The Polypharmacy Police Versus the Patient Advocate: An Evidence-Based, Patient-Tailored Approach to Medication Simplification Strategies for the Palliative Care Patient (SA517)

Eric Roeland, MD, University of California, San Diego, La Jolla, CA
Rabia Atayee, PharmD, University of California, San Diego, San Diego, CA
Rosene Pirrello, RPh, University of California, Irvine, Orange, CA
Eric Prommer, MD FAAHPM, Mayo Clinic Hospital, Phoenix, AZ
Mary Lynn McPherson, PharmD BCPS CPE, University of Maryland, Baltimore, MD

Objectives

- Define and describe polypharmacy and its specific challenges in the palliative care setting.
- Discuss the psychosocial issues associated with discontinuing medications and strategies for patient-centered communication regarding this issue.
- Discuss how to provide clear, concise, evidence-based, and patient-tailored recommendations for the top five medications likely to have minimal benefit or cause harm in the palliative care setting.

Across all palliative care (PC) settings, PC providers must constantly assess the risks and benefits associated with medications in advanced illness. Polypharmacy frequently occurs in the setting of multiple medical providers and patients with multiple comorbidities compounded by acute symptom management. This increases the risk for adverse drug reactions, drug-drug interactions, and drug-disease interactions. Moreover, PC patients and loved ones are often resistant to stopping medications, as the medications symbolize hope and a source of control in an uncontrollable situation.

We propose a clear, concise, evidence-based, and patient-tailored approach to discussing this often heated issue. We suggest framing medication reduction as a strategy to decrease patient burden and improve safety, rather than emphasizing cost savings, and benefits, drug elimination, drug interactions, changing routes of administration, and consideration of tapering certain classes of medications to avoid withdrawal. We discuss the top five medication classes most likely to be of minimal benefit or cause harm in the PC setting: anticoagulants, appetite stimulants, antibiotics, dementia medications, and statins.

Through a case-based approach, this session will promote discussion among the multidisciplinary panel and audience members focusing on successful and collaborative solutions to addressing polypharmacy in the PC setting. Particular emphasis will be placed on supportive and patient-tailored communication and identification of key evidence-based decision-making tools available to the PC provider. This session will conclude with a robust question-and-answer period and forum for discussion to promote collaborative solutions to an increasingly prevalent issue faced by palliative care providers.