



The Palliative Care Toolkit

February 2005, No 1

(The palliative care education sheet from Michael Sobell House)

Welcome Editorial:

Welcome to the first edition of the palliative care tool kit from Michael Sobell House. This bi monthly education sheet is for medical, nursing and allied professionals here at Mount Vernon. We aim to provide informative and useful palliative care information and tips that you can use in your day-to-day practice. Each education sheet will give you a guest editorial, an up to date journal abstract, useful contact numbers and web sites as well as a specific palliative care tool kit tip. This month Dr Trotman, Consultant in Palliative Care at Michael Sobell House looks at the use of cannabis. We also provide a mini tool kit to setting up a Graseby MS16a syringe driver

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Cannabis in Medicine

Ivan Trotman MD FRCP Feb 2005

In the past few years there has been a resurgence of interest in the use of cannabis as a medicinal substance. Historically its extracts have been widely used in the Far East and Asia with first reports dating back to 2700BC. Western Medicine use has been limited by variable potency, unreliable supply, poor stability, unpredictable response, lack of dose clarity, increasing emphasis on synthetic medicines and concern about misuse. Research into the use of cannabis has been hindered by the absence of standard preparations and mode of administration. Inhaled cannabis in recreational use contains at least 9 active substances but therapeutically interest is in the effects of two of these – Cannabidiol (CBD) and Tetrahydrocannabinol (THC). CBD and THC have slightly different profiles of action. Both work through the two identified cannabis receptors (CB1 and CB2) to which there are endogenous ligands (anandamide, arachidonyl glycerol (2AG) and palmitoylethanolamide (PEA)). CB1 receptors are found in the brain, lung, intestine and bladder. CB2 receptors are mostly in the reticuloendothelial system but also in the vas deferens. Cannabinoids have been found to regulate spermatogenesis in sea urchins! Generally the effects of cannabinoids are inhibitory.

Journal Search:

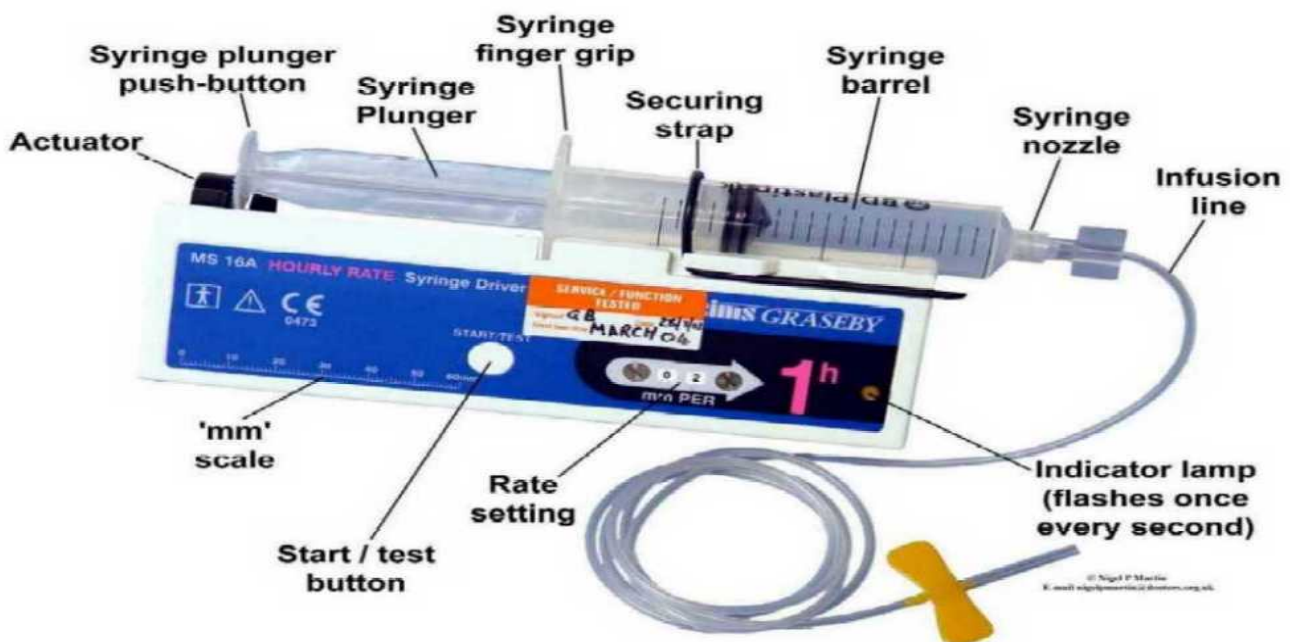
Cancer patient compliance in the self-administration of a pain assessment tool. Caraceni A; Galbiati A; Brunelli C; Gorni G; Martini C; Zecca E; De Conno F; Journal of pain and symptom management.; 2004 May;27(5) p417 – 424

Accurate pain assessment is considered essential for effective management of cancer pain. The aim of this study was to evaluate the compliance of hospitalized patients with chronic cancer pain, referred to an inpatient palliative care consultation service, with self-assessment of pain intensity by means of a daily pain form. The form was distributed daily by the pain consult nurse and required three daily pain intensity measurements on 0 to 10 numerical scales, separately for pain at rest and pain on movement. Of 174 consecutive patients, 106 (61%) participated in the study and were followed up for a median of 10.6 days (range 1-32 days). Compliance was defined as the number of assessment forms completed over the number of evaluation days available for each patient. Mean compliance was 58%. The main reasons for not completing the form were related to subjective psychological variables (44%), physical distress (26%), and absence of pain (16%). Lack of understanding of the method was reported as the main reason for non-compliance by only 1% of patients.

Wide claims have been made for the benefits of cannabis for pain management and muscle spasticity in multiple sclerosis. Patients with AIDS have found it useful as an appetite stimulant, analgesic, anti-emetic, anxiolytic, hypnotic and anti-pyretic with muscle relaxing and mood elevating properties! It is also claimed to have benefits in rheumatoid arthritis, schizophrenia, anxiety/depression, migraine and in induction of labour. A drug with such a wide profile of advantageous therapeutic effects merits scientific scrutiny and this was the conclusion of the House of Lords Science and Technology Ninth Report in 1998. However, reviewing the data available at that time and a meta-analysis published in the BMJ, the authors of Bandolier concluded that the degree of analgesic efficacy for cannabis was equivalent to only weak analgesics and that the high incidence of adverse effects made it unlikely to have any useful place in pain management. More recently medicinal cannabis has been formulated as aerosols containing CBD and THC either alone or in combination. Double-blind placebo controlled trials have been carried out in patients with MS, chronic pain and also in patients with advanced cancer. Preliminary results of the first studies were published last year and showed improvement in pain, muscle spasms and tremor with some improvement in bladder symptoms and better quality of sleep. The results of the cancer pain studies are awaited. Application has been made to the MCA for a licence. In clinical practice the value of cannabis is yet to be ascertained but from our limited experience of its use it was well tolerated – major side effects included dry mouth, drowsiness and dysphoria. Further developments are awaited with interest.

Palliative Care Toolkit/Tip – Setting up a 24 hour MS16a Syringe Driver in WHHT

1. Refer to the 'setting up' instructions in the trust syringe driver policy. The recommended syringe is a **20 ml** BD plastipak luer lock syringe. If you need to use a different size syringe please discuss with the palliative care team or Michael Sobell House staff for advice on the measurements for setting up the driver.
2. Remember to **always** measure in mm first.
3. When using a **20ml** BD plastipack syringe:
 - 48mm = 13.5mls (if you are not priming a new Graseby infusion line)
 - 52mm = 14.5mls (giving you 1 ml to prime a new Graseby infusion line)
 - If you use these measurements then your rate will be set at **02mm/hour** (48mm at 2mm an hour over 24 hours)
4. Remember to obtain patient consent and explain clearly to patient and carer the reason for syringe driver.
5. Remember to check your drug prescription and drug compatibilities.



Forthcoming Michael Sobell House Palliative Care Education & Training 2005:

Feb	2 nd	Lymphoedema workshop
	3 rd	Pain Management Workshop
	9 th	Syringe Driver Update
	10 th	Spirituality and Sexuality Study Day
	23 rd	Action Learning Sets
March	25 th	Symposia – Nausea & Vomiting
	2 nd	Syringe Driver Update
	3 rd	Volunteer Training
	10 th	c/o Hickman Line/PICC Line
	17 th	Training on ICP (MSH)
April	18 th	Palliative Care Symposia – Bereavement & Loss
	23 rd	Action Learning Sets
	6 th	Stress Management Study Day
	7 th	Training on ICP (HH)
	14 th	Volunteer Training
	15 th	Symposia – Spinal Cord Compression
	20 th	Action Learning Sets
	21 st	Bereavement & Loss Study Day

For enquires and booking forms contact Anni Hall (Education Co-ordinator) on ext 4177

Useful Contact Numbers:

Michael Sobell House Palliative Care Mac Nurse	4281 Bleep 547
Garden House Hospice (Letchworth)	01462 679517
Harlington Day Hospice (Hayes)	0208 7590453
Peace Hospice (Watford)	01923 330330
Pasque Hospice (Luton)	01582 492330
St Francis Hospice (Berkhamstead)	01441 862960
St Lukes Hospice (Harrow)	0208 3828000
Berkhamstead Mac Nurses	01442 862960
Dacorum Mac Nurses	01442 240726
“	01923 330343
Hillingdon Mac Nurses	01895 279412
Ian Rennie Hospice at Home	01442 890222

Useful Websites

www.helpthehospices.org.uk
www.coventrypainclinic.org.uk
www.eperc.mcw
www.palliativedrugs.com