

# Use of Inhalers at End of Life

## SELECTING THE BEST DEVICE FOR INHALED MEDICATIONS

Treatment of pulmonary disease should be customized to the patient. Although handheld inhaler devices are convenient, many hospice patients lack the physical skill or cognitive ability to use them correctly. Successful use of metered-dose inhalers (MDIs), dry-powder inhalers (DPIs) or soft-mist inhalers (i.e., Respimat) requires adequate inspiratory effort and breath control. When patients cannot take and hold a deep breath, medication from handheld inhalers does not reach the lungs, leading to poorly managed symptoms.

Nebulizers are easier to use and allows the medication to be inhaled during normal breathing, ensuring proper delivery to the lungs. Unlike handheld inhalers, nebulizers do not require the patient to coordinate activation of the device with inspiration or hold their breath to deposit the medication in their lungs.

Nebulized treatments with albuterol, or albuterol with ipratropium, are good alternatives to handheld inhalers. For those with advanced pulmonary disease, oral corticosteroids such as prednisone are more effective than inhaled corticosteroids and may also help appetite and fatigue.

## INDICATIONS FOR NEBULIZED THERAPY VS. HANDHELD INHALERS

Assess the person's ability to use their handheld inhalers and consider the following questions:

### YES

- ☐ Is the person frail and debilitated with poor inspiratory effort and/or unable to hold their breath for up to 10 seconds?
- ☐ Is the person unable to coordinate their breath during inhalation?
- ☐ Does the person have inadequate symptom relief with their inhaler?
- ☐ Do they have cognitive impairment and/or unable to follow instructions?
- ☐ Do they have decreased strength, or presence of arthritis or joint pain in their hands?

If the answer is **YES** to one or more, switching the patient from their MDI, DPI or soft-mist inhaler to nebulized therapy is recommended.

**Remember:** The addition of an oral corticosteroid, morphine and/or an anxiolytic such as lorazepam should also be considered to manage dyspnea.

# Use of Inhalers at End of Life

## DISCUSSING CHANGES IN THERAPY

When making a recommendation for changing to a nebulizer use positive language and offer options

### SAMPLE SCRIPT

Begin by asking the patient to demonstrate the use of their inhaler and based upon your assessment, explain why changing to a nebulizer would help to improve their symptoms:

“Often, people with severe lung disease can’t benefit as well from their inhalers like they once did. I’d like to make some suggestions about changing your medications...”

“Have you been finding that your inhaler isn’t working as well for you lately?”

**For those with advanced disease:**

“Let’s add some low dose morphine to help your breathing before we make any changes to your pulmonary meds.”

“Now that your breathing is easier with the morphine, I’d like you to consider using nebulized medication instead of your Symbicort®, since I think it will work better for you.”

“How do you feel about my recommendation to stop your Symbicort® and use your nebs more often?”