

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Previous updates highlighted the risks of polypharmacy and benefits of deprescribing. Some of the tools available to help identify potentially inappropriate medication use are described here.

Identifying Potentially Inappropriate Medications

Broadly speaking there are two categories of tools available to identify inappropriate medications. The Drug Burden Index (DBI) differs as it identifies high-risk prescribing without specifying particular drugs which are inappropriate.

Explicit Tools

These are lists of specific medications which should be targeted for discontinuation. The lists are consensus-agreed and based on specific adverse effect profiles or known over prescribing.

The most well-known tool of this type is the Beers Criteria. More recently the STOPP/START Criteria have been validated and evaluate underuse of appropriate medications as well as overuse of inappropriate medications.

Explicit tools are quick to use, but are limited in their consideration of other prescribing factors and require regular updating to remain current.

To be most effective, explicit tools should be used with a clinical understanding of the patient which may be aided by the use of an implicit tool. Used alone, there is a risk that clinically indicated and appropriate medications are discontinued due to concerns about adverse effects alone.

Implicit Tools

In the context of palliative care, implicit tools offer better sensitivity to the life-limiting illnesses and the changing goals of care. They evaluate each individual medication based on a series of questions to determine appropriateness.

The Medication Appropriateness Index (MAI) and Good Palliative-Geriatric Practice (GP-GP) algorithm are examples of implicit tools.

These tools are more time consuming to use and require a more detailed knowledge of evidence-based medicine, the patient and their history to be used well. Less clinically-experienced users may find these more difficult to use.

Drug Burden Index

The DBI focusses on drugs with anticholinergic and sedative effects without considering other high-risk medications. A higher DBI has been associated with poorer functional and cognitive outcomes. It should be noted that drugs with significant anticholinergic and sedative effects are often appropriately prescribed in palliative care patients approaching end of life.

The DBI can be used with other tools to assess other medication use.

Useful resources

- > ['Identifying Inappropriate Prescribing for Older People'](#) – includes example of MAI (334kb pdf)
- > [NPS – Identifying Inappropriate Prescribing](#)
- > [Beers Criteria, 2012](#)
- > [STOPP/START Criteria](#) – abstract only
- > [GP-GP Algorithm](#)
- > [Drug Burden Index Calculator](#) – free registration required

For more information

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This update is intended to provide practical up to date and factual information relating to pharmacy and medicines management in the setting of Palliative Care and is based on critical review of available evidence. Individual patient circumstances must be considered when applying this information. Please feel free to distribute this update further to interested colleagues.

