

## Journal Watch

### Efficacy of a Scheduled IV Cocktail of Antiemetics for the Palliation of Nausea and Vomiting in a Hospice Population

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**Reference:** *Am J Hosp Palliat Care* 2008; 25; 184

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***Abstract:***

***Background:*** Chronic nausea is common in patients with advanced cancer, with a frequency of 32% to 98%. There are numerous causes of nausea and vomiting in patients with cancer. The ideal agent for the treatment of nausea and emesis should be highly efficacious, devoid of disturbing side effects, easy to administer, and cost effective.

***Objective:*** To assess the Efficacy of a cocktail of 10 mg metoclopramide, 25 mg diphenhydramine, and 4 mg dexamethasone given IV piggyback every 6 hours for nausea or vomiting

***Design:*** This is a retrospective analysis

***Setting and Subjects:*** Charts of 797 patients were reviewed. A total of 63 patients required the specified cocktail. Admission diagnosis, medications on admission, and other comorbid conditions were reviewed.

***Analysis:*** The primary outcome measured was efficacy of the IV cocktail, and secondary outcomes were time to response and improvement in quality of life.

***Results:*** Control of nausea and vomiting could be accomplished in 86% of the applicable cases regardless of etiology. 47% could be switched to oral cocktail in 2-5 days, and 16% within 6-10 days. Of the remaining patients, 14% died, and 23% needed an additional antiemetic, with IV Ondansetron being the most effective.

***Conclusion:*** This inexpensive, easily administered treatment should be considered in terminal life events for nausea and vomiting

***Strengths –***

The authors did a review of literature to find evidence and tried to find a combination with the best overall coverage. There was a 90% positive response, and it was a large chart review with a substantial target demographic.

***Weaknesses*** - this study depended on the nursing notes, oral intake, and participation in activities or parties. The authors also used only men (veterans). The timing measures were questionable. No specific tool was used for measuring nausea or vomiting. There is no mention of a control group. Lack of symptom relief did not always determine the switch to the oral cocktail. Some patients were never switched to the oral cocktail due to patient request. 26% of the patients required an additional antiemetic. The side effects were

difficult to determine.

***Relevance to Palliative Care:***

This study was unable to show an evidence based approach to palliation of nausea and vomiting with the proposed cocktail, due to insufficient study tools and lack of Quality of life assessment tool. Being a retrospective study, it was limited in approach and ability to measure outcome . The demographic was limited in scope, particularly with respect to gender. There was exploration of the biomechanics of the drugs used and the appropriate applicability, but there was no provision of insight into comparison to typical treatments under the same conditions. This study has the potential to invoke further investigation around the complex management of palliative nausea and vomiting through blinded study under controlled conditions.