

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Corticosteroids are used for a number of indications in people with palliative care needs

Anthony

Anthony is a 45 year old male with metastatic prostate cancer that has spread to his bones. Anthony's other comorbidities include GORD, T2DM and Hypertension. Anthony is commenced on dexamethasone 8mg mane by his GP. Anthony and his wife, Teresa, express some concerns over taking dexamethasone as they have heard that it can cause some serious side effects.

Medications

- > Oxycodone SR 20mg BD
- > Paracetamol 1000mg QID
- > Docusate & Senna, 2 tabs BD
- > Metformin 500mg BD
- > Gliclazide MR 60mg mane
- > Perindopril 10mg mane
- > Amlodipine 5mg mane
- > Atorvastatin 40mg mane
- > Oxycodone 5mg hourly PRN

More information

In order to give the best possible support to Anthony you should establish the specific indication for the dexamethasone, what side effects Anthony and Teresa are concerned about, and what follow up has been planned to review the dexamethasone.

You discover that Anthony has been put on dexamethasone to help boost his appetite and energy levels as well as help with bony pain. They have read that dexamethasone may affect your mood and increase the risk of infections. The palliative care nurse is coming out to see Anthony next week.

Dexamethasone

Dexamethasone is the steroid of choice in palliative care due to its negligible sodium-retaining potency, ability to give large doses with minimal tablets and its availability as a subcutaneous injection.

Dexamethasone is used for a broad range of indications in palliative care such as:

- > Pain from bone or liver metastases
- > Nausea and vomiting
- > Increase appetite & energy
- > Minimise the symptoms of brain metastases (confusion, seizures, headaches)
- > Emergencies such as spinal cord compression (pain, numbness, loss of bladder or bowel control) or airway obstruction

The dose and duration of dexamethasone will often be dependent on the indication and should always be confirmed. Treatment should be reviewed regularly and discontinued if there is no benefit. Patients should always be made aware of the need for short courses of dexamethasone and for prolonged courses the dose should be reduced to the lowest effective dose.

The next update will discuss potential side effects, strategies to minimise them and how to communicate this to the patient.

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.

