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Palliative sedation in terminal cancer patients with refractory uncontrolled symptoms.

Joana Lacerda Correia, Sílvia Patrícia Coelho, Manuel Luis Capelas, Paulo Alves, Luis Sá and Ramon Andrade De Mello

Service of Palliative Care, Clinique Saint-Jean, Brussels, Belgium; Catholic University of Portugal Institute of Health Sciences, Centre for Interdisciplinary Research in Health, Porto, Portugal; Catholic University of Portugal Institute of Health Sciences, Centre for Interdisciplinary Research in Health, Lisbon, Portugal; Department of Biomedical Sciences and Medicine, University of Algarve, Faro (Medical Oncology and Research Centre), Faro, Portugal

Abstract Disclosures

Abstract

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Background: The decision to use Palliative Sedation (PS) in terminal cancer patients involves difficult ethical decisions to the health professional alongside the involvement of the patient, family and multidisciplinary team. The purpose of the study was to identify the symptoms that often justify the use of PS; and to analyze the pharmacological strategies used in PS. **Methods:** Integrative review in the following databases: Pubmed, ISI Web of Knowledge and Academic Search Complete. The keywords used were "Palliative Sedation"; "Palliative Care" and "End-of-life." We defined as inclusion criteria articles in English literature; published from 2010 to 2014, existing full-text, with references available and analyzed by experts. **Results:** Among of 45 articles found in the searched databases, only 13 were selected due to the suitability and relevance to the theme. Female gender was 55%; and the mean age, 63 (SD +/- 8) years. The symptoms which often justify the use of PS were pain (55%), nausea and vomiting (42.2%), loss of welfare sensation (40%), fatigue (35%), dyspnea (37%); delirium (31%), psychological distress/distress (24.6%). The results revealed that PS is normally administered in cases of refractory and intolerable suffering. The main drugs used were midazolam (59.7%); haloperidol (35%), chlorpromazine (32%), opioids (11%); metotrimeprazine (3%); propofol (1%); phenobarbital (1%), other benzodiazepines (22%) and other drugs (21%). The median survival of patients sedated ranged from 7 to 36.5 days; and non-sedated, 4 to 39.5 days. **Conclusions:** In the palliative care framework, when used properly, PS is not associated with shortening of life. We observed that midazolam is used as a first-line drug in PS, followed by haloperidol. Opioids alone should not be used for this purpose. Taking into account the PS clinical decision, it is evident that the main challenge for health professionals is the adoption of active role as members of a multidisciplinary team to provide an improved health care. The patient should be previously involved in the decision-making and it should be subjected to an anticipatory discussion concerning the method to use in refractory symptoms uncontrolled cases.



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