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PROFESSION

Palliative care researchers tackle whether to stop statins for terminally ill

Patients' lives might be improved if freed of nagging side effects of the medications, but some doctors express concern about shortened survival times.

By KEVIN B. O'REILLY, amednews staff. Posted Jan. 11, 2011.

Research in palliative medicine is moving into determining what kinds of care can be withdrawn safely for patients near the end of life, say doctors behind a new research consortium.

The Palliative Care Research Group, a coalition of nine organizations that its leaders say is the first of its kind, was formed in January 2010. The two leaders of the group, the Duke University School of Medicine and the University of Colorado School of Medicine, were awarded a \$7.1 million National Institute of Nursing Research grant in November 2010. The money will fund the group's multisite clinical trial starting in 2011 to investigate the effect of stopping statins in 1,200 patients with terminal illnesses.

"We're focused on doing the clinical research required to improve the evidence base for what we have, and what we do, in palliative care," said Amy P. Abernethy, MD, director of the Duke Cancer Care Research Program in North Carolina and co-leader of the Palliative Care Research Group. "The consortium is intended to do the hard work of figuring out what works and what doesn't in the palliative care toolbox."

Physicians are split, for example, on whether to stop prescribing statins and many other medications for chronic conditions when caring for patients with terminal illnesses, according to previous research Dr. Abernethy and her colleagues conducted. Patients' quality of life might be improved if they could be freed of nagging side effects such as the muscle pain often associated with cholesterol-lowering statins. But some doctors are concerned that actions intended to reduce polypharmacy could shorten survival times or lead to other adverse consequences, she said.

"It's a safety question," said Dr. Abernethy, associate professor of medicine in the Duke University School of Medicine's Division of Medical Oncology. "These people are dying; we don't want to make them die faster. These people have important work to do on this earth, and we want to make sure we're not hurting anybody."

Osteoporosis-fighting medicines are next on the list for similar study, Dr. Abernethy said. More research funding should go to improving palliative care, she added.

"Everybody dies," Dr. Abernethy said. "It behooves us to make sure that just as we need to concentrate on how to keep people healthy, we need to make sure we have maximized the quality of care at this time that is exceptionally memorable and a potential point of very great suffering."

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