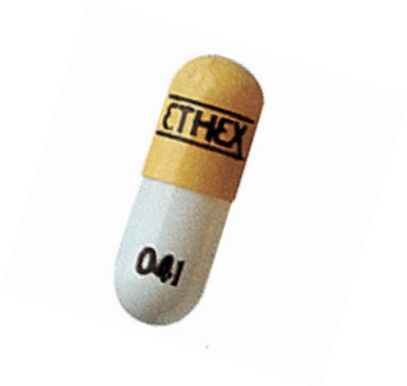
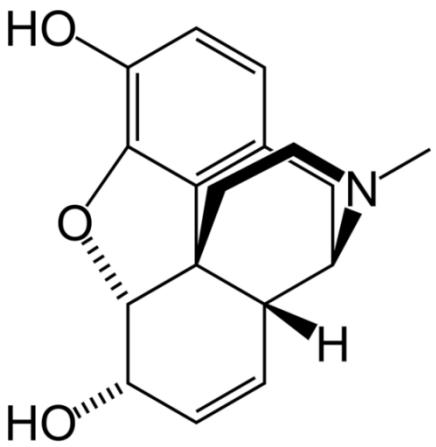
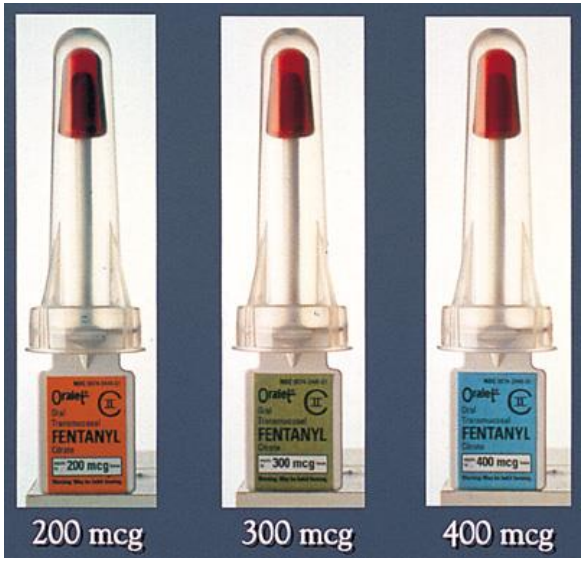
Palliative Care Drugs





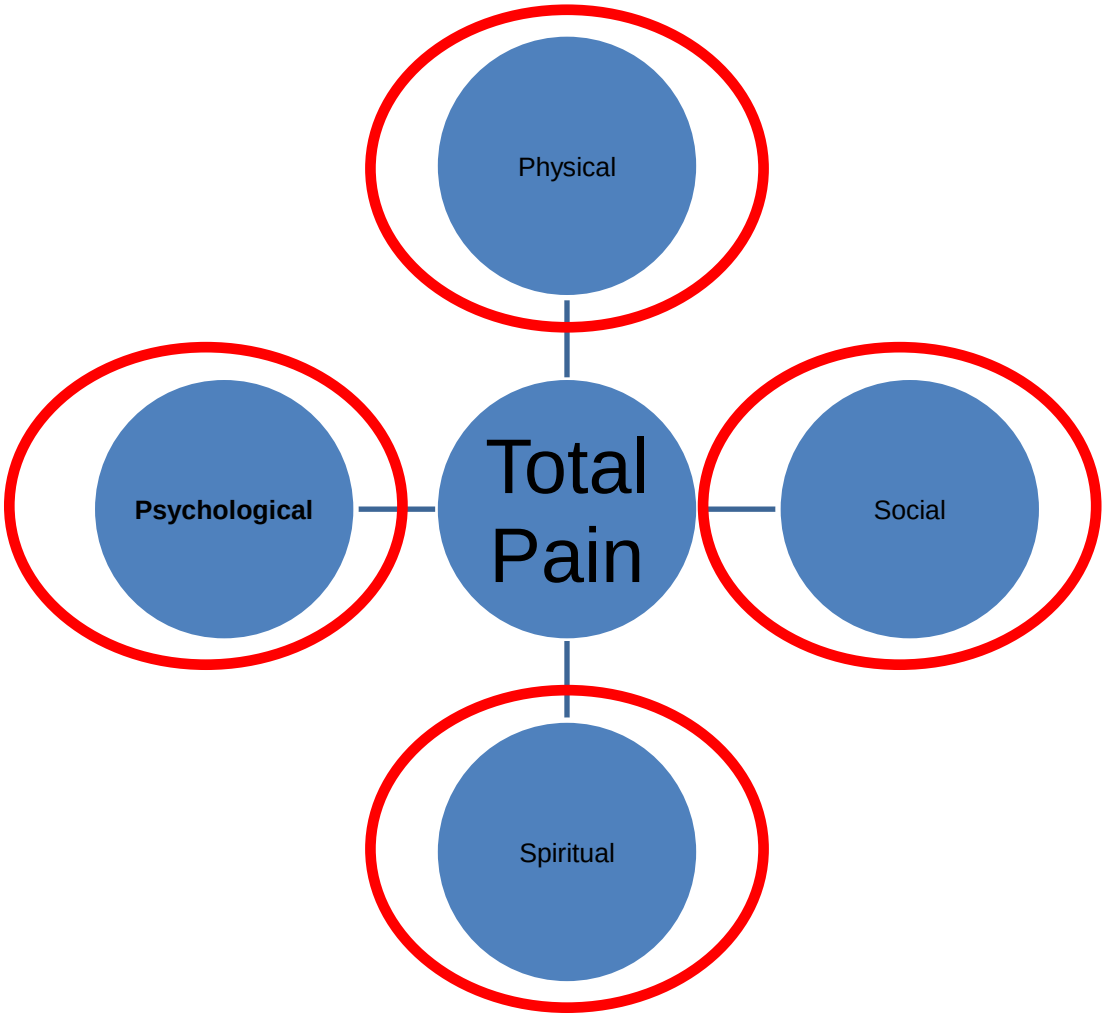


Contents

- Drugs for symptoms
  - Pain
  - Constipation
  - Nausea and vomiting
  - Breathlessness
  - Appetite
  - Agitation
  - Secretions
  - Depression
  - Diarrhoea
  - Hiccups
  - Seizures
  - Pruritis
  - Mouth care
  - Sweating
  - Fatigue
- Anticipatory prescribing
  - Diamorphine
  - Midazolam
  - Hyoscine
  - Cyclizine

Pain

The concept of total pain



Pain

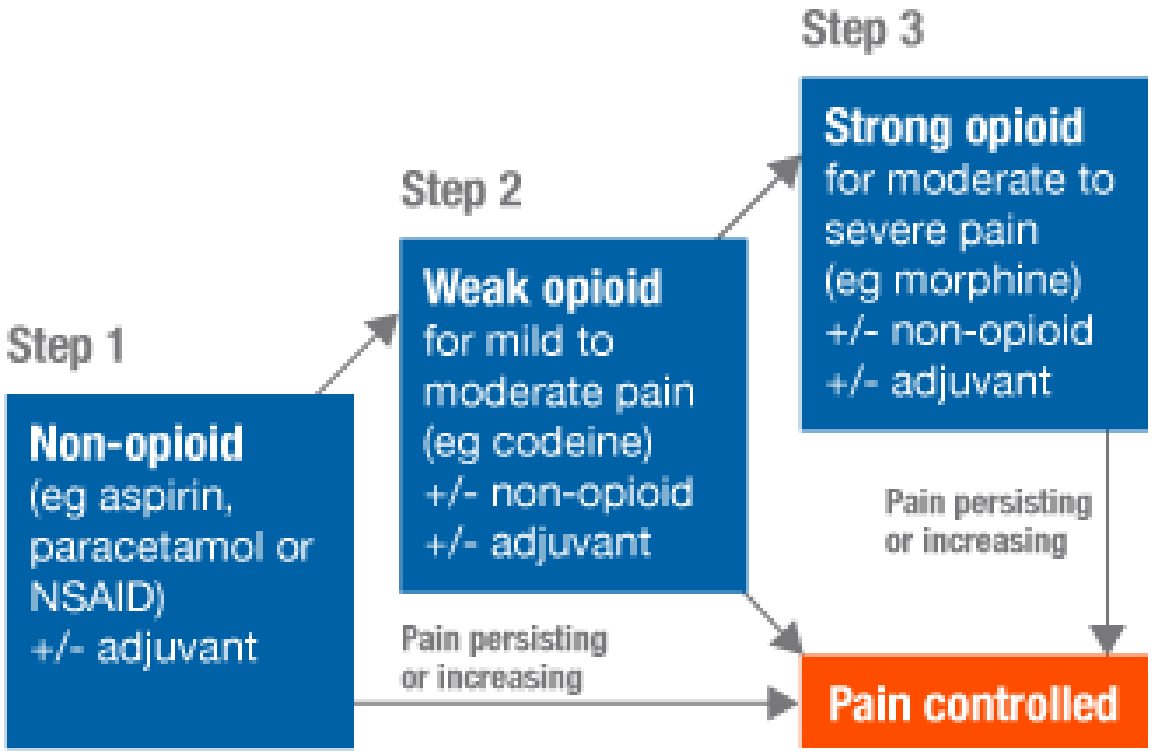
- Causes:
  - Direct invasion of cancer
  - Nerve pain
  - Bone pain
  - Liver pain
  - Raised ICP
  - Constipation
  - Mucositis
  - Pressure sores

Approach to pain

- Assessment
- Consider reversible causes
- Ask the patient regularly about their pain
- Record pain scores

- Pain relief as per WHO analgesic ladder
- Long acting pain relief
- Break through pain (1/?th of total 24hr morphine use)

WHO analgesic ladder



Adjuvants to morphine

- NSAIDS
- Neuropathic drug classes
- Corticosteroids
- TENS
- Nerve block
- Muscle relaxants
- Bisphosphonates
- Ketamine
- Surgery
- Radiotherapy

Morphine Conversion Confusing

Weak opioids to strong opioids

Weak opioid

- Codeine 60mg
- Tramadol 50mg
- Nefopam 30mg

Strong opioid

- Oral morphine 5-10mg
- Oral morphine 5mg
- Oral morphine 10mg

Strong opiods to strong opiods

- 10mg oral morphine =

- S/C morphine
- S/C diamorphine
- Oral oxycodone
- Fentanyl patch

Patchs

Fentanyl patch

24hr dose of oral morphine mg	Fentanyl patch mcg/hr
30	12
60	25
120	50
180	75
240	100

Buprenorphine patch

24 hr dose of oral morphine mg	Buprenorphine patch mcg/hr
30	20
60	35
120	70

Side effects of morphine

- A 70 year old patient with metastatic lung cancer is being treated with a slow release morphine preparation for pain relief. Which of the following is a recognised side effect of this treatment:

  A = excess salivation

  B = hyperthermia

  C = increased appetite

  D = jaundice

  E = urinary retention

Side effects of morphine

- Hypothermia
- Dry mouth
- Anorexia
- Paralytic ileus
- Taste disturbance
- Respiratory depression
- Reduced GCS
- Constipation

Constipation

Constipation

- Palliative care patients on opioids need a regular oral laxative.
- If there is a clinical picture of obstruction with colic, stimulant laxatives should be avoided.
- Avoid co-danthramer if patient is incontinent as it may cause a local skin reaction.
- Caution is needed with frail or nauseated patients who may not be able to tolerate the fluid volume needed along with Laxido.
- Bulk-forming laxatives are not suitable if the patient has a poor fluid intake and reduced bowel motility.
- Methylnaltrexone may be suitable for opioid induced constipation resistant to standard therapies, but this should be under specialist palliative care advice only

Oral Laxative	Starting dose	Time to act	Comments
Bisacodyl tablets 5mg	1-2 at night	6-12hrs	Abdo cramps
Senna tablets	2-4 at night	8-12hrs	Abdo cramps
Senna liquid	10-20mls at night	8-12hrs	
Co-danthramer capsules	1-2 at night	6-12hrs	Colours urine red Contains dantron and softener
Co-danthramer liquid (1 capsule = 5mls)	5-10mls at night	6-12hrs	Anal irritation
Strong co-danthramer capsules	2 at night	6-12hrs	
Strong co-danthramer liquid	5mls at night	6-12hrs	
Docusate sodium 100mg	1 twice a day	24-36hrs	Softener
Macrogol e.g. laxido	1-3 sachets daily	1-3 days	Make up 125mls water High dose 8/day

Nausea and Vomiting

Nausea and Vomiting

- Correct the correctable
- Non-pharmacological measures:
  - Constipation
  - Mouth care
  - Small palatable portions
  - Acupressure bands (seabands)
  - Accupuncture
  - Psychological approaches

- Pharmacological:
- Choose agent based on cause

Cause	Agent	Dose
Clinical toxicology/ metabolic disturbance	Haloperidol Levomepromazine	? 2.5-5mg S/C 12hrly
Motility disorders	Metoclopramide	10mg TDS PO or S/C
Intra-cranial disorders	Cyclizine Dexamethasone	25-50mg TDS
Gastric/oesophageal irritation	PPI	
Multifactorial	Cyclizine	

- Ondansetron?

- Evidence only exists in palliative care in its use for chemotherapy and radiotherapy induced nausea and vomiting

Breathlessness

2

Breathlessness

- Check for superior vena cava obstruction
- Smoke free environment
- Use a fan or open window for ventilation
- Controlled breathing techniques
- 1st line medication = morphine
- 2nd line medication = benzodiazepines
- Oxygen ?

Delirium and agitation

- Look for reversible causes and treat

- Medications:
  - Haloperidol
  - Benzodiazepines

Appetite

Appetite

- Often a worry for patients and their families

- Nutritional assessment
- Look for reversible causes e.g. oral candida

- Medications:

  - Corticosteroids (prednisolone 30mg) – benefit short lived to 3-4 weeks
  - Progestogens (Megestrol acetate 160mg)
  - Prokinetics (metoclopramide/domperidone 10mg TDS)

Hiccups

"Guinness world record for hiccup attack = 68 years"

Hiccups

- Peppermint oil
- Antacid medication containing simeticone
- Prokinetic

Pruritis

Pruritis

- Systemic disease
- Medication
- Fungal infection in immunocompromised

Pruritis

Causes	1st line
Cholestasis	Rifampicin, sertraline, cholesylamine
Uraemia	Gabapentin
Lymphoma	Prednisolone
Opioid	Chlorphenamine
Paraneoplastic	Paroxetine
Unknown	Chlorphenamine

Anticipatory prescribing

- Pain
- Oral morphine
- S/C diamorphine
- Agitation
  - Midazolam
- Secretions
  - Hyoscine
- Nausea
  - Levomepromazine
  - cyclizine
  - Continue oral anti-emetic

Palliative care

- Circulation November 2013: **ICD Shocks in Dying Patients** -- **Disturbing Data from Beyond the Grave**

- “Death and dying… a shocking experience”
- “Death can go on and on and on…”

Palliative care

- Post mortem device interrogation of **130** ICDs between 2003 and 2010:
- 35% had ventricular arhthymias in the last 1 hour before death
- 31% received a shock in the last 24hrs
- some receiving >10 shocks in their final few hours
- Of the 130 patients 65 had DNAR order yet 42 had ICD programmed as on
- DOI: 10.1161/CIRCULATIONAHA.113.006939

Who can I go to for help

- On-call Macmillan nurse – Wendy Dewey
- Palliative care consultant – Annalise Matthews
- Scottish palliative care guidelines
- BNF