

## Use of steroid to keep patients home

Dr Rico Liu  
Palliative Care Team  
Department of Clinical Oncology  
Queen Mary Hospital

Steroids can be considered an interesting class of drugs in the field of palliative care as they managed to find a place in many aspects of symptom management<sup>1,2</sup>. Specific indications of steroids include cerebral metastases, spinal cord compression, superior vena cava obstruction and lymphangitis carcinomatosa. Non-specifically they are used for control of pain, nausea and vomiting as well as for improving appetite. However, side effects of steroids, especially on long term, are well known which include Cushingoid habitus, hyperglycemia, myopathy and psychosis. With the understanding of side effects profile in mind, patients considered for non-specific use of steroids needs to be carefully selected<sup>3</sup>. A short course with frequent reviewed is necessary.

This article described a group of five consecutive patients whom steroids were used specifically to test the possibility of delaying their admission. It was believed that by improving their well being and appetite, family might find it easier to cope and be able to care for the patients longer at home. These patient were all having advanced malignancy and were followed up in out patient clinic for palliative care. They all expressed strong wish to stay at home as long as possible and had strong family support. Deteriorating general condition with performance status reaching ECOG III edging towards IV was the indication to start steroids. They were then reviewed regularly at 1-3 week interval and steroid dose was reduced to lowest tolerable dose.

### Case 1

Mr. T was a 70 years old man with renal cell cancer, which progressed to multiple liver metastases. His main symptoms included lethargy, weight loss and poor appetite. In Nov 2001, he was nearly bed bound and was anticipated to need admission. He was started on Dexamethasone 6mg, which was subsequently reduced to 2mg. His appetite markedly improved and lethargy improved. His wife was coping much better and he stayed home until Jan 2002.

### Case 2

Mr. W was a 77 years old man with colon cancer who failed multiple lines chemotherapy and progressed to symptomatic liver metastases. He had marked

weight loss, poor appetite and ascites. Again he was so weak that admission was considered to be imminent. He was started on Dexamethasone with diuretics in late Nov 2001. His appetite and ascites improved and family coped better. Admission was delayed to end of December.

### Case 3

Mrs. M was a 74 years old lady with cancer of stomach, which progressed to Krukenburg tumors. She deteriorated with marked weight loss, lethargy and poor appetite.

Dexamethasone started, in mid Feb 2002, with improving lethargy and appetite and she was coping much better at home. Her admission to hospice was delayed till end of March.

### Case 4

Mr. C was a 54 years man with cancer of rectum, which progressed to liver metastases. Again he had marked weight loss with deteriorating ECOG to III edging to IV. He was started on Dexamethasone in Feb 2002. Unfortunately he had a fall at home after 2 days and was subsequently admitted. Dexamethasone was stopped after admission and its effect could not be evaluated.

### Case 5

Mr. L was a 72 years old man with metastatic cancer of lung and back pain from para-aortic lymphadenopathy. Dexamethasone and analgesia were started in April 2002. Mr. L had marked improvement with performance status improved to ECOG II. He was admitted in June and was subsequently transfer to hospice.

### Summary of five cases

Case	Dose	Duration	Side effects	Comments
1	2-6mg	8 weeks	Insomnia	Delay admission. Wife very much appreciated
2	4-6mg	5 weeks		Delay admission. Family appreciated
3	4-6mg	6 weeks		Delay admission. Husband appreciated
4	6mg	2 days		Unable to evaluate
5	2-6mg	7 weeks	Hiccups	Delay admission. Son very much appreciated

### Conclusion:

In patients with advanced malignancy who has deteriorated to the point of needing in-patient care, a subgroup of patients with high motivation to stay home and strong family support could be identified. In this group, a trial of steroids is worthwhile with the goal of keeping them at home as long as possible through improving their

well-being and appetite enhancement.

References:

1. The use of corticosteroids in home palliative care. Mercadante S, Fulfaro F, Casuccio A Support Care Cancer 2001 Jul;9(5):386-9
2. A prospective survey of the use of dexamethasone on a palliative care unit. Hardy JR et al. Palliat Med 2001 Jan;15(1):3-8
3. To 'dex' or not to 'dex'. A descriptive account of corticosteroid use in palliative medicine. Ralls JE. Aust Fam Physician 1996 May;25(5):713-5