## Palliative care of chronic progressive lung disease

Editor – We read with interest the review on palliative care for patients with chronic progressive lung disease (*Clin Med* February 2014 pp 79–82). The authors recommend opioids and benzodiazepines for the symptomatic management of breathlessness. However, although there is reasonable evidence to support the use of opioids in this scenario,[1,2] a recent systematic review concluded that 'there is no evidence for a beneficial effect of benzodiazepines for the relief of breathlessness in patients with advanced cancer and COPD [chronic obstructive pulmonary disease]'.[3] Moreover, TJR Harrison reported 'no correlation between symptom relief and level of anxiety' in his study of lorazepam for the management of breathlessness in patients with advanced cancer.[4] In other words, there is no evidence to support the use of benzodiazepines to manage breathlessness, even in patients with co-existent anxiety.

Many physicians are wary of prescribing opioids and benzodiazepines in patients with chronic lung disease due to concerns about their safety.[5] Recently, Ekström *et al* reported that the administration of low dose opioids (ie ≤30 mg oral morphine equivalence/day) to patients with 'severe' COPD was not associated with an increased risk of hospitalisation or death.[6] However, higher doses of opioids did appear to lead to increased mortality. In contrast, Ekström *et al* reported that the administration of low (and high) dose benzodiazepines was associated with an increased risk of hospitalisation and death.[6] Interestingly, the concurrent use of low dose opioids and low benzodiazepines did not appear to lead to increased hospitalisation or mortality. ■

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## References

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2 Johnson MJ, Bland JM, Oxberry SG *et al.* Opioids for chronic refractory breathlessness: patient predictors of beneficial response. *Eur Respir J* 2013;42:758–66.
3 Simon ST, Higginson IJ, Booth S *et al.* Benzodiazepines for the relief of breathlessness in advanced malignant and non-malignant disease in adults. *Cochrane Database Syst Rev* 2010;20:CD007354.
4 Harrison, TJR. *A comparison of the effectiveness of oral lorazepam and placebo in relieving breathlessness associated with advanced cancer* [dissertation]. Bristol: Bristol University, 2004.
5 Young J, Donahue M, Farquhar M *et al.* Using opioids to treat dyspnea in advanced COPD: attitudes and experiences of family physicians and respiratory therapists. *Can Fam Physician* 2012;58:e401–7.
6 Ekström MP, Bornefalk-Hermansson A, Abernethy AP, Currow DC. Safety of benzodiazepines and opioids in very severe respiratory disease: national prospective study. *BMJ* 2014;348:g445.

## Response

Editor – We thank Drs Patel and Davies for their comments and agree with their observations on the evidence base for the use of opioids and benzodiazepines for the relief of breathlessness in lung disease. Many treatments used in palliative medicine lack evidence from randomised controlled trials, which can be difficult to undertake. This applies to treatments for anorexia, fatigue, sweating and itch, as well as for breathlessness. The Cochrane review by Simon *et al* did not show a beneficial effect for benzodiazepines in breathless patients but showed a trend towards benefit which they considered sufficient to justify considering an individual therapeutic trial when opioids and non-pharmacological measures have failed.[1]

When a patient has a difficult symptom, we tend to use the treatment with best evidence initially, but often need to resort to less tried and tested therapies if unsuccessful, while awaiting the results of better, adequately powered studies. ■

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## Reference

1 Simon ST, Higginson IJ, Booth S *et al.* Benzodiazepines for the relief of breathlessness in advanced malignant and non-malignant disease in adults. *Cochrane Database Syst Rev* 2010;20:CD007354.