

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Pain occurs in over half of people with advanced cancer and is often a significant symptom for many patients with other non-malignant illnesses as they approach the end of their life.

Seamus

Seamus is a 52yo man with renal cell carcinoma. He's recently been discharged from hospital under the care of his partner Thomas. The admission to hospital came about due to a pain crisis. Opioids were titrated upward and pregabalin was introduced. When stabilised, Seamus was discharged from hospital with the following regimen:

- > OXYCODONE Slow release (SR) Tablets 80mg bd
- > PREGABALIN Capsules 25mg bd
- > PARACETAMOL Tablets 500mg 2 qid
- > OXYCODONE Immediate release (IR) Tablets 5mg 2 to 4 every 2 hours prn

The hospital doctor prescribed standard PBS quantities of each of the medicines and suggested he buy a box of paracetamol on his way home. His next appointment with the Palliative Care team is six weeks away.

Thomas presents to the pharmacy a week later, explaining that Seamus is fast running out of the oxycodone 5mg tablets. They are rationing the tablets by giving one (5mg) at a time. Twenty were issued a week ago, and only four tablets remain.

Pain Management

Prompt intervention reduces the level of pain experienced and the quantity of analgesics used in the long term.

The usual breakthrough dose for an opioid ranges from 1/6th to 1/12th of the daily opioid requirements. Since he is receiving 160mg oxycodone per day - this would equate to a breakthrough dose of between 10 and 25mg IR oxycodone.

It is usual for the GP to be reviewing the person in between palliative care appointments.

In responding to Thomas' concerns:

- > Taking a 5mg IR oxycodone when pain escalates, is most likely insufficient for the pain; using a minimum of 2 tablets for breakthrough pain is sensible
- > While it is difficult to estimate how many breakthrough doses are typical, someone on a significant background dose of SR will require greater IR dosing (and larger quantities)

You offer to discuss this with the GP and recommend:

- > Using the 10mg oxycodone IR capsule, as it is more practical;
- > A PBS authority for the IR oxycodone, for an increased quantity.

Thomas makes an appointment for Seamus to see the GP.

Resources

- > [Online PBS authorities](#)
- > [Therapeutic Guidelines Palliative Care](#)

For more information

Contact the Lead Palliative Care Pharmacists:

- > **Josephine To, Northern**
josephine.to@sa.gov.au
(08) 8161 2499
- > **Michaela del Campo, Central**
Michaela.delcampo@sa.gov.au
(08) 8222 6825
- > **Paul Tait, Southern**
Paul.tait@sa.gov.au
(08) 8404 2058

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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.