Things We Do For No Reason

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MEDICATIONS

Tramadol "Tramadon't"

Metabolism - inconsistent

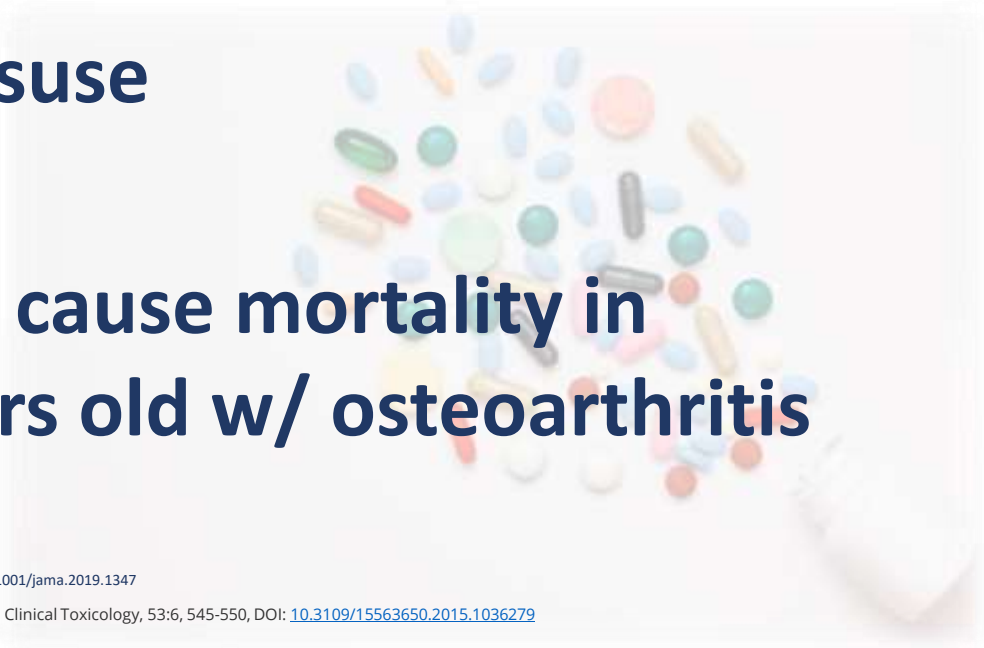
Seizure

Serotonin Syndrome

Hypoglycemia

Dependence, misuse potential

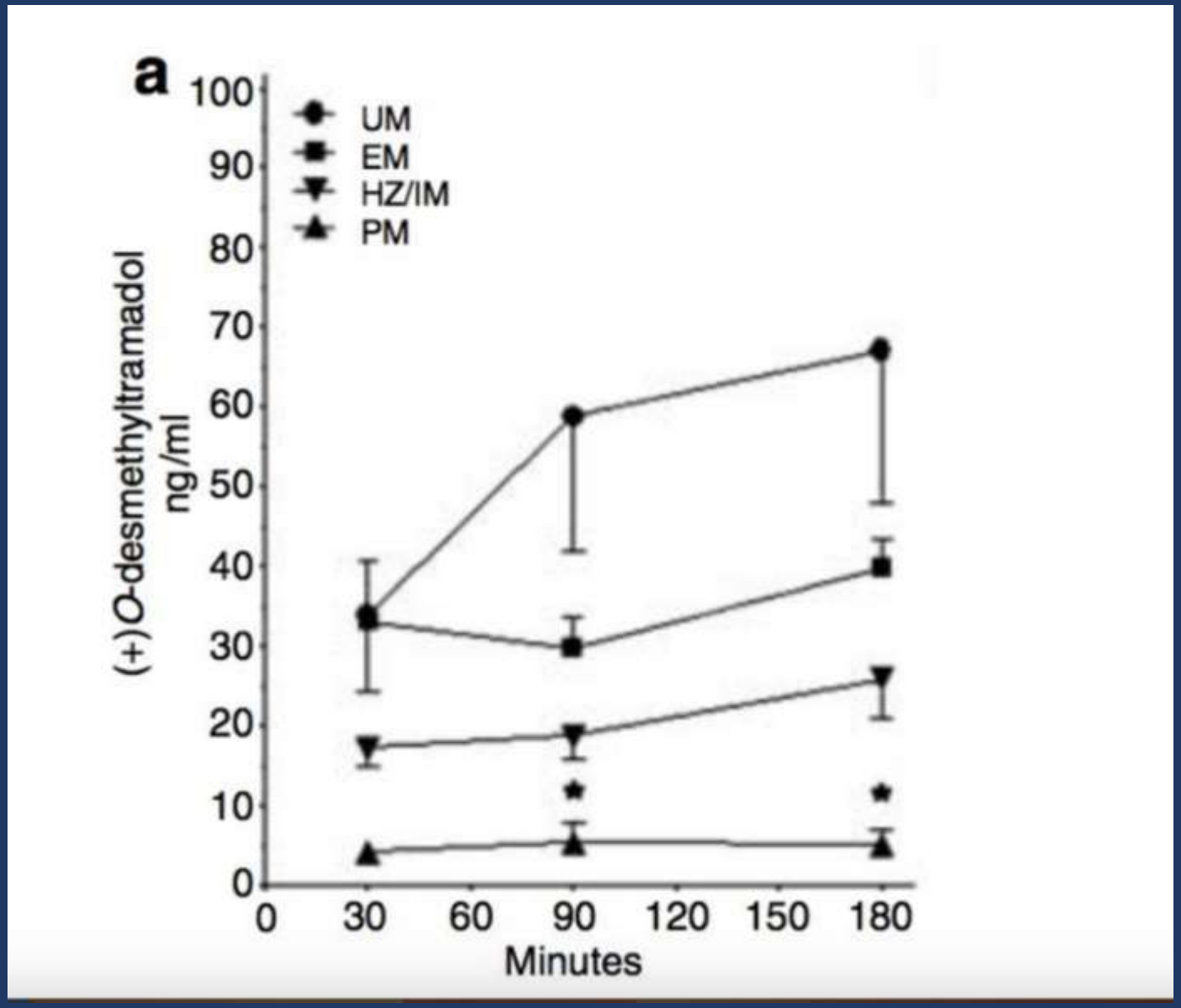
Higher 1-year all cause mortality in patients >50 years old w/ osteoarthritis



Zeng C, Dubreuil M, LaRochelle MR, et al. Association of Tramadol With All-Cause Mortality Among Patients With Osteoarthritis. *JAMA.* 2019;321(10):969–982. doi:10.1001/jama.2019.1347

Nicole M. Ryan & Geoffrey K. Isbister (2015) Tramadol overdose causes seizures and respiratory depression but serotonin toxicity appears unlikely, Clinical Toxicology, 53:6, 545-550, DOI: 10.3109/15563650.2015.1036279

Golightly et al. Journal of Diabetes & Metabolic Disorders (2017) 16:30 DOI 10.1186/s40200-017-0311-9



CYP2D6 genotype influence on O-desmethyltramadol

Stamer, U.M., Musshoff, F., Kobilay, M., Madea, B., Hoeft, A. and Stuber, F. (2007), Concentrations of Tramadol and *O*-desmethyltramadol Enantiomers in Different *CYP2D6* Genotypes. Clinical Pharmacology & Therapeutics, 82: 41-47. https://doi.org/10.1038/sj.clpt.6100152

Docusate – *"Don'tcusate"*

So, what are we to do?

Fakheri, R.J. and Volpicelli, F.M. (2019), Things We Do for No Reason: Prescribing Docusate for Constipation in Hospitalized Adults. Journal of Hospital Medicine, 14: 110-113. https://doi.org/10.12788/jhm.3124
Brandt LJ, Prather CM, Quigley EM, Schiller LR, Schoenfeld P, Talley NJ. Systematic review on the management of chronic constipation in North America. Am J Gastroenterol. 2005;100 Suppl 1:S5-S21. doi: 10.1111/j.1572-0241.2005.50613_2.x. PMID: 16008641.
Iovino P, Chiarioni G, Bilancio G, Cirillo M, Mekjavic IB, Pisot R, Ciacci C. New onset of constipation during long-term physical inactivity: a proof-of-concept study on the immobility-induced bowel changes. PLoS One. 2013 Aug 20;8(8):e72608. doi: 10.1371/journal.pone.0072608. PMID: 23977327; PMCID: PMC3748072.
Lee TC, McDonald EG, Bonnici A, Tamblyn R. Pattern of Inpatient Laxative Use: Waste Not, Want Not. JAMA Intern Med. 2016 Aug 1;176(8):1216-7. doi: 10.1001/jamainternmed.2016.2775. PMID: 27323235.
McRorie, Johnson W. PhD, FACG; Petrey, Maria E. MS; Sloan, Kyle J. PharmD; Gibb, Roger D. PhD. S190 Docusate Is Not Different From Placebo for Stool Softening: A Comprehensive Review. The American Journal of Gastroenterology 116():p S85, October 2021. | DOI: 10.14309/01.ajg.0000773232.60122.be6

Don’tcusate
So, what are we to do?

- DEPRESCRIBE and ADVOCATE!
- Use alternate agents
- Educate your friends, colleagues and trainees

MacMillan TE, Kamali R, Cavalcanti RB. Missed Opportunity to Deprescribe: Docusate for Constipation in Medical Inpatients. Am J Med. 2016 Sep;129(9):1001.e1-7. doi: 10.1016/j.amjmed.2016.04.008. Epub 2016 May 3. PMID: 27154771.

Albert Yang, Tommy Lam, Edward Jierjian, Sarah G. Walden & Eva E. Coulson (2022) An Evaluation of Docusate Monotherapy and the Prevention of Opioid-Induced Constipation after Surgery, Journal of Pain & Palliative Care Pharmacotherapy, 36:1, 18-23, DOI: 10.1080/15360288.2021.1884167

Antipsychotics in Delirium

Culture

Evidence

So what should we do instead?

Fick DM, Inouye SK, Guess J, et al. Preliminary development of an ultrabrief two-item bedside test for delirium. Journal of Hospital Medicine. 2015;10(10):645-650.
Pahwa, A.K., Qureshi, I. and Cumbler, E. (2019), Things We Do For No Reason™: Use of Antipsychotic Medications in Patients with Delirium. Journal of Hospital Medicine, 14: 565-567. https://doi.org/10.12788/jhm.3166
Siddiqi N, Harrison JK, Clegg A, Teale EA, Young J, Taylor J, Simpkins SA. Interventions for preventing delirium in hospitalised non-ICU patients. Cochrane Database of Systematic Reviews 2016, Issue 3. Art. No.: CD005563. DOI: 10.1002/14651858.CD005563.pub3. Accessed 26 September 2023.

Delirium Management

Non-Pharmacologic Interventions

- Anticipatory guidance to staff, patients and their loved ones
- Mobilize
- Reduce night-time interruptions
- Are basic needs met ?
- Geriatric consultation

Pharmacologic Interventions

- Address underlying symptoms
- Deprescribe
- If harm to self/others – start low and go slow – choose med for effect

Use of Antipsychotics Medications in Patients with Delirium

CHOOSING WISELY: THINGS WE DO FOR NO REASON

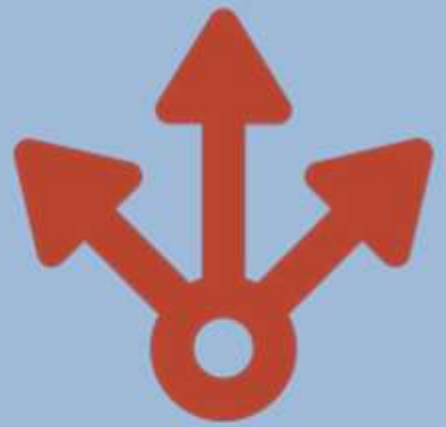
Why you might think antipsychotics for delirium are helpful

Excess dopamine in a key neurotransmitter in the pathophysiology of delirium and antipsychotics block dopamine

Why antipsychotics are not helpful in patients with delirium

A 2016 systematic review concluded that antipsychotics did not change length of delirium or length of stay

What you should do instead of using antipsychotics



Address underlying risk factors; medications, pain, electrolytes, ischemia, infection, alcohol withdrawal or invasive lines

Pahwa AK et al. Sept 2019

Visual Abstract by @WrayCharles

Journal of Hospital Medicine

Pahwa, A.K., Qureshi, I. and Cumbler, E. (2019), Things We Do For No Reason™: Use of Antipsychotic Medications in Patients with Delirium. Journal of Hospital Medicine, 14: 565-567. https://doi.org/10.12788/jhm.3166

Avoiding discussions about “What Matters”

“What Matters” :

‘knowing and aligning care with each older adult’s specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.’

Institute for HealthCare Improvement. “What Matters” to Older Adults? A Toolkit for Health Systems to Design Better Care with Older Adults. https://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHI_Age_Friendly_What_Matters_to_Older_Adults_Toolkit.pdf

Joshua R. Lakin, James A. Tulsky, Rachelle E. Bernacki. Time Out Before Talking: Communication as a Medical Procedure. Ann Intern Med.2021;174:96-97. [Epub 8 September 2020]. doi:10.7326/M20-4223

Krawczyk M, Gallagher R. Communicating prognostic uncertainty in potential end-of-life contexts: experiences of family members. BMC Palliat Care. 2016 Jul 12;15:59. doi: 10.1186/s12904-016-0133-4 27405352; PMCID: PMC4941030.

Figure 1. Care Touchpoints When "What Matters" Conversations Might Occur

Regular and Annual Wellness Visits

- A longer annual wellness visit can be conducive to an initial "What Matters" conversation. Regular wellness visits are also an excellent opportunity to continue "What Matters" conversations over time.

New Diagnosis or Change in Health Status

- Schedule an initial "What Matters" conversation one week after the older adult has received a new diagnosis or change in health status, and use this information when planning a course of care.

Life-Stage Change

- Initiate a "What Matters" conversation during a primary care appointment with an older adult who has just entered retirement or enrolled in Medicare. Review "What Matters" information at each visit following the life-stage change for any updates on the older adult's care.

Chronic Disease Management

- Discuss "What Matters" during primary care visits, revisiting past conversations and discussing any changes or updates to the older adult's goals and preferences.

Inpatient Visits (hospital, nursing home, skilled nursing facility)

- Ask older adults what is important to them at every hospitalization and document any new information.

Guiding Questions: Understanding Life Context and Priorities

- What is important to you today?
- What brings you joy? What makes you happy? What makes life worth living?
- What do you worry about?
- What are some goals you hope to achieve in the next six months or before your next birthday?
- What would make tomorrow a really great day for you?
- What else would you like us to know about you?
- How do you learn best? For example, listening to someone, reading materials, watching a video.

Guiding Questions: Anchoring Treatment in Goals and Preferences

- What is the one thing about your health care you most want to focus on so that you can do [fill in desired activity] more often or more easily?
- What are your most important goals now and as you think about the future with your health?
- What concerns you most when you think about your health and health care in the future?
- What are your fears or concerns for your family?
- What are your most important goals if your health situation worsens?
- What things about your health care do you think aren't helping you and you find too bothersome or difficult?
- Is there anyone who should be part of this conversation with us?

What are you hoping for?

What are you worried about?

Thank you!