

# Dexamethasone: Using Corticosteroids in Palliative Care



## Introduction

Corticosteroids are considered multi-purpose analgesics and are helpful in a variety of painful conditions in the hospice and palliative care patient. Agents such as dexamethasone are most helpful in treating pain secondary to inflammation, obstruction, organ capsule distention, bone metastasis, and spinal cord compression.

Corticosteroids may have additional benefits in palliative care due to their ability to improve appetite, decrease nausea and vomiting and improve energy level, contributing to an overall improved sense of well being for these patients.

Doses used are variable based on the symptom; however the general rule of thumb should be to use the lowest effective dose in order to minimize side effects. Common toxicities associated with corticosteroids include insomnia, mood changes, hyperglycemia, edema and gastrointestinal upset.

More serious side effects are related to length of therapy and include osteoporosis, Cushingoid (moon-faced) appearance and increased infections. However, when used in the hospice and palliative care setting these long-term side effects are usually outweighed by quality of life benefits and are rarely an issue.

## Considerations

- Consider corticosteroids as co-analgesics in patients with somatic and visceral pain syndromes, such as bone metastasis, bowel obstruction, organ capsule distention, inflammation, and spinal cord compression.
- Consider corticosteroids in patients with co-morbid symptoms, such as decreased appetite, fatigue and nausea and vomiting, as a means to decrease medication burden.
- Use the lowest effective dose to decrease toxicity.

## Symptom Management

After initial trial of several days, if there is no improvement the steroid should be discontinued. If the initial response is favorable, the proper maintenance dose should be determined by decreasing the dose in small increments to the lowest dose that maintains the desired clinical response. If a steroid has been used for more than several days, it should be tapered slowly.



### Dose Selection for Dexamethasone (Decadron®)

Indication	Dose	Route
Soft tissue/bone pain	2-4 mg bid-tid	po or IV
Nerve compression Severe bone pain Lymphedema Visceral distention	4-8 mg bid-tid	po or IV
Headache from Increased Intracranial Pressure	4-12 mg tid-qid	po or IV
Intractable Nausea/Vomiting	8-16 mg qd (divide doses)	po or IV
Acute Spinal Cord Compression	40 mg IV stat over 15 min. then 10 mg slow IVP q 6 hr, +/- XRT Change to po when symptoms controlled	

