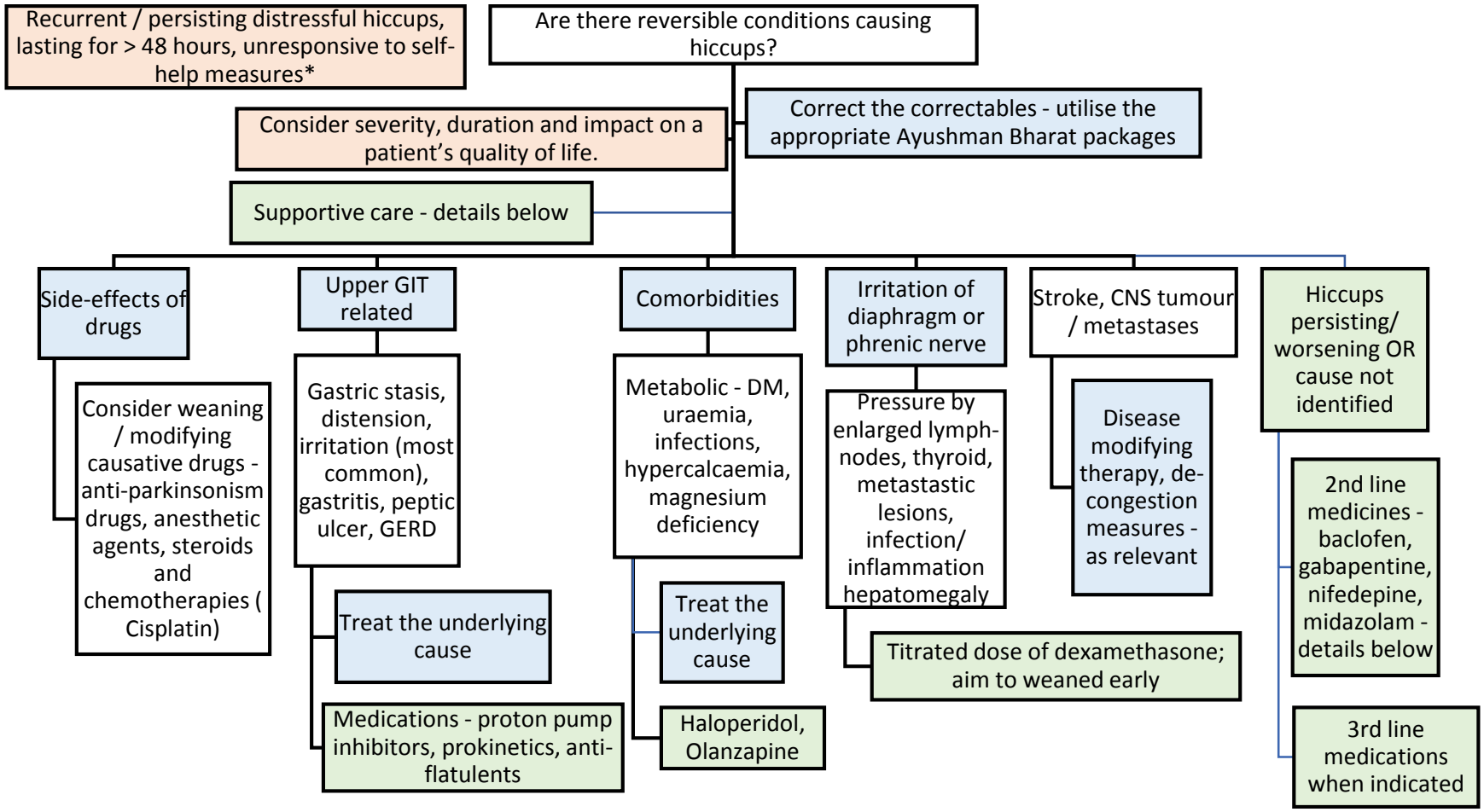
Approach to Managing Hiccups



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Medications for Hiccup [1]

<table>
<tr><th colspan="5">Medications based on specific causes</th></tr>
<tr><td colspan="2">Reduce gastric irritation

Proton pump inhibitors
• Omeprazole 10 – 20 mg up to max of 40 mg/24 hours
• Lansoprazole 30mg OD
• Pantoprazole 40 mg – Max 80 mg/24 hours

H2-receptor antagonist
• Ranitidine 150 mg twice /Day. Reduce to once /Day if renal impairement</td><td colspan="2">Reduce gastric distension

Prokinetic
• Metoclopramide 10 mg TDS
• Domperidone 10 mg TDS
• Itopride – 50 mg BD or TDS</td><td>Anti-flatulent
• Defoaming agent - Simethicone 25 mg P.O – formulation with antacid prefer
• Carminative agent -
•</td></tr>
<tr><th colspan="5">2nd line Medications for intractable Hiccups</th></tr>
<tr><td>Dopamine antagonist

• Haloperidol 0.5-1mg TDS. Maintenance dose 1mg to 3mg at bedtime.
• Olanzapine 2.5-5 mg OD
• Chlorpromazine- 10-25 mg – titrate if required upto 25-50 mg TDS
• Methylphenidate 5 mg OD – in sedated patients on opioid – Max- 5-10 mg BD</td><td>GABA agonist

• Baclofen 5mg - May be titrated up not > 20mg / day.
• Caution in elderly and patients with renal dysfunction</td><td>Local anaesthetic

• Low dose intravenous lignocaine infusion not > 2-4mg / kg and administered slowly over 45 -60 minutes.

Or - nebulisation (consider aspiration risk)</td><td>Antiepileptic

• Gabapentin as burst with 400 TDS X 3 days
• and titrate down to 400mg OD and then stop
• Sodium Valproate – 200-500 mg P.O 15mg/kg/24 hours in divided doses</td><td>Calcium channel blocker

• Nifedipine 5-20mg TDS P.O or sublingually (caution- hypotensive)</td></tr>
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[1] Palliative Care Formulary 5th edition – Robert Twycross

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3rd line drugs to control hiccups

- Combinations of drugs listed above
- Haloperidol 5-10mg PO or IV **OR**
- Chlorpromazine 25-50 mg PO or IV in 500-1000 ml of NS over several hours (irritant – not for S/C)
- **OR** Midazolam 10-60 mg /24hours by CSCI – when all else fails OR in terminal patients in last days of life)

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.

Supportive Care

Education/ communication	Non pharmacological measures

• Discuss dietary modifications like small meals, avoiding soda or fizzy drinks, air swallowing
• Avoid eating too fast, ingesting spicy food, aerophagia and sudden change in ingested food temperature, a cold water shower
• Positioning - Pull knees up to chest and lean forward
	* Self-help manoeuvres –(home remedies)
	• Hold breath for several seconds or longer
	• Valsalva manoeuvre- Breathe out against closed mouth and nose
	• Stimulate the back of throat
	  ○ sip cold water/ crushed ice
	  ○ Nebulised 0.9% saline (2mls over 5 minutes)
	  ○ Rub the soft palate with a swab to stimulate the nasopharynx.
	  ○ Gargling iced water
	• breathing into a paper bag, particularly if the patient is hyperventilating.
	• Swallowing a teaspoon of sugar

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.	