Dyspnoea, anxiety, agitation, fear and restlessness are symptoms frequently encountered in patients with terminal cancer. The Palliative Care Team from the Haven of Hope Hospital found that midazolam, delivered by subcutaneous continuous infusion, has been very effective in controlling these very distressing symptoms.

The study was carried out over a period of 2 years from January 2004 to December 2005. During this period 541 in-patients passed away at the Palliative Care Unit at the Haven of Hope Hospital. Subcutaneous midazolam was used in 54 (10%) of these patients. The most common primary tumours were lung (41%), gastrointestinal (20%) and gynecologic (11%). The most common indications for using midazolam by subcutaneous infusion were dyspnoea (40%), agitation and restlessness (33%) and convulsions (22%), and fear and anxiety (13%).

The total midazolam dose over the first 24 hours (infusion and as needed) ranged from 2.5 mg to 17.5mg, with a median dose of 5mg. Eighty-two per cent of the patients required 7.5 mg or less. The maximal daily dose ranged from 2.5 to 45.0 mg, with the median dose of 7.5mg. Seventy-six per cent of the patients used 10mg or less per day. This was much less than the dosage used in most studies.

Midazolam administered by subcutaneous infusion was found to be effective in controlling dyspnoea in 19 out of 22 (86%), agitation and restlessness in 15 out of 18 (83%), fear and anxiety in 5 out of 7 (71%), and insomnia in 6 out of 7 (86%) of patients. Duration on midazolam infusion varied from less than 1 day to 20 days; with a median of 3 days.

The infusion was discontinued in six patients (11%); with one patient for each of the following reasons, including respiratory depression, drowsiness, family objection, uncontrolled convulsion, change to oral medication, and change to haloperidol because of concomitant nausea.

Use of Palliative Sedation in Advanced Lung Cancers in Caritas Medical Centre

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Introduction:
Palliative sedation is used for refractory symptoms in palliative care including that for dyspnoea. This retrospective review aimed to study the use of palliative sedation in Caritas Medical Centre in patients with advanced lung cancer.

Methods:
This is an ongoing chart review of all advanced lung cancers admitted to the Dept of M&G of CMC from January 2005 to Jun 2005. Data on patient characteristics, indication and decision for palliative sedation, drugs used for sedation, and survival after commencement of sedation were retrieved.

Results:
A total of 110 patients were reviewed as at end of March 2006, of which 51 patients died in the palliative care unit, 33 patients died in acute wards. More than 20% of lung cancer patients dying in palliative care unit received palliative sedation mainly for refractory dyspnoea. All followed the existing guidelines on palliative sedation in CMC. All families were involved in discussion. More than 70% of patients themselves were involved in decision making. Survival post sedation ranged from 1 hour to 122 hours with a mean of 1.7 days.

Conclusion:
Palliative sedation has played a role in refractory dyspnoea in our palliative care unit, while none of the patients in the acute wards received palliative care sedation. The survival of patients after its commencement was comparable to that in international studies.