AN OBSERVATIONAL STUDY OF THE PREVALENCE OF VIVID DREAMS, NIGHTMARES AND SLEEP/NIGHT TERRORS IN PATIENTS WITH ADVANCED CANCER AND THEIR ASSOCIATION WITH OPIOID ANALGESICS

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Aim The aim of this study was to investigate vivid dreams, nightmares and sleep/night terrors in patients with advanced cancer.

Methods The study was a multicentre, prospective observational study. Single interviews were conducted with 174 patients and data were collected on their demographics, cancer diagnosis, co-morbidities, current medication and patient’s assessment of the ECOG performance status. In addition data were collected on the frequency of vivid dreams, nightmares and sleep/night terrors, as well as the patient’s sleep quality and physical and psychological symptoms (Memorial Symptom Assessment Scale and Pittsburgh Sleep Quality Index).

Results Sixty (34%) patients reported vivid dreams, 31 (18%) patients reported nightmares and 14 (8%) patients reported sleep/night terrors. Vivid dreams were associated with presence of psychological symptoms, but not physical symptoms (p=0.315). Nightmares were associated with presence of both physical and psychological symptoms. None of these phenomena were associated with the use of opioid analgesics.

Conclusion Vivid dreams are relatively common in patients with advanced cancer, although nightmares and sleep/night terrors occur less frequently in this population (and no more frequent than in the general population). Vivid dreams appear to be primarily associated with psychological problems, and so patients reporting these should be screened for psychological problems. Similarly, patients with nightmares should be screened for psychological problems, and have their physical symptoms adequately controlled.

Poster Presentations

WHAT DO END STAGE RESPIRATORY DISEASE PATIENTS GET FROM HOSPICE SERVICES?

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Background Non-malignant respiratory diseases (NMRD) are increasing in incidence and prevalence with figures rises with our globally ageing population. This coupled with multimorbidity is likely to increase the needs of individuals from a supportive and palliative care approach. The challenge within fiscally constraint health economies, is to ensure equity of care across all care settings so the individual gets care of an expected standard rather than duplication or omissions within the current services delivering the care.

Results The median age was 79 years (range 32 to 94) and diarrhoea was the only AE observed in ≥5% of patients in either group (19.6% vs 7.3%). No clinically meaningful changes in opioid withdrawal scores and pain intensity were observed in both groups. In EXT, 107 patients completed a 12 week treatment with naldemedine 0.2 mg QD, and the safety profile was similar to that in DBT.

Conclusions Naldemedine improved the symptoms of OIC and was generally well tolerated.