

Parenteral hydration no benefit for cancer care in hospices

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To examine the effect of parenteral hydration in advanced [cancer care](#) in hospices, Eduardo Bruera, M.D., of the University of Texas MD Anderson Cancer Center in Houston, and colleagues conducted a double-blind, randomized, placebo-controlled study involving 129 patients with

advanced cancer from six hospices who received either parenteral administration of 1 liter of normal saline per day or placebo (normal saline 100 milliliter per day) over a four-hour period.

At days four and seven of parenteral hydration, the researchers observed no significant differences between the two groups in the sum of four dehydration symptoms (fatigue, myoclonus, [sedation](#), and [hallucinations](#)). Similarly, no differences were observed in any of the five scales used to assess overall symptoms, delirium, myoclonus, fatigue, and dehydration. There was no significant difference in overall survival between the two groups (median, 21 versus 15 days; $P = 0.83$).

"Our study supports current hospice practice of not administering hydration routinely," the authors write. "Further studies are required to determine whether any subgroups, such as delirious patients or those with longer survival, would benefit from parenteral hydration."

More information: [Abstract](#)
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