Older adults with acute myeloid leukemia (AML) represent one of the more challenging groups to treat in oncology. Due to comorbidities, older people have a high risk of treatment complications.


Acceptation that life prolonging treatment may stop

This presentation will discuss the possibility for staff to give patients honest information and courage to accept the imminent death. This gives the start point for developing a plan for palliative care.

Lack of appetite

The combination of old age and cancer makes the patients to a high risk group and may reflect a general attitude: When an older cancer patient loses weights, than there are no needs for active treatments. However, older cancer patients all over got less palliative care than younger age groups


AML: To treat or not to treat?

Aggressive treatment makes little room for information about limited life-expectancy. Validated criteria for treatment of older adults are lacking.


Communication skills are key issues, but no simple recipe is given.

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In our communication, we should be

- Listening
- Sincere
- Honest
- Friendly
- Encouraging
- Caring

Choosing place to die

In Norway:
- 15% die at home*
- 35% die in a hospital
- 43% die in a nursing home
- 7% other (abroad.)
- The LOS during the last hospitalization is 1-2 days (Modus)

The palliative team should have a plan for treating common symptoms

- Bleeding,
- Infections
- Pain
- Lack of appetite
- Fatigue and
- Delirium
- Tingling
- Burning rash

The place of death

In Europe 60-80% die in an institution. Patients’ overall vulnerability to personal, family context and caregivers has a significant influence on their possibility to die at home. Older patients need caretakers who are acquainted with their values, preferences, religious faith and activities.

F-78 years: acute myeloid leukemia

Ongoing treatment for diabetes and hypertension

- Intensive chemotherapy with curative potential may be used up to 70-75 years, if not comorbidity
- In this case, the treatment was not recommended because of fear of serious complications.

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F- 78 yr.: cont. Palliative treatment

- Hydroksyurea 500 mg 7/7 for one month, then side-effects thrombocytopenia,
- Next two month: Two units erythrocytes each 2nd week
- Symptoms: Fever, bleeding from the gums
- Ciprofloxacine tbl 450 mg x 7/7

The patient wanted to receive palliative home care.
- Oral antibiotics had no effects on her infection
- She died in her own home four months after she was diagnosed with leukemia

Medication the last days of life

- MORPHINE
  Subcutaneous (SC) in butterfly: 2.5-5-10 mg, check the patient after 20-30 min., if necessary repeat dose. The total dose may be given every 4 hours or as often as needed.
- MIDAZOLAM SC in butterfly: 1.25-5 mg, check the patient after 20 min- 30-min, repeat to effect - maintenance every 4 hours.
- HALOPERIDOL
  SC in butterfly: 0.5-1 mg each 12.time, with unrestness is given 2 mg x 3
  + Maximum daily dose of 10 mg
- GLYCOPYRROLATE
  0.4 mg (SC)

A multidisciplinary approach

Elderly cancer patients present complex problems that need comprehensive physical and psychosocial support.
In order to give specialized care to this segment of the population, a multidisciplinary approach must be used; only in this way can an individualized treatment program be provided.


Conclusion

No patient should feel that there is nothing more healthcare workers/nurses can do for them. The aim of palliative care is to maintain hope, meaning and quality of life. However, for palliative care patients these concepts may have a different content compared to those whose aim is cure.
Thank you for your attention!