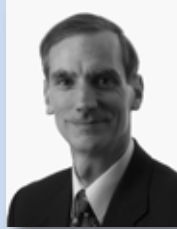


HOSPICE & PALLIATIVE CARE PERSPECTIVES

A PUBLICATION FOR PHYSICIANS AND MEDICAL STAFF FROM HSOPCIE OF LARIMER COUNTY



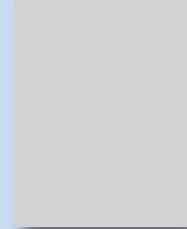
HOSPICE AND PALLIATIVE CARE CERTIFIED MEDICAL DIRECTORS



Dr. David Allen
Executive Medical Director



Dr. J. C. Danforth
Medical Director



Dr. Joseph Lopez
Medical Director

Our Mission

Honoring every moment of life, Hospice of Larimer County provides specialized, compassionate care for anyone affected by an advanced medical condition and support to those who are grieving.

Our Values

We honor life through:

- Compassion*
- Respect*
- Integrity*
- Excellence*
- Stewardship*

In This Issue

- Methadone in Palliative Care
- The Impact of Grief and What Can Help
- Spiritual Care
- The A B C's of Hospice Referral

We welcome your input, questions and feedback

If you would like more information, please contact Dr. David Allen, Hospice of Larimer County Medical Director, at (970) 663-3500.

THE MEDICAL PERSPECTIVE:

METHADONE IN PALLIATIVE CARE

Why would you consider Methadone for your patients? Given the reports of respiratory depression even death, drug interactions, possible cardiac side effects one might seriously ask that question. However like many medications if used appropriately it can benefit a specific segment of the chronic pain population. Those with primarily neuropathic pain and those showing toxicity to or ineffective results from very high doses of other opioids can find methadone a good alternative.

Methadone is a synthetic mu-opioid agonist which also acts as an N-methyl-D-aspartate (NMDA) antagonist. It is probably this NMDA effect which gives methadone its beneficial effect on neuropathic pain. In this country methadone is available as a racemic mixture. The L- isomer is effective as an opioid agonist and the D- isomer imparts the NMDA antagonism. Methadone's biphasic pharmacokinetics with a rapid distribution phase of 2-3 hours and slower elimination phase of 9-100 hours complicates its use and has lead to some of the adverse reactions (sedation or respiratory depression with rapid titration).

Because methadone is metabolized by CYP 3A4 and 2D6 isoenzymes one must be aware of drugs that can induce or inhibit these enzymes.

Methadone metabolites are inactive and can be excreted by the fecal

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THE ABC'S OF HOSPICE REFERRAL

A. THE PATIENT HAS AN ADVANCED ILLNESS/CONDITION

1. The patient is not responding to curative treatment
2. The patient/family desires comfort care

B. THE ATTENDING PHYSICIAN BELIEVES THE PATIENT IS HOSPICE APPROPRIATE

1. The patient's life expectancy is six months or less
2. The primary physician agrees that curative treatment options have been exhausted

C. THE PATIENT AND FAMILY CONSENT TO THE HOSPICE APPROACH

1. The physician, family and patient all agree to meet with Hospice of Larimer County to discuss comfort care services.
2. The primary physician/RN/discharge planner/social worker calls the Hospice of Larimer County referral line: (970) 292-2388

Illnesses/Conditions That Could Advance to Hospice Care Services:

- End-stage Cancer
- End-stage Pulmonary Disease
- End-stage Heart Disease
- End-stage HIV Disease
- End-stage Renal Disease
- End-stage Dementia/Alzheimer's
- End-stage Liver Disease
- Adult Failure to Thrive/Decline in Clinical Status
- End-stage Stroke & Coma
- ALS

Methadone in Palliative Care—Continued from page 2

route so toxicity in renal failure is rare.

Some studies have suggested that patients with prolonged QT intervals (QTc >500 msec) maybe at risk for Torsade de Pointes. Patients in these studies were using very high dose methadone 300-400 mg per day.

When prescribing methadone for palliative care it is best to indicate on the prescription "for pain management" since a special license is required to prescribed methadone for drug withdrawal.

If you have a patient who might benefit from methadone it is wise to:

- Check an EKG
- Look for possible drug interactions
- Calculate the equianalgesic dose

<u>Total 24 hour Oral morphine equivalent dose</u>	<u>Ratio</u>
<30 mg	2:1
30-99	4:1
100-299	8:1
300-499	12:1
500-999	15:1
>1000	20:1

- Consider how to transition the patient to methadone—many methods available
- Be fully aware of the long half life of the drug—titration 3-5 day intervals
- Provide adequate breakthrough opioid in the transition

More information about methadone transition methods and drug interactions will appear on the revised Hospice of Larimer County Web site in the next few months.

A CHAPLAIN'S PERSPECTIVE:

SPIRITUAL CARE

Dr. Ira R. Byock, MD gave a common language for spiritual experience and care when he spoke at a joint symposium presented by the Association of Professional Chaplains and the National Hospice and Palliative Care Organization in San Francisco, April 2007. He said that since there are no perfect relationships he often recommends to patients and families that they try to enhance those relationships as someone is dying. He encourages people to say these five thoughts to the person who is dying or for

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patients to say them to their loved ones, "Please forgive me. I forgive you. Thank you. I love you. Goodbye."

Since there is no perfect way to end a relationship, maybe these 5 suggestions could be helpful. Perhaps just one or two of these phrases can go a long ways in changing how a relationship ends spiritually. They seem like such simple words. Still, some people have difficulty saying them. Just a few words could help to determine someone's final thoughts about the meaning of their life or could be helpful in how survivors continue to live.

I've seen many individuals who were either seeking or wanting to talk about forgiveness with a loved one. To be forgiven of something or to forgive someone is a powerful thing. Once a person is gone, forgiveness cannot happen in the same way as when done person-to-person. Many people express gratitude to someone else knowing that what they've gained from the other they can never say "thanks" enough. There's sincerity in saying "thank you for being you, for being who you are." We gain much from those around us who influence our thoughts and our lives. Many people tell of their love for the person who is ill. Most will say those words, "I love you." These words are spiritually meaningful as a relationship is changing or as someone's condition changes. Those words, plus a person's presence, help patients know that they are not alone and that they do have support. The ability to be able to say goodbye seems essential.

Perhaps these five thoughts help to spiritually affirm the other and us in return. Final words are ever important. Perhaps these are words to also use in our day-to-day lives since we don't know when our words might be final.

A COUNSELOR'S PERSPECTIVE:

THE IMPACT OF GRIEF AND WHAT CAN HELP

When someone experiences the death of a loved one, it can turn their world upside down. Grief can be an overwhelming experience especially for those unprepared for the impact it can have in all areas of life: emotionally, physically, cognitively and spiritually. The intensity and range of emotions can be both unfamiliar and frightening. The feelings may include intense sadness, fear, guilt and anger, and cycle from one emotion to another. Most bereaved persons are

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not prepared for the physical impact of grief that may cause sleep and appetite disturbances, as well as fatigue, low energy and low motivation. They may also be surprised by an inability to concentrate and experience memory impairment. At the same time, grieving people are coping with a variety of life style changes and may be struggling with questions that seldom have answers. These are all normal, expected reactions to loss, however it may feel like life is out of control. For many people, simply learning that these reactions are part of a normal grief response is very important. They continue to grieve, but are pleased to learn that they are "not crazy" which is how they are feeling.

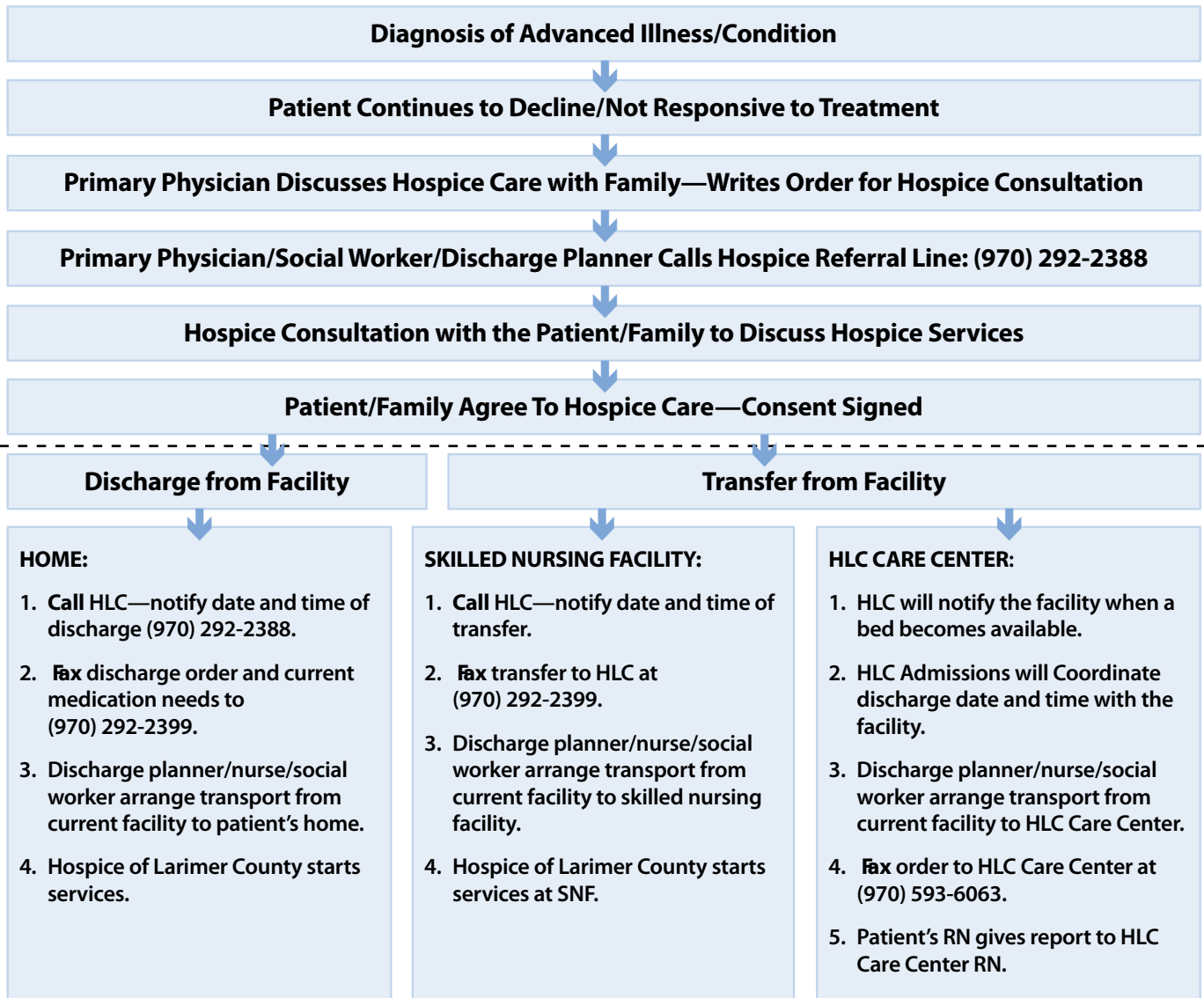
Living with the loss of a loved one can be isolating. Participating in a grief support group can be helpful in several ways. In a grief group, they are able to connect with people who have had a similar experience, therefore, better able to understand. They can talk about their experience long after others have stopped listening. And they have an opportunity to better understand the grief experience and learn tools to cope with their loss.

Grief counseling may be particularly helpful for some bereaved persons. Grief and bereavement is not a mental illness and should not be treated as such. It is not pathology; it is a normal response to a significant loss. However when a death is sudden, unexpected or violent, the aftermath of the loss can be particularly challenging. A professional grief counselor can help the bereaved person sort through the difficult questions and intense reactions. Also, when there are multiple losses, or when one's relationship with the deceased has been conflicted, grieving can be more complicated and counseling is more necessary. There are situations and life circumstances when professional help is strongly advised, especially if the bereaved person has an existing mental health diagnosis or is at risk in any way. A trained grief counselor is prepared to normalize, educate and offer suggestions and resources without judgment and as a compassionate presence.

Grief is a universal experience and at the same time uniquely individual. What is helpful for one person may not be useful to another. It's important to offer the bereaved a variety of choices for support, including information and literature about grief, grief support groups and counseling. Our community is fortunate to have many available resources. *Pathways: Programs for Grief and Loss* can offer or direct grieving persons to the resources in available in Larimer County.

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Hospice Referral Flow Chart



Telephone: (970) 663-3500
 Facsimile: (970) 663-1180
 www.hlchospice.org

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