

## Palliative Care in Patients Living with Dementia: The Role of Deprescribing

### Cuidados Paliativos em Doentes com Demência: A Importância da ‘Desprescrição’

**Keywords:** Dementia; Deprescribing; Palliative Care

**Palavras-chave:** Cuidados Paliativos; Demência; Desprescrições

Dear Editor

We read with great interest the article by Santos *et al.*,<sup>1</sup> highlighting the importance of palliative care in clinical practice and the benefit of integrating palliative actions early-on in the treatment of life-threatening illness. Palliative care is no longer synonymous with end-of-life care, having a role in all stages of disease, even concurrent with restorative life-prolonging therapies. Although typically associated with cancer, palliative care is now widespread through other medical fields, including Neuropsychiatry. New concepts are emerging in the medical culture, such as medical futility; potentially inappropriate treatments; prognostication; end-of-life planning and decision-making capacity, and they all relate to palliative care in patients living with dementia. Palliative care seems particularly important in older individuals, since most of the burden of severe chronic disease,

**Table 1** – Factors influencing deprescribing and barriers to deprescribing according to clinician, patient and health-system points of view

Deprescribing		
Supervised tapering or cessation of drugs		
Factors driving deprescribing		
Limited life expectancy	Polypharmacy and Pill burden	Cognitive impairment
Advancing dependency	Medico-legal environment	Patient/family wishes
Barriers to deprescribing		
Clinician-related	Patient-related	System-related
Lack of awareness	Belief that the medication is appropriate and has no harm	Paucity of data about discontinuing medications
Inertia and feasibility	Withdrawal syndrome	Aggressive pharmaceutical marketing
Adherence to existing evidence-based guidelines	Family members, friends and media influence	Omission of frail, demented patients from trials
Patient polypharmacy and multimorbidity	Beliefs of caregiver (feelings of guilt and responsibility)	

including dementia, occurs in those aged 65 years and older. Data suggest that older adults with dementia are commonly prescribed potentially unsafe medications.<sup>2–4</sup> Deprescribing refers to supervised tapering or cessation of drugs, aiming to minimize inappropriate polypharmacy and improve patient outcomes.<sup>2</sup> Most research on potentially inappropriate prescribing is focused on the elderly in general rather than dementia specifically.<sup>3</sup> However, studies are increasingly focusing on prescribing in people with dementia. The PEACE program<sup>4</sup> has produced criteria that seem promising in terms of identifying potentially inappropriate medications in advanced dementia, including anticholinesterase inhibitors and lipid-lowering agents. There is a growing body of evidence showing that discontinuing specific medications in certain patient populations does not worsen outcomes.<sup>3</sup> Potential benefits of deprescribing are widespread, including health and quality of life benefits to patients and cost benefits to health care systems.<sup>5</sup> Challenges to successfully discontinuing medications include patient, clinician and system-related barriers. Limited life expectancy and cognitive impairment appear to be the most important factors driving deprescribing (Table 1). The process of deprescribing involves several steps.<sup>3</sup> These include recognizing an indication for discontinuing a medication, prioritizing the medications to be targeted for discontinuation and discontinuing the medication considering the underlying patient (multimorbidity) and medication (pharmacokinetics) characteristics. As underlined by Gameiro dos Santos and Reis-Pina, training in palliative care and deprescribing should be part of the medical curriculum and lifelong continuous medical education of senior clinicians. Evidence supporting the benefits and safety of deprescribing in elderly continues to grow, strengthening the cause for greater integration of regular deprescribing into medical culture. Advance care planning is the cornerstone of high-quality palliative care in advance dementia and deprescribing should be part of that process.

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