

Thalidomide Use: Past History and Current Implications for Practice

Deborah A. Goldman, BSN, RN, OCN®

Purpose/Objectives: To review the history of thalidomide, examine fears emanating from its renewed usage, and discuss the nurse's critical role in patient education.

Data Sources: Published articles, abstracts, books, and clinical experience.

Data Synthesis: In the early 1960s, the teratogenic effects of thalidomide became widely known. The words thalidomide and birth defects became permanently linked as a result of pregnant women who used thalidomide as a sedative, thus giving birth to children with horrific birth defects. As researchers look at novel properties of drugs and new indications in the oncologic setting, thalidomide has made a comeback, particularly in the treatment of multiple myeloma. Patient education is important to combat fear in using and prescribing thalidomide and is essential in preventing birth defects and other side effects associated with thalidomide use.

Conclusions: Nurses are vital in the patient-education process, yet an extensive nursing literature search revealed limited publications regarding thalidomide. Nurses can prevent thalidomide-associated birth defects through comprehensive patient education and can assist patients in decreasing any anxiety related to potential and actual side effects.

Implications for Nursing Practice: With careful patient monitoring and comprehensive education of physicians, nurses, and patients, it is possible to reap the benefits of thalidomide and avoid the tragedy of misuse. Nurses are in the forefront of education, and their expertise will empower patients to use thalidomide responsibly.

Key Points . . .

- Thalidomide is a useful treatment in patients with refractory or relapsed multiple myeloma who have failed standard treatment regimens, including high-dose chemotherapy with hematopoietic stem cell rescue.
- Thorough patient education is a requirement for all drugs that are dispensed, particularly those that have serious consequences (e.g., teratogenicity).
- Nurses should be sensitive to the concerns of victims of thalidomide and concentrate efforts to prevent future birth defects related to thalidomide.

Oncology practices see the widespread use of a large number of drugs, many of which are teratogenic. Drugs that have the capability of causing fetal abnormalities include a number of chemotherapeutic agents, as well as certain antibiotics, sedatives, and antiemetics (Doyle & Johnson, 2000). The oncology nurse should provide comprehensive education to patients receiving medications. This includes, but is not limited to, understanding side effects and preventing birth defects. This practice is not new to oncology nursing, nor is it limited to oncology nursing (Volker, 1998).

The U.S. Food and Drug Administration (FDA) has approved thalidomide for use in leprosy, and the drug has been granted orphan drug status for use in multiple myeloma and other malignancies. Recent research has been conducted to examine thalidomide's antineoplastic properties. The reemergence of thalidomide has created fear among physicians,

Objectives for CE Enrollees

- On completion of this CE, the participant will be able to
1. Discuss the history of thalidomide.
 2. Discuss the use of thalidomide in the treatment of multiple myeloma.
 3. Discuss the nurse's role in patient education.

Deborah A. Goldman, BSN, RN, OCN®, is the leukemia/lymphoma nurse coordinator at the Cancer Institute of New Jersey in New Brunswick. (Submitted May 2000. Accepted for publication October 17, 2000.) (Mention of specific products and opinions related to those products do not indicate or imply endorsement by the Oncology Nursing Forum or the Oncology Nursing Society.)