



Mid North Coast Rural Palliative Care Project – Link Nurse Education 2004

Drugs used in Palliative Care

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Drugs used in Palliative Care

- Narcotic Analgesics
- Other Analgesics
- Laxatives
- Anti-emetics
- Stomatological Agents
- Agents for Terminal Restlessness
- Agents for Functional GI Disorders

Drugs used in Palliative Care

- Mechanism of Action
- Indications
- Adverse Effects

Narcotic Analgesics Morphine

- Principal Alkaloid of Opium
- Binds to opioid receptors in the brain, spinal cord and other tissues (mu receptors)
- Primary effects – CNS and organs containing smooth muscle

Narcotic Analgesics Morphine

This produces many effects which include:

- Analgesia
- Decreased GI Motility
- Respiratory Depression
- Mood Changes
- (Nausea and Vomiting)

Narcotic Analgesics Morphine

Indications:

- Moderate to Severe Acute and Chronic Pain
- Relief of Severe Dyspnea
- Cough Suppression
- Severe Diarrhoea

Narcotic Analgesics Morphine

- Dosage titrated to client needs
- Palliative Care – No maximum dose, only adverse effects limit the dose
- Kapanol
- MS Contin
- Morphine Mixture
- Parenteral Morphine

Narcotic Analgesics Morphine

- Controlled Release Preparations NOT for acute pain management
- SLOW ONSET / OFFSET
- Additional Doses for breakthrough pain = $1/12^{\text{th}}$ – $1/6^{\text{th}}$ of daily requirement

Opioid Equivalency

DRUG	ORAL DOSE (mg)	PARENTERAL DOSE (mg)
Morphine	30	10
Codeine	240	120
Oxycodone	30	15
Pethidine	300	75
Methadone	20	10
Fentanyl (T/D)	1	

Narcotic Analgesics Oxycodone

- Endone, Oxycontin, Proladone
- Alternative opioid for patients intolerant to morphine
- 70-80% as potent as morphine with better oral bioavailability
- Rectal absorption = Oral absorption
- Suppository - Slower onset, longer effects

Narcotic Analgesics Fentanyl

- Durogesic
- Extremely potent synthetic opioid
- Management of chronic pain
- 25-100mcg/hour over 72 hours
- Onset of action up to 24 hours
- Excess fentanyl in each patch provides a thermodynamic force to drive the drug through the membrane at a constant rate

Narcotic Analgesics Fentanyl

- Accumulates in adipose tissue and skeletal muscle
- Lower incidence of constipation and confusion (Potential skin reactions)
- Apply to clean, dry skin area of upper arm or torso that is free of hair, scars, cuts or irritation – Avoid areas that have been irradiated

Non-Narcotic Analgesics

Paracetamol

- Central/Peripheral analgesic effects due to inhibition of PG synthesis
- Mild-Moderate Pain
- 1g every 4 to 6 hours
- Maximum Dose is 4g per day
- (Acute Pain: 6g daily for max. 2 to 3 days)
- Adverse effects are rare

Movicol

- Constipation/Faecal Impaction
- 1 sachet daily increasing to 2-3 daily as needed (FI – 8 sachets daily x 3 days)
- Diarrhoea, bloating, allergic reactions

Coloxyl and Senna

- Constipation (Moderate to Severe)
- Stool softener (Coloxyl) and stimulant laxative (Senna)
- Direct stimulation of nerve endings in colonic mucosa to increase intestinal motility
- Onset of action = 6 -12 hours

Coloxyl and Senna

- Not recommended for regular use
- Chronic use acceptable for constipation in people taking opioids (often used in combination with other laxatives)
- Stimulants are the laxative group most often associated with laxative abuse

Stemetil/Maxolon

- Nausea and Vomiting
- Dopamine Antagonist
- Restlessness, Drowsiness, Dizziness, Headache
- Uncommon – Extrapyrarnidal effects
- Parkinson's Disease – Use with caution (Domperidone)

Stomatological Agents

- Aquae, Salube, others
- Indicated for hyposalivation (oral radiotherapy)
- 1 to 2 sprays into mouth as required (Aquae)
- PBS indicated for palliative care patients

Terminal Restlessness

- Clonazepam/Midazolam/ Phenobarbitone
- Benzodiazepines (Anti-epileptics)
- Clonazepam Drops
- Sedating agents