Edmonton Symptom Assessment System (ESAS-r)

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Objectives

• Explore the use of Edmonton Symptom Assessment System (ESAS-r) tool in clinical practice.
• Discuss strategies to assess patients' symptoms to guide interventions.
Thank you to our colleagues for permission to use some of their slides

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Patient Story

- Esophageal cancer, 71 years, lives with spouse
- ESAS completed by patient at your visit, screening shows 6 symptoms (pain, anxiety, fatigue, anorexia, depression, and dyspnea)
- Caregiver feels overwhelmed and asks if more can be done to improve symptoms
Audience Discussion

• Are you using the ESAS now?

• What is working well?

• What are the challenges?

What Is ESAS?

• Self reporting tool of symptom intensity, initially developed for advanced cancer patients
• Symptoms were chosen based on experiences of patients with advanced cancer
• Most patients (85%) agreed ESAS was easy to do

Watanabe,S 2008
Patient Reported Outcomes (PROs)

- ESAS is an example, gold standard, meets quality standards for palliative care
- Pair with a comprehensive clinical assessment that consider changes over time and impact on function, mood

What is the Edmonton Symptom Assessment System Revised (ESAS-r)?

- ESAS revised to improve ease of understanding and completion
- Key changes
  - Specifying “Now”
  - Brief definitions
  - Item order
  - Example for “other symptom”
  - Improved readability

General Points About the ESAS-r

- Intended to capture patient’s perspective, but sometimes necessary to capture caregiver’s perspective
- Provides profile of symptom severity at a point in time – repeated assessments help track changes over time
- Only one part of a holistic clinical assessment
Strengths of ESAS

• Strengths
  – Pragmatic patient-centered symptom assessment tool that is easy to administer, interpret, and report
  – The assessment of 10 symptoms at the same time allows for symptom clusters to be identified
  – Can be completed rapidly
  – The responsiveness and minimal clinically important differences have been identified
  – Free of charge, multiple languages available

Limitations of ESAS

• One-dimensional scales that assess only symptom intensity
• Different versions of ESAS are currently used with different time anchors and number of items,
• Few validation studies in non-cancer populations
• Some items (e.g., well-being) are not well defined
How To Do the ESAS-r

• Patient to complete with guidance from health care provider (HCP)
• Instruct patient to rate severity of each symptom on 0-10 scale
  – 0 = symptom not present
  – 10 = worst possible severity
• Number should be circled on scale
• Instruct patient to rate severity “Now”
  – Clinician may ask about other time points

Pain Assessment

• Remember needs of special populations
  – Culture
  – Age
  – Mental status
  – History of substance abuse
• Ask about multiple sites of pain
• Concept of total pain
• Hx and description (pqrst or OLDCART)
• Non verbal indicators
Pain Anchors

- Worst pain you can imagine
- Not able to concentrate because of pain
- Horrible
- Brings you to tears
- Excruciating amount of pain, affects whole self

How to Do the ESAS-r

- Use body diagram to mark sites of pain
- Transfer numbers onto ESAS-r graph
  - Gives record of symptom severity over time
Nausea Anchors

• Worst nausea you can imagine
• Even the thought of food...
• Can’t keep any food down

How to Do the ESAS-r

• Review definitions
  – Tiredness: lack of energy
  – Drowsiness: feeling sleepy
  – Depression: feeling sad
  – Anxiety: feeling nervous
  – Wellbeing: how you feel overall
Misinterpretation In Using the ESAS-r

• Confusion between drowsiness and tiredness
• Difficulty understanding “wellbeing”
• Not rating symptoms in the present moment: “now”
• Reverse score for appetite and wellbeing

Addressing Common Misinterpretations

• Confusion between drowsiness and tiredness
  – Drowsiness = feeling sleepy
    • Other words to use: “can’t keep eyes open” or “can’t focus”
  – Tiredness = lack of energy
    • Other words to use: “fatigue” “low physical energy”
• Difficulty understanding “wellbeing”
  – Other words to use: “How you feel overall, when you think of everything you have told me about, how do you feel?”
Addressing Common Misinterpretations

• Understanding the scale for appetite
  – Zero = good appetite, not a problem
  – Ten = really poor appetite, no interest in eating

• Understanding the scale for wellbeing
  – Zero = best wellbeing, feeling great
  – Ten = low wellbeing, high distress in how you feel

Who Should Do the ESAS-r?

• **Patient:** Provides ratings independently

• **Caregiver Assistance:** Patient cannot rate symptoms independently but can provide input with help (family, health care professional)

• **Caregiver Alone:** Patient cannot or will not participate; may indicate “unable to assess”
  – ESAS-r administration guidelines includes objective indicators
Who Should Do the ESAS-r?

- Indicate method of completion at bottom of ESAS-r and graph
  - Patient
  - Family caregiver alone
  - Health care professional caregiver alone
  - Caregiver Assisted

Patient Instructions

- Patients (and caregivers) appreciate information on why it’s important to do this
  - Reinforces validity of patient’s perspective
  - Makes changes over time visible
  - Guides further assessment → directs ways to help
- Complete at same time of day
Clinical Pearls

• Pain: ask 3 ways: pain, discomfort, achiness
• Symptom intensity equal or > 7 = severe symptom distress*
• For all symptoms:
  – what is the impact on the patient’s quality of life?
  – what does the symptom prevent the patient from doing?
• ESAS can be used for cancer distress screening
  >7/10 physical and/or emotional $\rightarrow$ increase
  intensity of home visits

*Hui et al 2017

Ingredients for Success in Using ESAS

• Interdisciplinary commitment
• Ongoing communication to and education for staff
• Regular audits to monitor use and action plans
• Excellent communication with patients and families
Clinical Applications

• Allows team members to “speak a common language”
• Aids in discussions in team meetings & informal discussions regarding ongoing patient management
• May assist with patient triage and referrals
• Assists with identification of team members to involve:
  – Referrals to other team member
  – Distress screening at cancer facilities

Clinical Aspects

• What amount of change in scores is clinically significant?
• What action should we take and when?
• How will we know the plan works?
Personalized Symptom Goals

• Acknowledges differences in patient perceptions of scores
  – Example: pain score of “6”
• Change in one point may not be meaningful
• Ask: “Using 0-10 scale, what level would you feel comfortable?”

Following Symptoms Over Time

• Document at baseline
• Symptoms fluctuate with disease progression
• Scores change as symptom management becomes effective
Clinical Implementation

- Amount and kind of resources available at your site may determine how you use the ESAS tool
- May be a way to help patients communicate with their care providers
- May prompt additional assessment by current team or referral to others

Example of Triaging Patient Visits

- ESAS was used to plan intensity of home based palliative care visits
- Looked at patients with high, moderate, and low sx burden
- Intensity of sx determined timing of initial visit
  - High: seen within 3 days
  - Moderate: 7 days
  - Low: 10 days
Putting It All Together

• Emily, age 84, has heart disease and COPD
• She tells you she has trouble staying awake during the day and feels nervous
• She asks you how to mark these on the symptom form
• What symptoms is she describing?

Putting It All Together

• Paul is a 56 year old with liver and kidney disease, history of colon cancer
• He tells you that he is feeling “on top of the world” after hearing good news at his recent check up
• As you review his ESAS record, you notice that he has marked “wellbeing” as a zero
• Does “zero” represent his wellbeing?
Putting It All Together

• Carlos’s pain scores show a change from last week.
• Previously he rated his pain as a 3
• This week he rates his pain as 7
• What is your next step?

Recommendations From the Literature:

• Partner ESAS with clinical assessment
• Clarify items that are sometimes hard to interpret: tiredness, drowsiness, depression, anxiety, appetite, and wellbeing
• Emphasize timeframe of “now” (other information about timing may be helpful for your overall assessment)
• Consider presence of a health care professional for the first patient use(s) of ESAS
Role of Health Care Professional

• For patients, help them understand terms and correct use of rating scale
• Health care professionals also appreciate guidance in using terms appropriately
  – Examples of how to ask questions
• Ongoing training: written materials, refreshers

Summary

• ESAS is a valid tool for assessing patients’ perceptions of symptoms
• Leads to additional assessment of symptoms
• Helps evaluate effectiveness of interventions
• Aids in communication among health care team
References


