



The use of Scopoderm[®] transdermal patches in palliative care

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Summary

Scopoderm[®] transdermal patches contain hyoscine hydrobromide.¹ Hyoscine hydrobromide is a naturally occurring belladonna alkaloid with smooth muscle relaxant and antisecretory properties.² It crosses the blood-brain barrier and thus may cause to sedation and delirium.² Scopoderm[®] patches are not licenced for use in Ireland. They are licensed in the UK for the prevention of symptoms of motion sickness such as nausea, vomiting and vertigo.¹

In palliative care, Scopoderm[®] patches have been used to control opioid-induced nausea, and in the management of drooling and sialorrhoea in patients with disorders of the head and neck.² Hyoscine has also been used transdermally in adults for reducing respiratory secretions in combination with parenteral doses of glycopyrronium bromide.³

How many Scopoderm[®] patches can be applied at once?

The transdermal patch contains a reservoir with 1.5mg hyoscine.^{1,2} The average amount of hyoscine absorbed from each patch in 72 hours is 1mg.^{1,2} The Summary of Product Characteristics advises that no more than one patch should be used at any time.¹

However, there is information available to support the use of multiple Scopoderm[®] patches in palliative care.

 In the treatment of sialorrhea or drooling an initial dose of one patch every 72 hours (1mg/72hours), if necessary two patches may be used concurrently.² For the reduction of respiratory secretions in adults; one regimen uses 2 to 4 mg (two to four patches) every 72 hours with additional parenteral doses of glycopyrronium bromide.³

If more than one patch is to be used at one time, the patient should be monitored carefully for adverse effects including dry mouth, drowsiness and dizziness.^{1,4}

Can Scopoderm patches be cut?

The licensed dose is the application of a single patch which may be applied for 72 hours.¹ Thus, it is unlicensed to cut a Scopoderm[®] patch. Despite this, a number of references indicate that the patches may be cut in half.^{3,4} Scopoderm[®] patches may be cut either with a scissors along full thickness ensuring membrane is not peeled away **or** cover portion to prevent contact with skin.⁴ When handling the patch, every effort should be made to avoid touching the active surface.¹ After handling the patch, avoid any contact with the eyes and wash hands thoroughly.¹

Can you keep the other half of a patch which has been cut?

No, the remainder of the patch must be discarded carefully as there is no stability data available to support keeping it.

Can the patches be applied anywhere other than behind the ear?

It is recommended that a Scopoderm TTS patch is applied behind the ear because the skin in this area is thin and allows for good transdermal absorption of hyoscine hydrobromide. If the patch is applied to another area of skin, the transdermal absorption of hyoscine hydrobromide can be variable depending on the thickness of the skin and therapeutic levels cannot be guaranteed.⁵

References:

- 1. Summary of Product Characteristics Scopoderm 1.5mg patch. Available from www.medicines.org.uk. Accessed on the 10/05/2017.
- 2. Monograph Hyoscine hydrobromide. Palliative Care Formulary. Available from www.palliativedrugs.com. Accessed on the 10/05/2017.
- 3. Monograph Hyoscine. Martindale: The Complete Drug Reference. Available from www.medicinescomplete.com. Accessed on the 10/05/2017.
- 4. Monograph Hyoscine hydrobromide. British National Formulary. Available from www.medicinescomplete.com. Accessed on the 10/05/2017.
- 5. Medical Information GlaxoSmithKlein. Contacted 10/05/2017.