## REFERENCES

The full list of references and further reading is published with the online version of this article at www.australianprescriber.com/magazine/37/6/204/9

- Currow DC, Stevenson JP, Abernethy AP, Plummer J, Shelby-James TM. Prescribing in palliative care as death approaches. J Am Geriatr Soc 2007;55:590-5.
- Steinhauser KE, Christakis NA, Clipp EC, McNeilly M, McIntyre L, Tulsky JA. Factors considered important at the end of life by patients, family, physicians, and other care providers. JAMA 2000;284:2476-82.
- Stevenson J, Abernethy AP, Miller C, Currow DC. Managing comorbidities in patients at the end of life. BMJ 2004;329:909-12.
- 8. Holmes HM. Rational prescribing for patients with a reduced life expectancy. Clin Pharmacol Ther 2009;85:103-7.
- Homsi J, Walsh D, Rivera N, Rybicki LA, Nelson KA, Legrand SB, et al. Symptom evaluation in palliative medicine: patient report vs systematic assessment. Support Care Cancer 2006;14:444-53.
- Bush SH, Kanji S, Pereira JL, Davis DH, Currow DC, Meagher Dj, et al. Treating an established episode of delirium in palliative care: expert opinion and review of the current evidence base with recommendations for future development. J Pain Symptom Manage 2014;48:231-48.
- White C, McCann MA, Jackson N. First do no harm... Terminal restlessness or drug-induced delirium. J Palliat Med 2007;10:345-51.
- Currow DC, Rowett D, Doogue M, To TH, Abernethy AP. An international initiative to create a collaborative for pharmacovigilance in hospice and palliative care clinical practice. J Palliat Med 2012;15:282-6.

## Dental note

## Managing the adverse effects of drugs used in palliative care

Very few patients actually complain of oral dryness (1.5%), yet on questioning, this is the second highest reported symptom of concern (67%) in patients receiving palliative care.<sup>1</sup> A study assessing end-of-life care found that of the 96 patients with an estimated life expectancy under three months, mouth pain was reported by 67%, problems with food intake by 56%, and dry mouth by 78%.<sup>2</sup> What is disappointing is that 78% of these patients said that they had received no information about oral adverse effects of cancer treatment.<sup>2</sup>

In an interview-focused study of 14 palliative care patients, from a mid-sized hospital in regional Australia, it was found that a range of oral problems significantly impacted on their physical, social and psychological well-being to varying degrees, sometimes over extended periods of time.<sup>3</sup> The participants reported a lack of oral assessment and virtually no input from dental experts to assist with palliating oral problems.<sup>3</sup>

These problems are not new. In the 1990s many terminally ill patients were found to have oral problems resulting from therapy and poor oral care during lengthy illnesses. It was suggested that by including a dentist in the palliative care team, the dental needs of dying patients would be likely to be managed more effectively.<sup>4</sup>

Dental assessments may well identify dental disease, to not only reduce the microbial load, but also decrease the risk of oral pain and infection.<sup>5</sup> Including a dentist in the multidisciplinary approach to palliative care may also improve the patient's ability to speak, eat or swallow.<sup>5</sup>

Unfortunately, there is no single panacea for oral palliative care. There have been many suggested strategies, based on the limited clinical trial data available.<sup>6</sup> Simple mouthwashes using bicarbonate<sup>7</sup> may well be as effective as complex, over-the-counter and expensive topical products. These simple mouthwashes will not alleviate pain from dental disease, such as oral candidiasis, periodontal disease, tooth pain or abscesses, however dentists are excellent at dealing with specific physical curative treatment, that often has almost instantaneous results. Examples are the repair of a fractured tooth, the removal of an infected tooth, or the perfection of a smile with dental aesthetics.

## Michael McCullough

On behalf of the Dental Therapeutics Committee Australian Dental Association

- Homsi J, Walsh D, Rivera N, Rybicki LA, Nelson KA, Legrand SB, et al. Symptom evaluation in palliative medicine: patient report vs systematic assessment. Support Care Cancer 2006;14:444-53.
- 2. Wilberg P, Hjermstad MJ, Ottesen S, Herlofson BB. Oral health is an important issue in end-of-life cancer care. Support Care Cancer 2012;20:3115-22.
- Rohr Y, Adams J, Young L. Oral discomfort in palliative care: results of an exploratory study of the experiences of terminally ill patients. Int J Palliat Nurs 2010;16:439-44.
- 4. Lapeer GL. The dentist as a member of the palliative care team. J Can Dent Assoc 1990;56:205-7.
- Paunovich ED, Aubertin MA, Saunders MJ, Prange M. The role of dentistry in palliative care of the head and neck cancer patient. Tex Dent J 2000;117:36-45.
- 6. Sweeney MP, Bagg J. The mouth and palliative care. Am J Hosp Palliat Care 2000;17:118-24.
- Oral and Dental Expert Group. Therapeutic Guidelines: Oral and dental. Version 2. Melbourne: Therapeutic Guidelines Limited; 2012.