

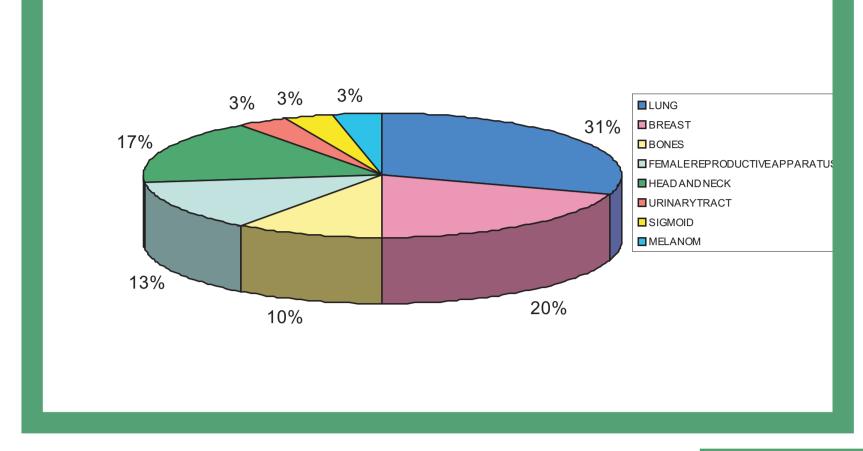
Use of Morphine to Control Terminal Dyspnea in a Palliative Care Unit in Brazil

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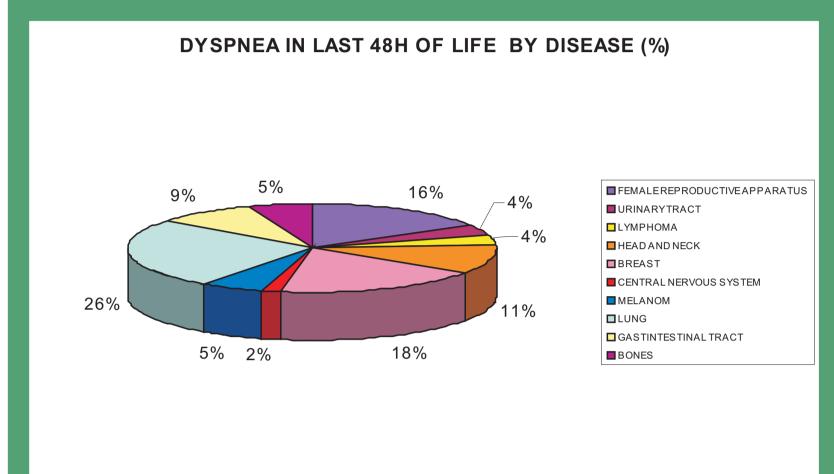
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BACKGROUND

The dyspnea is defined as: "Feeling uncomfortable in the act of breathing" and is one of the most prevalent and devastating symptoms in patients with advanced cancer, independent of the primary site of the disease. It one of refractory symptoms most commonly associated with the progressive loss in quality of life about 70% of patients with advanced cancer present some degree of dyspnea in the last six weeks of life. The Morphine is one of the best medicines for the treatment of terminal dyspnea; it reduces the discomfort and increases the tolerance to hypoxia and hypercapnia.

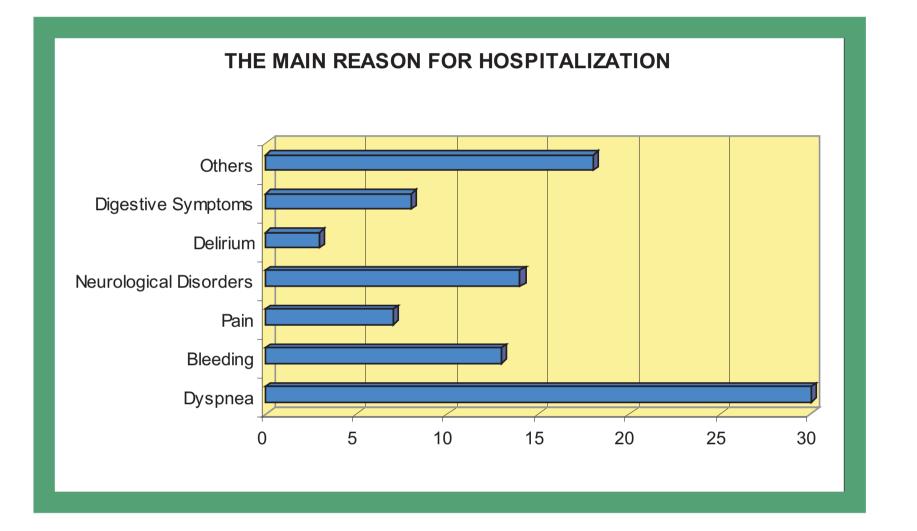


DYSPNEA ON ADMISSION BY PRIMARY TUMOR (%)



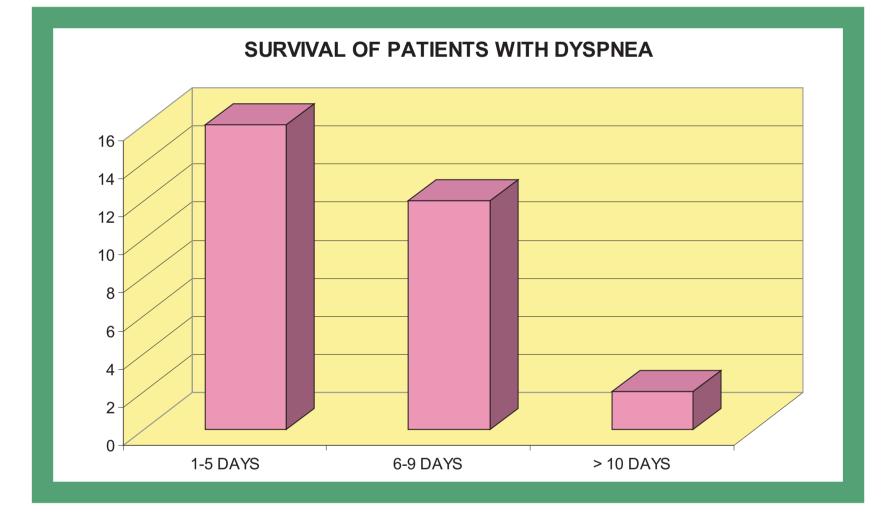
OBJECTIVES

To evaluate the incidence of dyspnea in hospitalization patients, the most prevalent disease and the use of morphine as medication of choice.



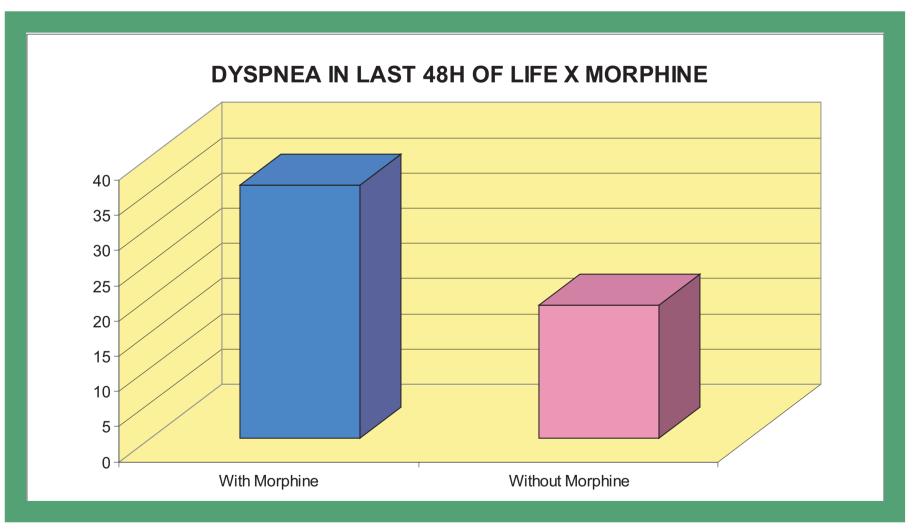
MATERIALS AND METHODS

Retrospective analysis of patient records. Were evaluated 78.9% (n=93) of 119 deaths in the hospital in July 2007, all randomly selected.



RESULTS

We found 55 patients (59.1%) that had dyspnea in the last 48 hours of life. Of these, 65.4% (n = 36) have made use of morphine in the same period, against 34,6% (n = 19) subjected to other medications. We found that 32.2% of patients (n = 30) had dyspnea as the main reason for hospitalization and 70% (n = 21) of these have made use of morphine. The pathology more related to dyspnea, in population that was admitted by the symptom or in population that presented this during hospitalization, was lung cancer (25% and 32% respectively), followed by breast cancer (18% and 22% respectively). Of the patients who admitted by dyspnea 53% (n = 16) had survival of 1 to 5 days and only 7% (n = 2) had survival higher than 10 days.



CONCLUSION

Dyspnea is one of the most prevalent symptoms in Palliative Care and the morphine is the drug of choice to treat it. But we can see that 30% of our patients whose main reason for hospitalization was dyspnea were not submitted to the use of morphine to death. In our service, we are conducting studies and protocols to improve their approach.

