



Article of the Month

April 2016

The Influence of Low Salivary Flow Rates on the Absorption of a Sublingual Fentanyl Citrate Formulation for Breakthrough Cancer Pain

Andrew Davies, FRCP, Gill Mundin, BSc (Hons), Joanna Vriens, MRCP, Kath Webber, PhD, Alison Buchanan, RGN and Melanie Waghorn, RGN

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Nine cancer patients with salivary gland hypofunction underwent a series of three pharmacokinetic studies with the sublingual fentanyl orally disintegrating tablet (Abstral). The data suggests that salivary gland hypofunction negatively affects the pharmacokinetics of sublingual fentanyl orally disintegrating tablets (longer T_{max}, lower C_{max}, a lower AUC-30 and a lower AUClast). The use of a saliva substitute (water) or a saliva stimulant (pilocarpine) were equally effective in terms of optimizing the absorption of the sublingual fentanyl orally disintegrating tablet although this study did not compare this with patients with normal salivary gland function. Given that salivary gland hypofunction is very common in palliative care patients the authors suggest that patients are advised to moisten the oral mucosa before dosing or be prescribed a salivary stimulant.

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Methicillin-resistant Staphylococcus aureus: Prevalence, incidence, risk factors, and effects on survival of patients in a specialist palliative care unit: A prospective observational study.

Aoife Gleeson, Philip Larkin, Cathal Walsh and Niamh O'Sullivan
Palliative Medicine 2016, Vol 30(4) 374-381

Data were collected for consecutive patient admissions to a 16-bed specialist palliative care unit in Ireland over an 18 month period resulting in 609 admissions for 466 individual patients. Prevalence of MRSA colonization was 11.59% with a 1-week incidence of colonization of 1.2%. Risk factors included high Waterlow score, high palliative performance scale score, MRSA prior to admission, admission from hospital, presence of urinary catheter or PEG tube and poor dietary intake. MRSA was eradicated in 8.1% with 62.2% of MRSA patients dying before completion of the eradication protocol calling into question the value of the eradication protocol. The authors suggest that MRSA screening be best restricted to high risk patients. MRSA did not significantly impact on survival but was significantly associated with having infection episodes and length of stay.

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Prepared by Helen McGee, on behalf of the APM Science Committee