HRV reduced SDNN & RMSSD very low: 21.3, 11.5 ms
spont; 27.2, 19.2 ms paced, normal >50, >42 respectively

Strain significantly different (19.1, 24.3, p=0.02) in groups
with/without fatigue.

BFI correlated with HRV, TUG with Strain (0.875,
p=0.001), & HRV.

All found study acceptable No participant withdrew. One par-
ticipant each:
- unable to complete STS
- felt echo interfered with privacy
- found paced breathing 'bothersome'

Conclusions
1. Objective assessment of fatigue, cardiac muscle & ANS
feasible, acceptable & warranted in palliative populations
2. Majority of participants fatigue subjectively &
objectively
3. Significant diastolic dysfunction & loss of HRV present
4. Correlations between subjective & objective fatigue,
myocardial strain & HRV
5. These bedside tests can be used in palliative populations
to guide symptom management

THE IMPACT OF A NEW INTEGRATED SUPPORTIVE CARE
SERVICE FOR PATIENTS WITH INTERSTITIAL LUNG
DISEASE

Claire Douglas, Fiona Rowe, Sarah Bowers, Richard Hammond, Andrew Goudie. NHS
Tayside

Background Interstitial Lung Disease (ILD) can have a prog-
nosis of 2–5 yrs with symptom burden comparable to lung
cancer. Advance Care Planning (ACP) is poor and dying is
often unrecognised. Funding was obtained for a Palliative
Care consultant and ILD nurse to provide a fornightly clinic, alongside the ILD consultant. The aim of the service:
to improve symptom control and ACP, alongside routine res-
piratory care.

Methods Outcomes were reviewed for the first 50 patients
attending clinic within 6 months of the service commenc-
ing. Patients were selected by the ILD consultant. Sym-
toms were assessed using the Integrated Palliative Outcome
Scale (IPOS). ACP conversations were documented elec-
tronically to the GP with a request to update the Scottish
Key Information Summary (KIS). The IPOS scores and
information on the KIS were compared from first to last consultation.

Results First and last IPOS scores were available for 33/50
(66%) patients. Symptom burden was high: breathlessness
(90%), Fatigue (80%), Anxiety (78%), Depression (60%), Pain
(30%). Cough (20%) and insomnia (15%) were mentioned
(not routinely measured by IPOS). Most symptoms improved;

pain (p=0.035) and anxiety (0.040) reduced significantly. Pre-

service 11/50 (22%) patients had ACP documented on KIS
with DNA CPR documented in 4/50 (8%). Post-service, 31/50
(62%) had ACP documented (p=0.003). ACP was uploaded
to the KIS in 25/31 (81%). DNA CPR discussions were docu-
mented for 19/50 (38%) (p=0.008) with 17/19 (89%) of these uploaded to the KIS.

Preferred place of death (PPD) was documented for 29/50
(58%) patients. 19/29 (66%) stated a PPD for home, 10/29
(33%) for hospital.

11/50 (22%) patients died within the 6 months. Of these, 7/11 (64%) had documented PPD for home. This was achieved in 6/7 (86%).

Conclusion The integrated ILD Supportive Care service
improves symptom burden for patients, improves ACP and
may reduce unwanted hospital admissions at end of life.