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## HOME CARE FOR ADVANCED CANCER PATIENTS: THE EFFICACY OF DOMICILIARY ASSISTANCE

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THE DIFFICULTIES EXPERIENCED BY NURSES WORKING IN A SERVICE FOR DOMICILIARY ASSISTANCE HAVE BEEN STUDIED THROUGH A SERIES OF THREE OBSERVATIONS PERFORMED AT THE OCCASION OF THE WEEKLY TEAM MEETINGS, AT THE FIRST VISIT, THE SECOND WEEK PRECEDING INTERRUPTION OF THERAPY.

PAIN PROBLEMS POSE FAR LESS DIFFICULTIES THAN THOSE LINKED TO THE OVERALL PHYSICAL AND PSYCHOLOGICAL MANAGEMENT OF THE PATIENTS, WHICH WORSEN AS THE TIME GOES ON. SPECIFIC ATTENTION IS GIVEN TO THE FAMILIAR SETTING AND TO THE MOTIVES WHICH LEAD TO THE INTERRUPTION OF THE NURSING RELATIONSHIPS.

THREE ASSESSMENTS OF PATIENTS AND THEIR FAMILIES AT STRATEGIC POINTS IN THE PROGRAMME HIGHLIGHT ISSUES IN SYMPTOM MANAGEMENT AND IN THE PHYSICAL AND PSYCHOLOGICAL IMPACTS OF ADVANCED CANCER ON THE STUDY SAMPLE. WHILE PAIN COULD IN MOST INSTANCES BE ADEQUATELY MANAGED, THE OVERALL PHYSICAL AND PSYCHOLOGICAL NEEDS SEEMED TO WORSEN AS THE STUDY PROGRESSED.

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## PHARMACOKINETIC AND PHARMACODYNAMIC OF RECTAL METHADONE IN OPIOID-NAIVE CANCER PATIENTS WITH PAIN.

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Rectal administration of opioids is considered a feasible alternative route of drug administration in cancer patients with pain. The aim of the present study was to evaluate the efficacy, tolerability and pharmacokinetic parameters of 10 mg of a liquid solution (micro enema) of methadone in 6 opioid-naive cancer patients with pain previously treated with NSAIDs at fixed times. In all patients venous blood samples were collected before the treatment and after 15, 30, 45, 60, 120, 180, 240, 360, 480, 1440 minutes and at 2880 in 3 patients only. After centrifugation, plasma was stored at -20°C until assay. Urine was collected for 24 hours after drug administration. At the same time the intensity of pain, nausea, vomiting, drowsiness, vertigo and confusion was assessed in each patient by means of a visual analogue scale (VAS 0-100mm). Plasma and urine concentrations of methadone were evaluated by RIA and by Gaschromatography mass spectrometry. In all but one patient, pain control lasted for a long time (range 24-48 ore). Only one patient showed vomiting, confusion and vertigo after rectal methadone. A great individual variability of the pharmacokinetic parameters was observed as well as no correlation between analgesia and the plasmatic concentration of methadone.

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## HOME HOSPICE CARE, AN ONCOLOGY SERVICE.

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LIN Medical Center, Dep. of Oncology, Northern Israel Oncology Center, Haifa, Israel. On March 1990 a home hospice care service was started at our oncology department. The aim was to have terminal cancer pts. comfortable and able to deal with approaching death in the way most appropriate to patient and family. Pts. were accepted if they were home ridden, had short estimated life expectancy, had no active therapy and if pt. and family members accepted the hospice philosophy. The home care team included oncologist, nurse and social worker. Each member visited the pt. at home on regular weekly basis or more often if requested. 24 hour availability was offered by telephone contact. Among the 118 pts., the most common symptoms were severe weakness (100%) and pain (63%). The median number of home care days was 19 (mean 29.5, range 1-300). The median number of home visits were: doctor 2 (mean 2.7, range 0-21), nurse 3 (mean 5.5, range 0-50) social worker 2 (mean 2.9, range 0-15). 78/118 pts. (66%) died at home, 28/118 (20%) in a general hospital and 17/118 (14%) in a nursing home. The median number of hospital days was 4 (mean 7.9, range 1-44). Conclusion: Home care provided as continuation of oncological care is warranted and avoids unnecessary hospitalisation.

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## THE EXPERIENCE OF 10 YEARS AT THE TEL HASHOMER HOSPICE, ISRAEL

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In this work, we will relate to the meaning and development of Hospice, in the world and especially in Israel.

We will compare the data of the first 2 years and the last 2 years of the decade, quantitatively and qualitatively, as well as presenting significant parameters of the hospice experience, and the economic aspect covering the entire decade.

On the basis of this comparison, we will consider our past expectation, our current achievements and our hopes for the future.

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## INTRAPLEURALLY INSTILLED MITOXANTRONE IN METASTATIC PLEURAL EFFUSION.

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Malignant pleural effusions commonly complicate the treatment of malignancies. In this study, the effect of mitoxantrone on malignant pleural effusions was studied. Ten patients with pleural metastasis from various cancer forms (malignant melanoma, lymphoma, mammae carcinoma, lung cancer, rectal carcinoma and ovarian cancer) were treated with an instillation of 30 mg mitoxantrone into the pleural space. They have been followed for 1-33 months (median 6 months). Three patients were treated with a second instillation because of symptomatic reaccumulation and followed for 1-6 months (median 2 months). At evaluation there were 9 CR, 1 PR and none with PD. One patient was treated with intrapericardial installation of mitoxantrone because of metastatic pericardial effusion. CR was achieved. Five patients died of progressive disease, but the pleural and pericardial effusion (in one case) was controlled. We conclude that mitoxantrone is an excellent treatment alternative for malignant pleural effusion, and may be performed as an outpatient procedure.

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## G.P. CONSULTATIVE SERVICE IN HOME CARE

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COMPREHENSIVE CANCER CENTRE WEST  
LEIDEN

THE NETHERLANDS

A general practitioner (G.P.) in the Netherlands has, on average, 2300 patients. 35 Patients have cancer (8 new patients with cancer per year), of which 10 are in the terminal phase. As these terminal patients have almost identical problems, irrespective of the type of cancer, we call this phase 'the terminal common clinical pathway'. In general attention is mainly paid to medical somatic problems and too little to feelings, to adaptation to the disease and to the existential need of these - mostly elderly - people.

From 1974 onwards we see a shift from intramural to extramural care (45 % now prefers dying at home). Home care for this group must be flexible, comprehensive, multidisciplinary, and pay attention to the specific needs of people in this period of their life.

To support G.P.'s in their task the Comprehensive Cancer Centre West (one of 9 Comprehensive Cancer Centres) recommends establishing a G.P. consultative service similar to the nursing consultant service already functioning in home care.