Management of Hiccups

Guideline Responsibilities and Authorisation

Department Responsible for Guideline	Palliative Care
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Guideline Review History

Version	Updated by	Date Updated	Description of Changes

V2	Lana Ferguson		• Gabapentinoids can be trialled for hiccups, start low dose and titrate (NB. Renal dosing)
			  ○ Gabapentin 100mg TDS
			  ○ Pregabalin 25-50mg BD
			• Lidocaine infusion (SC) – palliative specialist only (see lidocaine infusion in palliative care protocol)

Contents

Management of Hiccups

1. Overview

1.1 Purpose

To provide guidance in the management of palliative care patients experiencing prolonged hiccups.

1.2 Scope

All Waikato DHB medical staff involved in the clinical care of palliative patients will be aware of and familiar with guidelines.

1.3 Patient / client group

Palliative care patients

2. Clinical Management

2.1 Guideline

Hiccups are an annoying and exhausting symptom for palliative care patients.

The cause of hiccups may be multifactorial and management can be challenging.

Possible causes of hiccups

Cause	Example
Metabolic	Uraemia, infection
Central	Brainstem infarct, raised intracranial pressure,
Diaphragmatic irritation	Metastatic infiltration, hepatomegaly, marked ascites, subphrenic abscess, empyema
Gastric distension or irritation	Gastric stasis, obstruction, constipation, ileus

Management of hiccups

- Identify cause and aim to correct or reverse
- Target systemic treatment at the cause – examples below:
  - Prokinetic (metoclopramide) in the setting of gastric stasis
  - Corticosteroid to reduce raised intracranial pressure
  - Haloperidol – centrally mediated hiccups
- Options for severe or intractable hiccups target the centrally mediated hiccup reflex
  - Chlorpromazine 25-50mg orally three to four times daily, initially on a PRN basis, however this may progress to regular dosing

- Parenteral options include intravenous or subcutaneous bolus

  NB: chlorpromazine is likely to cause significant sedation therefore start with lowest dose possible particularly in elderly or frail patients.

- Gabapentinoids can be trialled for hiccups, start low dose and titrate (NB. Renal dosing)
  - Gabapentin 100mg TDS
  - Pregabalin 25-50mg BD
- Lidocaine infusion (SC) – palliative specialist only (see lidocaine infusion in palliative care protocol)

3. Audit Indicators

3.1 Indicators

There is documented evidence that pharmaceutical intervention aligns with 2.1

4. Evidence Base

4.1 References

- Twycross R, Wilcock A & Howard P. Palliative Care Formulary. 7th edition. Nottingham, United Kingdom. Palliativedrugs.com; 2020.
- Watson M, Armstrong P & Back I. Palliative Adult Network Guidelines. 4th edition. Surrey, Sussex & Wales. London Cancer Alliance, RM Partners; 2016.
- Neuhaus T, Ko YD, Stier S. Successful treatment of intractable hiccups by oral application of lidocaine. Supportive Care in Cancer. 2012 Nov;20(11):3009-11.
- Kaneishi K, Kawabata M. Continuous subcutaneous infusion of lidocaine for persistent hiccup in advanced cancer. Palliative medicine. 2013 Mar;27(3):284-5.