

Advanced Cancer Patient Information



Managing Symptoms

►PART 3 OF 4

Information and resources for
patients living with advanced
cancer in Manitoba.

Changing *Focus*

*Living with
Advanced Cancer*



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Introduction

This booklet is written for patients living with advanced cancer. It can also be helpful to your family members or caregivers. It will provide you with information on symptoms (pain or discomfort) you may experience and the various things we can think about doing to manage symptoms.

Several symptoms are described in this booklet. Some of them may be feelings of pain and discomfort you will have and some will not be symptoms you feel at all.

You can use the information in the way that works best for you. Not all the information in this booklet will apply to you. You may find information about things that don't affect you. You may see things you don't want to read about at this time. That's okay, you don't have to read it all. The table of contents will help you decide which sections will be most helpful to you.



This booklet may bring up many questions for you. Information in this booklet is provided in a general way. If you have specific questions about your symptoms or treatments, please discuss them with your health care team.



Please go to www.livingwithadvancedcancer.ca for additional information that you may find helpful, such as videos and links to various websites.

Sections 2-9 of this booklet include information from the Canadian Virtual Hospice (www.virtualhospice.ca). Some modifications were made to their content in order to be relevant for patients living with advanced cancer and to provide local information.

Permission was obtained from the Canadian Virtual Hospice to use and modify their content.

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Table of Contents

Managing Common Symptoms of Advanced Cancer	2
Pain.....	3
Feeling Tired (Fatigue)	13
Lack of Appetite (Anorexia)	17
Upset Stomach (Nausea) and Vomiting	22
Difficulty Breathing (Dyspnea).....	29
Trouble Moving Bowels (Constipation).....	34
Depression	40
Trouble Sleeping (Sleep Disturbance)	45
Worksheet: Breakthrough Pain Diary	49

Managing Common Symptoms of Advanced Cancer - Introduction

When someone is living with advanced cancer, this can cause a great deal of stress on the body. This stress from the cancer can cause pain or discomfort. A symptom (pain or discomfort) is the way your body tells you something is wrong. It is the feeling of illness; the physical, mental, or emotional changes that are caused by the cancer.

The symptoms you experience will depend on the type of cancer you have, where the cancer is located and if the cancer has spread.

This booklet includes an overview of some of the common symptoms people can experience with advanced cancer and how these symptoms can be managed. You probably will not experience every symptom in this booklet. The discomfort you feel will depend on the type of cancer you have, where your cancer is located and where it has spread.

Your health care team or your primary care provider can help to control your discomfort by providing treatments or medication. However, if you need help or have urgent concerns, the Cancer Helpline and the Urgent Cancer Clinic are available to you.

Cancer Helpline and Urgent Care Clinic at CancerCare Manitoba



If you are experiencing cancer or treatment related symptoms, the Cancer Helpline is available to you by calling: 204-787-8900



You can also access the Urgent Cancer Care clinic on the 1st Floor, next to the Hematology (blood) lab at 675 McDermot Avenue.

If symptoms are an ongoing issue for you and are difficult for your primary health care team to manage, CancerCare Manitoba has clinics that specialize in helping with pain and discomfort called the **Pain and Symptom Clinics**.

Pain and Symptom Clinics at CancerCare Manitoba



CancerCare Manitoba has Pain and Symptom Clinics that are available to patients who are having pain or other symptoms as a result of their cancer or cancer treatment. To access this clinic, you require a referral from your primary oncology team or your primary care provider.

If you are struggling with pain or other discomfort ask your health care team for a referral to the Pain and Symptom Clinic.

When someone has symptoms, many types of treatment can be used to try to help the person feel better. These may include:

- medications
- treatments prescribed by your health care team
- complementary or alternative therapies
- traditional medicines



If you are using vitamins, herbal therapies or other therapies, it is important to let your health care team know so that they can determine if there are any interactions or problems that could result from using treatments at the same time.

Pain

What is pain?

Pain is the unpleasant experience you have when your body is hurt. Many different problems can cause pain, such as injuries, arthritis, or more serious diseases such as cancer. Everyone experiences pain differently.

It is common to have some pain with advanced cancer. It is one of the ways that your body lets you know that there is a problem. The good news is that for the most part, pain can be controlled.

Causes of pain

Pain is caused when nerves with special endings called pain receptors, located in all parts of the body, send a message to the brain that there is damage to the body.

With advanced cancer, pain can be due to:

- A tumour irritating nearby bones or nerves
- Problems related to the disease, such as stiffness from decreased activity
- Treatments, such as pain felt after surgery
- Other problems, unrelated to the disease such as arthritis that has been there for years

1. **Bones, muscles or connective tissue (the part of your body that holds bones and muscles together) pain**

- The pain that results tends to be steady, aching.
- Felt in the problem area.

Example: someone with a sprained ankle, a bruised muscle, or a broken arm can tell quite accurately where the problem is.

2. **Organ pain**

Pain caused by problems in the organs of the body such as the stomach, the intestines, the liver, the kidneys, or the heart.

- Tends to be felt in a more general area, and is more difficult to pinpoint.
- Sometimes, pain is felt in parts of the body that seem unrelated to the organ with the problem

Examples: Cramps from the stomach flu are felt as a general discomfort throughout the lower half of your trunk, not just in the location of the stomach. When people having trouble with the heart some people feel pain in the neck, back or left arm instead of the chest.

3. **Nerve (pathways throughout your body that carry messages to the brain) pain**

Damage to nerves in the body may result in pain or discomfort that can be hard to describe, since it doesn't always feel like what we are used to calling pain.

- There may be tingling, prickling, burning, squeezing, or crawling sensation
- Sudden pains that come and go quickly, almost like an electric shock feeling
- The pain may extend down an arm or leg, along the path of the nerve that is damaged
- The skin may become very sensitive, so that even a gentle touch or the weight of clothing is very uncomfortable

Example: Have you ever banged your funny bone? When you hit the elbow the nerve that runs behind the arm was irritated resulting in an unpleasant tingling sensation that travels down the arm to the fingers (the nerve path). This is an everyday example of a nerve responding to injury.

Other things that effect pain

- Fatigue, worry or anxiety, or feeling sad or depressed can make living with pain more difficult.
- The concern or knowledge that the pain is related to an illness such as cancer can decrease the ability to cope with pain.

Pain

Knowing what is causing the pain, what kind of pain it is, and what kinds of factors might be influencing how it is experienced are very important in helping us know what to do to reduce your pain. Ideally, the best way to reduce pain is to reduce or eliminate what is causing it. If we can't eliminate the cause (such as the cancer can't be cured) then relieving the pain will be the goal of treatment.

Finding out what is causing the pain



To find out possible causes of pain, the health care team will often ask questions, do a physical examination, or may order some tests. Here is an example of common questions health care providers ask to learn more

- **Where is the pain?**

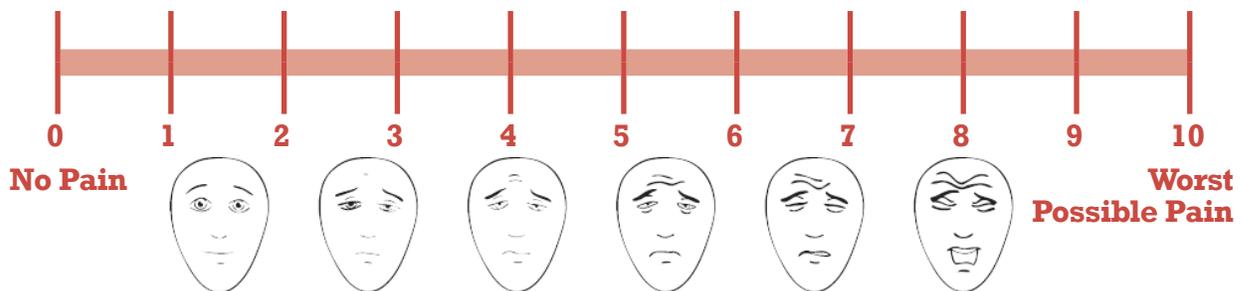
- One spot or multiple spots within the body?
- Starting in one area and spread to another?
- Generalized, and hard to pin down to any one spot?
- Deep down, or near the surface or skin?

- **What does it feel like? What words describe it?**

- Aching, throbbing?
- Sharp? Stabbing?
- Burning, tingling, crawling, itchy?
- Squeezing?
- Are there areas of the skin that are very sensitive to touch, so that even gentle contact such as clothing or the spray of a shower is uncomfortable?

- **How bad is the pain?**

- Mild, moderate, severe?
- Rating pain on a scale from 0 to 10 can be helpful. Zero means no pain. 5 means the pain is there, but you can cope with it. 10 means the worst pain you have ever felt.



- **How long does it last?**

- Is it always there?
- Does it come and go?
- Is it just a second or two (Like an electric shock)?
- Is it crampy (grabs on for a time then goes away)?
- Is it stabbing (short spurts of pain over and over again)?
- Is it only with movement?
- Does it vary?

- **Has the pain been there before?**

- What happened then?

Pain - What you can do

- **What makes it worse?**
 - Movement?
 - Coughing?
 - Deep breathing?
 - Certain positions?
- **What makes it better?**
 - Certain positions?
 - Medications or natural remedies?
 - Relaxation?
 - Massage?
 - Imagery?

Medications – past and present:

- **Did the medication work?**
 - How often is the medication taken?
 - Did the medication make you sick or otherwise uncomfortable?
 - Were there any other concerns about the medication? (cost, number of pills you had to take)
 - Do you still take the medication? If not, why?
- **How does the pain impact your life?**
 - What kinds of things are impossible to do because of the pain?
 - Are there feelings of discouragement, sadness, depression, or loss of hope?
 - Does the pain cause concerns about what might be happening related to the disease?

Physical examination

The health care team will usually check for areas of swelling, any changes to your muscle, tenderness, weakness, and changes in sensation.

Tests

Sometimes tests such as radiographic tests (X-rays, CT Scans or MRI) will provide important information about what is causing pain and what can be done about it.

WHAT YOU CAN DO

Treat pain early

Some people feel they should “be brave and bear” pain, but there is no medical reason to do so. In fact, treating pain early gives health providers time to adjust medications or sort through treatment options so that the pain does not get out of control. Early treatment of pain may also directly limit the progression of pain itself, resulting in better overall pain control throughout the course of the illness.

For some people, getting help to treat pain feels like “giving in” to the disease and may feel like admitting defeat. However, living with uncontrolled pain can be like giving up control of your day-to-day life to the disease and to the pain itself, since this usually means avoiding certain activities. If pain is not treated, a person may:

- have difficulty interacting with friends and family;
- have difficulty doing things that would normally bring joy and pleasure, and help them feel part of the “real world;”
- become unable to eat or sleep;
- become depressed.

Pain - What you can do

Treatment of pain should be considered as taking back control and taking back the quality of life that has been stolen by the pain. Fortunately, treatment of pain is usually fairly straightforward for trained health care providers, and there are many different options that can be used to help find the approach that is right for you.

Use of pain medication

Take care with your pain medication

- Take pain medication on a regular schedule. Treating ongoing pain without a regular schedule will result in being “one step behind” the pain all of the time. At the end of the day, someone who takes pain medication only when pain occurs will likely have used more pain medication than if the medication had been taken regularly, without waiting for pain to occur.
- Do not skip doses of medication.
- If pain occurs in between regular doses of medication (breakthrough pain), take the medication the doctor has prescribed (called a breakthrough dose). This medication is not taken regularly, but only AS NEEDED to treat pain that ‘breaks through’ your regular medication dose. Keep track of how often you take breakthrough doses.
- If breakthrough doses are needed more than four times a day consistently (for more than three days), this usually means that the regular dose needs to be increased.
- Only one doctor should be prescribing a person’s pain medication. If this is not the case, the doctors should be discussing the treatment with each other.
- Pain medications work differently for different people. There is nothing wrong with two people having very different doses of the same medication. The important issue is that the medication works.
- Never take someone else’s medication.
- Never adjust your pain medication by yourself. Talk with your health care team to discuss any changes in your medication dose.

Keep track!

- Write down when you are taking breakthrough medications. Write the time and amount.
- Show it to your health care team. A breakthrough pain diary is included below as an example. Use a note pad, chart or smartphone application, whatever works best for you. **Just remember to keep track!**

See page 49 for a Breakthrough Pain Diary worksheet at the back of this book.



Learn about new medication

Before beginning a new medication, you may want to learn more about what to expect. Here are some questions to ask health care providers after getting a new prescription:

- How much medication should be taken? How often? For how long?
- How long does it take the medication to start working?
- What should I do if the pain does not get better?
- What happens if the medication is not taken on time?
- Should this medication be taken with food?
- Should this medication be taken with something to drink?
- Is it safe to drink alcoholic beverages, drive, or operate machinery after taking pain medication?
- Are there side effects (discomfort or unplanned changes in my body) from the medication?
- What should I do about the side effects?
- Is it okay to take this with my other medications?
- Who should I call if I have more questions related to this medication?



Contact your health care provider if you experience any of the following:

- The pain is not helped by the medication.
- The pain medication takes too long to start working.
- The pain medication does not last as long as the health care team said it would.
- Pain occurs in between doses of medication (breakthrough pain). Pain occurs only with certain activity (incident pain).
- There are side effects (unplanned discomfort or changes in your body).
- There is a problem with the schedule for taking medication (you often forget or the plan is confusing).
- The pain interferes with normal activities such as eating, sleeping, working and having sex.

Often a change in the medication, the amount of medication or the combination of medications can fix the problems listed above.

Are you having trouble swallowing your medicine?

Sometimes people have difficulty swallowing medication. If this is the case, then other ways of giving the medication can be used.

- Tell your doctor or nurse if you are having trouble swallowing your pain medication. Your medicine might be available as a liquid or a patch. There might be something else that can help.
- Some short acting medications may be crushed and mixed with liquids if needed.
- **Ask your pharmacist before crushing any medications.**
- Long acting pain medication taken every 8 or 12 hours **should not** be crushed.

Other ways to manage pain

Talk to a health care provider before using any of these techniques. Even simple things, like a heating pad, can have side effects.

- **Deep breathing**

Focus on breathing deeply, listening carefully to the sounds of breathing in and breathing out. Concentrating on slow, regular breathing shifts your focus away from the pain.

- **Progressive muscle relaxation**

Tense muscles can make pain feel stronger, so relaxing muscles may help to reduce pain.

Progressive muscle relaxation is a technique where muscles are tightened and relaxed throughout the body. One way to do this is to start at the feet, squeezing and loosening the muscles there, and then slowly work up the body to the head. Another way to relax muscles is to breathe in deeply, squeeze a group of muscles, and hold for a couple of seconds. Then, let go of the breath and let the body go limp.

- **Imagery**

The idea behind imagery is to imagine a scene that is relaxing, such as a quiet beach with the waves lapping on the shore. Imagery is like daydreaming on purpose. It can reduce stress and anxiety.

- **Distraction**

Watching a TV program, listening to music or taking part in a conversation with family or friends are some ways to try to forget about pain.

- **Heat therapy**

Heat can reduce pain by soothing sore muscles. A heating pad, gel packs, hot water bottles, electric heating pads or a warm bath can all be used for pain relief.

Pain - What you can do

Bath water should not be too warm, or it may make the person sleepier and weaker, which makes getting out of the tub difficult. There are some things to be careful about when using heat therapy:

- Heat should not be applied for more than 5 to 10 minutes.
- Heat should never be used over a new injury because it can increase bleeding.
- Heat should not be used over any area of the body that has received radiation treatment.
- Don't use heat if you have poor circulation, numbness or a decreased sense of touch in any body part.
- Electric heating pads should not be placed on bare skin and they should not be left on before going to sleep for the night.

• **Cold Therapy**

Cold relieves pain by freezing the painful area. Ice packs, ice cubes wrapped in a towel, and gel packs are all cold options. There are some things to be careful about when using cold therapy:

- Cold should not be applied for more than 5 to 10 minutes.
- Stop using cold if it starts causing new pain.
- If the person using cold therapy begins to shiver, the cold should be removed right away.
- People receiving chemotherapy should check with their doctors before using cold packs.
- Cold should not be used where circulation or the ability to feel is poor.

• **Transcutaneous Electric Nerve Stimulation (TENS)**

A TENS unit is a small power pack that sends an electrical current through electrodes taped to the skin. People describe the feeling of TENS as a buzzing, tingling or tapping sensation. The electrical current seems to help the pain, even after the electrodes have been taken off. TENS provides gentle stimulation and is not thought to be harmful. However, it is not recommended on unhealthy skin, such as skin that is swollen or infected. People with pacemakers should not use TENS either. Ask a member of the health care team where to get a TENS unit.

• **Acupuncture**

Acupuncture involves placing needles into the body. The idea is to stimulate certain points on the body in order to get rid of pain in other parts of the body. For example, a needle put into a certain spot on the leg may help stomach pain. The feeling you get from acupuncture is a buzzing, tingling feeling. Needles usually stay in the body for about 15-30 minutes. Acupuncture is widely known to help pain, although it is not as helpful with treating burning or tingling pain. Acupuncture should be performed by a licensed acupuncturist using clean or disposable needles. Acupuncture is not recommended for people with serious blood clotting conditions.

• **Massage**

The act of touching and being touched can be healing for some people. With a bare hand, muscles can be stroked, brushed or rubbed in a circular motion. Lotions are often used during massage to reduce friction on the skin. Massage relaxes muscles and encourages blood flow in the area that is being touched. Massage is often a very pleasant experience. Massage should be performed by a licensed massage therapist. Massage is not recommended when skin is broken, swollen, red or raw.

• **Hypnosis**

Hypnosis is a sleep-like state that leaves a person more open to suggestion. While the person is in a hypnotic state, hypnotherapists suggest that there is no pain, or that the pain has been taken over by another, positive feeling. A health care provider should be able to help find someone trained in hypnosis, likely a psychologist or a psychiatrist.

• **Counseling and Social Support**

Feeling sad or anxious can make pain feel worse. These feelings are common and should be discussed with the health care team or someone who can provide social support. One option is to take part in therapy with a counselor to help deal with these feelings. Another is to look for a support group where people with the same condition meet. Sometimes just talking with another person about feelings of anxiety can help to relieve some of the tension. CancerCare Manitoba's Patient and Family Support Services has psychosocial clinicians/counselors who specialize in working with people with cancer and their families/loved ones. For information on how to access these services, see the Resources section at the end of Part 2: Patient Information – Emotional and Practical Aspects of Care.

Pain - What your health care team can do

TIP

The best judge of pain is the person who is experiencing it. It is important for friends, family members and the health care team to believe what the person in pain tells them. Treatment for pain will not be successful unless people trust what the person in pain is saying.



Pain medication

A variety of medications can be used to improve your pain and quality of life. The type of pain you have will determine the medication that your doctor prescribes. However, pain management is not a perfect science. Sometimes it takes time for health care providers to find the best combination of medications and other treatments.

Don't forget:

- Everyone responds to medication differently.
- Everyone is affected by pain differently.
- What worked for a neighbor might not work the same for you.

Good communication between you and the health care team will help them find the best pain control plan for you. Your health care teams needs to know about all the medications you are using, even if no prescription is needed to get the medication.

Medication	What kind of pain	What to watch out for (side effects)
Acetaminophen (Tylenol®) Over-the-counter	Acetaminophen is widely used for common aches and pains. Acetaminophen can work with other types of pain medications to add to their effectiveness. It can be safely taken in combination with opioids and NSAIDs.	Too much acetaminophen can lead to liver damage so people need to keep track of how much they are taking. Acetaminophen is a common product in many cold and flu products. You may take too much acetaminophen by mistake just by taking several over-the-counter medications at the same time. Always read the labels of all your over-the-counter medications!
NSAIDs Nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin and ibuprofen (also known as Advil® or Motrin®) Over-the-counter <i>*For more powerful doses, they need to be prescribed by a doctor.</i> Because of potential serious side effects, it is important to check with your doctor before taking NSAIDs.	Used for common aches and pains, especially if there is inflammation, such as in arthritis. Helps muscle pain and headaches.	Bleeding: NSAIDs can slow the ability of the blood to clot so there may be more bleeding than usual when you get a cut and you may see more bruises. Talk to your doctor about other options if you are worried about bleeding. Prevent the kidneys from working properly -especially in people who already have problems with their kidneys <i>*a risk for people who are not getting enough fluids and may be dehydrated</i> Ulcers: NSAIDs can irritate the lining of your stomach or small intestine. This may result in bleeding, or even more serious conditions.

Pain - What your health care team can do

Medication	What kind of pain	What to watch out for (side effects)
<p>Anticonvulsants (Gabapentin)</p> <p>Often used to treat people who have seizures.</p>	<p>Used to treat burning, tingling, and stabbing (shock-like) pain related to nerve damage.</p>	<p>Tremors</p> <p>Confusion</p> <p>Drowsiness or sleepiness</p>
<p>Antidepressants (Tricyclic Antidepressants (TCAs): Amitriptyline, nortriptyline, desipramine or Selective Norepinephrine Re-uptake Inhibitor's [SNRI's]: venlafaxine)</p>	<p>Used to treat tingling and burning pain related to nerve damage</p> <p>Often used to help people with depression.</p>	<p>Dry mouth</p> <p>Confusion (difficulty thinking clearly, feeling mixed-up or unusual forgetfulness)</p> <p>Drowsiness or sleepiness</p>
<p>Steroids (Dexamethasone)</p> <p>Used to shrink swelling and relieve inflammation that can cause pain.</p>	<p>Useful in a wide variety of pain situations</p>	<p>There can be many different unexpected types of discomfort (side effects) related to taking steroids. Talk to your health care provider about benefits and risks that come along with using steroids to reduce your pain.</p>
<p>Radiation</p> <p>A special x-ray used to shrink cancerous tumours</p>	<p>Pain decreases as the shrunken tumours put less pressure on bones, nerves or internal organs</p> <p>One radiation treatment may be enough to relieve pain, although sometimes it can take up to two weeks before the effectiveness of the radiation in relieving pain is fully known.</p>	<p>Small courses of radiation treatment have few side effects (unexpected discomfort).</p> <p>Talk to your health care team about possible discomfort (side effects) related to radiation treatment and ways to lessen the discomfort.</p>
<p>Nerve blocks</p> <p>Blocks pain messages to the brain.</p> <p>A doctor will use a needle to place medication near a nerve or into the spine to stop pain messages from reaching the brain.</p>	<p>Would be used for severe pain.</p>	<p>May cause the muscles to become paralyzed.</p> <p>Injected area may lose all feeling.</p>
<p>Spinal analgesia "Spinal"</p> <p>Pain killers given directly where the pain messages travel to the brain.</p> <p>Smaller amounts of medication are needed because the medicine is delivered right into the spine column (epidural or intrathecal space) where the pain messages are traveling.</p> <p>A flexible plastic tube is left in place and a pain pump delivers the medication.</p>	<p>Would be used for severe pain.</p>	<p>There are risks of infection and bleeding related to spinal analgesia, which should be discussed with the health care providers involved.</p>

Medication	What kind of pain	What to watch out for (side effects)
<p>Opioids (codeine, morphine, oxycodone, fentanyl, Hydromorphone, methadone)</p> <p>Prescription required (with the exception of low doses of codeine combined with acetaminophen Tylenol-1® and Tylenol-2®).</p> <p>Narcotics is the old term that is still used by law enforcement.</p> <p>With medications containing acetaminophen (such as Tylenol #3), there is a point beyond which dose increases do not seem to result in improved pain control (“ceiling effect”), however this is not the case for other opioids listed above. Opioids can also be combined with other types of pain medications to help with pain relief.</p>	<p>For moderate to severe pain</p> <p>Often started at a low dose and then increased gradually as needed. This method is called titration</p> <p>There is no specific upper limit to the amount of these opioids that can be given. They can be increased until the pain is relieved or until side effects limit further increases. If side effects become too much for the person to handle, a different opioid can be tried (sometimes called rotating opioids) or other means of addressing pain can be explored.</p>	<p>Constipation (difficulty moving your bowels) *Always take a laxative with opioids. Never stop taking the opioid medication because of constipation. Fix the constipation.</p> <p>Nausea Feeling sick to your stomach or feeling like you want to throw-up.</p> <p>Drowsiness Feeling sleepy</p> <p>Confusion Difficulty thinking clearly, forgetfulness and having trouble concentrating.</p> <p>Effects your breathing Opioids can slow down your breathing but if your health care provider is closely monitoring you this harmful effect is uncommon especially once your body is used to the medication.</p> <p>See below for more advice on how to manage the side effects of opioids.</p>

POTENTIAL SIDE EFFECTS OF OPIOIDS

Opioids are very safe when used under the supervision of an experienced health care professional and adjusted in proportion to the amount of pain.

Constipation (difficulty having a bowel movement)

*You should have a bowel movement every 3 days or more often.

Opioids slow down the movement of the gut (bowels). As soon as you start opioids you need to prevent constipation. Take medicine for your bowels the whole time you take opioids. The medicines in steps 1-4 do not require a prescription. They are all available over the counter.

Step 1: Use a stool softener. Take 2 capsules of Docusate (Colace®) in the evening. If not working, add 2 capsules in the morning.

Step 2: At the same time also use a stool stimulant (laxative) that contains senna or sennosides (Senekot®). Start with 2 tablets Senekot® at night. If not working, add 2 tablets in the morning. If this is still not working, increase to 4 tablets two times a day. Docusate/sennosides (Senekot-S®) contains a softener and stimulant and could be used instead of Colace® and Senekot®.

Step 3: If still constipated, add another laxative, such as Lactulose or Polyethylene Glycol (Lax-A-Day®, PEG-3350, Go-Lytley®). Follow product directions.

Step 4: If still constipated, add a glycerin suppository or bisacodyl suppository (Dulcolax®). Keep in place for at least 15 minutes. **Don't use a suppository if you have low blood counts or have a bleeding problem.**

*If you are still constipated after these 4 steps, contact your health care team.

Pain - What your health care team can do

Nausea (feeling sick to your stomach, feeling like you will throw-up)

Some patients feel nausea when opioids are started. This usually subsides over a few days. Dimenhydrinate (Gravol®) may help. It does not require a prescription. Follow product directions.

*If Gravol® does not work, call your health care team.

Feeling Sleepy (drowsiness)

When you start or change opioid pain medications, you may feel a bit sleepy (drowsy). This usually lasts about 3-5 days.

*If the drowsiness is severe or continues after 5 days, call your health care team.

Confusion (unable to think clearly, being “mixed up”)

Confusion is rare. It can happen when you first start taking an opioid. People can also get confused when they have been taking opioids for a long time because the medication can build up in the body.

Contact your health care team if you or your family notice confusion. The health care team may change the medications or change the medication dose.



There are other, less common side effects to opioid medications. If you are having problems that you feel may be related to your medication, it is important to contact your health care provider.

Myths About Opioids

Unfortunately, there are many myths and misunderstandings about opioids, which continue to be a barrier to adequate pain control for people. These are some common misunderstandings:

- **“Won’t I become addicted?”**

Many people wonder if they will become addicted to pain medication. Addiction is an uncontrolled urge to use medications or other substances when there is no medical need. When medications are used to treat pain, addiction is rare. The body can become used to the medication, and a higher dose might be needed. This is called tolerance. If tolerance happens, talk to your health care team.

- **“I don’t want to start morphine too soon because it won’t work when I really need it.”**

This concern is without any scientific or medical basis. Opioids can be used with good effect for as long as they are needed, and the dose can be adjusted to whatever level is needed for pain relief. The best way to manage pain is to control it early.

- **“Those drugs will speed up my disease.”**

Opioids do not affect how an illness progresses, they simply help relieve suffering associated with advanced cancer.

- **“If I take morphine, I won’t be able to drive my car.”**

For non-commercial driving in Canada, taking opioids does not mean that you can no longer drive. The decision about whether it is safe to drive is left to the individual. If there is drowsiness from the medications, then it is not safe to drive. However, if the dose of opioid has been stable and drowsiness is not a problem, then driving is allowed.

Feeling Tired - Fatigue

What is fatigue?

Fatigue is a feeling of extreme tiredness or a complete lack of energy.

Everyone has experienced fatigue at one time or another. When we don't get enough rest or sleep, eat poorly, or do too many things in a day, we can become exhausted. This type of fatigue is not long lasting. Once we get some sleep, eat better or slow down our busy schedule the feeling of tiredness goes away.

People with advanced cancer may suffer from fatigue that lasts for a long time and does not go away with sleep or rest.

The tiredness may be all-encompassing and you may feel the following affects:

- Feeling generally weak
- You might run out of energy very quickly
- You may have difficulty concentrating and staying awake
- The usual activities of daily living – like dressing, bathing, or cooking – can be exhausting and seem overwhelming.

Tell your health care provider if you are having signs of fatigue so they can help manage this problem.

Causes of fatigue

Fatigue is caused by the combination of all of the physical and emotional burdens of advanced cancer or cancer treatments. These burdens may include:

- pain
- poor sleep
- worry
- depression
- the effects of treatment
- conditions related to the cancer such as infections and anemia (low blood cell count)
- general progression of the cancer

Just having a serious illness tends to be draining on the body's energy, even without problems related to the cancer or treatments

TIP

Recognize that fatigue is real. Fatigue experienced by someone with an advanced illness is different from the fatigue experienced by a healthy person. People who are seriously ill may feel exhausted even after staying in bed for hours at a time.

Sometimes fatigue is mostly related to a specific problem or treatment, which may be corrected fairly easily. These corrections may include:

- medications being changed
- an infection being treated
- a blood transfusion being given.

There are other times when the fatigue is mostly due to the overall energy drain of the illness itself. Resolving this type of fatigue with new treatments or a change in medication is not always possible.

Feeling Tired - Fatigue

Sorting out symptoms

To find out possible causes of fatigue, the health care team will often ask questions, do a physical examination, or order some tests.



Questions from the health care team

Describing fatigue is an important step in figuring out its cause and working towards possible treatment. These questions can help you prepare to discuss your fatigue or help you better describe the fatigue of someone you know.

- **How bad is the fatigue?**
 - Mild, moderate, or severe?
 - Rating fatigue on a scale from 0 to 10 can be helpful. Zero means no fatigue, while a 10 means the fatigue is so bad it cannot get any worse.
- **Is the fatigue overall tiredness, or is it more specifically a weakness of the arms and/or legs?**
- **What does the fatigue feel like...what words describe it?**
 - Tired, exhausted?
 - Sore, stiff, heavy or weak muscles?
 - Trouble thinking clearly?
 - Feeling irritable or impatient?
 - Short of breath?
- **When did the fatigue start?**
- **How long does it last?**
 - Always there?
 - Off and on?
 - Specific amount of time?
- **What makes it worse?**
 - Certain physical activities, movement, medication, conversations?
 - Chemotherapy or radiation treatments?
- **What makes it better?**
 - Certain positions, relaxation, sleep, food or drink, being active?
- **Has fatigue been experienced before?**
 - If so, when?
 - What happened then?
- **What are the effects of fatigue?**
 - What kinds of things are difficult or impossible because of fatigue?
 - Has there been a loss of interest or motivation to do things?
 - Are there feelings of depression, sadness or loss of hope?
- **What medications are being taken for fatigue?**
 - When are they taken?
 - How long have they been used (days, months)?
 - Are there any side effects?
 - Does the medication improve the fatigue?
- **Are there any other methods being used to help deal with fatigue (herbal remedies, relaxation techniques)?**
- **How does the fatigue change with treatment?**

Fatigue - What you can do

Physical examination

Since fatigue is such a general symptom that can be caused by many different problems, it is usually helpful for the health care provider to do a general physical exam. This may provide some clues about what might be causing the fatigue, and will help guide decisions about tests that may be needed and treatments that might be suggested.

Tests

It may be helpful to take blood samples and possibly order other tests to sort out the cause of fatigue.

WHAT YOU CAN DO



Talk to your health care team

Tell your health care team about your exhaustion. While fatigue is common among people with advanced cancer, there are things you and your health care team can do to improve your energy levels.

Plan your day

Develop a plan to make the most of available energy. Careful planning of the day's activities can prevent fatigue from becoming worse. Planning will also help you to take full advantage of high-energy times during the day.

- Plan activities for when energy levels are best. Save energy for doing the activities that are most important for you.
- Save energy by spreading activities throughout the day. Try not to do too many things in a short period of time.
- Try to include some activities in the day instead of resting all the time. A total lack of activity can make your body feel even more tired.
- Try mild exercise like walking to help your body feel more energized. An exercise routine should be unique for each individual and should take all medical conditions into account. Even people who are on bed rest or have a limited range of movement can exercise.
- Establish good sleep habits. Go to bed at the same time and try to keep noise out and lights down when sleeping.
- Avoid stimulants such as coffee and alcohol before bed.

WHAT YOUR HEALTH CARE TEAM CAN DO

Ask your health care team to help develop a plan to manage fatigue in the best way possible.

Treating the cause of the fatigue

Generally, the most effective way to relieve a symptom is to fix the problem that is causing it. After sorting out the possible causes of fatigue, there may be some treatment options that might help improve a person's energy level.

People may find they have more energy after they are treated for such things as:

- anemia (low red blood cell count)
- infections
- chemical imbalances (such as high calcium levels in the blood)
- depression.

Fatigue - What your health care team can do

Sometimes trying different approaches and evaluating the response is the only way to find out whether treating a specific problem will help the overall feeling of fatigue.

A note about depression

It is important not to overlook the impact that a depressed mood can have on overall energy, and how much improvement can be seen if depression is recognized and properly treated. Too often, depression is considered to be an expected and normal part of advanced cancer, and is therefore ignored. Very often, improvements in mood and energy can be obtained through working with the health care team to talk about worries and concerns, planning changes in lifestyle and living situation, and if appropriate, starting medication to treat depression.



Medications that may help improve energy

Medication	What the medication does	What to watch out for (side effects)
Psychostimulants Example: Methylphenidate (Ritalin®)	Can sometimes give a feeling of more energy and alertness, particularly if the patient's mood is depressed. These medications have a tendency to lose their effectiveness after a few weeks, perhaps as the body becomes used to them.	Anxiety Restlessness Trouble sleeping
Low dose corticosteroids Examples: Dexamethasone, Prednisone	Although the way in which these medications work to affect a person's energy level is not fully understood, some people may feel more energy when taking corticosteroid medications	Long-term use of steroids may include: Confusion Muscle weakness High blood sugars Weakness to bones

Go to <http://www.cancercare.mb.ca/fatiguemgmtvideos> for videos of patients and health care providers providing tips on how to manage your fatigue

Lack of Appetite - Anorexia

Lack of appetite is the feeling that you are not hungry. Most people experience a lack of appetite from time to time. For example, people recovering from the flu often do not feel like eating until they begin to recover.

Anorexia is a medical term used to describe a complete lack of appetite and loss of interest in food that persists over an extended period of time. Anorexia is different from occasional loss of appetite because it lasts for a much longer period.

People with anorexia have no desire to eat, even if they haven't eaten for hours or days. Some of the things that can affect a person's appetite include illness, medications, medical treatments, pain, constipation or bowel obstruction, sores in the mouth, and feelings of anxiety and depression.

Patients with advanced cancer, particularly near the end of their lives, frequently develop anorexia. This is not the same as the eating disorder known as anorexia nervosa.

What is Cachexia (Loss of Weight)? (pronounced Ka-KEK-see-a)

Weight loss in healthy people usually happens through a combination of decreasing the amount of calories eaten and increasing physical activity. The weight loss that happens in advanced cancer is much different.

Weight loss that people with advanced cancer experience is not due simply to the fact that they are not eating much. Instead, abnormalities occur in the way the body is able to use food. It is these abnormalities that result in weight loss. Cachexia is a medical term to describe the weight loss and muscle wasting that occurs when the body is unable to process nutrients from food.

This means that even if food could be taken in, the body would not be able to use it to build muscle and fat tissue that would result in maintaining or gaining weight.

People with anorexia and cachexia often experience extreme feelings of fatigue and may feel persistent nausea.

Causes of Anorexia and Cachexia

The exact causes of lack of appetite in advanced cancer are not completely understood. Factors related to the illness itself, a person's immune system, and altered chemical reactions in the body are all involved. Generally, there are two main reasons for weight loss. The health care team's approach will depend on which one of these two reasons is responsible for the lack of appetite and weight loss.

1) Inability of the body to process the nutrients in food

This is the most common cause of severe weight loss (cachexia) in advanced cancer, and is almost always accompanied by a lack of appetite (anorexia). In the presence of serious illness, the body gets energy by breaking down its own muscle and fat rather than making use of the nutrients in food. Even if food is swallowed and digested, the body cannot effectively make use of the nutrients.

In these situations other ways of giving food are not likely to help stop the weight loss that is occurring. This would include feeding using a tube through the stomach or nose, or total parenteral nutrition (feeding through an intravenous line).

2) Inability to swallow or digest food

This is usually due to:

- some type of blockage, such as an obstruction in the throat, esophagus (the passage from the mouth to the stomach), stomach, or intestines;
- failure of the digestive system to absorb food, such as in severe diarrhea.

In these situations, it is possible that the body can use nutrients if they can be taken in. It may be reasonable to consider feeding tubes (tubes through the stomach or nose) or total parenteral nutrition (feeding through an intravenous line) as possible treatment options, depending on the overall circumstances.

Lack of Appetite - Anorexia

Sorting Out Symptoms

To find out possible causes of the lack of appetite or loss of weight, the health care team will often ask questions, complete a physical examination, or arrange for further testing.



Questions From the Health Care Team

Your health care team may ask some of the following questions to better understand the extent of your symptoms and possible causes:

- **How troublesome is the lack of appetite?**
 - Mild, moderate, or severe?
 - Rate the lack of appetite on a scale from 0 to 10. Zero means the person's appetite is as good as it can be, while a 10 means no appetite at all.
- **When did the lack of appetite start?**
- **How long does it last?**
 - Is the poor appetite always there, or does it come and go?
- **What makes it better?**
 - Certain types of food or drink?
 - Eating or drinking in a particular location?
 - Anything else?
- **What makes it worse?**
 - Certain types of food or drink?
 - Cooking odours?
 - Anything else?
- **Has weight loss been experienced?**
 - How much weight has been lost?
 - Over what period of time?
- **Is there nausea or vomiting associated with the lack of appetite, or is it simply a case of not feeling like eating?**
- **How have the bowels been working?**
 - Is there constipation, bloating, or diarrhea?
- **Is there any pain or discomfort in the abdomen?**
- **How much concern does the patient have about not feeling hungry? Sometimes family and friends are more concerned about lack of appetite than the person who is experiencing it.**

Physical Examination

Since lack of appetite and loss of weight are symptoms that can be caused by many different problems, the health care provider will usually complete a general physical exam. The exam may provide some clues about what could be causing the problems, and will help guide decisions about tests that may be needed.

Tests

It may be helpful to take blood samples, X-rays, and other tests to sort out the cause of lack of appetite and weight loss.

Lack of Appetite - What you can do

WHAT YOU CAN DO

Family and friends often find a person's complete lack of appetite and weight loss worrisome. It is a natural instinct to encourage the person to eat and drink more, thinking that the person will feel stronger and live longer.

However, people with advanced cancer can be comfortable with little or no food intake for weeks or months. That is because people who are seriously ill often do not experience hunger or thirst in the way that healthy people do. Forcing someone to eat in these situations can make them feel nauseated and may contribute to feelings of distress.

TIP

The cancer patient is often in the best position to make the decisions about what to eat, when to eat or whether to eat or drink at all.



Caregiver Tips

- Prepare several small meals during the day, as opposed to three larger ones.
- Avoid spicy foods if the person can no longer tolerate them.
- Avoid cooking odours if they are troublesome.
- Do not be surprised if the person craves certain foods some days, and has no interest in them on other days.
- Try not to get frustrated if the person asks for a certain food and then loses interest by the time the food arrives.
- Let the person decide how much, what, and when they will eat.
- Recognize that individuals with advanced cancer often become full quickly, sometimes after just a few bites of food.
- Try not to push the person to eat more, as a feeling of fullness, upset stomach (nausea) or vomiting may result.
- Try not to make mealtimes a time of tension about eating and food. Rather, focus on sharing time together.
- Forcing food intake has not been shown to improve outcomes.
- Remember that a rejection of food is not a rejection of you.
- Unless a health provider asks for updates on weight, do not routinely keep track of weight.

Mouth Care

Feelings of having a dry mouth can be taken care of by sucking on ice chips, hard candies, and by providing good mouth care. The mouth can be moistened by swabbing with water or a solution of salt and water. Another option is to spray a mist of water into the mouth. Remember that as people become weaker, they may not be able to swallow liquids safely. When in doubt, check with the health care team about what is safe to offer.



WHAT YOUR HEALTH CARE TEAM CAN DO

The health care team will sometimes find problems that may be contributing to loss of appetite. These are problems that the health care team may want to treat:

- trouble moving bowels (constipation)
- blockage of the bowels
- side effects of medications
- chemical imbalances of the blood (such as a high calcium level)

Lack of Appetite - What your health care team can do



Medications

The health care team might select a drug or combination of drugs to help manage lack of appetite and weight loss. These may include medications that help upset stomach (nausea), medication that stimulate appetite or antidepressant medications.

Sometimes medications can help to stimulate appetite. Unfortunately, despite improved appetite and increased intake of food, for people with advanced cancer the body still does not seem to be able to use the nutrients in food. So there may not be a gain in strength or improved overall survival time. However, these medications may result in more energy and an improved overall sense of well being. The medications most commonly used are steroids and special hormones called progestational drugs.

Medication	What the medication does	What to watch out for (side effects)
Upset Stomach (Nausea) Metoclopramide (Maxeran®) and domperidone (Motilium®)	Help to manage constant nausea by speeding up the rate at which food moves out of the stomach. They also work at the nausea centre in the brain.	Drowsiness or sleepiness
Steroids Examples: prednisone and dexamethasone	May stimulate the appetite for a short period of time (usually less than a month). This increase in appetite is usually not associated with weight gain.	Long-term use of steroids may include: Confusion Muscle weakness High blood sugars Weakness to bones
Hormones – Progestational Drugs Example: megestrol acetate (Megace®)	May stimulate the appetite, and the effects may last longer than those of steroids. People taking megestrol acetate may gain weight, although this tends to be fat, rather than muscle tissue.	Development of blood clots in the veins Increased blood sugar levels Women may experience breakthrough vaginal bleeding
Antidepressant Medications	Poor appetite is a common problem in people who are depressed. Antidepressant medications may be prescribed if depression is thought to be contributing to the lack of appetite. In addition, some antidepressants are thought to have appetite-stimulating effects that are separate from their influence on mood.	Tremor Dry Mouth Nausea (feeling sick to your stomach) Diarrhea Trouble sleeping (insomnia) Dizziness Blurred Vision Constipation Sweating Increased appetite and weight gain Loss of sex drive *Some of these side effects may go away after a few weeks.

Tube Feeding, Intravenous Fluids and Nutrition

Sometimes when eating and drinking are not possible, fluids as well as calories and nutrients in food may be given through feeding tubes. Nutrition may be administered using tubes inserted through the nose or through the skin of the abdomen into the stomach or intestine. This is called enteral feeding, or more commonly tube feeding.

Fluids and nutrients may also be given through an intravenous (total parenteral nutrition or TPN) if the digestive system cannot absorb food. This is very different than simply giving fluids and diluted sugar as is commonly seen with an intravenous drip. TPN provides proteins, fat and carbohydrates and requires a special type of intravenous line that is inserted into a large vein, directed close to the heart (a central line). There are potential complications associated with this kind of line (such as blood clots or infections), as well as with the nutrients provided in TPN (such as liver damage). It is by no means a simple treatment, and it is only provided through careful consideration.

Using feeding tubes or intravenous (TPN) feeding are medical treatments that may be considered when there is a temporary barrier to eating and drinking, such as a fixable problem with the digestive system. Sometimes these treatments are also used to strengthen someone before chemotherapy or surgery.

Unfortunately, if a person is losing weight because the cancer has made the body unable to process nutrients, then giving nutrients by feeding tubes or intravenously will not help. It is like filling a warehouse with materials, but not having a factory to turn them into something useful. In addition, the risks related to these treatments may result in complications that are harmful.

Decisions about use of feeding tubes or intravenous nutrition involve speaking with the health care team about what the overall goals of this treatment are, and whether these goals can be achieved. For example, the hope might be for weight gain, improved strength and energy, or prolonged survival time. It may be clear that these goals cannot be achieved by giving more calories, or alternatively the goal may be possible, though with some risk of complications. These options should be explored with your health care team.

Upset Stomach - Nausea & Vomiting

What is nausea and vomiting?

Nausea is a sick or uncomfortable feeling in the stomach, which is described as an urge to vomit. Some people also describe nausea as an uncomfortable feeling at the back of the throat. Vomiting is a strong tightening of the stomach muscles that force whatever is in the stomach to come out through the mouth.

Nausea and vomiting are often talked about together, but it is possible to have one without the other. Many people find nausea more disturbing than vomiting.

People who are nauseated often retch. Retching (also known as dry heaves) happens when the body attempts to vomit when there is no food in the stomach. Even though the stomach may be empty of food, small amounts of mucous and what is called bile may come out the mouth.

Nausea and vomiting can impact a person's quality of life. Fortunately, medications to treat nausea and vomiting work very well for most people.

Causes of nausea and vomiting

The experience of nausea is complicated, and can be caused by different factors or triggers, such as:

- illnesses
- medications
- medical treatments
- constipation
- foods
- feeling anxious

Vomiting is controlled by an area of the brain called the vomiting centre. The vomiting centre is in a part of the brain, called the brainstem, which controls automatic functions. There are different pathways that can activate the vomiting centre, and many different factors that can be involved.

- **Chemicals and toxins:** Chemicals and toxins in the bloodstream can trigger an area in the central nervous system, which then activates the vomiting centre. This may be due to medication side effects (such as some chemotherapy treatments), or it may occur when the liver or kidneys are weak and cannot clear toxins or medications from the bloodstream.
- **Digestive tract problems:** Digestive tract problems such as slow emptying of the stomach, constipation, blockage, or irritation of the lining of the stomach or intestines (such as from radiation treatments, infections, or some medications) can cause nausea and vomiting.
- **Irritation of the motion center in the brain:** The system in our body that controls balance, sense of motion and position, and coordination can be upset by illness. This triggers nausea and vomiting. The most common example of this is motion sickness, when people become nauseated in cars, boats, or airplanes.
- **Increased pressure on the brain:** Increased pressure on the brain (for example, pressure due to a brain tumour), is often associated with nausea and vomiting. This can be made worse by movement.
- **Anxiety and association:** It is common to feel nausea when anxious, such as when people experience "stage fright." As well, there is a tendency to associate nausea with whatever it reminds us of, such as chemotherapy. Some people will become nauseated just at the thought of chemotherapy, or by seeing or smelling things that remind them of the treatments. This is called anticipatory nausea.

The health care team will want to understand the causes of someone's nausea and vomiting for the following reasons:

- Nausea and vomiting may be a sign of an illness or condition that has not yet been discovered. Treating the underlying problem is the best way to treat the nausea.
- Medication and therapy to treat nausea and vomiting will depend on the cause.

Without treatment, serious cases of nausea and vomiting can lead to new medical problems, such as:

- dehydration
- trouble thinking clearly, confusion, sleepiness
- general weakness
- serious weight loss
- irritation or damage to the throat or digestive tract from vomiting.

Sorting out symptoms

The health care team will want to consider a whole range of possibilities in sorting through what might be causing someone's nausea and vomiting.



Questions from the health care team

The health care team may ask some of the following questions in order to understand the extent and possible causes of the nausea and vomiting.

- **What seems to bring on nausea and vomiting?**
 - Eating?
 - Certain medications or certain treatments?
 - Feeling anxious?
- **What makes the nausea and vomiting better?**
 - Staying still?
 - Eating plain foods?
 - Drinking liquids slowly?
- **What makes the nausea and vomiting worse?**
 - Movement?
 - Smells of food?
 - A hot room?
- **How long does the nausea last?**
- **How long does the vomiting last?**
- **What medications are being taken for nausea and vomiting?**
 - When are they taken?
 - How long have they been taken (days, weeks, months)?
 - Are they working?
 - How long do they work?
- **How does the nausea and vomiting interfere with normal activities, such as sleeping, eating, working or having sex?**
- **What other medications are being taken? Are there any allergies to medications?**
- **What else is being done to help the nausea and vomiting?**
 - Herbal remedies?
 - Relaxation techniques?



TIP

Consider keeping a daily diary to record your experience with nausea and vomiting. These details may help your health care team sort out what might be causing your nausea and vomiting.

Upset Stomach - Nausea & Vomiting

What your health care team can do

Physical examination

The doctor will likely do a physical examination, as there are many potential causes of nausea and vomiting.

Tests

Since nausea and vomiting can be due to a variety of problems, there are different tests that might be done to help sort out possible causes. For example, blood tests may find imbalances of chemicals in the blood (such as a high calcium level, or weakness of liver or kidney function), and X-rays might be ordered to check for blockages in the intestine.



WHAT YOUR HEALTH CARE TEAM CAN DO

Medication

The health care team will select medications to treat nausea and vomiting based on the probable cause of the problem. Sometimes more than one medication is needed.

The medications most commonly used to manage nausea and vomiting are called antiemetics or antinauseants. Since nausea can be triggered through different pathways, medications for treating nausea are selected so that the most likely trigger or cause is targeted. Some medications work very specifically through one pathway, while others work through more than one. Still other types of medications such as steroids and anti-anxiety medications work in general ways that may be not related to a particular pathway.

There are times when nausea and/or vomiting can be anticipated, such as with some chemotherapy or radiation treatments, or perhaps with a planned trip in the car. In these circumstances, anti-nausea medications should be taken in advance.

Examples of medications used for nausea

Note: It is common to use *combinations* (more than one) of medications to treat nausea, so that different possible causes of nausea are covered.

Cause of Nausea	Examples of Causes	Examples of antinauseant medications
Chemicals (including medications) and toxins in the bloodstream	<ul style="list-style-type: none"> chemotherapy morphine and other opioids liver or kidney failure high calcium level in the bloodstream 	<ul style="list-style-type: none"> domperidone (Motilium®) metoclopramide (Maxeran®) haloperidol (Haldol®) prochlorperazine (Stemetil®) granisetron (Kytril®) ondansetron (Zofran®)
Digestive tract problems	<ul style="list-style-type: none"> slow emptying of the stomach or bowels slowed movement of the intestines 	<ul style="list-style-type: none"> metoclopramide (Maxeran®) domperidone (Motilium®)
	<ul style="list-style-type: none"> constipation 	<ul style="list-style-type: none"> laxatives
	<ul style="list-style-type: none"> irritation of the lining of the stomach or intestines 	<ul style="list-style-type: none"> haloperidol (Haldol®) prochlorperazine (Stemetil®) ondansetron (Zofran®) granisetron (Kytril®)

Cause of Nausea	Examples of Causes	Examples of anti-nauseant medications
Nausea triggered or made worse by movement	<ul style="list-style-type: none"> • motion sickness • tumour in the brain or balance area (cerebellum) • medications (morphine and other opioids) 	<ul style="list-style-type: none"> • dimenhydrinate (Gravol®) • scopolamine patch (Transderm-V®)
Nausea caused by pressure due to tumors in the brain	<ul style="list-style-type: none"> • tumour in the brain • brain metastases (tumor that has spread to the brain) 	<ul style="list-style-type: none"> • dexamethasone - a steroid (Decadron®)
Anxiety or association	<ul style="list-style-type: none"> • nausea from thinking about treatments, or getting ready to go to the clinic 	<ul style="list-style-type: none"> • lorazepam (Ativan®)

Sometimes people with nausea or vomiting are unable to swallow their medications or keep them down. In that case, medication may be given in other ways including:

- using a needle (intravenously or injected under the skin), or a patch (so the drug is absorbed through the skin);
- under the tongue;
- using a suppository into the rectum.

It is usually helpful to have such medications available so that they can be used if the person is unable to tolerate medication by mouth.

POSSIBLE SIDE EFFECTS OF NAUSEA MEDICATION

Feeling Sleepy (drowsiness)

Drowsiness may occur with nausea and vomiting medication. Sleepiness is more noticeable when a new medication is started. Over time, the body usually gets used to the medication and the person taking it will not feel as drowsy.

*If the drowsiness is severe or continues after 5 days call your health care team.

Confusion (unable to think clearly, being “mixed up”)

Although uncommon, medications used for nausea can cause confusion. Confusion is rare. It can happen when you first start taking medications for nausea.

* **Contact your health care team** if you or your family notice confusion. The health care team may change the medications or change the medication dose.

Tremors (shaking) or muscle rigidity (stiffness)

Some medications (for example metoclopramide [Maxeran®], haloperidol [Haldol®], and prochlorperazine [Stemetil®]) can cause tremors (shaking) or muscle rigidity (stiffness), which can be similar to some of the symptoms of Parkinson's disease.

This is a rare side effect, but is more common in the elderly. Sometimes people may experience a spasm (twitch) in the muscles of the face or neck. This is more likely in children and young adults.

* **Contact your health care team** if you have tremors or muscle rigidity. The health care team may change the medications or change the medication dose.

Upset Stomach - Nausea & Vomiting

What you can do

Potential side effects related to steroids

Steroids can also be prescribed for nausea and vomiting. In short courses (a week or two), it is uncommon to have serious side effects. However, there are many potential side effects, especially when steroids are used for a long period of time. Potential side effects include agitation, restlessness, interrupted sleep, increased appetite, weight gain, high blood sugars, muscle weakness, damage to the hip and shoulder joints, and increased susceptibility to infection. They can increase the chance of bleeding from the stomach or bowel, especially if used at the same time as non-steroidal anti-inflammatory drugs (NSAIDs)

WHAT YOU CAN DO



Contact a health care provider when any one of these occurs:

- Vomiting has lasted for more than a few hours.
- Pain in the abdomen or blood in the vomit. Blood may be bright red or dark brown/black, looking like coffee grounds.
- Any symptoms of dehydration, such as decreased urination, dizziness or light-headedness, dry mouth, or increased thirst
- Projectile vomiting (vomit shoots straight out and travels some distance)
- The material vomited up smells like feces (stool or bowel movements)
- The person becomes increasingly sleepy and hard to wake up
- The medication to manage the nausea and vomiting is not working

Take care with medication

- Take medication on a regular schedule if the problem is ongoing.
- If something is expected to cause nausea and/or vomiting, take anti-nausea medication in advance.
- If vomiting occurs shortly after swallowing medication, check with a health care provider to see what to do about replacing the dose that was vomited up. (With pain control medications, it is generally better to repeat the dose of pain killer rather than risk losing control over the pain).
- Take the amount of medication that has been prescribed.
- Do not skip doses of medication.
- Never take someone else's medication.

Since the causes of nausea and vomiting are different for different people, the medications are often different too. In addition, more than one kind of medication may be needed to treat nausea and vomiting.

Watch what you eat and drink

- Eat smaller, more frequent meals.
- Eat foods cold or at room temperature.
- Avoid fried, fatty foods and acidic foods such as oranges, lemons and vinegar.
- Avoid the smells and sights of cooking. Try to have good ventilation (air movement) if cooking must take place nearby.
- Drink frequent, small amounts of liquids (sipped slowly) to prevent dehydration.
- Drink liquids an hour before meals or after meals.
- Drink cold or chilled liquids. Freeze liquids into popsicles.
- Suck on ice cubes, mints or hard sugarless candies.
- Eat bland foods such as crackers and dry toast.
- Avoid spicy foods.
- If nausea occurs in the morning, eat dry foods like toast, crackers, or handfuls of dry cereal before getting out of bed.
- If you can, avoid lying down for about two hours after meals. If you have to vomit in bed, lie on your side instead of your back to help prevent choking.

After vomiting

- Clean out the mouth. One option is to put a teaspoon of baking soda in a glass of warm water, rinse the mouth and spit out. Rinsing with water or brushing teeth may help.
- Alcohol-based mouthwashes may be irritating to the mouth.
- Clean out the throat by taking a sip or two of water.
- Drink small sips of clear liquids such as water or apple juice when the stomach settles.
- Try to drink more liquids than normal to replace liquids lost.

Try relaxation strategies

Relaxation techniques can sometimes help decrease the sick-to-the-stomach feeling and the need to vomit. Depending on what is causing the nausea and vomiting, some of these techniques may work better than others. Talk to a health care provider to make sure none of them will be harmful to you. In most cases, these non-drug strategies should be used in addition to medications.

Deep breathing

Breathe deeply and slowly through the mouth. Concentrate on the sounds of breathing in and breathing out. Open a window and let in fresh air.

Herbal remedies

Ginger may decrease nausea and vomiting. This is why many people sip ginger ale when they feel nauseated. Peppermint tea is also thought to make the stomach feel more settled. The effects of herbal remedies have not always been well studied, so it is good to check with a health care professional before taking them.

Progressive muscle relaxation

This is a technique in which muscles are tightened and relaxed throughout the body. One way to do this is to start at the feet, contract and relax those muscles, and then slowly work up the body to the head. A variation on this technique is to breathe in deeply, squeeze a group of muscles, and then hold both the breath and the squeeze for a couple of seconds. Then, let go of the breath and let the body go limp. Relaxing the body in this way may help nausea and vomiting.

Imagery

The idea behind imagery is to imagine a scene that is relaxing, such as a quiet beach with the waves lapping rhythmically on the shore. Imagery is like a deliberate daydream that can reduce stress and anxiety. Relaxing the body before using imagery may help focus the mind on calm, soothing images. Health care teams may be able to help find someone who is skilled in imagery.

Distraction

Watching a TV program, listening to music or taking part in a conversation with family or friends are some ways to forget about nausea and the need to vomit.

Acupuncture

Acupuncture involves putting thin needles into the body at various angles and depths. The idea is to stimulate certain points on the body in order to relieve symptoms in other parts of the body. For example, a needle inserted at a certain spot on the leg targets stomach pain.

The feeling you get from acupuncture is a buzzing, tingling feeling. Once inserted, needles are usually left in place for about 15-30 minutes, depending on the condition that is being treated. Acupuncture may be helpful for some people in managing nausea and vomiting.

Acupuncture should be performed by a licensed acupuncturist using sterile or disposable needles. Acupuncture is not recommended for people with serious blood clotting conditions.

Upset Stomach - Nausea & Vomiting

What you can do

Massage

The act of touching and being touched can be healing for some people. With a bare hand, muscles can be stroked, brushed or rubbed in a circular motion. Lotion may be used to reduce friction on the skin. Massage relaxes muscles and encourages blood flow in the area that is being touched. Massage is often a very pleasant experience. However, massage is not recommended when skin is broken, swollen, red or raw.

Hypnosis

Hypnosis is a sleep-like state that leaves a person more open to suggestion. While the person is in a hypnotic state, hypnotherapists suggest that there is no nausea, or that the nausea has been taken over by another, positive feeling. A health care provider should be able to help find someone trained in hypnosis, likely a psychologist or a psychiatrist.

Counseling and Social Support

Feeling worried or depressed can bring on feelings of nausea. Feelings of anxiety are common and should be discussed with the health care team or someone who can provide social support. One option is to take part in therapy with a counselor to help deal with these feelings. Another is to look for a support group where people with the same condition meet. Sometimes just talking with another person about feelings of anxiety can help to relieve some of the tension.

CancerCare Manitoba's Patient and Family Support Services



CancerCare Manitoba's Patient and Family Support Services has psychosocial clinicians/counselors who specialize in working with people with cancer and their families/loved ones. Talk to your health care provider or call the Psychosocial Oncology department to arrange an appointment.

Tel. 204-787-2109 or toll-free 1-866-561-1026

Difficulty Breathing (Dyspnea)

Shortness of breath is when your breathing feels uncomfortable. People having shortness of breath feel that they can't get enough air. They may be breathing faster or slower than usual, and each breath seems difficult or painful.

We judge shortness of breath by the way someone feels, not how they look.

Sometimes people are breathing quickly and look like they are working hard to breathe when they tell us they feel short of breath. This isn't always the case. Sometimes people appear to be breathing quite comfortably but they tell us they feel like breathing is difficult.

Other times people look like they are working hard to breathe but they tell us they feel comfortable. The only way to know for sure if someone is feeling short of breath is to ask. It is important to let your health care team know if you experience shortness of breath.

Shortness of breath is not experienced by everyone who has advanced cancer. People who have lung cancer or a cancer that has spread to the lungs (lung metastasis) might experience shortness of breath more often. Just like with pain, shortness of breath can be helped with medications and other treatments.

Causes of Shortness of Breath

Breathing is controlled by the body's respiratory system (nose, mouth, lungs and blood vessels). We breathe in air to get the oxygen our body needs. When we breathe out we blow off carbon dioxide, a waste product our body needs to get rid of.

When we breathe, a process inside each lung allows oxygen and carbon dioxide to be transferred between our bloodstream and the air.

The red blood cells in your bloodstream deliver the oxygen to the rest of the body.

Almost everyone has experienced shortness of breath at some time in their life. For some people activities like walking or climbing stairs can make it difficult to breathe. Some people feel breathlessness just from talking, eating, or at rest.

People can feel short of breath for many reasons, including these:

- 1. General weakness:** Overall weakness can limit the amount of energy available for the work of breathing.
- 2. Blockage:** Tumours and swelling may block air flow through the windpipe (trachea).
- 3. Lung problems:** Fluid build-up, tumours, lung infection (pneumonia), or changes to your lungs as a result of treatment can decrease the available space in your lungs for air to be exchanged.
- 4. Other medical problems:** People who also have heart problems or other lung problems such as emphysema or asthma may have more trouble with shortness of breath.
- 5. Low red blood cell count, or low hemoglobin on your blood test (anemia):** Red blood cells and hemoglobin are the oxygen carriers in your blood. If these levels are low you may feel tired, weak and short of breath.
- 6. Anxiety:** Anxiety can make people feel short of breath and feeling short of breath can make people feel even more anxious. This can create a cycle where one problem feeds the other. Treatment for anxiety (relaxation, imagery and medication) usually makes people feel like it is easier to breathe.

Sorting out the cause of your discomfort

The health care team will ask questions, do a physical exam (listen to your chest with a stethoscope and check other things on your body), or may arrange for further testing.

Difficulty Breathing (Dyspnea)

What you can do



Common questions the health care team will ask

The health care team will ask many questions to understand the cause of the problem so they can make the right plan to make you more comfortable.

- **What does the shortness of breath feel like?**
- **When did the shortness of breath start?**
 - Did it come on suddenly or gradually?
- **Does shortness of breath happen at rest or only with activity?**
- **What makes it better?**
- **What makes it worse?**
- **Have you had problems breathing before?**
- **What medications are you taking to help your breathing?**
- **What else do you do to make breathing easier?**
- **Do you feel stressed or worried when it's hard to breathe?**
- **What are your goals? For example, "As long as I can do ...I'm okay with some shortness of breath"**

Common tests to help the health care team find the right plan to make you comfortable

Oxygen Saturation Monitor (O2 Sat monitor)

A simple test done by putting a soft clamp hooked up to a machine on your finger. In a few seconds it shows a number that tells us the oxygen level in the blood.

- the health care team might call this your "sats".

Blood Tests

X-ray or CT scan

This may be done to look for changes in your heart or lungs that might be causing the shortness of breath.

WHAT YOU CAN DO if you struggle with difficulty breathing?

Plan Ahead

Sometimes shortness of breath is predictable. If certain activities always cause shortness of breath, let your health care team know. Taking medication before the activity can help.

Try to manage your stress and anxiety

Finding ways to relax and control your anxiety can decrease shortness of breath. Often when anxiety gets worse so does the shortness of breath. If you struggle with feeling worried or anxious tell the health care team so that they can help you.

- Medications to reduce anxiety may be helpful.
- Some people choose to cope with the anxiety through relaxation or breathing techniques.

No matter what solution you choose the health care team should be a part of the plan.

Some tips that may help to reduce your anxiety and perhaps improve your breathing ability

- **Sit upright:** Try sitting up in bed with pillows under the arms and behind the back and head. Keeping the head and upper body upright seems to help breathing. In a hospital bed, try raising the bed to a more upright position. At home, try sitting in a reclining chair (one with a footrest that swings out).
- **Open a window** to get some fresh air or place a fan on low speed nearby for air movement.

- Laying in a certain position: If there is an obstruction (blockage) in one lung, try lying on the side that is blocked. This may allow more air to enter into the better functioning lung.
- Limit activity to what is necessary and plan for rest periods in between
- Taking medication (such as opioids) before activities may help. Ask a health care professional for advice on how to time medications.
- Avoid activities that can make shortness of breath worse, like climbing stairs and bending down. Pull on shoes and socks while sitting down.
- Keep rooms cool with low humidity.
- Change bedclothes more frequently if they are damp with sweat.
- Use lip balm on dry lips. Rinsing and spitting water can help a dry mouth feel better.
- Avoid cigarette smoke. (Never smoke or light a match in a room where oxygen is being delivered because there is a real danger of starting a fire.)
- Avoid allergens that may worsen shortness of breath.

Try Relaxation Strategies

Since anxiety often makes shortness of breath worse, these strategies are meant to be calming and relaxing. If any of these strategies produce more stress, you should stop them.

- **Breathing Exercises:** Breathe in through the nose and out through the mouth as though you were blowing bubbles through a straw. Concentrating on breathing may help make the shortness of breath feel better.
- **Distraction:** Sometimes watching TV or listening to music can help distract a person from their breathing difficulties.
- **Imagery:** Imagery is like a deliberate daydream to reduce stress and anxiety. The idea is to imagine a scene that is relaxing and then focus on the calm, soothing images.
- **Progressive muscle relaxation:** This is a technique where muscles are tightened and relaxed throughout the body. Start at the feet, squeezing and loosening the muscles there and then slowly work up the body (lower legs, upper legs, bum, hands, lower arms, upper arms, shoulders etc.)

Relaxing the body may help to relax the mind.

- **Massage:** Massage can be very soothing for some people. With a bare hand, muscles can be stroked, brushed or rubbed in a circular motion. Massage relaxes muscles and encourages blood flow in the area that is being touched.

The health care team relies on what the person with shortness of breath says they are feeling to know how well the treatment is working. The person's own description of shortness of breath is more reliable than whether or not the person looks like they are having difficulty breathing.



What can your health care team do?

1. If shortness of breath is causing great distress the health care team will treat the feeling of being hungry for air.
2. The health care team may also want to find the cause of the problem.
 - Sometimes the cause of the shortness of breath can't be treated because treatment is not possible or the patient can't tolerate it.

Difficulty Breathing (Dyspnea)

What your health care team can do

Even if the health care team can't fix the cause of shortness of breath there are several ways to help the person feel better with palliative care. The main treatments are:

- medications
- oxygen
- lifestyle changes



Medications to Treat Shortness of Breath

Medication	What the medication does	What to watch out for (side effects)
<p>Opioids</p> <p>Examples: morphine, hydromorphone</p>	<p>Opioids are safe when used under the supervision of an experienced health care professional.</p> <p>Often people with shortness of breath are already taking opioids for pain control. In that case, increasing the dose of the opioid may be enough to relieve the "hunger for air."</p> <p>No one is certain exactly how opioid medications help to control shortness of breath, but they have been shown to make people more comfortable breathing.</p>	<p>Constipation (difficulty having a bowel movement)</p> <p>Nausea (feeling sick to your stomach)</p> <p>Feeling sleepy (drowsiness)</p> <p>Confusion (unable to think clearly)</p> <p>There is a widely held misconception among health care professionals that opioids should never be used to treat shortness of breath, due to the potential risk of depressing the breathing. However, there is substantial evidence indicating that appropriately adjusting opioids such as morphine in response to breathing distress is safe.</p>
<p>Oxygen</p>	<p>The use of oxygen may be suggested for someone living with advanced cancer that is short of breath, particularly if tests have indicated that blood oxygen content is low.</p> <p>Oxygen delivered by a facemask or by nasal prongs (small plastic tubes that fit into the nose) may help take away the feeling of not getting enough air. The face mask sends oxygen into the mouth and nose, but some people find a mask makes them feel claustrophobic and more anxious about breathing. Many times, nasal prongs are a good option. These plastic tubes are effective even if the person seems to be breathing only through the mouth, since the oxygen that is being delivered through the nasal prongs is drawn into the lungs even with "mouth breathing."</p> <p>At home, oxygen can be delivered through a portable oxygen tank or by a machine that concentrates oxygen out of the air.</p>	<p>When using oxygen in the home, the company providing the oxygen will supply you the equipment and also review how to safely use the oxygen.</p>

Medication	What the medication does	What to watch out for (side effects)
Medications for Anxiety Examples: lorazepam (Ativan®), midazolam, diazepam	When shortness of breath is moderate to severe, or the person is very anxious about breathlessness, medications to reduce anxiety may be given in combination with opioids.	Feeling sleepy (drowsiness) Confusion (unable to think clearly), particularly in frail or elderly people
Other Medications Examples: Antibiotics, Medications to Treat Chronic Lung Problems or Heart Problems	Keep in mind that if there is treatment being directed at the underlying cause of shortness of breath, other medications may be required. For example, there may be medications used for managing an infection, or chronic lung or heart problems.	



Caution: Oxygen and Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) refers to a group of lung diseases that includes emphysema and chronic asthma. For most of us, breathing is triggered when our bodies recognize an increase in carbon dioxide in the bloodstream. For some people with COPD, breathing is triggered by low oxygen levels.

If a person with COPD receives high concentrations of oxygen, their body may not be triggered into breathing, because there is lots of oxygen in their system already. The person may actually end up breathing less than needed, which can be dangerous.

In these situations, oxygen is given in low doses and adjusted upward as tolerated. Special masks may also be used to deliver more accurate amounts of oxygen than the nasal prongs can deliver.

Trouble Moving Bowels - Constipation

What is constipation?

Constipation is a condition where stool is slow to move through the large intestine and bowel movements occur less frequently than they normally do.

The slower the movement, the more fluid is absorbed out of the bowel and the drier and harder the stool becomes. Stool that is hard and dry can become difficult or even painful to pass out of the body.

Constipation can have a negative effect on overall quality of life. When you are constipated, you may feel bloating, abdominal discomfort and pain. You may not feel like eating. Or, feelings of uncomfortable fullness and nausea may make eating less enjoyable.

Although everyone's bowel pattern may be different, you should generally have at least one bowel movement every three days. Left untreated, constipation can lead to more serious digestion problems such as fecal impaction and bowel obstruction. Fecal impaction is a large mass of stool, usually in the large intestine. This build-up of stool can eventually prevent bowel movements from occurring or result in a partial or complete blockage of the intestine (otherwise known as a bowel obstruction).

Contact a health care provider immediately if:

- there has been no bowel movement within 3 days;
- there is an unusually high number of stools per day;
- blood appears in urine, stool or the anal area;
- there are persistent cramps or vomiting;
- there is new or increasing pain in the abdomen;
- there is new or worsening bloating or swelling of the abdomen;
- there is nausea and/or vomiting

Causes of constipation

Constipation can be caused by many factors, frequently working in combination. General factors include the following:

- a decrease in eating, which results in a decreased amount of stool
- a decrease in drinking, which can cause the stool to become hard and difficult to pass
- a decrease in exercise or activity, which tends to result in the gut being less active
- eating foods that are greasy or low in fibre

Medications that can cause constipation include:

- opioids - used to treat symptoms such as pain and shortness of breath
- diuretics -used to increase the production of urine
- anticonvulsants -used to prevent seizures and to treat many other symptoms including pain
- iron supplements - used to treat anemia
- anti-depressants and anti-anxiety medications - used to improve mood and to treat many other symptoms including pain
- antacids - used to relieve irritation in the stomach
- laxatives and stool softeners - frequent or long-term use of these medications can cause the gut to be less active on its own, which can lead to constipation

TIP

Sometimes people are not willing to take medication to treat their pain because they worry about having problems with constipation. Concern about constipation is not a reason to undertreat your pain! Constipation that occurs with pain treatment can be managed and prevented.

Medical conditions that can cause constipation include:

- high levels of calcium in the blood
- low levels of potassium or sodium in the blood
- an irritable bowel
- muscle weakness
- nerve dysfunction, such as in people with diabetes
- conditions of low thyroid function
- tumours in or near the intestine

Social factors that can impact constipation may include:

- feeling depressed or anxious
- difficult access to a bathroom (bathroom may be occupied, hard to get to or not very private)
- needing assistance in the bathroom
- needing to use a bedpan or bedside toilet (commode)
- being in unfamiliar surroundings or an atmosphere that creates stress

Sorting out symptoms

To find out possible causes of constipation, the health care team will often ask questions, do a physical examination, or order some tests. This will help them to make decisions about how best to manage the constipation.



Questions from the health care team

The health care team may ask some of the following questions in order to understand the extent of the patient's constipation and what may be causing it:

- **How bad is the constipation?**
 - Mild, moderate or severe?
 - Rate the constipation on a scale from 0 to 10, where zero means no constipation and 10 means the worst possible constipation.
- **How often does a bowel movement normally occur?**
 - When was the last bowel movement?
- **What was the last bowel movement like?**
 - Hard or soft?
 - How much?
 - What colour?
 - Any signs of blood? If so, was it bright or dark?
 - Was the bowel movement painful?
- **Has there been an urge to have a bowel movement, but no stool?**
- **Has there been any nausea or vomiting? What about pains or cramps in the stomach?**
- **Has there been gas passed? How many times a day?**
- **Medications – past and present**
 - How effective were they? How long did they work for?
 - How often are they taken?
- **What has helped with constipation in the past?**
- **How is the constipation affecting quality of life?**
 - What kinds of things does it stop you from doing?
 - Are there feelings of discouragement or depression?

Trouble Moving Bowels - Constipation

What you can do



TIP

It is helpful to have a written record to keep track of your symptoms and bowel movements.

Physical examination

General exam: The health care provider will likely do a general physical examination. This may include pressing on the abdomen, feeling for tenderness or hard spots. Listening to bowel sounds with a stethoscope in different areas of the abdomen is also a routine part of a physical examination.

Digital rectal exam: A digital rectal exam may also be done. The health care provider will insert a gloved finger into the rectum, feeling for stool or hard masses in the rectum. During this examination, you will feel pressure in the rectum, which can be similar to the pressure felt during a bowel movement.

TESTS

Abdominal X-ray: An abdominal x-ray may be requested. This is done in an x-ray department and can be done on an out-patient basis. An x-ray can show where there is stool in the bowel.

Blood samples: Blood samples may also be requested to check for levels of calcium, potassium, and thyroid stimulating hormone. Changes to these levels in the blood can contribute to constipation.

WHAT YOU CAN DO

Prevention is important when you're dealing with constipation. That's because managing constipation becomes more difficult the more time that passes between bowel movements. Check with your health care team about making small lifestyle changes or a treatment plan.

TIP

When pain medications such as opioids (morphine, hydromorphone, etc.) are prescribed, make sure they come with a prescription for laxatives.

Lifestyle Changes

Small lifestyle changes may encourage regular bowel movements.

- Visits to the bathroom at the same time each day may be a good idea for some people.
- Drink as much fluid as you feel comfortable taking.
- Try to increase physical activity if you can.
- Consider taking pain medication before attempting a bowel movement to decrease discomfort if bowel movements are uncomfortable.
- If possible, try to have a bowel movement from a seated position, instead of while lying down.
- Try to have a bowel movement 30 to 60 minutes after meals to take advantage of the movement of the intestines that follows after eating.
- Ensure privacy in the bathroom or create a dignified environment if you need help from someone else.
- Try to eat foods that are naturally high in fibre such as dried fruits and fresh vegetables. There are many recipes for natural fruit laxatives which you may find helpful (see next page.)

Trouble Moving Bowels - Constipation

What your health care team can do



Recipes for Fruit Laxatives

Fruit Lax

Ingredients	Directions
½ cup (125 mL) pitted dates	Simmer dates and prune nectar until dates are very soft. Put date mixture in a blender and add figs, raisins and prunes. Blend to a smooth paste. Store in a sealed container in the fridge. Use on crackers, ice cream, etc
¾ cup (200 mL) prune nectar	
½ cup (125 mL) figs	
¾ cup (200 mL) raisins	
½ cup (125 mL) pitted prunes	

Fruit Bran Mix

Ingredients	Directions
2 Tbsp (30 mL) natural wheat bran	Mix all ingredients together. Take 1-2 Tbsp of mixture every morning. Mixture can be refrigerated for up to 5 days
1 cup (240 mL) applesauce	
¾ cup (200 mL) prune juice	

Treatment Plan

You may also want to ask the health care team to help develop an individualized treatment plan that covers things like how much to eat or drink, when to exercise and when to take medication.

WHAT YOUR HEALTH CARE TEAM CAN DO

Medications to Use for Constipation



Medication	What the medication does	What to watch out for (side effects)
Stool Softener Example: Docusate (Colace®)	These medications soften the stool that is in the intestine and make it easier to pass. The most commonly used stool softener is docusate, which includes medications such as Colace® and Surfak®. This drug works by helping to retain water in the bowels to mix with the stool, which helps keep the stools soft.	Diarrhea
Laxative - Stool Stimulant Examples: senna/sennosides (Senokot®, Glysennid®) cascara, and bisacodyl (Dulcolax®)	Sometimes it is necessary to use laxative medications to be sure that the bowels will empty regularly and effectively. These medications help stimulate the passage of stool and encourage it to pass through the intestine. Laxatives may also be prescribed if the patient is getting less fluid and physical activity because of the illness. The health care team will pay close attention to what type of bowel movements occur and how often, and will start laxatives if constipation is a concern. People who are on certain medications, such as opioids to manage pain or shortness of breath, will definitely need laxatives to keep their bowels moving. That's because opioids are almost certain to cause constipation. Although all opioids are constipating, this should never be a reason to limit their appropriate use. Instead, the health care team needs to take care to prevent constipation before it occurs. Try using stool softeners (Docusate) and stimulants (sennosides) in combination (a medication known as Senekot-S®), which work well when used together.	Diarrhea

Trouble Moving Bowels - Constipation

What your health care team can do

Medication	What the medication does	What to watch out for (side effects)
Osmotic Laxatives - Lactulose	<p>This medication is a type of sugar that is not absorbed into the body (so it is safe for people who have diabetes).</p> <p>It helps soften stools by drawing water into the bowels, and stimulates the emptying action of the bowels.</p> <p>The sweet taste can be nauseating. If lactulose is mixed with juice or ice, it may taste better.</p>	<p>Gassy</p> <p>Bloated</p> <p>Cramps</p>
Osmotic Laxatives - PEG (Polyethylene Glycol) Examples: Lax-A-Day®, PEG-3350, Go-Lytley®	<p>These medications act by drawing fluid into the intestines, thereby softening and loosening the stool.</p> <p>They may have fewer side effects, such as bloating and cramps, than lactulose.</p> <p>There are several different brands in this group, some of them containing electrolytes (salts) and some not.</p>	<p>Gassy</p> <p>Bloated</p> <p>Cramps</p>
Saline Laxatives Examples: magnesium-containing laxatives such as Milk of Magnesia®, Magnolax®, and Citro-Mag®.	<p>Saline laxatives work by drawing fluid into the bowel and stimulating bowel activity.</p> <p>Oral Fleet Phospho-Soda® is a powerful saline laxative that, although effective, can have serious effects on fluid and chemical balance in frail people. For people with advanced cancer, it should not be used without medical supervision.</p>	<p>Diarrhea</p> <p>Gassy</p> <p>Cramps</p>
Rectal Suppositories Examples: Glycerin suppository to ease the passage of food or Bisacodyl suppository (Dulcolax®) as a bowel stimulant	<p>Rectal suppositories are small capsules of medication that melt at body temperature when pushed into the rectum with a gloved finger. They are used to stimulate the passage of stool from the lower end of the intestine.</p> <p>Often a combination is used in a suppository – one agent to act as a bowel stimulant and push the stool forward and the other to ease the passage of the stool.</p> <p><i>Don't use a suppository if you have low blood counts or have a bleeding problem.</i></p> <p>Generally, a goal for management of bowel activity is no more than three or four days between bowel movements. If medications taken orally (swallowed) are not helping to meet this goal, then rectal suppositories or enemas may be needed. Usually, oral laxatives should be increased when suppositories or enemas are needed.</p>	<p>Cramps</p>

Medication	What the medication does	What to watch out for (side effects)
<p>Enemas</p> <p>Types of enemas include:</p> <ul style="list-style-type: none"> • Fleet® enemas • High saline enemas • Oil retention enemas • Soap suds enemas - using an enema of mild soap and water is not commonly used because of the potential for irritating the lining of the bowel. 	<p>Enemas are solutions inserted into the rectum to clean out the large intestine and to stimulate bowel movements. Solutions are placed into small plastic containers with a tube attached. The tube is gently inserted into the rectum and the solution is slowly sent through the tube into the bowel. After several minutes, the contents of the enema can be pushed out of the body while sitting on a toilet or bedpan.</p> <p>Enemas are also used in cases of fecal impaction, when a large mass of stool in the intestine prevents bowel movements from occurring. It is important to check with a health care provider before using any type of enema, especially if on active treatment with chemotherapy.</p> <p><i>Don't use an enema if you have low blood counts or have a bleeding problem.</i></p> <p>The symptom or problem will determine the type of enema that is ordered.</p>	<p>Cramps</p>

The following laxatives should be avoided or used with caution in people who have advanced cancer or who are frail:

- **Bulk forming laxatives:** These often contain psyllium (Metamucil®) or wheat bran. In the absence of adequate fluid intake and physical activity, they may result in bloating and further slowing of the bowel activity.
- **Mineral oil:** People who are weak and spend a lot of time lying down should not use mineral oil. Small amounts of the oil may pass down into the lungs, which may cause inflammation in the lungs.
- **Castor oil:** This laxative can cause significant cramping, and long-term use can prevent certain nutrients from being absorbed by the body.

TIP

Avoid using bulk forming laxatives (such as Metamucil®). Bulk forming laxatives work best for people who drink large amounts of fluids and are physically active. When people are unable to tolerate large amounts of fluid or activity, bulk forming laxatives can make constipation worse.

Depression

What is depression?

Depression is a medical condition that affects how a person thinks, feels, and acts. Doctors now know that depression has a biological or chemical basis, so people cannot “shake off” depression on their own. Depression is different from feeling occasionally sad or “blue” in that it can last for weeks, months, or even years. Fortunately, most people find that medication and therapy work well in treating their depression.

Depression can affect people of all ages, genders, and ethnic groups. Even people without any identifiable stressors can become depressed. Only a minority of people diagnosed with advanced cancer will become depressed, although they will likely experience sadness and strong emotional responses to their circumstances.

Causes of Depression

It is not clear what exactly causes depression. One possibility is that a number of factors come together to trigger abnormalities in brain chemicals called neurotransmitters. These changes may affect the way that people feel.

There are many factors that are thought to make people more vulnerable to depression. These are some factors that may come into play in people with a life-threatening illness such as cancer:

- **Heredity:** Depression sometimes runs in families, but having a relative with depression does not mean that you will develop it.
- **Medications:** People’s moods can be affected by medications they might be taking. Steroids, for example, may contribute to triggering depression.
- **Stress:** Living with advanced cancer is extremely stressful. Someone who normally does not handle stress with ease may be more vulnerable to developing depression.
- **Illness:** There may be a connection between a chronic (long-term) illness, such as cancer and depression.

Whatever the cause of depression, it is important to remember that depression is a medical condition and not a sign of weakness in a person’s character.

Signs of Depression

People who are depressed usually show a number of symptoms for at least a two-week time period. The first two symptoms in this list are considered core symptoms of depression and must be present for the health care provider to be able to make a diagnosis of depression.

- **Loss of Interest in Activities:** You no longer take pleasure in things you previously liked to do and almost nothing holds your interest anymore.
- **Depressed Mood:** You feel sad, hopeless, or helpless.
- **Changes in Weight:** You find your appetite has changed and you are eating much more than usual or much less than usual, resulting in weight changes.
- **Altered Sleep Patterns:** You are having trouble getting to sleep at night or cannot get back to sleep if you wake up in the early hours of the morning. Or, you find that you are sleeping many more hours than usual, not only at night, but also in the day.
- **Changes in Energy:** You feel agitated and restless and have trouble sitting still. Or, you feel slowed down, as if even talking requires too much energy.
- **Fatigue:** You feel tired all of the time and even simple tasks seem exhausting.
- **Poor Self-image:** You feel worthless or excessively guilty about things you have done or not done.
- **Trouble Concentrating:** You have trouble concentrating (focusing), thinking clearly, or making decisions.
- **Thoughts of Death:** You wonder if you would be better off dead or have thoughts about killing yourself.

If you, or someone you know, is showing a number of these symptoms, seek medical help. The health care team will want to consider whether depression is the cause.



Questions From the Health Care Team

To find out possible causes of depression, the health care team will likely ask about feelings of worthlessness, hopelessness, helplessness, and thoughts about, or wishes for, death. The team will be interested in how long the symptoms have been present, and if they interfere with a person's social life and the general activities of daily living.

- **When did the sad mood begin? Has the sadness gone away at any time since then?**
- **How bad is the sadness?**
 - Mild, moderate, severe?
 - How would you rate the sadness on a scale of 0 to 10, with 0 being no sadness and 10 being so bad that it cannot get any worse?
- **Have sad feelings like this happened before?**
 - If so, when?
 - Was treatment offered?
 - If so, did the treatment work?
- **Is there any history of depression in the family?**
- **Has there been a change in appetite or weight?**
- **Have sleep patterns changed?**
- **Is there a loss of interest in previously enjoyable activities?**
 - Does there no longer seem to be anything worth living for?
- **Is there a loss of energy?**
 - A constant feeling of being tired?
- **Is it difficult to concentrate or make decisions?**
- **Are there feelings of worthlessness?**
 - Are there other negative thoughts, such as feeling like a burden to others?
- **Are there thoughts of suicide?**
- **What medications are being taken or have been taken recently?**
 - Prescription medications?
 - Over-the-counter medications?
 - Naturopathic and/or herbal treatments?

Physical Examination

The health care team is not looking for any one physical sign or symptom in particular, as there is no one sign or symptom that means for certain someone is depressed. In fact, many physical symptoms that occur in people with advanced cancer, such as fatigue and lack of appetite, can also be symptoms of depression. A general examination can still help in determining if something physical is contributing to the depressed mood. Physical symptoms that may indicate depression include:

- aches and pains that do not seem to be caused by illness or injury;
- difficulties with memory. When people have depression, their thought patterns and memory can sometimes be affected. The doctor may ask questions in a physical examination that are meant to test thinking and the ability to remember things.

Illness may also contribute to a depressed mood, so the health care team may want to know details about current and past health history as well.

Depression - What you can do

Tests

There is no lab test or x-ray to diagnose depression. However, the health care team may order tests to rule out other medical conditions, which may have symptoms similar to depression. Instead of relying on tests, the health care team must look at all the symptoms to see if there are enough signs of depression to be certain of a diagnosis.

WHAT YOU CAN DO

Depression is a medical illness. This means that you cannot “snap out” of a depression on your own. You will need help from your health care provider. You can, however, influence how you cope with depression, and these tips may help:

- Remember that antidepressant medications take time (two weeks or more) to work. Try not to become discouraged if you don't feel better immediately.
- Try not to become isolated – take part in activities or join a support group.
- Take care of yourself by eating well, getting enough sleep, and doing some mild exercise (if you are able).
- Try not to make major life decisions while you are depressed.
- Take your medications regularly.

Being depressed, in combination with being ill, can sometimes lead to the feeling that life is no longer worth living. Because depression can distort the way you view the world, you may start to see everything as if through a black cloud, including the value of your own life. With some help and support from family, friends, and health care professionals, these terrible feelings can start to lessen. Sometimes just talking about things that feel so painful and unspeakable can be the first step towards feeling better.

A Note for Family Members and Caregivers

People who are truly depressed will not be able to get better on their own. If you suspect that someone is depressed, that person needs to be seen by a health care professional so that a proper diagnosis can be made. Here are some suggestions for how you may be able to help:

- People often feel better after taking antidepressant medication for a few weeks, and may be tempted to stop their pills. However, this may result in symptoms coming back. Encourage the person to continue taking medication as directed by their health care provider.
- Sometimes as people start to respond to treatment for depression, their energy improves before their depressed mood improves. This may be a time of higher risk for self-harm, since they may now actually have the energy to do something about their very depressed feelings. Family and friends should be aware that this is possible, and remain observant for signs of change such as becoming more withdrawn, or seeming more resolved and at peace.
- Depressed people often feel frightened and alone, and may be reluctant to discuss how they are feeling. Acknowledge that the person is suffering and be there to listen. You don't have to have any answers. Sometimes just acknowledging how difficult things are and showing you care by listening is the best help to give.
- Encourage the depressed person, to the extent they are able, to go with you on walks or other outings.
- **Sometimes depressed people may talk about taking their own lives. Though it can be distressing to hear this, do not ignore any talk of suicide. It is important to share this information with the health care team to ensure the person's safety, and to get the help they need!**
- Do not hesitate to talk about painful feelings, as there is absolutely no evidence that asking people if they are having suicidal thoughts encourages suicidal behaviour. In fact, the opposite appears to be the case. Talking can provide a much-needed outlet, and usually results in an offer of help that at some level the person may be seeking.

Depression

What your health care team can do

What Your Health Care Team Can Do

Depression is usually best treated with a combination of psychotherapy and medications.

Psychotherapy

Psychotherapy provides individuals or groups with the opportunity to talk about their problems, fears, and concerns in a supportive, confidential environment. The mental health professionals providing psychotherapy listen to patients, empathize with them, and where appropriate, confront and challenge them. Therapy tends to be short-term, but individually tailored to meet the specific needs of each person.



Medications

Medication is often successful in relieving the symptoms of depression. The main class of medications currently used to treat depression is called antidepressants. Some antidepressants work by increasing levels of certain chemicals in the brain known as neurotransmitters. There is evidence that serotonin and norepinephrine are two of the main neurotransmitters that seem to be linked to depression. Other neurotransmitters have also been thought to be important.

Antidepressant Medications

Medication	What the medication does	What to watch out for (side effects)
Selective Serotonin Re-uptake Inhibitors (SSRIs) Examples: <ul style="list-style-type: none">• paroxetine (Paxil®)• sertraline (Zoloft®)• citalopram (Celexa®)• fluoxetine (Prozac®)• fluvoxamine (Luvox®)	These medications increase levels of serotonin in the brain.	People taking SSRIs generally experience few side effects. However, some people may experience: <ul style="list-style-type: none">• Tremor• Nausea (feeling sick to your stomach)• Diarrhea• Trouble sleeping (insomnia) Many side effects get better after a person has been taking the medication for a week or two.
Selective Norepinephrine Re-uptake Inhibitors (SNRIs) Example: Venlafaxine (Effexor®)	These medications work to increase levels of norepinephrine in the brain.	Side effects from SNRIs are similar to SSRIs (above.)

Depression

What your health care team can do

Medication	What the medication does	What to watch out for (side effects)
<p>Tricyclic Antidepressants (TCAs)</p> <p>Examples:</p> <ul style="list-style-type: none"> • amitriptyline (Elavil®) • desipramine(Norpramin®) • nortriptyline (Pamelor®) • imipramine (Tofranil®) • desipramine(Norpramin®) • nortriptyline (Pamelor®) • imipramine (Tofranil®) 	<p>These medications also affect neurotransmitters.</p> <p>TCAs are an older class of medications compared to SSRIs and SNRIs, they can be very effective in managing depression in some people.</p> <p>TCAs have also been shown to be effective in the management of pain related to damaged nerves (neuropathic pain).</p>	<p>Tricyclic antidepressants tend to cause more side effects than SSRIs and SNRIs, and may not be well tolerated by some people.</p> <p>Dry mouth</p> <p>Drowsiness or sleepiness</p> <p>Trouble moving bowels (constipation)</p> <p>Increased Appetite leading to weight gain</p> <p>Trouble urinating (urinary retention)</p> <p>Blurred vision</p>
<p>Psychostimulants</p> <p>Examples:</p> <ul style="list-style-type: none"> • dextroamphetamine (Dexedrine®) • methylphenidate (Ritalin®) • pemoline (Cylert®) 	<p>This group of medications works relatively quickly to improve a person's mood and energy level.</p> <p>Psychostimulants can also be helpful in reducing the drowsiness that people taking opioid medications experience, and may stimulate appetite in some people.</p>	<p>Anxiety</p> <p>Restlessness</p> <p>Trouble sleeping</p>

Trouble Sleeping (Sleep Disturbance)

We all need sleep to keep our ability to function physically and mentally, as well as to maintain our sense of well-being and quality of life. Yet, trouble sleeping is a symptom that is commonly overlooked and under-treated in cancer patients.

What is sleep disturbance?

Sleep disturbance (trouble sleeping) is any change in the way you usually sleep. This may be a change in how long or how well you sleep. Sleep disturbance may include any of these:

- difficulty falling asleep
- difficulty staying asleep through the night
- waking up early in the morning
- not feeling refreshed in the morning
- feeling sleepy during the day.

Over the years, health care professionals have recognized that disturbed sleep often results from illness. Poor sleep is one of the symptoms frequently reported by those living with advanced cancer.

Sleep is a very complex process. Good sleep depends on physical, emotional, spiritual and environmental factors. There are many reasons why people with advanced cancer experience sleep disturbances. Some of these reasons are because of the cancer, and some are specific to certain treatments.

Symptoms

Symptoms commonly experienced with advanced cancer may make it hard to sleep. These include pain, shortness of breath, anxiety, depression, and confusion.

Change in activity

A person's daytime activity may affect nighttime sleep. Many people find they sleep better if they get more fresh air and exercise. Yet this is difficult for someone with advanced cancer. Someone who is seriously ill spends more and more of the day lying down, which may make it hard to sleep at night.

Change in surroundings

Changes in sleeping environment (surroundings) may also disrupt sleep. At home, people who are ill often sleep in a different bed or room than usual. In a hospital, sleeping may be even more challenging, due to the different lights, noise and activity during the night.

Worry

Thoughts, fears and worries that come with advanced cancer often make it hard to sleep. People often say their mind won't shut off. They describe the experience of many thoughts playing over and over, and wishing for a remote control to shut off their mind or change the channel.

Cancer and cancer treatments

Sometimes cancer or its treatment can change the structure and function of the brain and body, or the balance of chemicals in them. Any of these can disrupt sleep, especially changes that affect the central nervous system, respiratory system, or hormones.

Trouble Sleeping (Sleep Disturbance)



Medications

Some medications interfere with sleep. For example, dexamethasone (also known as Decadron) is known to cause sleep problems. Diuretics (such as Lasix), which help the body get rid of extra fluid, may cause frequent urination, which interrupts sleep. Therefore, both of these medications are best taken early in the day.

To find out what is causing the sleep disturbance, the health care team will often ask questions, do a physical examination, or order some tests. This will help them make decisions about how best to manage the sleep disturbance.



Questions from the health care team

Your health care team may ask some of the following questions to understand the extent of sleep disturbance, and what may be causing it:

- **How many hours do you sleep at night?**
- **How would you describe your sleep?**
- **What time do you go to sleep in the evening?**
- **How long does it take you to fall asleep once you turn off your light?**
- **What time do you wake up in the morning?**
- **How often do you wake up or get up through the night?**
- **What wakes you up at night?**
- **How many times do you go to the bathroom at night?**
- **How much time do you spend awake during the night?**
- **Do you feel rested when you get up in the morning?**
- **Do you feel sleepy during the day?**
- **Do you sleep during the day? If so, roughly how many hours or minutes?**
- **What helps you to sleep at night?**
- **What makes it hard for you to sleep at night?**
 - Do you feel sad or anxious?
 - Do you have restless legs?
 - Do you have nightmares?
 - Do you have problems breathing?
- **What effect is poor sleep having on you? On your family?**
- **Is your caregiver able to sleep?**
- **Do you use substances that are known to cause sleep problems? For example, caffeine (e.g. coffee, tea, cola soft drinks), nicotine, and alcohol**
- **What medications are you currently taking?**
- **What other treatments have you had as part of your cancer care? For example, surgery, chemotherapy or radiation.**

Physical examination

The health care team may want to do a general physical examination to sort out sleep disturbance, with particular attention to pain and other symptoms. The exam may give them clues about what is contributing to sleep disturbance, and may help them decide on possible tests and treatments.

Trouble Sleeping (Sleep Disturbance)

Tests

The health care team may order laboratory tests, xrays, or scans based on the results of the physical examination and talks with the patient, to help sort out specific causes of sleep disturbance. Laboratory tests may measure blood counts and values related to nutrition, iron, hormone disturbances, oxygen and medication levels. Tests may also include some that are specifically for sleep problems:

Actigraphy assesses sleep by measuring a person's movements over a given time period. It provides a picture of the rest and activity patterns.

Polysomnography is an assessment in a sleep clinic. It includes detailed measurement of the person's brain, lung and heart function. Whether the test is done or not depends on the person's situation and the availability of testing facilities.

Promoting Sleep

Consider all the things you can do to promote sleep. The following suggestions may help.

Be active during the day

- Try to maintain a regular sleep-wake schedule. Fix a bedtime and an awakening time.
- Be as active during the day as your illness allows. This may include visiting with family or friends, participating in a hobby, listening to your favorite music or a talking (audio) book, or doing some light exercises.
- Nap only when you have to. Avoid naps in the evening if possible. If you would like to nap, limit this to 30-45 minutes, so that you can sleep well at night.
- Avoid spending time in bed during the day if possible. For example, sitting in the living room provides a change in scenery and keeps your bed and bedroom associated with nighttime sleep. This is one way to help your body tell the difference between night and day, and helps to keep a day-night cycle.

Control the sleep environment

- Minimize nighttime interruptions caused by noise or light.
- Remove distractions such as clocks (unless you need to set an alarm).
- Straighten bed linens to remove wrinkles and place pillows to improve comfort. Use comfortable bedding.
- Tidy the bedside area as part of a bedtime routine. This helps create a fresh environment for the night hours. It is another signal for your body to make the switch from day to night.
- Find a comfortable temperature for sleeping.

Minimize worries at bedtime

- Identify worries and concerns and talk about them well before bedtime, if possible.
- Ask someone to be with you, or to be available to talk on the phone at bedtime, if that helps reduce your anxiety.

Pay attention to routine

- Keep a regular bedtime routine as much as possible. This may include washing your face and hands, mouth care, changing into pajamas, putting lotion on your skin and tidying bed linens.
- Notice what helps you relax and add that to your routine. This may be listening to soft music, reading or having someone read to you, having someone give you a hand, foot or back massage, watching TV, or praying.
- Have something warm to drink or eat if that helps you get to sleep.
- Try to go to bed when you're drowsy so you avoid lying in bed awake.
- Avoid caffeine (e.g. coffee, chocolate, pop), nicotine (e.g. smoking) and spicy or sugary foods before bedtime.

Trouble Sleeping (Sleep Disturbance)



Talk to your health care team

- Before talking to your team, think about what physical, emotional, spiritual or environmental factors impact your sleep.
- Report your sleep problems to the team when you are reporting other symptoms and concerns.
- Report pain and other symptoms and work with your health care team so you feel as comfortable as possible. This will hopefully help you sleep better.
- Ask the health care team if they can prescribe long-acting medications or schedule doses so you do not need to wake up in the night to take them. If medication does need to be taken at night, have it pre-measured at your bedside and set an alarm. That way you do not lay awake worrying about whether you will wake up at the right time to take your medication.
- If you have tried other approaches and still have trouble sleeping, ask your team about the possibility of a prescription for sleep medication.

Your health care team can do several things to help you sleep better:

- They will help you to manage any symptoms that make it hard to sleep, such as pain, nausea and vomiting, anxiety or shortness of breath. If you are comfortable, you are more likely to fall asleep and stay asleep.
- They can review and perhaps adjust your medication schedule, to decrease sleep interruptions at night.
- They can consider prescribing sleep medication to improve your sleep.
- They can give you information about sleep and ways to improve sleep.

Your doctor or nurse may connect you to other members of the team who can help. These could include:

- A social worker or counselors to help alleviate anxiety, emotional or spiritual concerns, teach relaxation or visualization techniques;
- The Pain and Symptom Clinic, which is a team at CancerCare Manitoba that helps with difficult symptoms.
- A spiritual care provider or hospice volunteer to help you work through emotional, social or spiritual concerns.

