

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Patients with a malignancy will often require opioids to manage their pain. While this may represent appropriate therapeutic use, there is also a risk of addiction and diversion.

Recognising at-risk behaviour

John is a 55 year old male diagnosed with a head and neck cancer which he has chosen to not have further investigated or treated. He has a previous history of chronic back pain secondary to an accident over 20 years ago and migraines.

In addition to opioids for which his GP has obtained a prescribing authority, John also takes regular benzodiazepines, Panadeine Forte® for headaches, zolpidem, zopiclone and pseudoephedrine regularly for hayfever which he reports does not respond to oral antihistamines or intranasal steroids.

Prior to the involvement of the palliative care team, a HMR was conducted. John became aggressive when asked about his opioid and pseudoephedrine use and engaged poorly in the review process.

Palliative Care Review

John was under the impression that by being under Palliative Care, he would have much greater access to stronger opioids to manage his pain and headaches. Following the review, his headaches were thought to be secondary to medication overuse.

In attempting to better manage John's pain, the palliative care team were suspicious of some of his medication taking behaviour.

- > History of Panadeine Forte® use in addition to other opioids.
- > Defensive behaviour when asked about his opioid use.
- > Seeing multiple prescribers in addition to his authorised opioid prescriber and attending multiple pharmacies.

- > None of the pharmacies he regularly attended were close to his home or prescribers.
- > Use of pseudoephedrine for hayfever.

The team attempted to rationalise his analgesic use, encouraged John to see a single prescriber for all his medications and to choose a single pharmacy which was close to his home.

The police and Drugs of Dependence Unit were later involved due to allegations of illicit drug manufacturing in John's home. John died in hospital following a rapid progression of his tumour prior to legal proceedings being completed.

Key Points

- > Pharmacists are often working in isolation from other clinicians involved in a patient's care and recognising suspicious behaviours can be difficult.
- > Pharmacists should contact the patient's prescriber/GP, the Drugs of Dependence Unit or DASSA if they have any concerns.

Useful resources

- > [Recognising and handling drug dependent patients](#)
- > [Drug and Alcohol Services South Australia \(DASSA\)](#)
- > [CDC Guideline for Prescribing Opioids for Chronic Pain — United States](#)

For more information

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This update is intended to provide practical up to date and factual information relating to pharmacy and medications 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.