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Prescribing in end of life care

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Research Round Up- Prescribing in End of Life Care

Introduction

The last research round up provided an overview of recent research around prescribing opioid medications. In this month's review of recent publications we will build upon the theme of opioids by looking at prescribing medication and symptom management in end of life care. Many of you will have experience of caring for people at the end of their life whether that be in their home setting, hospice setting or in hospital.

Anticipatory prescribing in end of life care

Two publications reviewed look at the prescribing of anticipatory medications at the end of life.

In this learning article recently reproduced in the palliative care section of the Pharmaceutical Journal. Linda Johnstone discusses the role of pharmacists in providing practical support and advice to other healthcare professionals on the prescribing and administration of anticipatory medicines and to facilitate timely supply in a community setting. She defines anticipatory prescribing as '*the proactive prescribing of medicines that are commonly required to control symptoms in the last days of life*'. There is the suggestion that the community pharmacist could advise and support in the 4 key areas of anticipatory prescribing,

- Initiating the conversation with the patient and their family
- Writing the prescription
- Dispensing the medicines
- Administering the medicines to the patient.

This advice and support is deemed as important for GPs as it is for independent non-medical prescribers as prescribing in anticipation of symptoms is a specialist area. The article outlines the symptoms to be expected as patients approach the end of life including pain, nausea and vomiting, delirium and agitation, terminal restlessness, and respiratory secretions. It reinforces that medication for these symptoms should be prescribed as per local policy, while considering individual patient need. It suggests that people with non-malignant terminal disease may pose different and complex challenges to prescribers and the support from the pharmacist centres around additional medications or modification of standard guidelines.

The article also recommends familiarity with guidance from the British Medical Association around accepting responsibility for anticipatory prescribing while being mindful of the need for monitoring and review so that clinical assessment can take place when the patient's condition alters. The article has some useful practical tips for pharmacists and prescribers working in this area.

Johnstone, L. (2017) *Facilitating Anticipatory Prescribing in End-of-Life-Care* The Pharmaceutical journal. Retrieved from <https://www.pharmaceutical-journal.com/cpd-and-learning/learning-article/facilitating-anticipatory-prescribing-in-end-of-life-care/20202703.article>

This second, open access article looks at the impact of the COVID-19 pandemic on anticipatory prescribing for end of life care in the community in the UK and Ireland. Utilising an online survey methodology this study aimed to investigate clinician's experiences of reported changes to prescribing guidelines and practice during the COVID-19 pandemic. The population surveyed was drawn from participants at previous anticipatory prescribing workshops, members of the Association for Palliative Medicine of Great Britain and Ireland and other professional organisations, with

snowball sampling. The responses were received over a ten-day period in April 2020, with 261 completed online surveys returned. The responses varied in clinical setting including hospice, community settings and hospital sites across the UK and Ireland. Changes to anticipatory prescribing practice was reported and the areas of these changes were reported as: route of administration (47%), drugs prescribed (38%), total quantities prescribed (35%), doses and ranges (29%). Concerns over shortages of nurses and doctors to administer subcutaneous injections led 37% to consider drug administration by family or social caregivers, often by buccal, sublingual, and transdermal routes. Clinical contact and patient assessment were more often remote via telephone or video (63%). Recommendations for regulatory changes to permit drug repurposing and easier community access were made. The authors conclude that the challenges presented by the COVID-19 pandemic for UK community palliative care has stimulated rapid innovation in anticipatory prescribing. They also suggest that the extent to which these are implemented, and their clinical efficacy need further examination.

Antunes B, et al. (2020) *Anticipatory Prescribing in community end of life care in the UK and Ireland during the COVID-19 pandemic: online survey* BMJ Supportive & Palliative Care;0:1–7.

doi:10.1136/bmjspcare-2020-002394 retrieved from

<https://spcare.bmj.com/content/bmjspcare/early/2020/06/15/bmjspcare-2020-002394.full.pdf>

End of Life Care in COVID-19

This short report in the journal of Palliative Medicine sought to review whether prescribing for symptom control in patients dying with COVID-19 adhered to existing local guidance or whether there was deviation which may represent a need for revised guidance or specialist support in particular patient groups. The authors reviewed the electronic patient records of inpatients who had died over a 4-week period in March/April 2020, who had tested positive for COVID-19 after swab testing and had been referred to the inpatient palliative care service. This resulted in the inclusion in the study of 61 patient records for retrospective review. The review went on to exclude 13 records from the final inclusion for analysis due to; death before review, dying phase not identified and those patients receiving invasive ventilation. The results of this final audit showed that 83% (40/48) of patients who were prescribed opioids had this done at a starting dose consistent with existing local guidelines. In the remaining 17% who were prescribed a higher dose, 7 of the 8 identified had this higher dose prescribed on the direct advice of the inpatient palliative care team for clinical reasons including not being opioid naive. Other outcomes identified included mean total opioid doses, mean total midazolam doses and also doses given in patients receiving non invasive ventilation support.

The authors conclude that despite the COVID-19 pandemic, prescribing of end of life drugs for symptom control followed existing guidance. That which fell outwith the normal ranges an initiation was done so on an individual patient need basis and was not done as routine but was supported by the inpatient palliative care team.

Jackson, T., Hobson, K., Clare, H., Weegmann, D., Moloughney, C & McManus, S. (2020) *End-of-life care in COVID-19: An audit of pharmacological management in hospital inpatients*. Palliative Medicine. Retrieved from <https://journals.sagepub.com/doi/pdf/10.1177/0269216320935361>

Supporting medicines management at home in end of life care

This open access article describes a study that aimed to explore how healthcare professionals describe the support they provide for patients to manage medications at home at end of life. The researchers conducted qualitative interviews to elicit themes around the area of study. They sampled community healthcare professionals in a purposive and snowball manner. This resulted in 40 interviews with a diverse population of professionals including GPs, pharmacists, and a range of nurses within 2 counties in England. Interviews were conducted between June 2017 and October 2018 and used a schedule to guide the discussion. The focus was to explore issues for patients and carers around managing medications at home at the end of life, and how they supported them in managing these issues. A range of support mechanisms were identified to try to ensure patients managed their medications appropriately at the end of life so they could be administered as prescribed. These included reducing polypharmacy where possible, use of different formulations to aid administration, administration aids such as Dosette boxes or blister packs and ensuring information and education on the drugs was provided. Other issues around substance misuse and diversion were identified and target strategies suggested to manage these situations. They conclude that this area requires more detailed investigation and the authors recommend a more proactive approach to supporting patients and carers in managing medicines at the end of life. General processes should be in place but with the flexibility to tailor support to individual patient needs.

Wilson, E., Caswell, G., Latif, A., Anderson, C., Faull, C. & Pollock, K. (2020) *An exploration of the experiences of professionals supporting patients approaching the end of life in medicines management at home. A qualitative study.* BMC Palliative Care Retrieved from <https://link.springer.com/content/pdf/10.1186/s12904-020-0537-z.pdf>

Conclusion

The area of prescribing in end of life care presents the prescriber with a wide range of challenges, especially considering the recent changes seen due to COVID-19. Prescribers need to be aware of guidelines supporting prescribing decision making but also the need to tailor the clinical interventions to meet patient's needs.