Palliative Care in Patients Living with Dementia: The Role of Deprescribing

Cuidados Paliativos em Doentes com Demência: A Importância da ‘Desprescrição’

Keywords: Dementia; Deprescribing; Palliative Care
Palavras-chave: Cuidados Paliativos; Demência; Desprescrições

Dear Editor

We read with great interest the article by Santos et al.,1 highlighting the importance of integrating palliative actions early-on in the treatment of life-threatening illness. Palliative care is no longer synonymous with end-of-life care, having a role in all stages of disease, even concurrent with restorative life-prolonging therapies. Although typically associated with cancer, palliative care is now widespread through other medical fields, including Neuropsychiatry. New concepts are emerging in the medical culture, such as medical futility; potentially inappropriate treatments; prognostication; end-of-life planning and decision-making capacity, and they all relate to palliative care in patients living with dementia. Palliative care seems particularly important in older individuals, since most of the burden of severe chronic disease, including dementia, occurs in those aged 65 years and older. Data suggest that older adults with dementia are commonly prescribed potentially unsafe medications.2–4 Deprescribing refers to supervised tapering or cessation of drugs, aiming to minimize inappropriate polypharmacy and improve patient outcomes.3 Most research on potentially inappropriate prescribing is focused on the elderly in general rather than dementia specifically.3 However, studies are increasingly focusing on prescribing in people with dementia. The PEACE program4 has produced criteria that seem promising in terms of identifying potentially inappropriate medications in advanced dementia, including anticholinesterase inhibitors and lipid-lowering agents. There is a growing body of evidence showing that discontinuing specific medications in certain patient populations does not worsen outcomes.3 Potential benefits of deprescribing are widespread, including health and quality of life benefits to patients and cost benefits to health care systems.5 Challenges to successfully discontinuing medications include patient, clinician and system-related barriers. Limited life expectancy and cognitive impairment appear to be the most important factors driving deprescribing (Table 1). The process of deprescribing involves several steps.3 These include recognizing an indication for discontinuing a medication, prioritizing the medications to be targeted for discontinuation and discontinuing the medication considering the underlying patient (multimorbidity) and medication (pharmacokinetics) characteristics. As underlined by Gameiro dos Santos and Reis-Pina, training in palliative care and deprescribing should be part of the medical curriculum and lifelong continuous medical education of senior clinicians. Evidence supporting the benefits and safety of deprescribing in elderly continues to grow, strengthening the cause for greater integration of regular deprescribing into medical culture. Advance care planning is the cornerstone of high-quality palliative care in advance dementia and deprescribing should be part of that process.

Table 1 – Factors influencing deprescribing and barriers to deprescribing according to clinician, patient and health-system points of view

<table>
<thead>
<tr>
<th>Deprescribing</th>
<th>Factors driving deprescribing</th>
<th>Barriers to deprescribing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervised tapering or cessation of drugs</td>
<td>Limited life expectancy: Polypharmacy and Pill burden, Cognitive impairment</td>
<td>Clinician-related: Lack of awareness, Inertia and feasibility, Adherence to existing evidence-based guidelines, Patient polypharmacy and multimorbidity</td>
</tr>
<tr>
<td></td>
<td>Advancing dependency: Medico-legal environment, Patient/family wishes</td>
<td>Patient-related: Belief that the medication is appropriate and has no harm, Aggressive pharmaceutical marketing, Omission of frail, demented patients from trials</td>
</tr>
<tr>
<td></td>
<td>System-related: Paucity of data about discontinuing medications</td>
<td></td>
</tr>
</tbody>
</table>

REFERENCES


Renato OLIVEIRA1,2, Tomás TEODORO2,3

* Autor correspondente: Renato Oliveira. renato.silva.oliveira@hospitaldaluz.pt

Received: 19 de agosto de 2019 – Accept: 20 de agosto de 2019 | Copyright © Ordem dos Médicos 2019

https://doi.org/10.20344/amp.12721