

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Deprescribing may help to alleviate pill burden and optimise symptom control, improving quality of life for patients receiving palliative care.

Frank's Story

Frank is a 75 year old widower. He was diagnosed with stage 4 non-resectable, Non-Small Cell Lung Cancer (NSCLC) with hepatic and bone metastases seven months ago. Chemotherapy was stopped after one cycle as Frank became neutropenic and required a hospital admission. He is pale and lethargic and frustrated with how slow his recovery from leg cellulitis has been and his pain has been difficult to control. His significant past medical history includes: atrial fibrillation, asthma/COPD, previous cerebrovascular accident (stroke), ischaemic heart disease and NIDDM (HbA1C 5.3%). Frank would like to take fewer medications if possible. His current medications are:

Ischaemic Heart Disease	Pain
Aspirin	Gabapentin
Isosorbide Mononitrate SR	Paracetamol SR
Diltiazem SR	Hydromorphone SR (Jurnista®)
Glyceryl Trinitrate sublingual spray	Hydromorphone (Dilaudid®) PRN
Ezetimibe	Diabetes
Atrial Fibrillation	Metformin SR
Enoxaparin	Gliclazide MR
Constipation	Asthma/COPD
Microlax® PRN	Symbicort® turbuhaler
Depression	Salbutamol MDI
Mirtazepine	Fluid
Leg cellulitis	Frusemide
Flucloxacillin	Spirolactone

Palliative Considerations

The median survival for patients diagnosed with Stage 4 NSCLC is 4-6 months. Given his poor prognosis, many of Frank's medications should be reviewed as they are prescribed for prevention of long-term complications of chronic diseases. Continuing these medications has the potential for side effects which are no longer acceptable by Frank.

Targets for Deprescribing

- > Aspirin & Enoxaparin
- > Metformin & Gliclazide
- > Spirolactone
- > Ezetimibe
- > Pantoprazole
- > Isosorbide mononitrate & diltiazem
- > Symbicort®

Future Community Pharmacy Updates will discuss the justification and approach to deprescribing and appropriate pain management.

For more information

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