Palliative care for non-cancer patients - Case reports of systemic lupus erythematosus

F. Akama¹, K. Mikami¹, K. Kimoto¹, N. Watanabe¹, T. Iga¹,
K. Yamamoto¹, H. Matsumoto¹.
¹Tokai University School of Medicine, psychiatry, Isehara,
Japan.

Introduction

The *Global Atlas of Palliative Care at the End of Life*, published by the World Health Organization and Worldwide Palliative Care Alliance in 2014, reported that worldwide, one-third of patients who required palliative care had terminal cancer, while two-thirds had a non-cancer disease¹. Although patients with systemic lupus erythematosus (SLE) have been cases of fatal complications, there are no reports of palliative care for SLE. We investigated clinical characteristics of palliative care patients with non-cancer disease and presented two cases of SLE.

Methods

Eight hundred and fifty-one patients who requested palliative care during the 5-year investigation period (from January 1, 2013 to December 31, 2017) at our hospital, data from 26 patients with non-cancer diseases who were diagnosed with diseases such as causative diseases and psychiatric disorders, were retrospectively analyzed.

Results

The physical disorders of the 26 patients (mean age, 65.2 years; 14 men and 12 women) were amyotrophic lateral sclerosis, dilated cardiomyopathy, chronic heart failure, SLE, etc (Table 1). The two patients were SLE, one had coexistent pulmonary alveolar hemorrhage and presented with dyspnea and psychological anxiety, and the other had coexistent skin ulcers and presented with pain, insomnia, and psychological anxiety.

No.	sex	age	physical disease	reason of consultation	outcome	psychiatric diagnosis by DSM-IV-TR
1	M	57	polyarteritis nodosa	pain control	discharged (other hospital)	sleep disorder
2	M	80	dilated cardiomyopathy, heart failure	dyspnea, eating difficulty	died	sleep disorder
3	M	72	arteriosclerosis obliterans (ASO)	pain control	discharged (home)	no diagnosis
4	M	72	ASO	pain control	discharged (home)	no diagnosis
5	M	66	perforations of the gastrointestinal tract	pain control	died	delirium
6	M	39	ASO	pain control	discharged (other hospital)	adjustment disorder, personality disorder
7	M	82	otomycosis in chronic otitis media	pain control	discharged (home)	adjustment disorder
8	M	84	chronic heart failure	dyspnea	died	adjustment disorder
9	M	48	alcoholic liver cirrhosis	anxiety, depression	died	adjustment disorder
10	M	41	chronic pyoderma	pain control	discharged (home)	adjustment disorder
11	M	43	chronic pyoderma	pain control, panic attack	discharged (home)	panic disorder
12	M	73	amyotrophic lateral sclerosis (ALS)	anxiety, insomnia	died	sleep disorder
13	M	72	ASO	pain control	discharged (home)	sleep disorder
14	M	85	COPD, heart failure	dyspnea, insomnia	died	sleep disorder
15	F	81	critical limb ischemia (CLI)	pain control	discharged (other hospital)	no diagnosis
16	F	38	SLE	pain control	died	adjustment disorder
17	F	87	chronic heart failure	dyspnea	died	no diagnosis
18	F	55	ASO	pain control	died	no diagnosis
19	F	55	ASO	pain control	other	no diagnosis
20	F	79	interstitial pneumonia, pulmonary hypertension	dyspnea	died	no diagnosis
21	F	62	SLE, takotsubo cardiomyopathy	dyspnea, pain control	died	no diagnosis
22	F	47	aplastic anemia	dyspnea, attentional disturbance	discharged (home)	delirium
23	F	90	chronic heart failure	dyspnea, pain control	died	dementia
24	F	85	chronic heart failure, interstitial pneumonia	dyspnea	died	delirium
25	F	47	aplastic anemia	eating difficulty, brain dysfunction	discharged (other hospital)	organic psychosis
26	M	77	burn	pain control, attentional disturbance	discharged (other hospital)	delirium

Table 1. 26 patients of non cancer diseases who requested palliative care at our hospital

Case 1. 38 years old, female.

At the age of 11, she was diagnosed with SLE and complicated by lupus nephritis, skin ulcer, and systemic sclerosis. And, she was also diagnosed with adjustment disorder at the age of 25 because of anxiety and depressive mood by pain of chronic skin ulcers.

At the age of 38, she had coexistent pulmonary alveolar hemorrhage and presented with dyspnea and psychological anxiety, so she was admitted to our hospital in an emergency. Because of more terrible pain of skin ulcers, dyspnea, psychological anxiety, and insomnia, she was treated by the palliative care team. The pain and dyspnea were controlled by opioids and the psychological anxiety and insomnia by anxiolytics and hypnotics. Finally, she succumbed to exacerbating pulmonary alveolar hemorrhage with no discomfort.

Case 2. 62 years old, female.

At the age of 17, she was diagnosed with SLE and complicated by lupus nephritis and takotsubo cardiomyopathy. She had no prior psychiatric disease and no steroid psychosis.

At the age of 62, her foot skin ulcers and heart failure got worse and she presented with dyspnea and pain, and psychological anxiety. So she was admitted to our hospital in an emergency, and treated by the palliative care team. The pain and dyspnea were controlled by opioids and the psychological anxiety by psychotherapy. Finally, she succumbed to multiple organ failure with no discomfort.

Conclusion

There were still few requests for palliative care in non-cancer patients in Japan. SLE patients experience high physical and psychological suffering from more comorbidities like lupus nephritis, skin ulcer, CNS lupus and suffering from side effects of steroids²). At the end-of-life of SLE patients, sepsis/bacteria, acute respiratory failure, and acute lower respiratory conditions contribute most frequently to the ultimate death, and so SLE patients are suffering from pain, dyspnea, delirium, anorexia, anxiety^{2,3}). In our two cases, SLE patients were suffering from many complications and the pain, dyspnea, anxiety.

A liaison from the department of psychiatry is often requested in SLE cases due to psychiatric symptoms caused by the disease or as side effects of steroid therapy, but the results of the present study showed that it may be necessary to provide palliative care as early as possible to SLE patients with serious complications and other non-cancer disease.

COI

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References

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