USE OF ADJUVANT MEDICATIONS

Keywords: Palliative care, palliative pain management, adjuvant medications

AIM

To provide effective analgesia using medications with other indications in specific circumstances.

KEY POINTS

1. Adjuvant medication may be introduced at any point in the analgesic ladder with the main aim to improve pain control and limit the adverse effects of medications.
2. Antidepressants and anticonvulsants are the first choice of medications for neuropathic pain.
3. Response to adjuvant medications is highly variable and individual.

PARACETAMOL

- Activates the descending pathways of pain.
- Is recommended as a universal adjuvant in the management of cancer pain.
- Should be considered in all people with cancer pain except:
  - The extreme elderly
  - Past history of heavy alcohol use, and
  - Liver failure where transaminases are elevated more than 3 fold.

NSAID / COX-II INHIBITORS

E.g. ibuprofen, naproxen, celecoxib

- Inhibits prostaglandin release in the tissues and decreases inflammation.
- Indicated in bone pain, inflammatory pain and colicky pain of the renal tract.
- Use with caution if there is potential for or a past history of cardiac, renal or GI disease.
- Avoid the use of multiple NSAIDs or corticosteroids concomitantly.
- Gastric protection with a PPI should be prescribed.
- There is no therapeutic benefit to using COX-II over NSAIDs except if there is concern over platelet aggregation.
- Specialist advice should be sought before using ketorolac.

TRICYCLIC ANTIDEPRESSANTS

- Blocks the descending pain pathway through blocking serotonin and noradrenaline.
- Recommended for nerve pain
- Start with low doses and titrate upwards every three days to 150mg / day according to analgesic and adverse effects, especially constipation and postural hypotension.(Less well tolerated in the extreme elderly where sedation, delirium and falls may be a potential complication).

CORTICOSTEROIDS

- Inhibits prostaglandin release.
- Decreases swelling and inflammation in the tumour mass.
- Indicated for:
  - Nerve compression
- Raised intracranial pressure
- Spinal cord compression
- Organ infiltration
- Bone pain

- The doses of corticosteroids recommended are variable.
- It is recommended that the lowest effective dose is used for as short a time as possible.

**ANTI CONVULSANTS**

- Suppresses neuronal hyperexcitability
- Indicated for neuropathic pain.
- Discuss with a Palliative Care specialist or pain management specialist the most appropriate anticonvulsant out of Sodium Valproate, Gabapentin or Pregabalin
- Starting doses should be small and the first dose given at night, then titrated upwards depending on the tolerability and effectiveness.

**ANTI SPASMODICS**

- Decreases the myotonic activity in smooth muscle.
- Indicated for:
  - Bladder spasm
  - Renal colic
  - Rectal tenesmus
  - Gastric colic
- Use with caution if there is impaired GI function as its major impact is through anticholinergic activity.

**REFERENCES / STANDARDS**

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<th>National Standards</th>
<th>1- Care provided by the clinical workforce is guided by current best practice</th>
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<td>4- Medication Safety</td>
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<tr>
<td>Legislation</td>
<td>Poisons Act 1964</td>
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<td>Related Policies</td>
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<td>KEMH Clinical Guidelines: [Palliative Care]</td>
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**RESPONSIBILITY**

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