

A prospective survey of the use of dexamethasone on a palliative care unit.

Hardy JR, Rees E, Ling J, Burman R, Feuer D, Broadley K, Stone P. Palliative Medicine 2001; 15:3-8.

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Abstract:

One hundred and six consecutive patients started on glucocorticosteroids (steroids) according to a defined prescription policy were surveyed each week to document the indications for use, any beneficial effect, any toxicity incurred and the reason for stopping. All patients had advanced malignant disease and survived for a median of 40.5 days (range 1-398 + days) from the start of steroid treatment. Fifty-seven per cent of patients completed three or more assessments. The most common specific indications for starting steroids were spinal cord compression, cerebral metastases, lymphangitis carcinomatosa and intestinal obstruction. The most common non-specific indications were anorexia, nausea, low mood, pain and vomiting. The median duration of steroid use was 21.5 days (range 1-89 days). The most common reason for the discontinuation of steroids was death or deteriorating condition. Symptom scores improved at some stage for the majority of patients started on steroids for anorexia, nausea, pain, low mood, vomiting and weakness but not in patients complaining of dyspnea or poor mobility. The most common side-effects that were most probably attributable to steroid therapy were oral candidiasis and proximal myopathy. The benefits of steroids when used according to defined guidelines were thought to outweigh toxicity.

Comments:

Strengths/uniqueness:

This study is a good attempt to apply standard prescription guidelines for corticosteroid use in palliative care patients, and report the indications for, and outcomes of this management.

Weaknesses:

The research methodology is weak due to the uncontrolled, unblinded assessments, and the inability to control for other simultaneous treatment. The use of a four point initial scale and descriptive follow-up assessment could have been improved with a ten point scale allowing a wider range of responses.

Relevance to Palliative Care:

All palliative care programs would be well served by a similar disciplined use of guidelines on corticosteroid use, as well as intermittent surveys to document practice. Better designed studies of all indications for corticosteroid use are needed.