

Kowhai Programme

Support for families, whānau & carers

Medications

What, When, Why, How

Often medications have been through many changes and you may have new medications that are unfamiliar. Knowing what to take when, why you need to take it, and the best way of managing that can be daunting.

Here is some information about the most likely medications you could come across in palliative care, and tips to help you manage them more easily.

Common palliative care medications

The most common medications are those for pain and nausea and for your bowels, but there are others that can help manage different symptoms.

It is important that regular medication is taken at regular times as this is the most beneficial approach to managing symptoms. 'Extra' medication is available for symptoms that occur between regular medications. You may sometimes hear these referred to as "as required" or "PRN".

Where possible these medications are given by mouth but there are alternatives available if that becomes difficult.

Analgesics – "Pain killers"

There are three levels of analgesics.

- **Base level** includes Paracetamol, which has few side effects, and NSAIDs such as Nurofen and Voltarin. These can cause stomach upsets so it is advisable to take them with food and a large glass of water.
- **Level Two** includes Codeine and Tramadol. These two medications are less commonly used in palliative care, unless the person has been on them previously.
- **Level Three and Four – Opioids** includes Morphine, Oxycodone, Fentanyl and Methadone. These medications are effective and safe when used appropriately.

Sometimes opioids are also effective for symptoms other than pain, such as shortness of breath and ongoing cough, and may be prescribed for that purpose.

People may have common concerns about opioids, including causing addiction, drowsiness or that 'there won't be anything left for later'. Taking opioids for appropriate symptoms, and according to the prescription, will not cause addiction. They can cause drowsiness but we start people on small doses to help avoid this. Sometimes when we increase doses, people can feel drowsy for a few days. A balance may be necessary between adequate pain control and some degree of

drowsiness. And there is always 'something left' to be tried. Usually there is room for increasing doses to a much higher level than might be expected. If a certain medication is not effective then it is also possible to change to one that might be more effective for the individual.

Opioids can cause **side effects** such as constipation, nausea and occasionally hallucinations, these can be managed with adjustments or other medications.

Common Opioids

Morphine

- **Long Acting**
 - LA Morph (Tablets)
 - M-Eslon (Capsules)
- **Short Acting**
 - Sevredol (Tablets)
 - RA Morph (Liquid)

Oxycodone

- **Long Acting**
 - Oxycodone BNM (Tablets)
- **Short Acting**
 - Oxynorm (Capsules and Liquid)

Fentanyl

- **Patches**
 - Lasts 72 hours (3 days)
- **Short Acting**
 - Fentanyl Nasal Spray

Long acting VS Short acting

- Most long acting opioids last for 12 hours and are given twice a day, morning and night. The aim is to keep blood levels stable so that pain is kept under control.
- Short acting opioids last up to 4 hours. They are used in addition to get pain under control i.e. breakthrough pain management.

Nausea and Vomiting – Anti-emetics

Most Common

- Cyclizine (Nausicalm)
- Domperidone (Prokinex, Motilium)
- Haloperidol (Serenace)
- Levomepromazine (Nozinan)
- Metoclopramide (Actavis)
- Ondansetron (Apo)

Which anti-emetic chosen depends on the cause of the nausea and vomiting. Sometimes a combination of anti-emetics is used for the greatest benefit.

Constipation

“The hand that writes the analgesic order MUST also write the laxative order” – As many opioids can have an effect on bowels, laxatives should always be prescribed. Which laxative chosen depends on the cause of the constipation. Sometimes a combination laxative may be used.

- Softeners: Docusate (Laxofast).
- Stimulants: Senna (Senokot), Bisacodyl (Lax-tab, Dulcolax).
- Combinations: Laxsol, Coloxyl & Senna, Pinorex.
- Osmotics: Lactulose, Molaxole, Lax-sachets, Movicol.
- Suppositories.

Most laxatives can also be bought over the counter but it is wise to review the cause with doctor or nurse to determine the best choice.

Steroids

Steroids are used for a number of purposes in palliative care: Reduce swelling, bronchospasm (asthma), Bone and nerve pain, stimulation of appetite, nausea and vomiting, fatigue.

- Misconceptions: Not “anabolic”.
- Side effects: restlessness, sleeplessness, agitation. Long term- skin thinning, muscle weakness reduced immunity, moon face and bruising.
- Steroids are usually taken in the morning, as can have an effect on sleeping.
- Should not be taken in combination with a NSAID.
- Do NOT stop taking steroids without advice.

Anti-Anxiety Medication

These can be used to reduce panic and agitation, ease breathlessness, decrease or prevent seizures

- Clonazepam (Rivotril drops, Paxam tablets).
- Lorazepam.
- Midazolam (Nasal Spray).

Side-Effects – Can cause fatigue or drowsiness.

Regular (non-palliative) medication

In many cases there will also be other essential medications needed e.g. diabetic, blood pressure. It is important that these are given as prescribed. With disease progression some of the medications may be decreased or stopped altogether but this should be done in discussion with your doctor.

Regular vs As Required medications

It is importance to keep these separate and understand the difference between long acting and as needed medications. If you are unsure, speak with your pharmacist, doctor or community coordinator.

It is important to keep a record of ‘as required’ medications. This record can help the team understand the symptoms and make a plan to best alleviate or prevent them reoccurring. This may include ‘titrating’ or adjusting of your long acting dose.

Syringe Drivers

Syringe drivers are a small portable unit which holds a syringe containing the necessary medication and delivers it, via a small tube inserted under the skin, over a 24 hour period.

Syringe drivers are a useful tool for delivering medications when they can no longer be taken by mouth, or if there are issues with absorption. A syringe driver may be used short term or long term and may be used for a short period while the necessary dosage is understood and the patient then returns to oral medications.

Medication Storage and Disposal

- Keep out of reach of children.
- Keep in a cool, dry place.
- Consider a locked cash box for opioids.
- Return unwanted/unused medication to your Pharmacy.
- Sharps containers from your Pharmacy.

Benefits of going to one Pharmacy

- Established relationship with your Pharmacist.
- In a better position to help when things go wrong.
- Clear and complete history.
- Exemption card.
- Deliveries.
- Compliance Aids.

Compliance Aids

Using medication aids really do make life easier:

- Compliance Packs.
 - Can be prepacked at pharmacy
 - Robot, Medico
 - Can be filled by yourself on a weekly basis
 - Refillable pill organisers
- Compliance Charts or signing sheets may be supplied by your pharmacy to assist in keeping track.
- Pill cutters, crushers can make it easier to manage.
- Information leaflets are available on each of the medications prescribed.



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