Terapia con sedación paliativa en pacientes terminalmente enfermos. Experiencia de una institución en Colombia

Palliative sedation (PS) given to patients treated at the Fundación Santa Fe de Bogotá

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Background. Around 50% of advanced-stage cancer patients have inadequate control of symptoms during the final period of life; palliative sedation (PS) would seem to be appropriate in such scenario.

Methods. A retrospective cohort analytical study was carried out for determining the effectiveness of PS, evaluating the non-reduction of the number of final days of life in patients suffering advanced-stage cancer. PS therapy consisted of using a continuous infusion of benzodiazepines, opioids, antipsychotics and/or anaesthetics.

Results. The study included 145 patients recorded between July 2008 and October 2012. Median age was 68 years (24% of the patients being aged over 80). The main motives for considering PS were dyspnoea (30%), uncontrolled pain (25%), delirium (26%) and presenting more than one of these symptoms (19%). The drugs used were opioids (in 87% of the patients), benzodiazepines (54%) and anaesthetics (2%). Using PS led to symptoms becoming controlled in 79% of the cases compared to 53% without it; symptoms became controlled in 85% of the cases in less than 24 hours when PS was used compared to 15% when it was not used (p <0,001). Mean overall survival (OS) was 6.8 days for those who received PS and 7.2 for those who did not (RR 0.94, 0.97-1.33 95%CI; p = 0.72) and final days of life after starting PS was 2.2 days (<1-16 days). Multivariate analysis showed that using PS (HR 1.49, 1.08-2.07 95%CI; p = 2.04) and the presence of oedema (RR 0.79, 0.61-1.0 95%CI; p = 0.01) modified the course of controlling symptoms.

Conclusions. PS improved the time to controlled cancer symptoms in patients suffering terminal illness, and their presentation profile without modifying the OS.

Respuesta terapéutica del pegfilgrastim versus filgrastim en pacientes sometidos a trasplante autólogo de médula ósea

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Objetivo. Determinar la respuesta terapéutica del pegfilgrastim versus el filgrastim en pacientes.

Metodología. Este es un estudio observacional, descriptivo, retrospectivo, basado en registro de historia clínica, donde se comparan los pacientes que recibieron filgrastim versus los pacientes que recibieron pegfilgrastim posterior a TAMO en la Unidad de Trasplantes del Centro Médico Imbanaco entre los años 2010 a 2012. Criterios de inclusión: pacientes mayores de 15 años que fueron sometidos a TAMO, de 2010 a 2012, a criterio del médico tratante, y que tuvieron recuperación de neutrófilos mayor a 500 cel./ul. Pacientes que recibieron filgrastim las primeras 72 horas postrasplante o pegfilgrastim el día +7 postrasplante.

Resultados. Se presentará el tiempo de recuperación de neutrófilos por encima de 500 mm^3 y las variables secundarias son presencia de neutropenia febril (NF) y el número de células CD34 trasplantadas.