

Medicines for symptom control



A guide for patients
and those close
to them on commonly
used medicines for
symptom control

Medications may be needed to treat some of the symptoms associated with your illness. These may include symptoms such as pain, nausea and vomiting, shortness of breath, constipation, anxiety or restlessness.



This leaflet explains more about some of the medications we use regularly and that you may be prescribed.

Opioids

Morphine / Oxycodone / Buprenorphine / Fentanyl / Alfentanil

Opioids are medicines normally used to treat moderate to severe or uncontrolled pain, especially for those suffering from cancer related pain.

In low doses, they have also been shown to be effective in reducing the feeling of breathlessness.

A recent review of the evidence shows that opioids are less effective for those with chronic pain, so other approaches to pain may need to be considered in these cases.

Opioids can sound worrying for some people but they can be very effective in controlling pain and enabling you to continue with your usual activities.

Morphine and **Oxycodone** may be prescribed as a liquid or a tablet and come as a long-acting (sometimes referred to as sustained release, modified release or slow release) or short-acting (immediate release) preparation.

Buprenorphine and **Fentanyl** are often used in patch form which can be used once pain levels have stabilised and may be helpful for people who have difficulty swallowing tablets.

Alfentanil is an opioid used especially for those with kidney impairment and is usually given via subcutaneous pump, it may also be tried if you are experiencing side effects from the other types of opioid.

People often associate morphine with the last stages of life but it is also widely used to manage pain at the early stages of a new diagnosis. This is to ensure that you are comfortable and can continue working, socialising and participating in the activities you most enjoy. If used as prescribed, you should not become addicted and should not build up a tolerance. You may however require the dose to be reviewed and increased if your pain increases over time. Equally, if your pain improves, the dose may be reduced.

Opioids can have side-effects so we may use other medications to balance this. The most common side-effect is constipation, where you may also be prescribed a medicine to help with constipation alongside your opioid. Some people experience nausea and / or drowsiness during the first week of commencing an opioid medicine, these symptoms usually wear off as you get used to the medication. You may be prescribed an anti-sickness medication just in case it is needed. Once your opioid dose has stabilised you should be able to continue driving if it is safe to do so, but please discuss this further with your GP / treating hospital or palliative care team.

Steroids

Dexamethasone

Dexamethasone is a steroid, usually used to treat inflammation or allergic reactions.

In palliative care steroids can help to reduce nausea and vomiting, reduce some types of pain and may improve appetite and general wellbeing.

Dexamethasone can also be used to reduce pressure around the brain to manage symptoms of headache and reduce the risk of seizures (alongside anti-epileptic medication) for those suffering from brain tumours or the spread of cancer to the brain.

It is also used in high doses to manage certain medical emergencies such as spinal cord compression.

It is important to take Dexamethasone in the morning as it can make you feel more awake and may disturb your sleep if taken too late in the day. It is recommended that you take steroids with food and any prescribed medication such as **Omeprazole / Lansoprazole**, to protect your stomach lining from developing ulcers. You should also have your blood sugar monitored if you are staying on steroids for more than a few weeks.

Steroids usually work quickly and have to be reduced slowly if you have been taking them for a while. Unfortunately, the initial effect of the steroids may wear off over time. Your GP / treating hospital or palliative care team will advise how and when to reduce the dose.

Long-term use of steroids may lead to unwanted side effects so you will be advised to take them for the shortest time possible or maintained on the lowest possible dose. Side effects may include oral thrush, agitation, insomnia or disturbed sleep.

More prolonged use may increase susceptibility to infection, fluid retention and weight gain, thinning skin, stomach ulcers, muscle weakness (particularly the large muscles of the thigh, affecting mobility), slow wound healing and diabetes.

As with any treatment, careful consideration will be given to the advantage versus burden of steroids for the management of your symptoms.

Your GP / treating hospital or hospice specialist will be happy to discuss the benefits and how to minimise the side effects of Dexamethasone treatment.

Anti-sickness medication

(Antiemetics) including: Cyclizine, Metoclopramide, Ondansetron, Haloperidol, Levomepromazine

Some people experience nausea and vomiting. Nausea is the unpleasant sensation of feeling you are going to vomit, whilst vomiting is the forceful expulsion of what is in your stomach through your mouth.

They can happen together or one without the other. Treatment will depend on the cause of your nausea and vomiting as different antiemetics work in different ways, so you may need to try one or more antiemetic to find which is most helpful for you.

You may be worried or concerned to read on the medicine information leaflet that Haloperidol and Levomepromazine are traditionally prescribed in higher doses to treat psychiatric symptoms. These are commonly used drugs in palliative care and they have been shown to be very effective at relieving nausea and vomiting in low doses. Your GP / treating hospital or hospice specialist will be happy to discuss this further if you wish to.

Some people find simple things like sipping peppermint or ginger tea are also a useful addition. Avoiding strong food smells and keeping rooms ventilated may also help. Complementary therapies like relaxation techniques, breathing exercises and acupuncture may also be beneficial.

Laxatives/Aperients

Including: Movicol, Laxido, Docusate, Senna, Lactulose

Constipation is a common problem. It means either going to the toilet less often than usual to empty the bowels or passing hard or painful stools (faeces).

Constipation can have many causes such as decreased food intake or a low fibre diet, not drinking enough fluids, moving around less or the inability to reach the toilet when the urge to open your bowels occurs.

Constipation can also be a side-effect of certain medicines, opioids in particular cause constipation. Constipation may cause abdominal discomfort or cramping, nausea or vomiting, excessive gas and a feeling of fullness in your rectum. In the frail elderly it can also be a cause of confusion. If you are taking strong painkillers, like Morphine or other opioids you should be prescribed a laxative. It is important to take this regularly as prescribed to prevent constipation occurring, even if you feel you are opening your bowels normally. Oral laxatives take a few days to take effect, so taking them regularly acts as 'insurance' for not getting constipated in 2-3 days' time.

It can take some time to work out the right dose of laxative for you, we recommend against stopping your laxative altogether unless you have been advised to do so by your clinical team.

If you develop diarrhoea after a period of constipation, this is not always a sign of taking too much laxative, it can in fact be as a result of 'overflow diarrhoea'. This happens when the constipated faeces in your bowel is so hard that you can't push it out, so your bowel begins to leak out watery stools. The leakage can soil your underwear and appear like diarrhoea. If you become severely constipated, you may require rectal suppositories and / or enemas as well as oral laxatives to resolve the constipation fully.

Laxatives work by either softening the stool (Docusate Sodium is an example of this type of laxative), stimulating the bowel (Senna is an example of this) or by osmosis and drawing water into the bowel (Lactulose and Laxido / Movicol are examples of this). Your GP or palliative care team will decide which is likely to work best for you.

There are a few other things you can do at home to help reduce the risk of constipation such as increasing gentle physical activity where able, drink plenty of fluid, give yourself plenty of time to use the toilet and do not delay if you feel the urge open your bowels. To make it easier, try resting your feet on a low stool while going to the toilet. If possible, raise your knees above your hips.

Medication used to manage anxiety, restlessness, delirium and agitation

Benzodiazepines: Lorazepam, Diazepam, Midazolam and anti-psychotics: Haloperidol, Levomepromazine

You may experience periods of anxiety related to your illness.

Your clinical team may recommend taking an anti-anxiety medication to help you feel less anxious, such as **Lorazepam**. This medication may also help relieve the feeling of panic sometimes associated with periods of severe breathlessness.

Periods of acute illness from infection and other acute changes in your health can cause you to feel disorientated or confused, sometimes referred to as delirium. Medication such as **Haloperidol** may help reduce the disorientation you experience and may reduce the hallucinations experienced by some people.

Some people may show signs of restlessness or agitation as part of the normal dying experience. **Midazolam**, **Haloperidol** or **Levomepromazine** may be recommended by your clinical team to help you feel more relaxed and settled if needed.

Antidepressants and Anticonvulsants for neuropathic pain

Amitriptyline, Nortriptyline, Duloxetine, Gabapentin, Pregabalin

Neuropathic pain can feel different from other types of pain, often described as shooting, burning, stabbing, tingling, numbness, electric shocks or as “pins and needles”.

The skin around the area of nerve pain can also feel very sensitive / painful when touched even lightly.

Most medicines have more than one effect on the body and, through research and experience, they have been found to be safe and effective for the treatment of symptoms other than those originally intended by the medicine’s manufacturer. This is called using medicines ‘off-licence’ and is supported by medical, nursing and pharmacy bodies.

The information printed on the leaflet supplied with your medication may well be different to that given to you by the palliative care team. We appreciate this can cause anxiety or confusion but be reassured we have a lot of specialist experience with the medicines we use and we will monitor their effect on you closely.

Amitriptyline, **Nortriptyline** and **Duloxetine** have been found to be effective in the management of neuropathic pain.

Similarly, anticonvulsants (epilepsy drugs) such as **Gabapentin** and **Pregabalin** have also been shown to be of benefit in the management of neuropathic pain.

These drugs are often used alongside opioid pain relief such as Morphine, especially if your nerve pain is related to a cancer diagnosis. Antidepressants are used to treat depression and low mood, but in some people, they are also used to treat neuropathic (nerve) pain.

Other commonly used 'Off-licence' drugs may include:

Morphine / Oxycodone have been found to be effective in reducing the sensation of breathlessness.

Lorazepam to help with breathlessness, though usually used for anxiety.

Haloperidol usually prescribed in higher doses for patients with psychiatric symptoms but found to be effective at relieving nausea and vomiting at low doses.

Please discuss any
medication concerns with
your GP / treating hospital
or palliative care team

on 020 8099 7777

We are here to help you



**For further
assistance
and advice**

Contact us

If you would like more advice or support
please contact St Raphael's Hospice
on **020 8099 7777**

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