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Objectives

- Describe the pathophysiology, clinical manifestations, and prevention of mucositis, pruritus, and insomnia.
- Identify pharmacologic and non-pharmacologic interventions for mucositis, pruritus, and insomnia.
- Summarize the scientific evidence underlying the successful management of mucositis, pruritus, and insomnia.

Symptom assessment tools are designed for the clinician to quickly and effectively determine the presence and severity of the most common symptoms encountered in palliative care or hospice patients. Mucositis, pruritus, and insomnia are all assessed in the Memorial Symptom Assessment Scale but could be missed by using a tool such as the Edmonton Symptom Assessment Scale (ESAS). The purpose of this session is to raise the awareness of these less common but equally distressing symptoms that can pose a challenge to successful management in many patients.

Mucositis refers to mucosal damage within the gastrointestinal tract. It occurs in 20–40% of patients receiving conventional chemotherapy and up to 80% of patients receiving high-dose chemotherapy preparation for stem cell transplantation and nearly all patients receiving chemotherapy and radiation therapy for head and neck cancer. Additionally, certain oral-targeted therapies for cancer produce a significant amount of morbidity from this adverse effect.

Pruritus is a nuisance symptom, but many patients suffer from protracted episodes of suffering as a result of poorly executed therapy by clinicians. Opioid therapy for an underlying pain condition often produces pruritus. However, it may be an adverse effect of other medications as well as experienced by patients with end-stage hepatic or renal disease.

Insomnia is often overlooked in the overall symptom burden of many patients in hospice and palliative care. Clinicians must exercise great care when using sleep aids in combination with opioids due to the enhanced risk of opioid-induced respiratory depression. Insomnia is the most common risk factor for the subsequent development of delirium, especially in the hospitalized patient. Restoration of sleep hygiene is essential to the overall care of the palliative care and hospice patient.

At the completion of this concurrent session, participants will be prepared to utilize the latest evidence-based information to palliate the symptoms discussed.

Ketamine and Depression: Is It Ready for Primetime? (SA515)



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Objectives

- Understand where ketamine fits in the treatment of depression.
- Understand the mechanism of action of ketamine in depression.
- Learn methods of administration of ketamine for depression.

Depression is common in the hospice and palliative care population, with prevalence estimates ranging from 17% in the palliative care population to up to 40% in hospice patients. Depressive disorders such as major depression frequently go unrecognized or undertreated, and are associated with significant disability, impaired quality of life, and increased healthcare utilization. Depression is also associated with poor symptom control and often affects pain, appetite, and motivation. Several studies now provide evidence of ketamine hydrochloride's ability to produce rapid and robust antidepressant effects in patients with mood disorders that were previously resistant to treatment. Despite the relatively small sample sizes, lack of longer-term data on efficacy, and limited data on safety provided by these studies, they have led to increased use of ketamine as an off-label treatment for mood and other psychiatric disorders. The studies performed have also shed light on methods of administration, ideal routes of administration, proper administration techniques as well as information about single and repeated dosing. Safety in the palliative care population is known. This session, given by a panel of palliative care experts in ketamine use will identify where the drug is in its route to further clinical use. The session will enable attendees to 1.) Understand the current status of ketamine for the treatment of depression. Patient identification and selection will be highlighted. 2.) Understand the mechanism of action of ketamine and how it differs from traditional antidepressants. 3.) Understand current methods of administration and how it differs from administration for pain. Preadministration screening will be highlighted. 4.) Understand proper post administration management. 5.) Identify new toxicities and risk mitigation strategies.

A Guide for Palliative Medicine Clinicians Taking Care of Lesbian, Gay, Bisexual, and Transgender Patients Using a Whole Person Care Approach (SA516)



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