

## Is there enough evidence to economically sustain the practice of anticipatory prescribing in home-based palliative care? A systematic review of economic evaluations

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**Background/aims:** Patients at the end of life often experience distressing symptoms. Symptom management is a shared goal for patients, family carers and professionals. An approach to controlling symptoms and improving end-of-life at home is the use of “just in case” or “anticipatory” medications. Anticipatory prescribing (AP) is promoted to optimise symptom control, improve quality of life and prevent crisis hospital admissions. Little is known on the economic evaluation (EE) of AP.

**Aims:** To systematically review the EE of AP practices in home-based palliative care (PC) to identify

- (1) the types of economic evaluation and
- (2) the design of and the modelling (techniques and methodologies) used in these economic evaluations.

**Methods:** Systematic review of EEs. Sources: PubMed, Web of Science, EBSCOhost, Cochrane and OVID. Four bundles of search terms: “economic evaluation” AND “palliative care” AND “anticipatory prescribing” AND “home”. Inclusion criteria: Empirical studies or protocols on EEs; patients in the last year of life, aged >18, at home; concerning AP regardless of the route of administration (oral, sublingual, nasal, intravenous, subcutaneous, rectal, transdermal); in English, Portuguese, Spanish, German; with a quality score of  $\geq 18$  on Hawker et al.'s tool. Articles independently screened and selected by three researchers. Data extraction based complementarily on PICOD and Gardiner et al.'s components for EEs of PC.

**Results:** Preliminary searches retrieved 651 articles; preliminary screening and selection suggest that no article fully meets the inclusion criteria.

**Discussion:** No study of sufficient quality reported the EE of AP in home-based PC. Systematic reviews are vulnerable to missing relevant material; we minimised this risk through various means.

**Conclusions:** This study shows the lack of research on the EE of AP in home-based PC. It reinforces the need for further research to ensure that AP is clinically, ethically and economically sound and sustainable.

Hernández-Marrero, P., Pina-Rebelo, L., Antunes, B., & Pereira, S. M. (2020). Is there enough evidence to economically sustain the practice of anticipatory prescribing in home-based palliative care? a systematic review of economic evaluations. *Palliative Medicine*, *34*(1\_suppl), 106–107. [P01–191]