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SA Palliative Care

Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Much focus is placed on carefully considering the need to prescribe a new medication, but considering medication cessation or 'deprescribing' can be just as important.

Deprescribing in Palliative Care

Deprescribing is defined as the cessation of long-term therapy, supervised by a clinician. It is not a concept unique to palliative care, but should be part of a regular review of all medications in all patients.

Many patients receiving palliative care will have an increased number of medications prescribed to manage emerging symptoms, particularly during the terminal phase and a plan to cease medications that do not directly contribute to quality of life should be considered. Statins and gastric protectors are the most commonly identified unnecessary drugs in a number of studies for this patient population.

The potential benefits of deprescribing include increased function and quality of life, resolution of adverse drug reactions, decreased costs and improved adherence.

Potential harms should also be considered and include adverse drug withdrawal effects or rebound phenomenon and recurrence of symptoms or disease.

The Deprescribing Process

Instruments such as the Beer's Criteria, Medication Appropriateness Index (MAI), Drug Burden Index (DBI) and STOPP-START can be used in combination with a deliberate and structured approach to medication reconciliation which considers additional factors such as:

- Remaining life expectancy
- Appropriate diagnosis and indications
- Goals of care
- Efficacy, safety and time to benefit
- Changed pharmacokinetics and pharmacodynamics associated with natural aging and disease

Patients should be involved in the decision as much as possible. They can be influenced by a number of external sources in both positive and negative ways and often require reassurance about the process (including the option to recommence if necessary) and appropriateness of cessation.

Careful discussion of medication cessation in the context of shifting goals of care can help to alleviate any perception of 'giving up' or association with an expectation of imminent death.

Role of the Pharmacist in Deprescribing

Medication reconciliation is a key step in identifying potentially inappropriate medications which can be ceased. Pharmacists can play a role in this through programs such as HMR, RMMR and MedsCheck. Working with prescribers, pharmacists are well placed to provide advice on appropriate tapering regimens where indicated and also monitor for the positive and negative effects of deprescribing.

Additional Reading

- Le Couteur, D. et al (2011). "Deprescribing." Aust Prescr **34**:182-5

For more information

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