

Autumn 2005

Leukaemia CARE focus

Caring for people affected by the leukaemias • Hodgkin's and other lymphomas • myeloma • myelodysplasia • myeloproliferative disorders • aplastic anaemia



A time to be a 'person', not a patient

There to SUPPORT

You...



When you are newly diagnosed or still going through your cancer journey, the feelings of loneliness, isolation, trauma and shock that you may be experiencing can be overwhelming. There may also be the need for information and advice.

All these feelings may come and go, get stronger and then lessen, depending on the progression of the illness and on the support from your family and friends.

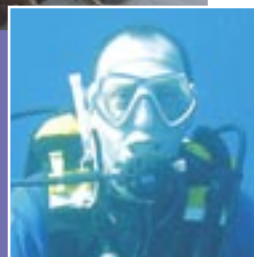
Some people have many questions they need answering after being diagnosed. They want to know where they can turn to for support. They wonder what kind of support they might need in the future and whether their family and carers will

**WHAT'S
INSIDE**



**Living with
changing eating
habits**

Find new ways to help.



**To the Falklands
and back**

Find out how Peter finally made it in his story.

Contents



CARE Team

Support groups	1-3
The Way Forward	4-5
In the know about Patient Information Folders	14

Medical News

Changing eating habits	6-7
Fatigue	8-9
Nausea & Vomiting	10-11

Membership & People

Aftercure booklet	12
Sarah's story	13
Linda's story	15
Peter's story	16-18

Fundraising

Advocacy

Writing a Will

Time to talk...

need support too. Will they get the level of support they need and how often will it be available?

On top of this, they may want to talk about their worries and fears without upsetting, frightening, offending or worrying loved ones.

Many people find themselves saying "The nurses and doctors are great, but they are incredibly busy and don't really have the time to sit and chat or listen to my emotional problems." They might also feel guilty about taking up the nurse's time. People also find it difficult to confide in their families; they are

We can help

This is where Leukaemia CARE can help. We set up Support Groups across the UK so that people can meet others who are going through a similar experience. Groups can be set up for general haematology malignancies or can be disease/treatment specific. The initial launch meeting is normally held on hospital premises, but subsequent meetings can take place wherever the group members want them – maybe even in a pub!

Groups are patient focused and develop according to the wishes



worried they will burden or frighten them if they tell them how they are feeling. Many people wish they could talk to someone not connected to them or have contact with people in a similar situation.

Time to talk

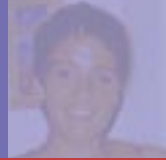
People want time where they can feel like a person and not like a patient. They need time where they can feel normal; time away from feeling that people are looking at them because they have no hair, or because their hair has only grown back in tufts, or because they are continuously coughing due to an infection. They want to be able to ask questions, find about treatments and see if anyone else has experienced what they are feeling.

of the majority. The first meeting will often feature a speaker, a question time and time to chat to other attendees over some light refreshments. Further meetings tend to become less formal and can develop along more social lines.

Groups across the UK

Leukaemia CARE is increasing the number of Support Groups across the country. So whether you are newly diagnosed, going through your cancer treatment, having trouble adjusting to normal life or just to want to make some new friends, call us to find out more about Support Groups in your area.

If there isn't a Support Group in your area and you think there is a need for one, please do speak



time to be you



to your nursing professional and ask them to contact Leukaemia CARE. We will complete all the administrative work and liaise with the relevant NHS departments to get the group started. We will also provide the start up costs and ensure the group receives the support it requires to remain up and running.

But we are only able to do this if we know which hospitals would benefit from a Haematology Support Group. Support Groups provide invaluable support to those living with leukaemia, lymphoma or the allied blood disorders, so call us today to find out more.

People need time where they can feel normal; time away from feeling that people are looking at them



"When I had my transplant nearly 10 years ago, I did not find the support like it is today. I would have loved to have spoken to fellow patients."

Mrs M Mills, Stafford

Call our CARE Line to find out more about Support Groups on 0800 1696680

Charity Message

Welcome to our Autumn edition of Focus, which I hope you enjoy reading as much as I have.



In this issue, we have featured some great patient stories, where they tell us more about what got them through their treatment, and how they are all giving something back now. I admire all of our Volunteers tremendously for their stamina and commitment, and am proud to be Chairman of a charity which, through their hard work, is able to give support to patients and families when they need it most.

In Tony Gavin's article, The Way Forward, he has outlined our Strategic Plan which will take us forward over the next few years. There are certainly some exciting times ahead with further major developments in our care and support services. We set out to make sure this year that we were *"Putting CARE first"* and I believe that we have made great progress in this endeavour.

We are currently celebrating our best ever fundraising income from the London Marathon this year. I would like to congratulate our fantastic fundraising team at the National Office and our Volunteers regionally, who put so much time and effort into supporting fundraising events.

I hope you find many articles of interest to you, and would welcome any feedback on our publications and their content.

Our Volunteers and staff are still tirelessly giving of their time and efforts in ensuring we continue to provide care and support to patients and their families, and I thank them wholeheartedly for this.

Finally, our thoughts are with you, and please remember, that we are always here for you, day or night.

Clive Hatt, Chairman



THE WAY Forward

As a patient focused organisation, it is vital that we stay abreast of developments and ensure that Leukaemia CARE remains proactive in providing our patients and families with the best support we can. Tony Gavin, CEO of Leukaemia CARE, sets out the exciting future plans and developments of the Charity.

We have been busy developing our Strategic Plan, which details our plans for the next few years. Yet to look forwards, one must also look back at the achievements the Charity has made over the last few years and to understand what we have learnt. This helps us define our Vision for the future and has enabled us to set new, achievable goals.

Part of this planning process is to keep everyone who is involved in Leukaemia CARE informed about our Strategic Plan. We are an open society and welcome all feedback from our members and medical professionals about our plans for the future. Our Vision is to ensure that the journey from diagnosis to resolution is no different to the journey through life, and

we are there to support patients and their families throughout their cancer journey.

Mission Statement

We defined our mission statement this year, which has given us more clarity of purpose.

“Leukaemia CARE is a charity committed to providing care and support to everybody whose lives have been affected by blood cancers – simply supporting a quality of life for all”

24 hour CARE Line

Our flagship service – the 24 hour CARE Line – has gone from strength to strength since its inception. It is still a unique and much envied service amongst cancer charities throughout Europe – a tribute to all those involved that a Charity of our size has been able to maintain and improve this excellent freephone service 24 hours/365 days a year. We realise that where we lead others will follow, so our aim is to develop this service even further.

To coincide with our move this year to our fabulous, purpose built

offices, we have invested in the next phase of development of the CARE Line – a state-of-the-art telephone system which will keep us ahead of the game/ moving forwards over the next five years. There are times when we identify a need to signpost callers to other charities – due to our 24 hour availability, we receive many calls from people worried about other diseases. Whilst we offer emotional support where we can, there are times when these patients would be best advised by another charity. Once our training on the new system is complete, we will be able to directly transfer calls to other helplines seamlessly, with the result that the patient or carer encounters the minimum of disruption to their call, and receives support quickly and efficiently.

It can take a lot for a patient to pick up the





It can take a lot for a patient to pick up the telephone and make that call...



telephone and make that call, and we want to respond to their needs in the best possible way.

By continually promoting the CARE Line, we will increase awareness nationally of both the number and the support that is available from our CARE & Support Team. It is our vision that all newly diagnosed patients and their families are aware of how we can support them, should they feel they need it, and that there is always someone at the end of the phone for them, day or night.

Leukaemia CARE 'Link' Nurse Specialists

When a diagnosis of any type of 'cancer' is made, the life of that individual will change overnight. They stop being a 'person' and become a 'patient'. They may feel scared and vulnerable, and have many questions that need answering; it will often be difficult to speak to family or friends.

We want to ensure that through diagnosis and hospital treatment, to the restoration of normality in the home, there is someone there to turn to who will try to make their cancer journey as smooth as possible. With the pressures that our medical profession are put under, they are often frustrated that they don't have the time they would like to spend with each individual's emotional support.

We believe we can deliver a solution – a network of Leukaemia CARE Link/Liaison Nurse Specialists across the country. The role of this nurse counsellor is to bridge the gap between hospital and home, who will start the 'humanisation' process with the patient to integrate them back into

'normal' life. They would work closely with the consultant, the hospital nurses, and the patient's family and carers, as well as the patients themselves.

Naturally, plans like these don't take effect overnight. However, we are consulting with other charities, clinicians and possible sponsors, all of whom will play a significant part in ensuring these future plans become a reality. The actual role of this person is yet to be defined, and we will need to 'fine tune' the qualities essential to someone taking on this new role. Initially, we aim for this to take place as a pilot scheme in one or two Cancer networks, and we will keep you informed as we progress our plans.

Corporate awareness

We have experienced a significant increase in our ability to raise awareness of the work of Leukaemia CARE within the corporate world. This has resulted in the development of relationships with many more corporate partners, within industry and the pharmaceutical world. Together with the increase in our general fundraising activities, we have achieved some major sponsorship for items within our new offices. Over £100,000 worth of office furniture has already been secured for us completely free of charge. We have already received substantial financial support for both the development of the drop-in centre for local patients and carers, which we outlined in the last issue

of Focus, and the creation of a quiet and confidential space for our CARE Team to work. We are currently developing these relationships further to secure corporate funding to support our CARE Line and the work of our CARE Team and Volunteers. The list is endless... but we'll get there!

Training Programme

We have been developing an extensive training programme, placing particular emphasis on NVQ qualifications in all areas of support, basic and advanced listening skills and basic and advanced bereavement skills. Eight of our Volunteers have already successfully completed the Train-the-Trainers course, and are now fully equipped to deliver these courses around the country. There is a considerable demand for this type of course in the NHS, and our training strategy is being developed to respond to this need.

Of course, none of these exciting developments would be possible if it wasn't for the support of our Volunteers, members and friends, and we would like to take this opportunity of sincerely thanking you all.

Living with changing Eating Habits

Living with leukaemia, lymphoma or an allied blood disorder may mean you experience a change in your eating patterns which are proving difficult to cope with. But there are ways to help minimise these changes yourself... and our support is always there.

You may have noticed that having leukaemia has led to a change in what you eat. This is totally normal; many people with cancer experience changes in their eating habits during their cancer journey.

A change in your eating habits can have an impact on many other aspects of your life. The effects on your quality of life can span the physical, psychological and social domains. Typical changes that can occur are a decline in the amount of food eaten, a loss of enjoyment when eating and a change in the taste and texture of food.

These changes can also be accompanied by feelings of isolation as it sometimes becomes difficult to share mealtimes and food with loved ones. Your social life might become restricted, as social occasions often revolve around accepting and sharing food. Eating plays a major part in our lives; not only do we need it to fuel our bodies but it is also beneficial to our psychological and social wellbeing.

If eating has become difficult, the information and suggestions below will hopefully be of help to you.

Eating for nourishment and comfort

When a person is in good health and they achieve a state of comfort through eating and drinking, it is usually because they have consumed enough to be adequately nourished. During your cancer journey you may experience an imbalance between what you consider to be adequate nutrition and what you need to eat and drink in order to feel comfortable. The importance of correcting this mismatch depends upon many factors, including the consideration of what the outcome of treatment and care is likely to be.

If the purpose of your treatment is to cure or delay the disease process, then being adequately nourished both before and throughout the course of the treatment will help achieve these goals. At present, there is no research to support the use of special diets or mineral and vitamin supplements. Eating foods you enjoy means you are more likely to maintain or increase the amount you can eat. However, it is sensible to avoid your favourite foods during treatment as you may start to dislike them whilst experiencing the treatment's side effects.



There is no benefit in trying to eat large amounts if it makes you feel uncomfortable. The anxiety, energy and discomfort caused by eating more than you feel comfortable with may outweigh any benefits gained from greater nutritional intake. In these circumstances it would seem sensible to optimise nutritional intake within the confines of what you can comfortably eat.

Making the most of your appetite

Whether you are aiming for nutrition or comfort, it can be helpful to understand how to make the most of your appetite.

Food is less likely to taste differently if you have a clean, moist mouth. To help you feel more like eating, firstly ensure that your mouth is clean; sucking ice or pineapple chunks may help, as will sipping water during the course of your meal if your mouth is dry.

Small portions

Serving small portions on a small plate, as opposed to a full sized dinner plate, can make food appear more appetising. If you are concerned about offending the person



preparing your meal by not eating it all, it is best to explain and ask for a small portion or ask to serve yourself.

If you are preparing your own meals the effort required to prepare the meal itself can leave you feeling unwilling to eat. The smell of certain foods cooking, especially fried food such as bacon, can also make you reluctant to eat. If this is happening you may want to consider buying pre-prepared foods, which only need to be heated in an oven or microwave. You may even find that you prefer cold foods that do not have an aroma.

Changing tastes

There are a number of practical ways in which you might be able to improve your nutritional intake regardless of your appetite. Certain foods contain more

protein and calories than others for less volume of food. People with leukaemia often find that they no longer enjoy particular foods because their tastes change. Think about the foods that you still like eating and choose those that will provide you with the most nutrients.

Changing to eating food and drink you enjoy the most, whilst also optimizing nutritional intake, may mean moving away from a diet that is considered healthy. For example, choosing a low-fat yoghurt is a good idea if you are trying to lower your fat intake. However, you should eat creamy yoghurts if you are trying to maximise your energy and protein intake whilst you are dealing with leukaemia, lymphoma or an allied blood disorder. It may therefore be appropriate to have different foods for different people in the household.

You may also find it helpful to change the times that you eat and drink. Four or five small meals a day might suit you better than two or three larger ones. Alternatively, readily available snacks such as cereal bars, fruit, crisps or sweets might take your fancy in between meals, so have them ready just in case.

Supplements

You might also want to consider complementing what you eat with nutritional supplements. There are now many different products that can be bought at a chemist or are available on prescription. Most are milk or juice-based, but some in the form of puddings and



Eating plays a major part in our lives, not only for fuel, but to benefit our social wellbeing

soups. These products have a high protein and calorie content and a single serving can be the equivalent of a whole meal.

Who can help?

Healthcare professionals will be able to provide you with further information and give you advice about how to cope with your own particular situation. Your doctor or nurse will be able to assess and plan interventions to help ease the symptoms that are making it difficult for you to eat, such as pain or constipation. They will also be able to give advice on whether nutritional supplements will help you. You could also ask to be referred to a dietician, who will be able to talk you through ways of meeting your own individual needs for food and drink.

Jane B. Hopkinson PhD, RGN, ONC
Senior Research Fellow, Macmillan Research Unit, School of Nursing & Midwifery, University of Southampton

What causes the change in eating habits?

There are five main reasons why eating habits can change:

1. The cancer itself can lead to changes in appetite and food intake – the reasons for this are not fully understood yet.
2. Symptoms such as constipation, pain or fatigue can make eating difficult.
3. Treatment can lead to eating problems, although these are usually resolved following the completion of the treatment.
4. Feeling low in mood can lead to lack of appetite.
5. Your environment can affect your appetite, for example the smell or appearance of foods can encourage or discourage eating.



If you call our **CARE Line** on **0800 1696680** they have information booklets which can suggest ways to improve your diet, and also other sources of information on where to find great recipes.

Fatigue leaves people feeling excessively tired and exhausted most of the time. People who have fatigue have no energy and find it extremely difficult to complete even the simple, everyday tasks that others take for granted.

This can be extremely distressing for people who are already having to cope with a life threatening illness, such as leukaemia or lymphoma. It is yet another burden to deal with and overcome. Thankfully, health professionals now see that fatigue is just as disabling and distressing as nausea and vomiting and are recognising it as being a major problem for cancer patients.

Why I am suffering from fatigue?

Fatigue can be caused by a variety of triggers:

- Anaemia brought on by cancer or treatment is the most common cause of fatigue, although the most frequently overlooked.
- Surgery, chemotherapy and radiotherapy also reduce the body's ability to combat fatigue.
- Feeling nauseous, vomiting or eating too little can also trigger fatigue. Eating little or nothing at all reduces your energy intake, as food provides your body with the energy it needs to function normally.
- Pain resulting from your disease is also a common cause of fatigue.
- Stress, anxiety, and tension can cause sleeplessness, which can in turn lead to fatigue.
- Breathlessness and fluid retention may also be a factor.

Fatigue is most commonly experienced during treatment, but some people

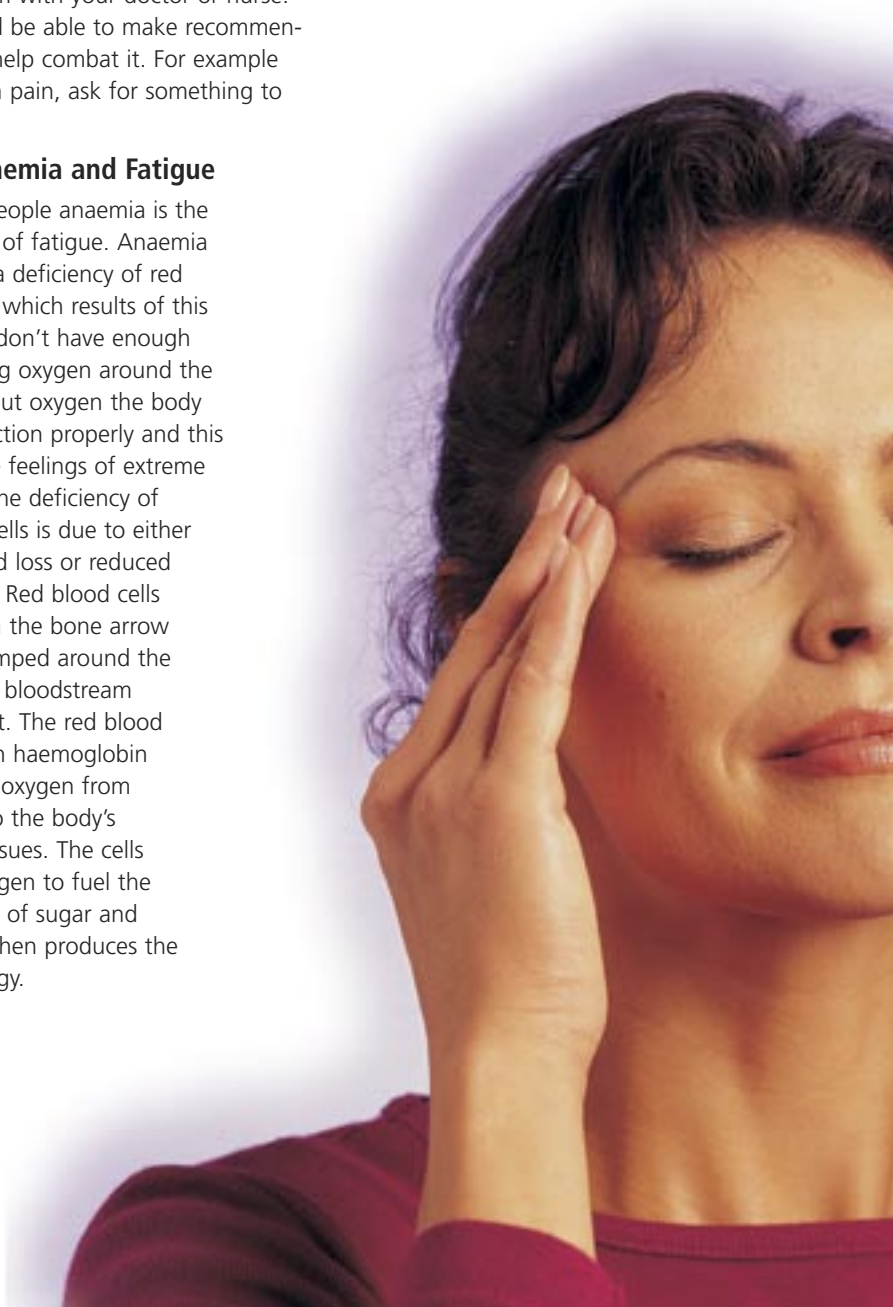
find the effects can continue after their treatment has ended. If you can identify things that contribute to your fatigue then discuss them with your doctor or nurse. They should be able to make recommendations to help combat it. For example if you are in pain, ask for something to relieve it.

Anaemia and Fatigue

For many people anaemia is the main cause of fatigue. Anaemia is basically a deficiency of red blood cells, which results of this is that you don't have enough cells carrying oxygen around the body, without oxygen the body cannot function properly and this leads to the feelings of extreme tiredness. The deficiency of red blood cells is due to either an increased loss or reduced production. Red blood cells are made in the bone marrow and are pumped around the body in the bloodstream by the heart. The red blood cells contain haemoglobin that carries oxygen from the lungs to the body's cells and tissues. The cells use the oxygen to fuel the combustion of sugar and fat, which then produces the body's energy.

Fewer red blood cells means fewer haemoglobin to carry oxygen around the body, which in turn means that tissues and cells around the body do not get sufficient oxygen and cannot work to their full potential, leaving you feeling tired, weak and looking pale.

Under normal circumstances the body produces a hormone called erythropoietin, which increases the body's production of red blood cells. However leukaemia treatments interfere with the body's production of red blood cells and erythropoietin (EPO). Radiotherapy can temporarily reduce the number of red blood cells produced if it is given to an area of the body that includes bone marrow.





This can lead to anaemia. Chemotherapy is also a very common cause of anaemia. Chemotherapy reduces the body's responses to the EPO hormone and so red blood cells are not produced, this reduces the body's capacity to correct anaemia without specific treatment from the doctor.

If you think you might be anaemic, ask your doctor to check your haemoglobin count. Generally healthy women should have a haemoglobin count of at least 12 grams per decilitre of blood, men will normally have a slightly higher level. If your haemoglobin level falls below that, then making changes to your life style may be advisable but you may also need some help from your doctor.

In cancer related anaemia there are currently two main ways of treating it:

1. Blood Transfusion

This involves a short spell in hospital while red blood cells from a blood donor are transfused directly into the blood stream via a drip.

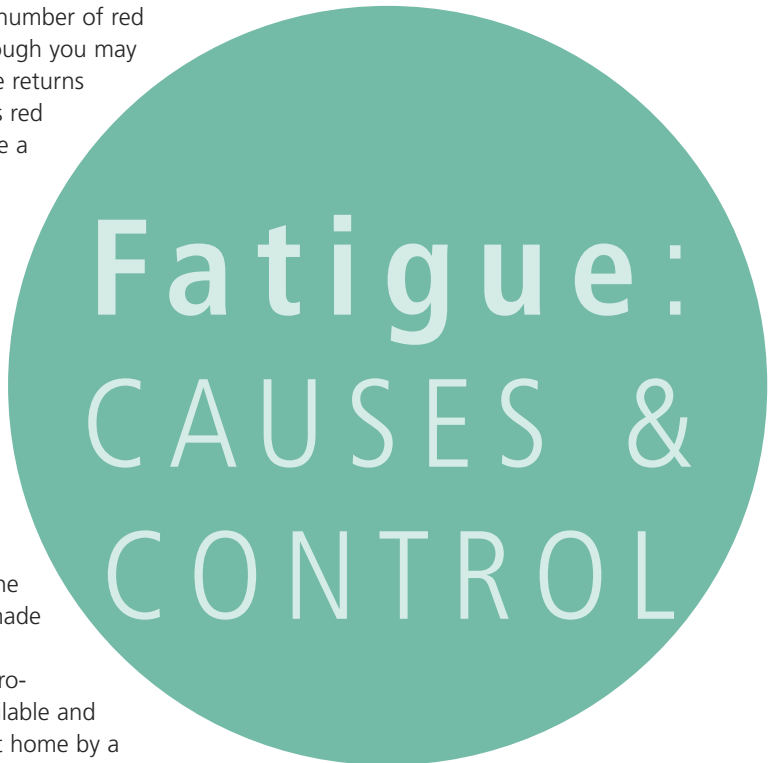
This is a quick way of

increasing the number of red blood cells, though you may find the fatigue returns after a while as red blood cells have a life expectancy of about four months.

2. Natural hormone replacement treatment

This stimulates the production of red blood cells by the bone marrow. Manmade versions of the hormone erythropoietin are available and can be given at home by a simple injection. The drug increases the number of red blood cells and reduces the symptoms of anaemia. However not everyone responds to well to the synthetic EPO, though it is impossible to predict who will respond to it and who won't. Your doctor will be able to advise you whether it is a suitable treatment for you.

Anaemia in leukaemia *can* be treated by doctors so do seek their advice. Treatment can reduce the symptoms of tiredness and fatigue and make you more able to cope with everyday things.



What can I do to help myself?

There are ways you can help yourself cope with fatigue and its effects...

- Eat a balanced diet, little and often.
- Try and eat foods that are rich in iron e.g. red meat, spinach, cereals and liver, as these will help you make red blood cells.
- Try to eat even when you feel really tired. Eating small amounts of food at frequent intervals will help to give you extra energy.
- Prepare food when you have the energy and freeze it for times when you are too tired to cook.
- If you're not eating well try and have a light snack before going to bed, so you don't wake up in the middle of the night due to hunger.
- Keep to a normal sleeping pattern and avoid drinking tea, coffee, chocolate or cola drinks in the evening.
- Avoid drinking too much alcohol.
- Plan your day so that you do the things you really want to do, and make sure you include time to rest.
- Don't feel guilty if you don't do everything that you intended to do, accept the fact that you are not fully fit.

Main signs of anaemia:

- **Feeling very tired (fatigue)**
- **Feeling weak**
- **Feeling confused/having trouble concentrating**
- **Feeling short of breath**
- **Chest pains**
- **Headaches**
- **Feeling dizzy/faint**
- **Having trouble sleeping**



DEALING WITH Nausea and Vomiting



Most of us are familiar with the misery of nausea and being sick. In this article, Dr Kathryn Mannix explains why these symptoms occur and how you can ease them.

Why should having cancer make you more likely to experience nausea or vomiting? What is it about the disease – and its treatment – that triggers such a response? Humans are highly evolved animals and we have developed lots of reflexes to protect us from danger. Here’s what turns our stomachs – and how to overcome it.

Poison

Vomiting is a protective reflex that makes us eject any substance that causes the body’s poison-detection system to raise the alarm. It works in one of two ways. First, a substance may cause inflammation in the stomach. Second, if a substance is absorbed into the blood (usually by eating or drinking, but in cancer treatments also by injections) then a chemical sensor in the brain can set off nausea, which eventually leads to vomiting.

Stretch

The gastrointestinal tract (the tube that runs inside us from mouth to anus) has a rich supply of nerves carrying sensation from the gut to the brain. These are the nerves that tell us our stomach is too full or our bowels are ready to pass a stool; they also give us the pain of colic when our gut muscles squeeze hard during

gastro-enteritis or constipation. They are very sensitive to stretching. If their stretch detectors sense unusual levels of stretch, the nerves fire an impulse to an area of the brain known as the vomiting centre. This is very close to the part that detects poisons and chemicals. But it is not just the gut that has stretch detectors.

Many organs and tissues can also detect stretch – from the twisting of a fallopian tube or a blockage of the kidney outlet by a kidney stone, to the increased blood flow in the brain during a migraine. These can all cause nausea. It seems that the protective reflex of nausea caused by eating too much has the problem of sharing the nerve route to the brain with many other organs and tissues, so stretch in any of these places will trigger nausea because it travels up the same nerve pathway.

Balance

Our ability to walk or run without falling over relies on a finely tuned connection between what our eyes see and what our inner ear balance mechanism perceives. If they agree, we feel normal. If one message conflicts with the other (think roller coasters!) we can become disorientated, feel dizzy and even fall over.

Dizziness is almost always accompanied by nausea, since the nerves that fine-tune balance are close to the part of the brain that detects chemicals and senses stretch. This is why we get travel sick. Different people have different sensitivity in their inner ear; this is the reason why some of us love roller coasters (less sensitive) while others feel sick on a gentle swing (very sensitive).

Why do blood disorders make us nauseous?

Seeing how well the body is primed to feel sick, it isn’t surprising that leukaemia, or its treatment, can make us vomit or feel nauseated. Chemotherapy – the drugs given to kill cancer cells – can

cause nausea when they are picked up by the body’s chemical detectors in the brain or the gut. Special drugs

have been developed to help deal with this. Some can be taken as a preventative measure before the treatment; so ask your doctor what you can be prescribed.

Drugs used to reduce the symptoms of leukaemia can sometimes cause nausea by being detected as ‘foreign chemicals’ by those chemical detectors in the brain. This

Even simple ideas can reduce the misery of nausea, and many of these are well known.



happens in about a third of people who use morphine for pain relief, although it doesn't last for very long and there are treatments that stop morphine from causing nausea.

What can be done to stop it?

There are two approaches to stopping the symptoms. The first is to remove their cause, where possible. Any treatment that is successful in stopping a cancer being active will reduce the chemical changes in the blood that can trigger nausea. So, successful anticancer treatment (such as chemotherapy, radiotherapy, surgery, immunotherapy or hormone therapy) can reduce the symptoms caused by the cancer.

If the cancer is not amenable to treatment, or if the patient does not want anticancer therapy, then a different approach is required: a means of reducing the sensation of nausea and frequency of vomiting even though the trigger to those symptoms has not been removed.

This is an area of medicine without too much scientific knowledge from trials on cancer patients. There is, however, quite a lot of evidence from trials on sailors, aircraft crew and astronauts! In addition, there is information from patients who have had surgery with general anaesthetics and postoperative painkilling injections – both of which can trigger the chemical detectors – and often involves the manipulation of internal organs and tissues, which can set off the stretch sensors.

Pooling all this information, and using information gained during the 1950's and 60's from animal experiments, has made it possible to work out which treatments for nausea and vomiting are most likely to work under what circumstances. These drugs are called antiemetics.

Drugs to relieve nausea & vomiting

Having a blood disorder can make you more likely to experience nausea or vomiting, but there are medicines – antiemetics – that are designed to help. It is very useful to separate the feeling of nausea from the action of vomiting when choosing antiemetic drugs. It is also very important to know what the treatment is aiming for – whether it is total control of the symptoms (when this is possible) or partial control.

When nausea is controlled by stretch

The gastrointestinal tract contains nerves that are very sensitive to stretching, which can lead to vomiting. When choosing drugs to deal with this type of sickness, it is best not to rely on treatment being absorbed in the gut – as these can be vomited back up.

Alternatives to swallowing tablets or medicines include injections and suppositories. Injections can often be given via a tiny needle under the skin, which is quite comfortable and less cumbersome than a drip or venous cannula. The most useful drugs are:

- Cyclizine – though it occasionally causes redness at injection sites; and
- Hyoscine hydrobromide – which can be dissolved under the tongue (very convenient) or used as a skin patch, although it often causes dry mouth and some drowsiness.

When nausea is caused by chemical action

Leukaemia itself, and some of the treatments used to combat cancer or reduce its symptoms, can create chemical changes in the blood that can trigger nausea. The best drugs for this are those that work in the chemical detector area of the brain. Special drugs have been developed to help with nausea and vomiting caused by chemotherapy and radiotherapy. They include granisetron, ondansetron and tropisetron. There are recommended antiemetic combinations to go with most chemotherapy combinations, often including several of the drugs mentioned. Again, swallowed drugs may not be absorbed during periods of nausea, so suppositories or injections are preferable. The most useful are:

- Haloperidol – with its once-a-day dosing; and
- Metoclopramide – though it has less convenient dosing and a less reliable outcome.

...continued on page 12

Drugs that reduce triggers

In addition to using drugs that reduce the brain's sensitivity to nausea and vomiting, many drugs can be used to reduce their triggers, including:

Metoclopramide

This can be used to help the stomach push its contents further down the gut

Lansoprazole (and other proton pump inhibitors)

This reduces the amount of acid made by the stomach, so that there is less acidity and a smaller volume of fluid lying in the stomach

Hyoscine butylbromide

This relaxes the muscles in the gut to stop colic (pain from spasms in the intestine); it reduces the volume of digestive juices made in the intestine

Octreotide

This markedly cuts down the volume of digestive juices made throughout the gut, which in turn reduces stretch and colic

Corticosteroids

These reduce the swelling of a cancer deposit – thus decreasing the stretch trigger. Corticosteroids also have an antiemetic effect in the brain.

