Deprescribing and Polypharmacy amongst Hospice Inpatients

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Polypharmacy, frequently defined as the prescription of five or more medications, is common in palliative care patients. Deprescribing is the identification, weaning/ stopping of “potentially inappropriate medications” (PIMs) and found to have many benefits. We conducted a 6-month retrospective audit to evaluate our deprescribing practice in the inpatient unit at Strathcarron Hospice. We used the OncPal Guideline as the audit standard to identify any PIMs. From 35 patients, we found that polypharmacy was prevalent. 37 PIMs were identified on admission, in which 68% (n=26) were stopped. This illustrates that whilst most PIMs were deprescribed, this could be improved. This has raised awareness of the importance of deprescribing within the unit, in order to improve patient care, and we plan to assess the impact of this in future.

Related publications:
1. Schenker, Y et al. *Gen Intern Med,* (34) 559–566 (2019)
2. Lindsay, J. et al. *Support Care Cancer,* (23) 71–78 (2015)

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Background

Polypharmacy is frequently defined as the prescription of five or more medications. This is common in palliative care patients due to their increased age, co-morbidities and symptom burden.

Deprescribing is the proactive identification, weaning and stopping of medications in which the harms outweigh the benefits to the individual patient, referred to as “potentially inappropriate medications” (PIMs). The benefits of deprescribing include: decreased medication burden; decreased risk of adverse drug reactions and interactions; and improved quality of life[1].

The OncPal guideline is a tool that can be used to assist with deprescribing, by identifying PIMs in oncological palliative care patients with an expected prognosis of less than 6 months. Its validity was assessed by comparing concordance between an expert panel (consultant oncology radiologist, medical consultant and palliative care consultant) with a clinical pharmacist. It was reported that there was “outstanding agreement” between the expert panel and the clinical pharmacist of what constituted a PIM in 94% of 617 medications of 61 patients[2].

Our aim was to evaluate our deprescribing practice in the inpatient unit at Strathcarron Hospice, and identify where we might be able to further improve our practice.

Methods

Data was collected between Dec 21 – Mar 22 at the inpatient unit in Strathcarron hospice from electronic case notes. The OncPal guideline was used as the audit standard to identify any PIMs.

Our inclusion criteria consisted of:

- Patients with a primary diagnosis of a malignancy,
- Admitted and subsequently discharged,
- With an estimated prognosis of more than 72 hours and less than 6 months

Results

A total of 35 patients met the inclusion criteria.

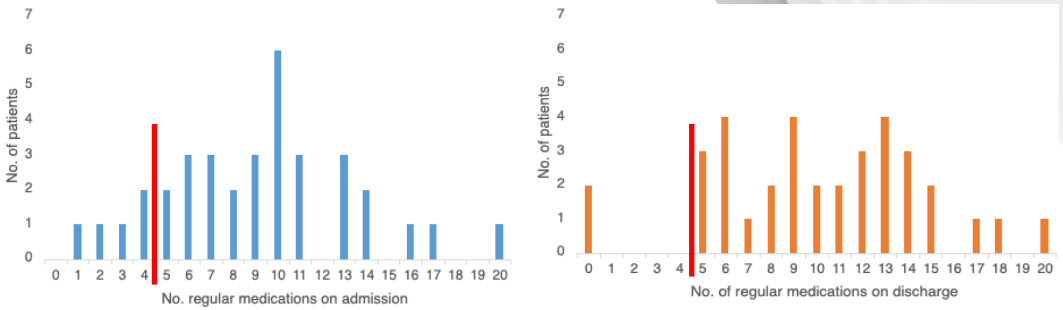

Table 1a) Number of regular medications prescribed on admission and 1b) discharge. The red line represents the cut-off point of what constitutes polypharmacy.

86% of patients on admission were prescribed 5 or more medications and 48% were prescribed 10 or more (Table 1a). 94% of patients on discharge were prescribed 5 or more medications and 54% were prescribed 10 or more (Table 1b).

The median number of regular mediations on admission was 9, rising to 10 on discharge.

Results

In total, 37 PIMs were identified on admission in which 68% (n=26) were stopped before discharge (Table 2). The most common PIMs were peptic ulcer prophylaxis and anti-hypertensives.

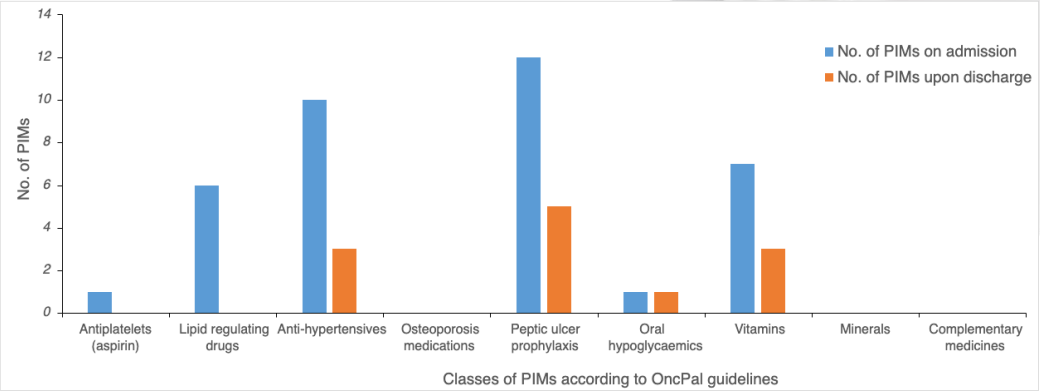

Table 2. Number of PIMs on admission compared to upon discharge

Conclusion

This audit illustrates how polypharmacy is prevalent in hospice inpatients, and rising due to the need to commence new medication to address symptoms. There is a need to maintain proactive deprescribing of PIMs in order to minimise harm, particularly from ensuing adverse drug reactions and interactions.

Whilst most PIMs were deprescribed, this could be improved. We have raised our teams' awareness of this through an education session and plan to repeat the audit in future to assess the impact of this.