Palliative Care Evidence Update  
July 2015  
Produced by the UHL Clinical Librarian Service

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NICE Guidance

There were no new NICE guidelines published this issue.

New and Updated Cochrane Systematic Reviews

1) Laxatives for the management of constipation in people receiving palliative care

Authors’ conclusions: This second update found that laxatives were of similar effectiveness but the evidence remains limited due to insufficient data from a few small RCTs. None of the studies evaluated polyethylene glycol or any intervention given rectally. There is a need for more trials to evaluate the effectiveness of laxatives in palliative care populations. Extrapolating findings on the effectiveness of laxatives evaluated in other populations should proceed with caution. This is because of the differences inherent in people receiving palliative care that may impact, in a likely negative way, on the effect of a laxative.
2) Milnacipran for neuropathic pain in adults

Authors’ conclusions: There was no evidence to support the use of milnacipran to treat neuropathic pain conditions.

3) Amitriptyline for neuropathic pain in adults

Authors’ conclusions: Amitriptyline has been a first-line treatment for neuropathic pain for many years. The fact that there is no supportive unbiased evidence for a beneficial effect is disappointing, but has to be balanced against decades of successful treatment in many people with neuropathic pain. There is no good evidence of a lack of effect; rather our concern should be of overestimation of treatment effect. Amitriptyline should continue to be used as part of the treatment of neuropathic pain, but only a minority of people will achieve satisfactory pain relief. Limited information suggests that failure with one antidepressant does not mean failure with all.

4) Spinal cord stimulation for cancer-related pain in adults

Authors’ conclusions: Since the first publication of this review, no new studies were identified. Current evidence is insufficient to establish the role of SCS in treating refractory cancer-related pain. Future randomised studies should focus on the implantation of SCS in participants with cancer-related pain.

5) Topical NSAIDs for acute musculoskeletal pain in adults

Authors’ conclusions: Topical NSAIDs provided good levels of pain relief in acute conditions such as sprains, strains and overuse injuries, probably similar to that provided by oral NSAIDs. Gel formulations of diclofenac (as Emugel®), ibuprofen, and ketoprofen, and some diclofenac patches, provided the best effects. Adverse events were usually minimal.

Since the last version of this review, the new included studies have provided additional information. In particular, information on topical diclofenac is greatly expanded. The present review supports the previous review in concluding that topical NSAIDs are effective in providing pain relief, and goes further to demonstrate that certain formulations, mainly gel formulations of diclofenac, ibuprofen, and ketoprofen, provide the best results. Large amounts of unpublished data have been identified, and this could influence results in updates of this review.

6) Transcutaneous electrical nerve stimulation for acute pain

Authors’ conclusions: This Cochrane Review update includes seven new trials, in addition to the 12 trials reviewed in the first update in 2011. The analysis provides tentative evidence that TENS reduces pain intensity over and above that seen with placebo (no current) TENS when administered as a stand-alone treatment for acute pain in adults. The high risk of bias associated with inadequate sample sizes in treatment arms and unsuccessful blinding of treatment interventions makes definitive conclusions impossible. There was incomplete reporting of treatment in many reports making replication of trials impossible.

7) Tapentadol for chronic musculoskeletal pain in adults
Authors’ conclusions: Tapentadol extended release is associated with a reduction in pain intensity in comparison to placebo and oxycodone. However, the clinical significance of the results is uncertain due to the following reasons: modest difference between interventions in efficacy outcomes, high heterogeneity in some comparisons and outcomes, high withdrawals rates, lack of data for the primary outcome in some studies and impossibility to use BOCF as imputation method. Tapentadol is associated with a more favourable safety profile and tolerability than oxycodone.

8) Pharmacological treatments for fatigue associated with palliative care

Authors’ conclusions: Based on limited evidence, we cannot recommend a specific drug for the treatment of fatigue in palliative care patients. Fatigue research in palliative care seems to focus on modafinil and methylphenidate, which may be beneficial for the treatment of fatigue associated with palliative care although further research about their efficacy is needed. Dexamethasone, methylprednisolone, acetylsalicylic acid, armodafinil, amantadine and L-carnitine should be further examined. Consensus is needed regarding fatigue outcome parameters for clinical trials.

Good Quality Systematic Reviews

9) Improving the quality of life at the end of life
10) Grief & depression at the end of life
11) Protocolised approach to end-of-life care in the ICU—the ICU PALCare Pilot Project
12) Estimating the effect of palliative care interventions and advance care planning on ICU utilization: a systematic review
13) Quantifying the value of palliative care and advance care planning
14) A call for equity in the delivery of UK palliative care
15) Most palliative physicians want no role in assisted death
16) One decade of improving palliative care of metastatic renal cell carcinoma by antiangiogenic therapies: time to move toward RCC cure
17) Truth Telling and Treatment Strategies in End-Of-Life Care in Physician-Led Accountable Care Organizations: Discrepancies Between Patients' Preferences and Physicians' Perceptions
18) Pediatric palliative care and inpatient hospital costs: a longitudinal cohort study
19) The role of the OncPal deprescribing guideline in end-of-life care
20) Palliative performance scale and survival among outpatients with advanced cancer
21) Spiritual well-being among outpatients with cancer receiving concurrent oncologic and palliative care
22) Association between the duration of palliative care service and survival in terminal cancer patients
23) The oncology palliative care clinic at the Princess Margaret Cancer Centre: an early intervention model for patients with advanced cancer
24) Palliative care and neurology: time for a paradigm shift
25) Bedside clinical signs associated with impending death in patients with advanced cancer: preliminary findings of a prospective, longitudinal cohort study
26) Safety and palliative efficacy of single-dose 8-Gy reirradiation for painful local failure in patients with stage IV non-small cell lung cancer previously treated with radical chemoradiation therapy

Reports

27) End of Life Care

Public Health England National End of Life Care Intelligence Network has published What We Know Now 2014. It finds that home continues to be the preferred place of death for people in England, followed by hospices and care homes. The factors most importance to people at the end of their life are; having pain and other symptoms managed effectively, being surrounded by loved ones and being treated with dignity. The report highlights a growing understanding within the health sector of what is important to people at the end of life.

Additional link: PHE press release

Latest Journal Table of Contents:

28) American Journal of Hospice and Palliative Medicine
29) BMC Palliative Care
30) Current Opinion in Supportive and Palliative Care
31) European Journal of Palliative Care
32) International Journal of Palliative Nursing
33) Internet Journal of Pain, Symptom Control and Palliative Care
34) Journal of Hospice & Palliative Nursing
35) Journal of Pain and Symptom Management
36) Journal of Palliative Medicine
37) Palliative & Supportive Care
38) Palliative Medicine
39) Progress in Palliative Care

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