

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Under changes to Federal Legislation, medicinal cannabis products will be made available to patients. There are increasing requests from patients for these products.

Complex Pain

Thomas is 75 year old male who was diagnosed with castration-resistant prostate cancer in 2015. There is widespread metastatic disease in his mediastinum, abdomen, pelvis, right groin region and bone. He lives in his own home with Tracy, his supportive wife.

He has had multiple courses of radiotherapy including to his groin area which has led to significant lymphoedema in his right leg. There was disease progression while on docetaxel and he is now taking abiraterone (Zytiga®).

Current Medications

Thomas is currently prescribed a range of analgesia:

- > Fentanyl patch every 3 days
- > Fentanyl sublingual tablet (Abstral®) PRN for sharp, stabbing pain in his right side.
- > Hydromorphone tablet (Dilaudid®) PRN for right leg pain secondary to lymphoedema.

Thomas has struggled with constipation secondary to opioid use, but has not been consistent in taking aperients as advised.

He is frustrated with the limitations his extensive disease is having on his quality of life, in particular the difficulty in managing his pain.

Requesting access to cannabis

Thomas has read extensively about the use of cannabis to help with cancer pain. He is aware that cannabis oil (cannabidiol with less than 2% of other cannabinoids including tetrahydrocannabinol, THC) is available as Schedule 4. This is separate from the much publicised Schedule 8 medicinal cannabis (containing multiple cannabinoid compounds including THC) programs to which access is still limited.

Thomas believes that if he is able to legally access cannabis oil, he would be able to stop his opioids which would then relieve his constipation.

During the discussion with Thomas about this, the following points were raised:

- > Cannabis oil containing mostly cannabidiol may have limited efficacy in treating pain. Combinations of cannabinoid compounds including THC are more likely to be effective.
- > Opioids would most likely need to continue in addition to any cannabis product which is usually used as an adjuvant analgesic.
- > There are limited prescribers who have experience and are willing to prescribe cannabis oil.

Thomas remains determined to attempt a trial of cannabis oil. Due to the paucity of evidence the palliative care team is unable to prescribe this. Disclosure of any use is encouraged so that his pain can be appropriately assessed.

Useful resources

- > Pharmaceutical Society of Australia (PSA). [Therapeutic Use of Cannabis: Position statement \(287kb pdf\)](#). PSA; 2015 Apr.
- > [TGA Scheduling Decision: Cannabidiol](#)
- > [Alcohol and Drug Foundation: Medical cannabis](#)

For more information

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