Deprescribing in Palliative Care
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Conflict of Interest Disclosure

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Has no real or apparent conflicts of interest to report.
Aims

• Overview of polypharmacy / deprescribing

• Highlight the benefits of deprescribing

• Discuss the barriers to deprescribing
Deprescribing & polypharmacy

- Deprescribing – the process of identifying and discontinuing medications with little or no benefit

- Polypharmacy – the use of multiple medications
Polypharmacy in palliative care
Polypharmacy in palliative care

- Medication of 4252 patients who died in hospices across 11 states in 2010 – taking an average of 15.7 medications (1-100)

- Medication review of 138 patients across five hospices in N.Ireland – taking an average of eight medications (0-17)
Polypharmacy and end of life care

- Secondary analysis of data from a prospective trial of adults with an estimated prognosis of less than 1 year
- Medications were recorded at least monthly from study enrolment through to death
- 244 patients (47.5% had cancer) took an average of 11.5 medications at the time of enrolment and 10.7 at death or study termination
Medication burden

Fig. 1. Medications per patient at baseline.
Medications in the last year of life

Fig. 2. Percentage of patients taking the most common medication classes.
Why is polypharmacy a problem?

- Evidence to suggest negative outcomes for patients, even those taking as few as four drugs (LeBlanc et al 2015)
- Increased risk of ADEs
  - 13% with 2 medications
  - 58% with 5 medications
  - 82% with 7 or more medications (Patterson et al 2014)
- Increased pill burden
- Poor concordance
PROMs

Associations Between Polypharmacy, Symptom Burden, and Quality of Life in Patients with Advanced, Life-Limiting Illness

LESS IS MORE

Feasibility Study of a Systematic Approach for Discontinuation of Multiple Medications in Older Adults

Addressing Polypharmacy

Doron Garfinkel, MD; Derelic Margin, MBChB
Tools to support deprescribing

- Majority of the tools are those used in elderly care:
  - Beers criteria
  - MAI (medications appropriateness index)
  - STOPP (Screening Tool of Older People’s potentially inappropriate Prescriptions)
Tools

‘OncPal deprescribing guideline’ (Lindsay et al 2015)

– Tool to assist the identification of medications suitable for discontinuation in palliative cancer patients
# OncPal deprescribing guideline

<table>
<thead>
<tr>
<th>Medications to consider deprescribing</th>
<th>Situations of limited benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td>Primary prevention</td>
</tr>
<tr>
<td>Lipid lowering medications</td>
<td>All indications</td>
</tr>
<tr>
<td>Blood pressure lowering medications</td>
<td>Mild to moderate HTN, secondary prev</td>
</tr>
<tr>
<td>Anti-ulcer medications</td>
<td>All indications (unless GORD, NSAIDS, steroids)</td>
</tr>
<tr>
<td>Oral hypoglycaemics</td>
<td>Mild hyperglycaemia, prev. diabetic complications</td>
</tr>
<tr>
<td>Osteoporosis medication</td>
<td>All except hypercalcaemia</td>
</tr>
<tr>
<td>Vitamins / minerals</td>
<td>All except tx low serum concentrations</td>
</tr>
<tr>
<td>Complementary therapies</td>
<td>All indications</td>
</tr>
</tbody>
</table>
Why aren’t medications routinely rationalised?

- Fear that patients may feel HCPs are ‘giving up hope’

- HCPs potentially overestimate patients’ discomfort with stopping medications (study in family practice 2001)
Why aren’t medications routinely rationalized?

- Uncertainty on the part of clinicians about the benefits afforded in continuing the treatment

- Majority of drug research is designed to explore how to start drug treatment – almost no effort is geared towards discontinuing

- The complexity of more patients receiving cancer directed therapies and palliative or symptom management therapies simultaneously

- Multiple prescribers and patients being seen by different specialties
Why aren’t medications routinely rationalised?

• Limited time

• Difficulty in predicting the timing of the shift

• Fear of adverse drug withdrawal effects, despite the fact these occur much less frequently than ADEs
Deprescribing

• The biggest barrier is probably the question over whose role it is to deprescribe...
Supporting the process

- Educate HCPs regarding the benefits

- Step-wise process
  - Most importantly establish why the medication was started in the first place!

- Communication with patients and families
  - Review and re-review

- Communication with colleagues
In summary

-WELL... THE GLAXO PILL PROTECTS MY HEART FROM THE SIDE EFFECTS OF THE PFIZER PILL THAT PREVENTS POTENTIAL LIVER FAILURE DUE TO THE MERCK PILL THAT MINIMIZES THE RISK OF STROKE POSED BY THE NOVARTIS PILL THAT REDUCES BLOOD CLOTS CAUSED BY THE GLAXO PILL.

-THE DEVIL OF IT IS I CAN'T REMEMBER THE ILLNESS THAT STARTED ALL THIS...