Pharmacy’s Role in Palliative Care

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Aimee does not have any conflicts of interest or anything to disclose.

Objectives

- Define Palliative Care
- Recognize the importance of medication reconciliation in palliative care patients
- Review proper symptom management in palliative care patients
- Identify how pharmacy can play a role in palliative care
- Review the structure and purpose of ANMC’s Palliative Care Project ECHO

Palliative Care

- An approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual

Palliative Care vs. Hospice

- Place
- Timing
- Payment
- Treatment

Palliative Care

- Relief from pain and distressing symptoms
- Dying is normal
- Does not hasten or postpone death
- Psychological and spiritual
- Provides support system
- Multidisciplinary
- Quality of life
- Can be provided early into course of illness

Medication Reconciliation

- Considerations
- Challenges
- Complexity
Symptom Management

- Nausea and Vomiting
- Pain
- Constipation
- Dyspnea
- Depression/Anxiety

Nausea and Vomiting

- Antidopaminergics
  - Prochlorperazine
  - Promethazine
  - Metoclopramide
  - Haloperidol
- Serotonin receptor antagonists
  - Ondansetron
  - Granisetron
  - Dolasetron
  - Tropisetron
  - palonosetron
- Cannabinoids
  - dronabinol
- Antihistamines
  - Diphenhydramine
  - Hydroxyzine
  - Meclizine
  - Doxepin
- Anxiolytics/benzodiazepines
  - Lorazepam
  - Diazepam
- Corticosteroids
  - Dexamethasone
  - Methylprednisolone
  - Prednisone

Pain

- Acetaminophen
- Non-Steroidal Anti Inflammatory Analgesics (NSAIDS)
- Opioids
- Anti-epileptics
- Antidepressants
- Corticosteroids

Constipation

- Stimulants
  - Bisacodyl
  - Senna
- Osmotic Laxatives
  - Lactulose
  - Polyethylene glycol
  - Sorbitol
  - Glycerin
  - Magnesium sulfate
  - Magnesium citrate

Dyspnea

- Sensation of difficult or uncomfortable breathing
- Dyspnea on exertion may occur normally (i.e. exercise), but is indicative of disease when it occurs at a level of activity that is usually well-tolerated.

- Guillain-Barré
- Myasthenia gravis
- Myopathy
- Neuropathy
- Psychogenic
- Hyperventilation
- Deconditioning
- Foreign body
- Allergic reaction
- Dust
- Airway edema
- Tracheomalacia
- Thyrotoxicosis
- Anemia
- Electrolyte disorders (e.g. phosphate, potassium, or calcium)
- Sepsis/Fever
- Acids
- Pneumonia
- Pneumothorax
- Pleural effusion
- Pulmonary embolism
- Pulmonary hypertension
- Interstitial lung disease
- Adult respiratory distress syndrome
- Chronic obstructive pulmonary disease
- Asthma
- Massive ascites
- Medication side effects (e.g. bleomycin, amiodarone)
- Myocardial ischemia
- Congestive heart failure
- Congestive heart failure
- Pericardial effusion
- Valvular disease
- Arrhythmia
- Anxiety
Dyspnea Treatment

- **KEY POINTS:**
  - Identify underlying cause
  - Address reversible contributors
  - Treat symptomatically

- Non-pharmacological
  - Exercise
  - Positioning
  - Humidified air
  - Open window/fan

- Oxygen

- Other drugs
  - Anti-tussives, anti-cholinergics, anxiolytics, diuretics, bronchodilators, steroids, antibiotics

- Opioids are first line after other therapeutic options are optimized

Depression/Anxiety

- First line SSRIs
  - Sertraline
  - Fluoxetine

- First line SNRIs
  - Venlafaxine
  - Duloxetine

- Second line benzodiazepines
  - Clonazepam
  - Diazepam
  - Lorazepam
  - Triazolam

- Third line adjuvants
  - Mirtazapine
  - Quetiapine
  - Buspirone

Comfort Packs

- Contains medications that are only used as needed at the end of life to treat common symptoms at the end of life

- Appropriate use
  - Relieve symptoms
  - Improve quality of life
  - Reduce hospitalizations
  - Better control for patient and family
  - Will not hasten death

Pharmacy’s Role

- Medication reconciliation and medication care coordination
- Symptom management
- Pain management
- Consultation
- Family meetings/care conferences

Project ECHO
Project ECHO

- Project ECHO is a lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best-practice specialty care and reduce health disparities.
- The heart of the ECHO model is its knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers.
- In this way, primary care doctors, nurses and other clinicians learn to provide excellent specialty care to patients in their own communities.

ANMC Palliative Care Project ECHO

- Interdisciplinary Specialty Team:
  - Christopher Piromalli, DO, MPH; Palliative Care Medical Director
  - Rona Johnson, MSN, A-GNP, NP-C; Palliative Care Nurse Practitioner
  - Aimee Young, PharmD; Palliative Care Pharmacist/Acute Pain Pharmacist
  - Gracie Champion RD; Palliative Care & Oncology Dietician/Inpatient Dietician
  - Karen Hollar, LCSW; Palliative Care License Clinical Social Worker
  - Sonja Lynn, DO; Physician Psychiatrist

TeleECHO Clinic

- Every other Wednesday
- 11:30am-1:00pm AK time
- How to attend
  - In person
  - Telephone
  - Videoconference
- https://anthc.org/palliative-care/palliative-care-echo/

Sample Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
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<tbody>
<tr>
<td>11:30-11:35</td>
<td>Welcome</td>
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<tr>
<td>11:35-11:45</td>
<td>Didactics: Presentation, Discussion &amp; Questions</td>
</tr>
<tr>
<td>11:45-11:55</td>
<td>ECHO Introduction/Announcements</td>
</tr>
<tr>
<td>11:55-12:00</td>
<td>Case Presentation</td>
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<tr>
<td>12:00-12:05</td>
<td>Case Discussion</td>
</tr>
<tr>
<td>12:05-12:10</td>
<td>Summary of Recommendations</td>
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</tbody>
</table>
Test Your Knowledge

- T/F: Patients must have only 6 months to live in order to be provided palliative care.
- T/F: Only cancer patients can receive palliative care.
- T/F: ANMC’s Palliative Care Project ECHO is available to any interested provider, regardless of degree or education.

Additional Information

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References: