

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

In Part 1, targets for deprescribing were identified. Part 2 describes an approach and justification for this strategy.

Deprescribing Medications

Aspirin & Enoxaparin

This combination was prescribed due to Frank's history of ischaemic heart disease and stroke secondary to atrial fibrillation. Based on his CHADS-VASc score of 7, Frank has an annual stroke risk of 11.2%. Despite his poor prognosis, Frank would like to continue to with enoxaparin for stroke prevention as he disliked being on warfarin before. Aspirin can be stopped abruptly without any problem.

Metformin & Gliclazide

Frank has fasting BSLs of 4-7 mmol/L and experiences symptomatic hypoglycaemic episodes. His last HbA1C was 34mmol/mol (5.3%) which indicates excellent BSL management. Given this, gliclazide could be ceased initially as it would be contributing to his hypoglycaemia. Depending on his BSLs, the metformin dose could then be reduced and then stopped.

Spironolactone

This was commenced to manage leg oedema which was mostly due to his cellulitis. While spironolactone has minimal effect on peripheral oedema like this, Frank has clinical indicators of heart failure, even without a formal diagnosis, for which spironolactone might be beneficial. However, the benefits in heart failure are long term and unlikely in the context of his cancer diagnosis with ongoing risk of adverse effects. Spironolactone can be stopped abruptly and ongoing leg oedema better managed with frusemide if required.

Ezetimibe

There is no evidence for improved cardiovascular outcomes when ezetimibe is used as monotherapy. Given Frank's poor prognosis, ezetimibe can be stopped abruptly without any problem.

Pantoprazole

This was previously warranted when Frank was taking both warfarin and aspirin. He reports no ongoing reflux symptoms and pantoprazole could be ceased. This could be done via trial of dose reduction initially or stopped abruptly with the option of PRN use.

Isosorbide Mononitrate & Diltiazem

Frank is significantly less active than before and is less likely to develop ischaemic chest pain. A trial of slow dose reduction of either of these could be considered ensuring Frank has GTN spray to use PRN.

Symbicort®

Frank continues to be short of breath and uses his salbutamol inhaler daily, however, his shortness of breath is most likely multifactorial (COPD, heart failure, tumour effect, anaemia). These inhalers should continue, but may have limited benefits despite good compliance and technique.

Useful resources

> [CHADS-Vasc Calculator](#)

For more information

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