

Anticipatory Medications - What do patients actually use in their last week of life at home

Background:

NICE advises an individualised approach to prescribing anticipatory medications, including consideration of what medications are likely to be required depending on expected symptoms ¹.

Aim:

To determine which anticipatory medications are prescribed and administered in patients' last week of life at home. The clinical indication for giving a medication and cost of 'wasted' medications was also calculated.

What were patients prescribed?

What did they have in the house?

What did they receive; either as a PRN or in a syringe driver?

What symptom was it for and was the symptom new?

What medications were left at the end?

Methods:

Community palliative care leads retrospectively collected data for patients (n = 130; 24% of patients who died during this period) who died between September – November 2022 (inclusive). Medications were grouped and analysed in four categories: **opioids**, **benzodiazepines**, **anti-secretories (AS)** and **anti-emetics (AE)**.

Results

1. Most patients had appropriate medications in their house in the last week of life (opioid 98%; benzo 99%; AE 96%; AS 100%).
2. 20% patients needed medications 're prescribing' (primarily due to hospital and community guidance differing). This process takes time from the community palliative care leads.
3. Morphine (42%) and oxycodone (49%) were the most commonly prescribed opioids.
4. Subcutaneous medications administered in last week of life.

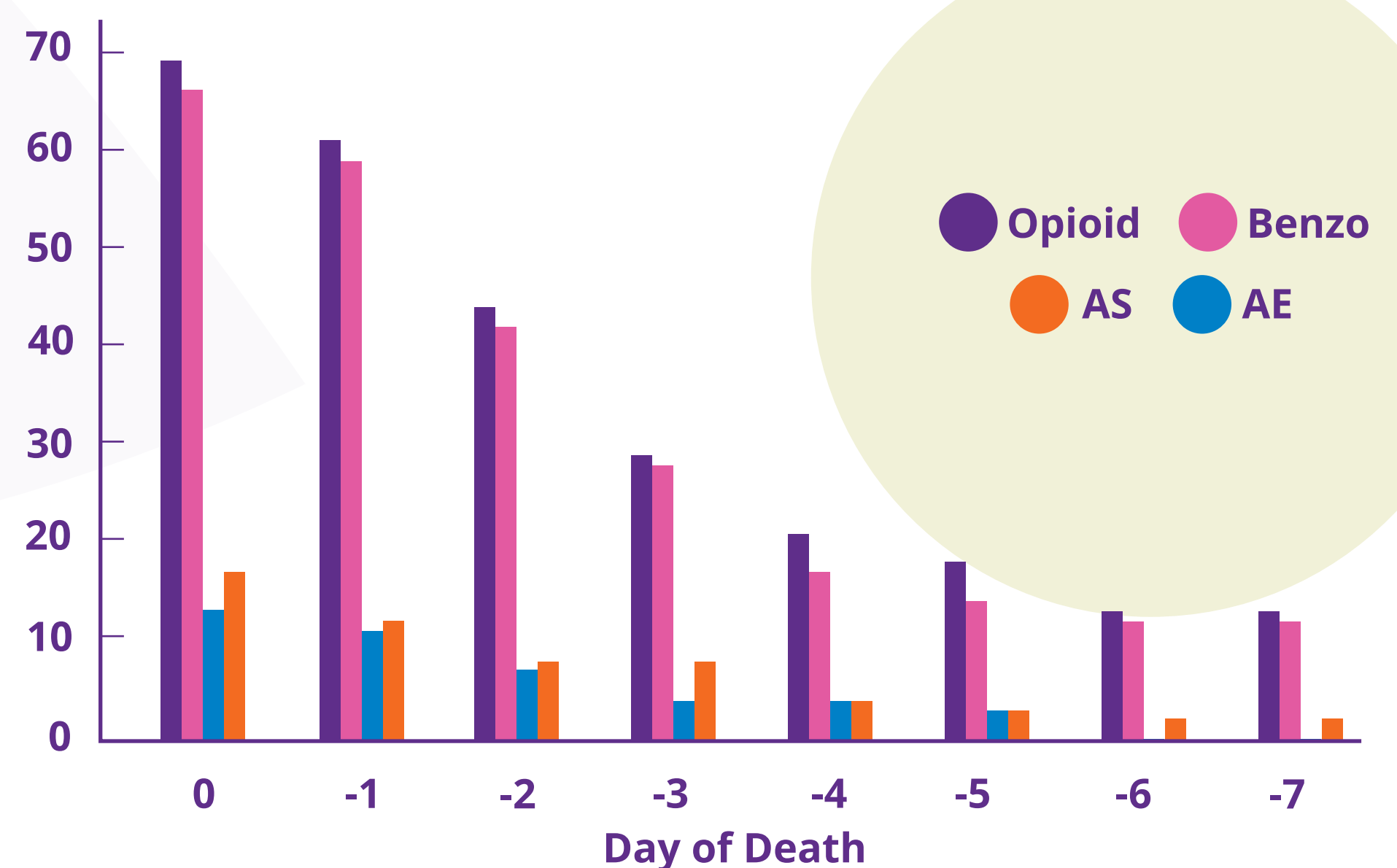
	Administered
Opioid	91 (70%)
Midazolam	88 (68%)
AE	18 (14%)
AS	43 (33%)

Most people are given an opioid or benzodiazepine but much fewer require an AE and AS

5. Anti-emetic use

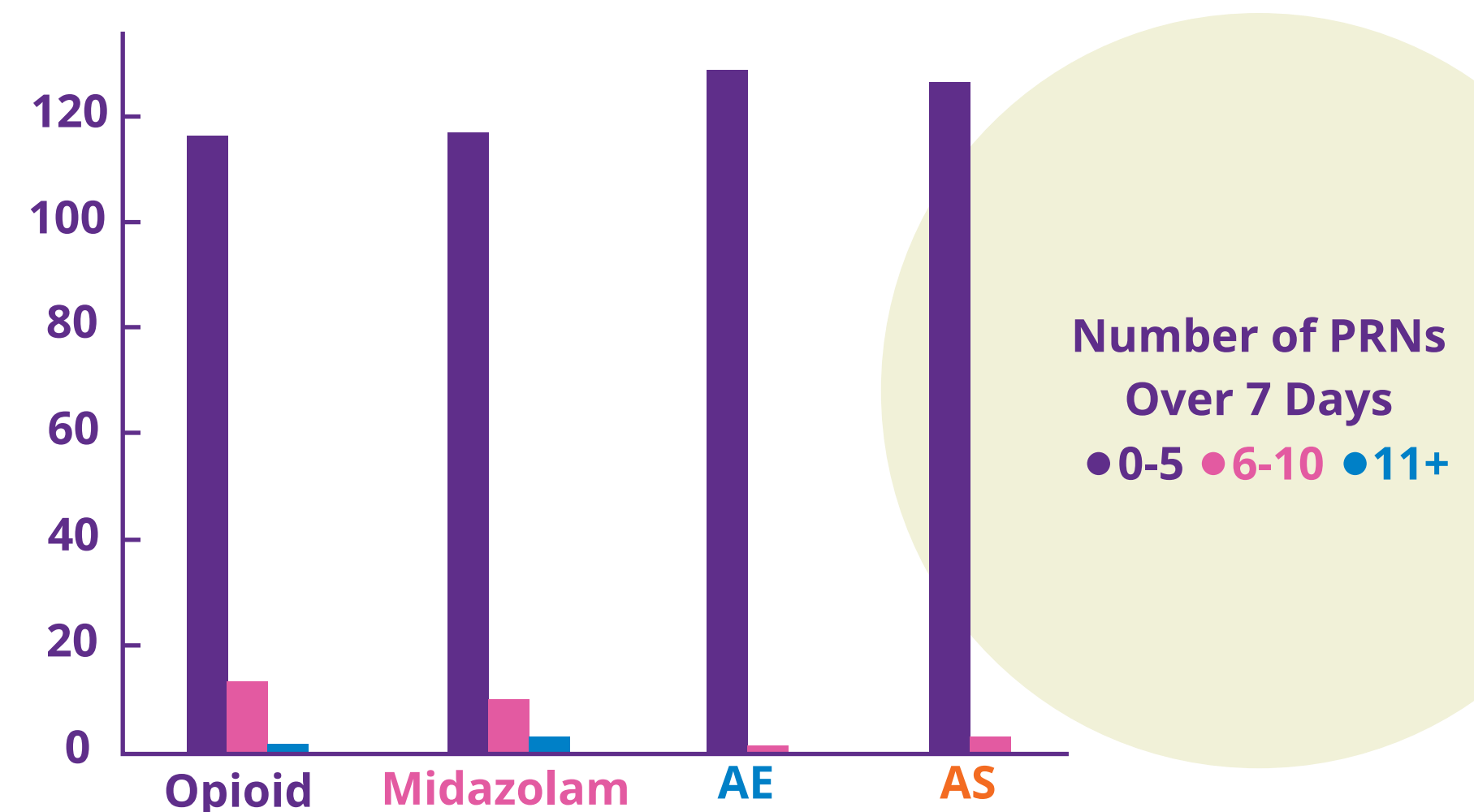
1. A small number (18; 14%) of patients were given an anti-emetic during their last week of life.
2. Three patients used more than 5 ampoules.
3. For most patients (94%) nausea was a new, not pre-existing, symptom.
6. 33% had an anti-secretory and this was always for secretions (not colic).

7. Number of patients with a syringe driver and which medications it contained in their last week of life



It was most common to have an opioid, then a benzodiazepine, followed by AS and AE. There is a trend towards more common to have a syringe driver when closer to death.

8. Total number of 'as required' injections over a week (Ranges determined by box sizes of medications)



Most people had 0-5 PRNs of a particular drug group in the last week of their life. Only 11% had more than 5 in the most commonly used drug group (opioid).

9. There was an estimated £4652.92 in wasted medications. If this was representative of the population it would total £77,548 for all patients over a year.



Conclusion:

A task and finish group was assembled and the following changes made:

- ♥ Morphine recommended as first line opioid (previously diamorphine)
- ♥ Recommended ampoule prescriptions reduced from ten to five for AS and AE. Implemented in community and hospices, but not at the acute trust. Splitting ampoule boxes is time-consuming and therefore not deemed cost effective at the acute trust.
- ♥ Guidance for administering AS updated and a more targeted approach recommended.

References:

Care of dying adults in last days of life (2017). NICE Quality Standard 144.

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