PHARMACISTS' AND PHYSICIANS' VIEWS ON THE ROLE OF PHARMACISTS IN PALLIATIVE CARE AND DEPRESCRIBING: A CROSS-SECTIONAL SURVEY

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Background

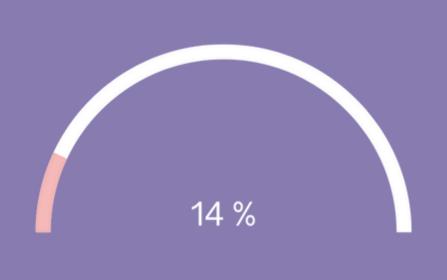


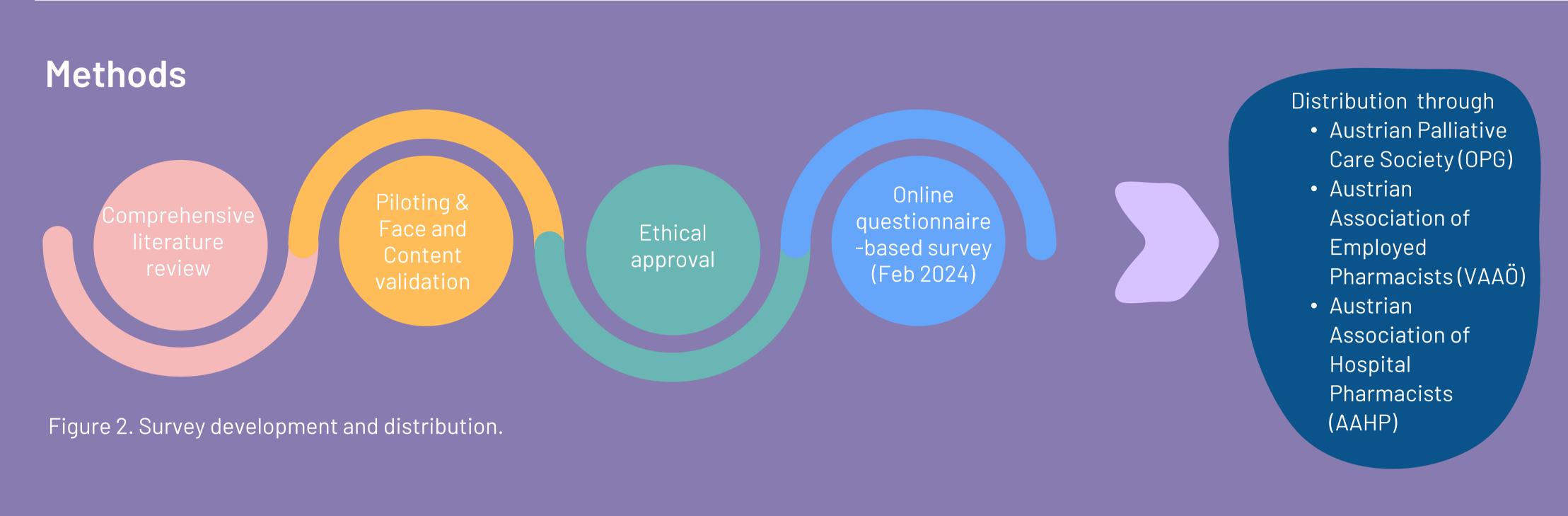
Figure 1. Global palliative

care needs met (1)

The global demand for palliative care is growing. Complex medication regimens potentially lead to inadequate polypharmacy, jeopardizing patient safety. Pharmacists may enhance safety through deprescribing interventions (2, 3). Data on pharmacists' involvement in deprescribing in palliative care in Austria remains limited.

Aim & Objectives

To explore the attitudes and views of **physicians**, hospital pharmacists and community pharmacists engaging in palliative care towards the role of pharmacists in palliative care, focusing on their awarness and knowlegde of deprescribing (resources) at the end of life.



Questionnaire modularity

- Demographics
- Educational background
- Attitudes towards & suggestions for multidisciplinary collaboration
- Awareness & knowledge of deprescribing practices

all in the context of palliative care.

Question types: 5-point Likert scales, open- and closed-ended

Results

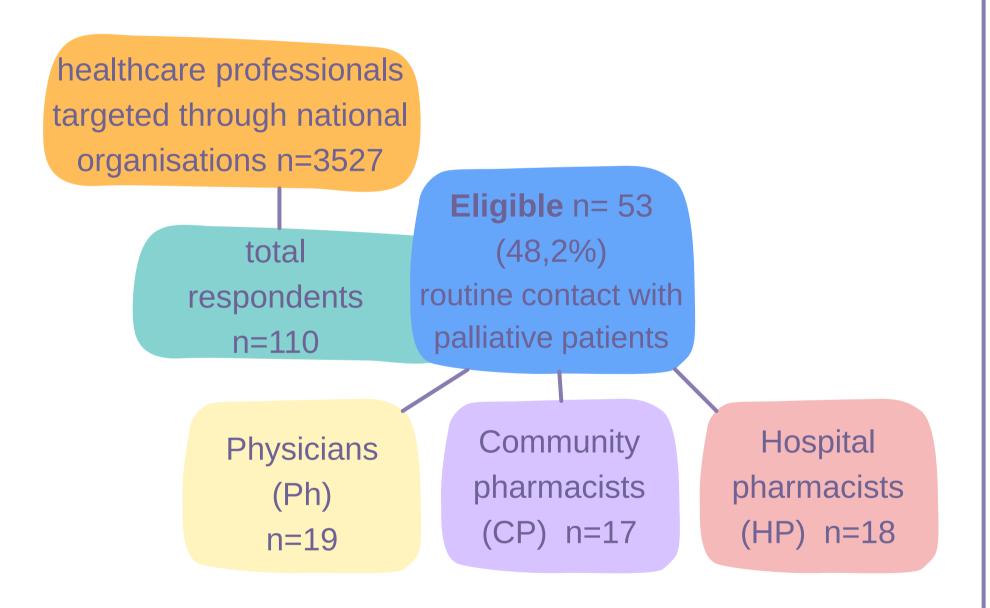


Figure 3. Participants' eligibility. Pharmacists (P) n=34 (64,2%). One participant reported working in both hospital and community pharmacies and was consequently included in both groups for analysis. No official data exists on how many professionals engage in palliative care routinely, so response rate is unknown.

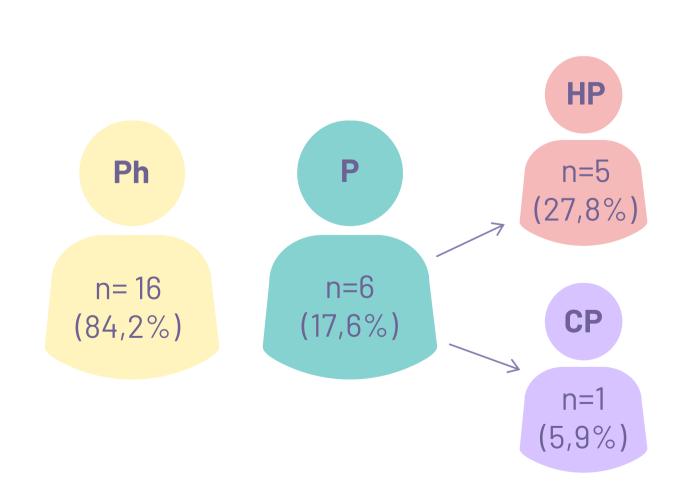


Figure 4. Further education in palliative care varied by occupation.

Attitudes and views of respondents on potential role of pharmacists in palliative care

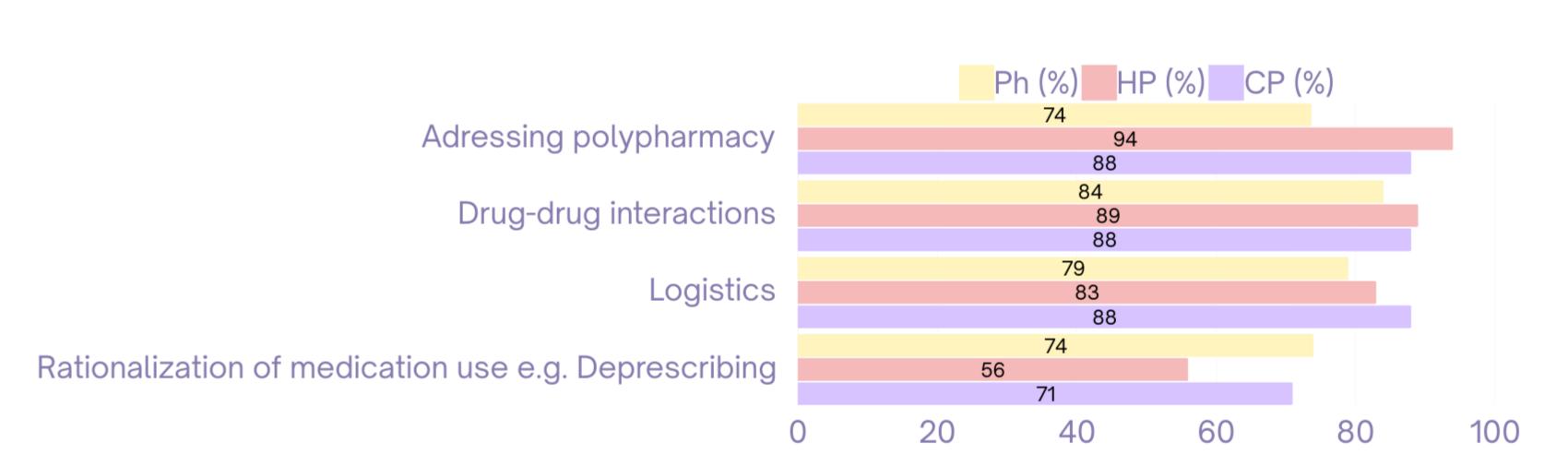


Figure 5. Attitudes and views regarding the role of a pharmacist in the palliative care team across the three healthcare professional groups. There was strong agreement (%) on pharmacists' roles in the PC team on various aspects of how a pharmacist can support the palliative care team.

Of all question respondents (n=32) only 34% indicated a pharmacist was on the palliative care team.

Engagement in deprescribing activities and reported use of resources

Physicians (Ph) (OR 2.573; 95% CI) and hospital pharmacists (HP) (OR 1.571; 95% CI) regularly used deprescribing resources. 71% of community pharmacists (CP) did not engage in any deprescribing activities. Physicians relied more on clinical experience (n=10; 77%) and literature (n=11; 85%), whereas hospital pharmacists favoured explicit deprescribing tools and were more familiar with deprescribing resources.

Ph N=13 (68,4%) HP N=11 (61,1%) CP N=5 (29,4%) STOPP/START criteria (geriatric patients) BEERS criteria (PRISCUS-Liste adapted for Germany; geriatric patients) STOPPFrail criteria (for frail elderly patients with limited life expectancy) FORTA list (german; for geriatric patients) EU(7)PIM-list (for geriatric patients) Austrian PIM list (for geriatric patients) 3 OncPal guideline Evidence-based Guideline: palliative care for patients with incurable cancer Clinical experience Current literature

Figure 6. Most-used deprescribing resources for assessing appropriateness of medication for palliative care patients during routine work across the three healthcare professional groups (n).

Conclusion

The study reveals an underrepresentation of pharmacists in Austrian palliative care teams. Addressing gaps in education and encouraging engagement in deprescribing activities, particularly in community pharmacy, and promoting multidisciplinary collaboration, are likely to enhance patient safety.







2. Page AT, Clifford RM, Potter K, Schwartz D, Etherton-Beer CD. The feasibility and effect of deprescribing in older adults on mortality and health: a systematic review and meta-analysis. Br J Clin Pharmacol. 2016;82(3):583-623.

3. Le V, Patel N, Nguyen Q, Woldu H, Nguyen L, Lee A et al. Retrospective analysis of a pilot pharmacist-led hospice deprescribing program initiative. Journal of the American Geriatrics Society. 2021; 69(5): 1370-1376.