PALLIATIVE MEDS INFO NEWSLETTER

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The Palliative Meds Info Service is a medicines information service which provides advice by telephone and email on all aspects of medicines use in palliative care. Contact us at Our Lady's Hospice and Care Services on 01 4912578 or email palliativemedsinfo@olh.ie. We also provide medicines information on our webpage available from the OLH&CS website www.olh.ie.

In this newsletter we share some more of our interesting enquiries with you, as well as details of updated documents available on our webpage. Enjoy!

The use of antipsychotics in the management of delirium in palliative care

Delirium is a complex neurological condition characterized by a disturbance of awareness and cognition developing suddenly over a short period of time. Pharmacological therapy may be indicated when non-pharmacological and environmental measures fail. There is limited research on pharmacological intervention in the management of delirium. Antipsychotics, such as haloperidol, are generally reserved for patients who experience severe agitation and are at risk to themselves or those around them. The recent publication of a randomised controlled trial conducted on patients in a hospice or hospital palliative care setting has sparked much debate. Careful consideration is advised prior to the use of this class of drugs. Please see details here: http://olh.ie/wp-content/uploads/2014/09/The-Use-of-Antipsychotics-in-the-Management-of-Delirium-in-Palliative-Care.pdf

Serotonergic medication and the risk of serotonin syndrome

Serotonin syndrome has been highlighted by the widespread use of serotonergic agents, such as those used to treat depression e.g. SSRIs. The incidence of serotonin syndrome is not known but has risen as a result of the increased use of serotonergic medication and the increasing awareness of this syndrome. The onset can vary greatly from minutes of initiating a second serotonergic agent to several weeks after receiving a stable dose. Some of the medicines associated with increased risk of serotonin syndrome are in therapeutic groups that would not normally be associated with use in depression, or psychiatry in general, so their serotonergic effects are not immediately apparent. Please see details here: http://olh.ie/wp-content/uploads/2014/09/Serotonergic-Medication-and-the-Risk-of-Serotonin-Syndrome.pdf

Question: What are the treatment options for the management of a dry mouth?

Xerostomia (dry mouth) is a common symptom affecting patients with palliative care needs. It is associated with an altered taste and difficulty swallowing which can cause distress to patients. There are a number of underlying causes of xerostomia. These should be identified and treated where possible. Certain medications can contribute to dry mouth and should be reviewed. Prevention of the development of xerostomia with the maintenance of good oral hygiene is very important. Treatment options include non-pharmacological simple measures as well as pharmacological interventions. Please see details here: http://olh.ie/wp-content/uploads/2014/09/What-are-the-treatment-options-for-the-management-of-dry-mouth.pdf

Question: What conversion ratio is recommended between pregabalin and gabapentin?

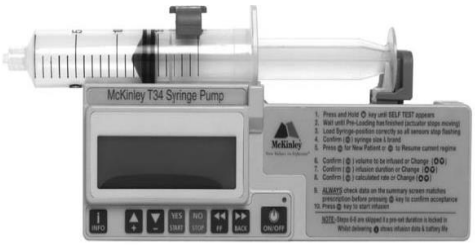
Both gabapentin and pregabalin are licenced for the treatment of neuropathic pain (Note, while Lyrica® is licensed for the treatment of neuropathic pain other generic formulations of pregabalin may not be). There has been little evidence to date to guide a conversion between these two neuropathic agents. Although firm recommendations cannot be made at present, two small studies have suggested conversion ratios which may aid decision making by the practitioner. Any decisions made will need to be based on a clinical judgement, in partnership with the patient and the conversion should be carried out by a practitioner with experience of switching between gabapentin and pregabalin. Please see details here: http://olh.ie/wp-content/uploads/2014/09/What-conversion-ratio-is-recommended-between-pregabalin-and-gabapentin.pdf

Question: A patient presents with an allergy to an opioid, can an alternative opioid be prescribed?

There is very little evidence to guide the choice of opioid in a patient with a previous history of an anaphylactic allergic reaction to a particular opioid analgesic. The incidence of opioid allergies is ill-defined and the presence of cross-sensitivity between opioids is questionable. If an alternative opioid is to be considered one should be chosen with different chemical and structural properties. However, patients who exhibit true allergy to an opioid analgesic should be monitored extremely carefully if another opioid is to be used. Please see details here: http://olh.ie/wp-content/uploads/2014/09/A-patient-presents-with-an-allergy-to-an-opioid-can-an-alternative-opioid-be-prescribed.pdf

Syringe pumps

The use of fentanyl in a syringe pump in palliative medicine



We have produced new guidance on the use of fentanyl in a syringe pump. Selection of a single conversion ratio is made difficult owing to the lack of evidence and the complex pharmacokinetics of fentanyl. The literature suggests conversion ratios from parenteral morphine to parenteral fentanyl of 50-150:1. Fentanyl should not be confused with Alfentanil. Please see details here: http://olh.ie/wp-content/uploads/2014/09/The-Use-of-Fentanyl-in-a-Syringe-Pump-in-Palliative-Medicine.pdf

The use of levetiracetam (Keppra®) in palliative medicine

We have a new document on the use of levetiracetam in a syringe pump. It is indicated for the treatment of epileptic seizures and status epilepticus in palliative care patients who are unable to take their medications orally and when IV access is not possible or not desired. Please see details here: http://olh.ie/wp-content/uploads/2017/01/Levetiracetam-in-a-Syringe-Pump-2016.pdf

Updates

- **Can Lidocaine 5% patches be worn continuously?**
- **What is the correct way of disposing of a fentanyl transdermal patch?**
- **How many fentanyl transdermal patches can be applied at once?**
  The evidence has been reviewed and updated. There have been no significant changes to the recommendations outlined in these documents.
- **Can fentanyl transdermal patches be changed every 48 hours instead of every 72 hours?**
  The Summary of Product Characteristics for Durogesic D Trans® now advises that if analgesia is insufficient in the first application **only**, the patch may be replaced after 48 hours with a patch of the same dose.

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