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PCF4 2nd reprint changes

We would like to thank members for their support which has seen the original and first reprint of PCF4 sell out. In preparing for the 2nd reprint, we have made some minor changes to spelling and formatting in addition to the following changes and clarifications to the text. We recommend that you amend your copy accordingly. All necessary changes have already been made on the website.

Use of drugs beyond and without marketing authorization

Page xii (Prescribing for off label indications or unlicensed drugs) the sentence regarding legislation on mixing controlled drugs has been updated to reflect the recent legislative changes now allowing this.

Olanzapine

Page 168 (Supply) "Withdrawn from the UK market September 2012" added after the injection.

Selective Serotonin Reuptake Inhibitors

- Page 193 (Cautions) "QT prolongation risk factors (see p.727)" has been added
- Page 194 (Drug interactions) "QT prolongation (particularly **citalopram** and **escitalopram**, see p.727)" has been added to the list of additive pharmacodynamics interactions in the first paragraph
- Page 194 (Drug interactions) the final sentence in this section has been changed to read "**Citalopram**, **escitalopram** and **sertraline** rarely require dose reduction with other enzyme inhibitors (e.g. **cimetidine**, **omeprazole**); consider only if symptoms of toxicity occur."
- Page 194 (Dose and use, citalopram subsection) the maximum dose of citalopram in the second bullet point has been *reduced* from 60mg to 40mg. The following information has also been added "restrict maximum dose to 20mg in those over 60, hepatic impairment, or with inhibitors of CYP2D6."

5HT₃ Antagonists

- Page 235 (Drug interactions) the following has been added to be consistent with the information in the paracetamol monograph, "Concurrent use of **tropisetron** and **granisetron** can completely block the analgesic effect of **paracetamol**, but **ondansetron** may be safe in this respect (see p.289)."
- Page 235 (Supply) Kytril injection has been removed due to discontinuation.

Phenobarbital

Page 272 (Dose and use, terminal agitation subsection) the maximum dose in the 6th bullet point has been *increased* from 3,400mg to 3,800mg to be in line with Table 4.36.

Buprenorphine

Page 389 (Quick Practice Guide) in point 7, the word "opioids" has been added to the last bullet point for clarification. It now reads "CSCI/CIVI opioids, continue the infusion for about 12h after applying the patch."

Fentanyl

Page 399 (Quick Practice Guide) in point 7, the word “fentanyl” has been added to the last bullet point and an additional bullet point regarding conversion from CSCI/CIVI morphine has been added above. It now reads:

- “CSCI/CIVI morphine, continue the infusion unchanged for 8–12h after applying the patch
- CSCI/CIVI fentanyl, continue the infusion unchanged for 3h after applying the patch, then halve the dose for the next 3h, then discontinue.”

Oxycodone

Page 425 (Dose and use) a grey box has been added warning of the possible appearance of m/r tablet remains in patient’s faeces.

Demeclocycline

Page 493 (Pharmacology) in the diagnosis of SIADH the 3rd and 4th bullet points have been corrected, the whole section now reads, “The diagnosis of SIADH is based on the following criteria:

- hyponatraemia (<130mmol/L)
- low plasma osmolality (<270mosmol/L)
- urine osmolality >300mosmol/L (i.e. higher than plasma osmolality)
- urine sodium concentration always >20mmol/L, and generally >40mmol/L
- normal or moderately expanded plasma volume.”

Chapter 16 Drug treatment in the imminently dying

Page 640 (Box 16.A, phenobarbital subsection) the last sentence now reads “if necessary, increase the dose progressively to 2,400mg/24h, or even higher (see p.272).” to be consistent with the phenobarbital monograph.

Indexes

Page 791 to 799 the indexes have been made more user friendly.

The changes made for the 1st reprint in January 2012 have already been made available and can be accessed from the latest additions section of the www.palliativedrugs.com website, along with a list of those monographs that have been updated on the website since PCF4 publication.

We apologise for the inconvenience these changes may cause. We endeavour to achieve the highest levels of accuracy in the text and are always grateful for your feedback (hq@palliativedrugs.com).