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Category: Nursing issues

Study type: Quantitative study - other

Author's declarative title: Healthcare professionals must communicate with patients and relatives. They must enable informed, realistic and appropriate decisions in end of life pharmacotherapy.

Commentary on: Morin, L., Wastesson, JW., Laroche, ML., et al. How many older adults receive drugs of questionable clinical benefit near the end of life? A cohort study. Palliative Medicine. 2019 Jun 7:269216319854013. doi: 10.1177/0269216319854013.

Commentary

Implications for practice and research

- Healthcare professionals must review medications for appropriateness, efficacy and benefits to their patients and must communicate effectively with patients and relatives.
- We need to re-examine and review drug use and prescribing practices to assert clinically and contextually appropriate care. However, qualitative research is needed to evaluate clinician prescribing with patients.

Context

Use of a variety of drugs (polypharmacy) is required to manage complex disease processes. At the end of life, the focus of 'treatment' changes from extending survival, to symptom management – therefore, aims of treatments change, requiring different pharmaceutical approaches[1]. A recent Delphi study used consensus opinion of 40 experts to label drugs as 'often adequate', 'questionable' and 'often inadequate' to prescribing practices in gerontology[2]. This expanded findings from the PIM list of potentially inappropriate medicines[3], and developed a new grouping to inform clinical relevance. Thus, evaluation of actual practice and frequency in prescribing medicines across hospital and community settings at the end of life care is needed to inform practice.

Methods

This study[4] presents a retrospective analysis of Swedish Health Registry data on prescribing in N58415 decedents aged over 75 who were assigned to 'palliative care'

(defined as ‘cancer’, ‘organ failure’ or ‘prolonged dwindling’) during the last 3 months of life.
Data included medications continued, medications initiated and those which were discontinued over 365 days prior to death. Prescriptions during the final three months were analysed to identify any prescribing of medicines deemed ‘often inadequate’ in palliative care settings[3]. Data were normalized to exclude patients with unpredictable fatal events (those with a sudden or unexpected dying trajectory) to assert clinical relevance. Patient demographics were linked to assert confounding variables such as age, gender, comorbidities, educational levels and illness trajectory.

Findings

Many older patients receive medicines which are of questionable benefit at the end of life. The most common are aimed at longer term outcomes, such as lipid lowering, calcium and iron supplementation and anti-dementia treatments. N18681 patients received continuing medication perceived of limited clinical benefit until the day they died, with N8180 having these medications initiated within the last three months of life. This was more prevalent for multimorbidity patients. Nursing home dwellers received less newly prescribed medicines. Inappropriate medications were discontinued more frequently in cancer patients.

Commentary
Pharmacovigilance is key to offering intelligence on prescribing practices across countries. This study is single country specific, so offers a snapshot of Swedish prescribing for elderly patients at the end of life. This study suggests clinicians need to consider ‘time-to-benefit’. Thus avoiding futile, ‘disease prevention’ drugs in palliative care. However, the discussion also identifies the requirement for clinicians to set mutual goals - to communicate with individual patients and their relatives, to ensure patients’ own health priorities are commensurate with prescribing practices. It also highlights the difficulties in discontinuation of medicines and the individual nuances of discussing these delicate subjects with patients and relatives at the end of life. Weighting prescription choices by predicting when a patient will die is fraught with potential issues. This is why the retrospective analysis of actual events offers an easier approach to assessing which drugs could have been prescribed, or indeed, discontinued.

This study raises an important factor – that many medications are prescribed which offer limited clinical benefit. However, we need further qualitative studies to explore the potential impacts of discontinuation of treatments during the last few weeks / months of life – on patients, their carers and their families.

References

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4 Morin, L., Wastesson, J. W., Laroche, M.-L., Fastbom, J., & Johnell, K. (2019). How many older adults receive drugs of questionable clinical benefit near the end of life? A cohort study. *Palliative Medicine*.

Commentator details
Name: Amanda Lee
Affiliation: University of Hull
Correspondence address: Dearne 018 : Faculty of Health Sciences: University of Hull: Cottingham Road: HU67RX
Email: a.j.lee@hull.ac.uk

Competing interests
I declare there are no competing interests for this commentary.