



## Overview of End of Life & the Older Adult

Education for  
Health Care Professionals

### Part 3: Managing End-of-Life Care



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## Complex Aging



- Older adults tend to have complex health problems and may require different treatment to control their symptoms.
- Common challenges older adults may face near the EOL are suffering pain, difficulties breathing, discomfort, weakness, fatigue, anxiety, nausea, depression, loss of appetite, dehydration, dysphagia, vomiting, confusion, cognitive thinking problems, and incontinence.

([Hirakawa & Uemura, 2012](#); [RNAO, 2011](#); [Sampson, 2010](#))



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## Pain

- Pain is one of the most feared and common symptoms associated near the EOL and treatment can be difficult among those with complex aging changes, such as dementia.
- Medication is an important component of symptom relief and opioid analgesics can be used to treat pain associated with the advanced progressive conditions near the EOL.
- It is important to assess the risk of adverse effects in pharmacological treatment among older adults. Therefore, other non-pharmacological treatment should be considered as well.
- For example, the use of exercise, physiotherapy, breathing, meditation, the use of heat and cold, biofeedback processes, diet, repositioning, counselling and psychosocial and spiritual support.

(RNAO, 2011; Coelho, Parola, Cardoso, Escobar, & Apóstolo, 2016; WHO, 2017; CHPCA, 2017)



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## Delirium

- Delirium is a common symptom at the EOL, which can cause significant symptom burden and distress to the quality of life among individuals and family members.
- Recognizing and managing delirium empowers HCP to help individuals achieve a peaceful death and decrease distress for the family.
- It is estimated that 42% of all dying individuals experience delirium in the last 48 hours of life; thus, it is important that the HCP explains the physiological nature of delirium and potential treatment options to the individual and family members.

(RNAO, 2011)



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## Dyspnea

- Dyspnea has been a well-documented prognostic symptom near the EOL and it is the subjective experience of difficult or uncomfortable breathing.
- Dyspnea is often described as air hunger, suffocation, choking, or heavy breathing, and it is very distressing for family members and caregivers to witness.
- To facilitate individualized and family-centered care planning, HCP should explain the cause of dyspnea and the treatment plan for those involved in EOL care.
- Reassurance that a plan for managing severe dyspnea can lessen the fear of dying among the individual, family, and caregivers.

(RNAO, 2011)

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## Anxiety

- Anxiety is another common symptom in individuals diagnosed with a terminal illness.
- Common sources of anxiety at the EOL include existential distress, pain and the fear of pain, fear of death, and the concern for others.
- The causes of individuals and family members' anxieties must be assessed and addressed, if possible, in order to effectively plan care. This requires collaboration with other members of the interprofessional team and referral when necessary.
- HCP, especially nurses, who have frequent contact with individuals near the EOL, are in a position to address existential issues and psychosocial needs as part of holistic care.

(RNAO, 2011)

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## Nausea & Vomiting

- Nausea and vomiting are distressing symptoms for individuals to experience and for their family members to witness.
- It can have many causes and knowledge of these are essential in both the assessment and identification of appropriate treatment and plans of care.
- The use of such tools as [Edmonton Symptoms Assessment Scale](#) can assist in the assessment and treatment plan for nausea and vomiting.

(RNAO, 2011)

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## Constipation

- Individuals at the EOL are at an increased risk of constipation due to decreased food and fluid intake, decreased activity, and the side effects of medication. Therefore, prevention and effective treatment are essential.
- The effect of constipation is often underestimated, yet it can cause a variety of physical symptoms and contribute to restlessness in terminal illness.
- It should be noted that although aggressive bowel care should be decreased when death is imminent, the body continues to produce solid waste even when food intake is reduced.
- It is important to attend to the individual's need for bowel care until the EOL.

(RNAO, 2011)

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## Respiratory Secretions

- Respiratory secretions can be a painful experience and it can be described as feelings of congestion, drowning, and suffocation.
- Open communication and discussion about the respiratory changes of the individual's condition as death approaches may be helpful for those involved in care.
- A combination of both pharmacologic and non-pharmacologic interventions can be used for managing respiratory secretions.

(RNAO, 2011)

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## Comfort Care



- The majority of older adults prefer being made comfortable rather than using life-saving treatment.
- Additionally, a common goal near the EOL is to be at peace and pain-free.
- Effective comfort care requires that staff have the skills to communicate about the goals of care, provide presence, maintain hygiene, assess facial expressions, movements, reactions, and changes in the individual so they can effectively diagnose and treat any discomfort and pain.

(Alzheimer's Society, 2016; Fleming, Farquhar, Brayne, & Barclay, 2016; Silva, Pereira, & Mussi, 2015; Ribeiro, Marques, & Ribeiro, 2017)

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