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SA Palliative Care

Community Pharmacy Update

A joint initiative of SA Palliative Care Services and Ambulatory & Primary Health

Terminal agitation and restlessness may occur in the last few days of life. Left unmanaged, this symptom can be highly distressing for patients and their loved ones.

Terminal Agitation & Delirium

As a person nears death they are usually increasingly drowsy and difficult to wake. Some people become confused or agitated which can be distressing. Any reversible causes of agitation such as unrelieved symptoms should be identified and managed appropriately.

Delirium

Delirium may cause terminal agitation and is common as death approaches. Clinical features include fluctuations in attention span, hallucinations and paranoia. Hypoactive delirium may also be mistaken for over-sedation.

Medications are one potential cause, including those commonly used in palliative care (anticholinergics, opioids, benzodiazepines, corticosteroids). All nonessential medicines should be ceased. Drug withdrawal – a potential consequence of sudden loss of the oral route – may also contribute.

In addition to employing non-drug treatments, strategies such as creating a calm environment and re-direction of the patient may be used. Antipsychotics may be used to reduce agitation and hallucinations. Haloperidol is preferred as it has less anticholinergic effect than some other agents. Benzodiazepines can worsen delirium so should be used with caution.

Sedating agents

If symptom management is optimised and a person is thought to be within the last days of life, sedating agents may be used to minimise distress. Benzodiazepines (e.g. clonazepam) and sedating antipsychotics (e.g. haloperidol) are first line agents. Drugs such as phenobarbitone and anaesthetic agents are occasionally used for refractory agitation and intolerable distress.

Doses of sedating agents are titrated with the aim of providing adequate relief without total loss of interactive function. Deeper sedation may occasionally be required for severe distress that cannot be managed by conscious sedation. In all circumstances the person is monitored for adequacy of relief and level of sedation.

Subcutaneous administration is required as the dying person has usually lost ability to swallow and has reduced consciousness. In the presence of pain, sedatives require co-administration of an opioid to ensure adequate analgesia.

Useful resources

- European Association for Palliative Care (EAPC) recommended framework for the use of sedation in palliative care, *Palliative Medicine* 2009;23(7):581-93
- Therapeutic Guidelines for Palliative Care, v3 2010

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.