



TOP-FIVE

RECOMMENDATIONS on low-value practices

Better care. **Better** decision-making. **Better** use of resources.

The Australian and New Zealand Society of Palliative Medicine (ANZSPM) is a specialty medical society that facilitates professional development and support for its members and promotes the practice of palliative medicine. Our members are medical practitioners who provide care for people with a life threatening illness.

The Australasian Chapter of Palliative Medicine (AChPM) was officially formed by the RACP in 1999 when a second fellowship pathway and alternative entry point was created within the Adult Medicine Division. The specialty became formally recognised in 2005. The Chapter currently has close to 360 Fellows through the RACP and/or AChPM pathways and over 130 current advanced trainees.

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

2

Limit routine use of antipsychotic drugs to manage symptoms of delirium

3

Do not use oxygen therapy to treat non-hypoxic dyspnoea

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

5

To avoid adverse medication interactions and adverse drug events in cases of polypharmacy, do not prescribe medication without conducting a drug regime review



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.

2

Limit routine use of antipsychotic drugs to manage symptoms of delirium

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. Antipsychotics are commonly used in the management of delirium in palliative care settings. However, recent research into the management of mild- to moderate-severity delirium indicates that the use of antipsychotics is linked to increased delirium symptoms and increased patient mortality.

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.



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

There is no empirical basis for the practice of offering routine referrals to bereavement services to family and care givers 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.

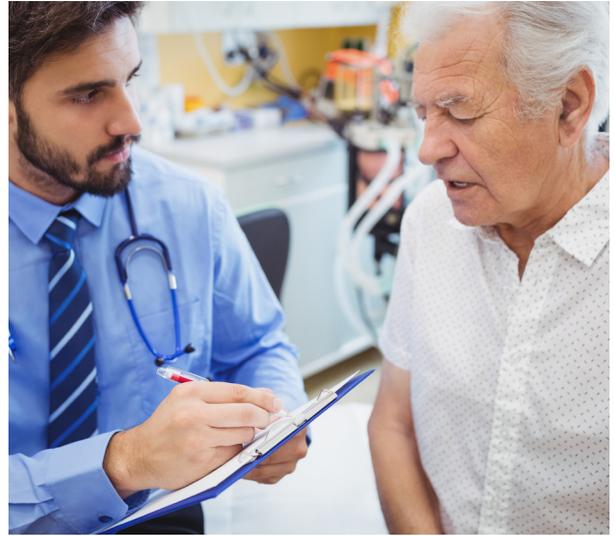




5

To avoid adverse medication interactions and adverse drug events in cases of polypharmacy, do not prescribe medication without conducting a drug regime 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.



i

For the list of references supporting these recommendations and further information on the development process, see evolve.edu.au/published-lists/anzspm-achpm
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WHAT IS EVOLVE?

As part of a global movement, Evolve is a flagship initiative led by physicians, specialties and the Royal Australasian College of Physicians (RACP) to drive high-value, high-quality care in Australia and New Zealand.

Evolve aims to reduce low-value care by supporting physicians to:

- be leaders in changing clinical behaviour for better patient care
- make better decisions, and
- make better use of resources.

Evolve works with specialties to identify their 'Top-Five' clinical practices that, in particular circumstances, may be overused, provide little or no benefit, or cause unnecessary harm. Evolve 'Top-Five' recommendations on low-value practices are developed through a rigorous, peer-reviewed

process; led by clinical experts, informed by evidence and guided by consultation.

Evolve enables physicians to:

- safely and responsibly phase out low-value tests, treatments and procedures, where appropriate
- enhance the safety and quality of healthcare
- provide high-value care to patients based on evidence and expertise, and
- influence the best use of health resources, reducing wasted expenditure and the carbon footprint of the healthcare system.

The RACP, through Evolve is a founding member of Choosing Wisely Australia® and Choosing Wisely New Zealand, with all Evolve 'Top-Five' recommendations part of the Choosing Wisely campaign.

