

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Chemotherapy and radiotherapy can continue in palliative care. The pharmacist may become aware of troublesome side effects where Specialist referral is vital.

Case Study

Wayne regularly attends your pharmacy. He is 57-year-old and was recently diagnosed with a head and neck cancer, with metastases. You are aware that he has commenced palliative radiotherapy.

It's a Saturday morning and he has approached you for advice on how to manage painful swallowing and altered taste to food. This has developed overnight. You note that his current medicines include:

- > Fentanyl 100 microgram/hour patch every third day
- > Morphine (tablets) 30 mg every 4 hours as required for pain
- > Venlafaxine 75 mg (CR) daily
- > Coloxyl and Senna 2 twice a day

Palliative Care Is Active Care

Curative care involves treatment in an effort to extend the patient's overall length of life through eradication of the cancer; while palliative care involves treatment that is aimed at improving the patient's quality of life. The latter may be with a significant milestone in sight, such as attending a family wedding, participating in Christmas celebrations or planning for a loved one returning from overseas. Importantly, for head and neck cancers, curative and palliative approaches to care can involve chemotherapy and/or radiation therapy. Patients who are undergoing chemotherapy and radiotherapy are well supported by their hospital teams including dieticians, speech pathologist and pharmacists, particularly during the week. Access to the team after hours including on weekends may be more difficult and patients may seek the advice of GPs and pharmacists instead.

Mucositis

Both radiation and chemotherapy can cause significant damage cells that rapidly replicate, including those of the oral mucosa. This contributes to a range of issues including:

- > Mucositis;
- > Hypersalivation, leading to gagging, nausea, and vomiting;
- > Altered taste (dysgeusia);
- > Infection;
- > Bleeding;
- > Weight loss; and
- > Aspiration

Up to 60% of people receiving radiotherapy and more than 90% of patients receiving combined chemotherapy and radiation will develop severe oral mucositis. Mucositis in head and neck cancer typically begins within a fortnight of starting therapy.

If unsure, it is paramount to check with the person if they are receiving chemotherapy or radiotherapy. In Wayne's case, despite the mucositis being mild, it is directly related to his radiotherapy and is expected to worsen. Delayed response to mucositis will have serious consequences. It is imperative that Wayne is immediately referred back to his Specialist.

Useful Resources

- > eviQ patient information sheet: [Mouth problems during cancer treatment \(281kb pdf\)](#)

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.