

Palliative Care: Supporting Adult Cancer Patients in Ibadan, Nigeria

Soyannwo Olaitan*, Aikomo Oladayo and Maboreje Ololade

Hospice and Palliative Care Unit, University College Hospital (UCH), Ibadan, Oyo state, Nigeria

*Corresponding author: Olaitan S, Hospice and Palliative Care Unit, University College Hospital (UCH), Ibadan, Oyo state, Nigeria, Tel: +234 8023238326; E-mail: folait2001@yahoo.com

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Abstract

Over 70% of adult cancer patients present late to hospital in Nigeria with devastating consequences. Yet, structured palliative care is only an emerging service in this country with population of over 160 million.

Objective: To describe activities of the Ibadan palliative care group and review one year holistic care programme offered by the team to support patients and their families.

Methodology: A retrospective study reviewed treatment notes of patients that were enrolled from January to December 2013. Information retrieved included bio-data, stage of cancer, presenting complaints, palliative care issues identified, services rendered, days on programme, outcome and challenges.

Results: Structured Palliative care service consisting of hospital based care, day care and home based care commenced in 2008, being the first of such in Nigeria. The service was based at the University College Hospital, Ibadan and run in collaboration with Centre for Palliative care Nigeria, a non-governmental organization. 189 patients were seen within the year and 121 (64%) were adults with advanced cancer. There were 44 (36.4%) male and 77 (63.6%) female with age range 21 to 91 years. 89 (73.6%) had moderate to severe pain. Psychosocial issues were present in 73% and spiritual issues in 17.4%. Services that were offered despite major challenges of late referral and financial constraints provided pain and symptom control, counselling, education for patients and family, financial and spiritual support thus improving quality of life

Conclusion: Patients and their families found that palliative care provided relief to pain and suffering. More can be achieved through training of more health professionals, increased public awareness of the services and government support.

Keywords: Adult cancer; Cancer care; Palliative care

Introduction

Cancer is one of the leading causes of adult deaths and it accounted for 7.6 million deaths worldwide in 2008. It features among the leading causes of morbidity and mortality worldwide, with approximately 14 million new cases and 8.2 million cancer related deaths in 2012 [1]. The recent new cases of cancer diagnosed in Nigeria, a country with estimated population of 166.6 million were 102,100 per year and 71,600 deaths per year [2]. The projected new cases of cancer for the world will stand at 27 million, while that of Africa will stand at 1.52 million by 2030 [3-5]. Currently, over 70% of cancer patients in Africa present with advanced cancer in hospital [6]. In Nigeria, reasons for late presentation include late recognition of initial symptoms due to lack of knowledge, search for alternate treatment and cure, inappropriate advice, poverty and fear of hospitals. Such patients at presentation have severe pain with several distressing symptoms requiring palliative care.

Palliative care as defined by WHO is "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical,

psychosocial, and spiritual [7]. It offers a support system to help patients live as actively as possible until death. Using a team approach, palliative care addresses the needs of patients and their families as they develop, including bereavement counselling if necessary. Palliative care is offered in conjunction with curative intent and can take place in any setting [8,9]. Palliative care is a new addition to Nigeria health care system as development commenced only in 1991 [10]. The University College Hospital (UCH), Ibadan is a foremost cancer referral centre in Nigeria. It is the first tertiary hospital to start structured palliative care services. The services commenced in 2008 as a collaborative effort between the hospital and the Centre for Palliative Care Nigeria (CPCN) which is a non-profit organization. The Hospice and palliative centre is a stand-alone day care facility situated within the hospital. It is opened for services between 8 am and 4 pm on weekdays with emergency cover by the palliative care team on call duty basis through telephone and the emergency department of the hospital. Patients are referred from within the hospital wards, out-patient clinics and other health facilities. Services provided by the trained palliative care team (including nurses, doctors and social workers) are through outpatient care, co-management of in-patients, home based care following discharge for those patients within the catchment area [11].

The purpose of this study is to present a review of adult cancer patients who received palliative care in the Hospice and Palliative Care Unit, UCH within the period of 12 months, review the outcome of the

Fifty-four (61%) of patients that had moderate to severe pain were treated with a combination of oral liquid morphine, diclofenac and amitriptyline. Nineteen (21%) had dihydrocodeine and amitriptyline. Ten (11%) were administered a combination of acetaminophen and ibuprofen while six (7%) patients were given dihydrocodeine and diclofenac for pain control.

Pain Score(NRS)	N	%
0	32	26.4
01-Mar	0	0
04-Jul	62	51.2
08-Oct	27	22.4
Total	121	100

Discussion

In many developing countries, patients often present with far advanced malignant disease, of who up to 80% of people with cancer may be incurable at diagnosis [12]. In Nigeria, 60-70% of patients with cancer presents late [13] and is referred for palliative care as shown in this study. The common cancers in the country and low average life span are also reflected in this data. Advocacy for effective pain management and palliative care started in Nigeria in 1991 by a group of health care professionals drawn from different disciplines. Their first focus was to make opioid analgesics available for palliative care of cancer patients and collaboration with the University College Hospital Ibadan later led to establishment of the first palliative care Unit in a tertiary hospital [9].

In many developing countries like Nigeria, the prevalence of pain at time of cancer diagnosis is between 50% and 75% [6]. Adenipekun et al. [6] had earlier reported pain as major symptom in 70% of patients presenting with advanced cancers in the same hospital. Unresolved pain leads to poor quality of life in patients and distress for both patients and carers. Hence most patients were referred for effective pain management and continuum of care. Moderate to severe pain featured in all patients referred to the Unit as seventy per cent of the patients had pain scores of 4-7 while 27 (30%) had pain scores 8-10. Oral morphine, the only available strong opioid analgesic was used in conjunction with non-opioid analgesics and adjuvants to achieve pain control in most patients. WHO recommends opioid analgesics for the treatment of moderate to severe pain [14]. Morphine has no standard dose as the ideal dose is the one that relieves the pain. In Nigeria, Morphine powder is imported and reconstituted into liquid morphine at affordable cost for patients [15,16]. Morphine, given in increasing amounts, was found to be safe. It was administered until the pain is relieved without producing an "overdose," as long as the side effects are tolerated. The use of other modalities as shown in Figure 2 also enhanced pain control and 80 (89.9%) of the patients that presented with pain had their pain satisfactorily controlled as per their verbal response.

Other symptoms the patients presented with apart from pain were weight loss, anorexia, nausea, vomiting and dry mouth. These are recognised problems in palliative care patients [17]. Continuum of care allows patients to benefit from supportive care including counselling even when other interventions like chemotherapy and radiotherapy are still applicable for disease control. However, financial constraint was a major handicap since health care payment is born out of pocket by

Acknowledgement

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References

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