Palliative care in cancer patients: evaluating pharmacist intervention in a hospice setting

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ABSTRACT
Study objectives: To evaluate the intervention of a pharmacist within a multidisciplinary team regarding patient compliance with medication and impact on quality of life (QoL).
Method: Thirty-two patients receiving palliative care under the auspices of the Malta Hospice Movement (MHM) were recruited. Three home visits were carried out for each patient. Educating patients regarding their medicines, recommending drug therapies, monitoring therapeutic outcomes and identifying drug-related problems were interventions carried out by the pharmacist during home visits. At the first visit, before any pharmacist intervention, QoL and compliance were evaluated using the McGill QoL tool and a compliance questionnaire (baseline). QoL and compliance were re-evaluated after the pharmacist’s intervention during the following two visits.
Results: Of the 32 patients recruited, 28 completed the study (88%), four patients died. Out of the 28 participants, 16 (57%) were male and 12 (43%) were female. The number of fully compliant participants increased from 11 patients (39%) in visit 1 to 16 patients (57%) in visit 2 and 20 patients (71%) in visit 3 (p = 0.053). All scores for the five domains of the McGill QoL questionnaire improved after the visits, with a statistically significant improvement in physical symptoms (p < 0.001) and physical well-being (p < 0.001) domains.
Conclusion: Evaluation of the pharmacist’s intervention indicated a positive impact on compliance to medicines and patients’ QoL. This highlights the fact that a pharmacist can have an important contribution towards the provision of palliative care within a multidisciplinary team in a hospice care setting.

KEYWORDS
Compliance, palliative care, pharmacist's interventions, quality of life

INTRODUCTION
Palliative care is an approach which focuses on supporting patients and their families with managing the disease symptoms rather than focusing on curing the illness itself. Palliative care involves various drug therapies, with one drug leading to side effects that may require another drug. Because of pharmacists’ expertise in drug therapy as well as in the provision of drug information and patient counselling, they can be valuable assets to a palliative care team [1]. This expertise enables pharmacists to provide essential information regarding dosage, formulation, interactions and alternative approaches when a therapy fails to achieve its therapeutic aim [2]. In a hospice-care setting, pharmacists can improve the cost-effectiveness of pharmacotherapy by detecting and managing adverse effects or potential interactions, recommending alternative drug products and dosage forms, improving quality of life (QoL) through improvement of medication adherence, increasing awareness and perception about their health condition and educating staff, patients and families about the most efficient ways of handling and using medicines [3].

In Malta, there are no pharmacists within the multidisciplinary team operating at a hospice setting. The aim of this study was to evaluate pharmacists’ interventions within the Malta Hospice Movement (MHM). A pilot study carried out by Pizzuto in 2007 indicated that involving a pharmacist in a hospice setting results in a better QoL and increased medication compliance in cancer patients [4].

METHOD
Patients and setting
Inclusion criteria for the study were patients with an advance stage of cancer who were also registered with the MHM. Exclusion criteria were: patients who could not understand Maltese nor English, patients who could not speak or communicate well, patients who were suffering from moderate to severe cognitive impairment rendering them unable to understand the questionnaire or any pharmaceutical advice provided, patients who were unaware that the treatment they were currently receiving was mainly not with a curative intent but more for palliative reasons, and patients who were considered to be at the end stage of cancer with a few days to live. Patient recruitment was initiated in July 2009, recruiting a total of 32 patients.

Tools used in the study
The main tools used in this study can be subdivided into two main categories, namely data-collection tools and information-providing tools.

Data-collection tools
Data-collection tools were the pharmacist intervention sheet, the pharmaceutical care plan sheet, and two questionnaires, the