Oral presentations

Free papers 1–3 | symptom management

1 A STUDY OF FATIGUE IN MALIGNANT PLEURAL EFFUSIONS

Donna Wakefield, Avinash Aujayeb. *Northumbria Health NHS Foundation Trust, North Tees and Hartlepool NHS Foundation Trust*

10.1136/spcare-2021-PCC.1

Introduction Cancer-related fatigue is well described and can have a significant negative impact on patient quality of life. The prevalence of fatigue in patients with a malignant pleural effusion (MPE) and whether interventions for MPE could have an impact on fatigue has not previously been explored. FACIT-F is a validated tool for assessing patient-reported fatigue.¹

Methods 30 patients with MPE or presumed MPE presenting to the regional pleural clinic were surveyed. Consent was verbally obtained and local governance approval was sought. Basic demographics were collected as well as co-morbidities and relevant haematological results. Patients self-reported fatigue levels by completing the FACIT-F tool.

Results The median patient age 74.8 years, IQR 16, range (46–87). Diagnoses were 15 pleural mesotheliomas, 9 lung carcinomas, 4 breast cancers and 2 ovarian cancers. Patients had a wide range of co-morbidities from hypertension, previous myocardial infarctions, diabetes and previous resected cancers. 5 patients had more than 2 co-morbidities (hypertension being the commonest one). Median BMI was 26.5, range 21.3–34.3. All haemoglobin and kidney function were within the normal range. ECOG performance status was between 1 and 3 (1: n= 16, 2: n= 12, 3: n=2). Figure 1 shows the responses for each point of the FACIT-F tool.

Conclusion This is a small cohort which showed significant fatigue levels with a negative impact on daily living and quality of life. Patients presented to clinic and had generally good performance status. Further statistical analysis for confounding factors is warranted but this is enough data for a prospective study to examine whether interventions to manage MPE could improve patient-reported fatigue levels. A wider range of patients with multiple confounding comorbidities will be recruited and patients will fill the form with an investigator present to improve the number of responses. The Interventions for Malignant Pleural Effusions impact on Fatigue (IMPE-F) study now has IRAS and REC approval to run as a single centre study.

REFERENCE

1. <https://www.facit.org/FACITOrg/Questionnaires> (accessed 27.7.20)

2 TUNNELLED PERITONEAL CATHETERS FOR RECURRENT ASCITES IN A SPECIALIST PALLIATIVE CARE UNIT

Kirsty Thorpe, Jamie McKnight, Hildegard Kolb, Claire McCullough, Tim Morgan. *NHS Grampian*

10.1136/spcare-2021-PCC.2

Introduction NICE recommend the use of tunnelled peritoneal catheters (TPCs) for individuals with malignant ascites likely

to require repeated paracentesis for symptom palliation. TPCs can avoid significant fluid build-up, improve quality of life (QOL) and reduce hospital admissions. TPCs are not commonly considered for patients with end-stage liver disease (ESLD). In NHS Grampian, TPCs are inserted by Palliative Medicine consultants in Roxburghe House Specialist Palliative Care Unit.

Methods

- Retrospective data collection and analysis for patients who underwent TPC insertion in Roxburghe House between 2014–2019
- Patient outcomes were assessed. The number of temporary drains/hospital
- admissions prevented by TPC insertion was estimated.

Results 96 patients had a TPC inserted in Roxburghe House between 2014–2019. Diagnosis: 83% malignancy, 11% cirrhosis, 6% malignancy & cirrhosis. TPC remained in place for a mean of 67 days (64 in malignant, 90 in cirrhotic) with a range of 2–287 days. Mean time from procedure to death was 67 days (65 in malignant, 100 in cirrhotic). 33% died within 1 month of TPC insertion, although this group had no adverse prognostic indicators.

- 9% had major complications (systemic infection, possible perforation, bleed).
- 8% had minor complications (local infection, dislodgement).
- Complications rates were lower in the cirrhotic population.
- An estimated 301 temporary drains were prevented by TPC insertion. The average
- admission for temporary drain was 6 days, equating to 1,806 days in hospital saved.

Conclusions TPC insertion is an effective management option for palliative patients with refractory ascites, and reduces hospital admissions in the last months of life. Although NICE guidance recommends TPC only for malignant ascites, this study shows low complication rates in the cirrhotic population. TPC should therefore also be considered for patients with ESLD who are ineligible for liver transplant. Further work is required to assess the impact of TPCs on QOL.

3 A MIXED METHODS STUDY EXPLORING FATIGUE IN ADVANCED CANCER CARE

John Curtin, Helen Walthall, Bee Wee, Eila Watson. *Oxford Brookes University, Sobell House, Oxford University Hospitals Trust*

10.1136/spcare-2021-PCC.3

Background Many people are living for longer with advanced cancer because of improvements in cancer treatments. Fatigue is the most prevalent and burdensome symptom in this cohort of patients. Thus, many could benefit from any improvements in the management of fatigue. This research explored how fatigue was talked about in advanced cancer care, how oncologists approached it and how patients dealt with it.

Methods A mixed methods design combining video-recordings, questionnaires and interviews was used. The study was divided into three parts: Part A, video-recorded observations of palliative oncology visits; Part B, interviews with patients with fatigue; and Part C, interviews with oncologists. Data from observations were analysed using content analysis and

conversation analysis. Data from semistructured interviews were analysed using thematic analysis.

Results In Part A, 60 visits were recorded, and 37 patient participants reported fatigue. Talk connected with fatigue occurred in 82% of consultations and was often sequentially linked with discussions around goals of care and end of life issues. Resistance to treatment recommendations for fatigue was recurrently observed. In Part B, 22 patients were interviewed. The overarching theme 'interconnectedness' demonstrated how participants coped with fatigue through an array of interrelated strategies and influences. In Part C, nine oncologists were interviewed. The overarching theme 'fatigue is perceived as different' described how fatigue was challenging to assess and challenged the role of the oncologist.

Conclusions The findings showed how fatigue is a complex phenomenon and how it can be integral to the decision-making surrounding palliative cancer treatments. For patients, fatigue is seen as an acceptable trade-off for the prolongation of life, and this was acutely observed when resistance to proposals to adjust cancer treatments occurred. Cancer clinicians may need to consistently reassure patients that alterations to palliative cancer treatments to lessen the burden of fatigue would not reduce survival.

Free papers 4–6 | Covid-19

4 THE PROMOTION OF SUCCESSFUL ADVANCE CARE PLANNING (ACP) FOR CARE HOME RESIDENTS DURING THE COVID-19 PANDEMIC

Gail Nandhra, Julia Head, Alison Massey, Jill Hassell, Finola Lynch, Karen Stringer, Amruta Lacy-Colson. *Shrewsbury and Telford Hospital NHS Trust, Shropshire Community Trust*

10.1136/spcare-2021-PCC.4

Background Developing ACPs requires timely and skilful communication and if done badly can risk discrimination in a frail population.¹ Our report aims to demonstrate the impact of a Frailty Collaborative Initiative to support ACP for care home residents in Shropshire which was accelerated during the Covid-19 crisis.

Methods Care homes were identified by high rates of non-elective admissions (NELs). Two doctors experienced in ACP visited the residents, reviewed their care plans and talked with carers and relatives. ReSPECT forms and symptom-specific ACPs were written. NELs, average length of hospital stay (LOS), A&E and Inpatient cost data were compared between care homes which had received ACP intervention (Scheme homes) and those that had not (Non-scheme homes).

Results 20 care homes were visited between 1st April and 1st July 2020. 385/585 residents (66%) required a ReSPECT form. 59 (15%) had a further anticipatory care plan for specific symptoms. 353 (92%) were not for resuscitation and 206 (54%) were not for escalation of care to hospital. Scheme homes saw a 56% reduction in emergency spells, 59% reduction in A&E costs and 52% reduction in inpatient costs cf. 44%, 3% and 9% reductions respectively in Non-scheme homes. Scheme homes showed a 29% decrease in average LOS compared to a 20% increase in Non-scheme homes.

Conclusion Timely ACP can have a significant impact in a frail population. Most residents were not for resuscitation but were still for active treatment, highlighting the fact that careful ACP does not deny medical care in this population. There was a high level of engagement with residents, carers and relatives together with a reduction in length of hospital stays and a cost benefit to the admitting hospital trust.

REFERENCE

1. <https://spcare.bmj.com/content/early/2020/08/20/bmjspcare-2020-002612>

5 PRIMARY CARE DELIVERS PALLIATIVE CARE DURING COVID-19: A NATIONAL UK SURVEY OF GP'S AND COMMUNITY NURSES

Catriona R Mayland, Sarah Mitchell, Phillip Oliver, Clare Gardiner, Helen Chapman, Dena Khan, Kirsty Boyd, Jeremy Dale, Stephen Barclay. *University of Sheffield, Sheffield Teaching Hospitals NHS Foundation Trust, University of Edinburgh, University of Warwick, University of Cambridge*

10.1136/spcare-2021-PCC.5

Background Rapid, dramatic changes in primary healthcare services occurred during the COVID-19 pandemic. More palliative and end-of-life care (PEOLC) in the community and care homes needed delivered in new ways. This study sought General Practitioner (GP) and community nursing views about changes related to PEOLC during the COVID-19 pandemic.

Methods A national online survey was developed from current literature, patient, public and key stakeholder involvement and disseminated to GPs and community nurses between 01.09.2020 and 16.10.2020. Fixed response and open free text questions addressed demographics, PEOLC provision, changes, challenges and exemplars of good practice.

Results There were 559 responses (387 (71.3%) community nurses; 156 (28.7%) GPs; 6 'role not specified') from all UK countries. Over half (296, 53.1%) cared for patients dying with 'confirmed' COVID-19 and provided PEOLC 'a lot more' or 'a bit more than usual' to non-COVID patients (322, 58.2%).

All respondents reported increased need to provide family support (339, 60.9% providing 'a lot'/'a bit more than usual'); a larger proportion of community nurses (252, 66.0%) reported this role change compared with doctors (75, 48.1%, $p=0.01$). Over forty percent of all respondents reported they were undertaking more advance care planning (266, 53.0%), anticipatory prescribing (227, 56.4%), symptom management (275, 51.1%), death verification (222, 47.8%) and bereavement support (237, 44.6%). Over three-quarters (211, 77.0%) of community nurses had conducted 'more'/'a lot more' face-to-face visits, whereas 53 (34.0%) of GPs had done 'less' or 'a lot less' (<0.0001).

Qualitative free-text themes relate to increasing end-of-life care workload; changing roles and models of consultation; and emotional impact.

Conclusions Contrasting and potentially conflicting roles emerged between GPs and community nurses concerning their response to the increased demand and complexity of PEOLC during the pandemic. The significant emotional impact, especially for community nurses, needs addressing alongside rebuilding trusting and supportive team dynamics.