

attendance of palliative care physicians at weekly AYA interdisciplinary meetings; and addition of physicians with paediatric training on IPCS staff. Given these resources, we aimed to understand how they are being used for AYA.

Aim To describe the model of palliative care provision for AYA decedents known to an Australian comprehensive cancer centre (CCC) between 2020 and 2023.

Methods This was an ethics-approved, retrospective examination of medical records of all AYA treated at the CCC who died in the defined time period. Policy changes and staffing models designed to improve palliative care for AYAs are included for context.

Results There were 37 AYA treated at the CCC who died between January 2020 and March 2023 (62% male, median age at death 23 years). Of these, 33 (93%) were known to the IPCS with a median of 4.2 months from referral to death. AYA moved among IPCS care settings with 27 cared for in outpatient clinics, 25 known to the consult service, and 11 spending time in PCU. AYA were also referred to community palliative care services (n=27; 73%).

Outpatient care through the IPCS varied in structure and mode of delivery. AYA had a median of 12 outpatient contacts and met, on average, two different clinicians. The IPCS provided stand-alone appointments (n=22), joint consultation with other medical services (n=17), and joint (n=9) or secondary consultation (n=13) with community palliative care services.

Despite IPCS involvement, AYA had high healthcare utilisation in the last 30 days of life with a total of 254 days spent on acute oncology wards, 20 presentations to emergency, and four admissions to the intensive care unit. In this time, 19 AYA (51%) had input from the IPCS consult service and 11 (30%) were admitted to PCU. Locations of death were acute hospital wards (n=12, 33%), PCU (n=11, 30%), home (n=6, 16%) and ICU (n=2, 5%).

Learnings, practice implications, and future directions

- Integration between our palliative care and AYA cancer teams has improved opportunities to optimise palliative care for AYA.
- Flexibility in the mode and nature of palliative care delivery is important to meet young people 'where they are'.
- We need feedback from AYA and their families about how our model is meeting their needs.

P-26

ANTIDEPRESSANTS FOR THE PALLIATIVE MANAGEMENT OF BREATHLESSNESS IN ADVANCED, LIFE-LIMITING DISEASE – A SYSTEMATIC REVIEW PROTOCOL

¹Monique Kozub, ^{1,2}Nicola Atkin, ³Smaro Lazarakis, ^{1,2}Aaron B Wong. ¹Parkville Integrated Palliative Care Service, Royal Melbourne Hospital and Peter MacCallum Cancer Centre, Parkville, Australia; ²Department of Medicine, University of Melbourne, Parkville, Australia; ³Health Sciences Library, Royal Melbourne Hospital, Parkville, Australia

10.1136/spcare-2024-ANZSPM.74

Background Chronic breathlessness is a prevalent and debilitating symptom in people with advanced life-limiting disease and significantly impacts on function and quality of life. Despite this affecting at least half of our patients in the advanced

stages of malignant or non-malignant disease, management options remain limited and inadequate. Current medication options, including opioids and benzodiazepines, lack robust evidence of efficacy and can cause significant adverse effects (Holland 2024, Feliciano 2021). Exploration of alternative pharmacotherapies, such as antidepressants, has the potential to improve symptoms and enhance outcomes for patients living with breathlessness due to advanced disease.

Objective To describe the protocol for a systematic review evaluating the efficacy and safety of antidepressants for the management of breathlessness in patients with advanced life-limiting disease.

Methods A comprehensive literature search will be undertaken of electronic databases including Medline, Embase, CINAHL, Cochrane and Emcare. The search strategy will include medical subject headings and text words related to 'antidepressants', 'breathlessness/dyspnoea', 'palliative care' and 'advanced disease', incorporating multiple conditions affecting respiratory function. Reference lists of included studies, grey literature and relevant reviews and guidelines will be hand-searched. Published peer-reviewed studies with no date or language restriction, covering adults with both malignant and non-malignant advanced diseases who receive antidepressants for the management of breathlessness will be included. Studies with mood, depression or anxiety as the primary outcome will be excluded. All retrieved titles and abstracts, as well as full text articles, will be independently dual screened. Disagreements will be resolved through consultation with a third reviewer if necessary. The primary aim of this review is to clarify the efficacy and safety of antidepressants in alleviating breathlessness in patients with advanced disease. Reporting of results will be in accordance with the Preferred Reporting Items of Systematic Reviews and Meta-Analyses (PRISMA) guidelines. If sufficient quantitative data can be analysed together, a meta-analysis approach will be employed. If this is not possible, a narrative synthesis will be used to report findings.

Discussion The results of this review, which are to follow, will evaluate whether antidepressants are beneficial in the symptomatic treatment of breathlessness in patients with advanced disease, thereby informing clinical practice. This review will also identify evidence limitations and gaps in this space that will guide research priorities in evaluating effective pharmacotherapies for managing breathlessness to optimise outcomes in this population.

Ethics and Dissemination As this is a planned review of published literature, ethics approval is not required. The findings of this systematic review will be of broad interest to clinicians and educators in palliative care, and results will be presented at conferences and published in a peer-reviewed journal. The systematic review has been registered on PROSPERO (CRD42024519856).

REFERENCES

1. Holland AE, Spathis A, Marsaa K, *et al*. European respiratory society clinical practice guideline on symptom management for adults with serious respiratory illness. *Eur Respir J* 2024.
2. Feliciano JL, Waldfogel JM, Sharma R, *et al*. Pharmacologic interventions for breathlessness in patients with advanced cancer: a systematic review and meta-analysis. *JAMA Netw Open* 2021;**4**(2): e2037632.