

PALLIATIVE MEDS INFO NEWSLETTER

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Thank you for the warm response to our first newsletter. We would like to share with you a summary of some of the interesting enquiries we received this month. Enjoy!



How is short-acting octreotide converted to long-acting lanreotide?

Octreotide is a synthetic analogue of somatostatin with a longer duration of action. It is used for many different indications (some unlicensed) in patients with palliative care needs, including intractable diarrhoea related to high output ileostomies and inoperable bowel obstruction in patients with cancer. There are no recommendations available from the pharmaceutical companies to direct the conversion of short acting octreotide to long acting lanreotide. However, the indirect conversion outlined here may be used as a guide. Sandostatin[®] and Sandostatin[®] LAR contain octreotide. Somatuline[®] Autogel and Somatuline[®] LAR contain lanreotide.

Switching from an octreotide infusion to a Sandostatin[®] LAR preparation

It is recommended that once control has been established with an octreotide infusion, maintenance therapy with a depot preparation may be considered. A dose of 20mg by intramuscular injection (IM) every 4 weeks is suggested. In acromegaly, the SC octreotide

is stopped when the first long acting dose is administered. However, for neuro-endocrine tumours, SC injection with a rapid-acting preparation should be continued for 2 weeks after the first depot injection to provide symptomatic cover, and in some cases, continued subcutaneous therapy may be needed for 3–4 weeks to avoid exacerbation of disease symptoms. Maintenance doses of the depot preparation may be adjusted after 2 to 3 months as necessary. In patients who have achieved satisfactory symptom relief with the 20mg dose, a reduction to 10mg IM once every 4 weeks may be attempted. On the other hand, if adequate symptom control has not been achieved with 20mg, an increase to 30mg IM once every 4 weeks may be necessary. Doses above 30mg have not been evaluated and are not recommended.

Switching between Octreotide and Lanreotide

There have been no studies of patients treated with short-acting octreotide who have subsequently been switched

directly to Somatuline Autogel, therefore guidance has to be indirectly derived from other information. The following conversions may be used as a guide;

- Sandostatin[®] LAR 20mg converts to Somatuline[®] Autogel 90mg.
- Sandostatin[®] LAR 10mg convert to Somatuline[®] Autogel 60mg.

Switching method

Due to the rapid attainment of peak plasma levels following injection with Somatuline[®] Autogel it may be possible to switch from octreotide SC without crossover of therapy. Therefore, the patient should be given their first dose of Somatuline[®] Autogel in place of their next SC octreotide dose. After this initial conversion, for all patients, the dose should be individualised according to the response of the patient. The dose may be increased or decreased as required.

Read the full enquiry on our webpage: [The Conversion of Short Acting Octreotide to Long Acting Lanreotide.](#)

“Can Lidocaine 5% plasters be worn continuously? Is there any evidence to support it?”

Versatis® plasters are licensed for application of up to 12 hours within 24-hour period. Despite this, studies and anecdotal evidence indicate that lidocaine plasters 5% may be worn for up to 24 hours (a patch applied once daily) or changed every 12 hours, (a patch applied twice daily) with good pain relief during this time. The recommendation that each plaster should be worn for no longer than 12 hours is made because the patch may cause localised skin reactions if used beyond this duration. However, similar incidence rates of skin reactions have been found in studies investigating 12-hour daily and 24-hour daily (back-to-back) plaster use. Applying a new plaster every 12 hours (twice daily) may result in higher plasma concentrations of lidocaine compared to the continuous application of a plaster for 24 hours. The patient should be monitored for any adverse effects. If the plaster is to be used outside its license the prescriber assumes full responsibility for the administration of a Lidocaine 5% plaster prescribed. Read the full enquiry on our webpage: [Can lidocaine 5% plasters be worn continuously?](#)

“Can Pilocarpine Eye drops be used to treat a dry mouth?”

Pilocarpine is not recommended as a first line treatment for a dry mouth. Other topical products such as artificial saliva products should be tried first. Pilocarpine tablets are indicated for the treatment of a dry mouth but are unlicensed in Ireland. There is limited information available to support the use of pilocarpine eye drops taken orally as an alternative. A recommended dose of 5mg-10mg three times daily of oral pilocarpine tablets would be the approximately equivalent to pilocarpine 4% 3-5 drops (6mg-10mg) taken orally three times daily. Pilocarpine should be discontinued if there is no improvement after 2 days if the dry mouth is drug-induced or after 12 weeks if it is radiation-induced. The use of pilocarpine eye drops to treat a dry mouth is unlicensed and as such the prescriber assumes full responsibility for the administration of pilocarpine in this manner. Read the full enquiry on our webpage: [Can pilocarpine eye drops be used to treat a dry mouth?](#)

Treatment Options for Hiccups

There are close to a hundred causes for singultus (hiccups).

The most common causes are gastro-intestinal.

Persistent hiccups (last for over 48 hours) and intractable hiccups (last more than one month or two months) can be a cause of significant distress for some of our patients. Some drugs that are used to treat hiccups can also induce hiccups. Drug induced causes include benzodiazepines, corticosteroids, antibiotics, opioids, and cytotoxic agents. The pharmacological management of hiccups is based on case studies and clinical anecdote and deciding which medication to use will

include consideration of potential side-effects. Chlorpromazine is the only drug licensed for the treatment of hiccups. Other treatment options include; nebulised sodium chloride 0.9%, peppermint water, metoclopramide, chlorpromazine and other agents. Read the full enquiry on our webpage: [Treatment Options for Hiccups.](#)

