

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Being diagnosed with a life limiting illness can have a significant effect on a person's mental health. This can lead to further functional impairments including the ability to manage medicines appropriately.

Effect of Life-Limiting Illness

Michael is a 75 year old who has recently been diagnosed with mesothelioma following workplace asbestos exposure. Michael has been referred to palliative care, but has not yet seen his oncologist who will discuss treatment options with him. He has a good relationship with his ex-wife and daughter, but they live some distance away and can offer only limited support.

Michael takes his medicines from the original packages and his current medicines include:

- > Buprenorphine Patch 10 microg/hr changed on Saturday
- > Paracetamol SR 1330 mg TDS
- > Oxycodone (Endone®) 5 mg PRN
- > Diazepam 5 mg morning & PRN for anxiety

He was very tearful during the visit from palliative care, feeling overwhelmed with his diagnosis and concerned about his family.

Michael lives alone and his car recently broke down so he feels isolated without independent transport. It is likely that Michael has some mild age-related memory changes, but he has remained functionally well.

Managing medicines in times of distress

Since his diagnosis, Michael has had difficulty managing his medicines. He has trouble remembering to take them and has been confused about what he should take when. This includes taking old Oxycontin® instead of Endone® for breakthrough pain. His Mini Mental State Examination reflected an acute decompensation of cognitive

capacity secondary to factors such as opioids and distress, rather than a neurodegenerative cognitive decline such as dementia.

Strategies to improve adherence

Anxiety and distress following diagnosis with a life-limiting illness is not uncommon. This can lead to functional and cognitive decline, particularly in the setting of limited social supports. Through the individual's own coping mechanisms, this may improve over time and only require strategies in the short term to manage.

- > If aware of a recent diagnosis, as if they require assistance to manage medicines
- > Organise blister pack and provide a medication list for reference.
- > Use calendar or mobile app such as [NPS MedicineList+](#) for reminders e.g. pick up blister pack and change buprenorphine patch.
- > Remove unused medicines to minimise confusion.

Useful resources

- > Therapeutic Guidelines: Psychological Symptoms in Palliative Care
- > CareSearch: [Social Support](#), [Existential Distress](#).

For more information

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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.

