

P 06

AN EVALUATION OF THE USE OF TRADITIONAL OPIOIDS AND IMMEDIATE-RELEASE FENTANYL IN THE MANAGEMENT OF BREAKTHROUGH CANCER PAIN IN AN INTEGRATED CANCER NETWORK

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Introduction Breakthrough cancer pain (BTcP) is common and is associated with significant morbidity. Immediate release Fentanyl products are licensed for the management of BTcP; however, some practical concerns exist about their safety and routine use in clinical practice.

Aims and Methods To identify the multi-disciplinary team (MDT) experience in managing BTcP in relation to APM guidance. To identify the MDT experience of using immediate-acting Fentanyl products in the management of breakthrough cancer pain. To develop new regional guidelines to help health professionals manage breakthrough cancer pain. A literature review informed the development of two audit surveys which examined the health professional's experience of: (i) Managing a patient with BTcP. (ii) Using immediate-acting Fentanyl products. Electronic surveys were distributed to multidisciplinary members of four integrated cancer networks during August 2011.

Results Twenty-eight BTcP surveys and 29 Fentanyl products survey proformas were completed. BTcP was identified correctly in most instances (80.8% of individuals had their background cancer pain controlled). Oxynorm was the most popular short-acting opioid (32% of occasions); Abstral was the most popular immediate-release Fentanyl preparation across hospice, hospital and community settings. Most episodes of BTcP were relieved in 30 minutes (56%). Concerns about storage and disposal (45%), delay in accessing medicines (45%), prescribing issues (62%) and education of generalists (62%) were highlighted by respondents.

Conclusion Most episodes of BTcP were correctly identified and in 56% of cases resolved within 30 minutes of receiving analgesia. Concerns around prescribing of immediate-acting Fentanyl products and the education of generalists were highlighted.