

# Experience of Clonidine Use Over 18-Months in the Hospice In-Patient Unit

Dr Jennifer McNeill<sup>1</sup>, Dr Alistair McKeown<sup>1</sup>, Ms Audra Cook<sup>2</sup>

1. Queen Elizabeth University Hospital, Glasgow 2. Prince & Princess of Wales Hospice, Glasgow

## Introduction

Clonidine is a centrally acting  $\alpha_2$ -adrenergic receptor agonist<sup>1</sup>. It has been used for over 50-years for a range of clinical indications, from nasal congestion to hypertension<sup>2</sup>. Recently, there has been an emerging use as an agent for pain and agitation management in the palliative care setting<sup>3</sup>.

## Aim

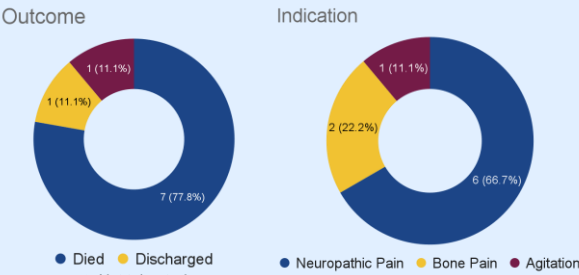
We will describe our experience of clonidine in a hospice in-patient unit over 18-months from November 2022 to April 2024.

## Method

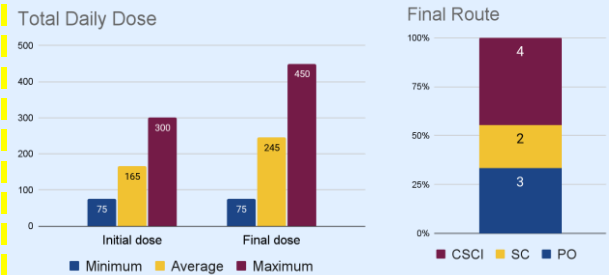
Patients prescribed clonidine during the 18-month period were identified using the hospice electronic notes system. Retrospective case note analysis was then performed. Indications for use, initial dosing regimes, maximum dose, and final route was recorded for each patient, along with documented perceived benefit.

## Results

Over the period examined, the team prescribed clonidine to nine patients using a range of routes and doses.

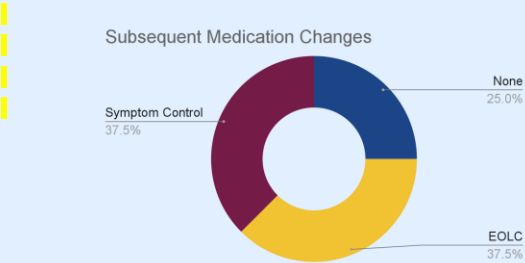


The most frequent indication was neuropathic pain resistant to other standard analgesics, and before the introduction of methadone or ketamine.

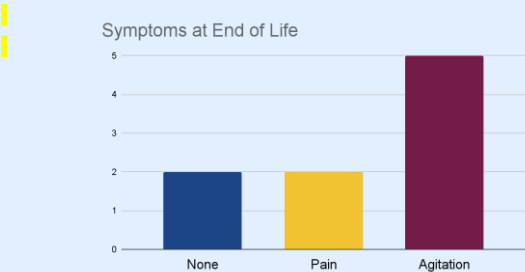


## Results

Of those who tolerated clonidine, no additional medication was required from initiation until death for two patients. Medication change at the end of life period only was required for three patients, with a further three requiring ongoing changes for symptom control.



Agitation was the most common subsequent symptom.



## Conclusion

Clonidine was well tolerated in most patients and appears to provide a useful alternative for some patients with complex pain and distress not responding to more standard medications.

The patients we prescribed clonidine to likely had more difficult symptoms, and therefore it would be expected that they would need multiple medication changes particularly in their final few days of life. None of these patients required more complex medications such as ketamine or methadone.

More robust documentation of indication and benefits of these medications will help build the evidence base around the use of clonidine in a Palliative Care setting.

## Acknowledgements

1. Electronic Medicines Compendium. Clonidine 25mcg Tablets BP [Internet]. 2020 Oct 02 [cited 2024 May 13]. Available from: <https://www.medicines.org.uk/emc/product/6538/smpc>

2. Amna S et al. Review of clinical pharmacokinetics and pharmacodynamics of clonidine as an adjunct to opioids in palliative care. Basic & Clinical Pharmacology & Toxicology [Internet]. 2024 Jan 26 [cited 2024 May 9]; 134(4). Available from: <https://doi.org/10.1111/bcpt.13979>

3. Howard P, Curtin J. Efficacy and safety of subcutaneous clonidine for refractory symptoms in palliative medicine: a retrospective study. BMJ Supportive & Palliative Care 2023;13:e820-e824. Available from: <https://doi.org/10.1136/spcare-2022-003651>