Journal Watch Program

A webinar and accompanying podcast series

Brought to you by a partnership between Pallium Canada and the Divisions of Palliative at Queens University in Kingston, Canada, and McMaster University in Hamilton, Canada

Supported by a financial contribution from Health Canada

January 2022 Session

Co-hosts:

Dr. José Pereira & Dr. Leonie Herx

Guests today are Dr. Jean Mathews & Dr. Aynharan Sinnarajah

Project ECHO® Palliative Care - Canada BY Pallium Canada

Date: January 24th, 2022

Welcome to the Journal Watch Program!

What it is

- A regular series of webinars, and accompanying podcasts, where teams from our academic Divisions of Palliative Care in Canada share with you papers from peer-reviewed journals that caught our attention.

Why we do it

- To help us all stay up to date with the latest (and hopefully best)

Who it is for

- If you are a clinician, educator, manager or policymaker, with an interest or role in providing or organizing palliative care, then this is for you.

How we do it

- Our project team of busy beavers and scholarly owls continually scan the on the watch for new and interesting papers that could change how we think and what we do, from clinical care to education, and quality improvement to health services organization and policymaking
- Articles are identified by our team of contributors, who are assigned various palliative care-related peer reviewed journals.
- They are selected based on their potential to change or confirm practice or thinking.
- Articles of interest are identified and summarized by our contributors, submitted to our editorial team, who select the top five for presentation and the honourable mentions.

Welcome to the Journal Watch Program!

How often

- For 2022 we are planning to host a webinar and produce its accompanying podcast approximately every two months.
- If all goes well, we may see webinars and shows broadcast more often.

Podcast and website

- The webinars will be transformed into accompanying podcasts and made available via Pallium Canada's ECHO website, www.echopalliative.com

What to expect from today's session

- This is where evidence and innovation, insights and skepticism, and some fun, have a home.

Disclaimer

- Remember, this is a "Journal Watch", and not a "Journal Club". The difference? We will not be undertaking in-depth critical appraisals of each article. The goal is to bring the papers to your attention. We have tried to select only those that we think have merit, are robust and sound, but you as the listener need to make the final call.
- It is your responsibility to further discern it and decide on its applicability and relevance to your practice.

- We will provide a brief overview of the top 5 selected articles
- After presenting a summary of each article, we will turn to our fellow hosts and guests for their thoughts on the papers, drawing on their clinical practices and expertise for insights and context.
- At the end we will provide a list of honourable mentions, interesting papers that are noteworthy but that we did not have the time to present today.
- We will have some time at the end for some questions and comments- please feel free to add your questions into the Q&A function throughout this session
- This session is being recorded and will be emailed to registrants within the next week

Introductions

Co-hosts

Dr. José Pereira, MBChB, CCFP(PC), MSc, FCFP, PhD
Professor and Director, Division of Palliative Care, Department of Family Medicine, McMaster University, Hamilton, ON, Canada
Scientific Officer and Co-Founder, Pallium Canada

Dr. Leonie Herx, MD PhD CCFP(PC), FCFP
Division Chair & Associate Professor, Division of Palliative Medicine, Queen's University, Kingston, ON, Canada
Medical Director of Palliative Care, Kingston Health Sciences Centre and Providence Care Hospital

Guests today

Dr. Jean Mathews, MBBS, MD
Assistant Professor, Division of Palliative Medicine, Queen's University, Kingston, ON, Canada

Dr. Aynharan Sinnarajah, MD, CCFP(PC), MPH
Associate Professor, Division of Palliative Medicine, Queen's University, Kingston, ON, Canada.
Head, Palliative Care, Lakeridge Health

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

Stay connected: www.echopalliative.com

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

Health Canada Santé Canada

Project ECHO Palliative Care - Canada BY Pallium Canada

FEATURE ARTICLES

Featured articles

1. **Efficacy of Proportional Sedation and Deep Sedation Defined by Sedation Protocols: A Multicenter, Prospective, Observational Comparative Study**.
2. **Views of Registered Dietitians Compared to Speech-Language Pathologists on Artificial Nutrition and Hydration at the End of Life**.
3. **Comparison of End-of-Life Care Between Recent Immigrants and Long-standing Residents in Ontario, Canada**.
4. **Exploring expanded interdisciplinary roles in goals of care conversations in a national goals of care initiative: A qualitative approach**.
5. **Mirtazapine in Cancer-Associated Anorexia and Cachexia: A Double-Blind Placebo-Controlled Randomized Trial**.

Featured articles

1. Bigford MK, Heuberger R, Raymond E, Shayna V, Paauw J. **Views of Registered Dietitians Compared to Speech-Language Pathologists on Artificial Nutrition and Hydration at the End of Life**. American Journal of Hospice and Palliative Medicine. 2022;39(1):9-17. doi:10.1177/1049909121994310
2. Quach BI, Qureshi D, Talarico R, Hsu AT, Tanuseputro P. **Comparison of End-of-Life Care Between Recent Immigrants and Long-standing Residents in Ontario, Canada**. JAMA Netw Open. 2021;4(11):e2132397. doi:10.1001/jamanetworkopen.2021.32397
3. Ma JE, Haverfield M, Lorenz KA, et al. **Exploring expanded interdisciplinary roles in goals of care conversations in a national goals of care initiative: A qualitative approach**. Palliative Medicine. 2021;35(8):1542-1552. doi:10.1177/0269216321102047 3
4. Imai K, Morita T, Yokomichi N, Kawaguchi T, Kohara H, Yamaguchi T, Kikuchi A, Odagiri T, Watanabe YS, Kamura R, Maeda I, Kawashima N, Ito S, Baba M, Matsuda Y, Oya K, Kaneishi K, Hiratsuka Y, Naito AS, Mori M. **Efficacy of Proportional Sedation and Deep Sedation Defined by Sedation Protocols: A Multicenter, Prospective, Observational Comparative Study**. J Pain Symptom Manage. 2021 Dec;62(6):1165-1174. doi: 10.1016/j.jpainsymman.2021.06.005. Epub 2021 Jun 10.
5. Hunter CN, Abdel-Aal HH, Elsherief WA, Farag DE, Riad NM, Alsirafy SA. **Mirtazapine in Cancer-Associated Anorexia and Cachexia: A Double-Blind Placebo-Controlled Randomized Trial**. J Pain Symptom Manage. 2021 Dec;62(6):1207-1215. doi: 10.1016/j.jpainsymman.2021.05.017. Epub 2021 May 26. PMID: 34051293.

Article 1

Imai K, Morita T, Yokomichi N, Kawaguchi T, Kohara H, Yamaguchi T, Kikuchi A, Odagiri T, Watanabe YS, Kamura R, Maeda I, Kawashima N, Ito S, Baba M, Matsuda Y, Oya K, Kaneishi K, Hiratsuka Y, Naito AS, Mori M. **Efficacy of Proportional Sedation and Deep Sedation Defined by Sedation Protocols: A Multicenter, Prospective, Observational Comparative Study**. J Pain Symptom Manage. 2021 Dec;62(6):1165-1174. doi: 10.1016/j.jpainsymman.2021.06.00. Epub 2021 Jun 10.

Article selected by our team of contributors from the Brampton Hospital: Drs. Karim Manji, Aveksha Ellaurie, Humaira Saeed, José Pereira.
Presented by: Dr. José Pereira

ABSTRACT

Purpose:

- To investigate the efficacy of two types of palliative sedation: proportional and deep sedation, defined by sedation protocols.

Methods:

- Multicenter prospective observational study
- Analyzed data of those patients who received a continuous infusion of midazolam according to the sedation protocol.
- The primary endpoint was goal achievement at 4 hours:
  - in proportional sedation: symptom relief (Integrated Palliative care Outcome Scale: IPOS ≤ 1) and absence of agitation (modified Richmond Agitation-Sedation Scale: RASS ≤ 0);
  - in deep sedation: achievement of deep sedation (RASS ≤ -4).
  - Secondary endpoints: deep sedation as a result of proportional sedation, communication capacity (Communication Capacity Scale item 4 ≤ 2), and adverse events.

Results: Next slide

Imai K, Morita T, Yokomichi N, Kawaguchi T, Kohara H, Yamaguchi T, Kikuchi A, Odagiri T, Watanabe YS, Kamura R, Maeda I, Kawashima N, Ito S, Baba M, Matsuda Y, Oya K, Kaneishi K, Hiratsuka Y, Naito AS, Mori M. **Efficacy of Proportional Sedation and Deep Sedation Defined by Sedation Protocols: A Multicenter, Prospective, Observational Comparative Study**. J Pain Symptom Manage. 2021 Dec;62(6):1165-1174. doi: 10.1016/j.jpainsymman.2021.06.00. Epub 2021 Jun 10.

Results:

- A total of 81 patients from 14 palliative care units were analyzed:
  - Proportional sedation (n = 64) and deep sedation (n = 17).
- At 4 hours, the goal was achieved in:
  - 77% of patients with proportional sedation;
  - and 88% (n = 15; 71-100) with deep sedation.
  - Deep sedation was necessary in 45% of those who received proportional sedation.
  - Communication capacity was maintained in 34% with proportional sedation and 10% with deep sedation.
  - IPOS decreased from 3.5 to 0.9 with proportional sedation, and 3.5 to 0.4 with deep sedation;
  - RASS decreased from +0.3 to -2.6, and +0.4 to -4.2, respectively.
  - Fatal events related to the treatment occurred in 2% (n = 1) with proportional and none with deep sedation.

Conclusion:

Proportional sedation achieved satisfactory symptom relief while maintaining some patients' consciousness, and deep sedation achieved good symptom relief while the majority of patients lost consciousness.

Discussion

Article 2

Bigford MK, Heuberger R, Raymond E, Shayna V, Paauw J. **Views of Registered Dietitians Compared to Speech-Language Pathologists on Artificial Nutrition and Hydration at the End of Life**. American Journal of Hospice and Palliative Medicine. 2022;39(1):9-17. doi:10.1177/1049909121994310

Article selected and presented by:
Dr. Aynharan Sinnarajah

ABSTRACT

Objective:

- To analyze and compare the knowledge and opinions of registered dietitian nutritionists (RDNs) about artificial nutrition and hydration (ANH) in a terminal illness.
- Beliefs of speech-language pathologists (SLPs) were also considered and compared against RDN data.

Methods:

- Descriptive analysis utilizing survey responses from RDNs and SLPs regarding ANH in a case study patient with advanced dementia.

Results:

- There was a strong belief among RDNs that ANH at end of life (EOL) would improve nutritional status, although a correlation was found between those in favor of ANH and believing it was ethical to withhold ANH at EOL ($R^2 = 0.109$, $p = 0.002$).
- Responses indicated that SLPs need more education regarding ANH techniques, while RDNs felt ANH would improve aspiration risk.
- Place of employment, religion and age of respondents were also found to impact beliefs.

Conclusion: Next slide

Bigford MK, Heuberger R, Raymond E, Shayna V, Paauw J. **Views of Registered Dietitians Compared to Speech-Language Pathologists on Artificial Nutrition and Hydration at the End of Life**. American Journal of Hospice and Palliative Medicine. 2022;39(1):9-17. doi:10.1177/1049909121994310

Article selected and presented by:
Dr. Aynharan Sinnarajah

ABSTRACT

Conclusion:

- Clinicians, specifically RDNs, working with patients at EOL need more evidenced-based education on the risks and benefits of ANH.
- Decisions regarding care of patients at EOL should be void of clinicians' personal bias which may affect ethical treatment in the clinical setting.
- Further controlled trials must be performed before claims can be made regarding ANH at EOL.

Bigford MK, Heuberger R, Raymond E, Shayna V, Paauw J. **Views of Registered Dietitians Compared to Speech-Language Pathologists on Artificial Nutrition and Hydration at the End of Life**. American Journal of Hospice and Palliative Medicine. 2022;39(1):9-17. doi:10.1177/1049909121994310

Why is this article important?

- This highlights the importance of involvement of dietitians and SLPs who are well versed in the care of a patient approaching end of life, where the evidence for Artificial nutrition and hydration is different. Having a 'generalist' RD or SLP who is not aware of evidence, might confuse patients/caregivers with mixed messages.
- Is palliative care and end of life care, a mandatory part of training for RDs and SLPs in their training programs? Should it become a core competency (if not already) in their accreditation?

Strengths and Limitations:

- Unclear if also applicable for Canadians in terms of views of RDs and SLPs, and whether American context matters

Discussion

Article 3

Quach BI, Qureshi D, Talarico R, Hsu AT, Tanuseputro P. **Comparison of End-of-Life Care Between Recent Immigrants and Long-standing Residents in Ontario, Canada**. JAMA Netw Open. 2021;4(11):e2132397. doi:10.1001/jamanetworkopen.2021.32397

Article selected and presented by:
Dr. Jean Mathews

ABSTRACT

Importance

- Recent immigrants face unique cultural and logistical challenges that differ from those of long-standing residents, which may influence the type of care they receive at the end of life.

Objective

- To compare places of care among recent immigrants and long-standing residents in Canada in the last 90 days of life.

Design, Setting, and Participants

- Population-based retrospective cohort study
- Used linked health administrative data on individuals from Ontario, Canada, who died between January 1, 2013, and December 31, 2016, extracted on February 26, 2020.
- Individuals were categorized by immigration status: recent immigrants (since 1985) and long-standing residents.

Exposures

- All decedents who immigrated to Canada between 1985 and 2016 were classified as recent immigrants.
- Subgroup analyses assessed the association of region of origin.

Main Outcomes and Measures

- NEXT SLIDE

Quach BI, Qureshi D, Talarico R, Hsu AT, Tanuseputro P. **Comparison of End-of-Life Care Between Recent Immigrants and Long-standing Residents in Ontario, Canada**. JAMA Netw Open. 2021;4(11):e2132397. doi:10.1001/jamanetworkopen.2021.32397

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Main Outcomes and Measures

- The main outcome was place of care, including institutional and noninstitutional settings, in the last 90 days of life.
- Descriptive statistics were used to compare characteristics and health service utilization among recent immigrants and long-standing residents.
- Negative binomial regression models estimated the rate ratios (RR) of using acute care and long-term care in the last 90 days of life.

Results

- A total of 376 617 deceased individuals (median age, 80 years; 49.8% women and 50.2% men).
- Of these, 22 423 (6.0%) were recent immigrants.
- **Recent immigrants were:**
  - younger than long-standing residents ($P < .001$),
  - more likely to be living in lower income neighborhoods (55.1% vs 46.9% in the lower 2 income quintiles; $P < .001$),
  - In the last 90 days of life, recent immigrants spent more days in intensive care units than long-standing residents (mean 2.64 days vs 1.47 days; $P < .001$), while long-standing residents spent more days using long-term care than recent immigrants (mean 19.49 days vs 10.45 days; $P < .001$).
  - Being a recent immigrant was associated with a greater likelihood of acute inpatient care use (RR, 1.21) and lower likelihood of long-term care use (RR, 0.66), after adjusting for covariates.

Quach BI, Qureshi D, Talarico R, Hsu AT, Tanuseputro P. **Comparison of End-of-Life Care Between Recent Immigrants and Long-standing Residents in Ontario, Canada**. JAMA Netw Open. 2021;4(11):e2132397. doi:10.1001/jamanetworkopen.2021.32397

Article selected and presented by:
Dr. Jean Mathews

Conclusions and Relevance

- These findings suggest that at the end of life, recent immigrants were significantly more likely to receive inpatient and intensive care unit services and die in acute care settings compared with long-standing residents.
- Further research is needed to examine differences in care preference and disparities for immigrant groups of different origins.

Quach BI, Qureshi D, Talarico R, Hsu AT, Tanuseputro P. **Comparison of End-of-Life Care Between Recent Immigrants and Long-standing Residents in Ontario, Canada**. JAMA Netw Open. 2021;4(11):e2132397. doi:10.1001/jamanetworkopen.2021.32397

Article selected and presented by:
Dr. Jean Mathews

Why is this article important?

- “Recent immigrants face unique cultural and logistical challenges that differ from those of long-standing residents, which may influence the type of care they receive at the end of life."
- This population-based cohort study confirms that recent immigrants to Canada receive more aggressive end-of-life care, including more ER visits in the last 90 days and death in acute care settings. This is despite a greater percentage of recent immigrants receiving palliative care services.
- This suggests that more culturally appropriate palliative care services may be needed to address the unique needs of this population.

Strengths and Limitations:

- Authors reports several limitations:
  - Capturing palliative care using administrative health data may undercode and underestimate palliative care use received owing to potential palliative care services or approaches that are provided within another care element or setting but are not billed and recorded as palliative care.
  - There were no data or analyses of marital status, language ability for long-standing residents, education level for long-standing residents, goals of care, quality of care, and preferences for any patients or families, which limits our comparison between recent immigrants and long-standing residents and interpretation on whether individuals received sufficient, quality care to their preferences.
  - The administrative health data sets do not include and cannot account for services provided in a residential hospice.

- Future studies should investigate the associations of patient preferences, accessibility to end-of-life services, and comorbidities to acute care use in immigrant populations to direct resources for more effective end-of-life care."

Discussion

Article 4

Ma JE, Haverfield M, Lorenz KA, et al. **Exploring expanded interdisciplinary roles in goals of care conversations in a national goals of care initiative: A qualitative approach**. Palliative Medicine. 2021;35(8):1542-1552. doi:10.1177/02692163211020473

Article selected by: Dr. Leonie Herx, Dr. Jose Pereira
Presented by: Dr. Leonie Herx,

ABSTRACT

Background:

- The United States Veterans Health Administration National Center for Ethics in Health Care implemented the Life-Sustaining Treatment Decisions Initiative throughout the Veterans Health Administration health care system in 2017.
- This policy encourages goals of care conversations, referring to conversations about patient's treatment and end-of-life wishes for life-sustaining treatments, among Veterans with serious illnesses.
- A key component of the initiative is expanding interdisciplinary provider roles in having goals of care conversations.

Aim:

- Use organizational role theory to explore medical center experiences with expanding interdisciplinary roles in the implementation of a goals of care initiative.

Design:

- A qualitative thematic analysis of semi-structured interviews.

Setting/participants:

- Initial participants were recruited using purposive sampling of local medical center champions. Snowball sampling identified additional participants.
- Participants included thirty-one interdisciplinary providers from 12 geographically diverse initiative pilot and spread medical centers.

Ma JE, Haverfield M, Lorenz KA, et al. **Exploring expanded interdisciplinary roles in goals of care conversations in a national goals of care initiative: A qualitative approach**. Palliative Medicine. 2021;35(8):1542-1552. doi:10.1177/02692163211020473

Article selected by: Dr. Leonie Herx, Dr. Jose Pereira
Presented by: Dr. Leonie Herx,

Results:

- Five themes were identified. Expanding provider roles in goals of care conversations (1) involves organizational culture change; (2) is influenced by medical center leadership; (3) is supported by provider role readiness; (4) benefits from cross-disciplinary role agreement; and (5) can "overwhelm" providers.

Conclusions:

- Organizational role theory is a helpful framework for exploring interdisciplinary roles in a goals of care initiative.
- Support and recognition of provider role expansion in goals of care conversations was important for the adoption of a goals of care initiative.
- Actionable strategies, including multi-level leadership support and the use of interdisciplinary champions, facilitate role change and have potential to strengthen uptake of a goals of care initiative.

Ma JE, Haverfield M, Lorenz KA, et al. **Exploring expanded interdisciplinary roles in goals of care conversations in a national goals of care initiative: A qualitative approach**. Palliative Medicine. 2021;35(8):1542-1552. doi:10.1177/02692163211020473

Article selected by: Dr. Leonie Herx, Dr. Jose Pereira
Presented by: Dr. Leonie Herx,

Background:

- Goals of care (GOC) conversations decrease patient anxiety, depression, and can help provide goal-concordant care.
- Involving diverse providers in GOC conversations improves patient quality of life and outcomes but barriers exist
- Further research is needed on the implementation of GOC initiatives and interdisciplinary roles

Main Message:

- Expanding interdisciplinary providers' roles in GOC conversations required a significant shift in organizational culture, leadership recognition and involvement, and support for provider readiness through education, and interdisciplinary and cross-disciplinary efforts to promote a team approach and foster role agreement between team members and between specialties
- Organizational role theory can be used to explore the implementation of a goals of care initiative and provides context and structure to characterize the initiative's impact on providers' roles

Ma JE, Haverfield M, Lorenz KA, et al. **Exploring expanded interdisciplinary roles in goals of care conversations in a national goals of care initiative: A qualitative approach**. Palliative Medicine. 2021;35(8):1542-1552. doi:10.1177/02692163211020473

Article selected by: Dr. Leonie Herx, Dr. Jose Pereira
Presented by: Dr. Leonie Herx,

Why is this article important?

- There is a need for a greater role of interdisciplinary team members in contributing to GOC conversations
- Exploring interdisciplinary roles in a GOC initiative helps define barriers, facilitators, and key strategies for implementation uptake in healthcare systems
- Leadership is an important facilitator in shaping organizational culture and the approach to and adoption of new initiatives – effective, involved and diverse leadership increased the acceptance of culture change and readiness for role expansion through executive support, implementation and training resources, and fostering collaboration between interdisciplinary providers by clarifying roles and expectations
- Recognizing & addressing provider lack of time, task burden, and staff turnover in role expansion efforts can increase initiative uptake

Strengths & Limitations:

- Study from Veterans Health Administration, so the generalizability of the findings may be limited
- Strength: diversity of centers - varied by location, size, and at various stages of implementation

Discussion

Article 5

Hunter CN, Abdel-Aal HH, Elsherief WA, Farag DE, Riad NM, Alsirafy SA. **Mirtazapine in Cancer-Associated Anorexia and Cachexia: A Double-Blind Placebo-Controlled Randomized Trial**. J Pain Symptom Manage. 2021 Dec;62(6):1207-1215. doi: 10.1016/j.jpainsymman.2021.05.017. Epub 2021 May 26. PMID: 34051293.

ABSTRACT

Context:

- Few pharmacological interventions are available for cancer-associated anorexia and cachexia. Mirtazapine has been suggested for use in cancer-associated anorexia and cachexia.

Objectives:

- This study was conducted to assess the efficacy and tolerability of mirtazapine in cancer-associated anorexia and cachexia.

Methods:

- A double-blind placebo-controlled randomized trial.
- Included 120 incurable solid tumour patients with anorexia (appetite loss ≥4 on 0 - 10 scale), cachexia (>5% body weight loss over 6 months or >2% plus body mass index <20) and depression score ≤3 on 0-6 scale (6 = extreme feelings of depression).
- Patients were 1:1 randomized to receive mirtazapine 15mg daily at night for 8 weeks or placebo.
- Primary endpoint was change in appetite from baseline to day 28.
- Other outcomes included changes in quality-of-life, fatigue, depressive symptoms, body weight, lean body mass, handgrip strength, inflammatory markers, adverse events and survival.

Results: NEXT SLIDE

Article selected by our team of contributors from the Brampton Hospital: Drs. Karim Manji, Aveksha Ellaurie, Humaira Saeed, José Pereira.
Presented by: Dr. José Pereira

Hunter CN, Abdel-Aal HH, Elsherief WA, Farag DE, Riad NM, Alsirafy SA. **Mirtazapine in Cancer-Associated Anorexia and Cachexia: A Double-Blind Placebo-Controlled Randomized Trial**. J Pain Symptom Manage. 2021 Dec;62(6):1207-1215. doi: 10.1016/j.jpainsymman.2021.05.017. Epub 2021 May 26. PMID: 34051293.

Article selected by our team of contributors from the Brampton Hospital: Drs. Karim Manji, Aveksha Ellaurie, Humaira Saeed, José Pereira.
Presented by: Dr. José Pereira

Results:

- 48 (80%) patients in the mirtazapine arm and 52 (87%) in the placebo were assessable for the 1ry endpoint.
- Appetite score increased significantly with mirtazapine as well as with placebo ($P < 0.0001$ each).
- The increase in appetite score did not differ significantly between the two arms in the per-protocol and intention-to-treat analysis ($P = 0.472$ and 0.462, respectively).
- Mirtazapine was associated with significantly less increase in depressive symptoms and higher prevalence of somnolence.
- The change in other outcomes did not differ significantly between mirtazapine and placebo.

Conclusion:

- Mirtazapine 15mg at night for 28 days is no better than placebo in improving the appetite of incurable solid tumor patients with cancer-associated anorexia and cachexia.

Hunter CN, Abdel-Aal HH, Elsherief WA, Farag DE, Riad NM, Alsirafy SA. **Mirtazapine in Cancer-Associated Anorexia and Cachexia: A Double-Blind Placebo-Controlled Randomized Trial**. J Pain Symptom Manage. 2021 Dec;62(6):1207-1215. doi: 10.1016/j.jpainsymman.2021.05.017. Epub 2021 May 26. PMID: 34051293.

Article selected by our team of contributors from the Brampton Hospital: Drs. Karim Manji, Aveksha Ellaurie, Humaira Saeed, José Pereira.
Presented by: Dr. José Pereira

Background

- Cachexia, an ongoing loss of skeletal muscle mass (with or without loss of fat mass), is a very common complication of advanced cancer. It negatively impacts the quality-of-life of cancer patients and responsiveness to anticancer treatment, and is often a direct cause of death. To date, there is no known intervention that can reverse the progress of cancer cachexia once it is established.
- Mirtazapine is a noradrenergic and specific serotonergic antidepressant that has been used in the management of depression and anxiety in cancer patients. It was noted to stimulate appetite and to cause weight gain in the general population. On the basis of this, it is sometimes prescribed to improve appetite (that is address anorexia or appetite loss) and effect weight gain in patients with advance cancer.

Main Message

- The results indicated that mirtazapine is not better than placebo in improving the appetite and other cachexia measurements in these patients. However, it did improve depression and anxiety.
- The authors do conclude that "although the outcome of this trial is against the use of mirtazapine as an appetite stimulant in patients with CAC, it supports its use for depression and insomnia in advanced cancer patients."

Why is this article important?

NEXT SLIDE

Hunter CN, Abdel-Aal HH, Elsherief WA, Farag DE, Riad NM, Alsirafy SA. **Mirtazapine in Cancer-Associated Anorexia and Cachexia: A Double-Blind Placebo-Controlled Randomized Trial**. J Pain Symptom Manage. 2021 Dec;62(6):1207-1215. doi: 10.1016/j.jpainsymman.2021.05.017. Epub 2021 May 26. PMID: 34051293.

Why is this article important?

- This study helps us better understand the role or lack thereof, of this medication in the management of anorexia in these patients..
- Although the appetite score increased significantly in both arms, there was no significant difference in the change from baseline to day 28 between them.
- Similarly, there was no significant difference between the two study arms in the change in all other outcome measures from baseline to day 28 except for the HADS-depression score.
- Interestingly, the increase in the HADS-depression score was significantly higher in the placebo arm at day 28.

Article selected by our team of contributors from the Brampton Hospital: Drs. Karim Manji, Aveksha Ellaurie, Humaira Saeed, José Pereira.
Presented by: Dr. José Pereira

HONORABLE MENTIONS

Honourable Mentions

1. Bovero, A., Opezzo, M., Botto, R., Gottardo, F., & Torta, R. (2021). **Hope in end-of-life cancer patients: A cross-sectional analysis**. Palliative and Supportive Care, 19(5), 563-569. doi:10.1017/S1478951520001388
2. Kwak J, Cho S, Handzo G, Hughes BP, Hasan SS, Luu A. **The Role and Activities of Board-Certified Chaplains in Advance Care Planning.** American Journal of Hospice and Palliative Medicine®. 2021;38(12):1495-1502. doi:10.1177/1049909121989996
3. Phippen A, Murray B, Pickard J, Ahamed A, Kay S, Waterman D. **Understanding the Patient Experience of "as-Required" Medication in a Hospice In-Patient Unit.** American Journal of Hospice and Palliative Medicine®. 2021;38(12):1466-1469. doi:10.1177/1049909121994306
4. Ferguson L, Wilson M. **Intranasal dexmedetomidine: Procedural sedation in palliative care: A case report.** Palliative Medicine. 2021;35(8):1625-1628. doi:10.1177/02692163211022184
5. Hua, May, et al. **What Affects Adoption of Specialty Palliative Care in Intensive Care Units: A Qualitative Study**. Journal of pain and symptom management 62.6 (2021):1273-1282
6. Baider L, Goldzweig G, Jacobs J, Ghrayeb I, Sapir E, Rottenberg Y. **Informal Caregivers of older Muslims diagnosed with Cancer: a Portrait of depression, social support and faith. Palliative and Supportive Care**. 2021; 19(5): 598-604. DOI: https://doi.org/10.1017/S147895152100081X
7. Ware O, McPherson M, Barklay J, Shega J, Guralnik J, Cagle J. **Recommendations for Prevention Medication Diversion and Misuse in Hospice Care: A Modified Delphi Study**. J Pain Symptom Managent. VOLUME 62, ISSUE 6, P1175-1187, DECEMBER 01, 2021.

Q&A

Wrap-up

- Please fill out our feedback survey!
- A recording of this webinar will be shared with registrants within the next week
- You can access the list of articles we have highlighted in this episode as well as a list of honorable mentions at our website at www.echopalliative.com
- We are hoping to broadcast a podcast within a month of each webinar.
- Thank you, see you soon, and stay up to date and safe.

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Thank You

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