The Australian and New Zealand Society of Palliative Medicine and the Australasian Chapter of Palliative Medicine

Top 5 low-value practices and interventions

1. Do not delay discussion of and referral to palliative care for a patient with serious illness just because they are pursuing disease-directed treatment

Palliative care provides an added layer of support to patients with life-limiting disease and their families. Symptomatic patients can benefit regardless of their diagnosis, prognosis or disease treatment regimen. Studies show that integrating palliative care with disease-modifying therapies improves pain and symptom control, as well as patient quality of life and family satisfaction. Early access to palliative care has been shown to reduce aggressive therapies at the end of life, prolong life in certain patient populations, and significantly reduce hospital costs.

Evidence:

2. Limit routine use of antipsychotic drugs to manage symptoms of delirium [NEW]

Effective screening, reversing the precipitants of delirium and providing a variety of supportive non-pharmacological interventions are crucial to addressing delirium in patients in palliative care settings.

Treatment with antipsychotic drugs should only be considered if patients with delirium are in distress and the cause of distress cannot be addressed through non-drug strategies. Although antipsychotics are commonly used in the management of delirium in palliative care patients, recent evidence on mild- to moderate-severity delirium suggests that antipsychotics are associated with both increased symptoms of delirium and reduced patient survival.

Evidence:
- Bush, Tierney, Lawlor, Clinical Assessment and Management of Delirium in the Palliative Care Setting. Drugs. Oct 2017
3. **Do not use oxygen therapy to treat non-hypoxic dyspnoea**

Oxygen is frequently used to relieve shortness of breath in patients with advanced illness. However, supplemental oxygen does not benefit patients who are breathless but not hypoxic. Supplemental flow of air is equally as effective as oxygen under these circumstances. The use of a fan for facial air streaming can also be effective.

**Evidence:**

4. **Target referrals to bereavement services for family and caregivers of patients in palliative care settings to those experiencing more complicated forms of grief rather than as a routine practice** [NEW]

There is no empirical basis for the practice of offering routine referrals to bereavement services to family and carers of patients in palliative settings. Most bereaved family and carers are resilient and only a small proportion of individuals will develop pathological responses that might not resolve without professional help.

Evidence suggests psychosocial interventions are more effective for people with more complicated forms of grief. Grief is considered complicated when an individual’s ability to resume normal activities and responsibilities is persistently disrupted after six months of bereavement. Six months is seen as the appropriate minimum threshold for complicated grief since studies show that most people integrate bereavement into their lives by this time.

**Evidence:**
- Schut, Stroebe, Interventions to enhance adaptation to bereavement. J. Palliat. Med. 2005
- Schut, Stroebe, Effects of support, counselling and therapy before and after the loss: can we really help bereaved people? Psychol. Sep 2010
- Zech, Ryckebosch-Dayez, DelespauX, Improving the efficacy of intervention for bereaved individuals: toward a process-focused psychotherapeutic perspective. Psychol. Belg. Sep 2010
- Hall, Beyond Kübler-Ross: Recent developments in our understanding of grief and bereavement. InPsych. Dec 2011
5. To avoid adverse medication interactions in cases of polypharmacy, do not prescribe medication without conducting a drug regimen review

Older patients disproportionately use more prescription and non-prescription drugs than other populations. Evidence shows that such polypharmacy increases the risk of adverse drug reactions and hospital admissions. Medication review with follow up is therefore recommended for optimising prescribed medication and improving quality of life in older adults with polypharmacy.

Evidence:
- Jodar-Sanchez et al, Cost-Utility Analysis of a Medication Review with Follow-Up Service for Older Adults with Polypharmacy in Community Pharmacies in Spain: The conSIGUE Program, PharmacoEconomics. Mar 2015