Table 69: Likar 2002[287]

Study	Likar 2002[287]
Study type	RCT (Patient randomised; Parallel)
Number of studies (number of participants)	1 (n=31)
Countries and setting	Conducted in Germany.
Line of therapy	Not applicable.

Duration of study	Intervention time: 10 hours.
Method of assessment of guideline condition	Unclear method of assessment/diagnosis.
Stratum	Overall.
Subgroup analysis within study	Not applicable.
Inclusion criteria	People with advanced terminal cancer with life expectancy of less than 3 days (N= 31). With life expectancy of less than 3 days.
Exclusion criteria	Fully conscious people were excluded from the study. People who are already receiving drugs from the same class.
Age, gender and ethnicity	Age - Mean (SD): Hyoscine hydrobromide: 66 (standard error 4); Placebo: 65 (standard error 5). Gender (M:F): 15/16. Ethnicity:
Indirectness of population	No indirectness
Interventions	(n=15) Intervention 1: Anti-muscarinic - Hyoscine hydrobromide. Hyoscine hydrobromide 0.5 mg (in 1 ml saline) iv/sc. Duration Given at 0, 4 and 8 hours. Concurrent medication/care: Usual care in which analgesic and/or sedative medication was documented. (n=16) Intervention 2: Placebo. Normal saline 1 ml iv/sc. Duration Given at 0, 4 and 8 hours. Concurrent medication/care: Usual care in which analgesic and/or sedative medication was documented.
Funding	Funding not stated.

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

Protocol outcome 1: Quality of life at hours/days
- Actual outcome: Level of pain: 1 = mild 2 = moderate; 3 = severe at Measured every 2 hours; Group 1: 13/15, Group 2: 2/16; Risk of bias: High; Indirectness of outcome: No indirectness.

Protocol outcome 2: Subjective or objective improvement in respiratory secretions at hours/days
- Actual outcome: Death rattle assessed using scale of 1 to 5: 1 = noisy breathing; 2 = minimal rattle; 3 = moderate rattle; 4 = severe rattle; 5 = very severe rattle at Measured every 2 hours; Other: Intervention group demonstrated tendency to reduced death rattle more than control group during the first 10 hours (not statistically significant).; Risk of bias: High; Indirectness of outcome: No indirectness.

Protocol outcome 3: Adverse events (particularly paradoxical agitation, failure to expectorate, dry mouth at hours/days - Actual outcome: Level of restlessness: 1 = mild 2 = moderate ; 3 = severe at Measured every 2 hours; Group 1: 9/15, Group 2: 6/16; Risk of bias: High; Indirectness of outcome: No indirectness. Protocol outcome 4: Length of survival at hours/days - Actual outcome: Length of survival at Start of treatment until death; Group 1: mean 907 Minutes (SD 526.73); n=15, Group 2: mean 611 Minutes (SD 456); n=16; Risk of bias: High; Indirectness of outcome: No indirectness.	
Protocol outcomes not reported by the study	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; Subjective ratings from informal carers' on distress relating to noisy breathing/respiratory secretions at hours/days; Hydration status at hours/days; Length of stay at hours/days.