Pennine GP Learning Group Meeting Question and Answers

Palliative Care Update by Dr Rachel Sheils

Date: Tuesday 14th November 2023

7.30-9.10pm

Question: ***Why do we use dexamethasone rather than prednisolone in palliative care symptom control?***

Answer: Not sure of exact reason. Can give dexamethasone subcutaneously if patient loses ability to swallow so that could be a reason why it is used orally also to make it easier to switch when necessary. Also may be historical due to studies using Dexamethasone and not prednisolone.

Question: ***In patients in last days of life with lots of secretions, who are on max Buscopan in syringe driver, do we need to think about other options? Or are the secretions more distressing for relatives than for the patient? Are there non-pharmacological options to try?***

Answer: Start buscopan early as early treatment works better and prevents the symptoms from escalating but if too late and at maximum dose then can try repositioning and lots of reassurance. Adding in other drugs like octreotide rarely helpful at this stage.

If patient has refractory symptoms and repositioning not working then can sedate the patient to make them more comfortable.

Question: ***Patients who require buccal midazolam would require family / carers to be trained to administer it. Are there any services available to assist with this?***

Answer: The palliative care nurses can be contacted and can show relatives when and how to use the buccal midazolam as well as counsel them regarding escalating and calling for help.

Question: ***When dealing with palliative care emergencies like SVCO, malignant spinal cord compression, febrile neutropenia, you recommended contacting acute oncology, however as GPs we would usually end up calling an emergency ambulance and sending these patients to A&E. Should we be referring to acute oncology instead?***

Answer: I would recommend discussing these patients with acute oncology. If they do not have the capacity to deal with the patient on the ward, this will raise their awareness of the patient being sent in so they can follow up the patient in A&E / advise A&E team appropriately.

Question: ***When palliative care patients are started on an antiemetic for nausea symptoms, should we continue them indefinitely if the patient benefits, or is there a case for short courses or withdrawing them at all?***

Answer: There are patients who are opioid naïve and when they are started on opioids develop nausea. The nausea can lessen after a few days and so antiemetics can be withdrawn or reduced after titrating opioid doses and stabilising the patient on them. Antiemetics do not need to be continued indefinitely.