
PEACE モジュール文献リスト

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M-2a 緩和ケア概論—患者の視点を取り入れた全人的なケアを目指して

1. ホスピス入院は生存期間短縮とは関連なく、むしろ終末期患者においてはホスピスは生存期間延長と関連していた

Stephen R. Connor. Comparing hospice and nonhospice patient survival among patients who die within a three-year window. J Pain Symptom Manage. 33: 238-246, 2007

<http://www.ncbi.nlm.nih.gov/pubmed/17349493>

2. 転移のある非小細胞肺癌患者において、診断後早期に緩和ケアを開始した群では標準治療群に比べ QOL や気分障害が改善しただけでなく、生存期間の有意な延長も認められた

Jennifer S. Temel. Early palliative care for patients with metastatic non-small-cell lung cancer. N Engl J Med. 363: 733-742, 2010

<http://www.ncbi.nlm.nih.gov/pubmed/20818875>

3. がん患者さんの症状の出現頻度についてのまとめ (Solano JP. J Pain Symptom Manage 2006)

4. 自分自身の気がかりを双方向性にやり取りし、気がかりの内容についての調査 (がんの社会学に関する合同研究班がん体験者の悩みや負担等に関する実態調査報告書

<http://cancerqa.scchr.jp/sassi1.html>)

5. がん患者さんの療養場所が入院ではなく、在宅が中心になっている。(厚生労働省の平成23年度患者調査) <http://www.mhlw.go.jp/toukei/saikin/hw/kanja/11/dl/kanja.pdf>

6. 全ての医療従事者が提供すべき基本的緩和ケアと専門家 (ホスピス緩和ケア病棟、緩和ケアチーム、在宅緩和ケアなど) が提供する専門的緩和ケアを図式化 (NHS2004 を参考)

M-2b つらさの包括的評価と症状緩和

1. 平成26年1月 がん診療連携拠点病院等の整備に関する指針

- 院内で一貫したスクリーニング手法を活用すること
- 緩和ケアチームと連携し、スクリーニングされたがん疼痛をはじめとするがん患者の苦痛を迅速かつ適切に緩和する体制を整備すること

http://www.mhlw.go.jp/bunya/kenkou/dl/gan_byoin_03.pdf

2. スクリーニングの方法

* 自記困難な症例もあるので、自記式と他者評価の両方を準備することが望ましい

・ 生活のしやすさに関する質問票：自記式または他者評価

<http://gankanwa.umin.jp/pdf/hamamatsulife.pdf>

・ ESAS (Edmonton Symptom Assessment System)：自記式

<http://www.palliative.org/newpc/professionals/tools/esas.html>

1) Watanabe SM, Nekolaichuk C, Beaumont C, Johnson L, Myers J, Strasser F. A multi-centre comparison of two numerical versions of the Edmonton Symptom Assessment System in palliative care patients J Pain Symptom Manage 2011; 41:456-468.

http://ac.els-cdn.com/S0885392410005348/1-s2.0-S0885392410005348-main.pdf?_tid=6316f71a-ef5d-11e4-bb72-00000aab0f26&acdnat=1430414690_7c51c019138f859aa8077c9891b7b1f1

2) Bruera E, Kuehn N, Miller MJ, Selmser P, Macmillan K. The Edmonton Symptom Assessment System (ESAS): a simple method for the assessment of palliative care patients. J Palliat Care 1991; 7:6-9.

対象 緩和ケア病棟入院中の患者 101 人（平均年齢 65 歳）

方法 1 日に 2 回（10 時／18 時）症状評価

- 8 項目（痛み、活動性、悪心、抑うつ、不安、眠気、食欲、幸福感）
- VAS（Visual analog scale：0-100mm）で評価
- 評価者 患者自身、看護師援助下での患者、看護師、肉親
- 全ての症状の合計スコアを「症状・つらさのスコア：symptom distress score；以下 SDS と略」と定義

結果 評価法 入院中のある時期に患者自身が評価 84%

亡くなる前に看護師や肉親による評価 83%

平均 SDS 入院 1 日目 410 ± 95、5 日目 362 ± 83 (p < 0.01)

評価者別入院期間の平均 SDS 患者評価 359 ± 105

肉親評価 406 ± 81 (p < 0.01)

<参考>

スクリーニング後の対応について参考となる文献です

Cancer Care Ontario Edmonton Symptom Assessment System (ESAS)

<https://www.cancercare.on.ca/cms/one.aspx?objectId=58189&contextId=1377>

・ POS (Palliative Care Outcome Scale)：自記式または他者評価

<http://pos-pal.org/>

・ MDASI (MD Anderson Symptom Inventory)：自記式

<http://www.mdanderson.org/education-and-research/departments-programs-and-labs/departments-and-divisions/symptom-research/symptom-assessment-tools/mdanderson-symptom-inventory.html>

日本語版 M.D. Anderson Symptom Inventory

(M. D. アンダーソンがんセンター版症状評価票)：MDASI-J:自記式

<http://pod.ncc.go.jp/documents/MDASI.pdf>

- 症状 13 項目（疼痛、倦怠感、嘔気、睡眠障害、ストレス、息切れ、もの忘れ、食欲不振、眠気、口渇、悲しい気持ち、嘔吐、しびれ）
- 日常生活の障害 6 項目（日常生活の全般的活動、気持ち・情緒、仕事（家

事を含む)、対人関係、歩行、生活を楽しむこと)

- Okuyama T, Wang XS, Akechi T, Mendoza TR, Hosaka T, Cleeland CS, et al. Japanese version of the MD Anderson Symptom Inventory: a validation study. *Journal of Pain & Symptom Management*. 2003; 26(6): 1093-104.

3. スクリーニングの後、適切なマネジメントを行うことが不可欠

J Natl Compr Canc Netw. 2013 Oct 1;11(10):1249-61.

<http://www.jnccn.org/content/11/10/1249.full.pdf+html>

悪性脳腫瘍と頭頸部癌患者は10か月間、受診のたびに Distress Minimum Dataset (the Edmonton Symptom Assessment System [ESAS] と the Canadian Problem Checklist [CPC]) を用いてスクリーニングを受け、評価・治療された。結果、幸福感の改善と心理的・身体的・生活上の問題減少が認められた。

4. 神奈川新聞報道部「いのちの授業 がんと闘った大瀬校長の六年間」2005年 新潮社

<http://www.pmaj.or.jp/online/0605/book2.html>

M-3 がん疼痛の評価と治療

1) がん疼痛マネジメント全般、がん疼痛のアセスメント

1. WHO. *Cancer Pain Relief*, 2nd ed. Geneva: World Health Organization, 1996
2. Ripamonti CI, Santini D, Maranzano E, Berti M, Roila F, on behalf of the ESMO Guideline Working Group. Management of cancer pain: ESMO clinical practice guidelines. *Annals of Oncology* 23 (Suppl 7): vii 139–54, 2012
3. Hjermstad MJ, Fayers PM, Haugen DF, Caraceni A, Hanks GW, Loge JH, Fainsinger R, Aass N, Kaasa S on behalf of the European Palliative Care Research Collaborative (EPCRC). Studies comparing numerical rating scales, verbal rating scales, and visual analogue scales for assessment of pain intensity in adults: A systematic literature review. *Journal of Pain and Symptom Management* 41: 1073–93, 2011
4. 日本緩和医療学会緩和医療ガイドライン委員会(編). *がん疼痛の薬物療法に関するガイドライン* 2014年版. 金原出版, 東京, 2014

2) がん疼痛薬物療法各論

1. Mercadante S, Giarratano A. The long and winding road of non steroidal anti-inflammatory drugs and paracetamol in cancer pain management: A critical review. *Critical Review in Oncology/Hematology* 87: 140–5, 2013
2. Tassinari D, Drudi F, Rosati M, Tombesi P, Sartori S, Maltoni M. The second step of the analgesic ladder and oral tramadol in the treatment of mild to moderate cancer pain: A systematic review. *Palliative Medicine* 25: 410–23, 2011
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 13. Tassinari D, Drudi F, Rosati M, Maltoni M. Transdermal opioids as front line treatment of moderate to severe cancer pain: a systematic review. *Palliative Medicine* 25: 478–87, 2011
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M-5 オピオイドを開始するとき

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M-6a 呼吸困難

1. 呼吸困難の頻度などを含んだ呼吸困難のレビュー

Thomas JR, von Gunten CF. Clinical management of dyspnea. *Lancet Oncol* 2002;3:223-28

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Reuben DB, Mor V. Dyspnea in terminally ill cancer patients. *Chest* 1986;89:234-36.

<http://www.ncbi.nlm.nih.gov/pubmed/3943383>

3. モルヒネのがん患者における呼吸困難の改善効果に関する文献

Bruera E, MacEachern T, Ripamonti C, Hanson J. Subcutaneous Morphine for Dyspnea in Cancer Patients. *Ann Intern Med*. 1993;119:906-7.

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<http://www.ncbi.nlm.nih.gov/pubmed/10643545>

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Clemens KE, Klaschik E. Symptomatic therapy of dyspnea with strong opioids and its effect on ventilation in palliative care patients. *J Pain Symptom Manage*. 2007;33:473-81.

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Simon ST, Higginson IJ, Booth S, Harding R, Bausewein C.

Benzodiazepines for the relief of breathlessness in advanced malignant and non-malignant disease in adults. *Cochrane Database Syst Rev*. 2010 :CD007354.

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Navigante AH, Cerchietti LC, Castro MA, Lutteral MA, Cabalar ME. Midazolam as adjunct therapy to morphine in the alleviation of severe dyspnea perception in patients with advanced cancer. *J Pain Symptom Manage*. 2006;31:38-47.

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M-6b 消化器症状

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Glare P, Pereira G, Kristjanson LJ. Systematic review of the efficacy of antiemetics in the treatment of nausea in patients with far-advanced cancer. Support Care Cancer. 2004; 12: 432-440.

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2. 病態に応じた制吐薬による嘔気の改善効果に関する文献

Bentley A, Boyd K. Use of clinical pictures in the management of nausea and vomiting: a prospective audit. Palliat Med. 2001 15:247-253..

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Stephenson J, Davies A. An assessment of aetiology-based guidelines for the management of nausea and vomiting in patients with advanced cancer. Support Care Cancer. 2006; 14: 348-353

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3. 消化管閉塞に対するオクトレオチドの効果に関する文献

Mercadante S, Ripamonti C. Comparison of octreotide and hyoscine butylbromide in controlling gastrointestinal symptoms due to malignant inoperable bowel obstruction. Support Care Cancer 8(3):188-191, 2000

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Feuer DJ, Broadley KE. Corticosteroids for the resolution of malignant bowel obstruction in advanced gynaecological and gastrointestinal cancer. Cochrane Database Syst Rev. (2):CD001219,2000

<http://www.ncbi.nlm.nih.gov/pubmed/10796761>

5. 消化管閉塞の治療に関するレビュー H2 ブロッカー、プロトンポンプ阻害薬の推奨を含む

Laval G, Marcelin-Benazech B. Recommendations for bowel obstruction with peritoneal carcinomatosis. J Pain Symptom Manage. 2014 Jul;48(1):75-91.

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M-7a 気持ちのつらさ

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