

variations in the wastage costs of individual drugs; Haloperidol and Cyclizine contributed 49% of the total wastage costs.

Conclusion The prescription and wastage costs of anticipatory medications are higher than previously estimated but remain modest. Usage of prescriptions is lower than previously expected. There may be scope to reduce the quantity of drug vials that are routinely prescribed without adversely affecting care; prospective clinical trials are needed to explore this possibility.

167 CLINICIANS' PERSPECTIVES ON MORPHINE USE IN CHRONIC BREATHLESSNESS: FINDINGS FROM AN IMPLEMENTATION SURVEY

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Background Morphine may help people with chronic breathlessness. This sub-study investigates clinicians' perspectives on morphine use as part of the Morphine And BrEathLessness (MABEL) trial to assess the effectiveness and cost-effectiveness of morphine in chronic breathlessness.

Method Mixed-methods study using Normalisation Process Theory to organise data collection and analysis of clinicians' perspectives on morphine use for chronic breathlessness. Clinicians completed two surveys: 1.Learning Needs Assessment (LNA) survey; 2.Modified Normalisation Measurement instrument (NoMAD) at two time-points (immediately and four months post-training) to identify implementation barriers and facilitators.

Results 59 clinicians were recruited from 12 sites, (28 doctors; 22 non-prescriber nurses; 6 prescriber nurses; 3 other healthcare professionals; 90% hospital-based; 74% female; years of experience 1 to >15 years). 1.LNA survey. More than two-thirds of clinicians strongly agreed, agreed, or somewhat agreed they had learning needs about using morphine for chronic breathlessness. 2.NoMAD 1. 93% saw the potential value of morphine for breathlessness and drive appropriate use of it. However, only one third agreed that sufficient staff training and resources were available to support use of morphine for breathlessness in practice. NoMAD 2 showed a small increase in the proportion agreeing that the intervention was familiar and felt 'normal' compared to NoMAD 1 (70% to 85%).

Conclusion Clinicians recognise learning needs about the safe prescription and management of morphine for chronic breathlessness in practice. The potential value of morphine is recognised, but lack of training and resources are barriers to implementation.

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168 CASE REPORT – HUNGRY FOR THE OPTIMAL REGIME: A PATIENT-DESIGNED METHOD TO WITHDRAW ARTIFICIAL FEEDING AT THE END OF LIFE

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Background There is currently no defined approach for altering feed volume to withdraw artificial feeding when a patient with neurological disease requests it, at the end of their life.

Aims We present a patient-designed regime used to withdraw artificial feeding in the community, without the patient experiencing distressing symptoms of hunger, enabling peaceful death at home.

Case Study Description: A 58 year old man with Motor Neurone Disease chose to stop artificial feeding when his communication and movement were severely limited. The patient decided they no longer had quality of life and wanted to withdraw feed to allow natural death. At this stage they were receiving 1000mls of feed via PEG tube within 24 hours. The patient's main concern was to avoid developing hunger and related pains. They chose to reduce their feed in 250ml per week stages, over a 4-week period. Their reasoning was due to a previous positive experience of reduction of feed by 250mls for symptom management of secretions. The patient felt this would be the least symptomatic approach to withdrawal.

Results No hunger was experienced during staged withdrawal. At the point when feed and fluids were stopped completely, the patient experienced some mild, intermittent hunger but was not distressed by it. Nausea and secretions occurred and were addressed with standard palliative approaches.

Conclusion This approach was effective for this patient, who only experienced mild symptoms of hunger; however, we cannot be certain it would be effective in all situations. There is currently no recognised guidance for withdrawal of artificial feeding in these circumstances. Given the relative infrequency of these cases, research on a large scale would allow collation of data to devise and develop the optimal regime. We feel it is important this can be facilitated in a patients' home as well as in healthcare settings.

169 BREATHLESSNESS EXPERIENCES OF INDIVIDUALS WITH HEART FAILURE IN TURKIYE: A DESCRIPTIVE QUALITATIVE STUDY

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Background Breathlessness is one of the most prevalent symptoms of heart failure in hospital and community-dwelling cohorts. Since breathlessness affects their daily life experiences, individuals try to manage their own breathlessness first rather than seek help sooner. Management varies regarding individual assessment, but there is no data on the breathlessness experiences and support needs of individuals in Turkish culture.

Aim To explore (1) individuals' self-reported symptoms associated with heart failure; (2) their breathlessness descriptions related to affected factors and impacts on their life; (3) their breathlessness management strategies; and (4) their needs for a comprehensive breathlessness management strategy based on their previous breathlessness relief motivations.

Methods A descriptive qualitative study. Twenty individuals with heart failure in Turkey were recruited for one-to-one interviews. Everyone took part in a semi-structured (face-to-face/telephone/email) interview exploring their breathlessness