



Programme	Titles	Presenters	Topics
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<b>Poster session - Clinical Pharmacology</b>			
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Wednesday 16 December, 16:00 - 17:30

Britten & Whittle

PC003

### **PALLIATIVE CARE ELDERLY PATIENTS WITH SLEEPING DISORDERS ARE POORLY TREATED.**

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Background: Sleep disorders are frequent in patients with advanced cancer receiving palliative-care, especially in elderly patients (1). Sleep disorders during palliative-care may be related with anxiety, opioids related central-sleep apnoea or corticoids therapy between others (2). Our aim was to quantify the effectiveness of hypnotic medication in the sleep quality in advanced cancer receiving palliative-care elderly patients.

Material and methods: A descriptive cross-sectional study was conducted in elderly patients with advanced cancer receiving palliative-care exploring their sleep quantity and quality (approved by Local Ethical Committee). Patients who were in our palliative care program and didn't have any exclusion criteria: Age below 60 years, with ability to communicate effectively, and without cognitive failure and/or delirium, and/or psychotic illness. The Pittsburgh Sleep Quality Index (PSQI) questionnaire and EVA scales were used to measure sleep quality and pain and anxiety levels. Patient under corticoids treatment were compared with other non-sleep disorders risky treatment. Results are expressed as mean  $\pm$  sem. and were compared by Student t test and ANOVA test followed by Bonferroni post-test.

Results: Patients, N=138, 63.8% male, aged 70.9 $\pm$ 1.1 years old with diagnostic of 28.3% gastro-intestinal, 15.9% mama/gynaecological, 13% pulmonary, 12.3% urinary, 6.5% liver, 4.3% central nervous system, 1.4% pancreatic, and 18.1% others types of terminal cancer were enrolled. Patients were treated with no oncologic treatment (78.3%), chemotherapy (12.3%), radiotherapy (5.1%), hormone therapy (3.6%), or immunotherapy (0.7%). 54.3% were treated with corticoids vs. 20.3% under other sleep disorders risky treatment and 25.4% with no treatment. The sleep disturbances prevalence were 81.2% in the total population and 90.4% in patients treated with corticoids ( $p < 0.05$ ). However a 54.3% of the patients received benzodiazepines, zolpidem or chlormethiazole. 65.2% of the patients need more than three times rescue hypnotic medication during the last week. Bad sleeper showed significantly higher intensity of pain, asthenia, sadness, anxiety, nausea, dyspnea and discomfort.

Discussion: Sleep disorders may be primary or, more commonly, a secondary symptom of the advancing disease process. Multiple pharmacologic and non-pharmacologic interventions may be used for the management of sleep disturbances in palliative medicine. However, many patients do not seek medical attention for sleep disturbances, and health care providers tend to under-diagnose this condition and under-treat it when diagnosed, thus missing an opportunity to improve the quality of life of patients already suffering from the burden of terminal disease. The diversity of patients under palliative care makes management of sleep disorders particularly challenging and highly needed to be individualized.

Conclusion. Elderly patients with advanced cancer subjected to palliative care received insufficient hypnotic medication especially under corticoids co-treatment.

References: (1) Sateia MJ and Lang BJ. 2008. *Curr Oncol Rep* 10(4):309-18. (2) Yennurajalingam S et al. 2011. *J Pain Symptom Manage* 41(1):49-56.

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