Fact Sheet – Informal copy if printed or downloaded

Medication Cessation for Adults in the Last Days of Life

Many maintenance or preventative medications prescribed for a patient may no longer be appropriate in the last days of life. Therefore, a thorough medication review should occur. This review becomes urgent as patients lose the ability to safely and effectively swallow oral medications and medication uptake by the gastrointestinal tract becomes unreliable.

Prior to ceasing

While many medications can be stopped abruptly without significant risk, the following factors should be considered prior to doing so:

- Pharmacology and pharmacokinetics of the medication
- The risk of recurrence of symptoms
- Adverse drug withdrawal effects
- Rebound phenomenon.

Options for managing potential problems

If there is concern about any of these, the following options could be considered:

- Practicality of a tapered withdrawal of medication in the last few days of life
- Alternate route of administration
- Substitution with another medication with an appropriate formulation
- Prescribing medications for symptomatic relief of withdrawal effects or recurrence of effects.

Where available, a pharmacist may be able to provide some guidance in these areas. If there is any uncertainty or concern, the relevant specialty area should be consulted for advice.

The medications and doses recommended in the *Pharmacological Management of Symptoms for Adults in the Last Days of Life Clinical Guideline* can be used to provide symptomatic relief of withdrawal effects where appropriate.

Discussing cessation of medications

Changes to or cessation of medications should be discussed with the patient and/or their decision-makers. The limited benefit of continuing medications in the last days of life should be explained and reassurance provided that medications can be prescribed to relieve troubling symptoms which may emerge.

The patient and their decision-makers may be greatly concerned when long term medications which have been emphasised as essential, are ceased. Cessation of these medications may also be perceived as a sign of 'giving up' and imminent death. Reassure the patient and their decision-makers that stopping these medications neither intends to hasten death nor represents a decreased level or quality of care.

The reason for ceasing medications should be clearly documented to prevent other prescribers, such as after-hour staff or locum GPs re-prescribing them.

Government of South Australia
SA Health

Recommendations for ceasing common oral medications

The table below lists some common classes of medications, which may be associated with withdrawal effects. This is not a comprehensive list and only general recommendations have been made for treatments which may provide symptomatic relief from these withdrawal effects. Patient-specific factors may influence management choice and the relevant specialty area should be consulted for advice if there is any uncertainty or concern.

Remember that anticipatory prescribing is the key.

Drug Class	Symptoms Associated with Withdrawal	General Recommendations for Medication Management of Withdrawal Symptoms
Alpha-blockers	Rebound hypertension, agitation with sudden cessation	Parenteral opioid or benzodiazepine.
Anticholinergics	Anxiety, headache, dizziness	Parenteral opioid for headache or benzodiazepine for anxiety and dizziness.
	Nausea, vomiting	Parenteral antiemetic.
Anticonvulsants	Emergence or re-emergence of seizures	Continuous parenteral benzodiazepine. Seek relevant specialist advice.
Antidepressants	Dysphoric mood, agitation, headache	Parenteral opioid or benzodiazepine.
Anti-reflux medications	Heartburn, nausea.	Consider parenteral anti-reflux medication, parenteral anti-emetic and opioid.
Antiparkinsonians	Rigidity, resulting in pain	Parenteral opioid.
Antipsychotics	Dyskinesia, nausea, vomiting, agitation	Regular parenteral antipsychotic. Seek specialist advice.
Benzodiazepines	Delirium, agitation, insomnia, seizures	Continuous parenteral benzodiazepine. Seek relevant specialist advice.
Beta-blockers	Rebound tachycardia, palpitations, re-emergence of angina	Parenteral opioid or benzodiazepine. Consider nitrate patch for angina.
Digoxin & other antiarrhythmics	Re-emergence of rapid atrial fibrillation or other arrhythmias, resulting in breathlessness.	Parenteral opioid or benzodiazepine.
Diuretics	Fluid retention associated with breathlessness or peripheral oedema.	Parenteral opioid or benzodiazepine.
Nitrates	Re-emergence of angina	Convert to nitrate patch. Treat symptoms with parenteral opioid.
Steroids	Hypothalamic-pituitary axis suppression in long-term use	May develop acute adrenal crisis and if concerned, seek relevant specialist advice.
	Re-emergence of painful inflammatory condition	Parenteral steroid.

Adapted from *J Pharm Pract Res 2011; 41: 146-51*.

For more information:

Medicines and Technology Programs
SA Health
L8 Citi Centre Building
ADELAIDE SA 5000
Telephone: 08 8204 1944
www.sahealth.sa.gov.au

Public –I1 – A1 [2018-05404 A948659]

Approved by SA Health Safety and Quality Strategic Governance Committee: February 2019. Next Review: August 2023