

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.

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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

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Audience Discussion

- Are you using the ESAS now?
- What is working well?
- What are the challenges?

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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

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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

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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

Watanabe SM et al. J Pain Symptom Manage 2011; 41:456-468.

Edmonton Symptom Assessment System:
(revised version) (ESAS-r)

Please circle the number that best describes how you feel NOW:

No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
No Tiredness (Tiredness = lack of energy)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
No Drowsiness (Drowsiness = feeling sleepy)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Lack of Appetite
No Shortness of Breath (Depression = feeling sad)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
No Depression (Anxiety = feeling nervous)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
No Anxiety (Wellbeing = how you feel overall)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
Best Wellbeing (Wellbeing = how you feel overall)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing
No Other Problem (for example constipation)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Other Problem



Completed by (check one):
 Patient
 Family caregiver
 Health care professional caregiver
 Caregiver-assisted

ESAS-r
Revised November 2010

BODY DIAGRAM ON REVERSE SIDE

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Edmonton Symptom Assessment System: (revised version) (ESAS-R)	
Please circle the number that best describes how you feel NOW:	
No Pain	0 1 2 3 4 5 6 7 8 9 10 Worst Possible Pain
No Tiredness <i>(Tiredness = lack of energy)</i>	0 1 2 3 4 5 6 7 8 9 10 Worst Possible Tiredness
No Drowsiness <i>(Drowsiness = feeling sleepy)</i>	0 1 2 3 4 5 6 7 8 9 10 Worst Possible Drowsiness
No Nausea	0 1 2 3 4 5 6 7 8 9 10 Worst Possible Nausea
No Lack of Appetite	0 1 2 3 4 5 6 7 8 9 10 Worst Possible Lack of Appetite
No Shortness of Breath	0 1 2 3 4 5 6 7 8 9 10 Worst Possible Shortness of Breath
No Depression <i>(Depression = feeling sad)</i>	0 1 2 3 4 5 6 7 8 9 10 Worst Possible Depression
No Anxiety <i>(Anxiety = feeling nervous)</i>	0 1 2 3 4 5 6 7 8 9 10 Worst Possible Anxiety
Best Wellbeing <i>(Wellbeing = how you feel overall)</i>	0 1 2 3 4 5 6 7 8 9 10 Worst Possible Wellbeing
No _____ Other Problem <i>(for example constipation)</i>	0 1 2 3 4 5 6 7 8 9 10 Worst Possible _____
Patient's Name _____ Date _____ Time _____	Completed by (check one): <input type="checkbox"/> Patient <input type="checkbox"/> Family caregiver <input type="checkbox"/> Health care professional caregiver <input type="checkbox"/> Caregiver-assisted
ESAS-r <small>Revised November 2010</small>	BODY DIAGRAM ON REVERSE SIDE 9

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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

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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

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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

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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

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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

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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

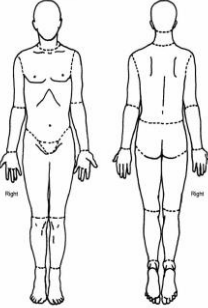
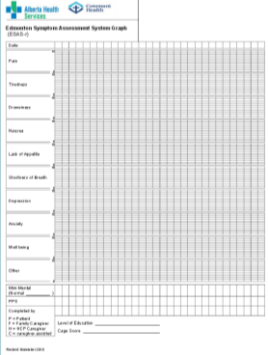
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How to Do the ESAS-r

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

Please mark on these pictures where it is that you hurt:

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Nausea Anchors

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

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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

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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

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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?”

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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

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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

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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

No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
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No _____ Other Problem (for example constipation)	0	1	2	3	4	5	6	7	8	9	10	Worst Possible _____

Patient's Name _____

Date _____ Time _____

Completed by (check one):

Patient

Family caregiver

Health care professional caregiver

Caregiver-assisted

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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

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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

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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

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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

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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?

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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?”

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Following Symptoms Over Time

- Document at baseline
- Symptoms fluctuate with disease progression
- Scores change as symptom management becomes effective

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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

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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

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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?

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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?

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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?

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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

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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

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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

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References

- Bruera E, Kuehn N, Miller MJ, Selmsler 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.
- Buttenschoen C, Stephan J, Watanabe S, Nekolaichuk C. Health Care Providers' Use and Knowledge of the Edmonton Symptom Assessment System (ESAS): is there a need to improve information and training? *Support Care Cancer* 2014; 22:201-208.
- Hui D and Bruera E. The Edmonton Symptom Assessment System 25 years Later: Past, Present and Future Developments. *J of Pain and Symptom Management*. 2017; 53(3): 630-643.
- Hui D, Titus, A, Ho-Nguyen, V, Frederickson, D, Wray, C, Granville, T, Bruera E et al. Implementation of the Edmonton Symptom Assessment System for Symptom Distress Screening at a Community Cancer Clinic: A Pilot Program. *The Oncologist* 2017; 22:995-1001.
- Nekolaichuk C, Watanabe S, Beaumont C. The Edmonton Symptom Assessment System: a 15-year retrospective review of validation studies (1991-2006). *Palliat Med* 2008; 22:111-122.
- Watanabe SM, Nekolaichuk C, Beaumont C, Mawani, A. The Edmonton symptom Assessment System-What do patients think? *Support Care Cancer* 2009; 17: 675-683.
- 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.

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