COCHRANE REVIEWS 1. IMPACT OF OPIOIDS. JULY 2014
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COCHRANE REVIEWS

• Impact of morphine, fentanyl, oxycodone or codeine on patient consciousness, appetite and thirst when used to treat cancer pain
IMPACT OF MORPHINE, FENTANYL, OXYCODONE OR CODEINE ON PATIENT CONSCIOUSNESS, APPETITE OR THIRST WHEN USED TO TREAT CANCER PAIN.

Objectives:
To determine the impact of opioid treatment on patient consciousness, appetite and thirst in randomised controlled trials of morphine, fentanyl, oxycodone or codeine for treating cancer pain.
IMPACT OF MORPHINE, FENTANYL, OXYCODONE OR CODEINE ON PATIENT CONSCIOUSNESS, APPETITE OR THIRST WHEN USED TO TREAT CANCER PAIN.

Selection criteria:
RCTs using multiple doses of these opioids, taken from four existing or ongoing Cochrane reviews.

Data collection and analysis:
Adverse event data (reduced consciousness, appetite and thirst) was extracted and each study was assessed for quality.
IMPACT OF MORPHINE, FENTANYL, OXYCODONE OR CODEINE ON PATIENT CONSCIOUSNESS, APPETITE OR THIRST WHEN USED TO TREAT CANCER PAIN.

Main results:
77 RCTs
5619 randomised participants

Several major problems with how adverse events were reported
IMPACT OF MORPHINE, FENTANYL, OXYCODONE OR CODEINE ON PATIENT CONSCIOUSNESS, APPETITE OR THIRST WHEN USED TO TREAT CANCER PAIN.

Main results:
No direct evidence that opioids affected patient consciousness, appetite or thirst when used to treat cancer pain.

Adverse event incidence rates:
• Constipation 25%  Nausea 21%
• Somnolence 23%  Dry mouth 17%
• Vomiting, anorexia, dizziness 13%
IMPACT OF MORPHINE, FENTANYL, OXYCODONE OR CODEINE ON PATIENT CONSCIOUSNESS, APPETITE OR THIRST WHEN USED TO TREAT CANCER PAIN.

Authors’ conclusions:
No direct evidence that opioids affect consciousness, appetite or thirst, but there are other common side effects

Need to develop definitions for adverse events and development of appropriate measurement tools to record them

Need for further research in this area

MEDICALLY ASSISTED NUTRITION TO ASSIST PALLIATIVE CARE PATIENTS

Objectives:
To determine the effect of medically assisted nutrition on the quality and length of life of palliative care patients.
MEDICALLY ASSISTED NUTRITION TO ASSIST PALLIATIVE CARE PATIENTS

Selection criteria:
All relevant randomised controlled trials (RCTs) or prospective controlled trials (if no RCTs were found).

Data collection and analysis:
No RCTs or prospectively controlled trials met the inclusion criteria.
0 of studies included in previous versions of the review

10,967 of records identified through database searching (2008-2014)

0 of additional records identified through other sources

7,501 of records after duplicates removed

7,501 of records screened

7,492 of records excluded

9 of full-text articles excluded, with reasons:
0 were RCTs or prospective controlled trials

9 of full-text articles assessed for eligibility

0 of NEW studies included

0 of studies included in qualitative synthesis

0 of studies included in quantitative synthesis (meta-analysis)
MEDICALLY ASSISTED NUTRITION TO ASSIST PALLIATIVE CARE PATIENTS

Main results:

• 5 prospective non-controlled trials (including one qualitative study) that studied medically assisted nutrition in palliative care participants

• 1 Cochrane systematic review (on motor neuron disease that found no RCTs), but no RCTs or prospective controlled studies.
MEDICALLY ASSISTED NUTRITION TO ASSIST PALLIATIVE CARE PATIENTS

Authors' conclusions:

• insufficient good-quality trials to make recommendations

• uncontrolled prospective studies suggest patients with a good performance status and prognosis of months to years may benefit from medically assisted nutrition.

• the evidence base to support this is weak and intention to use this treatment should be monitored carefully and ideally fed into further research.

http://summaries.cochrane.org/CD006274/medically-assisted-nutrition-to-assist-palliative-care-patients#sthash.NTaezt0O.dpuf
MEDICALLY ASSISTED HYDRATION TO ASSIST PALLIATIVE CARE PATIENTS

Objectives:
To determine the effect of medically assisted hydration on the quality and length of life of palliative care patients.
MEDICALLY ASSISTED HYDRATION TO ASSIST PALLIATIVE CARE PATIENTS

Selection criteria:
All relevant randomised controlled trials (RCTs) or prospective controlled trials (if no RCTs were found) of medically assisted hydration in palliative care patients.

Data collection and analysis:
• six relevant studies for this update
• three RCTs (222 participants),
• three prospective controlled trials (360 participants).
5 studies included in previous versions of the review

1567 of records identified through database searching (2010-2014)

0 additional records identified through other sources

1124 of records after duplicates removed

1124 of records screened

1116 of records excluded

8 full-text articles assessed for eligibility

7 full-text articles excluded, with reasons
7 - not randomised controlled trials or prospective controlled studies

1 new study included

6 studies included in qualitative synthesis

0 studies included in quantitative synthesis (meta-analysis)
MEDICALLY ASSISTED HYDRATION TO ASSIST PALLIATIVE CARE PATIENTS

Main results:

• Bruera et al (2005)
  – sedation and myoclonus scores improved more in the intervention group.

• Morita et al (2005)
  – dehydration significantly higher in the non-hydration group
  – some fluid retention symptoms (pleural effusion, peripheral oedema and ascites) were significantly higher in the hydration group.

• The other four studies (including the three RCTs) did not show significant differences in outcomes between the two groups.
MEDICALLY ASSISTED HYDRATION TO ASSIST PALLIATIVE CARE PATIENTS

Main results continued:

• The only study that had survival as an outcome (Bruera, 2013) found no difference in survival between the hydration and control arms.
### Methods
Randomised, placebo-controlled, double-blind, multicentre study

### Participants
Advanced cancer (i.e. locally recurrent or metastatic disease) who were:
- aged ≥ 18 years admitted to hospice
- reduced oral intake of fluids with evidence of mild or moderate dehydration as defined by:
  - decreased skin turgor in subclavicular region (2 seconds) and
  - score of ≥ 2 of 5 in the clinical dehydration assessment
- intensity of ≥ 1 on a 0 to 10 scale for fatigue and 2 of the 3 other target symptoms (hallucinations, sedation and myoclonus)
- life expectancy 1 week
- availability of a primary carer
- MDAS score < 13
- ability to give written informed consent
- geographic accessibility (within 60 miles of the University of Texas MD Anderson Cancer Center)

Sample size: 905 patients assessed for eligibility
Excluded: 776
Included: 129
Underpowered - powered for 150 patients but recruitment stopped at 129 due to funding limitations
| Interventions | 129 patients were randomised to 1 of 2 groups  
1. Parenteral hydration (1000 mL normal saline administered subcutaneously over 4 hours) (63 recruited, 49 completed and analysed)  
2. Placebo (100 mL normal saline administered subcutaneously over 4 hours) (66 recruited, 53 completed and analysed) |
|--------------|---------------------------------------------------------------------------------------------------|
| Outcomes     | Primary outcome:  
1. Change in the sum of 4 dehydration symptoms (fatigue, myoclonus, sedation and hallucinations) between day 4 and baseline - no difference between groups  
Secondary outcomes:  
1. Delirium: MDAS - no difference, RASS - no difference, NuDESC - no difference, except night-time NuDESC where placebo group deteriorated more than intervention group (P value = 0.028)  
2. Change in the sum of 4 dehydration symptoms (fatigue, myoclonus, sedation and hallucinations) between day seven and baseline: no difference between groups  
3. Global symptom evaluation: no difference between groups  
4. Quality of life: day 7, using FACIT-F and FACIT-G: no difference between groups |
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<tr>
<th>Outcomes</th>
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<td>3. <em>Global symptom evaluation</em>: no difference between groups</td>
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<td>4. <em>Quality of life</em>: day 7, using FACIT-F and FACIT-G: no difference between groups</td>
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<td>5. <em>Hydration status</em>: using dehydration assessment scale: no difference between groups at day 4 and day 7</td>
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<td>6. <em>Survival</em>: median survival 17 days, with no significant difference between groups</td>
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MEDICALLY ASSISTED HYDRATION TO ASSIST PALLIATIVE CARE PATIENTS

Authors' conclusions:

• No significant benefit in the use of medically assisted hydration in palliative care patients

• However, there are insufficient good-quality studies to inform definitive recommendations for practice with regard to the use of medically assisted hydration in palliative care patients

- See more at: http://summaries.cochrane.org/CD006273/medically-assisted-hydration-to-assist-palliative-care-patients#sthash.qErhHfZR.dpuf
REGIONAL GUIDELINES ON HYDRATION

• All patients are entitled to food and drink as part of basic care. You should satisfy yourself that oral hydration is being provided in a way that meets the patients’ needs and that any problems such as swallowing problems or risk of choking are being managed effectively.

• Decisions surrounding the use of CAH should be discussed with the multi-professional team, patients and relatives in accordance with the Mental Capacity Act.
REGIONAL GUIDELINES ON HYDRATION

• Decisions regarding the use of CAH should take into consideration the potential harms and benefits to the patient.

• Hydration decisions should be individualised and include the participation of the family, patient and other disciplines

• A time-limited trial of CAH to assess if it improves symptoms may be appropriate in some patients
REGIONAL STANDARDS IN HYDRATION

• Decisions surrounding the use of CAH in dying patients should involve the multi-professional team and be clearly documented in the case notes

• If CAH is continued in the dying phase, the appropriateness and benefits of its use should be reviewed on a daily basis

• If artificial hydration is continued in the dying phase, a rate of 1 litre over 24 hours intravenously or subcutaneously (or via a PEG/PEJ) is the recommended regimen