UPMC PALLIATIVE AND SUPPORTIVE INSTITUTE

THE TABLET: PALLIATIVE CARE PHARMACY TIPS

December 15, 2023 Vol. 3, No. 20

Special thanks to the QI team: Sydney Lee, Makayla Hoke, Emily Leung, Hailey Roup (4th year student pharmacists at Pitt Pharmacy), Drs. Linda King and Mamta Bhatnagar

Palliative Care Pharmacy Team:

Clinical Pharmacy Specialist:

Maria Felton Lowry, PharmD, BCPS, BCGP
Assistant Professor
University of Pittsburgh School of Pharmacy, Department of Pharmacy and Therapeutics
Palliative Care Clinical Pharmacy Specialist
UPMC Palliative and Supportive Institute

Cell: 412-627-8473
Office: 412-864-2899
Email: lowrymf@upmc.edu

If you have a topic you would like the pharmacy team to answer, please send your suggestions to: lowrymf@upmc.edu

TODAY'S TOPIC:

UPMC Quality Improvement: Pilot Palliative Care Pharmacist-led Opioid Deprescribing Clinic: Feasibility, Safety, and Efficacy

Results presented at the 2023 American Society of Health-System Pharmacists (ASHP) Midyear Meeting

Background:

- Palliative care practitioners care for cancer patients at various stages of disease, including after remission. Cancer pain is typically treated with opioids, and they may be prescribed to manage ongoing cancer-related pain syndromes after remission
- Newer data regarding the risks of long-term opioid use has prompted opioid deprescribing interventions (primary care, chronic pain)
- Pharmacist-led opioid deprescribing interventions have been described in several clinical settings, but not within specialty palliative care

Importance:

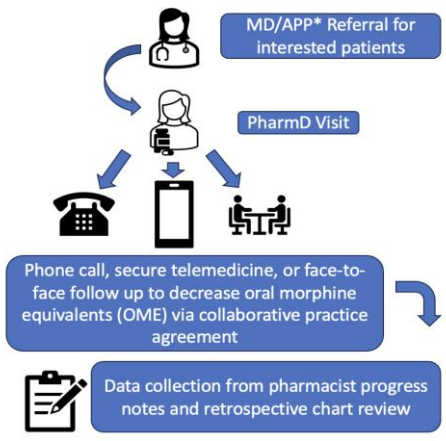
It is important to internally examine innovative patient care models to promote highest quality of care for our patients.

The Research:

Objective: evaluate the feasibility, safety, and efficacy of a pharmacist-led opioid deprescribing pilot program in an outpatient, specialty palliative care clinic

- **Primary objective:** To evaluate program feasibility defined as time spent on initial and subsequent follow-up visits
- **Secondary objectives**: Describe the safety and efficacy of pharmacist interventions
  - **Safety:** Symptoms of withdrawal and rehospitalizations due to uncontrolled pain
  - **Efficacy:** Initial 24-hour OME and changes in OME throughout course of pharmacist involvement

Figure 1: Pilot Program Overview



Methods:

Pilot program from April 2022-May 2023 (*actually 9-months total, given pharmacist leave)

- Data analysis was conducted using descriptive statistics. The pilot received approval from the institution's quality improvement board

Feasibility Data:

- 25 patients referred to the pharmacist for opioid deprescribing and 20 patients (80%) enrolled in the pilot and established care with the pharmacist
- Blood cancer and breast/colorectal cancer were most common cancer diagnoses

Table 1. Patient Demographics	
Age (mean, (range))	53.6 (36-67)
Female (n, (%))	13 (65%)
Pain Syndromes (n)*	
Non-cancer related chronic neuropathy	5
Malignant disease or treatment neuropathy	9
Chronic nociceptive non-malignant pain	9
Malignant disease/treatment-related nociceptive pain	6

*13 patients have more than 1 type of pain so total number > 20

- Total number of pharmacist visits: 114
  - In-person visits: 20
  - Telemedicine visits: 50
  - Telephone visits: 44
- Average time spent by pharmacist on initial visit was 78 minutes (range 35-135)
- Average time spent by pharmacist on follow up visits was 45 minutes (range 20-62.5)

Efficacy and Safety Data:

- Retrospective chart review of eligible patients between April 2022- May 2023
- 18 patients had adequate follow up for efficacy/safety analysis for pharmacist intervention
- Exclusion Criteria: patients without at least one follow up appointment with pharmacist to monitor efficacy and safety outcomes (n=2)

Results:

- Most commonly used taper strategy was decreasing long-acting agent first
- Those with OME reduction (n=15) had a mean reduction of 22.1% (range 4.4-66.7%)
- Zero patients were hospitalization for uncontrolled pain. Two patients reported possible opioid withdrawal symptoms
-

Figure 2. Description of Opioid Tapering Strategies

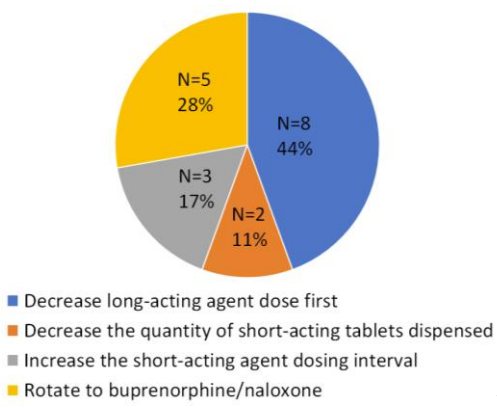
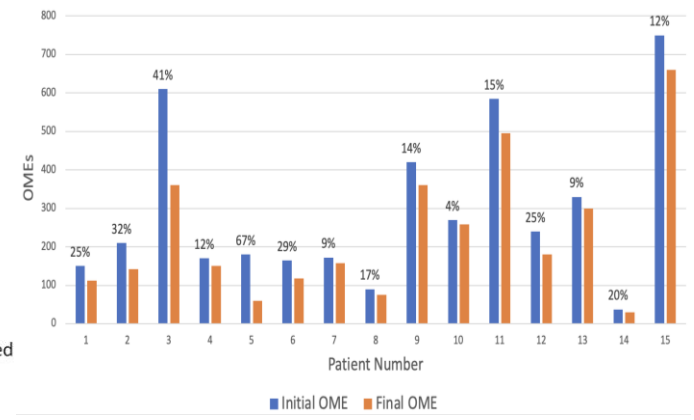


Figure 3. Initial and Final OMEs for patients with OME Reduction



Discussion:

- Most patients seen by the pharmacist had an OME reduction and adverse effects were limited
- Limitations exist with the pilot data analysis: small number of patients, unable to evaluate quality of life or mental health outcomes

CLINICAL PEARL: Pharmacist-led opioid deprescribing clinic is effective in reducing OMEs, although time-intensive to do so safely.