

INTRAVENOUS LIDOCAINE FOR INTRACTABLE PAIN: RESULTS OF A RETROSPECTIVE CHART REVIEW.

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Intravenous lidocaine is used as an analgesic, especially when a neuropathic component of pain is suspected and/or pain is refractory to opioid therapy. A retrospective chart review of 1,237 acute care admissions to the 24-bed Inpatient Care Center (ICC) of San Diego Hospice for 1999 was conducted. Ninety-one (7%) patients were identified as having intravenous lidocaine ordered to treat pain. Of these, 98% (89/91) received intravenous lidocaine. Six could not be evaluated. 58% (48/83) experienced a major response (complete or nearly complete relief of pain); 24% (20/83) had partial relief; 18% (15/83) experienced no benefit. The overall characteristics of treated patients did not differ from the overall pattern of admissions to the ICC. The majority of treated patients had cancer-related pain. Of the 68 patients who received a bolus dose of lidocaine, the dose range was 40-160 mg. The average dose was 91.8 mg, and median dose was 100 mg. Of the seventy-eight patients who received a continuous infusion of lidocaine, the range was 15-160 mg/hour. The average dose was 59.2 mg/hour, and median dose was 57.7 mg/hour. 74.2% (66/89) patients died at the (ICC). The range of time (in number of days) from treatment with lidocaine to the patients death was 0-48 days with an average of 6.8 days and a median of 5.0 days from start of lidocaine infusion until death. 28% (23/89) were discharged home (or to another facility) alive. This is the same as the overall discharge pattern for the facility. We conclude that intravenous lidocaine is a promising approach for intractable pain that deserves prospective study.