For Nausea at End of Life, Think Mechanistically

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DALLAS — Haloperidol is, perhaps surprisingly, the drug of choice for nausea and vomiting caused by stimulation of the chemoreceptor trigger zone — the 1st mechanism for nausea in pa- tient care at the end of life, Dr. Steven Pantilat said at the annual meeting of the Society of Hospital Medicine.

“Haloperidol is the most potent dopamine-2 antagonist at the chemoreceptor trigger zone. We don’t think of it that way. We don’t think of it for this pur- pose. But it actually is a terrific drug, and it’s the one we use now as our ‘first agent,” said Dr. Pantilat, director of the palliative care program at the University of California, San Francisco.

He advocated selecting antimicrobics for palliative care patients based on the prob- able mechanism underlying the symp- toms. Clues as to the likely mechanisms come from the history, along with an eval- uation that may involve an oral inspection, an abdominal exam, a rectal exam to rule out fecal impaction, laboratory tests, and in some cases brain or abdominal imaging.

Here are the chief mechanisms for nau- sea and vomiting in end-of-life patients, and the drugs of choice for each:

Chemoreceptor trigger zone. This can be activated by drugs, including opioids, epinephrine, dopamine, and serotonin.

Toothache (2% and 0%).

Indigestion (3% and 2%).

Vomiting (3% and 1%).

Abdominal Pain (2% and 1%).

Flatulence (2% and 1%).

Opiate use (3% and 1%).

Hypothyroidism (3% and 1%).

Addison’s disease (3% and 1%).

Toxicosis (3% and 1%).

Hallucination, suicidal tendency. Reproductive Disorders/Female* — Frequent: menstrual cramps, menstrual discomfort, dyspareunia, dysmenorrhea, dysmenorrhea, dyspareunia, dysmenorrhea.

In Males Only:

Menstrual cramps, dyspareunia, dysmenorrhea, dyspareunia, dysmenorrhea.

Sexual side effects: Those occurring in at least 1/100 patients; infrequent adverse events are those occurring in less than 1/100 patients, event terms that are so general as to be uninformative, and those that are unlikely to be drug-related.

Frequent: vision blurred, tinnitus.

Infrequent: taste alteration, earache, conjunctivitis, vision.

Low-energy-intake group (n = 393) noted the biggest contributing factor to the in-hospital mortality was that patients were not getting enough protein, which is consistent with previous findings. Although the primary focus of the research was on body mass index and nutrition, the study also identified several other factors that were associated with mortality.

The researchers found that higher BMI was associated with lower mortality, while lower BMI was associated with higher mortality. They also found that higher protein intake was associated with lower mortality, while lower protein intake was associated with higher mortality. The study also found that higher fat intake was associated with higher mortality.

The researchers concluded that the findings suggest that strategies to improve nutrition and body mass index may be effective in reducing mortality among this population.