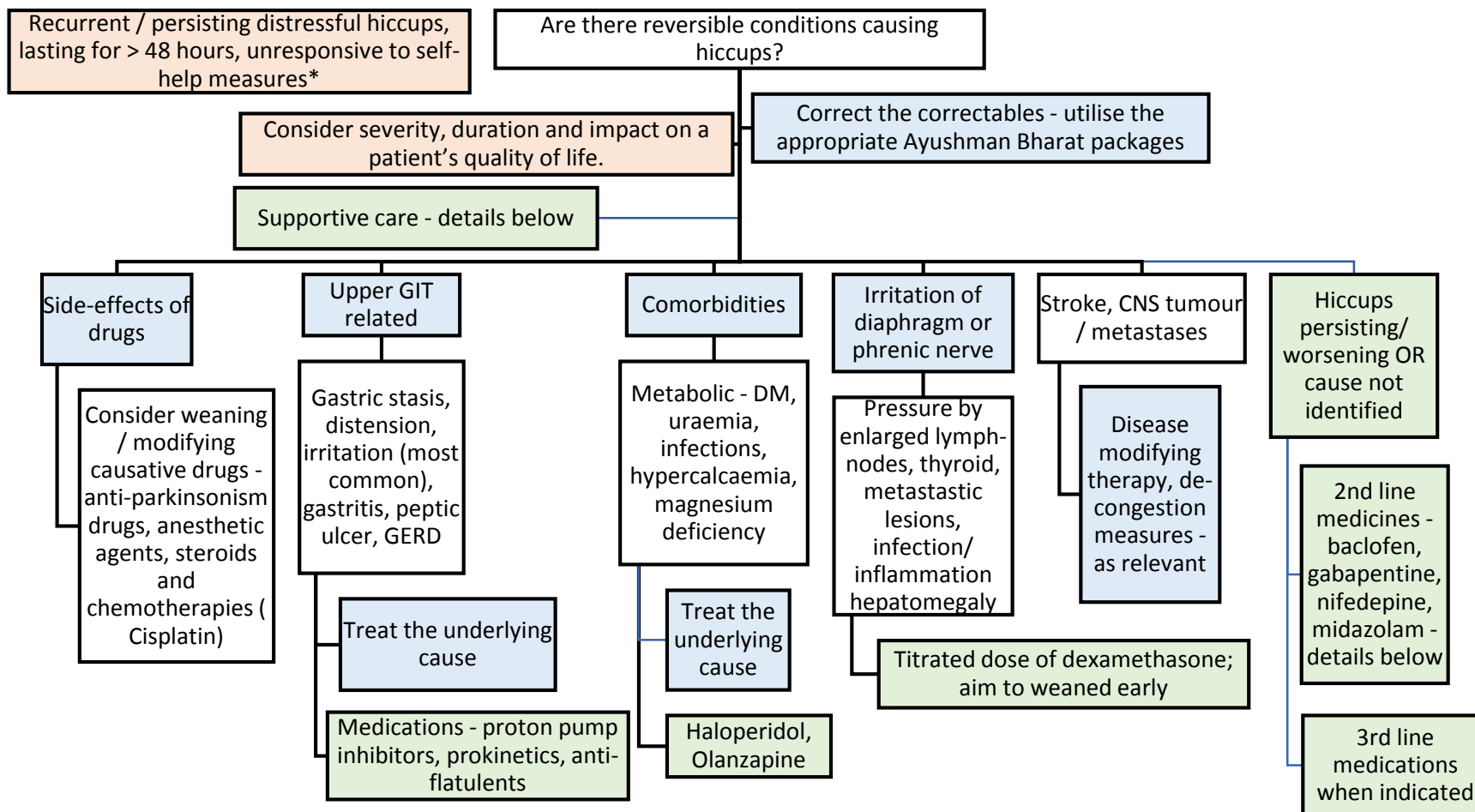


**Approach to Managing Hiccups**



**Medications for Hiccup <sup>1</sup>**

| <b>Medications based on specific causes</b>                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         |                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reduce gastric irritation<br><br>Proton pump inhibitors <ul style="list-style-type: none"> <li>• Omeprazole 10 – 20 mg up to max of 40 mg/24 hours</li> <li>• Lansoprazole 30mg OD</li> <li>• Pantoprazole 40 mg – Max 80 mg/24 hours</li> </ul> H2-receptor antagonist <ul style="list-style-type: none"> <li>• Ranitidine 150 mg twice /Day. Reduce to once /Day if renal impairment</li> </ul> |                                                                                                                                                                                                  | Reduce gastric distension<br><br>Prokinetic <ul style="list-style-type: none"> <li>• Metoclopramide 10 mg TDS</li> <li>• Domperidone 10 mg TDS</li> <li>• Itopride – 50 mg BD or TDS</li> </ul>                                     |                                                                                                                                                                                                                                                         | Anti-flatulent <ul style="list-style-type: none"> <li>• Defoaming agent - Simethicone 25 mg P.O – formulation with antacid prefer</li> <li>• Carminative agent -</li> <li>•</li> </ul> |
| <b>2<sup>nd</sup> line Medications for intractable Hiccups</b>                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                  |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         |                                                                                                                                                                                        |
| <b>Dopamine antagonist</b> <ul style="list-style-type: none"> <li>• Haloperidol 0.5-1mg TDS. Maintenance dose 1mg to 3mg at bedtime.</li> <li>• Olanzapine 2.5-5 mg OD</li> <li>• Chlorpromazine- 10-25 mg – titrate if required upto 25-50 mg TDS</li> <li>• Methylphenidate 5 mg OD – in sedated patients on opioid – Max- 5-10 mg BD</li> </ul>                                                | <b>GABA agonist</b> <ul style="list-style-type: none"> <li>• Baclofen 5mg - May be titrated up not &gt; 20mg / day.</li> <li>• Caution in elderly and patients with renal dysfunction</li> </ul> | <b>Local anaesthetic</b> <ul style="list-style-type: none"> <li>• Low dose intravenous lignocaine infusion not &gt; 2-4mg / kg and administered slowly over 45 -60 minutes.</li> </ul> Or - nebulisation (consider aspiration risk) | <b>Antiepileptic</b> <ul style="list-style-type: none"> <li>• Gabapentin as burst with 400 TDS X 3 days</li> <li>• and titrate down to 400mg OD and then stop</li> <li>• Sodium Valproate – 200-500 mg P.O 15mg/kg/24 hours in divided doses</li> </ul> | <b>Calcium channel blocker</b> <ul style="list-style-type: none"> <li>• Nifedipine 5-20mg TDS P.O or sublingually (caution- hypotensive)</li> </ul>                                    |

<sup>1</sup> Palliative Care Formulary 5<sup>th</sup> edition – Robert Twycross

## NCG Palliative Care Guidelines - Hiccups

|                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
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| •                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| <b>3<sup>rd</sup> line drugs to control hiccups</b>                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| <ul style="list-style-type: none"> <li>• Combinations of drugs listed above</li> <li>• Haloperidol 5-10mg PO or IV <b>OR</b></li> <li>• Chlorpromazine 25-50 mg PO or IV in 500-1000 ml of NS over several hours (irritant – not for S/C)</li> <li>• <b>OR</b> Midazolam 10-60 mg /24hours by CSCI – when all else fails <b>OR</b> in terminal patients in last days of life)</li> </ul> |  |  |  |
| <p>Initial treatment for persistent hiccups should be reviewed after 3 days and changed if there is little or no improvement. This may mean a dose increase or a change of medication.</p>                                                                                                                                                                                               |  |  |  |

### Supportive Care

| Education/ communication                                                                                                                                                                                                                                                                                                                                  | Non pharmacological measures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <ul style="list-style-type: none"> <li>• Discuss dietary modifications like small meals, avoiding soda or fizzy drinks, air swallowing</li> <li>• Avoid eating too fast, ingesting spicy food, aerophagia and sudden change in ingested food temperature, a cold water shower</li> <li>• Positioning - Pull knees up to chest and lean forward</li> </ul> | <p>* Self-help manoeuvres –(home remedies)</p> <ul style="list-style-type: none"> <li>• Hold breath for several seconds or longer</li> <li>• Valsalva manoeuvre- Breathe out against closed mouth and nose</li> <li>• Stimulate the back of throat               <ul style="list-style-type: none"> <li>○ sip cold water/ crushed ice</li> <li>○ Nebulised 0.9% saline (2mls over 5 minutes)</li> <li>○ Rub the soft palate with a swab to stimulate the nasopharynx.</li> <li>○ Gargling iced water</li> </ul> </li> <li>• breathing into a paper bag, particularly if the patient is hyperventilating.</li> <li>• Swallowing a teaspoon of sugar</li> </ul> |
| <p>Acupuncture, RFTC of phrenic N., ablation of reflex arc, vagal nerve stimulation, OR diaphragmatic pacing electrodes - In carefully selected patients, when hiccups becomes a distressful morbidity and there is access to the appropriate expertise.</p>                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |