THE USE OF QTC PROLONGING MEDICATIONS & DRUG INTERACTIONS IN PALLIATIVE CARE PATIENTS: AUDIT OF PRESCRIBING IN A TERTIARY CANCER CENTRE

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Background Use of medications which prolong the QTc interval in Palliative Care is under scrutiny due to risks of provoking potentially fatal arrhythmias. Risks are increased by drug interactions involving Cytochrome P450 enzymes (CYP450). Prescribing guidance recommends risk assessment when using such medications. Palliative care patients may represent a particularly vulnerable group.

Aims This audit aims to establish prescribing practice of the Hospital Specialist Palliative Care Team (HSPCT) in Beatson West of Scotland Cancer Centre (BWoSCC) regarding prescription of QTc prolonging medications and/or those with clinically significant CYP450 enzyme interactions.

Methods Cases were identified through the HSPCT patient database. Snapshot review of case notes and prescription charts was undertaken for patients seen by HSPCT in BWoSCC over a two-week period. First & second consultations by HSPCT members were assessed.

A database was created to collate information including: patient demographics, presence of risk factors for QTc prolongation, QTc prolonging medications prescribed, CYP450 enzyme inducing/inhibiting drugs prescribed, ECG review & documentation of risk assessment.
Results Twenty-nine case notes & prescription kardexes were reviewed. Majority of patients were female (n=20), with gynaecological malignancies being most common. Twenty seven patients possessed risk factors for QTc prolongation, with 21 having two or more risk factors.

Twelve patients were receiving at least one QTc prolonging medication, with most (9 of 12) established on these prior to HSPCT review. Three patients were co-prescribed QTc prolonging & CYP450 inhibiting drugs, increasing the risk of harm.

Documentation of risk assessment was poor—recorded in one case only.

Conclusions This audit suggests that many patients reviewed by the HSPCT received QTc prolonging and/or CYP interacting drugs, despite possessing multiple risk factors for QTc prolongation/CYP450 interactions. Patient numbers were small and the majority reflected non-HSPCT prescribing.

Interventions involving HSCPT, other prescribers, & ward pharmacists have taken place to improve awareness, risk assessment & prescribing practice. Second round data collection is in progress.