

**SHARED CARE**

**Drug:OCTREOTIDE (Sandostatin)      Protocol number: CV 16**

**Indication: IN PALLIATIVE CARE SETTING**

**Refractory vomiting in bowel obstruction  
High output enterocutaneous fistulae/enterostomies  
Refractory diarrhoea and short bowel syndrome**

**General guidance:**

This protocol sets out details for the shared care of patients requiring **subcutaneous octreotide** and should be read in conjunction with the General Guidelines for Shared Care. Sharing of care requires communication between the specialist, GP and patient. The intention to share care should be explained to the patient by the doctor initiating treatment. **The doctor who prescribes the medication legally assumes responsibility for the drug and the consequences of its use.** The prescriber has a duty to keep themselves informed about the medicines they prescribe, their appropriateness, effectiveness and cost. They should also keep up to date with the relevant guidance on the use of the medicines and on the management of the patient's condition.

**Background:**

Sandostatin is a synthetic peptide analogue of Somatostatin. This neurohormone has a wide range of mainly inhibitory gastrointestinal and endocrine actions. It reduces gastric acid secretion, gastric motility, pancreatic secretions, bile flow, small intestinal secretions and motility. It increases intestinal transit time and water/electrolyte absorption.

Because of these actions Octreotide is used to reduce the volume/frequency of vomits in bowel obstruction where other measures have failed. It may control excessive output from enterostomies or enterocutaneous fistulae. It reduces diarrhoea from short bowel syndrome or secretory causes that has been refractory to other treatments. Octreotide is expensive, it should be stopped promptly if symptomatic improvement is not significant. But its costs should be balanced against improvements in quality of life.

**Responsibilities**

**A. Consultant responsibilities**

1. When treatment is **initiated** send Shared Care request form with Shared Care Protocol to GP.
2. Baseline and continued monitoring of clinical parameters

3. Initiate therapy following full discussion with the patient of benefits and risks. Titrate octreotide dose and undertake monitoring of clinical response and side effects.
4. When a GP positive response to SC has been received and patient has been stabilised send a letter to GP “handing over” the Shared Care of the patient to the GP
5. Respond to any request from GP to review the patient due to adverse effects of therapy.
6. Notify GP if patient is failing to attend for appropriate monitoring and advise GP on appropriate action.

## **B. General practitioner responsibilities**

1. Within one week of receipt return the completed Shared Care request form to indicate whether or not willing to undertake Shared Care.
2. Prescribe **subcutaneous octreotide** as part of the shared care testing agreement.
3. Monitor the general health of the patient.
4. Seek advice from the consultant on any aspect of patient care which is of concern.
5. Reporting adverse effects of therapy to the consultant and the Medicines and Health Care products Regulatory Agency (MHRA).
6. To act on advice provided by the Consultant if patient does not attend for appropriate monitoring.

## **C. Patient responsibilities**

1. Consent to treatment with octreotide.
2. Attend regular appointments with specialist centre and GP.
3. Report any side effects to the specialist or GP whilst receiving octreotide.

## **Dosage Regimen**

Octreotide is given via a subcutaneous syringe driver. The starting dose is 200-300mcg/24 hours. The dose is titrated against response in 200-300mcg increments every 48 hours to a usual maximum dose of 1000mcg/24 hours. If there is no response with 600mcg/24 hours the treatment is abandoned.

## **Monitoring**

The patient should be assessed regularly for adverse effects, changes in response and clinical condition. The syringe driver should be checked daily by the District Nurse for clouding and the infusion site for inflammation. Octreotide can cause glucose intolerance which may explain changes in diabetic control. Reassessment by the palliative Medicine Consultant will be at least two monthly.

## **Adverse effects**

Octreotide is well tolerated and the safety record is excellent. Patients may experience irritation at injection site, dry mouth and paradoxically nausea, vomiting, bloating, colicky abdominal pain and diarrhoea. These usually settle within days of starting treatment. Persistent hyperglycaemia and gallstones may develop with longer term use but are rarely clinically significant. Abrupt withdrawal may rarely cause biliary colic.

### **Interactions and precautions**

Octreotide therapy in adults is safe. It has been mixed in syringe drivers with diamorphine, haloperidol, midazolam, hyoscine and methotrimeprazine, but should be given by separate *s/c* injections *tds* if there is doubt about compatibility.

Diabetic patients may require reduced doses of insulin or oral hypoglycaemics and absorption of cyclosporin is reduced

**Date of review May 2017**