

A comparative analysis of prescriptions within the last 24 hours of life on a palliative care wards in Japan and England

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1. Background

Optimising the prescriptions of palliative care patients and reducing polypharmacy are important issues in medicines management.

2. Aim

The aim of this pilot study was to identify medications that were prescribed and administered within the last 24 hours of a patient's life on palliative care wards and to investigate the differences between Japan and England.

3. Result

We examined 67 patients who died at the Ashiya Municipal Hospital in Japan from February to May in 2019, and 61 patients who died at the Royal Liverpool Hospital in England from February to April in 2019.

4. Result

Drug administered in the last 24 hours of death at the Ashiya Municipal Hospital in Japan(N=161), and at the Royal Liverpool University Hospital in England(N=269).

Japan (N=161)		England (N=269)	
Midazolam	24 (14.9%)	Midazolam	21 (7.8%)
Morphine	18 (11.2%)	Artificial saliva products	18 (6.7%)
Betamethasone	18 (11.2%)	Enoxaparin	15 (5.6%)
Haloperidol	11 (6.8%)	Paracetamol	14 (5.2%)
Hydromorphone	11 (6.8%)	Morphine	14 (5.2%)
Nutritional products	8 (5.0%)	Glycopyrronium	11 (4.1%)
Fentanyl	7 (4.3%)	Alfentanil	10 (3.7%)
Paracetamol	7 (4.3%)	Oxycodone	10 (3.7%)
Oxycodone	6 (3.7%)	Nutritional products	9 (3.3%)
Omeprazole	6 (3.7%)	Salbutamol	8 (3.0%)

5. Result

Top-5 potentially unnecessary administered drugs in the last 24 hours at the Ashiya Municipal Hospital in Japan(n=32), and at the Royal Liverpool University Hospital in England(n=69).

Japan (n=32)		England (n=69)	
Nutritional products	8 (25.0%)	Enoxaparin	15 (21.7%)
Omeprazole	6 (18.8%)	Nutritional products	9 (13.0%)
Lansoprazole	4 (12.5%)	Bisoprolol	4 (5.8%)
Furosemide	3 (9.4%)	Lansoprazole	3 (4.3%)
Famotidine	2 (6.3%)	Omeprazole	3 (4.3%)

	Japan (N=67)	England (N=61)
Gender	Male 30, female 37	Male 34, female 27
Age (years)	77.5 ± 12.7	79.9 ± 11.0
Disease Cancer	Cancer 67, non-cancer 0	Cancer 24, non-cancer 37
Hospitalization	23.6 ± 27.0	17.2 ± 13.8

6. Conclusion

- ◇ Nutritional products and Proton Pump inhibitor (PPI) were continuously administered until time of death in both countries.
- ◇ The low-molecular weight heparin, enoxaparin, was the most frequently administered potentially unnecessary drug in the last 24 hours in England.

Reference

- Morin L, Todd A, Barclay S, Wastesson JW, Fastbom J, Johnell K. Preventive drugs in the last year of life of older adults with cancer: Is there room for deprescribing? *Cancer*. 2019; 125(13):2309-2317.
- Wastesson JW, Morin L, Tan ECK, Johnell K. An update on the clinical consequences of polypharmacy in older adults: a narrative review. *Expert Opin Drug Saf* 2018; 17(12): 1185-1196.
- Morin L, Laroche ML, Vetrano DL, Fastbom J, Johnell K. Adequate, questionable, and inadequate drug prescribing for older adults at the end of life: a European expert consensus. *Eur J Clin Pharmacol*. 2018; 74(10):1333-1342.
- De Schreye R, Houttekier D, Deliens L, Cohen J. Developing indicators of appropriate and inappropriate end-of-life care in people with Alzheimer's disease, cancer or chronic obstructive pulmonary disease for population-level administrative databases: A RAND/UCLA appropriateness study. *Palliat Med*. 2017; 31(10):932-945.
- Lindqvist O, Lundquist G, Dickman A, et al. Four Essential Drugs Needed for Quality Care of the Dying: A Delphi-Study Based International Expert Consensus Opinion. *J Pall Med*. 2013; 16(1):38-43.
- Van Den Noortgate NJ, Verhofstede R, Cohen J, Piers RD, Deliens L