www.palliativedrugs.com survey

Metoclopramide – What is your experience?

November – December 2013

Number of responses = 190

1) Do you prescribe metoclopramide for regular long term use (i.e. for more than 1 week) in your palliative care patients? (yes_no)

answer	*votes*	*% of vote*
Yes	190	100%
No	0	0%

2) How many years have you been working in palliative care? (one_of)

answer	*votes*	*% of vote*
Less than 1 year	4	2%
Between 1 and 5 years	29	15%
Between 5 and 10 years	51	27%
Between 10 and 15 years	48	25%
More than 15 years	58	31%

3) Which age group do you treat in palliative care? (one_of)

answer	*votes*	*% of vote*
Adults only	163	86%
Children only	1	1%
Both	26	14%

4) Have you seen tardive dyskinesia as a result of regular long term use of metoclopramide in a palliative care patient? (yes_no)

answer	*votes*	*% of vote*
Yes	34	18%
No	154	81%

4a) If yes, please state the indication it was being used for, whether adult or child, the dose and the duration of use before onset of tardive dyskinesia. (freetext)

The majority of responses were for nausea and vomiting in adults at a dose of 10mg t.d.s. (sometimes up to 80mg/24h) with an onset of 1-2 weeks.

5) Have you seen any of the following other movement related undesirable effects with metoclopramide? (many_of)

answer	*votes*	*% of voters*
Abnormal positioning of the head and neck (retrocollis, torticollis)	15	8
Spasms of the jaw muscles (trismus, gaping, grimacing)	20	11
Tongue dysfunction (dysarthria, protrusion)	10	5
Dysphagia	4	2
Laryngopharyngeal spasm	0	0
Dysphonia	3	2

Spasm of extra-ocular muscles including oculogyric crises	17	9
Abnormal positioning of limbs or trunk	7	4
Fidgety movements or swinging of legs	51	27
Rocking from foot to foot when standing	9	5
Pacing to relieve restlessness	34	18
Inability to sit or stand still for several minutes	37	20
Course resting tremor of limbs, head, mouth and/or tongue	25	13
Muscle rigidity (cogwheel or lead pipe)	36	19
Bradykinesia	26	14
Sialorrhoea (drooling)	7	4
Shuffling gait	22	12
Other movement related disorder (please state in comments below)	6	3

5a) If yes, please state the indication it was being used for, whether adult or child, the dose and the duration of use before onset of the movement related undesirable effect. (freetext)

The majority of responses were for nausea and vomiting in adults, some in relation to gastric stasis or bowel obstruction.

A dose was quoted in 47 of the responses; 70% used a dose of 30−40mg/24h, the remainder 60−80mg/24h.

A duration of onset was quoted in 41 of the responses; an undesirable effect was seen immediately (15% - 2 saw oculogyric crisis after a single dose), within a week (20%), within a month (34%) or after several months (31%).

6) As a consequence of the EMA recommendations, will you be changing your prescribing practice? (yes_no)

answer	*votes*	*% of vote*
Yes	54	29%
No	133	70%

6a) If yes, please indicate how you will change your prescribing practice. (freetext)

In summary, the following responses were given:

- restrict duration of prescribing to short term use only (30%)
- restrict prescribing to low dose (30%)
- switch to domperidone for oral use (24%)
- be more vigilant for undesirable effects (12%)
- give greater information/explanation to patients (7%).

7) Further comments. (freetext)

In general the responses indicated that metoclopramide is a very useful drug in palliative care patients and undesirable effects were felt to be relatively rare. The EMA guidelines have heightened awareness of potential problems to bear in mind when prescribing.

Below is a copy of the EMA statement, given in response to questions of using metoclopramide in palliative care by Dr Trevor Rimmer, which is posted on our bulletin board:

“The CHMP recommendations were based on careful analysis of the evidence for efficacy and safety of metoclopramide in its licensed indications. Very limited high quality data was found in support of the efficacy of metoclopramide in the majority of these indications, but there was a clear risk of potentially serious neurological reactions.

Since use in palliative care was not a licensed indication for metoclopramide-containing medicines, the CHMP evaluation did not specifically examine such use. The aim of the review

was to examine the evidence for efficacy and safety in the licensed indications, and to restrict the use of metoclopramide to those of the existing indications in which reliable evidence supported a favorable benefit-risk balance.

We understand that palliative care often requires the use of medicines out with their standard licensed indications since few medicines are specifically studied and licensed for use in terminally ill patients, in whom the balance of risks and benefits may differ from other patient groups. Presumably, even if the licensed indications for metoclopramide are restricted in line with CHMP advice, this will continue to be true, and if off-label metoclopramide was previously recognized as standard practice by specialists in palliative care, that should not necessarily change as a consequence of the CHMP's review. In theory, therefore, there is no reason that the changes in the licensed product information for metoclopramide should prevent the use of the medicine in the situations described in your email."