

**In brief**

Membership subscriptions for 2008/2009 are now due. If you have not received your renewal form please contact [karen@anzspm.org.au](mailto:karen@anzspm.org.au).

The first stage in the overhaul of the ANZSPM website has been completed. We are aiming to keep this site up-to-date and relevant. During the next stage of the overhaul the member's area of the website will be reactivated.

If you have information to be posted on the website or ideas for making the site more relevant to members contact [karen@anzspm.org.au](mailto:karen@anzspm.org.au).

ANZSPM invites contributions from members to this E-Update. Please contact [karen@anzspm.org.au](mailto:karen@anzspm.org.au).

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**ANZSPM 2008 conference update**

ANZSPM

Australia & New Zealand  
Society of Palliative Medicine  
Darwin, Northern Territory  
23 – 26 September 2008

**Deadline for abstract submissions**

Deadline is 1 July 2008

**Deadline for early bird registration is fast approaching**

Deadline is 21 July 2008

**Registrars' trainee day**

The registrars' trainee day on Tuesday 23 September has limited places and you are encouraged to register early to avoid disappointment.

**Flights and rooms**

Conference organisers encourage participants to book flights early to obtain cheap prices and to book hotels through the conference organisers as hotel beds are difficult to find in Darwin.

Full information online:

[www.willorganise.com.au/anzspm08](http://www.willorganise.com.au/anzspm08)

**National Health and Hospital Reform Commission**

We thank all ANZSPM members who provided input into our submission to the National Health and Hospital Reform Commission.

There was a remarkable degree of agreement between responses and our submission focussed on the issues highlighted by members: seamless integrated care across settings; the reality of hospital as the place of death for some patients and the need for improved end of life care in this setting; the need for a tool/system of identifying when end of life care is appropriate for a patient; the need to reform the MBS and other systems/targets/funding tools to recognise the complexity of care required at end of life; workforce shortages and the need to encourage medical practitioners to specialise in palliative medicine; and the role of all medical practitioners in end of life care with palliative medicine specialists supporting primary care providers and other specialists through consultation and education.

## Guidelines for the care of people in post-coma unresponsiveness

The National Health and Medical Research Council (NHMRC), through the Australian Health Ethics Committee has released 2 new publications:

- Ethical Guidelines for the Care of People in Post-Coma Unresponsiveness (Vegetative State) or Minimally Responsive State
- A Guide for Families and Carers of People with Profound Brain Damage

For more information:

NHMRC website: [www.nhmrc.gov.au](http://www.nhmrc.gov.au)

## AACP's advocacy agenda

The Australian Association of Consultant Physicians (AACP) advocates to Government in areas associated with workforce and economic issues for consultant physicians and paediatricians.

The AACP is currently working on:

- AACP's proposal on Enhanced Primary Care Items and chronic disease management
- A proposed new item, 118, for prolonged, complex clinical review consultations to follow an initial MBS item 118
- Changing the anomaly in the current MBS that restricts referrals to allied health practitioners to GPs

For more information and membership forms:

[www.consultantphysicians.com.au](http://www.consultantphysicians.com.au)

## End of life alliance

ANZSPM's President, Odette Spruyt, attended the inaugural meeting of the proposed End Of Life Alliance at PCA House during National Palliative Care Week. Organisations present represented a broad cross-section of stakeholders – consumers, professionals, workforce, disease specific and services. All have an interest in end of life care in some way. We view this has an important opportunity to advocate on behalf of members and consumers and their families and to contribute to reforming the health system to meet the needs of all Australians at the end of their life.

We contributed to the development of a joint submission to the National Health and Hospital Reform Commission by the organisations present at the inaugural meeting. The submission made five key points: respecting people's end of life care preferences by supporting dying in-place as a meaningful choice; resourcing chronic disease care to enable an effective end of life approach to care to be taken where appropriate; normalising advance care planning as an integral part of respecting people's care preferences at the end of life; building workforce capacity to meet end of life care needs through enhanced education and training opportunities and measures to redress workforce shortages in key care settings; and addressing Indigenous end of life issues

## CareSearch *palliative care knowledge network* website launched

In National Palliative Care Week in May 2008, the CareSearch website was relaunched by Federal Minister for Ageing The Hon. Justine Elliot MP as the CareSearch *palliative care knowledge network*. This website now provides relevant evidence and quality information about palliative care to patients, carers and families in addition to health care professionals. The website contains content pages, databases, project repositories, education and research data management systems. The content is regularly updated.

To access the CareSearch *palliative care knowledge network* website:

[www.caresearch.com.au](http://www.caresearch.com.au)

## Journal review: methylnaltrexone for opioid-induced constipation in advanced illness

### Methylnaltrexone for opioid-induced constipation in advanced illness

#### Study objective

To determine the efficacy and safety of subcutaneous methylnaltrexone in relieving opioid-induced constipation in patients with advanced illness. There was also an open-label extension trial for up to 3 months.

#### Study design

Randomised, double blind, placebo-controlled, phase 3 trial (2 weeks) plus an open-label extension phase (3 months).

#### Study questions

**Population:** 134 patients from U.S. and Canadian nursing homes, hospice sites, and palliative care centres who were 18 years of age or older and had advanced illness (defined as a terminal disease - incurable cancer or other end-stage disease) with a life expectancy of 1 month or more. Patients had been on opioids for analgesia for 2 weeks or more and a stable regimen of opioids and laxatives for 3 or more days before entering the study. Patients also had opioid-induced constipation. This was defined as fewer than three laxations during the preceding week and no clinically meaningful laxation (as determined by the investigator) within 24 or 48 hours before the first study dose.

**Intervention:** Subcutaneous methylnaltrexone (at a dose of 0.15 mg per kilogram of body weight) administered on alternate days for 2 weeks. By day 8, if patients had had fewer than three rescue-free laxations (defined as laxation without the use of a rescue laxative, such as an enema or a suppository), after receipt of the study drug, the initial volume of the study drug could be doubled (to 0.30 mg of methylnaltrexone per kilogram). The concentration was 40 mg of methylnaltrexone/ml.

In the open-label extension trial, patients received subcutaneous methylnaltrexone as needed up to every 24 hours for up to 3 months. Subsequent doses could be increased to 0.30 mg per kilogram if no laxation occurred within 4 hours or could be decreased to 0.075 mg per kilogram if drug-related adverse events occurred.

**Control:** Subcutaneous placebo (administered in the same volume as intervention).

This review has been written by Dr Phillip Good, MBBS FRACP FChPM, Staff Specialist in Palliative Care at Calvary Mater Newcastle.

**Outcomes:** There were two primary outcomes of the double-blind phase

- proportion of patients with rescue-free laxation within 4 hours after the first dose of the study drug and
- proportion of patients with rescue-free laxation within 4 hours after two or more of the first four doses.

Other outcomes included the proportion of patients with rescue-free laxation within 4 hours after four or more of seven doses, the proportion of patients with rescue-free laxation within 4 or 24 hours after each dose, the proportion of patients with three or more laxations per week, the time to laxation, overall pain scores, and symptoms of opioid withdrawal.

There was no primary outcome for the open-label extension trial.

#### Main results

(see Table 1 on next page).

Adverse events – abdominal pain (17%), flatulence (13%), nausea (11%), increased body temperature (8%), dizziness (8%), all occurred at least 3% points more frequently in the methylnaltrexone group compared to placebo.

Deaths - methylnaltrexone – 10 (16%); placebo – 16 (23%). The median number of laxative drug classes used was two for each group. Interestingly the median opioid dose was 100mg/day (range 10-10,160) in the placebo group and 150mg/day (9-4160) in the methylnaltrexone group.

#### Limitations

Short follow up – 2 week trial and 3 months open label. Longer term and uncommon side effects may only be found on larger numbers and longer follow up.

#### Conclusions

Subcutaneous methylnaltrexone rapidly induced laxation in patients with advanced illness and opioid-induced constipation. Treatment did not appear to affect central analgesia or precipitate opioid withdrawal.

## Comments

I chose this article for a number of reasons. Firstly, it is the first palliative care original research article that I can remember being published in the NEJM. Secondly, it appears to be a well designed and successfully concluded trial of a new drug that deals with a common problem in palliative care. Thirdly, it seems to entrench “laxation” into mainstream medical language – a term that has caused much mirth at our journal clubs.

Methylnaltrexone is a mu opioid receptor antagonist that has a quaternary amine structure. This structure stops entry into most parts of the brain and thus does not reverse the effects of central opioid analgesia.

This study seems to show that subcutaneous methylnaltrexone will have a role to play in difficult to treat constipation. Even so, only about half of the patients had a response to the medication suggesting that constipation in patients in advanced illness is not solely due to opioids and has multiple contributing factors. In addition, analgesia did not seem to be affected by the use of methylnaltrexone and at least in the study’s patient population, it is interesting to ponder what, if any role, peripheral opioid receptors play in pain mechanisms. This drug is not yet available in Australia and its availability will depend on its cost effectiveness in this patient population.

## Reference

Thomas J, Karver S, Cooney GA, Chamberlain BH, Watt CK, Slatkin NE, et al. (2008) Methylnaltrexone for opioid-induced constipation in advanced illness. *The New England Journal of Medicine*. 29;358(22):2332-2343.

TABLE 1

	Methyln.	Placebo	Significant
Rescue-free laxation within 4 hours after receiving the first dose of the study drug	48 %	15 %	P<0.001
Rescue-free laxation within 4 hours after two or more of the first four doses	52 %	8 %	P<0.001
Rescue-free laxation within 4 hours after four or more of seven doses	39 %	6 %	P<0.001
Proportion of patients with rescue-free laxation within 4 hours after doses 2-7	37-47%	7 – 14%	P<0.005
Proportion of patients with rescue-free laxation within 24 hours after each dose	55-66%	29-39%	P<0.05 for doses 1 to 4, but NS for doses 5 to 7.
Proportion of patients with three or more laxations per week	68%	45%	P=0.009
Time to laxation (median time)	6.3 hours	>48 hours	P<0.001
Overall pain scores (Day 14)			
Current pain	3.4+/- 2.6	2.7+/- 2.2	NS
Worst pain	5.0+/- 2.5	4.8+/- 2.7	NS
Symptoms of opioid withdrawal (Day 14) (Modified Himmelsbach Withdrawal Scale)	8.2 +/- 1.8	8.3 +/- 2.4	NS

## Clinical diploma in palliative medicine

Are you interested in improving your skills in palliative medicine? The Australasian Chapter of Palliative Medicine offers a Clinical Diploma in Palliative Medicine. The Diploma program consists of a six-month supervised clinical attachment and the guidelines are based on the RACP – AChPM Curriculum in Palliative Medicine.

For more information:

<http://www.racp.edu.au/page/about-the-racp/structure/australasian-chapter-of-palliative-medicine>

## Conference update

<p><b>Singapore Palliative Care Conference 2008</b> Early registration ends 30 June 2008 <i>Date:</i> 29-30 August 2008 <i>Where:</i> RELC International Hotel Singapore For more information: <a href="http://www.spcc2008.com.sg">www.spcc2008.com.sg</a></p>	<p><b>The Pain Association of Singapore Biennial Scientific Meeting</b> <i>Date:</i> 19-20 July 2008 <i>Venue:</i> Raffles City Convention Centre For more information: <a href="http://www.pain.org.au">www.pain.org.au</a></p>
<p><b>Sydney Cancer Conference 2008</b> <i>Date:</i> 25-26 July 2008 <i>Venue:</i> University of Sydney For more information: <a href="http://www.cancerresearch.med.usyd.edu.au/SCC2008/index.php">http://www.cancerresearch.med.usyd.edu.au/SCC2008/index.php</a></p>	<p><b>Together! 2009</b> International Conference on Cultural Connections for Quality Care at the End of Life <i>Date:</i> 24 - 28 September 2009 <i>Venue:</i> Perth - Western Australia For more information: <a href="http://www.palliativecare.org.au">www.palliativecare.org.au</a></p>

## Workshop – Vicarious trauma and compassion fatigue and burnout

St John of God is holding a workshop on Vicarious Trauma and Compassion Fatigue and Burnout for professionals regularly working with traumatised populations.

Workshop presenter is Robert Grant, Director of Organisational Health and Development and The International Trauma Centre at St. John of God Health Care, NSW. Robert is internationally known in the trauma field. For over 20 years he has worked in over 20 countries around the world and several disaster/war zones as a trauma consultant, educator, trainer and author.

Details

*Date:* Tuesday 8 July 2008

*Time:* 9-5pm

*Venue:* John of God Hospital, The Education Centre, 13 Grantham Street, Burwood, Sydney

*Cost:* \$250

For further information or to RSVP:

Colleen Lowe on (02) 9715 9287.