Table 56: Cerchietti et al 2000 trial: Cerchietti 2000[88]

Study	Cerchietti et al 2000 trial: Cerchietti 2000[88]

Study type	RCT (randomised; Parallel)
Number of studies (number of participants)	(n=50)
Countries and setting	Conducted in USA; Setting: Not specified.
Duration of study	48 hours.
Stratum	Cancer.
Subgroup analysis within study	Not applicable
Inclusion criteria	People with terminal stage advanced cancer. More than 1 of the following symptoms: thirst, chronic nausea (>4 weeks) or delirium, dehydration diagnosed on physical examination, with our without renal failure, and an inability to maintain adequate hydration (<50 ml/day fluid).
Exclusion criteria	Uncontrolled symptoms (pain in 2 of the participants, sever dyspnoea in 2), 1 bowel obstruction syndrome require surgery, 3 severe constipation.
Recruitment/selection of patients	Not specified.
Age, gender and ethnicity	Age - Mean (SD): 55.8 (7.5) and 51.7 (4.5) hydration: no hydration. Gender (M:F): 17:25.
Further population details	1. Setting: Not applicable / Not stated / Unclear
Indirectness of population	No indirectness.
Interventions	(n=20) Intervention 1: Clinically assisted hydration - Parenteral hydration. 1000 ml of 5 % dextrose with 140 nEq/litre sodium chloride per day, at an infusion rate of 42 ml/hour subcutaneous. Duration 48 hours. Concurrent medication/care: Continued taking medication as already prescribed via subcutaneous route. Haloperidol 2.5 mg 4 hourly and/or 10 mg metoclopramide 4 hourly. Thirst control achieved by daily antiseptic mouth rinsing, and administration of 2 ml water every 30-60 minutes. (n=22) Intervention 2: Placebo - No intervention. No treatment. Duration 48 hours. Concurrent medication/care: Continued taking medication as already prescribed via subcutaneous route. Haloperidol 2.5mg 4 hourly and/or 10mg metoclopramide 4 hourly. Thirst control achieved by daily antiseptic mouth rinsing, and administration of 2 ml water every 30-60 minutes. Comments: Morphine was not controlled between the 2 groups, or mentioned in analysis.
RESULTS (NUMBERS ANALYSED) AND RISK OF BIAS FOR COMPARISON: PARENTERAL HYDRATION VERSUS NO INTERVENTION Protocol outcome 1: Adverse events procedural at end of study	

- Actual outcome for cancer: Local adverse reactions due to subcutaneous administration at 48 hours; Group 1: 1/20, Group 2: 0/22; Risk of bias: High; Indirectness of outcome: No indirectness

Protocol outcome 2: Adverse events, over hydration at end of study
- Actual outcome for cancer: Severe adverse reactions that required the interruption of hydration. at 48 hours; Group 1: 0/20, Group 2: 0/22; Risk of bias: Very high; Indirectness of outcome: No indirectness.