

Deprescribing in Palliative Cancer Care: Balancing Medication Burden and Quality of Life

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Abstract

Deprescribing is an emerging concept in palliative cancer care that aims to optimize medication use by discontinuing or reducing unnecessary or potentially harmful medications. The goal of deprescribing is to improve the quality of life for patients by minimizing the medication burden, alleviating medication-related side effects, and focusing on patient-centered care. This review article explores the principles and challenges of deprescribing in the context of palliative cancer care, along with the potential benefits and considerations for healthcare providers.

Keywords: Palliative care; Cancer; Deprescribing; Medication burden; Quality of life; Symptom management; Polypharmacy; End-of-life care.

Introduction

Palliative care plays a vital role in cancer treatment, aiming to manage symptoms and improve the quality of life for patients confronting advanced or terminal cancer [1,2]. While medication management is integral to palliative care, the accumulation of medications over time can result in polypharmacy, increasing the risk of adverse drug events. In response, deprescribing has emerged as a valuable strategy to optimize medication regimens in the palliative care setting. The principles of deprescribing in palliative cancer care revolve around a patient-centered approach. This involves fostering open communication, shared decision-making, and collaborative efforts among healthcare providers, patients, and their families [3]. Key principles guiding deprescribing practices encompass the assessment of medication appropriateness, the prioritization of symptom management, evaluation of potential drug-drug interactions, and recognition of individual patient preferences. Polypharmacy can lead to a medication burden for palliative cancer patients, resulting in reduced adherence to treatment and compromised quality of life. Deprescribing offers a solution to alleviate this burden, empowering patients to concentrate on crucial aspects of their care. By streamlining medication regimens, deprescribing enhances overall comfort, preserves patients' dignity, and facilitates a more peaceful end-of-life journey [4].

Addressing symptom management: In palliative cancer care, effective symptom management is paramount to improve patients' quality of life. Unfortunately, medication-related side effects can sometimes worsen cancer symptoms, creating a cycle of increased medication use to address these adverse effects. This situation can lead to polypharmacy and further complications. A proactive approach to addressing symptom management involves systematically evaluating the medications being prescribed and considering deprescribing when appropriate. By carefully reviewing each medication's benefits and potential side effects, healthcare providers can identify medications that may be contributing to the exacerbation of symptoms [5,6]. Deprescribing in such cases involves tapering, discontinuing, or reducing the dosage of these medications to alleviate symptom burden and enhance overall comfort. This tailored approach can lead to more efficient symptom management while minimizing the likelihood of adverse events.

Challenges and barriers to deprescribing: Implementing deprescribing in palliative cancer care comes with its challenges and

barriers. Healthcare providers, patients, and their families may harbor fears of symptom recurrence or worsening if certain medications are discontinued. This fear can deter deprescribing efforts, leading to a reluctance to make changes to medication regimens [7]. Another obstacle is the lack of clear guidelines and standardized protocols for deprescribing in the palliative care context. Unlike other clinical settings, palliative care often involves multiple specialists, each prescribing medications for various symptoms and conditions. The inherent complexity of these medication regimens makes deprescribing decisions more intricate [8,9]. Healthcare providers must engage in ongoing education and training to better understand deprescribing principles and strategies. Additionally, clear communication with patients and their families is essential to address concerns and involve them in the decision-making process. Providing support and reassurance throughout the deprescribing journey can foster trust and acceptance.

Individualized approach to deprescribing: Palliative care recognizes that every patient's journey is unique, and deprescribing must be approached with individualization in mind. Factors such as patient goals, prognosis, symptom burden, and comorbidities all play a pivotal role in determining the appropriateness of deprescribing specific medications [10]. A patient-centered approach means that healthcare providers carefully assess the potential benefits and risks of deprescribing for each patient. By considering the patient's specific circumstances and preferences, healthcare providers can tailor deprescribing strategies to optimize the patient's overall care experience.

Deprescribing strategies in palliative cancer care: There are various deprescribing strategies that healthcare providers can employ in the palliative care setting. Gradual tapering, where medication dosages are gradually reduced over time, can help patients adjust to changes while closely monitoring their response [11]. Medication substitutions, replacing a medication with an alternative that is equally effective but

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may have fewer side effects, can also be considered to enhance symptom management. Furthermore, some medications may have minimal therapeutic benefit for certain patients. In such cases, stopping these medications altogether may be appropriate. By judiciously applying these deprescribing strategies, healthcare providers can streamline medication regimens and optimize symptom management, ultimately improving the patient's comfort and quality of life. Addressing symptom management through deprescribing is an essential aspect of palliative cancer care [12-13]. While challenges and barriers exist, adopting a patient-centered and individualized approach, coupled with ongoing education and support, can help healthcare providers overcome these obstacles. By implementing appropriate deprescribing strategies, healthcare providers can optimize medication regimens, alleviate symptom burden, and enhance the overall well-being of patients during their palliative care journey. Ensuring Continuity of Care Deprescribing should not be seen as discontinuation of care. Continuity of care is paramount in the palliative setting, and close monitoring and ongoing assessment of patients after deprescribing interventions are essential to ensure patient comfort and safety.

Research and evidence base: The concept of deprescribing in palliative cancer care is relatively new, and as such, the evidence base surrounding its efficacy and safety is still evolving. While the practice of deprescribing has gained traction in recent years, there remains a need for more comprehensive research to establish specific guidelines and protocols for its implementation in the context of palliative cancer care [14]. One significant challenge in conducting research on deprescribing in this setting is the complexity and variability of patients' conditions and medication regimens. Palliative care often involves patients with diverse cancer types, stages, and comorbidities, making it challenging to conduct large-scale, standardized studies [15]. Additionally, ethical considerations, such as the potential for symptom exacerbation or adverse effects during the deprescribing process, can present obstacles in conducting randomized controlled trials. However, despite these challenges, there is a growing body of research that highlights the potential benefits of deprescribing in palliative cancer care. Studies have shown that thoughtful and cautious deprescribing can lead to a reduction in medication burden and an improvement in patients' overall quality of life [16-18]. By optimizing medication regimens, patients may experience better symptom control, enhanced physical and emotional comfort, and improved adherence to essential medications. Furthermore, deprescribing can also have financial implications, as reducing the number of medications can lead to cost savings for patients and healthcare systems [19,20]. This is particularly important in the context of palliative care, where patients and their families may already be burdened by the high costs associated with cancer treatments.

Conclusion

Deprescribing in palliative cancer care holds great promise as an approach to enhance the quality of life for patients facing advanced or terminal cancer. By addressing medication burden and focusing on symptom management, deprescribing empowers patients to experience greater comfort and dignity during their end-of-life journey. While challenges and barriers exist in implementing deprescribing practices, a patient-centered and individualized approach can help overcome these hurdles. By involving patients and their families in the decision-making process and fostering clear communication among healthcare providers, deprescribing interventions can be more readily accepted and embraced. Moreover, ongoing research and education are essential to further strengthen the evidence base for deprescribing in palliative

cancer care. Studies that investigate the benefits, risks, and optimal strategies for deprescribing in different palliative care contexts will contribute to the development of specific guidelines and protocols. Ultimately, by combining a compassionate and personalized approach with evidence-based practices, deprescribing can become an integral component of palliative cancer care, ensuring that patients receive the best possible care while navigating their unique end-of-life journey. As the evidence base continues to grow, healthcare providers can continue to refine and improve deprescribing interventions, ultimately leading to more successful outcomes and enhanced quality of life for patients in palliative care.

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Conflict of Interest

Author declares no conflict of interest

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