

Common symptoms in palliative care

Symptom	Key Points
Pain	<p>Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.^[1]</p> <p>Pain occurs in over 50% of people with advanced cancer and is often a significant symptom for many people with other nonmalignant life-limiting illnesses.^[2]</p> <p>Pain of any origin compromises the person's ability to function and reduces overall quality of life.^[3] Poorly controlled pain can further impair function, appetite, sleep, mood, and quality of life.^[4] It is always subjective.^[1, 5]</p>
Fatigue	<p>Fatigue is a subjective experience defined as a persistent and distressing sense of tiredness which:^[6]</p> <ul style="list-style-type: none"> ■ Is not proportional to activity ■ Is not relieved by sleep or rest ■ Interferes with normal functioning. <p>Fatigue may manifest as:^[6]</p> <ul style="list-style-type: none"> ■ Decreased physical energy with 'tiring easily' or 'weakness' ■ Decreased concentration ■ Poor memory ■ Lack of motivation ■ Abnormal sleep patterns ■ Unrefreshing sleep. <p>Fatigue impacts:^[6]</p> <ul style="list-style-type: none"> ■ Quality of life ■ Relationships ■ The ability to adhere to management plans. <p>Fatigue often coexists with other symptoms^[6]</p>
Swallowing difficulties	<p>Dysphagia (swallowing difficulty) is a common condition among people receiving palliative care.^[7] Dysphagia may manifest as:^[8]</p> <ul style="list-style-type: none"> ■ Difficulty swallowing food or fluids ■ Coughing/choking during/after meals ■ Unintentional weight loss ■ Throat clearing ■ A wet gurgling voice after eating ■ Changes in breathing ■ Food/liquids travelling back up the throat or nose after swallowing ■ Feeling of food or liquids being stuck in the throat/chest ■ Pain while swallowing ■ Heartburn ■ Excessive secretions ■ Leakage of food or saliva from the mouth. <p>Dysphagia increases the risks of choking, aspiration and aspiration pneumonia.^[8]</p>

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Anorexia, weight loss and cachexia	<p>Anorexia (lack of appetite) and weight loss in advanced life-limiting illness are among the most recognised and troubling symptoms for people with a life-limiting illness, their family members and carers. The loss of weight observed in most people in the late stage of illness confirms advancing illness and usually signals approaching death.^[7]</p> <p>Cachexia is caused by tumour-related cytokines (eg tumour necrosis factor, interleukin-1), which can lead to catabolism with alteration in carbohydrate, protein and lipid metabolism.^[7] Once fully established, or occurring late in the illness trajectory, cachexia is irreversible by nutritional interventions. At all stages of illness, cachexia affects the person's ability to tolerate medical interventions.^[9, 10]</p>
Nausea and vomiting	<p>Nausea can be intermittent or persistent, and either with or without vomiting.^[11] Nausea and vomiting can arise from all parts of the gastrointestinal tract and/or be centrally mediated. Nausea and vomiting can also be associated with anxiety or it may be a learned response (eg, the anticipatory nausea associated with chemotherapy).^[7]</p>
Constipation	<p>Normal frequency of bowel motions varies and normal defecation requires a number of factors:^[7, 12, 13]</p> <ul style="list-style-type: none"> ■ A diet adequate in fibre and fluid ■ Normal peristalsis ■ Adequate power in the abdominal and pelvic musculature ■ Normal rectal and perianal sensation ■ Mobility. <p>For people with a life-limiting illness, one or many of these factors may be missing.^[7]</p> <p>Constipation is exacerbated by opioids and anticholinergic drugs which are commonly used in palliative care; however, the cause of constipation is usually multifactorial.^[7, 14, 15]</p>
Bowel Obstruction	<p>Bowel obstruction is common. Obstruction can be from:^[7]</p> <ul style="list-style-type: none"> ■ Intrinsic causes (eg, colon primary) ■ Extrinsic compression (eg, pancreatic cancer) ■ Peristaltic dysfunction (eg, due to ovarian cancer). <p>The clinical picture of malignant bowel obstruction depends on the level of obstruction. Bowel obstruction can also be due to a nonmalignant cause such as adhesions or twisting.^[7]</p>
Dyspnoea	<p>Dyspnoea (shortness of breath) is a subjective, multidimensional experience of breathing discomfort.^[16] People with dyspnoea often report feeling like they are:^[17]</p> <ul style="list-style-type: none"> ■ Suffocating ■ Short of breath ■ Unable to get a breath ■ Drowning.

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Cough	<p>Cough can be a very distressing and exhausting symptom for a person with a life-limiting illness. Common causes include:^[17]</p> <ul style="list-style-type: none"> ■ Concurrent illnesses (eg, asthma, chronic obstructive pulmonary disease, congestive heart failure) ■ Respiratory infections, which may or may not be related to the life-limiting illness ■ Aspiration due to uncoordinated swallowing ■ Recurrent laryngeal nerve palsy causing a 'bovine' cough and associated hoarse voice ■ Superior vena cava obstruction ■ Pleural effusion ■ Lung cancer or lung metastases causing airway irritation.
Neurological and neuromuscular symptoms	<p>A person with a life-limiting illness can experience neurological and neuromuscular symptoms due to their illness, treatments, the adverse effects of medication or concurrent illness. These include:^[17, 18]</p> <ul style="list-style-type: none"> ■ Headaches ■ Illness-related nerve damage ■ Sensory dysfunction ■ Dizziness ■ Ataxia ■ Seizures ■ Movement disorders ■ Myopathy ■ Muscle cramps and spasms.
Psychological symptoms	<p>Common psychological symptoms in palliative care include:^[19]</p> <ul style="list-style-type: none"> ■ Distress ■ Depression ■ Anxiety ■ Suicidal ideation ■ Delirium ■ Sleep disturbance ■ Alcohol and other drug problems.
Sleep concerns	<p>75–90% of people affected by life-limiting illness report sleeping concerns^[20] including insomnia and poor quality sleep (difficulty going to sleep, early waking and sleep not feeling refreshing).^[21, 22] Sleep concerns can also affect the person's family and carers, and contributes to the burden of caregiving.^[21]</p>
Dermatological symptoms	<p>Dermatological concerns occur frequently in life-limiting illness and include:^[23]</p> <ul style="list-style-type: none"> ■ Itching ■ Sweating ■ Skin infections ■ Pressure injury. <p>Itch and sweating can be particularly troublesome and further reduce quality of life for a person with a life-limiting illness.^[24]</p>

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