Abstracts

P-119 A RETROSPECTIVE STUDY EXPLORING SUBCUTANEOUS LEVETIRACETAM USE AND PRACTICE WITHIN THE WEST MIDLANDS
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Background Levetiracetam is increasingly used subcutaneously to control seizure activity in selected palliative patients, whereby seizure control is paramount without the same perceived sedative effect of subcutaneous benzodiazepines. Despite this becoming a well recognised approach the literature and quality evidence to support this remains sparse.

Aim To perform a retrospective audit exploring subcutaneous Levetiracetam use and practice, over the past year across the West Midlands, comparing it to guidance in PCF5.

Method An electronic survey sent to all palliative care units and hospital teams across the West Midlands generated information from 31 cases where subcutaneous Levetiracetam had been used. Information gathered included seizure aetiology and type, antiepileptic history, delivery of Levetiracetam, side effects and effectiveness.

Results Seizure aetiology was heterogeneous; 50% caused by space-occupying lesions. 42% of patients had seizures in the week prior to commencement and 58% of seizures were described as tonic-clonic. Nearly all (93%) had anti-epileptics prescribed prior to commencement. The majority of Levetiracetam was delivered via a continuous subcutaneous infusion prescribed prior to commencement. The majority of Levetiracetam was delivered via a continuous subcutaneous infusion (92%), the remaining given by bolus subcutaneous regimen.

Dose and type, antiepileptic history, delivery of Levetiracetam, side effects and effectiveness.

Abstracts

P-120 DESCRIBING ANTICIPATORY MEDICINE USE IN THE COMMUNITY AT END OF LIFE
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Background Anticipatory Medicines (AM) are injectable medicines prescribed and administered to patients to alleviate symptoms at the End of Life (EOL). Whilst prescribing of these medicines is encouraged by the healthcare system in Leicester, Leicestershire and Rutland, the actual patterns of prescribing and administration of AM have not been documented locally.

Aim To describe the prescribing and usage of AM in the community, matching this to EOL symptoms experienced by patients.

Method A retrospective audit of 150 sets of patient notes was conducted at the start of 2017, comprising 50 deaths from one General Practice list, 50 deaths from Community Palliative Care Nursing teams, and 50 hospice discharges. Data included the main diagnosis at death; and details of prescription and usage per ampoule of each AM.

Results General Practice data analysed thus far indicates:

- Death by primary diagnosis: Cancer 16/50 (32%), Chronic Disease 5/50 (10%), Frailty/Dementia 22/50 (44%), Sudden Death 5/50 (10%)
- AM issued by diagnosis: Cancer 10/16 (62%), Chronic Disease 0/5 (0%), Frailty/Dementia 11/22 (50%), Sudden Death 1/5 (20%)
- Median number of days AM issued and started [X] before death: Cancer 14[4], Chronic Disease (N/A), Frailty/Dementia 6[4], Sudden Death 11[1]
- Number of patients documented having EOL symptoms (13): Cancer 4, Chronic Disease (N/A), Frailty/Dementia 8, Sudden Death 1
- EOL symptoms experienced: Pain: 12 (Cancer 3, Frailty/Dementia 8, Sudden Death 1), Breathlessness: 3 (Frailty/Dementia 3), Agitation 2 (Cancer 1, Frailty/Dementia 1), Nausea 1 (Cancer 1), Vomiting 2 (Frailty/Dementia 2).
- Syringe Driver use: Cancer (2), Frailty/Dementia (5), Sudden Death(1)
- Total AM ampule usage [Number patients]: 0 [10 Cancer (3), Frailty/Dementia(7)], 0–9 [8, Cancer (2), Frailty/Dementia(6)], 10–19 [2, Cancer (1), Sudden Death (1)], 20–49 [2, Frailty/Dementia (2)], ≥50 [1, Cancer (1)]

Conclusions Patients with frailty/dementia have EOL symptoms similar to cancer, but with greater numbers in the community. AM prescription occurs a few days before their use. The data regarding Chronic Disease deaths in the community is limited in this audit. Further work is needed to analyse all datasets.

P-121 A THEMATIC ANALYSIS OF ANTICIPATORY MEDICINE USE IN THE COMMUNITY AT END OF LIFE
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