PHARMACIST CORNER

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Inhaled Corticosteroids in Hospice

Most patients, when hospice eligible, no longer have the coordination or inspiratory flow to use inhalers correctly. This results in subtherapeutic dosing and poor symptom management. Moving to nebulized Albuterol and Ipratropium to manage most symptoms increases quality of life immediately. Using inhaled or nebulized corticosteroids (ICS) on the other hand, can severely diminish that improvement. Inhaled corticosteroids are linked to an increased risk of oral candidiasis, dry mouth, and pneumonia. Studies are conflicted as to the benefit of ICS especially with short term use.

In end-stage COPD where inflammation in widespread and inspiratory flow is reduced, limiting the distribution of any inhaled medication, an oral or systemic corticosteroid, is immensely more beneficial. The long-term effects of oral therapy are negligible due to hospice eligibility when compared to the short-term risks of pneumonia and yeast infections with the inhaled steroids. Oral corticosteroid therapy presents itself as a much safer and effective option. Even the NICE guidelines of Palliative Care for COPD warn against using ICS.

As for comorbidities and concerns of conflicting treatment, The Global Initiative for Chronic Obstructive Lung Disease (GOLD) Guidelines directs that other disease states should not alter the treatment choices for COPD. Additionally, special attention should be given to simplify drug management whenever possible. When using an oral corticosteroid in place of an ICS, multiple symptoms may be managed. Thus, effectively reducing the patient's pill burden and potential adverse effects of multiple medications. Pain is managed, shortness of breath is relieved, fluid overload is decreased and there is a possibility of weight gain, always a bonus in hospice. Overall, oral corticosteroids are more beneficial in the hospice setting over inhaled corticosteroids.

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