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.

P-43 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, [5]Hilary Stiel, [6]Debra Scott. *[1]Chris O'Brien Life House, Sydney, Australia; [2]University of Western Sydney, Sydney, Australia; [3]UNSW School Of Clinical Medicine, Sydney, Australia; [4]Department of Nephrology, Prince of Wales Hospital, Sydney, Australia; [5]Central Coast Palliative Care Service, Gosford, Australia; [6]Fellow 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.

P-44 A SYSTEMATIC REVIEW OF OPIOID ANALGESIC USE IN PATIENTS WITH KIDNEY DISEASE

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

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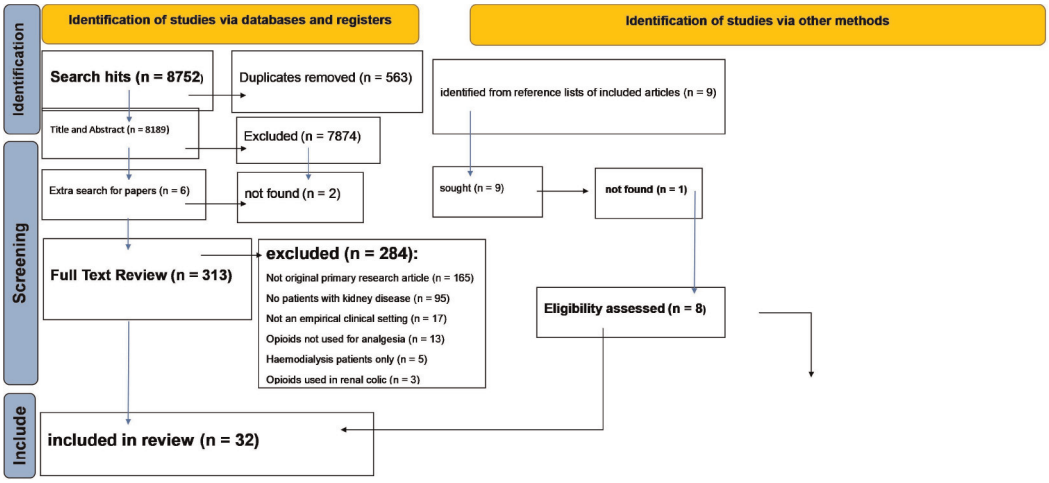
Opioid analgesics are useful in the management of moderate to severe pain. A number of patients taking opioids have compromised kidney function, guidelines and recommendations exist, however at the time of review the evidence backing recommendations for analgesic choice in kidney disease was unclear. 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



Abstract P-44 Figure 1

outcomes associated with the use of different opioids and opioid doses in kidney disease are warranted.

P-45 TAKE HEART – LESSONS LEARNT FROM DEVELOPING A CARDIAC SUPPORTIVE CARE SERVICE

Caitlin Sheehan, Janet Newton. *St George Hospital, Kogarah, Australia*

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Background Guidelines published in 2018, from the National Heart Foundation and the Cardiac society of Australia and New Zealand, recommend early palliative care referral for patients with advanced heart failure.[1] However, there is a gap for this population accessing traditional palliative care services. A Cardiac Supportive Care Service (CSCS) was introduced at a tertiary metropolitan hospital in early 2020.

Population Patients with end-stage heart failure (ESHF) are eligible for referral to CSCS following a heart failure admission to the acute hospital or a positive result on the Supportive and Palliative Care Indicators (SPICT) tool for breathlessness or chest pain at rest or on minimal exertion or as a direct referral from a cardiologist.

Aims The CSCS aims to provide symptom assessment and management, provision of breathlessness action plans, and advance care planning discussions. Patients are offered a seamless transition to traditional community palliative care services and direct access to inpatient palliative care unit.

Model The integrated CSCS offered initial home visits from a palliative care physician and heart failure nurse practitioner. Follow up home visits conducted by the nurse practitioner, with the palliative care physician as required. Readmissions to an acute hospital occurred under the treating cardiologist, with the palliative care physician providing inpatient consultations. Admissions to the Palliative Care Unit for symptom management or end-of-life care occurred under the care of the palliative care physician. In 2023, the model was extended to include a monthly collocated clinic in the cardiology outpatients by the palliative care physician using the same referral criteria, with 2–3 monthly follow up visits.

Results and lessons learnt Over 225 new patients have been seen by the community and clinic CSCS. The service has strengthened the relationships between cardiology and palliative care. The following outlines some of the key learnings to be discussed.

1. Barriers and enablers to developing an embedded care service
2. Symptom burden, prognosis and the relationship to ejection fraction in ESHF
3. Impact of the CSCS on place of death and hospitalizations.
4. The use of opiates and benzodiazepines in cardiac breathlessness.
5. Fluid balance and use of diuretics on referral and when entering the terminal phase with ESHF
6. Challenges in advance care planning and deactivation of defibrillators
7. Flow on effects of embedded care service to cardiology inpatient referrals to CSCS and palliative care services and documentation of ceilings of care.

Conclusion The development of a CSCS has resulted in early provision of supportive care to patients with ESHF in line with the guidelines and has allowed seamless transition to traditional palliative care services. The bidirectional learning has increased the skill base of both cardiology and palliative care clinicians and has seen fringe benefits for all cardiology inpatients. The model has been replicated across the Local Health District and continues to grow.

REFERENCE

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P-46 SUPPORTIVE CARE SERVICE: A MULTIDISCIPLINARY APPROACH TO MANAGING CHRONIC ILLNESS IN THE LAST 24 MONTHS OF LIFE

Caitlin Sheehan, Monita Mesuria, Isuru Ratnayake, Jennifer Tan, Valerie Maynes, Sharon Power, Sarah Watson, Toni Peebles. *St. George Hospital, Sydney, Australia*

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Background Approximately 70% of deaths in Australia are due to non-malignant illnesses, however, only 25% of these patients receive palliative care input according to Palliative Care Outcomes Collaborative data. This highlights a significant