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Pharmacist Graham Mackenzie in his compounding lab at Stone's Pharmasave in Baddeck - the only one if its kind in Cape Breton. His new compounding machine uses planetary motion to compound pain cream ingredients at 2000 revolutions per minute. Photo by Andrew Brooks.

A therapeutic alliance

Baddeck pharmacist, CBU prof and Sydney physician to study efficacy of pain cream for palliative care patients



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A collaborative study between three Cape Breton healthcare professionals will examine the effectiveness of using compounded analgesic creams in a palliative care population.

Baddeck pharmacist Graham Mackenzie, palliative care physician Dr. John Ritter and Cape Breton University Associate Professor/palliative care nurse practitioner Claudette Taylor will apply their respective expertise to a six-month pilot study beginning in January.

All three members of this "therapeutic alliance" (Dr. Ritter's phrasing) have long observed the benefits of compounded pain creams in palliative care patients.

"It's time to put pen to paper and document those results," said Taylor by phone on Dec. 18.

"It's rewarding," said Mackenzie on Dec. 11 while compounding a pain cream in his lab located at the back of Stone's pharmacy. "There are people with cancer pain all over and you're able to get them to come off a narcotic so they can talk to their family. They can sleep, they can eat. Their pain is much lower and quality of life is better."

80% of compounds produced at Stone's Pharmacy are pain creams, half of those for palliative care cancer patients. For the pilot study, Mackenzie

will produce the pain cream in his lab's new centrifugal compounding machine, the only one of its kind in Atlantic Canada. Mackenzie is also col-

How the Hospice Society helped get pain creams covered

Pain cream for palliative care patients is now covered under Nova Scotia Pharmacare's Palliative Care Drug Program. The Hospice Society of Victoria County played an integral role in bringing province-wide coverage about. When palliative care physician, Dr. John Ritter, began seeing the benefits of pain cream in his Victoria County patients, the Hospice Society helped pay for the expensive creams. This allowed Dr. Ritter to establish precedence for its use in pain management for palliative care patients, which, in turn, led to its addition to the province's Palliative Care Drug Formulary.

laborating on a separate study with CBU to test a cream base's ability to drive six active ingredients through skin tissue.

The practice of traditional

compounding is on the decline in Canada, as is the training for it in pharmacy programs. Still, Mackenzie has continued to invest in new technology, much to the delight of his two biggest advocates, Taylor and Ritter.

"As a palliative care nurse practitioner, I've witnessed firsthand the benefits patients have achieved in terms of pain control from its application," said Taylor by phone on Dec. 18.

Taylor designed the upcoming pilot study to capture meaningful data in an effort to contribute to the scant, but growing, body of literature on pain cream.

"It's a mix-method design. We're using quantitative methods and we will also be doing a qualitative component. We'll be asking patients about their experiences with the use of the cream. We've designed it that way because there are some aspects of data collection that you just cannot collect from a quantitative tool."

Dr. Ritter will act as clinical lead for the study. The patient population will be a convenient sample (i.e. easy to reach) of palliative care patients in Cape Breton who have been prescribed the pain cream to augment existing medications and/or because they are not responding to other medications.

During regular practice as a palliative care physician, Dr. Ritter prescribes pain cream to patients who cannot tolerate the side effects of oral pain medications such as stomach upset or impacts to the liver and kidney.

Dr. Ritter has been collaborating with Mackenzie for years, and says the care and attention that goes into preparing a customized pain cream provides a psychological boost to the patient.

"When you're trying to relieve a patient's pain, they know that you're not just throwing them a pill, but you're really trying to think about what's going on with them. If you think about the difference between pain and suffering, they're not precisely the same thing. The cream may work on the pain, but knowing that Graham is going to whip up something special for you and we're going to have thought about it, that helps with the suffering part, as well as the pain."

Beyond pain cream, Mackenzie's lab is able to compound medications in many dosage forms – capsules, creams, lollipops, troches and suppositories – and prepare compounds without the non-active ingredients people may be allergic to such as dyes and colourings.