

Adherence to local trust guidance was evident with regards choice of antimicrobial in 59%. The indication was recorded on the drug chart in 100%, with a review date in 35% and a stop date in 86%.

Advance discussions relating to antimicrobial treatment were documented in 48%. Seventeen patients died during the admission; the average time between stopping antimicrobials and death was 8 days.

Conclusions This audit highlights the importance of accessing updated guidelines which ensure appropriate prescribing whilst considering local resistance patterns. Alongside a drive to raise awareness, an advance care planning template was implemented for all patients, to record discussions and guide decision making when indications of infection arise. The continuing challenge lies in identifying patients who will benefit from the right antimicrobial and those for whom there will be minimal benefit, but could contribute to increasing antimicrobial resistance.

130 MEASURING SERUM-ASCITES ALBUMIN GRADIENT TO OPTIMIZE MANAGEMENT OF ASCITES IN A HOSPICE SETTING

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Background Paracentesis for management of ascites is frequently performed in hospices. Serum-ascites albumin gradient (SAAG) should be measured to guide management. Patients with ascites caused by portal hypertension have a SAAG 11 g/L. Usual management is to:

- give human albumin solution (HAS) for renal-protective effects
- prescribe spironolactone to reduce re-accumulation of ascites

This practice is established in the management of portal hypertension due to cirrhosis. However, the incidence of portal hypertension in patients requiring paracentesis for malignant ascites is unknown.

Methods In 2019 guidelines were written to ensure SAAG was checked for patients admitted to the hospice for paracentesis. These guidelines were audited in 2020. The audit covered an 11-month period, looking at whether SAAG was available pre-procedure, and whether HAS and spironolactone were given.

Results 25 drains were inserted in 12 different patients. 100% of these patients had SAAG calculated.

67% (n=8) received HAS. 50% of this group (n=4) had a diagnosis of cirrhosis, and 50% (n=4) had metastatic malignancy. 3 of the patients given HAS were already on spironolactone, 3 were started on it post procedure (these were patients with malignant ascites), and 1 had their dose increased.

4 patients with malignant ascites received HAS and 3 were started on spironolactone.

Conclusions Measuring SAAG demonstrated cases of malignant ascites associated with portal hypertension. This led to a change in management with increased use of HAS and spironolactone in patients with malignant ascites. All patients undergoing abdominal paracentesis should have SAAG recorded and used to determine appropriate use of HAS and spironolactone.

131 MYOTONIC DYSTROPHY: THE INTERFACE WITH PALLIATIVE MEDICINE, A SERIES OF CASES

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Background Myotonic Dystrophy (DM) is a multi-system disease that affects muscle function. DM is the most common muscular dystrophy occurring in adulthood and the prevalence is around 10 cases per 100,000. There are two distinct forms Type 1 and Type 2. DM predominantly causes weakness of the voluntary muscles but involuntary muscles can also be affected. As the disease progresses respiratory, cardiac and gastrointestinal symptoms can arise. Despite treatment options for management of complications, DM remains a progressive life limiting condition. Severn Hospice is now affiliated with Robert Jones Agnes Hunt Hospital in Oswestry to provide a symptom control clinic for DM patients; something that is not routinely done nationally. Palliative Care should be involved early in the diagnosis to allow more effective symptom control and discussions around Advance Care Planning.

Methods & Results We collated the data for the 5 patients with a DM diagnosis that were referred to Severn Hospice and/or joint symptom control clinics. All 5 patients were assessed for symptoms that included but were not limited to: breathlessness, pain, dysphagia and low mood. 3/5 patients are still alive and have ongoing support. We coordinated referrals to other specialities including PEG/Respiratory teams for ongoing assessment. 1 patient was admitted to the inpatient unit which allowed for symptoms to be optimised and Advance Care Planning to occur.

Conclusions The role of Palliative Care in the management of DM patients is paramount and early involvement in the disease trajectory is optimal for improving symptom control and providing opportunities for advance care planning relating to specific complications, e.g. cardiac arrhythmias/feeding tube insertion/respiratory support. Clinical guidelines for the role of Palliative Care in DM are limited, despite the fact it is a life limiting illness. This has prompted a focus group who are looking to put together some National Guidance moving forwards.

132 DO ANTIBIOTICS IMPROVE THE IPOS REPORTED BURDEN OF SYMPTOMS OF PAIN, BREATHLESSNESS AND CONFUSION?

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Introduction The Integrated Palliative Care Outcome Scale (IPOS) offers potential to measure outcomes of palliative care interventions.¹ Antibiotics are commonly given for symptomatic relief in hospices but the evidence base is weak, supported typically from the perceived improvement in symptoms as judged by healthcare professionals.²⁻⁵ IPOS adds the patient's voice to this debate.

Methods A retrospective notes review of 31 inpatients at 2 hospices in Northamptonshire from 20/17/19 to 20/11/19

receiving antibiotics was conducted. The pre and post antibiotic IPOS scores for pain, breathlessness, confusion and 'other' symptoms were analysed using a paired T test facilitated by SPSS V11.

Results The most common use of antibiotics was documented to control 'other' symptoms (n=16) not covered by IPOS. The most common 'other' symptom recorded were fever (n=7), but also included cough, incontinence and drowsiness.

Antibiotics caused an average reduction in the IPOS scores for pain of 0.45, CI 1.49 to -1.28 (p 0.11). Breathlessness reduced by 0.16 (CI 1.44 to -0.60, p 0.42). Confusion reduced by 0.26 (CI 1.13 to -0.78, p 0.17). Other symptoms improved by 0.65 (CI -0.11 to -1.18 p 0.02).

Conclusion Although some patients did report improvements, the findings of this audit suggest that antibiotics may not affect patients' IPOS reported symptoms. This prompts reflection on both the use of antibiotics and the implementation of IPOS in the hospices. The potential clinical and research implications of utilising IPOS to evaluate the effectiveness of specific palliative care interventions warrants further research.

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DRAMATIC RESPONSES TO DABRAFENIB – CHALLENGES FOR PALLIATIVE CARE PROVIDERS IN THE NEW ERA OF TARGETED THERAPY AND IMMUNOTHERAPY

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Background Immunotherapy has improved the survival associated with many cancers, changing the landscape of oncological management. This paradigm shift confronts palliative care providers with novel clinical dilemmas. We describe two cases in which a dramatic response to immunotherapy led to a rapid improvement in symptoms, requiring prompt clinical management.

Case 1 A 32 year-old woman with extensively metastatic malignant melanoma presented with worsening headache and abdominal pain. Imaging demonstrated progression of disease on pembrolizumab.

Management - BRAF mutation analysis confirmed V600 mutation. Upon commencement of dabrafenib 150 mg

twice daily analgesia included hydromorphone 12 mg/24 hours subcutaneously, pregabalin 50 mg three times daily, dexamethasone 8 mgs twice daily, regular diclofenac and paracetamol.

Outcome - Within 48 hours, the patient developed opioid toxicity with respiratory depression. Hydromorphone was held, and restarted at 6mg/24hours. Within 7 days the dose was reduced to 3mg/24hours due to adequate pain control. Imaging confirmed disease response. After a period of rehabilitation the patient was discharged on palladone SR 2 mg twice daily.

Case 2 A 56 year-old woman with a 5-year history of non-small cell lung cancer (confirmed BRAF-mutated) presented in acute liver failure, with almost complete tumour replacement of the liver parenchyma.

Management - At presentation, she was on a treatment break from dabrafenib, due to intolerable nausea. On re-challenge, nausea recurred. However, with aggressive anti-emetic management, including ondansetron 24mgs/24 hours subcutaneously, she tolerated an initial dose of dabrafenib 50 mgs daily, and subsequently 150 mgs.

Outcome - Her liver function began to improve within 24 hours of commencing dabrafenib. Within 8 days, she demonstrated signs of opioid toxicity, and became severely constipated, requiring discontinuation of subcutaneous fentanyl and ondansetron. She was discharged home 2 weeks later with essentially normal liver function.

Conclusion Immunotherapy continues to revolutionise oncological management, and as this treatment modality evolves, is likely to present further challenges for palliative care providers.

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CASE REPORT: INDWELLING PERITONEAL CATHETER INSERTION FOR MANAGEMENT OF MASSIVE ASCITES IN A YOUNG PATIENT WITH CONGESTIVE CARDIAC FAILURE

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Background Indwelling peritoneal catheters are widely available for patients with malignant ascites, but are not usually used in patients with non-malignant disease. Most patients with non-malignant ascites have liver failure and are managed with regular temporary drains. A small proportion have cardiac ascites which is usually managed with diuretics and fluid restriction

Case Ms X was a 28 year old lady with massive ascites due to cardiac failure from ischaemic cardiomyopathy. She was no longer a candidate for cardiac transplantation and had frequent hospital admissions due to decompensation with pulmonary oedema despite oral diuretics. Her reported quality of life and functional ability was poor. She was admitted to the hospice for consideration of continuous subcutaneous infusion (CSCI) of furosemide due to worsening symptoms. Pulmonary oedema at the time of admission was managed with IV furosemide given in divided doses as short infusions. Her abdomen was distended and ward ultrasound scan revealed large volume ascites. Following literature review and discussion of the risks and potential benefits, a tunnelled ascitic drain was sited by an Interventional