

Clinical News

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David M. West, MD

Dear Colleagues and Friends,

As we approach the 25th anniversary of HopeWest and its inception, I want to thank you for your support and the opportunity to partner with you in bringing expert end-of-life care to your patients.

The physicians in Mesa County have been great supporters of HopeWest. HopeWest began as a nonprofit hospice and palliative care organization nearly 25 years ago, through the collaboration of the V.A., Rocky Mountain Health Plans, St. Mary's Hospital, Community Hospital and Hilltop. HopeWest has grown a great deal over this quarter century, as the tremendous value of superb quality care at the end-of-life is both needed and demanded. HopeWest has even been recognized by many as one of the finest hospices in the nation.

Medicare and a few insurers pay for most of the hospice services, but HopeWest must rely upon philanthropy for many other services provided. Grief counseling and support groups help hundreds each year at no charge and are not paid for by Medicare. The HopeWest Kids Program exemplifies a free service provided for any young person whose parent or other loved one has died, joining peer aged youngsters with professional counselors and volunteers to be rescued from isolation and depression that might otherwise overcome them.

Palliative care services are provided to hundreds of patients each year and these needed services are not paid for by Medicare. Living With Cancer, Journeys and Transitions are three such programs that the HopeWest professionals provide care for your patients near the end-of-life who do not qualify for hospice care services.

I, or Dr. Ellissa Tiller, the new Vice President of Medical Affairs at HopeWest, would love to explain in more detail the tremendous services HopeWest is able to provide your patients and their families. Please email Dr. Elissa Tiller at ETiller@HopeWestCO.org or email me at DWest@HopeWestCO.org and we will arrange a time to speak with you.

Know that your referrals are appreciated, as are the volunteer services provided by several retired doctors.

Sincerely,

David M. West, MD
Associate Vice President of Medical Affairs, HopeWest

Polypharmacy and De-prescribing

By *Ellissa Tiller, MD, FAAHPM, CPE, VPMA, HopeWest*



*Ellissa Tiller, MD,
FAAHPM, CPE, VPMA*

Polypharmacy, which is defined as being on four or more medications is unfortunately, very common in the elderly. It is associated with an increased risk of falls, adverse drug reactions, drug interactions, delirium, cognitive impairment, urinary incontinence and malnutrition. Amazingly, nearly 50% of older adults take one or more unnecessary medication!

When our elderly patients present new symptoms, we often forget that their symptom might actually be a drug side effect. Instead of thoughtfully reviewing our patients' medication list and de-prescribing, we fall into the trap of adding yet another medication.

Terminally ill patients are at increased risk of side effects from medications. Patients with a life expectancy of less than 6 months do not reap benefits from many common preventive medications which need to be taken for years to make a difference. Continuing these unnecessary medications just puts them at risk of adverse reactions.

As patients get more sick, pharmacokinetics change. Terminally ill patients tend to have decreased fat, hypoalbuminemia, decreased renal function, change in expression of enzymes and malabsorption.

A randomized clinical trial published in JAMA in 2015 looked at the safety of stopping statins in patients with advanced, life-limiting illness. It found that stopping statins in patients with no recent active cardiovascular disease was safe and may even improve quality of life¹. Another study found that there is a legacy benefit of statins and that there was no increase in cardiovascular events when who had been on statins for 5 years for primary prevention². In fact, statins may cause harm: III-IV heart failure, low LDL was associated with increased risk of mortality – even in those patients taking statins³.

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Donepezil and memantine are of severe dementia (FAST 7a+) with advanced dementia, and symptoms of end-stage disease. Donepezil can lead to weight loss and insomnia and memantine can cause hallucinations and aggression. In view of this, these medications should generally be tapered and stopped in hospice patients. Clinical trials excluded patients these medications can exacerbate

What about anticoagulation? Risk of bleeding (calculated with HEMORR2HAGES score) should be weighed against risk of stroke (CHADS2 score). For example, an 80-year-old hospice patient who is on warfarin for atrial fibrillation, who has hypertension, prior history of stroke, is at high risk of falls, and has worsening renal failure has an 11.1% risk of stroke per year. Their risk of major bleeding on warfarin is even higher at 12.3% per year. Does continuing warfarin really make sense?

Other medications to consider stopping are vitamins, supplements and proton pump inhibitors (PPI). There is growing evidence of the dangers of PPI's, which are often inappropriately continued indefinitely. Hospice patients are at increased risk of adverse effects from NSAID's and antihistamines. Benzodiazepines should be thoughtfully prescribed, given the risk of cognitive impairment, falls and delirium.

In conclusion, terminally ill patients have lower benefit from many medications and are at increased harm from them, especially in the setting of polypharmacy. There is growing evidence that it is not only safe to discontinue certain medications at the end-of-life, but also that patients benefit from these decisions. If you're not sure which medications make sense, request a Hospice provider visit to review medications. Don't be afraid to de-prescribe.

1. Kutner JS et al. Safety and benefit of discontinuing statin therapy in the setting of advanced, life-limiting illness: a randomized clinical trial. JAMA 2015 May 17;327(18):1701-10.

2. Sever PS, Chang CL, Gupta AK, Whitehouse A, Poulter NR; ASCOT Investigators. The Anglo-Scandinavian Cardiac Outcomes Trial: 11-year

mortality follow-up of the lipid-lowering arm in the UK. Eur Heart J. 2011;32(20):2525-2532

3. Charach G, Rabinovich A, Ori A, Weksler D, Sheps D, Charach L, Weintraub M, Goerge J. Low Levels of LDL Cholesterol: a Negative Predictor of Survival in Elderly Patients with Advanced Heart Failure. Cardiology. 2014;127:45-50.

Music Enhancing Life: How HopeWest responds to patient needs with music

Lullabies your mother sang to you as a child, the sad song that got you through your first breakup, the love song you danced to at your wedding—music is present during many life experiences and whether you expect it or not, hearing an old song often takes your back to that specific memory.

For HopeWest hospice patients and especially patients suffering from dementia and Alzheimer's, music is a tool used to enhance memory, improve communication, support spirituality, decrease feelings of isolation and reduce stress among many other benefits.

Because music has been clinically proven to benefit patients, HopeWest sought the opportunity to build a personalized music listening program called Music Enhancing Life, led by Life Enhancement Coordinator, Renee Davis.

Listening to personalized music play lists on handheld devices can help patients improve their mood and increase comfort while decreasing agitation. The first HopeWest hospice patient to experience the Music Enhancing Life Program had visible changes in her demeanor. The volunteer who facilitated the experience knew this patient prefers to listen to Elvis. Our volunteer supplied an iPod

full of personalized music for her patient to enjoy. The volunteer reported that her patient becomes more animated when she listens and even, “moves her torso and arms and feet as if she’s dancing!”

Through one-on-one Music Therapy sessions, live music played by HopeWest Music Volunteers or music provided on personal listening devices like iPods, MP3 players

or phones through the Music Enhancing Life Program, our patients can relive fond memories, sing with families and friends or simply find peace with calming music at the end-of-life.



HopeWest is excited to include the Music Enhancing Life Program as one of the many ways we bring music to our patients. Through patient and family care volunteers, our music volunteers and our music therapist we are

able to bring personalized music to hospice and palliative care patients—making even the most difficult days more cheerful.

For more information about how music may help your patients visit MusicandMemory.org. For questions about our Music Enhancing Life Program or to donate personal listening devices contact Renee Davis, Life Enhancement Coordinator, at RDavis@HopeWestCO.org.



HopeWest Recognized As One of the Best Places to Work in Healthcare in the Nation for Third Consecutive Year

HopeWest has been ranked No. 26 of the Best Places to Work in Healthcare nationwide and No. 5 in the Family Friendliest category among the 75 healthcare providers recognized by Modern Healthcare. This is the third year HopeWest has participated in this recognition program and the third year to be named as an outstanding employer in the healthcare industry on a national level.

“Like many of the other healthcare organizations recognized, we know that in order to care for others, we must first care for our staff,” said Christy Whitney, President and CEO of HopeWest. “Our goal of profoundly changing the kind of care and experience people have when facing illness and grief can only be achieved through the most expert clinicians and the most compassionate of caregivers. The business of healthcare requires the very best in staff to support exceptional clinical care. People can only achieve their best in a positive work environment that supports them. We appreciate this recognition that demonstrates our commitment.”

Nearly 2,000 butterfly folders have been distributed thanks to the collaboration of healthcare organizations making a community-wide effort to make health care wishes known. For more information about this advanced directives initiative contact HopeWest at (970) 257-2360



HOPEWEST PHYSICIANS & PROVIDERS

K. Ellissa Tiller, MD
David West, MD
Crystal Owens, MD
Heidi Marlin, MD
Karin Lee-Hughes, MD
Diane Brown, MD
Caroline Dorman, MD
Ona Ridgway, NP
Laura Harrison, NP
Carol Fowler, MD
Kellie Turner, MD
Erin Arthur, MD

OFFICE LOCATIONS

Grand Valley

2754 Compass Drive #377
Grand Junction, CO 81506

Administrative Offices

3090 N. 12th Street, Unit B
Grand Junction, CO 81506
Phone (970) 241-2212
Fax (970) 257-2400

Plateau Valley & DeBeque

P.O. Box 294
Collbran, CO 81624
Phone (970) 487-3844
Fax (970) 487-3422

Delta County

195 Stafford Lane
Delta, CO 81416
Phone (970) 874-6823
Fax (970) 874-6903

Montrose & Ouray Counties

725 South 4th Street
Montrose, CO 81401
Phone (970) 240-7734
Fax (970) 240-7263

Meeker

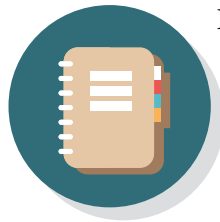
575 3rd Street
Meeker, CO 81641
Phone (970) 878-9383



HopeWest

3090 North 12th Street, Unit B
Grand Junction, CO 81506

Upcoming Educational Events



Physicians and other healthcare professionals are invited to learn from national palliative care experts at the **Palliative Care Conference Wednesday, November 15 through Friday, November 17**. Foundations in Palliative Medicine is for those new to the field, those who want to learn clinical applications of palliative care tools or anyone wanting a refresher. Frontiers in Palliative Medicine is for those who are familiar with or have initiated practice in palliative care and are looking to enhance their palliative care clinical skills.

For more information about these education events or to register visit HopeWestCO.org/category/educational-events.