GUIDELINE FOR DEPRESCRIBING IN PATIENTS WITH A SHORTENED LIFE EXPECTANCY ACROSS NHS LANARKSHIRE.

TARGET AUDIENCE	Implementation: Primary Care and Acute Sector
PATIENT GROUP	Adult patients with a shortened life expectancy

Clinical Guideline Summary

The guideline was developed in collaboration between Doctors, Pharmacists, Palliative Care Specialists and Primary Care to promote rational deprescribing in end of life care.

The guideline supports national drivers for polypharmacy, a validated *OncPal* guideline, and expert local consensus.

Specific objectives focus on deprescribing of potentially inappropriate medicines, reducing medication burden and promoting patient-centred discussions to enhance quality of life, compliance with essential medicines, and reduce the risk of adverse drug events.

DEPRESCRIBING IN PATIENTS WITH A SHORTENED LIFE EXPECTANCY

Need for the guideline:

This guideline has been published to promote active deprescribing in patients with shortened life expectancy in **PRIMARY and SECONDARY** healthcare settings.

Background:

Polypharmacy is defined as clinical circumstances, when multiple medicines are prescribed despite limited evidence for treatment or medicines fail to achieve the therapeutic objectives. These medicines are defined as Potentially Inappropriate Medicines. Deprescribing is an active intervention, which may reduce tablet burden and the risk of adverse drug reactions. (1)

National drivers for reducing the burden of polypharmacy are outlined in Polypharmacy Guidance, which was released by Scottish Government. (2)

Evidence base:

For patients with shortened life expectancy, there may be discrepancy between appropriateness of medicines and their ongoing treatment needs. Consideration should be given to the limited time to receive benefit from treatments and higher risk of adverse events. (2)

A pilot study at University Hospital Monklands was successfully carried out and the results confirmed the reduction of prescribing related to *Potentially Inappropriate Medicines*. Medicines were identified through *OncPal* guideline https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6752237/table/T0001/?report=objectonly (link to Table 1, with option to download full guideline),a validated tool promoting deprescribing in palliative care. (3)

The *OncPal* guideline, along with expert local consensus, forms the basis of this guideline.

Patient group:

- Patients with malignant prognosis of 6 months or less as per *OncPal* guideline inclusion criteria. (2)
- Patients with chronic ill health who meet criteria outlined by the *Supportive and Palliative Care Indicator Tool* (SPICT), suggesting they are in the last 6-12 months of life. (4)
- Based on expert opinion, frail patients with a suspected prognosis of 6-12 months or less and Clinical Frailty Score 8-9. (5)

Target users:

All healthcare professionals should be involved in promoting medication reviews in polypharmacy. This guideline is addressed to nursing, medical and pharmacy staff in **PRIMARY and SECONDARY** health settings.

Recommendations:

- PRIMARY and SECONDARY care: Routine review undertaken by staff from all professional backgrounds to encourage proactive identification of medicines which could be deprescribed.
- Transitions of care: *Potentially Inappropriate Medicines* may be highlighted on discharge letters. Explicit reference to medications actively deprescribed during inpatient admission must be made in the discharge letter to avoid confusion.
- Deprescribing should be discussed and agreed through person-centred conversations with patients and carers. Consent and understanding in the context of overall health condition must be sought.
- Document the rationale for deprescribing, expected prognosis, and the patient's understanding of the decision.

The list of commonly used *Potentially Inappropriate Medicines: (adapted from "OncPal guideline")*

CLASS OF DRUG *Examples*	**INDICATIONS WITH LIMITED BENEFIT**	**APPROPRIATE INDICATIONS / EXEMPTIONS**
ANTIPLATELETS *Aspirin, clopidogrel*	Primary prevention of CVD (without established cardiovascular events).	*Secondary prevention in patients with established CVD (e.g. stroke/TIA, ACS/angina, PVD).
ANTICOAGULANTS *Warfarin, DOACs*	The ongoing use of anticoagulants for AF in advanced cancer / advanced frailty should be risk assessed and discussed with the patient. Risks may outweigh benefits.	
ANTIHYPERTENSIVES *ACEi, ARB, CCB, ß-blockers, α-blockers, thiazide diuretics*	Mild-moderate hypertension for secondary prevention of cardiovascular events (aim for BP <160/90 mmHg and no postural drop). (4)	*Many of these medicines will have indications other than treatment of hypertension: congestive heart failure, LVSD, arrhythmias, IHD, angina, renal failure – do not recommend discontinuation of these medicines, but encourage indications to be reviewed. *Consider occasional BP check after discontinuation.
*Caution: diuretics can be used for Heart Failure/CKD, and these are not deemed to be inappropriate indications. *Abrupt withdrawal of beta blockers may aggravate angina symptoms.		
ORAL HYPOGLYCAEMICS *Metformin, SGLT2i , GLP-1a, sulfonylureas, DPP-4i, pioglitazone*	Mild hyperglycaemia (prevention of complications - aim for adequate symptom control, blood sugars under 15-20mmol/l and avoid hypoglycaemia).	*consider blood sugar check after discontinuation if symptomatic hyperglycaemia is suspected.
GASTROPROTECTION *PPIs, H2 blockers*	All indications unless there is an exemption.	Recent history of gastrointestinal bleeding, peptic ulcer, gastritis, GORD, or the concomitant use of an NSAID and/or steroids.
OSTEOPOROSIS PROPHYLAXIS *Bisphosphonates, denosumab, calcium preparations*	All indications for prophylaxis / long term treatment.	*Treatment of hypercalcaemia *Malignant bone disease.
LIPID MODIFICATION THERAPIES *Statins, fibrates, ezetimibe*	All indications – can be discontinued, if prescribed for control of cholesterol. (The benefit of statin therapy is calculated in 10-year perspective (6), thus not applicable to this patient population)	
OTHER	Topical preparations, eye drops and complementary therapies, e.g. vitamin supplements (iron replacement, vitamin d preparations, folic acid, thiamine) should be reviewed on individual patient basis, depending on clinical needs and symptoms.	

ACEi = Angiotensin-Converting Enzyme Inhibitor; ARB = Angiotensin Receptor Blocker; AF = Atrial Fibrillation; ACS = Acute Coronary Syndrome; CCB = Calcium Channel Blocker; CVD = Cardiovascular Disease; PPI = Proton Pump Inhibitor; H2 Blocker = Histamine 2 Blocker; DPP-4i = Dipeptidyl Peptidase-4 Inhibitor; GLP-1 = Glucagon-Like Peptide-1 Analogue; SGLT2i = Sodium Glucose Cotransporter 2 Inhibitor; GORD = Gastro-Oesophageal Reflux Disease; NSAID = Nonsteroidal Anti-Inflammatory Drug; PVD = peripheral Vascular Disease; TIA = Transient Ischaemic Attack.

References:

1. NHS Scotland. The Scottish Government. Polypharmacy: Manage Medicines. Available from: https://www.polypharmacy.scot.nhs.uk/.
2. Scottish Government - Polypharmacy Model of Care Group. *Polypharmacy Guidance, Realistic Prescribing*. 3rd Edition, 2018.
3. Lindsay J, Dooley M, Martin J et al. *The development and evaluation of an oncological palliative care deprescribing guideline: the 'OncPal deprescribing guideline'*. Support Care Cancer 2015; 23:71–8.
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5. NHS Bath and East North Somerset. Prescribing Guidance for Moderate to Severely Frail Patients. Available from: https://bswtogether.org.uk/medicines/wp-content/uploads/sites/3/2023/05/BSW-Prescribing-Guidance-for-Moderately-to-Severely-Frail-Patients-April-2023.pdf.
6. NHS Scotland. ASSIGN score – prioritising prevention of cardiovascular disease. Available from: https://assign-score.com/.

Appendices

1. Governance information for Guidance document

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Distribution	

CHANGE RECORD

Date	Lead Author	Change	Version No.
		e.g. Review, revise and update of policy in line with contemporary professional structures and practice	1
			2
			3
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