Issue 18- October 2013

SA Palliative Care

Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Palliative care patients commonly experience fatigue, significantly impacting quality of life. Addressing polypharmacy is an important pro-active management strategy.

Fatigue

Fatigue is experienced by 60 to 90% of people who are terminally ill. The impact on patients and their families is significant, interfering with ability to perform physical and social activities and potentially influencing decision-making about future treatment.

There are many potential causes of fatigue, often related to the underlying disease process. Side effects of drug treatments also contribute, :

- Chemotherapy and radiotherapy
- Biological response modifiers e.g. interferon
- Drugs with sedating effects e.g. opioids, benzodiazepines
- Other drugs e.g. beta blockers,

Goals of treatment are to reduce rather than eliminate the intensity of fatigue; and to help patients and families to adjust expectations and maximise functioning. Mostly this involves non-pharmacological treatment such as rest, behavioural interventions, physical therapy and occupational therapy.

Medications that worsen fatigue should be reduced where possible and specific treatments for reversible causes such as infection and anaemia initiated.

Evidence does not show that any medications are effective in treating fatigue. Corticosteroids may increase a person's sense of wellbeing but the effect is short lasting. Similarly psychostimulants may provide transient relief. In the setting of palliative care, short term effect may be considered to be good enough.

Cachexia and Anorexia

Fatigue is often associated with weight loss and malnutrition. Cachexia is loss of muscle +/- fat unable to be corrected by nutritional intake alone. It is a catabolic metabolic syndrome involving inflammatory mediators such as cytokines. Cachexia is a poor prognostic factor, reducing both length and quality of life. It is a common feature of advanced malignancy and AIDS, but may also occur in advanced chronic diseases e.g. heart failure.

Optimal treatment is not yet established. Multifaceted approaches are currently being evaluated:

- Addressing nutritional intake with protein supplements and drugs that stimulate appetite (e.g. prokinetics, dexamethasone, megesterol)
- Reducing inflammation with anti-inflammatory drugs
- Building and maintaining muscle mass through physiotherapy

Side effects of long term medications may contribute, such as:

- Anorexia (e.g. digoxin)
- Altered taste (e.g. acetazolamide)
- Dry mouth (e.g. amitriptyline)
- GI upset (e.g. statins, metformin)

Useful resources

- Bosaeus, I, Nutritional support in multimodal therapy for cancer cachexia, Support Care Cancer 2008;16(5):447-51

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

Government of South Australia
SA Health