中文題目：緩和鎮靜治療在肺癌末期病患的療效與安全性

英文題目：Efficacy and safety of palliative sedation therapy in terminally ill patients with lung cancer

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Background:

The use of palliative sedation therapy (PST) in terminally ill cancer patients remains a controversial issue. Sedative medicine may have better effect to ease feelings of “near drowning” and “unable to breathe” than traditional therapies with bronchodilators and/or morphine inhalation. Previous studies have shown that PST is safe when used to control refractory terminal symptoms in cancer patients. However, many people still concern that sedatives may compromise respiration and hasten death. Terminally ill patients with lung malignancies represent the population suffering breathlessness the most and are also at the highest risk of developing respiratory compromise with PST. The aim of this study is to evaluate the efficacy and safety of PST in terminally ill patients with lung cancer.

Materials and Methods:

Data were retrospectively collected from consecutive 120 lung cancer patients hospitalized to Kaohsiung Medical University Hospital for terminal symptoms control between Jan 2006 and Dec 2010. Standard therapy for patients with dyspnea included inhaled bronchodilators and inhaled or intravenous morphine. For those dyspnea not relieved by standard therapy, PST was considered. PST included fast titrated morphine injection, frequent, or continuous sedative medicine prescription. Heart rate, respiratory rate, and dyspnea scale and their changes measured four hours after treatments were compared between patients treated by standard therapy plus PST (PST group) and those by standard therapy only (Non-PST group). All patients were followed until death. All data were analyzed using SPSS version 19.

Result:

One hundred twenty lung cancer patients with severe terminal dyspnea were analyzed. All patients reported intractable dyspnea. There were 64 male and 56 female and average age 65 ± 12.3 years old. Adenocarcinoma and squamous cell carcinoma were the most common cell type. PST was offered by well-training medical staff and fully approved by patient or key person after family meeting discussion. The adverse effect and following reaction were well explained by doctors. Heart rate was of 115±18.4 beat/min before sedation and 98±18.58 beat/min after sedation 4 hours later in PST group. The difference was significantly between PST group and non-PST group. Also, respiratory rate before and after sedative medicine in PST group was significantly different from non-PST group ($p < 0.001$). No respiratory or cardiac arrest was reported. The log-rank test revealed no significant difference between the survival rates over time (p-value = 0.256). Median survival time was 17 days in PST group but 13.78 days for non-PST group.

Conclusion:

All terminally ill lung cancer patients experienced severe dyspnea. PST is effective in relieving sufferings while does not hasten death in terminally ill lung cancer patients.