

## IAHPC Issues List of Essential Palliative Care Drugs

After receiving a request from the Cancer Control Program of the World Health Organization (WHO), the International Association for Hospice and Palliative Care (IAHPC) recently collaborated with other organizations to develop a list of drugs that are considered essential to the palliative care of patients. The WHO requested that the collaborators base the list on recommendations from experts in palliative care and that they consider both the effectiveness and safety of pharmacologic products.

A working committee formed by the IAHPC was chaired by Neil MacDonald, MD, of McGill University, Montreal, Quebec, Canada; it was co-chaired by Carla Ripamonti, MD, National Cancer Institute of Milan, Italy. Other members included Kathleen M. Foley, MD, Chair of the IAHPC, Memorial Sloan-Kettering Cancer Center, New York; Eduardo Bruera, MD, of The University of Texas M. D. Anderson Cancer Center, Houston; David Currow, MD, of Flinders University, South Australia; and Liliana De Lima, MHA, Executive Director of the IAHPC. Expert advisors included Peter Glassman, MD, and Karl Lorenz, MD, MSHS, of the US Department of Veterans Affairs.

The panel first identified symptoms most commonly mentioned by patients receiving palliative care. Because the committee members were more focused on symptoms than on treatment of underlying conditions, they excluded therapies for cancer, human immunodeficiency virus, and other infections. The committee developed a list of the 21 most common symptoms (Table 1).

The committee then asked IAHPC board members and other global leaders in palliative care to propose a list of drugs to treat these common symptoms. In all, 34 of 40 physicians initially contacted responded; 15 of these physicians

came from developing countries. These experts recommended 147 pharmaceuticals; after nonmedications (eg, oxygen, vitamins) and duplicates were removed, 120 drugs remained.

A total of 112 physicians and pharmacologists, 77 of whom were from developing countries, were sent a modified Delphi survey of 19 rating panels by e-mail; there was one panel for each symptom and four for pain (mild-to-moderate and moderate-to-severe pain, visceral pain, and bone pain). Respondents were asked to rate the safety and efficacy of each listed medication on a scale of 1–9 using a set of definitions for safety and effectiveness.

### SALZBURG MEETING

Members of 28 global, regional, and professional organizations involved with pain and palliative care were invited to a meeting in Salzburg, Austria, from April 30–May 2, 2006; 31 representatives from 26 organizations attended. These participants were divided into three groups to discuss medications to treat mental health symptoms, pain, and gastrointestinal symptoms. The groups were given a set of principles to guide their discussions and were reminded to maintain a global approach so decisions would apply to all countries around the world.

The groups discussed and selected medications that had the highest ratings in the Delphi survey and that were considered essential to treat each symptom. The chairs of the three groups shared the results with all participants, and the entire assembly then scrutinized the drug lists proposed by each group; any drug that was agreed upon by all 31 committee members was included in the IAHPC list.

In all, the *IAHPC List of Essential Medicines for Palliative Care* contains 33 drugs, 14 of which already appear on the current WHO Model List of Essential Medicines. The IAHPC list includes medications that

may be obtained without a prescription in the United States. Inclusion of a drug in one section of the list does not preclude its inclusion in another if the WHO determines that is needed to treat separate conditions. Interestingly, no consensus could be reached on safe, effective medications for bone pain, dry mouth, fatigue, hiccups, and sweating, with the committee agreeing that more research is needed before treatments for these symptoms could be recommended.

The *IAHPC List of Essential Medicines for Palliative Care* is available online at <http://www.supportiveoncology.net/journal/0408.html>. The IAHPC hopes that this list will be used as an example around the world as different countries develop their own register of palliative care medicines to meet patient needs according to available resources and medications. A further goal of the IAHPC is that this list will ultimately improve access to medications needed in quality palliative care.

A full report about the compilation of this list will be published in the next edition of the *Oxford Textbook of Palliative Medicine*.

**Table 1**

### Most Common Symptoms in Palliative Care According to IAHPC

Pain (mild-to-moderate, moderate-to-severe, bone, neuropathic, visceral)
Dyspnea
Terminal respiratory congestion
Dry mouth
Hiccups
Anorexia/cachexia
Constipation
Diarrhea
Nausea
Vomiting
Fatigue
Anxiety
Depression
Delirium
Insomnia
Terminal restlessness
Sweating