

# SA Palliative Care

## Community Pharmacy Update

A joint initiative of SA Palliative Care Services and Ambulatory & Primary Health  
Antipsychotic drugs are often used in palliative care for a range of non-psychotic disorders

### 'Side' effects of antipsychotics

Shortened life expectancy of the palliative care population means longer term side effects associated with antipsychotics (e.g. tardive dyskinesias) are of less concern. This altered risk-benefit ratio leads to higher frequency of antipsychotic drugs being used for indications other than psychotic illness in palliative care than in general medicine. These indications include nausea and vomiting, delirium, agitation and challenging behaviour in dementia, intractable hiccup and refractory depression.

### Clinical Effects

While all antipsychotic agents block D<sub>2</sub> receptors, they differ in their affinity for other receptors, giving rise to a variety of clinical effects. Depending on the patient circumstances these effects may be considered to be a benefit or harm. Some actions of drugs commonly used in palliative care are outlined in the table (right).

Akathisia is one of the potential short term dose-related extra pyramidal side effects of antipsychotic use. It is described as a feeling of inner restlessness and need to keep moving. Akathisia must be differentiated from other types of agitation which may result in increased doses of antipsychotics and further aggravate the problem.

### Dosing

Palliative care patients are at high risk of experiencing adverse drug reactions and drug interactions. Treatment should be initiated at lower doses than those used for psychosis in the general population and titrated to the lowest effective dose.

### Useful resources

- > Palliative Care Therapeutic Guidelines, 3rd edition
- > Psychotropic Therapeutic Guidelines, 6th edition
- > Palliative Care Formulary, 4th edition
- > C. Garcia, R. Lynn and W. Breitbart, Psychotropic Medications in Palliative Care, Primary Psychiatry 2009;16(5):25-32

Receptor affinities of antipsychotics commonly used in palliative care

Receptors and some of the effects of blockade	Haloperidol	Olanzapine	Quetiapine	Risperidone	Prochlorperazine
<b>D<sub>2</sub></b> Antipsychotic Antiemetic Cognitive and extrapyramidal side effects	+++	++	+	+++	+++
<b>5HT<sub>2A</sub></b> ? Antidepressant and anxiolytic, weight gain	+	+++	+	+++	++
<b>5HT<sub>2c</sub></b> ? Antidepressant and anxiolytic, weight gain	-	+	+	++	+
<b>5HT<sub>3</sub></b> Antiemetic	-	+	-	-	-
<b>H<sub>1</sub></b> Sedative Appetite stimulant	-	+	++	++	++
<b>α<sub>1</sub></b> ? Analgesic Orthostatic hypotension	++	++	+	+	++
<b>α<sub>2</sub></b> Hypotension, reflex tachycardia	-	+	++	+++	-
<b>M<sub>1</sub></b> Central and peripheral anticholinergic	-	++	-	-	+

Affinity: +++ high, ++ moderate, +low, -negligible or none; blank=no data Table adapted from PC Formulary 4

### For more information

Contact the Advanced Practice Pharmacists:

- > **Lauren Cortis, Northern**  
lauren.cortis@health.sa.gov.au  
8161 2016 / 0400 092 037
- > **Paul Tait, Southern**  
paul.tait@health.sa.gov.au  
8275 1732 / 0478 407 877

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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.