Frimley Park Hospital NHS
NHS Foundation Trust

Shared Care Guideline for the use of Octreotide in Palliative Care

Section 1: Agreement for transfer of prescribing to GP

Patient details/addressograph

Name……

Address……
……
……
……

DOB…… Hospital no…….

Drug name and dose:……

Desired clinical outcome as agreed with the patient/carer

……

Consultant Address:…… ……... ……... ……... Contact no:……	**Agreement to shared care, to be signed by GP and Consultant before transfer of care to GP** Consultant signature: ……. Date:…….
GP Address:…… …….. …….. Contact no:……	GP signature: …….. Date:……..

Shared Care Guideline for the use of Octreotide in Palliative care

Responsibilities of the Consultant

- *Assessing suitability of the patient for treatment*
- *Initiating and supplying treatment until the patient is stable*
- *Liaison with the GP to agree to share the patient's care*
- *Assessing and monitoring the patient's response to treatment and recommending dose changes*
- *To monitor and evaluate adverse drug reactions*
- *Respond to any request from the GP to review the patient due to adverse effects/loss of efficacy of the therapy*

Responsibilities of the GP

- *Prescribing of octreotide injection once the patient is stable*
- *Monitoring the general health of the patient*
- *To liaise with the Palliative Care Team regarding any aspect of patient care which is of concern e.g. deterioration, loss of symptom control*
- *Report adverse effects of therapy to the consultant and the MHRA*

Shared Care protocol for the use of *Octreotide* in Palliative care

Section 2: Information

Octreotide is an analogue of somatostatin. Somatostatin blocks the secretion of several hormones including insulin, glucagon and gastrin, and vasoactive intestinal polypeptide.
It reduces splanchnic blood flow, portal blood flow, gastro-intestinal motility, gastro-intestinal secretions, and increases water and electrolyte absorption.
Octreotide acts by breaking the vicious cycle of distension and secretion in malignant bowel obstruction enabling the bowel to rest. It also has a direct anti cancer action.

Indications

Licensed Indications

The relief of symptoms associated with gastroenteropancreatic tumours (GEP tumours) including:
• Carcinoid tumours with features of carcinoid syndrome
• VIPomas
• Glucagonomas

Palliative Care

Octreotide is used for symptom control in:

- Neuro-endocrine tumours
- Intractable diarrhoea
- Intestinal obstruction
- Severe vomiting.

Dose

Syringe Driver

Octreotide is given via a continuous subcutaneous syringe driver.
The starting dose is 200-300 micrograms in 24 hours. The dose is titrated against response in 200-300 microgram increments. The usual dose is up to 600 micrograms daily, but occasionally doses up to 1500 micrograms can be used.

Monitoring

- Assess the patient regularly for adverse effects, changes in response and clinical condition
- Syringe driver to be checked daily by the district nurse for clouding
- The infusion site should be checked daily by the district nurse for inflammation

Cautions

- Insulinoma and diabetes mellitus – octreotide can cause glucose intolerance.
- Octreotide is not compatible with some other commonly used palliative care drugs (such as cyclizine and dexamethasone) when mixed together in the same syringe driver.

Contra-indications

Hypersensitivity to octreotide or any of the excipients

Side effects

- *Gastro-intestinal disturbances including anorexia, nausea, vomiting, abdominal pain and bloating, flatulence, diarrhea, and steatorrhoea. These usually settle within days of starting the treatment*
- *Hyperglycaemia or hypoglycaemia.*
- *Gallstones with long-term treatment.*
- *Abrupt withdrawal may cause biliary colic*
- *Pain and irritation at the injection site. Using sodium chloride 0.9% as diluent for continuous syringe driver should reduce this.*

Interactions

- **Bromocriptine** – Octreotide increases plasma levels of bromocriptine
- **Ciclosporin** – Octreotide reduces plasma levels of ciclosporin
- **Cimetidine** - Absorption of cimetidine may be delayed.
- **Diabetic medication** - Requirements for insulin, metformin, repaglinide and sulphonylureas may be reduced.

Duration of treatment

This is assessed after a trial and will depend on the patient's condition and response.

References

1) Palliative Care Formulary Second Edition, Radcliffe Medical Press
2) Medicines Compendium ABPI 2006
3) British National Formulary 52
4) Mercadante S, Maddaloni S, Octreotide in the management of inoperable gastrointestinal obstruction in terminal cancer patients. Journal of Pain and Symptom Management 1992; 7(8): 496-498.

Contacts

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This does not replace the SPCs, which should be read in conjunction with this guidance. Prescribers should also refer to the appropriate paragraph in the current edition of the BNF