

# Deprescribing in Palliative Care

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## Background

Patients with palliative care needs are frequently prescribed multiple medications for primary and secondary prevention of co-morbid disease and are at risk of polypharmacy and being prescribed potentially inappropriate medicines (1,2,3). Deprescribing is the process of identifying and discontinuing or down titrating medications with minimal benefit and potential harm (1). It should be considered in a stepwise tapering approach and be patient centred (1). Deprescribing reduces the risk of potential adverse effects, drug interactions and harm, polypharmacy, financial costs and increases compliance with medications (1,3).

The aim of this project is to optimise the practice, using the available evidence base and Onc Pal guidance (1,3), of deprescribing to benefit the patients being cared for by the Ayrshire Hospice. Onc Pal is a deprescribing guideline for patients with cancer in last 6 months of life (1,3). There was a focus of increasing Ayrshire Hospice staff awareness of the evidence base regarding deprescribing and their confidence in initiating those conversations with patients, relatives and those professionals involved in patient care and prescribing through collaboration and sharing of knowledge of this topic with other teams.

## Methodology

- Development of educational resources on deprescribing for professionals caring for patients with palliative care needs.
- An evaluation of teaching sessions delivered to Ayrshire Hospice Medical Team, Advanced Nurse Practitioner and Community Specialist Palliative Care Nurses (SPCNs).
- Assessment of impact and change to working practice 2 weeks post teaching for Ayrshire Hospice Medical Team, Advanced Nurse Practitioner and Community SPCNs).
- PDSA cycles of medical community deprescribing were also completed.

Class of medication	Situation of limited benefit
Aspirin	Primary prevention
Lipid lowering medication e.g. statin, fibrates	All indications
Antihypertensives e.g. ACE-I , beta-blockers, CCB, diuretics	Mild to moderate hypertension Secondary prevention/management of stable cardiac disease
Anti-ulcer medications e.g. PPI, H2 antagonists	All indications unless recent history of GI bleed, peptic ulcer, GORD, or the concomitant use of NSAIDs/steroids
Oral antihyperglycemics e.g. thiazolidinediones, DPP-3 inhibitors	Mild hyperglycaemia/prevention of diabetic complications
Osteoporosis medications e.g. bisphosphonates, denosumab	All indications except hypercalcaemia
Vitamins/minerals	All except treatment of low serum concentrations
Complementary therapies	All indications

Figure 1. Summarised overview of OncPal guideline Thompson, J et al

## Results

### Reported outcomes from post teaching evaluation:

#### Ayrshire Hospice Community Specialist Palliative Care Nursing Team

- 100% of those attending the education session would consider deprescribing sooner as part of future care planning.
- A sample audit showed a completed medicines reconciliation for 92% of patients.
- 50% of the SPCN team saw a clinical benefit from deprescribing in their patients.
- 100% of attendees stated their knowledge regarding deprescribing had increased.

#### Ayrshire Hospice Medical and ANP Team

- 100% of respondents would share an online teaching resource.
- 66% of the team reported that deprescribing they had completed had improved symptoms or lessened risk of drug related harm.
- Respondents had considered deprescribing statins, antihypertensives and anticoagulants since the teaching session.

#### Ayrshire Hospice Medical Community Team

- PDSA cycles identified additional benefit from review by Palliative Medicine Consultant after Community SPCN or primary care provider review for more complex deprescribing plans and future care planning discussions.

### Results of 2 week follow up questionnaire:

Team/ Outcome	Have used OncPal since teaching	Considered deprescribing for 1-10 patients	Shared OncPal guidance
Community SPCN Team	66%	100%	33%
Medical and ANP Team	66%	100%	33%

Table 1. Results of 2 week follow up questionnaire - Ayrshire Hospice SPCN Team, and Ayrshire Hospice Medical and ANP Team

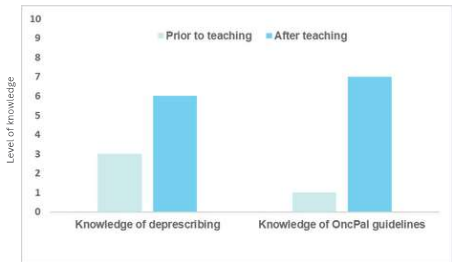


Figure 2. Community SPCN Team reported knowledge level pre and post teaching

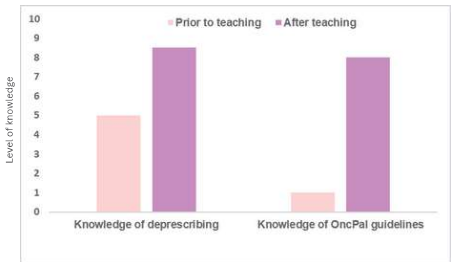


Figure 3. Medical and ANP Team reported knowledge level pre and post teaching

“I will be able to be more proactive in my assessments regarding medication use in the future”  
-Ayrshire Hospice Community SPCN Team

“The teaching session gave me an improved knowledge of the evidence base so decisions feel better supported”  
-Ayrshire Hospice Medical Team

## Conclusions and next steps

- Deprescribing will form part of holistic assessment and future care planning for community patients referred to Ayrshire Hospice. This will improve patient safety and drug induced harm.
- We have developed NES Turas short tutorial on deprescribing for GP colleagues.
- Audit programme will be implemented to monitor practice and identify learning gaps.
- Prospective case note audit of documented medicines reconciliation required for community caseload.

