HOSPICE PALLIATIVE CARE MEDICATION USE: AN ITALIAN REGIONAL STUDY

1)Penco I. 2)Mores N. 3)Bordin F.. 4)Turriziani A.. 5)Ginobbi P. 6)Proli E.

UCSC - School of Medicine - Policlinico A. Geme

Medical treatment in hospice/palliative care patients represents an intriguing challenge for health care. The drug–related benefits and harms for hospice/palliative care patients may not be simply and directly extrapolated from other clinical settings. Pharmacovigilance studies represent therefore an opportunity to describe the use of medications in the routine hospice/palliative care for a better understanding of their impact for a sustainable and effective practice. Medical treatments in hospice/palliative care are often supported by formularies as in UK, USA and Australia, among other countries. Formularies are mainly based on consolidated practice but seldom supported by evidences derived from interventional studies. The aim of this study was to describe medication use in the 16 participating NHS accredited hospice/palliative care centers, located in the Italian region of Lazio, providing home- and hospital-care to their patients. Formative supplementary support and needs in medication use for the involved healthcare professionals have been also examined and provided as a pilot project. 1182 patients were enrolled in a five months study period spanning May-September 2013. Subjects' age ranged between 23-99 years, with 81% older than 65. 53% of the subjects were males. In 92% of the patients a diagnosis of cancer, ICD-9CM, was present. Clinical, performance and medication data were collected during the first week after admission in either home-care (76% of patients) or in a hospital setting (24%). For 12% of the participants data collection has been shorter than a week, in 80% of the cases due to death. Ad admission Karnofsky index value ranged from 20 to 40 in 90% of the patients. Asthenia (46%), pain (28%) and dyspnea (20%) were broadly present in the study population at the first day of data collection. At the same time point, an average of 6 medications/patient, with 19% off-label use, were reported. Off-label use has been considered as per indications, dose and route of administration. Number of medications was generally unrelated to Karnofsky index, except in the patients with shorter observation periods, where it was inversely related to the index. Drugs in ATC class A02B, H02A and N02A and among these dexamethasone, morphine, acetaminophen and metoclopramide were most widely used, with pain medications representing 19% of the total as expected. No major differences between home- and hospital care settings have been detected for ATC class. Oral and intravenous represented the preferred administration routes in both care situations. Subcutaneous administration was preferred at home ranging from 8% to 12% of the total administrations. Significant differences in the number of prescribed drugs per patient were reported among participating centers, ranging from 5.8 to 14% in home and hospital care, with a higher number of drugs prescribed in hospitals, for 58% of the participating centers.Essential drugs identified for palliative care comprehend the most frequently prescribed drugs as observed in this study. Differences in prescribing and drug administration have been reported among centers suggesting the need of regional networking inside of a national framework. Supplementary information and support for drug preparation, administration and indications as well as an easy access adverse event reporting system could support routine practice and facilitate further studies to gain evidence for benefits and harms of medical

treatments, of drugs from long term or newly available on the market or under development in the various palliative care settings.

Centri partecipanti: Sant'Antonio da Padova,Roma - Margherita Salerno; Fondazione Sanità e Ricerca, Roma – Patrizia Ginobbi; Villa Speranza, Roma - Adriana Turriziani; Antea, Roma - Giuseppe Casale; S.Raffaele, Rocca di Papa - Roberto Rossi; Montecompatri, Velletri - Maria Pietropaolo; IHG (Italian Hospital Group), Guidonia - Brigitte Cardamone; Villa Azzurra, Terracina - Concetta di Fonzo; San Marco, Latina - Domenico Russo; ICOT Le Rose, Latina - Fausto Petricola; Villa Rosa, Viterbo - Luigi Galli; My Life, Viterbo - Giacomo Marchetti; Merry House, Acilia - Mauro De Clementi; Hospice Cassino, Cassino - Girolamo del Monte; Hospice Il Girasole, Roma - Virgilio D'Offizi.

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