IAHPC Issues List of Essential Palliative Care Drugs

After receiving a request from the Cancer Control Program of the World Health Organization (WHO), the International Association for Hospice and Palliative Care (IAHPC) recently collaborated with other organizations to develop a list of drugs that are considered essential to the palliative care of patients. The WHO requested that the collaborators base the list on recommendations from experts in palliative care and that they consider both the effectiveness and safety of pharmacologic products.

A working committee formed by the IAHPC was chaired by Neil MacDonald, MD, of McGill University, Montreal, Quebec, Canada; it was co-chaired by Carla Ripamonti, MD, National Cancer Institute of Milan, Italy. Other members included Kathleen M. Foley, MD, Chair of the IAHPC, Memorial Sloan-Kettering Cancer Center, New York; Eduardo Bruera, MD, of The University of Texas M. D. Anderson Cancer Center, Houston; David Currow, MD, of Flinders University, South Australia; and Liliana De Lima, MHA, Executive Director of the IAHPC. Expert advisors included Peter Glassman, MD, and Karl Lorenz, MD, MSHS, of the US Department of Veterans Affairs.

The panel first identified symptoms most commonly mentioned by patients receiving palliative care. Because the committee members were more focused on symptoms than on treatment of underlying conditions, they excluded therapies for cancer, human immunodeficiency virus, and other infections. The committee developed a list of the 21 most common symptoms (Table 1).

The committee then asked IAHPC board members and other global leaders in palliative care to propose a list of drugs to treat these common symptoms. In all, 34 of 40 physicians initially contacted responded; 15 of these physicians came from developing countries. These experts recommended 147 pharmaceuticals; after nonmedications (eg, oxygen, vitamins) and duplicates were removed, 120 drugs remained.

A total of 112 physicians and pharmacologists, 77 of whom were from developing countries, were sent a modified Delphi survey of 19 rating panels by e-mail; there was one panel for each symptom and four for pain (mild-to-moderate and moderate-to-severe pain, visceral pain, and bone pain). Respondents were asked to rate the safety and efficacy of each listed medication on a scale of 1–9 using a set of definitions for safety and effectiveness.

SALZBURG MEETING

Members of 28 global, regional, and professional organizations involved with pain and palliative care were invited to a meeting in Salzburg, Austria, from April 30–May 2, 2006; 31 representatives from 26 organizations attended. These participants were divided into three groups to discuss medications to treat mental health symptoms, pain, and gastrointestinal symptoms. The groups were given a set of principles to guide their discussions and were reminded to maintain a global approach so decisions would apply to all countries around the world.

The groups discussed and selected medications that had the highest ratings in the Delphi survey and that were considered essential to treat each symptom. The chairs of the three groups shared the results with all participants, and the entire assembly then scrutinized the drug lists proposed by each group; any drug that was agreed upon by all 31 committee members was included in the IAHPC list.

In all, the *IAHPC List of Essential Medicines for Palliative Care* contains 33 drugs, 14 of which already appear on the current WHO Model List of Essential Medicines. The IAHPC list includes medications that may be obtained without a prescription in the United States. Inclusion of a drug in one section of the list does not preclude its inclusion in another if the WHO determines that is needed to treat separate conditions. Interestingly, no consensus could be reached on safe, effective medications for bone pain, dry mouth, fatigue, hiccups, and sweating, with the committee agreeing that more research is needed before treatments for these symptoms could be recommended.

The *IAHPC List of Essential Medicines for Palliative Care* is available online at http://www.supportiveoncology.net/journal/0408.html. The IAHPC hopes that this list will be used as an example around the world as different countries develop their own register of palliative care medicines to meet patient needs according to available resources and medications. A further goal of the IAHPC is that this list will ultimately improve access to medications needed in quality palliative care.

A full report about the compilation of this list will be published in the next edition of the *Oxford Textbook of Palliative Medicine*.

Table 1

Most Common Symptoms in Palliative Care According to IAHPC

Pain (mild-to-moderate, moderate-to-severe, bone, neuropathic, visceral)
Dyspnea
Terminal respiratory congestion
Dry mouth
Hiccups
Anorexia/cachexia
Constipation
Diarrhea
Nausea
Vomiting
Fatigue
Anxiety
Depression
Delirium
Insomnia
Terminal restlessness
Sweating

Table

IAHPC List of Essential Medicines for Palliative Care

MEDICATION	FORMULATION	IAHPC INDICATION FOR PALLIATIVE CARE	WHO ESSENTIAL MEDICINES MODEL LIST: SECTION, SUBSECTION, AND INDICATION
Amitriptyline[a]	50–150 mg tablets	Depression Neuropathic pain	24.2.1–Depressive disorders
Bisacodyl	10 mg tablets 10 mg rectal suppositories	Constipation	Not included
Carbamazepine[b]	100–200 mg tablets	Neuropathic pain	5–Anticonvulsants/antiepileptics 24.2.2–Bipolar disorders
Citalopram (or any other equivalent generic SSRI except paroxetine and fluvoxamine)	20 mg tablets 10 mg/5 mL oral solution 20–40 mg injectable	Depression	Not included
Codeine	30 mg tablets	Diarrhea Pain—mild to moderate	2.2–Opioid analgesics 17.5.3–Antidiarrheal
Dexamethasone	0.5–4 mg tablets 4 mg/mL injectable	Anorexia Nausea Neuropathic pain Vomiting	3–Antiallergics and anaphylaxis 8.3–Hormones and antihormones
Diazepam	2.5–10 mg tablets 5 mg/mL injectable 10 mg rectal suppository	Anxiety	1.3–Preoperative sedation short-term procedures 5–Anticonvulsants/antiepileptics 24.3–Generalized anxiety, sleep disorders
Diclofenac	25–50 mg tablets 50 and 75 mg/3 mL injectable	Pain—mild to moderate	Not included
Diphenhydramine	25 mg tablets 50 mg/mL injectable	Nausea Vomiting	Not included
Fentanyl (transdermal patch)	25 µg/h 50 µg/h	Pain—moderate to severe	Not included
Gabapentin	300 mg or 400 mg tablets	Neuropathic pain	Not included
Haloperidol	0.5–5 mg tablets 0.5–5 mg drops 0.5–5 mg/mL injectable	Delirium Nausea Vomiting Terminal restlessness	24.1—Psychotic disorders
Hyoscine butylbromide	20 mg/1 mL oral solution 10 mg tablets 10 mg/mL injectable	Nausea Visceral pain Terminal respiratory congestion Vomiting	Not included
Ibuprofen	200 mg tablets 400 mg tablets	Pain—mild to moderate	2.1—Nonopioids and NSAIMs
Levomepromazine	5–50 mg tablets 25 mg/mL injectable	Delirium Terminal restlessness	Not included
Loperamide	2 mg tablets	Diarrhea	Not included
Lorazepam[c]	0.5–1–2 mg tablets 2 mg/mL liquid/drops 2–4 mg/mL injectable	Anxiety Insomnia	Not included
Megestrol acetate	160 mg tablets 40 mg/mL solution	Anorexia	Not included
Methadone (IR)	5 mg tablets 1 mg/mL oral solution	Pain—moderate to severe	24.5–Substance dependence
Metoclopramide	10 mg tablets 5 mg/mL injectable	Nausea Vomiting	17.2–Antiemetics
Midazolam	1–5 mg/mL injectable	Anxiety Terminal restlessness	Not included
Mineral oil enema			Not included
Mirtazapine (or any generic dual action NaSSA or SNRI)	15–30 mg tablets 7.5–15 mg injectable	Depression	Not included
Morphine	IR: 10–60 mg tablets IR: 10 mg/5 mL oral solution IR: 10 mg/mL injectable SR: 10 mg tablets SR: 30 mg tablets	Dyspnea Pain—moderate to severe	2.2–Opioid analgesics Note: Only IR is included in the WHO Model List—SR morphine is not.

Table (cont.)

IAHPC List of Essential Medicines for Palliative Care

MEDICATION	FORMULATION	IAHPC INDICATION FOR PALLIATIVE CARE	WHO ESSENTIAL MEDICINES MODEL LIST: SECTION, SUBSECTION, AND INDICATION
Octreotide	100 µg/mL injectable	Diarrhea Vomiting	Not included
Oral rehydration salts		Diarrhea	17.5.1–Oral rehydration
Oxycodone	5 mg tablet	Pain—moderate to severe	Not included
Paracetamol (acetaminophen)	100–500 mg tablets 500 mg rectal suppositories	Pain—mild to moderate	2.1–Nonopioids and NSAIMs
Prednisolone (as an alternative to dexamethasone)	5 mg tablet	Anorexia	3–Antiallergics and anaphylaxis 8.3–Hormones and antihormones 21.2–Anti-inflammatory agents
Senna	8.6 mg tablets	Constipation	17.4–Laxatives
Tramadol	50–100 mg IR tablets 10 mg/5 mL oral solution 50 mg/mL injectable	Pain–mild to moderate	Not included
Trazodone	25–75 mg tablets 50 mg injectable	Insomnia	Not included
Zolpidem (still patented)	5–10 mg tablets	Insomnia	Not included

Complementary: Require special training and/or delivery method

[a] Side effects limit dose

[b] Alternatives to amitriptyline and tricyclic antidepressants (should have at least one drug other than dexamethasone)

[c] For short-term use in insomnia

Abbreviations: IAHPC = International Association for Hospice and Palliative Care; WHO = World Health Organization; SSRI = selective serotonin reuptake inhibitor; NSAIM = nonsteroidal anti-inflammatory medicine; IR = immediate release; NaSSA = noradrenergic and specific serotonergic antidepressant; SNRI = serotonin norepinephrine reuptake inhibitor; SR = sustained release

Notes:

Nonbenzodiazepines should be used in the elderly.

NSAIMs should be used for brief periods.

NO GOVERNMENT SHOULD APPROVE MODIFIED-RELEASE MORPHINE, FENTANYL, OR OXYCODONE WITHOUT ALSO GUARANTEEING WIDELY AVAILABLE NORMAL-RELEASE ORAL MORPHINE.