

MIDAZOLAM IN SEDATING DYING PATIENTS WITH RESISTANT SYMPTOMS.

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This study aims to assess the effectiveness of midazolam in sedating dying patients with intractable symptoms, needing from light sedation to pharmacological coma.

The fast acting benzodiazepine has a short half-life, facilitating dose titration and can be administered by various routes.

From July 97 to July 01, Midazolam was used by our PCU in treating 223 pts (32% of total), mean age 68,4 in final stage of life.

103 cases required rapid deep sedation for acutely distressing symptoms via strictly controlled i.v. administration: respiratory or gastrointestinal haemorrhage (16), severe dyspnoea (54), delirium (22), pain (11); mean dose 12 mg/die (5-60 mg).

203 pts. were administered continuous subcutaneous infusion for ongoing sedation for an average period of 3,9 days (range 1-30), mean dose 22,15 mg/die (5-75 mg), to treat agitation/delirium in 107 cases, dyspnoea/death rattle 66, haemorrhage 20, pain 16, severe anguish 7.

Relatives administered subcutaneous boli in 71 cases as required, mean dose 7,5 mg.

No adverse effects were manifested even when frequently administered together with opioids.

Midazolam appears highly effective and very useful in domiciliary setting when handled by skilled staff. Although some people still consider terminal sedation a form of “slow euthanasia” because it might speed death, we believe that it represents a valid option to safeguard life dignity in patients close to death.