

# Réadaptation en situation de rémission prolongée

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SOINS CONTINUS  
**Bruyère**   
CONTINUING CARE

*Bruyère pour des soins continus.  
Bruyère Is Continuing Care.*

# M<sup>me</sup> CN

- 64 ans
- Mariée deux fois. Vit maintenant seule.
- 1 enfant (23 ans) qui habite à 300 km.
- Doctorat en études vétérinaires – a travaillé à Santé Canada comme analyste d'un conseil d'éthique.



# Antécédents médicaux

1. **Hystérectomie – 1995**
2. **Amygdalectomie**
3. **Goitre multinodulaire – 2000**
4. **Dégénérescence C<sub>5</sub>/C<sub>6</sub> et L<sub>4</sub>/L<sub>5</sub> - 2004**
5. **Neuropathies cubitales (ulnaires) – bilatérales – 2004**
6. **Accident ischémique transitoire x 2 – 2008**
7. **Occlusion de l'artère rétinienne – 2008**
8. **Légère hypertension - 2008**

# Antécédents familiaux

- Tantes maternelles décédées du cancer du sein
- Ses deux parents sont vivants
  - 91 ans (mère)
  - 92 ans (père) – atteint de démence



# Diagnostics

•Mélanome – Breslow  
0,25 mm au dos, 2005

•Diffus à grandes  
cellules (B) – peau du  
mollet gauche et  
ganglions  
lymphatiques – 2009



# Antécédents

- **Juin 2009 – ganglion lymphatique de l'aîne (4 cm)**
- **Biopsie de la lésion cutanée à la jambe gauche**
- **Traitement de R-CHOP x 6 → Radiothérapie de la peau et du ganglion**

# Examens spirituels

**F (foi et croyances) – oui – catholique**

**I (importance) – la foi joue un rôle; ses autres intérêts comprennent l'art, la culture, l'opéra et la nature**

**C (communauté) – a de bons amis et va à l'église**

**A (approche) – veuillez tenir compte des besoins physiques et spirituels**

**Christina M. Puchalski, M.D.**



# Médicaments

- **Eltroxin 0,25 mg**
- **Aldactazide 50 mg**
- **Estrace 2 mg**
- **Vitamine D 1000 UI**
- **Calcium 1 gramme**
- **Paracétamol/Codéine**  
prn pour la douleur



# Examen

- **Indice de performance 2      TA 110/70 P 90/min régulier**
- **Peau épaisse et dure de type lymphœdème/sclérodermie sur la partie inférieure de la jambe gauche**
- **Mouvement douloureux de la jambe au niveau de la hanche et du genou**
- **Force des fléchisseurs de la hanche gauche 4/5**
- **Force du genou gauche – fléchisseur/extenseur 4/5**
- **Émaciation des quadriceps gauches**
- **Sensation réduite sur les régions de peau épaisse**

# Outils

- (I) Thermomètre de la détresse – 5**
  - adaptation à la maladie
  - douleur
  - mobilité
- (II) Thermomètre d'adaptation – 4**
- (III) DSSI – 0**
- (IV) CAS (constipation) – 0**
- (V) ESAS (Échelle d'évaluation des symptômes d'Edmonton)**
  - fatigue 4
  - douleur 4
  - dépression 4
  - Appétit 7
- (VI) Échelle générale d'auto-efficacité – 4 x '3', 6 x '4'**

# PALLIATIVE CARE REHABILITATION SERVICE DISTRESS THERMOMETER

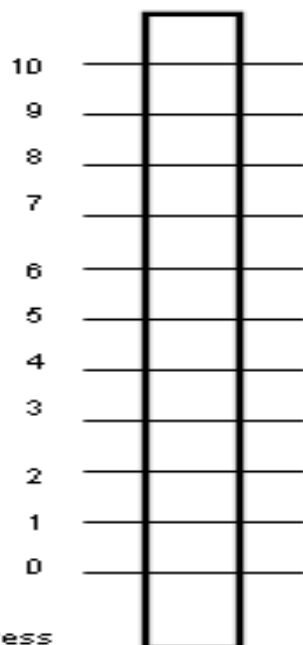
Patient's Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

During the past week, how distressed have you been?

Please shade the thermometer

Extreme Distress



No Distress

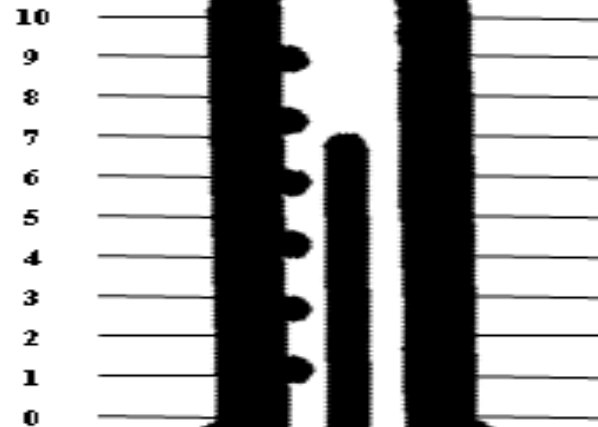
Check the causes of your distress					
✓ Please check all that apply					
Yes	No	Practical Problems	Yes	No	Physical Problems
		Housing			Pain
		Insurance / Financial			Nausea / vomiting
		Work / School			Fatigue
		Transportation			Sleep / insomnia
		Child / Parent Care			Getting around
Family Problems					Bathing / dressing
		Partner			Breathing
		Children			Mouth sores / swallowing
		Other (specify)			Loss of appetite
Emotional Problems					Talking
		Depression			Constipation / Diarrhea
		Nervousness / Anxiety			Changes in urination
		Adjusting to my illness			Tingling in hands / feet
		Isolation / Feeling alone			Sexual problems
		Boredom			Skin dry / itchy
		Adjusting to changes in appearance			Swollen arms / legs
Spiritual / Religious Concerns			Cognitive Problems		
		Relating to God			Forgetfulness
		Loss of faith			Seeing / hearing things
		Facing my mortality			Feeling confused
		Loss of my sense of purpose			Poor thinking
Information Concerns					
		Lack of information about my diagnosis			
		Lack of information about my treatment			
		Lack of information about alternative therapy choices			
		Lack of information about maintaining fitness			
Yes	No	Do you wish to get help for any of the problems listed above?			
		If YES, which is/are most distressing?			
If we cannot follow-up with you in clinic today, what is the best way to contact you?					

**COPING THERMOMETER**

Visit Date:

Please rate how well you are presently coping with the distress you are experiencing by shading in the thermometer.

**I have great  
difficulty  
coping**



**I have no  
difficulty  
coping**



# PALLIATIVE CARE REHABILITATION SERVICE

PATIENT'S NAME:

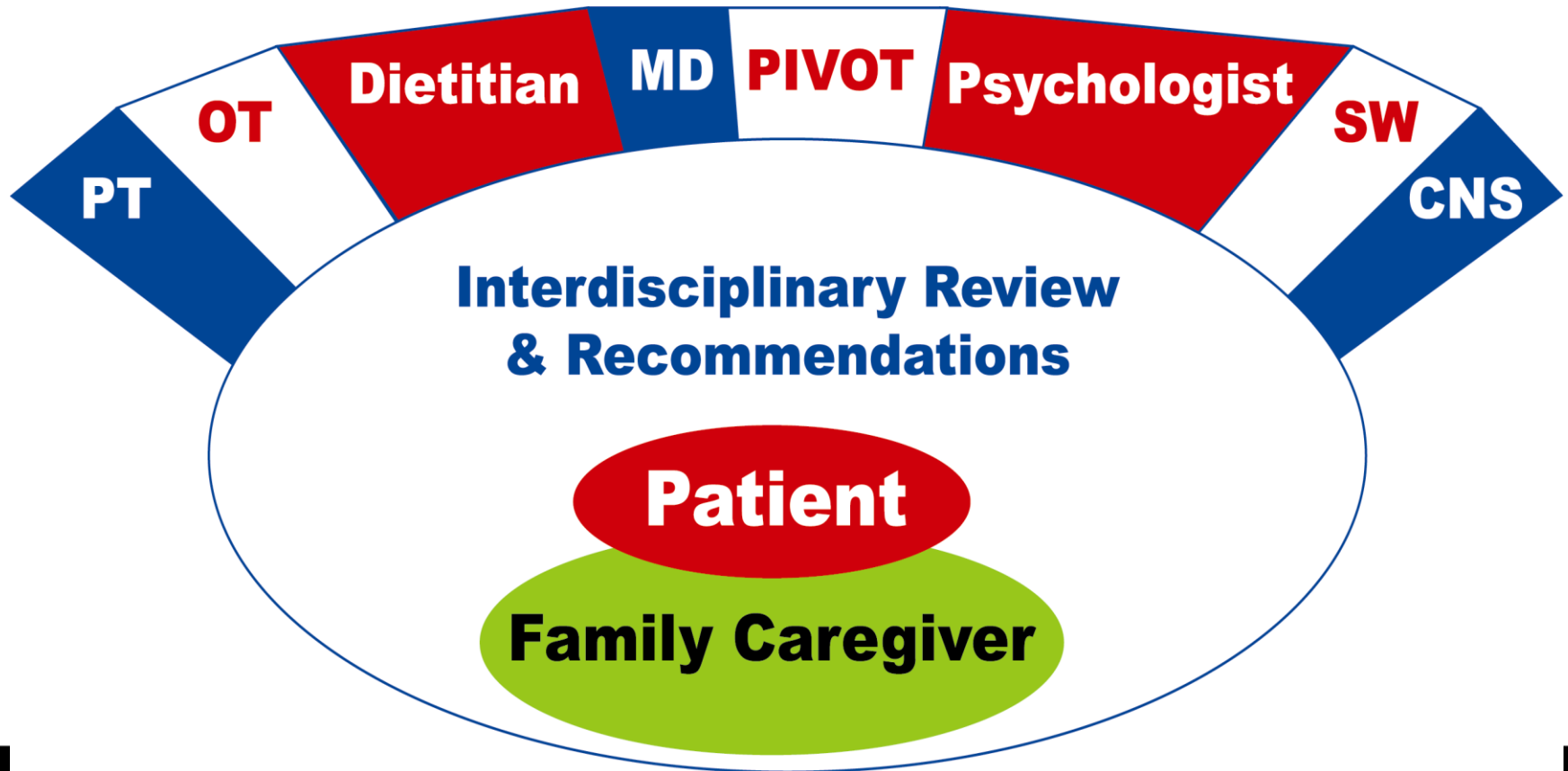
## GENERAL SELF EFFICACY SCALES

Visit Date:

Carefully read each phrase and circle the number that best describes you.

	Not at all true	Hardly true	Moderately true	Exactly true
1. I can always manage to solve difficult problems if I try hard enough.	1	2	3	4
2. If someone opposes me, I can find the means and ways to get what I want.	1	2	3	4
3. It is easy for me to stick to my aims and accomplish my goals.	1	2	3	4
4. I am confident that I could deal efficiently with unexpected events.	1	2	3	4
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.	1	2	3	4
6. I can solve most problems if I invest the necessary effort.	1	2	3	4
7. I can remain calm when facing difficulties because I can rely on my coping abilities.	1	2	3	4
8. When I am confronted with a problem, I can usually find several solutions.	1	2	3	4
9. If I am in trouble, I can usually think of a solution.	1	2	3	4
10. I can usually handle whatever comes my way.	1	2	3	4

# Soins Interdisciplinarités



# Description du Programme

**Programme intensif de 8 semaines**

**Suivi en physiothérapie 2X/sem.**

**Suivi régulier par la diététiste,  
l'infirmière, l'ergothérapeute, le médecin,  
la psychologue et la travailleuse sociale  
sur une période de 8 sem.**

- **Participation hebdomadaire aux groupes  
de psycho-éducation (base volontaire)**

# Examen d'infirmiers

Perception de la maladie

Déterminer l'impact de la maladie

Évaluation des symptômes - douleur  
- dépression

Soutien/ressources

# Soins infirmiers

- **Mini-examen de l'état mental**  
**29/30**
- **Traitement symptomatique**  
**requis**
- **Troubles de sommeil –**  
**sommeil interrompu par la**  
**douleur et une certaine**  
**tristesse**
- **Aucune pensée négative**  
**persistante**



# Soins infirmiers

## Buts

- améliorer la mobilité
- réduire la douleur/l'enflure
- veiller à l'observance du traitement médicamenteux
- bas de compression

## Traitement

- constipation
- Paracétamol DS
- Gabapentine
- ressources communautaires

# Ergothérapie

Établir les objectifs fonctionnels

Établir chaque jour la routine de la journée

Fournir un enseignement au patient

- (i) Établir les priorités – conduite automobile, temps de loisirs
- (ii) Limiter les activités

Augmenter les exercices récréatifs

# Ergothérapie

## Scores multidimensionnels de fatigue

- Générale – 12
- Physique – 19
- Activité réduite – 10
- Motivation réduite – 7
- Mentale – 8

Les escaliers sont difficiles

Problèmes émotifs

Participation réduite aux activités en raison de la mobilité (sports, loisirs)

# QUESTIONNAIRE « CHAMPS » MODIFIÉ

**Sédentaire 20,5 heures**

**Légère 22,5**

**Modérée 2,5**

**Vigoureuse 0**

**Objectifs**

## Inventaire des symptômes M.D. Anderson

**Général 5**

**Humeur 5**

**Travail 4**

**Relations 2**

**Marcher 5**

**Appréciation 5**

# Diététiste

- Établir l'état nutritionnel
- Discuter des résultats du PG-SGA (Patient-Generated Subjective Global Assessment)
- Minimiser perte/gain de poids
- Améliorer l'énergie et le sentiment de bien-être
- Préparation multivitaminique, protéines supplémentaires

# Diététiste

**Poids**            **64,5 kg**

**Taille**           **175 cm**

**IMC**             **21 kg/m<sup>2</sup>**

**Protéines C réactives (CRP) = 1,8 mg/l**

**PG-SGA = 8**

**Perte d'appétit**

**Petits repas**            **50 g de protéines**

**1000 kcal/jour**

**Pas de viande rouge, fruit**

**Besoins**                    **1750 kcal**                    **65 g/jour**

# Scored Patient-Generated Subjective Global Assessment (PG-SGA)

Patient ID Information

History (Boxes 1-4 are designed to be completed by the patient.)

## 1. Weight (See Worksheet 1)

In summary of my current and recent weight:

I currently weigh about \_\_\_\_\_ pounds

I am about \_\_\_\_\_ feet \_\_\_\_\_ tall

One month ago I weighed about \_\_\_\_\_ pounds

Six months ago I weighed about \_\_\_\_\_ pounds

During the past two weeks my weight has:

decreased,  not changed,  increased

Box 1

## 2. Food Intake: As compared to my normal intake, I would rate my food intake during the past month as:

- unchanged
- more than usual
- less than usual

I am now taking:

- normal food but less than normal amount
- little solid food
- only liquids
- only nutritional supplements
- very little of anything
- only tube feedings or only nutrition by vein

Box 2

## 3. Symptoms: I have had the following problems that have kept me from eating enough during the past two weeks (check all that apply):

- no problems eating
- no appetite, just did not feel like eating
- nausea
- vomiting
- constipation
- diarrhea
- mouth sores
- dry mouth
- things taste funny or have no taste
- smells bother me
- problems swallowing
- feel full quickly
- pain: where? \_\_\_\_\_
- fatigue
- other\*\* \_\_\_\_\_

\*\* Examples: depression, money, or dental problems

Box 3

## 4. Activities and Function: Over the past month, I would generally rate my activity as:

- normal with no limitations
- not my normal self, but able to be up and about with fairly normal activities
- not feeling up to most things, but in bed or chair less than half the day
- able to do little activity and spend most of the day in bed or chair
- pretty much bedridden, rarely out of bed

Box 4

Additive Score of the Boxes 1-4  A

# Physiothérapie

- 1 Conseils concernant : types d'exercice pour la fatigue
- 2 Programme d'exercices supervisé pour le renforcement, la forme cardiovasculaire – équilibre et flexibilité
- 3 Aide et conseils pour obtenir des vêtements de compression
- 4 Enseignement de l'auto-massage de la jambe inférieure
- 5 Surveillance de l'état cardiovasculaire pendant les exercices

# Physiothérapie

**Amplitude de mouvement réduite cheville gauche - 15°**

**Déambulation gauche réduite – doit se pencher en raison de la douleur**

**Étirement 35 cm**

**TUG (timed up and go) 12,78 s**

**Marche 6 min 211 m**

**Force de préhension 26 kg**

**Allodynie sur la région du mollet gauche**

**Objectifs Améliorer l'équilibre, la marche, l'amplitude du mouvement de la cheville**

**Réduire la douleur**

# Travailleur social

- Fournir des renseignements juridiques
- Fournir les détails au sujet de la conduite
- Offrir un soutien psychosocial
- Impliquer la famille s'il y a lieu
- Patiente a retrouvé un sentiment de pouvoir (autonomisation)

# Travailleur social

- Retraîtée
- Beaucoup de responsabilités face aux parents
- Consomme de l'alcool pour l'aider à surmonter les situations difficiles
- Veut participer à une thérapie cognitivo-comportementale



## suite

M<sup>me</sup> CN a complété les huit séances de thérapie cognitivo-comportementale.

Elle a appris à utiliser les fiches d'enregistrement des pensées pour l'aider à gérer ses émotions et ses pensées relatives à la vie avec la peur du cancer et d'une récurrence.

# RESULTS

# Résultats nutritionnels

	<u>Initial</u>	<u>Après 8 semaines</u>
Poids (kilogrammes)	62,5	65
Indice de masse corporelle (IMC) Body mass index	21	22
Albumine g/dl	41	40
Protéines C-réactive	1,8	1,9
Suppléments		Vitamines
PG-SGA	8	5
<b><u>Diète prescrite</u></b>		
Apport : Calories K/Cal	1000	1750
Apport : Protéines (grammes)	50	65

# Questionnaire CHAMPS (Community Health Activities Model Program)

	<u>Initial</u>	<u>8 sem</u>
Sédentaire :	20,5	30,5
Légère :	22,5	74,3
Modérée :	2,5	5

# Résultats – ergothérapie et physiothérapie

		<u>Initial</u>	<u>8 semaines</u>
<u>Inventaire multidimensionnel de la fatigue (MFI)</u>	Générale	12	10
	Physique	19	14
	↓ Activité	11	10
	↓ Motivation	7	6
	Mentale	5	5
<u>Physio</u>	6 min	180	219
	TUG (timed up and go)	13	8
	Force de préhension	26	28
	Atteindre un objet	35	35
	Équilibre	54/56	52/56







## PALLIATIVE CARE REHABILITATION SERVICE

### DYSPEPSIA SYMPTOM SEVERITY INDEX (DSSI)

PATIENT'S NAME

Visit Date:

This questionnaire asks you about the severity of symptoms you may have related to your stomach problem. There is no right or wrong answer. Please, answer each question as accurately as possible.

#### Directions

For each symptom, please circle the number that best describes how severe the symptom has been during the past **2 weeks**. If you have **not experienced** this symptom, **circle 0**. If the symptom has been **mild**, **circle 1**. If it has been **moderate**, **circle 2**. If it has been **severe**, **circle 3**. If it has been **very severe**, **circle 4**. Please be sure to answer every question.

During the past 2 weeks, how severe was the...	Absent	Mild	Moderate	Severe	Very Severe
Frequent burping or belching	0	1	2	3	4
Burping with bitter fluid	0	1	2	3	4
Bloating	0	1	2	3	4
Full feeling after meals	0	1	2	3	4
Inability to finish normal-sized meals	0	1	2	3	4
Stomach discomfort, without pain, after meals	0	1	2	3	4
Stomach distension (feels as though you need to loosen your clothes)	0	1	2	3	4
Stomach ache or pain right after meals	0	1	2	3	4
Stomach pain before meals or when hungry	0	1	2	3	4
Stomach pain at night	0	1	2	3	4
Nausea before meals	0	1	2	3	4
Nausea after meals	0	1	2	3	4
Nausea when you wake up in the morning	0	1	2	3	4



**PALLIATIVE CARE  
REHABILITATION SERVICE**

**DYSPEPSIA SYMPTOM SEVERITY  
INDEX (DSSI)**

**PATIENT'S NAME:**

**Visit Date:**

<b>During the past 2 weeks, how severe was the...</b>	<b>Absent</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Very Severe</b>
Retching (heaving as if to vomit with little result)	0	1	2	3	4
Vomiting	0	1	2	3	4
Regurgitation of bitter fluid into your mouth (reflux) during the day	0	1	2	3	4
Regurgitation (reflux) at night	0	1	2	3	4
Burning feeling in your chest (heartburn)	0	1	2	3	4
Burning feeling in your stomach	0	1	2	3	4
<b>Overall, during the past 2 weeks, how severe has your stomach problem been?</b>	0	1	2	3	4

Please indicate on the scale below how severe your stomach problems have been during the past 2 weeks

Absent	0	1	2	3	4	5	6	7	8	9	10	Very severe
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**Think of a typical week. In the last week, how many hours total did you ...**

	<b>Less than 1 hour</b>	<b>1 – 2.5 hours</b>	<b>3 – 4.5 hours</b>	<b>5 – 6.5 hours</b>	<b>7 – 8.5 hours</b>	<b>More than 9 hours</b>
<b>SEDENTARY ACTIVITIES</b>						
1. Using a computer?						
2. Reading?						
3. Writing or drawing?						
4. Arts and crafts?						
5. Playing cards, bingo or board games						
6. Doing crosswords, Sudoku or puzzles?						
7. Watching television?						
<b>TOTAL HOURS</b>						
<b>LIGHT ACTIVITIES</b>						
8. Visiting with friends or family?						
9. Doing volunteer work?						
10. Attending church, a club or a group meeting?						
11. Attending the hospital?						
12. Doing needlework or knitting?						
13. Doing stretching or flexibility exercises?						
14. General conditioning exercises or chair exercises?						
15. Attending a concert, movie, lecture or sport event?						
16. Walking leisurely?						
17. Doing chores outside the home (banking, running						
18. Playing musical instrument?						
19. Shooting pool or billiards?						
20. Driving?						
<b>TOTAL HOURS</b>						

	Less than 1 hour	1 – 2.5 hours	3 – 4.5 hours	5 – 6.5 hours	7 – 8.5 hours	More than 9 hours
<b>MODERATE ACTIVITIES</b>						
21. Doing light work around the house (sweeping, laundry)?						
22. Doing light gardening (pulling weeds)?						
23. Doing woodwork?						
24. Working on your car, lawn mower?						
25. Jogging?						
26. Walking fast?						
27. Doing yoga or Tai-Chi?						
28. Dancing?						
29. Light strength training?						
30. Taking public transport?						
<b>TOTAL HOURS</b>						
<b>HEAVY ACTIVITIES</b>						
31. Playing golf?						
32. Playing tennis?						
33. Bowling?						
34. Skating?						
35. Heavy work around the house (washing windows, shoveling)?						
36. Heavy gardening (spading, raking)?						
37. Aerobic exercises (bicycling, rowing machine)?						
38. Swimming or doing water exercises?						
39. Heavy strength training?						
40. Playing basketball, soccer, and racquetball?						
41. Playing hockey?						
42. Skiing?						
43. Playing curling?						
<b>TOTAL HOURS</b>						
<b>OTHER ACTIVITIES</b>						
44.						
45.						
<b>TOTAL HOURS</b>						



**PALLIATIVE CARE  
REHABILITATION SERVICE**

**CONSTIPATION ASSESSMENT  
SCALE**

PATIENT'S NAME:

Visit Date:

Circle the appropriate number to indicate whether, during the past three days, you have had **NO PROBLEM**, **SOME PROBLEM**, or a **SEVERE PROBLEM** with each of the items listed below.

Item	No Problem	Some Problem	Severe Problem
1. Abdominal distention or bloating	0	1	2
2. Change in amount of gas passed rectally.	0	1	2
3. Less frequent bowel movements	0	1	2
4. Oozing liquid stool	0	1	2
5. Rectal fullness or pressure	0	1	2
6. Rectal pain with bowel movement	0	1	2
7. Small stool size	0	1	2
8. Urge but inability to pass stool	0	1	2
9. How frequent are your bowel movements? a. More than three times a day b. Two to three times a day c. Once a day d. Every 2-3 days e. Less frequent than every 3 days			
10. Constipation score			



## Edmonton Symptom Assessment Scale (ESAS)

Date of Completion: \_\_\_\_\_ Time: \_\_\_\_\_

Please circle the number that best describes:

0 1 2 3 4 5 6 7 8 9 10  
No pain \_\_\_\_\_ Worst possible pain

0 1 2 3 4 5 6 7 8 9 10  
Not tired \_\_\_\_\_ Worst possible tiredness

0 1 2 3 4 5 6 7 8 9 10  
Not nauseated \_\_\_\_\_ Worst possible nausea

0 1 2 3 4 5 6 7 8 9 10  
Not depressed \_\_\_\_\_ Worst possible depression

0 1 2 3 4 5 6 7 8 9 10  
Not anxious \_\_\_\_\_ Worst possible anxiety

0 1 2 3 4 5 6 7 8 9 10  
Not drowsy \_\_\_\_\_ Worst possible drowsiness

0 1 2 3 4 5 6 7 8 9 10  
Best appetite \_\_\_\_\_ Worst possible appetite

0 1 2 3 4 5 6 7 8 9 10  
Best feeling of well being \_\_\_\_\_ Worst possible feeling of well being

0 1 2 3 4 5 6 7 8 9 10  
No shortness of breath \_\_\_\_\_ Worst possible shortness of breath

0 1 2 3 4 5 6 7 8 9 10  
Other problem \_\_\_\_\_

ESAS completed by:

- Patient       Health professional  
 Family       Assisted by family or health professional