PHARMACY PROFILE: HYOSCINE BUTYLbromide

Key Messages

- Hyoscine BUTYLbromide is an anti-cholinergic and is primarily used in the palliative setting to manage noisy breathing at the end of life.
- Measures should be put into place to avoid mistaking it for the similarly sounding medicine hyoscine HYDRObromide.
- Hyoscine BUTYLbromide is unable to cross the blood-brain barrier, making it a suitable medicine to use in the conscious patient.

Hyoscine BUTYLbromide is an anti-cholinergic medicine. It blocks the transmission of acetylcholine throughout the body. This results in a number of effects including:

- Relaxation of smooth muscle; and
- Drying up of secretions.

Anti-cholinergics are used in the general population to manage muscle spasms (such as in the bladder and gastrointestinal tract). In palliative care, where fluid can build up in the respiratory tract resulting in noisy secretions (also known as the “death rattle”), anti-cholinergics provide a practical way of drying secretions in the last few days of life, with up to two thirds of patients receiving some benefit. There is no evidence to show that any of the commonly used anti-cholinergic agents are superior to the others in the management of noisy breathing.

Hyoscine BUTYLbromide is listed on the Pharmaceutical Benefits Scheme (PBS), for palliative patients with colicky pain only. It is also listed in the PBS Emergency Drug Supply list (Doctors Bag).

Because of a risk of mistaking it with hyoscine HYDRObromide, measures should be put in place to ensure they are not confused. This may involve storing them separately on the shelves or agreeing to stock only one anti-cholinergic.

Hyoscine BUTYLbromide is unable to cross the blood-brain barrier. This is an important distinction to other readily available anti-cholinergics. Medicines such as atropine and hyoscine HYDRObromide significantly contribute to sedation and increase the risk of confusion and delirium, making them possibly less suitable in a conscious patient.
Nursing Assessment

To manage noisy breathing, position the patient semi-prone to encourage postural drainage. Fluid restriction may also be considered to support symptom management. In drying the secretions, it can reduce dissolution and absorption of sublingual preparations (e.g. clonazepam oral drops) because of reduced saliva production.

Administration Points

Hyoscine BUTYLbromide is available in tablet or injectable forms. For patients with swallowing difficulties, the tablet can be crushed and dispersed into water; tablets are slow to disperse. Hyoscine BUTYLbromide should be administered regularly for ongoing symptom management as it has a short half-life. While it can be administered as a series of subcutaneous bolus doses, the use of a continuous subcutaneous infusion (CSCI) may be more practical.

Monitoring

Adverse effects are usually dose-related and reflect the mechanism of action (smooth muscle relaxation and anti-secretory) of Hyoscine BUTYLbromide. When used for colicky pain, patients describe urinary retention, dry mouth, constipation, dyspepsia and blurred vision.

Useful Resources

- Contact your local pharmacist or hospital drug information service.

This update is intended to provide practical, up-to-date information relating to 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.

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