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Deprescribing Medications in Hospice Care

Deprescribing refers to the careful process of reducing or stopping medications that may no longer provide benefits, are burdensome, or could cause harm. In hospice care, the focus shifts from prolonging life or managing chronic conditions to maximizing comfort, relieving symptoms, and improving quality of life. It is not about withholding care but about aligning treatment with the patient's goals and ensuring that every medication contributes to comfort and dignity.

Why Deprescribe:

- **Prioritizes Comfort:** Treatments that relieve pain, breathlessness, anxiety, and other distressing symptoms take precedence.
- **Prevents Unnecessary Side Effects:** Medications can cause fatigue, confusion, nausea, dizziness, or falls. Reducing unnecessary drugs can improve well-being.
- **Simplifies Medication Regimens:** Fewer medications reduce the burden on patients and caregivers, making adherence easier.
- **Reduces the Risk of Drug Interactions:** Polypharmacy (taking many medications) can lead to harmful drug interactions.
- **Focuses on Meaningful Care:** Time and resources can be redirected toward what brings comfort and peace.

How the Deprescribing Process Works:

1) **Medication Review:** The hospice team will conduct a thorough review of the patient's medications, discussing each drug's purpose, risks, and benefits with the patient and family.
2) **Individualized Plan:** The care plan is customized to the patient's goals, focusing on what provides comfort and improves quality of life. Some medications are tapered slowly to prevent withdrawal symptoms, while others can be stopped immediately.
3) **Ongoing Monitoring:** Symptoms will be monitored closely after stopping or reducing medications. Adjustments will be made as needed to ensure the patient remains comfortable.

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Common Medications Reviewed for Deprescribing:

1) **Statins** (i.e. atorvastatin, simvastatin)
   - **Purpose:** Lower cholesterol to prevent heart attacks or strokes.
   - **Reason for Deprescribing:** Statins are used to prevent cardiovascular events (like heart attacks and strokes) over the long term. However, these benefits typically take years to be meaningful. In hospice, the patient's life expectancy is limited, so continuing these medications offers little to no immediate benefit. Additionally, statins can cause muscle pain, liver dysfunction, and gastrointestinal discomfort, reducing quality of life.
   - **Recommendation:** Statins are generally discontinued unless the patient experiences comfort from taking them (i.e. reassurance).

2) **Blood Pressure Medications** (i.e. lisinopril, amlodipine, beta-blockers)
   - **Purpose:** Manage hypertension to reduce the risk of heart disease and stroke.
   - **Reason for Deprescribing:** In hospice, strict blood pressure control is often unnecessary. Overly aggressive treatment can cause dizziness, falls, and low blood pressure, potentially leading to injury. Moreover, the risks of complications from untreated hypertension (like stroke or heart attack) become less relevant given the care goals in hospice.
   - **Recommendation:** Blood pressure medications may be reduced or stopped unless the patient is experiencing discomfort from uncontrolled blood pressure, such as headaches or chest pain.

3) **Diabetes Medications** (i.e. insulin, metformin, glipizide)
   - **Purpose:** Maintain blood sugar levels within normal limits.
   - **Reason for Deprescribing:** Strict blood sugar control can lead to hypoglycemia (low blood sugar), which can cause confusion, sweating, weakness, or even coma. As patients in hospice often have reduced appetite or intake, the need for strict blood sugar management decreases. Minor fluctuations in blood sugar levels are usually well-tolerated and not treated aggressively.
   - **Recommendation:** Medications may be stopped or doses reduced to prevent low blood sugar (hypoglycemia), which can be more dangerous than high sugar levels. The hospice team may switch to symptom-based monitoring instead of regular blood sugar checks.

4) **Anticoagulants** (i.e. warfarin, apixaban, aspirin)
   - **Purpose:** Prevent blood clots, strokes, or heart attacks.
   - **Reason for Deprescribing:** These medications increase the risk of serious bleeding, particularly in patients prone to falls or with limited mobility.
   - **Recommendation:** Anticoagulants may be stopped unless there is a recent history of blood clots causing pain or distress.

5) **Dementia Medications** (i.e. donepezil, memantine)
   - **Purpose:** Slow the progression of cognitive decline.
   - **Reason for Deprescribing:** Medications for dementia aim to slow cognitive decline but are unlikely to provide meaningful improvement during the end-of-life phase. Side effects, such as nausea, diarrhea, dizziness, and confusion, may worsen the patient's condition or interfere with their comfort.
   - **Recommendation:** These medications are usually stopped, particularly if they cause side effects. If the family feels strongly about continuing treatment, the hospice team will discuss whether the benefits outweigh the burdens. Any worsening of behavioral symptoms (i.e. agitation) can be managed with medications like antipsychotics or sedatives if needed.

6) **Vitamins and Supplements** (i.e. multivitamins, calcium, fish oil)
   - **Purpose:** Maintain general health or prevent long-term complications.
   - **Reason for Deprescribing:** Vitamins and supplements generally support long-term health but do not offer immediate benefits in hospice care. Swallowing these medications can become burdensome, and they may cause gastrointestinal side effects.
   - **Recommendation:** Most vitamins and supplements can be stopped unless specifically needed for symptom relief.

7) **Proton Pump Inhibitors (PPIs) and Acid Reducers (i.e. omeprazole, pantoprazole, ranitidine)**
   - **Purpose:** Treat conditions caused by stomach acids.
   - **Reason for Deprescribing:** These medications reduce stomach acid to treat conditions like reflux or ulcers. Long-term use can lead to complications, such as diarrhea, infections, or mineral deficiencies. If acid reflux is no longer a concern, these medications may be unnecessary.
   - **Recommendation:** Acid reducers can be stopped if the patient no longer has symptoms. If discomfort arises after discontinuing, the medications can be restarted, or alternatives like antacids can be used.

Addressing Concerns:

- **Q: Is stopping medications giving up?**
  A: No. Deprescribing is not about giving up but about focusing on meaningful care that enhances quality of life. The goal is to relieve symptoms, not prolong treatment that no longer aligns with the patient's goals.

- **Q: Can medications be restarted if needed?**
  A: Yes. If stopping a medication causes discomfort or new symptoms, it can be restarted or replaced with a more appropriate alternative.

- **Q: What if family members have different opinions?**

A: The hospice team can facilitate discussions to ensure everyone understands the patient's goals and the rationale for medication changes. Open communication helps align care with the patient's wishes.

Remember:

- Ask questions if you have concerns about stopping medications.
- Deprescribing is a dynamic process that may require adjustments. Trust the care team to make changes that prioritize comfort and patient wishes.
- Keep the hospice team informed of new or worsening symptoms after a medication is reduced or stopped.

St. Francis Reflections is always available to assist with any questions or concerns 24/7

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