

# SA Palliative Care Community Pharmacy Update

## A joint initiative of South Australian Palliative Care Services

Enabling palliative patients to receive care in their home environment in the terminal phase is good public health practice. Pharmacists play a valuable role, within the multidisciplinary palliative care team, in facilitating good care in the home environment.

### Medication Compatibility

Elisa is 68 years old retired teacher and lives with her husband, Pat. Her primary diagnosis is metastatic non-small cell lung cancer (NSCLC). Her past medical history includes hypercholesterolaemia and type II Diabetes Mellitus (DM).

Care is now led by her GP as her oncologist has established there are no more cancer directed therapies available.

Elisa's current oral medicines include:

- > OxyContin® 40 mg bd
- > Oxynorm® 10 mg every 4 hours prn
- > Metoclopramide 10mg tds
- > Dexamethasone 2mg daily
- > Gliclazide SR 120mg mane

Elisa spends much of the day in bed, having declined over recent weeks - with increasing fatigue and needing assistance with showering and toileting. The GP has ruled out any likely reversible pathology.

Both Pat and Elisa understand that she is now approaching the last days of life (terminal phase), and support a palliative approach. Elisa wishes to die at home.

### Diabetes Mellitus

While people with type I DM need to maintain insulin dosing throughout life (including the terminal phase), management of type II DM can be more conservative.

In advanced cancer, people will experience weight loss, lack of appetite, nausea and vomiting, renal and/or hepatic impairment all of which can increase the risk of sulfonylurea associated hypoglycaemia. It may be safer and more appropriate for the

person to maintain higher blood glucose levels (BGLs) than previously. As a guide, a BGL of up to 18 mmol/L is appropriate provided the person is asymptomatic of hyperglycaemia.

On a practical level, as people approach the terminal phase, dysphagia will limit their ability to swallow these medicines.

As such, oral hypoglycaemics can generally be stopped. In most cases it will be appropriate to stop monitoring BGLs too. In the unlikely event that it is felt necessary to continue monitoring BGLs, consider daily urinalysis as an alternative. This will guide the need for insulin.

Elisa's case is complicated as she is also taking dexamethasone for nausea. Hyperglycaemia is more likely with high steroid doses and usually occurs at the start of therapy. Since the dexamethasone has been ongoing, the impact on BGLs is likely to be already known.

### Useful resources

- > Palliative Care Australia (PCA). [Diabetes and palliative care - Information for patients \[Internet\]](#). Griffith ACT: PCA. [Accessed 12 Sep 2016]
- > The Royal Australian College of General Practitioners (RACGP). [Diabetes and end-of-life care \[Internet\]](#). East Melbourne: RACGP, [Accessed 12 Sep 2016]

### For more information

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This update is intended to provide practical up to date and factual information relating to pharmacy and medicines management in the setting of Palliative Care and is based on critical review of available evidence. Individual patient circumstances must be considered when applying this information. Please feel free to distribute this update further to interested colleagues.

