

# Psychoactive medication use before death in terminal cancer

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## Background

- Patients in terminal cancer often experience delirium, agitation, and anxiety.
- Significant amounts of psychoactive medications are required to control these symptoms.
- The sedative side effects of psychoactive medication are often seen as a benefit.
- However, few studies described the actual use of these psychoactive medications in this population.

## Objective

- To describe the use of psychoactive medications in a terminal cancer population.

## Methods

- 1698 patients, admitted for terminal cancer in 7 palliative care units in Canada, were prospectively followed from admission until death during a 32 months period.
- Data were analyzed for patients with a duration of stay of 3 to 30 days to focus on typical terminal cancer population.
- Medication was recorded daily and converted into equivalent of benzodiazepines (Lorazepam), antipsychotics (Haloperidol), and corticosteroids (Dexamethasone). Anticholinergics use was also recorded.
- Mixed models analyses were performed.

## Results

figure 1: Percentage of patients taking medication from admission (day 29) until death (day 0). (p < 0.001)

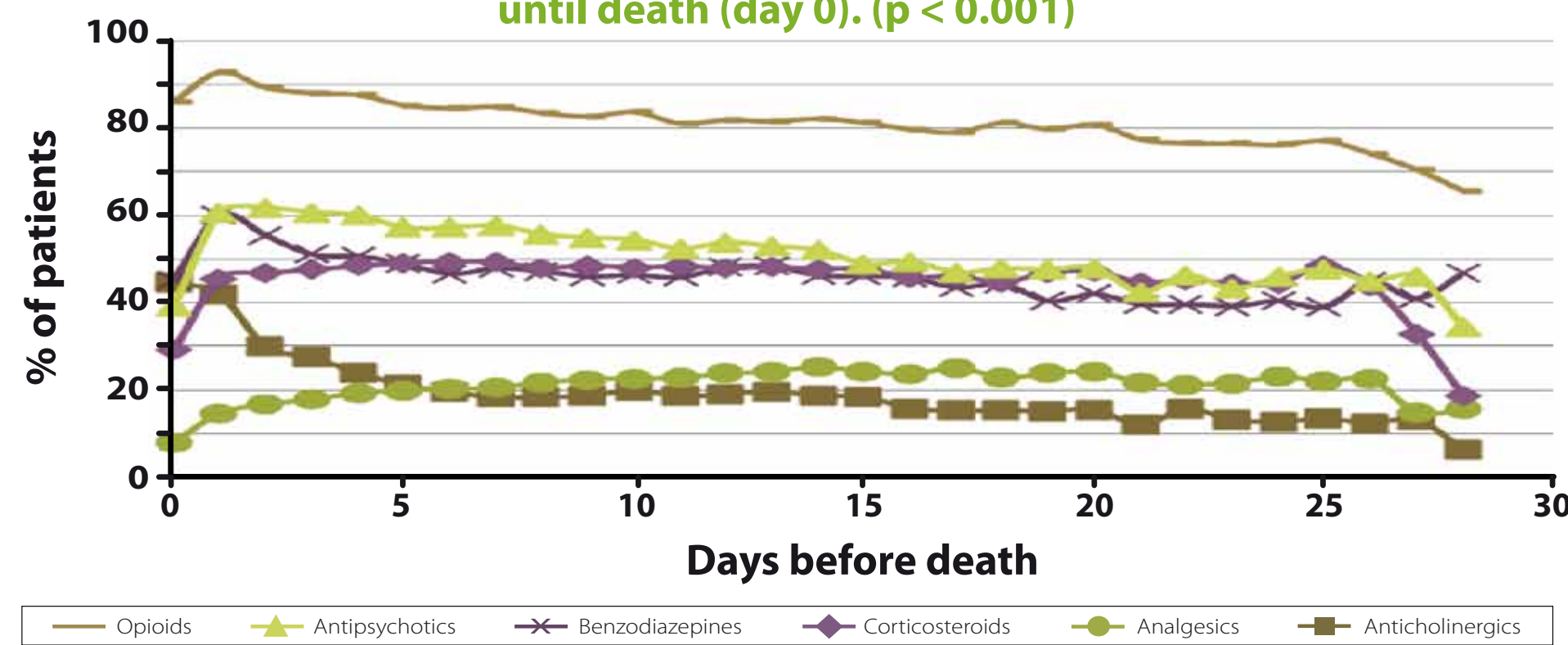


figure 2: Daily doses in mg of medication from admission (day 29) until death (day 0). (p < 0.001)

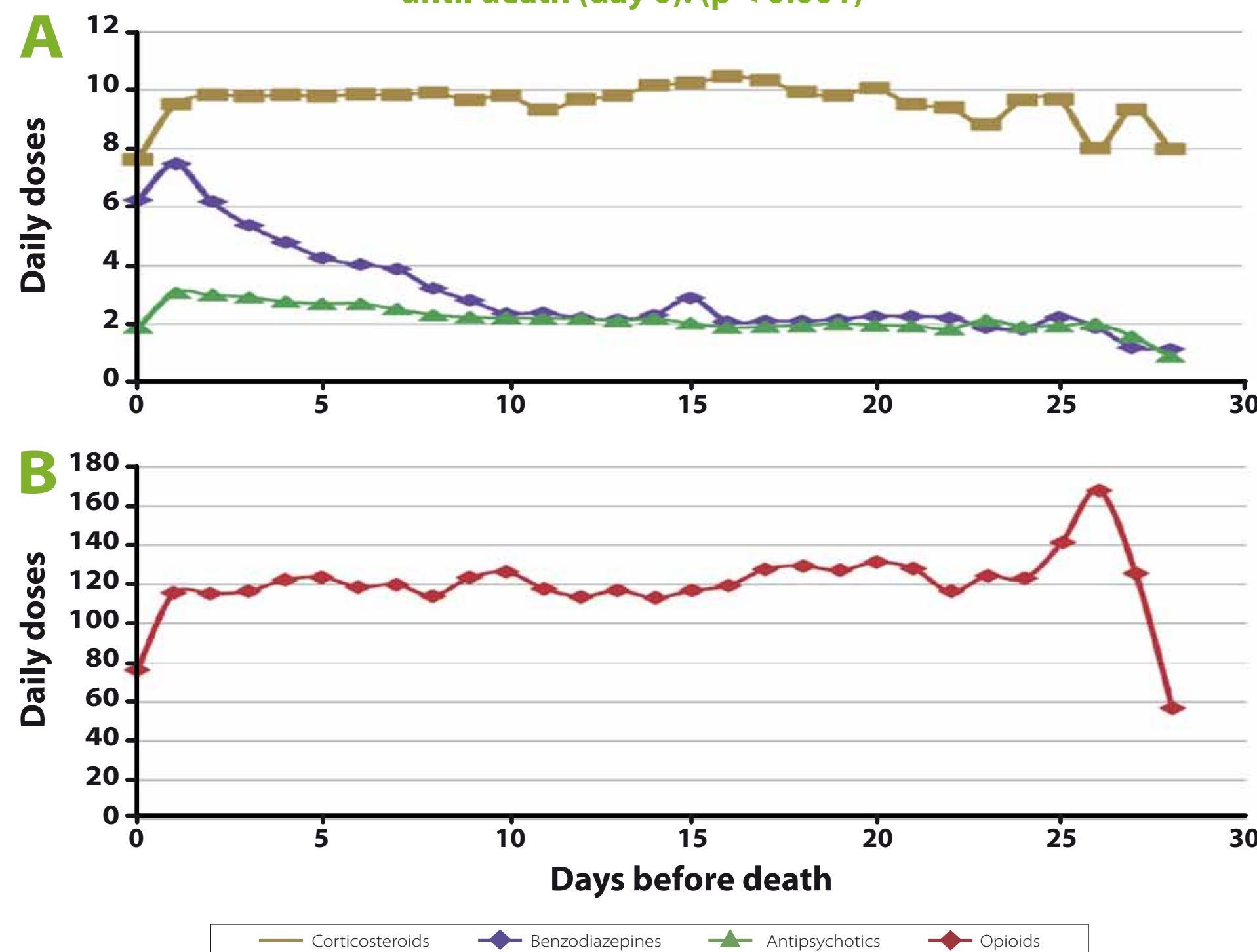


Table 1. Socio-demographic data of patients at admission.

CHARACTERISTICS	(N=1698)
Age at admission (year)	68.6
Gender (% of female)	834 (49.3)
Mean stay - days	8.6
At least 50% of time confined to bed (ECOG 3-4)	1541 (93.7%)
Primary tumor site (%)	
Trachea, bronchus, lungs	438 (26.2)
Digestive track	294 (17.6)
Colon & rectum	216 (12.9)
Genital and urinary tract	205 (12.3)
Breast	152 (9.1)
Prostate	70 (4.1)
Others	294 (17.6)

- 32% of patients (n = 540) received scopolamine on the day of death, while only 7.8% (n = 133) received it 4 days before death.

## Conclusion

- Terminal cancer patients treated in palliative care units need substantial and increasing doses of psychoactive medications before death to alleviate suffering.
- More than half of patients need psychiatric medications before death.
- These facts should be taken into consideration when planning end-of-life care.

## References

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