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NON-INVASIVE TECHNOLOGY TO ASSESS HYDRATION STATUS IN ADVANCED CANCER TO EXPLORE RELATIONSHIPS BETWEEN FLUID-STATUS AND SYMPTOMS AT THE END-OF-LIFE: AN OBSERVATIONAL STUDY USING BIOELECTRICAL IMPEDANCE ANALYSIS

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Background The role of hydration in causing or alleviating suffering in advanced cancer is poorly understood. Bioelectrical impedance analysis (BIA) is an accurate validated method of assessing hydration status. Previous BIA research demonstrates significant relationships with hydration status, symptoms, and survival in advanced cancer. Further work is needed to study these associations in the dying.

Aim To evaluate hydration and its relationship with clinical symptoms in dying cancer people with cancer.

Methodology We conducted an observational study of people with advanced cancer in three centres (2 hospices and 1 hospital palliative care inpatient unit). We used an advance consent methodology to conduct hydration assessments in dying people with advanced cancer who were dying. We recorded hydration status (via BIA Impedance index: Height – H2/Resistance – R), symptoms, physical signs, and quality-of-life assessments.

Results 125 people participated (males n=74 (59.2%), females, n=51 (40.8%). We repeated assessments in 18 (14.4%) participants when they were dying. Hydration status (H2/R) of the dying was not significantly different compared to baseline (n=18, M= 49.55, SD= 16.00 vs. M= 50.96, SD= 12.13; t(17) = 0.636, p = 0.53). Backward linear regression showed that ‘more hydration’ (increased H2/R) was associated with oedema (Beta= 0.514, p<0.001) and more pain (Beta = 0.156, p=0.039). ‘Less hydration’ (lower H2/R) was associated with females (Beta = -0.371, p<0.001), more anxiety (Beta = -0.135, <0.001), more physical signs (dry mouth, dry axilla, sunken eyes – Beta = -0.204, p<0.001), and more breathlessness (Beta = -0.180, p<0.014).

Conclusions Hydration status was associated with physical signs and symptoms in advanced cancer. No significant difference in hydration status was noted in dying patients compared to baseline. Further studies can use this work to develop tools to improve personalised hydration assessment, management and communication with patients and caregivers.

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ANTICIPATORY PRESCRIBING IN COMMUNITY END OF LIFE CARE: SYSTEMATIC REVIEW AND NARRATIVE SYNTHESIS OF THE EVIDENCE SINCE 2017

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Background The anticipatory prescribing of injectable medications is recommended practice in controlling distressing symptoms in the last days of life. A 2017 systematic review found practice and guidance was based on inadequate evidence. Since then, the evidence base has changed significantly, warranting a new review.

Aim To review the evidence published since 2017 concerning anticipatory prescribing of injectable medications for adults at the end of life in the community.

Methods

Systematic review and narrative synthesis Nine literature databases were searched from May 2017 to March 2022, alongside reference, citation and two journal hand searches. Gough’s Weight of Evidence framework was used to appraise the robustness and relevance of studies. PROSPERO registration 42016052108.

Results Twenty-eight papers were included in the synthesis. Evidence published in the last five years shows that the standardised prescribing of four medications for anticipated symptoms is commonplace in the UK; evidence of practices in other countries is limited. There is inadequate data on how often medications are administered in the community. The prescribing of anticipatory medications appears to be a significant event for patients and signifies the imminence of death. Prescriptions are accepted by family caregivers despite inadequate explanations, and they generally appreciate having access to medications. Robust evidence of the clinical and cost-effectiveness of anticipatory prescribing remains absent.

Conclusion The evidence underpinning anticipatory prescribing practice and policy remains based primarily on healthcare professionals’ perceptions that the intervention offers reassurance and provides effective, timely symptom relief in the community. There is still inadequate evidence about likely symptom profiles and which anticipatory medications and dose ranges are needed. The views and experiences of patients and their family caregivers towards anticipatory prescribing need further investigation. Urgent research is necessary to investigate the clinical effectiveness, cost-effectiveness, safety and acceptability of different anticipatory prescribing practices.

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CONTINUOUS SUBCUTANEOUS INFUSION (CSCI) SAFETY INCIDENTS IN PALLIATIVE CARE: A MIXED METHODS ANALYSIS OF NATIONAL DATA

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Background In the UK, 20% of reported serious palliative care incidents relate to medication, a quarter of which involve continuous subcutaneous infusions (CSCIs). Multistep processes for prescription and use of CSCIs are risk-prone activities. Incident analysis provides opportunities to learn how to best improve patient safety.

Aims (1) characterise and analyse CSCI incidents in a national database to identify structural and human factor issues; (2)