Case 17 (Part 3) – January 2019

SA Palliative Care

Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Medications that were good then, might not be the best choice now. Community pharmacists can lead deprescribing conversations with GPs and support patients. (See Part 1 (306kb pdf)) and Part 2 (269kb pdf))

Deprescribing

The process of patient centred medication cessation which is monitored and supervised by a clinician has been discussed in these updates and elsewhere.

Previously evidence aiding identification of inappropriate medicines came from geriatric populations which clinicians judiciously applied to palliative patients. New and emerging tools now provide specialised guidance in patients with a life limiting illness include;

- **STOPPFrail** - List of criteria for specific medications and health conditions for which deprescribing can be considered; provides suggested monitoring parameters
- **Deprescribing guides PHN Tasmania** - Multiple medication-specific guides (e.g., statins) providing advice for older persons in general but frail older persons and those with limited life expectancy discussed also
- **Medstopper** - online tool, customisable for frail patients; provides instructions for monitoring medication cessation and rebound symptom management

GP communication

You have determined Mrs Bull's care goals and identified medications to be deprescribed in the context of her limited life expectancy. You have a sensitive discussion with Mrs Bull suggesting to her some medications may be suitable to cease once you have consulted with her GP and she is medically stable.

In your deprescribing plan you include;

- Listed medications to be considered for deprescribing with assigned priority to guide sequential cessation (eg hypoglycaemics priority in setting of low BGLs)
- A suggested time frame and dose tapering schedule if necessary(eg withdrawal of beta blockers)
- The monitoring requirements during and after medication cessation (eg BGL monitoring, GORD symptoms post PPI withdrawal)

A final review will confirm how she tolerated the tapering and withdrawal of her medications. You prepare a new medication list and provide copies to Mrs and Mr Bull, the GP and other specialists involved in her care.

For more information

Contact the Lead Palliative Care Pharmacists:

- **Josephine To, Northern**
  Josephine.to@sa.gov.au
  (08) 8161 2499
- **Michaela del Campo, Central**
  Michaela.delcampo@sa.gov.au
  (08) 8222 6825
- **Paul Tait, Southern**
  Paul.tait@sa.gov.au
  (08) 8404 2058

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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.