

# **COPD - Palliation**

Dr Tamara Holling

MD, CCFP, focussed practice in Geriatric Medicine

# Objectives

- Discuss 2 cases of patients with end stage COPD
- Provide an outline of how they were managed, as well as facilitate an open dialogue of how others may have managed them differently/similarly.
- Learn from each other so we are all better equipped for our end stage COPD patients

# Case 1: MW

- 63 yr old woman with severe COPD (FEV1 16% on most recent PFT.)
- Lives alone with help from her sister with house cleaning and groceries. Has 2 kids and some grandkids most of whom she has minimal contact with.
- She has already told Resp she will not FU as her anxiety levels are too high to attend the clinics.
- Recently discharged from hospital in Oct 2017 for Respiratory failure, needing Bipap.

# MW: PMHx

- COPD
- NSTEMI Sept 2017
- HTN
- GERD
- GI bleed
- C. diff colitis with ICU admission
- Fibromyalgia
- Severe GAD, and claustrophobia
- MDD with previous suicide attempts, self harm and hallucinations.

# MW: Medications

- ASA 81mg OD
- Atorvastatin 10mg qhs
- Bisoprolol 2.5mg OD
- Furosemide 40mg OD
- Mavik 1mg OD
- Clonazepam 0.5mg BID
- Citalopram 20mg OD
- Zopiclone 3.75mg qhs
- Quetiapine 12.5mg qam and 50mg qhs
- Ferrous gluconate 300mg OD
- Gabapentin 1g at lunch, 200mg with breakfast and dinner
- Hydromophone 0.5mg QID
- Vitamin D 2000 IU OD
- Docusate sodium 100mg BID prn
- Symbicort 200 2 puffs BID
- Spiriva 1 cap OD
- Ventolin prn

# MW

- Resp notes she has had a decline of 50% over the last 5 years.
- Has had 4 exacerbations from Oct 2015-Mar 2016 (2 hospitalizations.)
- 3 exacerbations in 2016 (1 admission and 1 additional admission for C. diff)
- 9 exacerbations in 2017 (2 admissions with SOB, 1 other with ? UTI)

# MW

- On meeting her the first time Oct 2017, after her most recent admission, she tells me she is not crazy about going to her cardiology visit which is upcoming and the investigations which are planned.
- She also says she takes too many pills and is wondering if I can stop any.

Thoughts??

# MW: Medications

- ASA 81mg OD
- Atorvastatin 10mg qhs
- Bisoprolol 2.5mg OD
- Furosemide 40mg OD
- Mavik 1mg OD
- Clonazepam 0.5mg BID
- Citalopram 20mg OD
- Zopiclone 3.75mg qhs
- Quetiapine 12.5mg qam and 50mg qhs
- Ferrous gluconate 300mg OD
- Gabapentin 1g at lunch, 200mg with breakfast and dinner
- Hydromophone 0.5mg QID
- Vitamin D 2000 IU OD
- Docusate sodium 100mg BID prn
- Symbicort 200 2 puffs BID
- Spiriva 1 cap OD
- Ventolin prn



# MW: Medications

- ASA 81mg OD
- Atorvastatin 10mg qhs
- Bisoprolol 2.5mg OD
- Furosemide 40mg OD
- Mavik 1mg OD
- Clonazepam 0.5mg BID
- Citalopram 20mg OD
- Zopiclone 3.75mg qhs
- Quetiapine 12.5mg qam and 50mg qhs
- Ferrous gluconate 300mg OD
- ~~Gabapentin 1g at lunch, 200mg with breakfast and dinner~~
  - Tapering
- Hydromorphone 0.5mg QID
- ~~Vitamin D 2000 IU OD~~
  - Vit D 1000IU OD
- Docusate sodium 100mg BID prn
- Symbicort 200 2 puffs BID
- Spiriva 1 cap OD
- Ventolin prn

# MW

Admitted Oct 26th, for COPDe and switched from Symbicort to Advair.

Visit post hospital:

- Discussed goals of care
  - No hospitalizations!
  - Comfort, quality of life most important
  - Still thinks she is on too many pills
- Symptoms
  - Lots of panic attacks/SOB
  - Pain worse since tapering down on Gabapentin

Plan??

# MW: Medications from last time

- ASA 81mg OD
- Atorvastatin 10mg qhs
- Bisoprolol 2.5mg OD
- Furosemide 40mg OD
- Mavik 1mg OD
- Clonazepam 0.5mg BID
- Citalopram 20mg OD
- Zopiclone 3.75mg qhs
- Quetiapine 12.5mg qam and 50mg qhs
- Ferrous gluconate 300mg OD
- ~~Gabapentin 1g at lunch, 200mg with breakfast and dinner~~
  - Tapering
- Hydromophone 0.5mg QID
- ~~Vitamin D 2000 IU OD~~
  - Vit D 1000IU OD
- Docusate sodium 100mg BID prn
- Symbicort 200 2 puffs BID
- Spiriva 1 cap OD
- Ventolin prn

# MW: Medications

- ASA 81mg OD
- Atorvastatin 10mg qhs
- Bisoprolol 2.5mg OD
- ~~Furosemide 40mg OD~~
- Mavik 1mg OD
- Clonazepam 0.5mg BID
- Citalopram 20mg OD
- Zopiclone 3.75mg qhs
- Quetiapine 12.5mg qam and 50mg qhs
- Ferrous gluconate 300mg OD
- Gabapentin 1g at lunch, 200mg with breakfast and dinner **Restarted as pain worsened**
- Hydromorphone 0.5mg QID
- **Vitamin D 1000 IU OD**
- Docusate sodium 100mg BID prn
- ~~Symbicort 200 2 puffs BID~~
- Advair 250mcg 2 puffs bid
- Spiriva 1 cap OD
- Ventolin prn

# Plan

- Completed palliative referral and SRK form
- Started Lorazepam for prn use for panic attacks
- Discussed palliative approach to care
- Talked to her daughter who called wondering what changed with her mom

# MW: update

- Nov 21st
  - having a lot of panic attacks, 5 over the past weekend. Needing 2 tabs lorazepam to calm her down
  - No evidence of COPDe but continues to be quite short of breath.

Plan??

# Nov 21st Plan

- Increased her dose of clonazepam and her ativan prn
- Discussed again the severity of her COPD
- Talked to her sister who was wondering what was happening

# MW: Dec 8th

- Increased sputum and more short of breath. no change to the colour of her sputum.
- She currently has QID medication dispensing, quite cumbersome and inconvenient to her.

Plan ??



# Dec 8th Plan

- Started prednisone for mild COPDe (no antibiotics)
- Changed her timing of clonazepam so it was at noon, decreasing her administration now to TID.
- Started hydromorphone prn for dyspnea
- Stopped Lipitor

# MW: Medications Dec 8

- ASA 81mg OD
- ~~Atorvastatin 10mg qhs~~
- Bisoprolol 2.5mg OD
- ~~Furosemide 40mg OD~~
- Mavik 1mg OD
- **Clonazepam 1mg BID**
- **Lorazepam 2mg q4h prn**
- Citalopram 20mg OD
- Zopiclone 3.75mg qhs
- Quetiapine 12.5mg qam and 50mg qhs
- Ferrous gluconate 300mg OD
- Gabapentin 1g at lunch, 200mg with breakfast and dinner **Restarted as pain worsened**
- **Hydromophone 0.5mg QID + prn for dyspnea or pain**
- **Vitamin D 1000 IU OD**
- Docusate sodium 100mg BID prn
- ~~Symbicort 200 2 puffs BID~~
- Advair 250mcg 2 puffs bid
- Spiriva 1 cap OD
- Ventolin prn

# MW: Early Jan 2018

- She didn't find the breakthrough dose of 0.5mg hydromorphone was working much
- Hadn't been using lorazepam very much but was having frequent panic attacks and was quite short of breath
- Recently increasing dyspnea, increased sputum but no change in colour of sputum

Plan??

# Early Jan Plan

- Increased hydromorphone to 1mg
- Discussed plan to use lorazepam for panic or SOB but when just SOB, to use hydromorphone
- Started prednisone for mild COPDe

# MW: Late Jan

- Breathing seems much worse.
- ++ wheezing, short of breath. no increase in sputum or change in colour to the sputum
- She asks: “I’m not dying am I?”
- She felt lorazepam works better for SOB than hydromorphone

Thoughts??

# MW: Feb 6

- Having a lot of panic attacks/SOB attacks
- Dyspnea improved a bit with the prednisone (from early Jan) but was just coming off it now, and not sure how she would feel off it.

# MW: Mar 7

- Received a long message about how much she was suffering from panic attacks, not sleeping, very short of breath, needing urgent visit.
- She reports she has been feeling stoned on her clonazepam so she stopped taking it.
- BP low at 104/50

Thoughts??

# MW: Medications Dec 8

- ASA 81mg OD
- ~~Atorvastatin 10mg qhs~~
- ~~Bisoprolol 2.5mg OD~~
- ~~Furosemide 40mg OD~~
- ~~Mavik 1mg OD~~
- ~~Clonazepam 1mg BID~~
  - start Diazepam instead
- Lorazepam 2mg q4h prn
- Citalopram 20mg OD
- Zopiclone 3.75mg qhs
- Quetiapine 12.5mg qam and 50mg qhs
- Ferrous gluconate 300mg OD
- Gabapentin 1g at lunch, 200mg with breakfast and dinner ~~Restarted as pain worsened~~
- **Hydromorphone 0.5mg QID + prn for dyspnea or pain**
- ~~Vitamin D 1000 IU OD~~
- Docusate sodium 100mg BID prn
- ~~Symbicort 200 2 puffs BID~~
- Advair 250mcg 2 puffs bid
- Spiriva 1 cap OD
- Ventolin prn



# Mar 7 Plan

- Stopped Mavik and Bisoprolol
- Switched to diazepam for panic attacks and keep prn
- Mar 11 received BW that iron was fine and anemia had resolved (since GI bleed)
- told her she can stop her iron, and she reported she was happy with the stop, and was feeling okay (she was usually quick to let my nurse know if she wasn't well)

# MW: Mar 13

- Received a call from police she was found dead in her home. Presumed to be from COPD or sudden cardiac death though no autopsy performed.

Discussion...

# Case 2: MB

- 73 yo Male
- Lives with his wife, and daughter lives in GTA but is very involved in his care, visiting frequently.
- Recently had admission for CHF/COPD with 9 day ICU admission and “close to death” according to family. Has no interest in returning to the hospital!

# MB: PMHx

- CHF
- CABG x 3 in 2011, MI 2000
- presumed COPD (tried PFT 3 yrs ago and passed out. prior to CHF, had chronic cough and phlegm on a regular basis. used to smoke 3 pks a day)
- Obstructive sleep apnea
- Diabetes with peripheral neuropathy
- Morbid obesity
- Dyslipidemia
- Chronic venous stasis with recurrent ulcers
- Umbilical hernia repair

# MB: Medications

- Citalopram 20mg OD
- Spironolactone 12.5mg OD
- Furosemide 80mg BID
- Ramipril 2.5mg BID
- Metoprolol 12.5mg BID
- Toloxin 0.0625mg OD
- Simvastatin 40mg qhs
- Nitro patch 0.4mg/hr daily
- Eliquis 5mg BID
- Metformin 1000mg BID
- Lantus 50 u qhs
- Novorapid 20 u TID before meals
- Ranitidine 150mg BID

# MB: first visit

- Discussed Goals of care:
  - no LTC, no hospitalizations
  - comfort in the home
- Current symptoms:
  - ++ dyspnea, on 3.5L Oxygen at home and if it is decreased goes down to 70% sat
  - increased pedal edema
  - increased phlegm (swallows it)
  - seems similar to how he was last year when he was hospitalized and almost died.

Plan??

# Dec 22, Plan

- Sent referral to Palliative team at LHIN and SRK
- Treated him for COPDe and CHF given severity of symptoms, and risk of severe exacerbation of both.
- Suggested they try to get a bariatric scale to help with differentiating CHF and COPD in future

# MB: Follow ups

- Dec 28th - improving but not quite off prednisone yet.
- Jan 11 - recovered by that time. Family cannot get a bariatric scale. Family notes that he really seemed to be suffering with dyspnea when he had the exacerbation

Thoughts on how we can differentiate CHF and COPD without weights??

Other plans??



# MB: Jan 11 Plan

- Planned to use pedal edema to estimate fluid overload
- Started hydromorphone and lorazepam prn for dyspnea

# MB: Feb 7

- CHF and COPD seemed to be stable
- He tried the hyromorphone 1mg and it helped a bit for dyspnea.
- Lorazepam didn't help
- Had hyperkalemia so his family has been strictly controlling K in his diet and successful.

# MB: Apr 6

- He started to have a lot of anxiety associated with the dyspnea.
- Quite short of breath through the night so his wife was having to get up in night to give hydromorphone to calm him down sometimes.
- Reviewed his CHF and attempted to optimize medications:
  - Stopped digoxin (no a. fib)
  - Changed metoprolol to Bisoprolol for ease of administration

Plan??

# MB: Apr 6 Plan

- Kept the hydromorphone 2mg for dyspnea prn, but also added hydromorph contin 3mg at night to help with dyspnea over the night.

# MB: Apr 27

## (Friday afternoon)

- Had been unwell x 1 week.
- Slight increase in pedal edema
- Cough with no phlegm
- Not eating
- Very short of breath
- Confused, hallucinating (not very able to communicate the symptoms clearly)
- Wheezing

# MB: Apr 27 Exam

- Resp - only one area in RUL was clear, all else ++ crackles
- Drowsy, falling asleep during visit
- HR 65bpm
- O2 sat 95% on 4.5 L

Plan??

# MB: Apr 27 Plan

- DDx: COPD versus CHF
- Given how severe it was, and that family still wanted active treatment to try to reverse causes, opted to treat for both.
- Ab, Prednisone, and since not responding to oral furosemide at quite high doses, and severely short of breath, wanted to start IV furosemide.
- Discussed possibility that this could be his last exacerbation with family.
- Sent new referral to LHIN for palliative care team (he had been discharged a couple months ago)
- Sent scripts for IV furosemide, SC hydromorphone and SC midazolam to Bayshore (still has SRK from before)
- Called on call Palliative physician for help on starting IV furosemide in the community
- Called palliative nurse to make sure they would insert SC and IV ports and get furosemide started right away.

# Apr 28 update

- Called from Palliative nurse at 13:30 that he had declined considerably.
- PPS 10%, not responding to IV furosemide, not taking anything PO (no Ab or prednisone)
- Comfortable with SC ports in and midazolam and hydromorphone being used.
- Palliative nurse filled out EDITH, but no partially completed death certificate in the home.



# Apr 28 update

- 15:25 call from police that he had passed away.
- Went to the home to pronounce and sign death certificate. (can't release the body without a partially completed death certificate).
- Family reported he was quite comfortable.

Thoughts??

# COPD Palliation

- Summary/Take home points
  - Have goals of care discussions early! (prevent unwanted hospitalizations)
  - Look for correlation between anxiety and dyspnea
  - Try different options for dyspnea to see which your patient benefits from most
  - Be ready for next exacerbation and help family prepare
  - May need to be creative and practical in your diagnostic approach when your patient is house bound

# COPD Palliation

Questions??