**Poster No 77: Global Palliative Care**

**INTERNATIONAL COLLABORATION BETWEEN UGANDA AND THE UK TO DESIGN SUB-SAHARAN AFRICA’S FIRST PALLIATIVE CARE FELLOWSHIP PROGRAMME: MUTUAL BENEFITS AND LEARNING**

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Background 80% of people with severe health-related suffering live in low and middle income countries, such as Uganda. This burden is predicted to increase rapidly. One of the main barriers to global Palliative Care (PC) availability is a lack of training, particularly of senior healthcare professionals to lead teams, support services, and influence policy. There is currently no accredited PC sub-speciality training for graduate doctors in Sub-Saharan Africa, compared to a well-established UK training programme with recent curriculum development.

Aim The project aims to develop a Fellowship programme to allow doctors in Uganda, and later East Africa, to become senior clinical leaders with sub-specialty accreditation in PC through combining expertise and experience of UK and Ugandan colleagues.

Methods The project was led by a Ugandan physician with extensive PC experience and a UK specialist registrar volunteering in Uganda, with oversight from a consultant who had developed PC services internationally. They brought together a steering group of Ugandan physicians with PC experience and UK and Ireland consultants with understanding of PC in an African context and postgraduate education, who had regular virtual meetings to share ideas and make decisions.

Results The project leaders reviewed international curriculums and applied Bologna medical education principles to produce a competency-based curriculum, with contributions from volunteers via an APM bulletin. They wrote a Fellowship programme proposal which is being reviewed by the steering group and international experts, prior to submission for accreditation initially by Makerere University, Uganda.

Conclusions Collaboration between international colleagues allowed the sharing of expertise, resources, and experience from different settings to produce a Fellowship curriculum and programme grounded in medical education principles and applicable to the local context. This project provided an opportunity for cross-cultural learning, leadership development, growth of a network for senior PC teaching and mentoring, and possibilities for future partnerships.

**Poster Nos 78–84: Pain**

**CHRONIC PAIN, ITS SELF-MANAGEMENT, AND SOCI CULTURAL INFLUENCE: A QUALITATIVE SECONDARY ANALYSIS**

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Background Chronic pain is a leading cause of disability globally and is challenging to manage; self-management is of growing interest, alongside social prescribing. Sociocultural and individual differences exist both in the experience and reporting of pain, and in the use and effectiveness of self-management strategies. This study aims to explore the interaction between chronic pain, its self-management, and ethnicity and deprivation.

Methods A qualitative secondary analysis was performed of two datasets: fifteen interviews with South Asian adults in West Yorkshire (2020) with patient or family caregiver experience of chronic pain; and three focus groups of fifteen White British adults with chronic pain from different socioeconomic strata of Glasgow (2008). Participants consented to secondary analysis. Two analysts (ST, AR) used theoretical thematic analysis underpinned by a phenomenological approach. Two PPI contributors guided analysis and interpretation.

Results Participants described learning to live alongside chronic pain through a long process of acceptance and lifestyle modification. The latter included adoption of self-management strategies such as exercise, use of alternative therapies, and modifications such as housing adaptation which were challenging for participants in financial difficulty. For most participants, coping with pain was more affected by personality than by protected characteristics, though female South Asian participants perceived a cultural expectation to carry on despite pain. Medication-related concerns were prevalent, especially amongst South Asian participants, but were mitigated by involvement in decision-making.

Conclusions Participants adopted self-management strategies despite describing no formal training in this in; access to and choice of strategies were influenced by sociocultural factors including financial means and perceived social acceptability. Retaining a sense of self-determination was important, and was facilitated by shared decision-making around medications; follow up and referral; active self-management strategies such as exercise; and engagement with alternative therapies.

**Intrathecal Outcomes for Palliative Patients; York’s Story**

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Background The Chronic Pain Team in York provides externally controlled intrathecal drug delivery systems (ITDD) to palliative patients with intractable pain who are known to the local Palliative Care service. This study reviewed the demographics and outcomes for these patients.

Methods A retrospective case note review was undertaken of all palliative patients who received ITDD between 2013 and 2018. Case notes from York & Scarborough hospitals and hospices were perused to collect data with appropriate permissions.

Results 44 patients underwent ITDD insertion. All had input from the Palliative Care team. The majority of these patients had a malignancy. Local hospices supported 80% of patients post-insertion. Within one week of insertion, pain had
completely gone in 16% of patients. In 77%, pain had partially improved. 64% of patients had been suffering with intolerable opiate-related side effects prior to ITDD insertion. Post-insertion, 54% of this group showed a clear improvement in side effects.

73% were affected by complications within 72 hours of insertion, and 60% of patients experienced ongoing complications of some kind. The majority of these were minor complications.

In 89% of patients’ records, the notes indicated that there was overall benefit in ITDD insertion. 11% of patients lived longer than predicted by Palliative Care. 34% lived as long as predicted, and 55% lived shorter than predicted at the time of ITDD referral.

Conclusions The vast majority of patients and clinicians felt that ITDD insertion was worthwhile, with significant numbers of patients obtaining an improvement in pain. Whilst the complication rate is high, the vast majority of these were minor without patient harm. It is not possible to draw conclusions regarding extension of prognosis in this retrospective study.

81 COMPARISON OF A NOVEL METHADONE ROTATION METHOD WITH OTHER COMMONLY USED METHADONE ROTATION METHODS
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Background Methadone can be used to treat complex or neuropathic pain. Due to its unique pharmacological properties, switching from another opioid is complex. Ratios and equi-nalgesic doses are a consequent challenge for physicians, with no standardised ratios in use.

Aims/Objectives To compare a novel method of methadone rotation with other commonly used methadone conversion methods including Perth rapid titration, Brisbane protocol and 3-day switch.

Methods Ethical approval was obtained A retrospective chart review of all inpatients prescribed methadone during 2018/2019 was conducted. Data collected included demographics, opioid requirement prior to rotation and oral morphine equivalent (OME), presence of opioid toxicity, opioid-sparing interventions, final stable methadone dose prescribed, time to achieve stable dose. Stable methadone dose was defined as a dose that was stable for 5 days or until death/discharge. Using the OME, the expected methadone dose was calculated via rapid titration with both the Perth protocol and ‘Brisbane’ Protocol, as well as 3-day switch. This data was compared with the results of our study.

Results 86 charts were identified, 9 were not located, 49 were excluded including methadone use as an adjunct and discontinuation of rotation. 28 rotations were analysed. The mean methadone dose was 12.6 mg using this novel method. Calculated methadone doses with Perth protocol were significantly higher than doses achieved using this novel method of rotation, with a mean difference of 13.9mg (p value <0.0001). Calculated doses were also higher when comparing the Brisbane method and this novel method, mean difference noted to be 4.6mg (p value 0.0035). No statistically significant difference was found when comparing with the 3-day switch.

Conclusion Patients rotated to methadone using this novel method received a stable methadone dose lower than they may have received if Perth or Brisbane ratio conversions were used. Methadone rotation remains challenging and further study is needed.

82 MANAGEMENT OF BREAKTHROUGH CANCER PAIN: A MULTI-CENTRE REGIONAL SURVEY OF PRACTICE
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Background Transmucosal Fentanyl products improve sleep, emotional, physical and psychological health. The EAPC state Fentanyl preparations are sometimes preferable to immediate release oral opioids because of rapid onset of action and shorter duration of effect. Recent trials initiating transmucosal Fentanyl at proportional dose to around-the-clock opioid dose of current treatment.