

*Journal Watch* (Medication - Corticosteroids)

**A Prospective Randomized Study of Corticosteroids as Adjuvant Drugs to Opioids in Advanced Cancer Patients.**

Mercadante SL, Berchovich M, Casuccio, et al. *Am J of Hospice & Palliative Medicine* 2007; 24(1):13-19.

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Received during: Journal Club (21<sup>st</sup> June 2007)  
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Abstract:

This randomized controlled study evaluated the role of corticosteroids as adjuvants to opioid therapy in 76 advanced cancer patients with pain who requiring strong opioids. Patients were divided in 2 groups. Group O received conventional opioid treatment. Group OS received dexamethasone (8 mg orally) along with conventional treatment. Pain and symptom intensity, sense of well-being, and opioid escalation index and distress score were recorded at weekly intervals until death. No differences in pain intensity, opioid consumption, and opioid escalation index were found in 66 patients who survived 33 to 37 days. Corticosteroids did not provide significant additional analgesia to opioids, but persistently decreased opioid-related gastrointestinal symptoms for the patients with limited survival and improved the sense of well-being for some weeks. Corticosteroid-related toxicity was minimal. Further studies with an increased sample size are necessary to detect any minimal difference in analgesia between the two groups.

Comments:

Strengths/uniqueness:

The authors wisely chose a study design to fit the limitations of completing clinical research given the frailty of their palliative care patient population.

Weakness:

Some aspects of the study design are poorly defined e.g. moderate to severe cancer pain, characteristics of cancer pain syndromes. There is no mention of ethics board approval or patient consent in this report. The inability of the study design to randomize patients with specific indications that may respond better to the addition of steroids rather than opioid titration alone is a limiting factor.

Relevance to Palliative Care:

This report provides evidence that poorly targeted addition of steroids will be of no benefit to pain management but may have a temporary benefit for some GI symptoms.