Octreotide Palliative care Shared Care Guideline

Specialist Details	Patient Identifier
Name: _____	
Location: _____	
Tel: _____	**Date:** _____

Introduction

Octreotide is an analogue of natural hypothalamic release-inhibiting hormone somatostatin.
Its use in palliative medicine is frequently beyond licence and indications include:

- Malignant bowel obstruction/high volume vomiting
- Severe discharge from rectal carcinoma
- Intractable non-infective diarrhoea
- High output GI fistula
- Malignant ascites

Adult Dosage and Administration

Adult dosage and administration: Octreotide is administered as a continuous subcutaneous infusion (CSCI) using sodium chloride 0.9% as the diluent (to reduce site irritation).
Dose range varies according to indication and clinical response. (Refer to the current Palliative Care Formulary). The usual range is 200-1500 micrograms daily although higher doses are occasionally used depending on the patient. Once improvement in the symptom is achieved, reduction in dose may be tried.

Suitability in a Syringe Pump:
Please seek specialist palliative care advice or refer to www.pallcare.info for information on combinations and compatibilities.

Preparations available Octreotide injection: 1mL solution for injection: 50 micrograms/mL, 100 micrograms/mL, 500 micrograms/mL. Orders can be made through local wholesalers. Note: Octreotide should be stored between 2- 8ºC. Note that the depot preparation must not be used in CSCI.

Palliative Medicine Specialist Responsibilities

- Assess appropriateness of octreotide use.
- Provide patient/carer with relevant information on use, side effects and need for monitoring of medication.
- Initiate and titrate the dosage regimen for octreotide, assessing response and any side effects.
- Agree shared care with GP including a clear plan for titration and Specialist Palliative Care follow up.
- Ensure a copy of the shared care guideline is sent to GP.
- Notify Specialist Palliative Care Community Nurse and District Nurse, as appropriate.
- Ensure prescription details and shared care guideline is sent to the community pharmacist nominated by the patient.
- **Strength of vial or ampoule must be stated on the prescription**
- Review the patient's response and continuing appropriateness of octreotide at intervals individualised to patient complexity, sending a written summary to the GP whenever the patient is reviewed. This may be facilitated by the Community Specialist Palliative Care Team.
- Provide any other advice or information for the GP if required.
- Stop the treatment when no longer considered to be appropriate.

- Ensure at least 7 days supply, rounded up to full packs, is issued on discharge, to ensure continuity of supply in the community.

GP Responsibilities

- Prescribe octreotide and arrange any ongoing monitoring as agreed with the Specialist Palliative Care Team
- **Strength of vial or ampoule must be stated on the prescription**
- If advised, monitor patient's glucose in liaison with Palliative Medicine Specialist.
- Refer to the Specialist Palliative Care Team if symptoms fail to respond to treatment.
- Review of the patient at regular agreed intervals to monitor control of symptoms.
- Identify adverse drug reactions and report to the Palliative Medicine Specialist and the CHM and MHRA.
- Liaise with District Nurse and Specialist Palliative Care Community Nurse.

Adverse Effects, Precautions and Contraindications

- **GI side effects**: anorexia, nausea, vomiting, cramping abdominal pain, abdominal bloating, flatulence, loose stools, and diarrhoea are common. Steatorrhea due to inhibition of pancreatic enzyme secretion may be overcome by the use of pancreatic enzyme supplements.
- **Pruritus, rash, and alopecia** are common.
- **Gallstone formation**: Octreotide may reduce gall bladder motility and may lead to gallstone formation in long-term recipients. (Routine ultrasound of the gallbladder is not indicated as it would not affect clinical decision making).
- **Cholelithiasis-induced pancreatitis** has been reported with long-term treatment. Very rarely, acute pancreatitis has been reported within the first hours or days of treatment.
- **Altered glucose regulation**. Possible inhibitory effects on secretion of insulin and glucagon (both hyperglycaemia and more rarely hypoglycaemia) have been reported. In patients with concomitant diabetes mellitus, monitoring of glucose tolerance is recommended and adjustment of antidiabetic therapy may be necessary.
- **Bradycardia**: In patients without underlying cardiac problems, octreotide may lead to a decrease of heart rate without necessarily reaching the threshold of bradycardia. In patients suffering from cardiac disorders prior to treatment, sinus bradycardia may occur. Care should be taken when initiating treatment in patients with bradycardia. Concomitant administration of bradycardia-inducing drugs (e.g. beta blockers) may have an additive effect on any associated slight reduction of heart rate. Dose adjustments of such concomitant medications may be necessary.

Common Drug Interactions

- Drugs mainly metabolised by CYP3A4 which have a low therapeutic index (e.g. carbamazepine, digoxin, warfarin, quinine); caution should be exercised during co-administration.
- **Dopaminergics**: octreotide increases plasma concentration of bromocriptine.
- **Ciclosporin**: octreotide markedly reduces plasma concentration of ciclosporin.
- **Cimetidine**: octreotide delays intestinal absorption of cimetidine.

Communication

For any queries relating to this patient's treatment with octreotide, please contact the specialist named at the top of this document.

This information is not inclusive of all prescribing information and potential adverse effects. Please refer to the full prescribing data SPC, the BNF and the current Palliative Care formulary. Information is also available at www.pallcare.info.

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