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SA Palliative Care

Community Pharmacy Update

A joint initiative of the South Australian Palliative Care Services

Polypharmacy is an issue that is relevant in all areas of pharmacy practice, including palliative care. All pharmacists play an essential role in addressing this social need.

Polypharmacy

Polypharmacy (5 or more medications) increases a person's risk of experiencing an adverse drug reaction, drug interaction or preventable hospital admission. It is also known to reduce a person's level of adherence with their medication regime. Polypharmacy is considered the norm in palliative care with a local SA study showing that majority of palliative care patients are prescribed at least 7 regular medications at the time of death.

Proactive Role of the Pharmacist

Many medications for chronic conditions are continued in spite of changes in a person's condition or prognosis that may render the initial intentions unnecessary or inappropriate. Prescribing ineffective medication, even without adverse effects, represents significant workload for a patient who is managing a complex therapeutic regimen. This includes drugs that are prescribed in the knowledge that the time to desired outcome exceeds a person's prognosis, such as primary prevention.

Ideally a person is equipped to have realistic expectations of their pharmacotherapy from the time of prescribing.
The pharmacist plays an essential role in achieving this by monitoring outcomes and ensuring patients are aware of:

- the intended benefit of therapy
- expected time to effect
- potential harms associated with use

Armed with this knowledge, patients will anticipate that their medication will be continually reassessed and altered as necessary. This prepares them for times ahead when some of their long-term medications are no longer required.

Ceasing Non-Essential Medication

In practice it is cannot be assumed that appropriateness of a medication regime is proactively reviewed and patients often have unrealistic expectations of drug therapy. In such circumstances, unconsidered cessation of medication carries potential for both physiological and psychological harm.

This has given rise to the development of specific initiatives that actively reduce medications considered to be no longer required, also called de-prescribing. In addition to proactive approaches, de-prescribing initiatives are an important strategy to reduce the rate of polypharmacy and improve patient outcomes.

In order to be successful, de-prescribing initiatives must implement a systematic and evidence based approach by clinicians, while addressing the personal factors to ensure that cessation is considered acceptable to the patient. A number of guidelines are available including the freely available NHS publication *Polypharmacy: Guidance for Prescribing in Frail Adults* (see below).

Useful resources

- Polypharmacy Action Group; Polypharmacy: Guidance for Prescribing in Frail Adults 2013 www.nhshighland.scot.nhs.uk/Publications
- Currow et. Al, Prescribing at times of clinical transition in chronic progressive disease, *Int J of Ger* 2009; 3:1-8

For more information

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