

# Discontinuing Statin Therapy at End of Life

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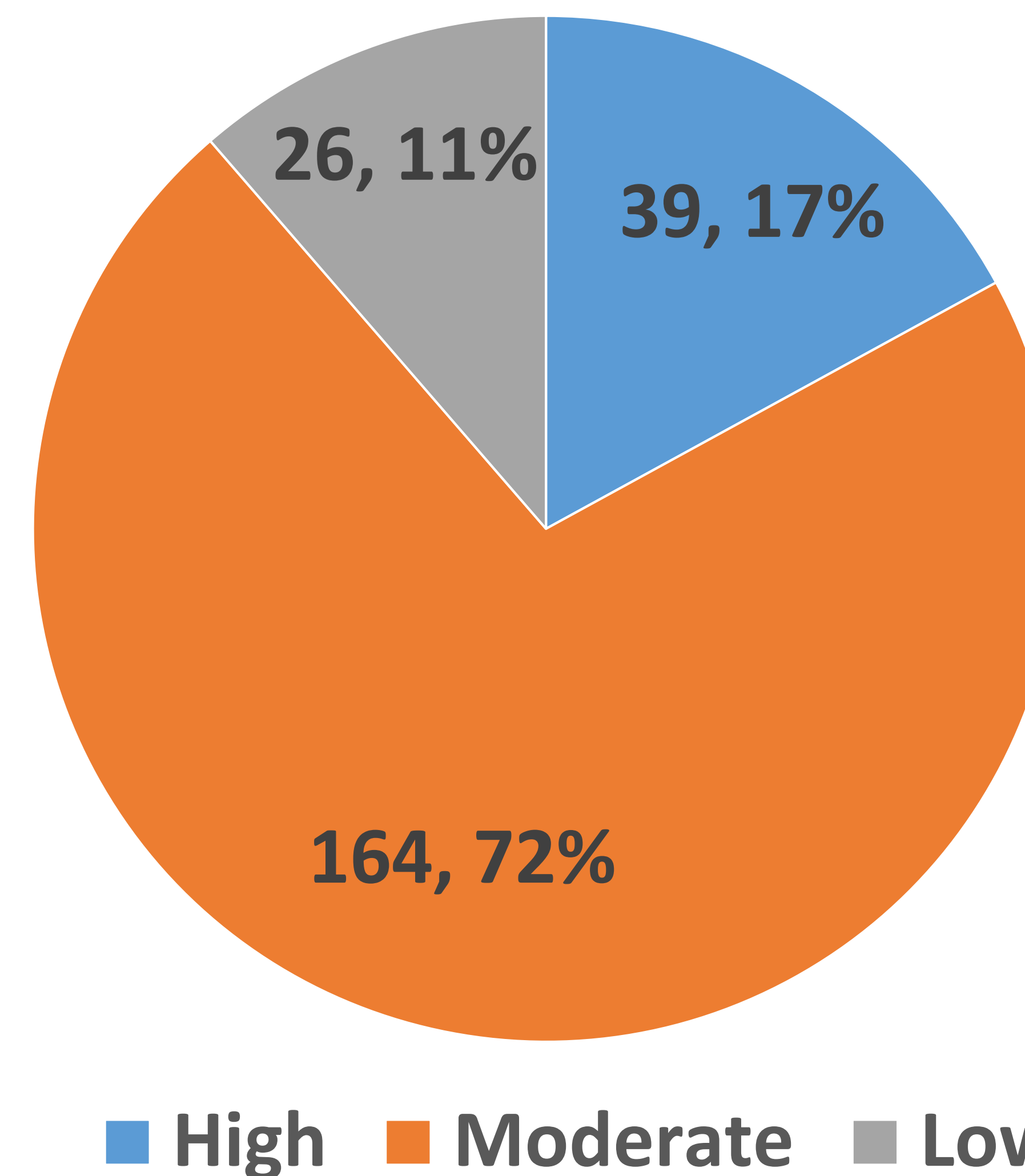
## Introduction

- A great challenge in caring for patients at the end of life is deciding which medications to discontinue and when.
- Data from clinical trials guide the initiation of long-term medication therapy but rarely define the timing, safety, or risks of discontinuing the agents.
- Discontinuing unnecessary medicines in the setting of advanced life-limiting illness may potentially reduce adverse effects, pharmacological interactions, pill burden, and medication costs while enhancing quality of life.
- Recent evidence suggests that survival is not affected when statins are discontinued in this population.

## Methods

We conducted a retrospective chart review of patients admitted to TrustBridge outpatient hospice setting from January 1<sup>st</sup>, 2015 to June 30<sup>th</sup>, 2015 who were taking statin medications on admission. Patients that discontinued or revoked hospice care during this period of time were excluded. From a total of 5747 patients admitted to hospice care, 229 (4%) met the inclusion criteria. Data retrieved included: Date of admission, DOB/Age, gender, race, location (home, ALF, SNF), diagnosis associated to hospice admission, diagnosis associated to statin use, statin end date, death date, hospice length of stay, statin medication/dose/intensity, religion, payer source, date of first physician encounter.

## Statin Intensity



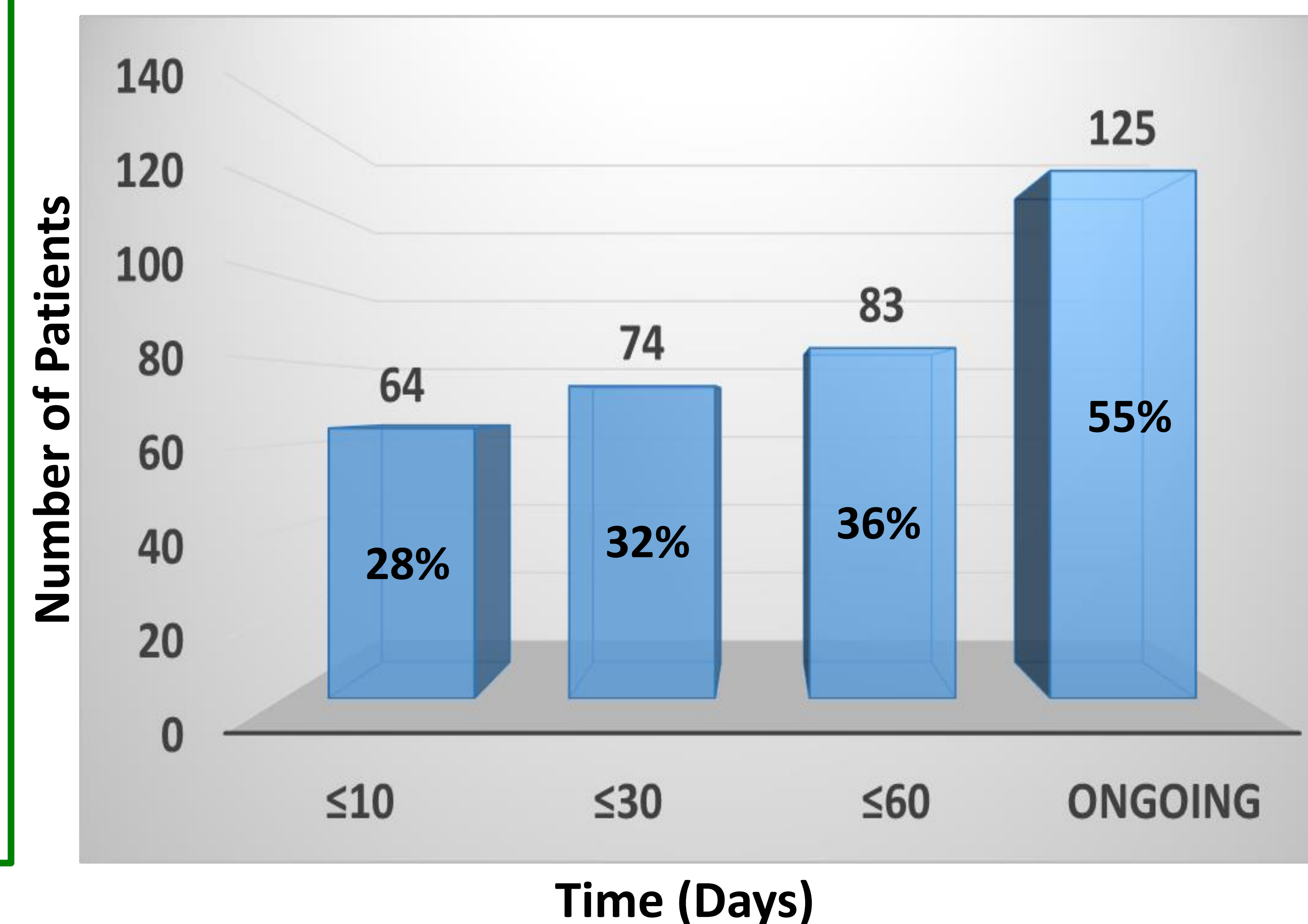
## Results

- Available evidence suggests that lipid lowering medications have limited use in end-of-life care. We found that in 28% of the patients statin was discontinued during the last 10 days prior to death and 55% of patients had an ongoing statin medication on death date.
- 2013 ACC/AHA Blood Cholesterol Guideline suggest to avoid high statin dose intensity beyond age 75. In our study population with average age of 83 and the aggregate of advance life limiting illness, we found that 17% (39/229) of patients were taking high dose intensity of statins.

## Conclusion

- Evidence should inform decisions to initiate, continue, and discontinue medication therapy.
- Although the cost savings are modest, discontinuation of statin therapy in this population may improve QOL at reduced aggregate health care cost.
- The choice to continue or stop therapy with statin medications merits patient-centered decision making between the physician and the patient.

## Statin discontinuation prior to death



## References

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