

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Brenda is one of your regular patients who you know has been undergoing chemotherapy. She presents to your pharmacy with a prescription for haloperidol 0.5mg tablets.

Medications for Nausea and Vomiting

Metoclopramide and haloperidol are commonly used in palliative care since dopamine is implicated in a broad range of pathways of nausea and vomiting. Other dopamine antagonists (domperidone, prochlorperazine) can be useful, but their limited administration pathways make them difficult to use when patients are unable to swallow (i.e., prochlorperazine cannot be given via subcutaneous injection). Domperidone is useful for patients with Parkinson's disease as it does not cross the blood brain barrier (BBB).

5HT3 antagonists such as ondansetron can be helpful where the cause is due to external stimuli, e.g., chemotherapy and/or radiotherapy but their use is limited by severe constipation.

Adjuvant medications can also be prescribed including:

- > Corticosteroids which act directly on CNS vomiting pathways and can reduce oedema around a tumour which may be causing nausea (e.g., dexamethasone)
- > Anxiolytics (e.g., lorazepam)
- > Hyperacidity agents (e.g., PPIs)

Two weeks later, Brenda presents a hospital prescription for cyclizine 50mg tablets.

Cyclizine is a H₁ receptor antagonist useful for nausea associated with intracranial disorders. Administration can also be via subcutaneous injection, making it a useful alternative. However lack of PBS listing and small pack size can make it costly for patients requiring frequent or escalating doses.

Levomepromazine is a broad-spectrum anti-emetic, accessible via the special access scheme (SAS). It has affinity to several

receptors and hence is a useful choice in refractory nausea and vomiting.

Levomepromazine is not available on the PBS. It is available as an injection and oral tablet.

Access to cyclizine and levomepromazine through the local hospital is often needed to achieve cost-efficient and timely treatment.

Table 2: Medications and their level of receptor affinity*

Medication	D2	M	H ₁	5HT3
Haloperidol	+++	-	-	Indirect inhibitor
Domperidone	++	-	-	-
Metoclopramide	++	-	-	+
Promethazine	++	++	++	-
Ondansetron	-	-	-	+++
Levomepromazine	++	++	+++	Indirect inhibitor
Cyclizine	-	++	++	-
Olanzapine	++	++	+	+

Useful resources

- > Palliative Care Formulary (PCF), 2023
- > Therapeutic Guidelines, Palliative Care, 2016
- > [Scottish Palliative Care Guidelines](#)

For more information

Contact the Advanced Practice Pharmacists:

- > **Safwat Gergis, Northern**
safwat.gergis@sa.gov.au / 8161 2499
- > **Michaela del Campo, Central**
Michaela.delcampo@sa.gov.au / 8222 6825
- > **Lana Rinchen, Southern**
lane.rinchen@sa.gov.au / 8275 1732

©Department of Health, Government of South Australia. All rights reserved.

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.