

FACING A DILEMMA IN ELDERLY COMPLEX AND VULNERABLE PATIENTS: TO STOP OR NOT TO STOP PREVENTION?



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Why?

EL PAÍS A FONDO

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“MUCHOS SE MUEREN SIN COLESTEROL, PERO RABIAN DE DOLOR”

Álvaro Gándara, presidente de la SECPAL. lleva 30 años ayudando a morir al prójimo, una vocación no apreciada especialmente por muchos de sus colegas especialistas. Según este médico de familia de la Unidad de Paliativos del hospital Fundación Jiménez Díaz de Madrid y presidente de la Sociedad Española de Cuidados Paliativos (Secpal), la muerte es el último tabú incluso entre los sanitarios. “La muerte se considera un fracaso médico y se rechaza todo lo que tenga que ver con ella. En la universidad enseñan a curar. No hay especialidad de Paliativos. Los médicos temen a la morfina por desconocimiento. Cuando no se puede curar y el horizonte es la muerte, cuidar y aliviar, no solo el dolor, no es una opción, sino la obligación. Sin embargo, los paliativos siguen teniendo carácter peyorativo. Hay colegas que *abandonan* a sus pacientes y los dan por desahuciados,

La mitad de ellos [no tienen acceso a un equipo de cuidados paliativos](#), según ha denunciado la Asociación Española Contra el Cáncer. Existen 430 unidades y harían falta 750 para cubrir todo el territorio, sostiene el doctor Álvaro Gándara, presidente de la Sociedad de Cuidados Paliativos. Por eso, entre otras cosas, la calidad de vida de las últimas semanas, días, u



“Many people die without cholesterol but suffering terribly”
(El País 2015)

The elderly in Catalonia's public health



CCD: Complex Chronic Disease

ACD: Advanced Chronic Disease + lifetime expectancy < 12m



individualized care planning

quality prescription
quality of life 24x7

Goals

1. To know the preventive prescription (statins, antiplatelets, bisphosphonates, calcium and vitamin D).

2. The treatment adequacy of Proton Pump Inhibitors (PPI) to determine potentially avoidable medication.

3. Deprescription 6 months prior to death.

1. The place of their death.

128 patients (58 CCD + 70 ACD) who died during 2015

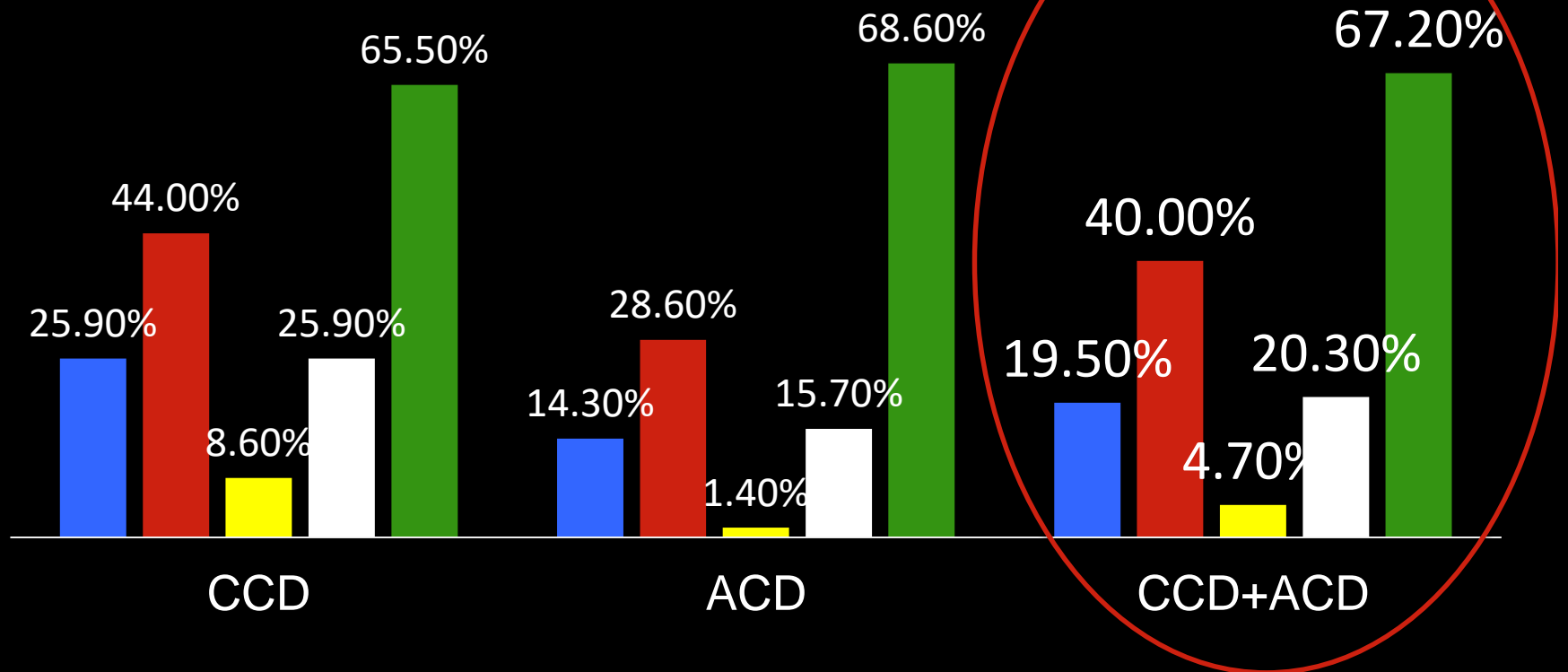


85 years old

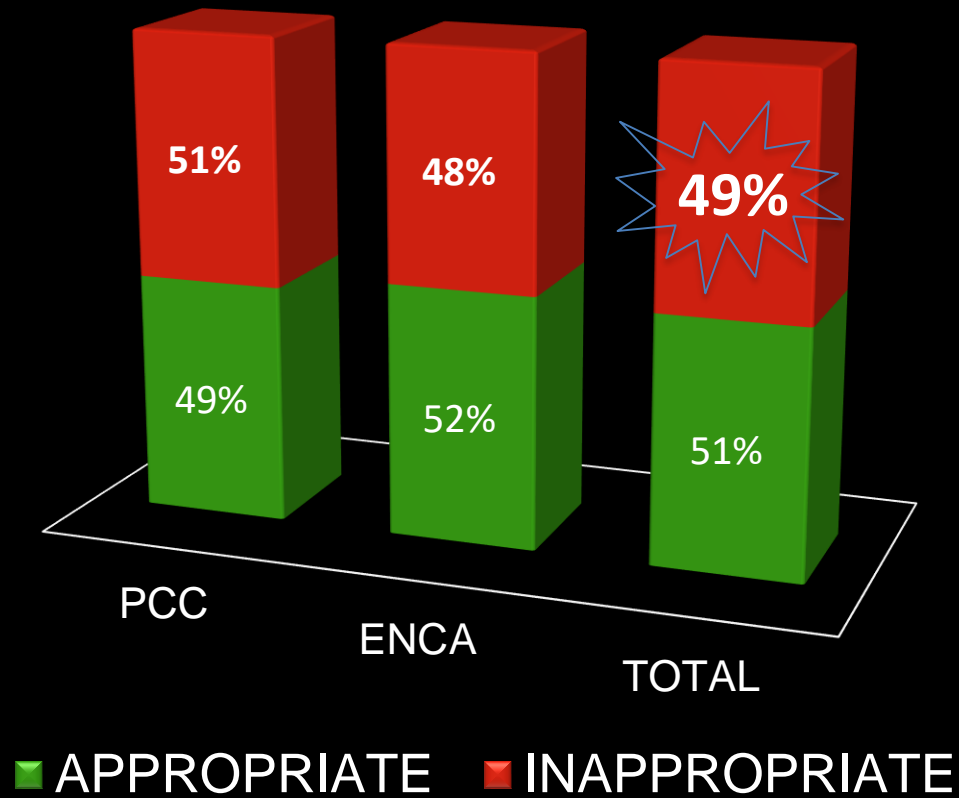
- ✓ 16% died at home
- ✓ 16% deprescription

PRESCRIPTION

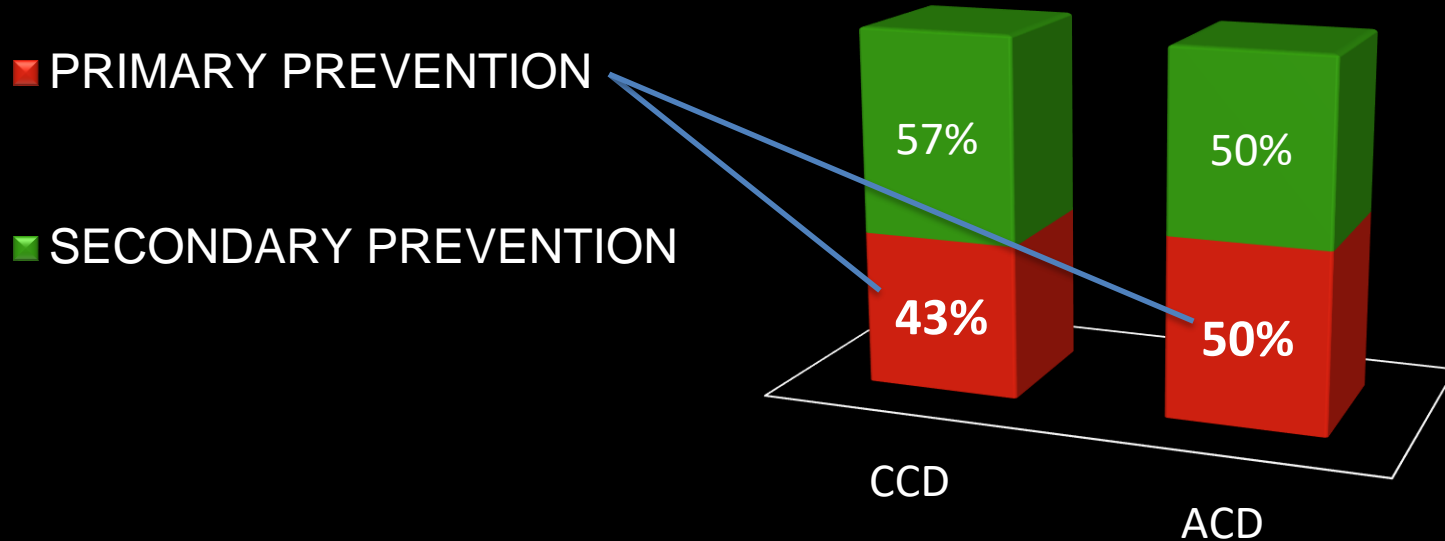
- Statins
- Antiplatelets
- Bisphosphonates
- Vit D/Ca
- Proton Pump Inhibitors



PPI treatment adequacy

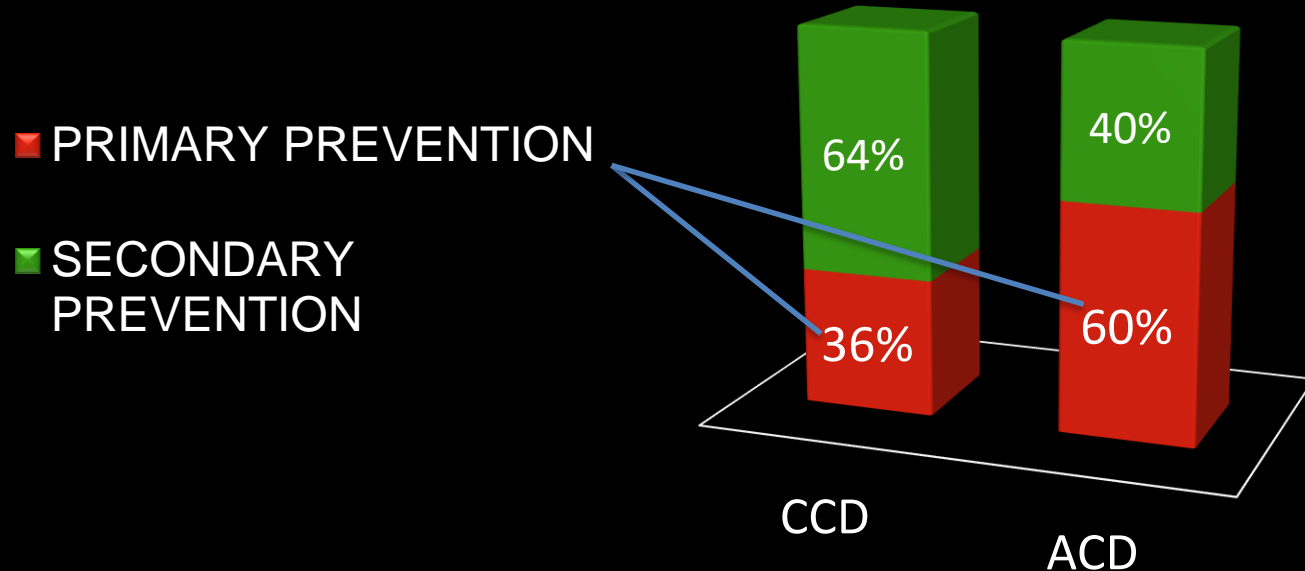


Use of statins



US preventive services Task Force recommendations, 2016: The statin uses for primary prevention of CVD in adults over 76 years old are not recommended, grade I, insufficient evidence

Use of antiplatelet



- *The US Preventive Task Force recommendations:* There is not enough available evidence on the benefits and harms of aspirin use in adults age 70 or older to recommend for or against its use in preventing CVD (April 2016)

Aspirin for primary prevention of CVD

- ✓ Routine use of aspirin for PP is **not recommended**, even in patients with diabetes.
- ✓ The benefits only outweigh the risks in patients at **high risk of CV events** and “also” **low risk of bleeding**.
- ✓ One of the factors that increase the risk of an internal bleeding is **being 65 years or older**.
- ✓ When we stop aspirin there’s an **increase in thrombotic events**. **We might be introducing harm when we stop it**.

Should we stop aspirin in patients who have been taken it for many years?

Keep the patients **involved** in the decision-making and use clinical judgment.

Estimating **years of life** helps guide our recommendations.

The results of **ongoing studies** (ASPREE) should provide additional guidance among older people

100 potentially inappropriate medications in
128 patients



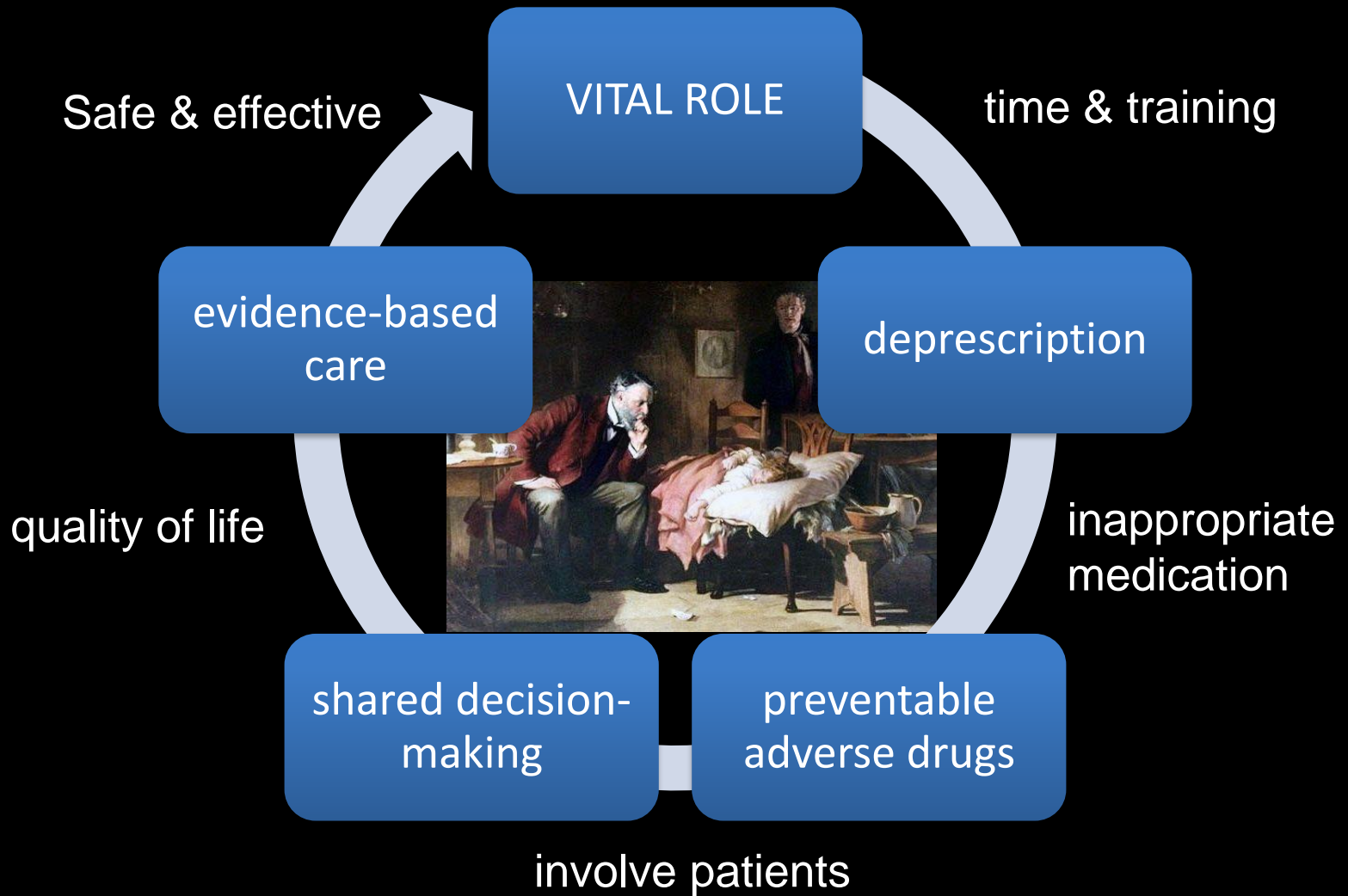
Overestimate benefits/underestimate risks



Stop preventing treatment in ACD? Are we changing the cause of death?

Use of statins for secondary prevention in older people with limited life expectancy (<2years) or advanced dementia is not recommended.

*CRITERIA to assess appropriate Medication use among Elderly complex patients (CRIME) project.
2014*





Thank you very much for your attention

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