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BRIEF REPORT

Our experience in palliative sedation as a therapeutic option for patients in the clinical status of last days of life☆

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Abstract
Aim: To determine the frequency of palliative sedation in our unit, to know the characteristics of the patients to whom it was applied and to describe the therapeutic measures that were employed.
Material and methods: Observational retrospective study of all patients who were admitted and died in the Palliative Care Unit of the Puerta del Mar University Hospital (Cádiz, Spain) between January 1st 2013 and December 31st 2013. All of them were oncology patients. The data were obtained from the medical records. A descriptive analysis of all the collected variables was performed.
Results: A total of 290 patients were admitted; 92 died (31.7%). Among the latter, sedative treatment was applied to 25 (27.2%). About half of these were male (52.0%) and their mean age was 61.7 years (SD 10.2). The most common refractory symptom was dyspnoea (36.0%). In all cases midazolam was used for sedation, alone or in combination with levomepromazine. Its route of administration was intravenous or subcutaneous.
Conclusions: The clinical profile of patients requiring palliative sedation was: male, of 62 years of age, oncological and with dyspnoea as refractory symptom. The most employed drug was midazolam.

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PALABRAS CLAVE
Cuidados paliativos;
Sedación;
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Síntoma refractario

Nuestra experiencia en sedación paliativa como opción terapéutica en pacientes en situación clínica de últimos días

Resumen
Objetivos: Los objetivos del presente estudio fueron determinar la frecuencia de la sedación paliativa en nuestra unidad, conocer las características de los pacientes a los que se les aplicó y describir las medidas terapéuticas empleadas.
Material y método: Estudio retrospectivo observacional de todos los pacientes que ingresaron y fallecieron en la Unidad de Cuidados Paliativos del Hospital Universitario Puerta del Mar de Cádiz entre el 1 de enero y el 31 de diciembre de 2013. Todos los pacientes atendidos fueron oncológicos. Los datos se obtuvieron mediante el análisis de historias clínicas. Se realizó un análisis descriptivo de las variables recogidas.
Resultados: Ingresaron 290 pacientes, de los que fallecieron 92 (31,7%). Se aplicó tratamiento sedativo a 25 (27,2%). Alrededor de la mitad de estos fueron varones (52,0%) y su edad media fue 61,7 años (DE 10,2). La sintomatología refractaria más frecuente fue la disnea (36,0%). En todos los casos se empleó midazolam, solo o en combinación con levomepromacina, para conseguir la sedación.
Conclusiones: El perfil clínico del paciente que requiere sedación paliativa es el de un varón de 62 años de edad media, oncológico y con disnea como síntoma refractario. El midazolam es el fármaco más empleado y la vía de administración es intravenosa y subcutánea.

Introduction

The World Health Organisation defines palliative care as ''an approach that improves the quality of life of patients and families facing the problems associated with life-threatening disease through the prevention and relief of suffering by means of early identification and careful assessment and treatment of pain and other basic psychological and spiritual problems''.[1]

Social demand in palliative aspects of medicine has increased markedly since the late XX century. Some of triggering factors include the progressive ageing of the population and an increased number of patients with cancer or chronic and degenerative diseases. As a result, the number of people facing the dying process is increasingly high. Although palliative treatment is often the only realistic option, most resources are allocated to curative treatments of relatively high cost and limited efficacy.[2]

People diagnosed with cancer and other serious chronic diseases are very likely to experience multiple and complex symptoms that entail comprehensive and continuous evaluation and the use of appropriate treatment. This involves patients with the potential need for palliative care to alleviate symptoms, improve quality of life and provide a death without suffering.[3,4] Thus the process of dying does not have to be an agonising wait for death, but a pain-free period during which patients' welfare and peace of mind are always sought. In short, a period of time that allows patients to give and receive affection. Access to adequate care and support at the end of life is recognised by several authors as a basic human right.[5,6]

This concerns a situation in the final days, a progressive transition period between life and death that occurs at the end of many diseases. The process usually lasts a few hours or days, and most of the time, less than a week. In this situation, patients should ideally be in charge of decision-making and have the final say. Collaboration between the family and the medical staff seems to improve efficacy.[7]

In some cases, patients who are near death experience refractory symptoms that impede relief despite intensive medical treatments. This requires a treatment of last resort: palliative sedation.[8] This is defined as a deliberate decrease in the patient's level of consciousness by administering appropriate drugs in order to prevent intense suffering caused by one or more refractory symptoms. It can be continuous or intermittent, and intensity is adjusted by looking for the minimum level of sedation that achieves symptomatic relief.[9]

Refractory symptoms are those that are intolerable for the patient, where the medical staff has conducted intensive therapeutic efforts to find a treatment that controls properly without compromising level of consciousness and with an acceptable risk–benefit relationship for a reasonable period of time.[10] That said, we must differentiate them from a difficult symptom, which is one for which adequate control requires an intensive therapeutic intervention, beyond the usual means, both pharmacologically as well as instrumentally or psychologically. Thus, sedation should not be considered as a routine therapeutic option to manage symptoms that are difficult to control, such as neuropathic pain, but which are not refractory.[11]

Some refractory symptoms that can require sedation are delirium, dyspnoea, pain, seizures and psychological or existential problems. The drug of choice in palliative sedation is midazolam, administered by continuous infusion.[12] Other drugs include levomepromazine, phenobarbital and propofol, which also can be mixed with drugs used for other purposes.[13,14]