

14 January 2019

Professor Jane Phillips
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Dear Professor Phillips

The Australian national Palliative Care Clinical Studies Collaborative (PaCCSC) is a network of researchers who undertake investigator-initiated clinical trials in patients with life-limiting illnesses. The primary goal of the research is symptom management and quality of care in these patients. PaCCSC was funded under the National Palliative Care Program by the Australian Government Department of Health from 2006 to 2016.

PaCCSC is pleased to announce the publication of results from a recently completed multi-site, double-blind, randomised controlled trial that found that titrated sertraline had similar benefits and harms to placebo in this adequately powered trial at four weeks.

The manuscript is titled ***Sertraline in symptomatic chronic breathlessness: a double blind, randomised trial***. Authored by David Currow and colleagues, the paper was published in the European Respiratory Journal on 25 October 2018. A copy of the paper is attached for your benefit.

Breathlessness is an uncomfortable sensation of breathing experienced by nearly fifty percent of people in their last year of life. It is a source of physical and psychological distress for both patients and caregivers.

The main therapy for chronic breathlessness is treatment of the underlying cause. However, many patients continue to experience symptoms. Systemic opioids can reduce breathlessness but to date, no other pharmacological intervention has been shown to be of benefit. Sertraline had shown potential benefits in pilot studies but has not demonstrated benefit in the larger phase III study.

The aim of the study was to assess the effects of sertraline on intensity of chronic breathlessness despite optimal treatment of underlying cause/s. Secondary aims were to determine: sertraline's effects on quality of life and activities of daily living; and benefits and harms.

Patients were recruited from ten inpatient and outpatient services in palliative care, oncology, respiratory medicine and cardiology units across Australia. Their primary family caregivers were also invited to participate.

The primary results demonstrated that breathlessness intensity lessened in both arms of the study with no difference between groups in the primary outcome. Secondary outcomes show there was no difference observed between groups in the proportion of participants who had a more 15% change from baseline in any measure of breathlessness.

There was no net benefit observed for sertraline on chronic breathlessness in participants who had undergone optimal treatment of the underlying causes in this trial.

The current findings do not support the use of sertraline for the symptomatic treatment for chronic breathlessness, nor did the study identify any sub-groups more likely to respond that could form the basis of further studies.

This study has broadened our understanding of what does and does not work in reducing symptomatic chronic breathlessness. Ongoing work is seeking to define new therapies that can provide symptomatic relief.

If there are any issues that I can clarify, please do not hesitate to contact PaCCSC.

Yours sincerely



David Currow
Professor of Palliative Medicine

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