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-specialty 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 Sociocultural 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 socio-economic 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.
INTEROSSEOUS NERVE WRIST BLOCK OF PHENOL FOR COMPARISON OF A NOVEL METHADONE ROTATION

Management of Breakthrough Cancer Pain: A Multi-Centre Regional Survey of Practice

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 equianalgesic 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.

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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.1 The EAPC state Fentanyl preparations are sometimes preferable to immediate release oral opioids because of rapid onset of action and shorter duration of effect.2 Recent trials initiating transmucosal Fentanyl at proportional dose to around-the-clock opioid

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INTEROSSEOUS NERVE WRIST BLOCK OF PHENOL FOR METASTATIC UROTHELIAL CANCER: A NOVEL FEAT

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75 year old female with diagnosis of urothelial cancer with presented with history of severe right wrist pain. Pain described as a throbbing toothache affecting her sleep and ability to carry out domestic chores.

On examination, she had reduced range of movement and flexion/extension of right wrist, and visible solid swelling to right wrist. Passive movements of wrist resulted in significant pain.

MRI showed large metastatic deposit within the distal radial metadiaphysis with a pathological fracture and significant soft tissue component. Lesion extended into the flexor and extensor compartments and crossed the intraosseous membrane.

Orthopaedics decided not to excise the tumour as morbidity risk too high. Had 5 fractions of radiotherapy with no improvement in pain. Longtec uptitrated to 20 mg BD, average Shortec 5 mg x 3 a day. Pregabalin added as adjuvant however developed increased somnolence so self ceased. Patient placed in elbow cast which provided some relief. Opioid rotated to Hydromorphone 8mg bd and prn 1.3- 2.6mg. Due to severity of pain consultation was had with Orthopaedists about amputation. Case discussed at Complex Pain MDT, decision made to trial a novel anterior and posterior interosseous nerve block to block nerve supply to wrist.

Patient underwent u/s guided 2 separate injections of phenol into the anterior and posterior interosseous nerve. Hydromorphone was reduced to 4mg PO BD post block.

Outcome Excellent results post block, patient weaned off hydromorphone, reported to be pain free and utilising PRN hydromorphone 1.3 mg infrequently, reporting much better quality of life and ability to carry out domestic chores.