Table 64: Back 2001[37]

Study	Back 2001[37]
Study type	Non-randomised comparative study.
Number of studies (number of participants)	One unit (n=191)
Countries and setting	Conducted in United Kingdom; Setting: Palliative care unit.
Line of therapy	Not applicable.
Duration of study	Other: 11 months in the first period (using Hyoscine Hydrobromide and 9 months in the second (using Glycopyrrolate).

Method of assessment of guideline condition	Unclear method of assessment/diagnosis.
Stratum	Overall.
Subgroup analysis within study	Not applicable.
Inclusion criteria	Dying people who developed noisy respiratory secretions.
Exclusion criteria	Not explicitly stated.
Age, gender and ethnicity	Age - Median (range): Hyoscine Hydrobromide: 71 (33 - 92); Glycopyrrolate: 71 (35 - 89). Gender (M:F): 105/97. Ethnicity:
Extra comments	Even though the inclusion criteria were not restricted to people with cancer, almost all participants had a diagnosis of cancer.
Indirectness of population	No indirectness.
Interventions	(n=129) Intervention 1: Anti-muscarinic - Hyoscine hydrobromide. 0.4 mg subcutaneous bolus, repeated after 30 minutes if noisy breathing persisted. Duration Until no longer clinically indicated or death. Concurrent medication/care: Not explicitly specified. (n=75) Intervention 2: Anti-muscarinic - Glycopyrronium bromide. 0.2 mg subcutaneous bolus, repeated after 30 minutes if noisy breathing persisted. Duration Until no longer clinically indicated or death. Concurrent medication/care: Not explicitly specified.
Funding	Other (It is described that there were no conflicts of interest).

RESULTS (NUMBERS ANALYSED) AND RISK OF BIAS FOR COMPARISON: HYOSCINE HYDROBROMIDE versus GLYCOPYRRONIUM BROMIDE

Protocol outcome 1: Subjective or objective improvement in respiratory secretions at hours/days.
- Actual outcome: Subjective rating of noisy breathing on a 4 point scale (none to very severe) at 1 hour; Group 1: 59/103, Group 2: 22/55; Risk of bias: Very high; Indirectness of outcome: No indirectness.
- Actual outcome: Subjective rating of noisy breathing on a 4 point scale (none to very severe) at To final score (median time to final score < 2 hours before death); Group 1: 46/103, Group 2: 24/57; Risk of bias: Very high; Indirectness of outcome: No indirectness.

Protocol outcomes not reported by the study	Quality of life at hours/days; Hospitalisation at hours/days; Subjective ratings from people on distress related to noisy

	breathing /respiratory secretions at hours/days; Sedation (patient-rated, clinician-rated, carer-rated) at hours/days; Adverse events (particularly paradoxical agitation, failure to expectorate, dry mouth at hours/days; Subjective ratings from informal carers' on distress relating to noisy breathing/respiratory secretions at hours/days; Hydration status at hours/days; Length of survival at hours/days; Length of stay at hours/days.