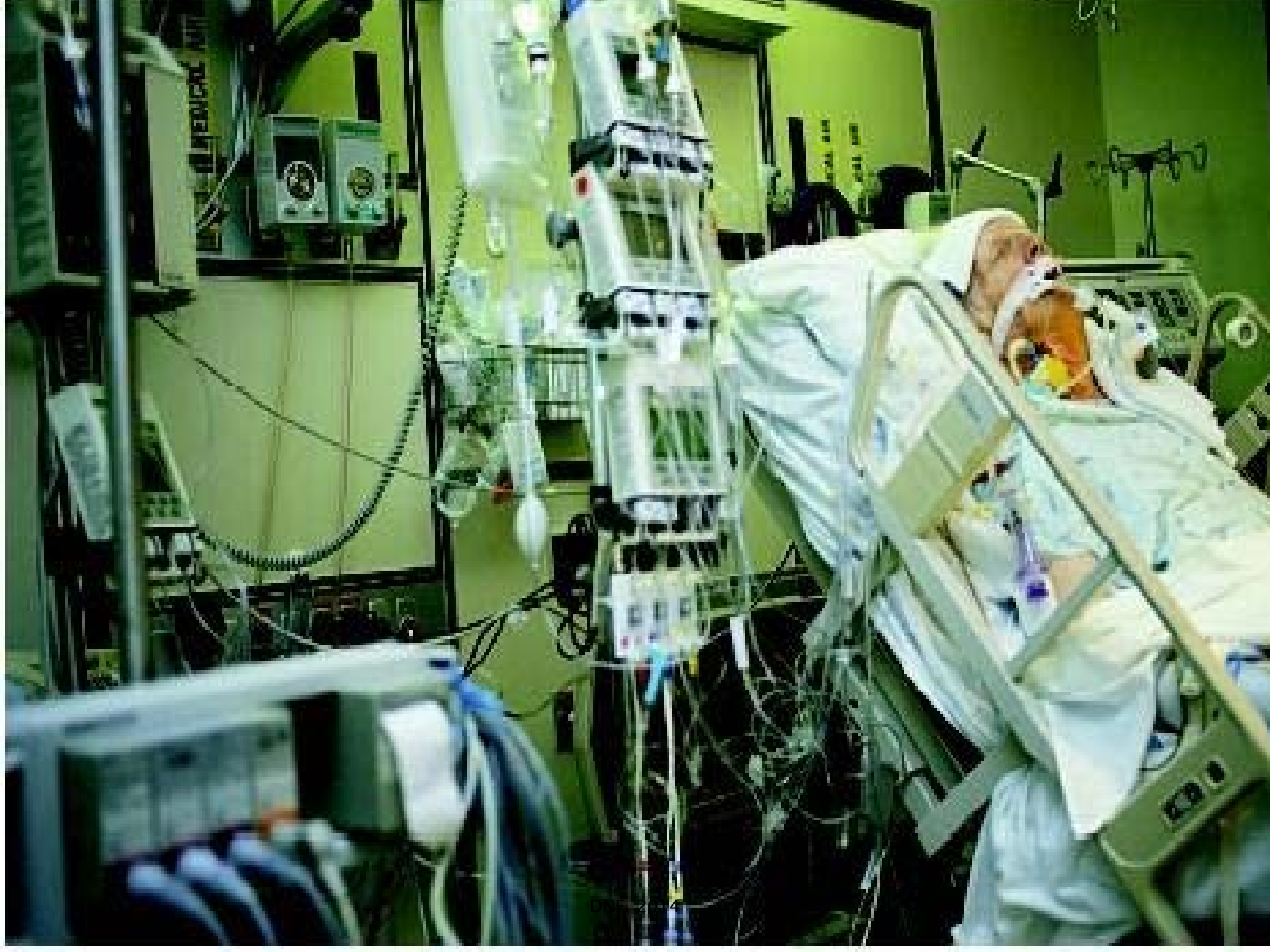
The Changing Role of Palliative Care in the ICU

Rebecca A. Aslakson, MD, PhD[1,2]; J. Randall Curtis, MD, MPH[3]; Judith E. Nelson, MD, JD[4]

(*Crit Care Med* 2014

- Cuidado Paliativo faz parte da UTI

- **Existe UTI de qualidade mínima sem cuidados paliativos?**



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OBRIGADO

PELA

ATENÇÃO !!!!

Conheça mais sobre os Cuidados Paliativos no Brasil no site da ANCP: www.paliativo.org.br