

To date, our HITH palliative care model has serviced over 320 clients. Interventions such as our MDT have transformed our relationships with CPC partners and improved our transitions in care. We have provided HITH PC to over 200 patients with Rocket/PleurX drains. Our specialised care cohorts have enabled many patients with complex care needs to receive complex interventions and to remain in the community for longer. Our HITH PC service challenges and augments traditional models, to improve care for our community.

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EVERYBODY'S TALKING: IS PAT THE NEW VAD? A NARRATIVE REVIEW OF PSYCHEDELIC ASSISTED THERAPIES FOR PEOPLE FACING LIFE THREATENING ILLNESS

^{1,2}Judith Lacey, ^{3,4}Meg Sands, ⁵Hilary Stiel, ⁶Debra Scott, ¹Chris O'Brien Life House, Sydney, Australia; ²University of Western Sydney, Sydney, Australia; ³UNSW School Of Clinical Medicine, Sydney, Australia; ⁴Department of Nephrology, Prince of Wales Hospital, Sydney, Australia; ⁵Central Coast Palliative Care Service, Gosford, Australia; ⁶Fellow of the Chapter of Palliative Medicine Royal Australasian College of Physicians, Sydney, Australia

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Background Psychedelic therapies for treatment of treatment-resistant depression (TRD), and PTSD garner high interest (e.g. New England Journal, Cochrane, Nature Medicine). Research and use is current people living with the existential challenges of a terminal illness. We explore what is known about the use of Psychedelic Assisted Therapy (PAT), indications for use and outcomes of importance in this group. **Aim:** To review the evidence for PAT for people facing life threatening illness. **Method:** We use narrative review to identify themes regarding the evidence, clinical considerations, of PAT in people facing life threatening illness.

Results We found several important studies, licencing approvals, and themes

- In July 2023, Mitchell, J.M. et al. MDMA-assisted therapy for moderate to severe PTSD: a randomized, placebo-controlled phase 3 trial. This article ranked in the 99th percentile (ranked 60th) and the 98th percentile (ranked 2nd) of articles of a similar age in Nature Medicine.

- 2024 the US Food and drug administration is reviewing the application for MDMA supported therapy for this indication with a decision expected this year.
 - o Schipper S et al have recently had a systematic review and meta analysis accepted by Cochrane (2024), their findings suggest more investigation of a role for PAT of anxiety, depression and existential distress, for patients with life-threatening disease.
- The Australian Therapeutic Goods acceptance of the indications permit prescribing MDMA for the treatment of post-traumatic stress disorder (PTSD) and psilocybin for treatment-resistant depression (TRD) by psychiatrists who are specifically authorised under the TGA's Authorised Prescriber scheme, is effective from 1 July 2023.
- Seven reviews for indications in palliative care settings are currently underway, with a total recruitment target of 720 participants.
- These emerging treatments require engagement from clinicians, consumer and advocacy groups, to understand the evidence the particular issues associated (e.g. in PAT, informed consent poses challenges) Other issues to be

discussed are costs, a potential role for Palliative Care Physicians in diagnosis, referral, and palliative care multidisciplinary team members as potentially skilled co-therapists PAT.

- Critically, training for this emergent modality is pertinent.

Discussion These studies and decisions including the US FDA MDMA in PTSD and results of current studies in PAT for patients with prognoses up to 2yrs will shape our practice. Although mentioned in the successful TGA application, PAT for existential distress (unless for TRD or PTSD) in people receiving palliative care is not approved. At this stage we can say the following themes are present in the literature, efficacy and ethics in palliative care settings, ethics of consent, training accreditation and governance. **Conclusion:** Strategies to better understand safe integration of PAT in to care for people with life limiting illness are needed.

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A SYSTEMATIC REVIEW OF OPIOID ANALGESIC USE IN PATIENTS WITH KIDNEY DISEASE

¹Shania Lui, ^{1,7}Meg Sands, ¹Sanam Fathabadi, ⁴Jack Kerferd, ¹Chin Hang Yiu, ¹Katlyn Phinn, ⁶Matthew Anderson, ²Grace Redmayne, ^{3,7}Kenneth Yong, ^{3,5}Kok Eng Khor, ¹Jonathan Penn. ¹The University of Sydney, Faculty of Medicine and Health, School of Pharmacy, Australia, Sydney, Australia; ²Department of Pharmacy, Prince of Wales Hospital, Sydney, Australia; ³The University of New South Wales, Randwick Clinical Campus, Sydney; ⁴The University of Sydney, Concord Hospital Clinical School, Sydney, Australia; ⁵Department of Pain Management, Prince of Wales Hospital, Sydney, Australia; ⁶Department of Renal Medicine and Renal Transplant, Royal Prince Alfred Hospital, Sydney, Australia; ⁷Department of Nephrology, Prince of Wales Hospital, Sydney, Australia

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Opioid analgesics are useful in the management of moderate to severe pain. A number of patients taking opioids have compromised kidney function, guidelines and recommendations exist, however at the time of review the evidence backing recommendations for analgesic choice in kidney disease was unclear. In this systematic review we examine the available evidence on the safety and analgesic effect of opioid use in adults with kidney disease. Eight electronic databases were searched from inception to January 2023. Articles in English, reporting on opioid use and pharmacokinetic data among adults with kidney dysfunction were included. Article screening, data extraction, and quality assessment were conducted by at least two investigators independently. This review was registered prospectively on PROSPERO (ID: CRD42020159091). 32 observational studies included, 14 of these reported on morphine, 3 related to fentanyl, two hydromorphone use and 13 articles reported on other opioids including codeine, dihydrocodeine, and buprenorphine.

We found there is limited and low-quality evidence to inform the safety and analgesic effect of opioid use in kidney disease. Morphine remains the opioid for which there is the most evidence available on safety and analgesic effect in this context. Caution and consideration of potential risks and benefits should be applied when using all opioids, beyond that we suggest the context of dose, half-life and pain or non-pain indication (eg breathlessness) must be considered for each individual. Further at opioids at low to moderate doses, morphine may be a safer option than non-morphine especially if increased dosing interval or short duration of treatment is appropriate. Further high-quality studies examining clinical