

00430 **Medication Use of Cancer and Non-cancer Patients in Home Hospice Care: A Retrospective Review**

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Aims: The prevalence of potentially inappropriate medications (PIMs), which are associated with polypharmacy and adverse drug reactions, is high in palliative care. However, research on medication use and its appropriateness in Asian hospice care is lacking. There is also a dearth of literature for pain management describing strong opioid usage patterns.

To describe and compare the medication use in cancer and non-cancer patients in home hospice care. To describe the non-continuous use (disruption patterns) of medication and assess appropriateness of disruption. To determine opioids usage trends. To assess the appropriateness of transdermal fentanyl prescribing.

Methodology: A retrospective review (2011-2015) of medication use of Singapore-based HCA Hospice Care patients was conducted. The WHO Anatomical Therapeutic Chemical system was used to classify medications. To assess the appropriateness of disruption, the OncPal Deprescribing Guideline (OncPal) was utilised. Statistical analysis was used to compare strong opioid doses and determine dose escalation significance. Select factors in the National Comprehensive Cancer Network Guidelines for Palliative Care were utilised to assess transdermal fentanyl prescribing appropriateness.

Result: A total of 6158 cancer and 780 non-cancer cases were analysed. The median number of medications used by non-cancer (admission: 8, death: 7) compared to cancer patients (admission: 5, death: 5) was higher. The median use of non-oral medications increased at death. Medications were mainly used for symptom control. Proton pump inhibitors, opioids and laxatives were the top classes used. Patients take a median dose of 30mg/day of strong opioids at death. Oxycodone was prescribed at the highest mean dose followed by morphine and fentanyl. For patients on transdermal fentanyl, 64.7% were classified as possibly inappropriate.

Conclusion: Policymakers can use the research findings to improve the quality, accessibility and affordability of palliative medications. The appropriateness of use of transdermal fentanyl, the most frequently prescribed strong opioid near death, is questionable.