

# SA Palliative Care Community Pharmacy Update

A joint initiative of the South Australian Palliative Care Services

Emotional distress is an expected symptom in people confronting their mortality. When it presents as depression it can become a huge burden for them and their family.

## Depression

The prevalence of depression in people living with a life-limiting illness varies widely.

Depression may present in a number of ways:

- > Amplified symptoms, such as pain;
- > Decreased compliance with treatment;
- > Difficulty in managing the illness progression;
- > Impaired ability for pleasure, meaning and connection;
- > Interest in euthanasia and physician-assisted suicide (EPAS);
- > Premature or unplanned admission to acute care; and
- > Reduced quality of life;

Importantly, there may be potentially reversible causes including medications.

**Table: Medications associated with depression**

Class	Medications
Neurological	levetiracetam; phenobarbitone; primidone; phenytoin; tiagabine; topiramate; Triptans; vigabatrin
Psychotropics	aripiprazole; quetiapine, antidepressants
Antivirals	efavirenz
Cardiovascular	clonidine, methyl dopa
Immunomodulators, antineoplastics and Hormonal Agents	interferon- $\alpha$ , interferon- $\beta$ , vincristine, vinblastine, intrathecal methotrexate, corticosteroids; oral contraceptives; GnRH agonists, tamoxifen

## Management

The management of depression depends upon the patient's prognosis acknowledging that antidepressants take weeks to reach their full effect. While management is essentially handled similarly to depression in other settings, there are some things to consider

when selecting an antidepressant in this population:

- > Greater sensitivity to adverse effects either through exacerbation of physical symptoms (e.g. nausea and urinary retention) or altered pharmacokinetics (kidney dysfunction);
- > Increased risk of drug interactions resulting from polypharmacy (e.g. fluoxetine, paroxetine and fluvoxamine all inhibit CYP2D6);
- > Availability of liquid formulations (e.g. escitalopram) makes it practical to administer in people with dysphagia (e.g. advanced stages of progressive neuromuscular disease (NDM)).

Finally, it is important to also consider the needs of the carer, within the context of depression. For many, the anguish and worry that family members and friends experience can contribute to depression and other mental health disorders. This is particularly important during bereavement. Identifying people that require help is an important step forward.

## Useful Resources

- > Australian Medicines Handbook, Aged Care Companion
- > Therapeutic Guidelines (Palliative Care) 3<sup>rd</sup> Ed
- > Therapeutic Guidelines (Psychotropic) 7<sup>th</sup> Ed
- > [Beyond Blue](#)
- > [CareSearch: Depression](#)

## 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.